Table S1. GRADE approach summary of findings

Non-pharmacological therapies compared to control group for Smoker adolescents in South and Southeast Asian countries

Population: Smoker adolescents in South and Southeast Asian countries
Setting: School or educational institutes -based
Intervention: Non-pharmacological therapies
Comparison: Control group

Outcomes	Anticipated absolute effects* (95% CI)		Relative effect (95% CI)	No of participants (studies)	Certainty of the evidence (GRADE)	Comments
	Risk with [control group]	Risk with [Non-pharmacological therapies]				
Smoking cessation (Quit rate) Follow-up < 6 months	Moderate		**OR 3.13** (1.69 to 5.82)	1005 (5 RCTs)	⊕⊕⊕◯ Moderate[a,b,c]	Non-pharmacological therapies may significantly increase smoking cessation rates among adolescent smokers, The evidence is moderate due to limitations in study design (risk of bias, heterogeneity, imprecision)
	250 per 1,000	**511 per 1,000 (360 to 660)**				
Smoking cessation (Quit rate) Follow-up < 3 months	Low		**OR 2.66** (1.42 to 4.97)	255 (2 non-randomised studies)[d]	⊕⊕⊕◯ Moderate[e,f]	Non-pharmacological therapies might improve smoking cessation rates, but due to limitations in study design, the true effect is uncertain due to confounding and non-randomization
	170 per 1,000	**353 per 1,000 (225 to 504)**				

***The risk in the intervention group** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).
CI: confidence interval; **OR:** odds ratio

GRADE Working Group grades of evidence
High certainty: we are very confident that the true effect lies close to that of the estimate of the effect.
Moderate certainty: we are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low certainty: our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.
Very low certainty: we have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

Explanations

a. The risk of bias table identifies some concerns in two studies, with one study (Saliva, 2016) demonstrating a high risk of bias.
b. Inconsistency: Substantial heterogeneity (I^2 = 70%) among RCTs, possibly due to variations in intervention delivery.
c. Imprecision: One RCT had extensive confidence intervals, and the studies had small sample sizes, which led to a lower rating.
d. Quasi-experimental study design.
e. THE Risk of bias table shows both studies have some concerns.
f. Imprecision: small number of studies and their sample size.