

Cigarette use and compliance with smoke-free campus policies among students of a university

Bir üniversitede öğrencilerin sigara kullanımları ve dumansız kampüs politikalarına uyum durumları

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ABSTRACT

Background: This study aimed to evaluate students' knowledge, attitudes, and behaviours regarding the Smoke-Free University policy, focusing on cigarette use. The main objectives were to determine smoking prevalence, assess cessation status, evaluate policy awareness, examine compliance, and explore attitudes toward tobacco control policy.

Method: This is a cross-sectional study conducted at University of Health Sciences a total of 315 students participated in the study. Data were collected through a questionnaire, which included questions on demographic information, smoking habits, compliance with anti-smoking policies, and students' attitudes toward these policies.

Results: Among the participants, 73.7% were female, and 26.3% male. 16.2% of participants were current smokers, 5.7% were ex-smokers. Among males, 16.9% were smokers, while 15.9% of females reported smoking, ($p = 0.437$). The most commonly reported reason for quitting smoking was health concerns (66.7%). Additionally, 87.6% of participants reported being aware of the university's smoke-free policy. Smokers generally showed moderate compliance, with 54% adhering to the smoking ban. Attitudes toward the smoking ban varied according to smoking status, while smokers had a negative attitude toward the policy, non-smokers expressed more positive attitude ($p < 0.001$).

Conclusion: Although the overall smoking prevalence in our study was lower than the national average, the unexpected gender difference highlights an important trend, raising questions about underlying factors and highlights the need for further research. In addition, policies alone, without proper implementation and awareness campaigns, are unlikely to achieve the desired outcomes, future efforts should focus on enhancing policy enforcement and increasing educational initiatives to drive behavioural change.

Keywords: university student, tobacco-free policy, smoking, Türkiye

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Öz

Amaç: Bu çalışmanın amacı, öğrencilerin Dumansız Üniversite politikası ile ilgili bilgi, tutum ve davranışlarını sigara kullanımını esas alarak değerlendirmektir. Çalışma, öğrenciler arasında sigara içme sıklığını, sigarayı bırakma durumlarını, politika hakkındaki bilgilerini, tütün politikalarına uyum seviyelerini ve tütün kontrol önlemlerine yönelik tutumlarını araştırmayı hedeflemektedir.

Yöntemler: Bu çalışma, Sağlık Bilimleri Üniversitesi'nde yapılan kesitsel bir araştırmadır. Çalışmaya toplamda 315 öğrenci katılmıştır. Veri toplama; demografik bilgiler, sigara içme alışkanlıkları, tütün yasaklarına uyum ve bu politikalara yönelik tutumlar hakkında sorular içeren anket yoluyla yapılmıştır.

Bulgular: Katılımcıların %73,7'si kadın, %26,3'ü erkektir. Katılımcıların %16,2'si aktif sigara içicisi, %5,7'si eski sigara içicisinden oluşmaktadır. Erkeklerin %16,9'u sigara içmekte iken, kadınların %15,9'u sigara içmektedir ($p = 0.437$). Sigarayı bırakma konusunda en yaygın bildirilen neden sağlık endişeleriydi; eski içicilerin %66,7'si bunu birincil motivasyonları olarak belirtmiştir. Farkındalık açısından ise katılımcıların %87,6'sı üniversitenin dumansız kampüs politikasından haberdar olduklarını bildirmiştir. Tütün yasaklarına uyum açısından, sigara içenlerin genel olarak orta düzeyde uyum gösterdiği, sigara içenlerin %54'ünün sigara yasağına uyduğu belirlenmiştir. Sigara yasağına karşı tutumlar, sigara içme durumuna göre farklılık göstermekte olup, sigara içicileri politikaya olumsuz tutum sergilerken, sigara içmeyenler daha olumlu tutum göstermektedir ($p < 0.001$).

Sonuç: Çalışmamızda genel sigara içme prevalansı ulusal ortalamanın altında olmasına rağmen, beklenmedik cinsiyet farkı önemli bir eğilimi ortaya koymakta, altta yatan faktörler hakkında soru işaretleri yaratmakta ve daha fazla araştırma yapılması gerekliliğini vurgulamaktadır. Ayrıca, uygun uygulama ve farkındalık kampanyaları olmaksızın yalnızca politikaların varlığı istenen sonuçlara ulaşmada yeterli olmayabilir; gelecekteki çabalar, politika uygulamasının güçlendirilmesine ve davranış değişikliğini teşvik edecek eğitim girişimlerinin artırılmasına odaklanmalıdır.

Anahtar Kelimeler: üniversite öğrencisi, tütünsüz politikası, sigara içme, Türkiye

Introduction

The prevalence of tobacco use among adults remains a major global public health concern. In 2006, the World Health Organization (WHO) identified it as the leading cause of preventable deaths worldwide.^{1,2} Evidence indicates that most smokers begin smoking during adolescence, underscoring the importance of prioritizing this age group in tobacco control strategies.¹ Moreover, studies have shown that quitting smoking before the age of 30 can markedly reduce the risk of smoking-related mortality.³

In 2008, the WHO introduced the MPOWER strategies a practical policy package designed to facilitate the implementation of the Framework Convention on Tobacco Control (FCTC). Aligning with this global effort, Türkiye strengthened its tobacco control initiatives by revising its first anti-tobacco legislation (Law No. 4702, originally from

1996).⁴ A key provision of this 2008 revision was the extension of the indoor smoking ban to all public service buildings and a specific prohibition on tobacco use in all educational institutions, both indoor and outdoor.^{5,6}

In 2021, based on the National Tobacco Control Law the University of Health Sciences Türkiye officially launched the “Smoke-Free University Initiative”. Under this policy, smoking is prohibited in all indoor areas, university buildings, official vehicles, and private vehicles within campus boundaries.⁷

Despite the implementation of numerous anti-tobacco measures in Türkiye, data from the Turkish Statistical Institute show that tobacco use among young adults has continued to rise from 16.4% in 2012 to 19.3% in 2022.^{8,9} This trend has raised concerns about the effectiveness of current policies and highlights the need for more effective

strategies. Additionally, due to their lifestyle, university students are at risk of exposure to secondhand smoke, which poses a distinct public health challenge.¹⁰ National and international organizations have therefore recommended the adoption of stricter tobacco control policies in universities.¹¹

In this context, it is important to note that research examining the tobacco control policies among university students in Türkiye remains limited.¹² This underscores the need for more comprehensive studies within the Turkish setting.

The objective of this research is to assess students' knowledge, attitudes, and behaviors regarding the Smoke-Free University policy in relation to smoking. The study further aims to investigate the prevalence of smoking, cessation status, awareness of the policy, compliance with tobacco control regulations, and attitudes toward tobacco control measures among students.

Materials and Methods

Study setting, design and population

This cross-sectional study was conducted at the University of Health Sciences, Türkiye, in 2024. The study population consisted of 7,934 students enrolled in seven faculties of the University. Inclusion criterion was being a registered undergraduate student at the university, at the time of study. All volunteering students were invited to participate in the study. Students who were in their internship period were excluded as they were placed outside the campus.

Questionnaire

The questionnaire was developed based on the tools from earlier similar surveys, carried out in the United Kingdom and Lebanon.^{13,14} The questionnaire was revised in line with the objectives of the current study. The final

version consisted of 39 items organized into four main sections: participants' demographic characteristics, smoking-related habits, level of compliance with tobacco control policies, and attitudes toward these policies.

Data collection

Data collection was carried out over a six-week period between February and March 2024. Prior to distribution, the questionnaire was piloted with five students to evaluate feasibility, identify potential issues. Based on feedback from the pilot group, minor adjustments were made to the wording to improve clarity and response accuracy.

Data were collected electronically via Google Forms and distributed through classes official WhatsApp groups. Informed consent was obtained from all participants. The questionnaire was distributed twice across all classes to maximize reach, and all students had an equal opportunity to participate, as a sample was not selected—all eligible students were invited to take part in the study. At the end of the data collection process, a total of 325 students completed the questionnaire. After reviewing the responses, 10 participants were excluded for not meeting the inclusion criteria, resulting in 315 valid cases for analysis.

Statistical analysis

The sample size was calculated using data from the study by Chaaya et al.¹³, which examined compliance with smoking-related policies. Based on this calculation, a minimum of 305 participants was required ($P = 0.727$; $Q = 0.273$; $\alpha = 0.05$; $d = 0.05$).

Descriptive statistics were used to summarize demographic characteristics of participants and to report smoking prevalence, policy compliance, and attitudes toward tobacco control policies. Frequencies and percentages were calculated for categorical variables. Categorical variables were compared using Pearson's Chi-square test.

When the assumptions of the Chi-square test were not met because of small expected cell counts, exact p-values were calculated using the Fisher–Freeman–Halton extension of Fisher’s Exact Test available in the SPSS Exact Tests module. A significance level of $p < 0.05$ was set for all statistical tests. All analyses were performed using IBM SPSS Statistics version 26.

The original five-point Likert scale for attitude questions was reduced to three categories (Agree, Undecided, Disagree) before analysis to help meet Chi-square assumptions. However, due to small subgroup sizes and expected cell counts below 5 even after merging, Fisher’s exact test was used for most comparisons, except where Chi-square assumptions were fully met.

Ethical approval

Ethical approval for the study was obtained from the Ethics Committee of Hamidiye Scientific

Research Ethics Committee at the University of Health Sciences Decision No. 21/26, Document No. 24145, dated 22.12.2023).

Results

Among the participants, 73.7% ($n = 232$) were female and 26.3% ($n = 83$) were male. Distribution by faculty showed that 43.5% ($n = 137$) were enrolled in the Faculty of Health Sciences, 12.4% ($n = 39$) in the Faculty of Medicine, and 12.1% ($n = 38$) in the International Faculty of Medicine. Additionally, 9.2% ($n = 29$) were in the Faculty of Nursing, 8.6% ($n = 27$) in the Faculty of Life Sciences, 7.6% ($n = 24$) in the Faculty of Dentistry, and 6.7% ($n = 21$) in the Faculty of Pharmacy.

Overall, 16.2% of participants were current smokers, and 5.7% were former smokers. Smoking prevalence did not differ significantly between males (16.9%) and females (15.9%) ($p = 0.437$). However, when analyzed by nationality, students

Table 1. Distribution of participants' smoking status by gender, age, academic year, and nationality

Variables	Total		Current smokers		Former smokers		Non-smokers		p-value
	n	%	n=51	16.2%	n=18	5.7%	n=246	78.1%	
Gender									
Male	83	26.3	14	16.9	7	8.4	62	74.7	0.437*
Female	232	73.7	37	15.9	11	4.7	184	79.3	
Age									
<18	1	0.3	0	-	0	-	1	100	0.769**
18-21	250	79.4	39	15.6	13	5.2	198	79.2	
22-24	51	16.2	10	19.6	4	7.8	37	72.5	
25 ≥	13	4.1	2	15.4	1	7.7	10	76.9	
Class									
Language Prep Class	3	1.0	-	-	-	-	3	-	0.444**
First Year	140	44.4	23	16.4	8	5.2	109	77.9	
Second Year	103	32.7	15	14.6	5	4.9	83	80.6	
Third Year	60	19	9	15.0	4	6.7	47	78.3	
Fourth Year	9	2.9	4	44.4	1	11.1	4	44.4	
Citizenship at Birth									
Turkish	260	82.5	48	18.5	16	6.2	196	75.4	0.025**
Non-Turkish	55	17.5	3	5.5	2	3.6	50	90.9	

* Pearson's Chi-square test

** Fisher's exact test (used due to expected cell count <5 in >20% of cells)

from Türkiye had a higher rate of current smoking (18.5%) compared to students from other countries (5.5%), and this difference was statistically significant ($p = 0.025$) (Table 1).

Among the 18 participants who quit smoking, a total of 24 responses were reported, as multiple responses were allowed. The most commonly cited reason for quitting was personal health (50%, $n = 12$) (Table 2).

Among smokers, 54.9% ($n = 28$) reported complying with the Smoke-Free University rules, with no significant gender difference ($p = 0.28$). Nearly half (47.1%, $n = 24$) admitted to smoking in prohibited

areas, while only 9.8% ($n = 5$) reported receiving a warning, again with no gender difference ($p = 0.120$). Overall, 87.6% ($n = 276$) of all participants were aware of the policy, most commonly through banners (67%, $n = 185$) (Table 3).

A total of 68.9% of participants ($n = 217$) reported having observed a student smoking in prohibited areas, while 19% ($n = 60$) stated that they had not made such an observation. These findings indicate that smoking in restricted areas is common and that the majority of participants have witnessed it.

Non-smoking students showed significantly more positive attitudes toward the smoking

Table 2. Distribution of students who quit smoking according to their reasons for quitting ($n=18$)

Reason	Number of responses (n)	Response percentage (%)	Participant percentage (%)
Because it is better for my health	12	50.0	66.7
Because it is better for my family's health	1	4.2	5.6
At my doctor's request	1	4.2	5.6
At the suggestion of my relatives/friends/neighbours	3	12.5	16.7
For economic reasons	3	12.5	16.7
No particular reason	4	16.7	22.2

Table 3. Compliance of smoking participants with the Smoke-Free University policy according to gender

	Total		Male		Female		p-value
	n=51	%	n=14	%	n=37	%	
Smoking on campus							
Only in designated areas	28	54.9	6	42.9	22	59.5	0.28*
In both designated and non-designated areas	23	45.1	8	57.1	15	40.5	
Smoking in prohibited areas on campus							
Yes	19	37.3	6	42.9	13	35.1	0.173**
No	24	47.1	4	28.6	20	54.1	
Not Sure	8	15.7	4	28.6	4	10.8	
Receiving a warning for violating the campus smoking ban							
Yes	5	9.8	3	21.4	2	5.4	0.120**
No	46	90.2	11	78.6	35	94.6	
Change in smoking habit at the university							
Increase	12	23.5	5	35.7	7	18.9	0.236**
Decrease	11	21.6	1	7.1	10	27.0	
Remain The Same	28	54.9	8	57.1	20	54.1	

* Pearson's Chi-square test

** Fisher's exact test (used due to expected cell count <5 in >20% of cells)

ban than smokers ($p < 0.001$). Overall, 63.5% of participants ($n = 200$) strongly supported the policy, with support highest among non-smokers (76.8%, $n = 189$) and lowest among smokers (7.8%, $n = 4$). Similarly, 67.1% of non-smokers ($n = 165$) perceived the ban as highly effective in creating a healthy environment, compared to only 5.9% of smokers ($n = 3$) (Table 4).

A large majority of smokers (88.2%, $n=45$) stated that campus policies violate the personal freedoms of smokers, while this rate was 26.4% ($n=65$) among non-smoking students. Non-smoking students largely evaluated the degree of protection offered to non-smokers by the smoke-free policy positively (88.6%, $n=218$). These findings indicate that students' attitudes towards the smoking ban

Table 4. Distribution of students' attitudes toward the Smoke-Free University policy according to their smoking status

Attitude	Total		Current Smokers		Former Smokers		Non-Smokers		P Value
	n=315	%	n=51	%	n=18	%	n=246	%	
Level of support for the policy									
Large Extent	200	63.5	4	7.8	7	38.9	189	76.8	<0.001**
Some Extent	42	13.3	5	9.8	2	11.1	35	14.2	
Not At All	55	17.5	33	64.7	5	27.8	17	6.9	
Not Sure	18	5.7	9	17.6	4	22.2	5	2	
Effect of the ban on creating a healthy environment									
Large Extent	176	55.9	3	5.9	8	44.4	165	67.1	<0.001**
Some Extent	65	20.6	6	11.8	3	16.7	56	22.8	
Not At All	56	17.8	36	70.6	5	27.8	15	6.1	
Not Sure	18	5.7	6	11.8	2	11.1	10	4.1	
Effect of the ban on avoiding smoking									
Large Extent	63	20	0	0.0	5	27.8	58	23.6	<0.001**
Some Extent	116	36.8	10	19.6	5	27.8	101	41.1	
Not At All	120	38.1	41	80.4	8	44.4	71	28.9	
Not Sure	16	5.1	0	0.0	0	0.0	16	6.5	
Degree to which the policy encourages quitting tobacco									
Large Extent	53	16.8	0	0.0	4	22.2	49	19.9	<0.001**
Some Extent	97	30.8	6	11.8	4	22.2	87	35.4	
Not At All	131	41.6	45	88.2	9	50.0	77	31.3	
Not Sure	34	10.8	0	0.0	1	5.6	33	13.4	
Degree of compliance with the Smoke-Free Campus policy									
Large Extent	56	17.8	5	9.8	4	22.2	47	19.1	0.398**
Some Extent	146	46.3	23	45.1	10	55.6	113	45.9	
Not At All	95	30.2	21	41.2	4	22.2	70	28.5	
Not Sure	18	5.7	2	3.9	0	0.0	16	6.5	

**Fisher's exact test was used due to expected cell counts <5.

Table 5. Agreement with statements of smoke-free policy attitude among students, by smoking status

Attitude	Total		Current smokers		Former smokers		Non-smokers		P value
	n=315	%	n=51	%	n=18	%	n=246	%	
The policy violates the personal freedom of smokers									
Agree	121	38.4	45	88.2	11	61.1	65	26.4	<0.001**
Not sure	50	15.9	1	2.0	2	11.1	47	19.1	
Disagree	144	45.7	5	9.8	5	27.8	134	54.5	
The policy protects non-smokers									
Agree	253	80.3	24	47.0	11	61.1	218	88.6	<0.001**
Not sure	26	8.3	8	15.7	2	11.1	16	6.5	
Disagree	36	11.4	19	37.3	5	27.8	12	4.4	
The policy encourages smokers to quit									
Agree	90	28.6	3	5.9	4	22.2	83	33.7	<0.001**
Not sure	72	22.9	2	3.9	4	22.2	66	26.8	
Disagree	153	48.6	46	90.2	10	55.6	97	39.4	
The policy leads to secret smoking during school hours									
Agree	212	67.3	42	82.4	16	88.8	154	62.6	0.010**
Not sure	71	22.5	8	15.7	1	5.6	62	25.2	
Disagree	32	10.2	1	1.9	1	5.6	30	12.2	

**Fisher's exact test was used due to expected cell counts <5. The p-value remained <0.001.

differ significantly based on their smoking status (Table 5).

Discussion

The study found that the prevalence of smoking among participants was lower than the national average, although it was higher among women. Health concerns were identified as the most common reason for former smokers to quit. While most participants were aware of the smoke-free campus policy, compliance with the regulation was moderate. Non-smokers generally supported the policies, whereas smokers showed relatively less support.

Examining the trends, norms, and underlying reasons for tobacco use in this age group is of great importance for designing effective prevention and control strategies.^{15,16} In the other hand attitudes, stress, and lifestyle changes associated with university life contribute to the high smoking rates

in this population, highlighting the role of campus policies in reducing these habits.¹⁷

According to national data from 2022, the rate of tobacco uses among individuals aged 15-24 in Türkiye was reported as 19.3%⁸, whereas our study determined a slightly lower prevalence of 16.1%. In comparisons with studies from other Turkish universities similar results have been obtained. A 2017 study at Artvin Çoruh University found a smoking prevalence of 27.9% and noted that anti-smoking policies were not implemented at that university.¹⁷ Conversely, a 2020 study at Üsküdar University reported a smoking prevalence as high as 57%.¹²

Internationally, our study's results were also lower when compared with neighboring countries. A 2020 study conducted in Syria during the Syrian crisis found a smoking prevalence of 24.7%.¹⁸ Similarly, a study carried out at Yarmouk University in Jordan in 2005 reported a smoking rate of 35%.¹⁹

When examined by gender, our study revealed a higher smoking rate among women (15.9%) compared to the national prevalence of 9% among women aged 15–24 reported by Turkish Statistical Institute for 2022.⁸ Moreover, the narrowing gap between male (16.9%) and female smoking rates in our findings contrasts with the commonly observed trend of higher smoking prevalence among men. Notably, this pattern is consistent with findings from other Turkish universities, including Artvin Çoruh university (15.3%)¹⁷ and Ahi Evran university (15.1%)²⁰, indicating that this is not an isolated phenomenon. This increase may be associated with factors such as urbanization, higher educational attainment, and increased economic independence among young women in Türkiye.^{21,22}

In our study, the most frequently reported reason for quitting smoking was health concerns, cited by 66.7% of participants. This was followed by economic reasons (16%) and advice from relatives or friends (16%). This finding is consistent with an Italian study, which similarly identified health concerns as the most commonly reported reason for smoking cessation.²³ These results underscore the importance of raising awareness about the health effects of smoking, which may in turn motivate more students to quit smoking.²⁴ Although our study did not directly assess whether smoking bans influenced participants' decisions to quit, 16% of former smokers cited economic factors as a reason for cessation. Increasing tobacco taxes is one of the key strategies commonly implemented to reinforce smoking bans.²⁵ This finding underscores the importance and effectiveness of such economic measures in reducing tobacco use and supporting compliance with smoke-free policies.

Our study revealed a mixed level of compliance with the university's anti-smoking policies. Among smoking students, 45% reported smoking outside designated areas, indicating that a substantial

proportion disregarded the policy. Moreover, only 9.8% of smokers stated that they had received a warning or penalty from the university, suggesting that the policy is not adequately enforced despite high rates of non-compliance. To reduce response bias and gain further insight into policy compliance, both smokers and non-smokers were asked whether they had observed other students smoking in prohibited areas. A total of 68.9% of participants reported witnessing peers violating the policy. This high observation rate indicates that, although the anti-smoking policy is formally in effect, there may be insufficient monitoring or effective enforcement by university authorities.

A similar study at American University of Beirut reported a higher compliance rate (72.7%) compared to our study (54.9%), the authors suggested that this lower level of compliance might be attributable to the fact that smoking bans in public areas across the country have not been sufficiently reinforced as a national policy, leading students to revert to their usual habits when off campus.¹³ Another study conducted in California in 2014 compared four universities with different policies, the results showed that universities implementing more comprehensive policies had higher levels of student compliance, in the same contrast students were found to have lower rates of smoking and exposure to second-hand smoke, as well as a markedly reduced intention to smoke on campus.²⁶ Another study conducted in 2014 at the University of Montana in the United States examined compliance with an outdoor tobacco ban and an educational program before, during, and after implementation. The results showed that compliance rates increased significantly from 33% before implementation to 74% during the intervention week, which included active enforcement and educational initiatives. This demonstrates that monitoring and education play a critical role in increasing compliance with smoking policies.²⁷

In our study, 87.6% of participants stated that they were aware of the smoke-free campus policy, reflecting a generally high level of awareness among students. The most common source of information about the policy was campus banners, reported by 67% of participants. These findings indicate that visual materials such as banners remain a widespread and effective means of disseminating policies. However, despite this high level of awareness, compliance with the policy did not align with expectations. This suggests that awareness alone may not be sufficient for the adoption of policies.

This study also assessed students' attitudes toward the university's smoke-free campus policy. As expected, the majority of non-smoking students (76.8%) viewed the policy positively. This strong support is thought to stem largely from concerns about exposure to second-hand smoke. As evidence of this, 67% of non-smokers stated that smoking creates an unhealthy environment, while 88.6% emphasized that the policy is important for protecting their health. In contrast, smokers showed far less support for the policy (7.8%). Smokers' resistance to the policy may stem from perceiving it as a restriction on their personal freedom. Indeed, 88.2% of smokers reported viewing the policy as an intrusion on their personal freedom. Our findings are consistent with those of a study conducted in the United Kingdom, as the majority of participants supported tobacco bans but also acknowledged their impact on personal freedoms. Such attitudes highlight the challenges of implementing policies that may be perceived as intrusive, particularly among smokers who feel targeted.¹⁴ Similarly, a 2009 study at the American University of Beirut found that non-smokers were more satisfied and more supportive of the policy compared to smokers, who displayed greater resistance.¹³

In terms of generalizability, participation in the study was voluntary, and not all invited

students responded to the survey. Therefore, the respondents may not fully represent the entire student population. To evaluate the potential impact of this bias, we compared the demographic composition of our sample to the official university registry data. The sample closely mirrored the university population; for example, 73% of participants were female versus 68% in the university, and 43% were from Health Sciences versus 47%. This alignment on observable characteristics suggests that, on these key demographics, our sample did not substantially deviate from the target population, thereby partially mitigating concerns about the impact of selection bias. While this demographic match is encouraging, it does not guarantee representativeness of the population on the primary study variables.

This study has several key limitations. Its cross-sectional design prevents establishing causal relationships and fully explaining the reasons for student noncompliance. The lack of similar prior research at the university limits the ability to compare these findings. Finally, since the study was conducted at a single university with a focus on health sciences students, the results cannot be broadly generalized to other institutions or populations.

Conclusion

Although the overall smoking prevalence in our study was lower than the national average and findings from other universities, the unexpected gender difference highlights an important trend. The higher smoking rate among young women raises questions about the underlying factors contributing to this increase and underscores the need for further research. In term of compliance Our study suggests that relying solely on the existence of policies could be insufficient; instead, comprehensive monitoring programs should be implemented. Moreover, educational campaigns

play a crucial role in raising awareness among smokers about the harmful effects of second-hand and thirdhand smoke. These initiatives should emphasize that smoke-free policies are not intended to restrict personal freedoms but rather to protect the health and well-being of non-smokers.

Ethical approval

This study has been approved by the of Hamidiye Scientific Research Ethics Committee at the University of Health Sciences (approval date: 22.12.2023, number: 24145). Electronic informed consent was obtained from all participants online prior to their participation in the survey.

Author contribution

Study conception and design: MMA, PT; data collection: MMA; analysis and interpretation of results: MMA; draft manuscript preparation: MMA, PT. The author(s) reviewed the results and approved the final version of the article.

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The data that support the findings of this study are available from the corresponding author upon reasonable request.

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support. All final revisions, interpretations, and scientific decisions were made by the authors.

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Çalışma konsepti ve tasarımı: MMA, PT; veri toplama: MMA; sonuçların analizi ve yorumlanması: MMA; makaleyi hazırlama: MMA, PT. Yazar(lar) sonuçları gözden geçirmiş ve makalenin son halini onaylamıştır.

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Veri Kullanılabilirliği Beyanı

Bu çalışmanın bulgularını destekleyen veriler, makul bir talep üzerine sorumlu yazardan temin edilebilir.

Üretken Yapay Zeka Beyanı

Üretken yapay zekâ araçları yalnızca dil düzenleme, dilbilgisi düzeltme ve çeviri desteği amacıyla kullanılmıştır. Tüm nihai revizyonlar, yorumlar ve bilimsel kararlar yazarlar tarafından yapılmıştır.

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