

# PROBLEME DE COMBATERE A FUMATULUI

## School-based smoking prevention programmes: ethical aspects

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### REZUMAT

#### Programele de prevenire a fumatului în școli: aspecte etice

Educația pentru sănătate în școli are potențialul de a informa și de a educa tinerii, cu scopul de a promova în rândul acestora comportamente sănătoase, fapt ce duce la prevenirea unor boli și a unor probleme sociale. Acest studiu prezintă aspectele etice care trebuie luate în considerație în diferite etape ale programelor școlare de prevenire a fumatului. Acest lucru va ajuta educatorii, profesioniștii în sănătate publică și cercetătorii în activitatea lor de educație pentru sănătate în școli. Aspectele etice trebuie avute în vedere pe parcursul tuturor activităților și se referă la implicarea oficialităților și reprezentanților școlilor, părinților, tinerilor care participă la programul de educație pentru sănătate, autorilor și persoanelor/instituțiilor responsabile cu implementarea, evaluarea și finanțarea programelor. Punerea în practică a principiilor etice influențează calitatea educației pentru sănătate, acceptabilitatea acesteia de grupul țintă și corectitudinea rezultatelor. De asemenea, previne posibilele probleme și neînțelegeri ce pot apărea între persoanele și instituțiile implicate în procesul de educație pentru sănătate și de prevenire a fumatului, probleme care astfel ar putea afecta sau chiar distruge implementarea activităților educaționale.

**Cuvinte-cheie:** prevenirea fumatului în școli, aspecte etice

### ABSTRACT

School-based health education has the potential to inform and educate young people, in order to promote healthy behaviours among them, which will help to prevent diseases and social problems. The present study gives an overview of several ethical issues which must be considered in different phases of school-based smoking prevention programs. This will help health educators, public health professionals and researchers in their activity of health education in schools. The ethical issues must be taken into consideration during all the activities and refer to the involvement of officials, schools, parents, young people who participate into the program, authors and persons/institutions responsible with the implementation, evaluation or funding of the programs. The application into practice of these ethical principles, influence the quality of the health education, its acceptability BY the target group and the correctness of results. Also, it prevents possible problems and misunderstandings between persons and institutions involved in the health education and smoking prevention process, which could seriously affect and even destroy implementation of such health education activities.

**Keywords:** smoking prevention in schools, ethical issues

### Introduction

In order to prevent smoking among young people, several health education programs are necessary. School-based programmes offer an opportunity to prevent the initiation of smoking among adolescents, having several advantages<sup>(1)</sup>: they can reach wide audiences (many young people go to school), there are opportunities for interpersonal communication, which is important for the fine-tuning of the message and many school teachers and school officials recognize the need of school involvement in health education and counselling of young people.

In order to develop effective health education and promotion activities, a planning model is needed to distinguish the most important phases and to plan activities carefully. The advantage of a planning model is that many relevant aspects are dealt with in a systematic way and that it provides an overview of the most important issues that need to receive attention. A planning model therefore stimulates to plan ahead and may prevent the development of ineffective programs and

campaigns. For instance, campaigns may have little or even reverse effects if they do not focus on the relevant factors that determine individuals' unhealthy behaviours. Such a model is the I-Plan Model<sup>(2)</sup>. The I-Plan Model, previously known as the ABC Planning Model incorporates insights from the PRECEDE-PROCEED Model<sup>(3)</sup>, The Community Change Model<sup>(4)</sup> and the Diffusion of Innovations Model<sup>(5)</sup>. It consists of three phases namely Analysis, Behavioural Intervention and Continuation<sup>(2)</sup>. With respect to the Analysis phase, one can distinguish four important issues or steps or sub-phases. The first step in the analysis phase is problem identification. This refers to the identification of health and social problems that need attention. The next issue is to analyze which behaviours and environmental factors are related with these health problems. The following step is to identify the target groups: which groups engage most often in unhealthy behaviours. These groups are the groups relevant to receive health education, as they will be at a high risk of developing illnesses. Once the target group is selected, behaviour can be studied at the micro

or individual level, at the meso or organizational level and at the macro or socio-cultural and political level. The fourth issue is to analyze why people engage in unhealthy behaviours. Behavioural research indicates that the following factors are important as determinants of behaviour: environmental or demographic factors (e.g. age, socio-economical status, religion, gender) and cognitive factors, such as attitudes, social influences and self-efficacy expectations. The Analysis phase also includes an exploration of the needs and of the channels through which the target group can be accessed, known as an Access Point Analysis. In the Behavioural Intervention phase of the I-Plan Model the results of the Analysis phase are used to formulate goals for the program. These goals are then translated into program objectives; three types of program objectives are developed, namely health, behavioural and motivational objectives. Thereafter, the program is developed by using several practical methods of delivery such as posters, videos and group discussions. This is followed by pilot testing to refine the program, program implementation and an evaluation of its effectiveness. The Continuation Phase of the I-Plan Model involves the use of an intersectorial collaborative group, which represents the various stakeholders who may have an interest in the utilization of the program, in developing diffusion strategies and supportive mechanisms to ensure wide scale use of the program<sup>(2)</sup>.

The present study gives an overview of several ethical issues which must be taken in consideration in different phases of school-based smoking prevention programs. This will help health educators, public health professionals and researchers in their activity of health education in schools.

### **Analysis phase**

In the analysis phase it is very important to get and analyze several information regarding the medical and socio-economical problems, the behaviours, which lead to them, the target group, its characteristics and factors which influence their involvement in the studied behaviour, meaning smoking. This information can be found in some cases by consulting the data offered by several medical and social institutions. Other important tool is represented by conducting a research among the young people by using questionnaires or interviews. In these cases several ethical aspects must be considered.

#### **1. Informed consent**

##### *a. Informed consent from appropriate officials*

Since the research will include school students and will be generally conducted in schools an essential step is to obtain informed consent from appropriate officials, such as Ministry of Education or its local representatives, namely School Directorates as well as from school administration. It is advisable to have a written agreement, where both rights and obligation of school representatives and the research team are clearly depicted. In order to obtain this consent, these officials must be clearly informed about the research project: objectives of research; the research team; the activities involved by the research; duration of the research; the way the target group will be involved; the benefits of participation for the participants as well as for the society; the possible risk of participation; the assurance of anonymity/confidentiality during and after the research is done, and during the process of dissemination; the contact of the research team, where they can be contacted

if there are questions or issues which must be clarified before, during or after the research is done; the possibility of refusing to participate in any moment of the research; the way the target group can obtain a copy of the results<sup>(6,7)</sup>.

##### *b. Informed consent from parents*

Since the subjects are children and adolescents generally below the age of 18, consent from their parents should be also obtained. Many school - based health education, related research developed in the last years in Romania included only the consent from officials and not from parents. The consent from parents is very important and prevents several misunderstandings, which could appear (for instance parents do not agree with the content of the questionnaire used during the research). Parents can be informed about the research activities during meetings with the research team or they can receive letters with information about the research objectives and activities and are asked to decide if they agree with the participation of their children.

#### **2. Assuring anonymity or confidentiality**

Whenever it is possible, the best option is to assure anonymity for the answers/information offered by participating adolescents. For instance, in the case of using questionnaire for assessing several beliefs of young people, they will not write their names and identification data on the questionnaire. Nevertheless, there are situation when the objectives of the research cannot allow for anonymity of the answers. For instance, if a study investigates the evolution during a period of time of smoking behaviour among young people, researchers administrate the questionnaire two or more times and they need to follow the evolution between assessments of smoking behaviour of each person. In this case the only possibility is to ensure confidentiality. Participating students must be ensured that the data provided by them are confidential and only the research team will have access to it. First, this can be achieved by not involving the school teachers or administration in the process of data collection; teachers are not present in the class when the questionnaires are administered or they are present, but they stay in front of the class and do not participate in questionnaire collection. Secondly, school students will not write their name on questionnaires, but will put their questionnaire in an envelope and will write their name on envelope. Another possibility is that the research team allocates a code to the students and they will write their code on the questionnaire, not the name.

#### **3. Voluntary participation**

Young people participating in the research activities must be ensured that they could refuse to participate. In the case of using the questionnaire they can refuse by leaving the questionnaire blank. In the case of interviews, they can refuse to answer the questions. This must be clearly explained to them orally, but can be written also on the first page of the questionnaire.

#### **4. Appropriate instruments**

The questionnaires used for data collection must be appropriate for the age group where they are used and they must be tested before use, in order to check item clarity.

### **5. Appropriate handling and reporting of data**

The researchers have the obligation to handle and report the data, without to mention the name of the participants. In the database, the name of the participants will be replaced with a code assigned by the research team. On the other hand, the reports must acknowledge the funding agencies and any possible conflicts of interests. All the persons who are mentioned as authors must be consulted before the data are reported, in order to prevent the situation that some of the authors do not agree with the reported results.

## **Behavioural intervention phase**

### **Selection of target group**

Based on data collected during the analysis phase, the target group must be selected among persons where the problem is more frequent or with higher severity of the problem and who can benefit mostly from the program. Unfortunately, financial and logistical constraints (e.g. not enough trained personnel) allow especially the implementation of health education programs only in more accessible towns/places. One example is the implementation of more smoking prevention and health education programs in Romania in big towns, comparing with rural areas. Nevertheless, efforts must be done in order to achieve as much as possible equality of chances to groups of young people from different areas.

Acknowledgement of relevant person and institutions involved in developing, implementing, funding the program.

The materials used during the program must contain clear information about the authors, the funding agencies, the institutions involved in the implementation and contact information where more information about the program can be obtained.

## **Informed consent**

Similarly with the analysis phase, consent from the officials and parents must be obtained, in order to implement the health education program in schools.

### **1. Use of appropriate materials and education methods during the health education process**

During the processes of health education in schools, the materials and methods used must be in concordance with the objectives of the projects, but must take also into consideration the needs of the target group, its capacity of understanding and making informed, correct decision for their health, based on the information provided. According to the National Coalition of Health Education Organizations from USA, health educators must support the right of individuals to make informed decisions regarding health, as long as such decisions pose no threat to the health of others<sup>(8)</sup>. Health educators should actively involve individuals, groups and communities in the entire educational process so that all aspects of the process are clearly understood by those who may be affected. At the same time, health educators respect and acknowledge the right of others to hold different values, attitudes and opinions<sup>(8)</sup>. During the educational process, any discrimination based on gender, age, health status or other characteristics must be avoided.

### **2. Appropriate training of health educators**

The persons involved in the educational process must have good knowledge regarding the health education subject, which is approached. Health educators must be honest with their qualifications and limits of own expertise and provide services consistent with their competencies<sup>(8)</sup>.

### **3. Use of appropriate methods for evaluation**

One important step in order to develop evidence based smoking prevention programs in schools is the effect evaluation of the programs and actions implemented in schools. The golden standard is the use of randomized controlled trials, fact which, in school-based health education programs, implies that schools who agree to implement the educational program are randomly assigned to two groups: experimental group (they implement the program) and control group (they do not implement the program, but allows for comparisons with the experimental group)<sup>(9)</sup>. The ethical problem raised by randomized controlled trials is that some schools will not benefit from the program. Moreover, many times schools want to be in the experimental, but not the control group. The solution which can solve this problems is to explain very clear to the schools that their participation will imply random allocation to the control or experimental group, but even if they will be in the control group, they can benefit from the program, after the evaluation will be finished, for instance they can benefit from the program in the next school year.

## **The continuation phase**

The impact of a health education programs is determined not only by the effectiveness of the interventions, but also by the quality of program implementation and the proportion of intended participants exposed to the program. The impact of these programs will remain limited if these programs are not diffused and continued over time. Several ethical issues must be taken into consideration also during this phase.

### **1. Involvement of governmental agencies in diffusion of effective school based smoking prevention programs**

Governmental agencies should have a clear preoccupation for identifying and supporting the diffusion of effective health education and smoking prevention programs among school young people.

### **2. Acknowledgements of persons/agencies involved in the development of the program**

Even if the diffusion of the program is done by another institution than the institution who developed the program, the authors of the program, the agency who first developed and implemented the program as well as the funding agency who first supported the development of the program must be mentioned together with the agency who is funding and diffusing the program.

## **Discussion**

School-based smoking prevention education has the potential to inform and educate young people, in order to promote healthy behaviours among them, which will help to prevent diseases and social problems. In order to ensure good quality health education, several ethical issues must be considered in

all the phases of the development, implementation, evaluation and dissemination of smoking prevention educational programs. This ethical issues must be taken into consideration during all the activities and refer to the involvement of officials, schools, parents, young people who participate into the program, authors and persons/institutions responsible with the implementation, evaluation or funding of the programmes. The examples and experiences offered by several smoking prevention programs implemented in Europe and worldwide<sup>(10-19)</sup> underline that application into practice of this ethical principles influence the quality of the health education, its acceptability by the target group, the correctness of results and prevent possible problems and misunderstandings between the persons and institutions involved in the process of smoking prevention and education, which can seriously affect and even destroy the implementation of the health education activities.

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