

School-based interventions to prevent the uptake of smoking among children: A systematic review of qualitative research - EXECUTIVE SUMMARY

This report describes findings from a systematic review of qualitative research on school-based interventions to prevent the uptake of smoking among children in order to explore what factors aid the delivery of effective interventions and the barriers to successful delivery.

Methods: The review was conducted in four stages: search, screening, critical appraisal and synthesis. A total of 10625 abstracts were screened from English language publications published between 1990 to 2008. Full paper copies of 59 articles and reports were obtained. 21 articles were data extracted and quality assessed in the final review.

Results: The qualitative studies reviewed were of mixed quality, many were from the USA and some were mixed methods papers containing little qualitative data. However, a number of themes emerged from the papers and these were grouped into six topics.

Delivery context of the intervention. Facilitators include: timing to suit school assessment schedules; including multiple sessions; delivering school-based prevention as part of a wider tobacco control strategy; and involving other organizations in design and delivery. The main barrier is delivering prevention in schools where staff are smokers.

Characteristics of young people receiving the intervention. Where young people receiving the intervention are regular smokers, where they live with smokers, where community smoking rates are high and where those receiving school-based prevention are older teenagers, barriers to delivery can exist.

Peer interventions. Interventions that address peer-smoking norms through involving young people in delivery can be effective and can be facilitated by: peer-supporter nomination by fellow students; training for peer-supporters delivered by professionals away from school; flexibility in delivery; supporting peer interventions with other prevention materials; and good communication between external intervention development teams and the school.

Delivery mechanisms. Facilitators include: delivery of the intervention by trusted external professionals; delivery by non-smoking teachers; and involvement of parents. Barriers include teacher's reluctance to discuss parental smoking and the use of outdated communication methods in delivery.

Smokefree schools. The introduction and enforcement of smokefree school policies can act as an important facilitator (or barrier if smoking is permitted, even in the grounds) to school-based prevention interventions.

Programme content. A range of elements of programme content can act as facilitators, including, among others, content that is innovative, interactive, includes role play, includes new material and is culturally sensitive. Barriers include fear-based approaches and content that is too complex.

The studies reviewed provide a body of ++, + and – qualitative evidence that provides a useful insight into the factors that influence how well prevention messages are conveyed and what elements of particular programmes are viewed as effective by those delivering and those receiving the intervention.