

Smoking Behaviors and Viewpoints of Smoking by Erciyes University, Faculty of Theology Students

**Mehmet Dogan, Fevziye Cetinkaya,
Vesile Senol & Melis Nacar**

Journal of Religion and Health

ISSN 0022-4197

J Relig Health

DOI 10.1007/s10943-019-00837-3



Your article is protected by copyright and all rights are held exclusively by Springer Science+Business Media, LLC, part of Springer Nature. This e-offprint is for personal use only and shall not be self-archived in electronic repositories. If you wish to self-archive your article, please use the accepted manuscript version for posting on your own website. You may further deposit the accepted manuscript version in any repository, provided it is only made publicly available 12 months after official publication or later and provided acknowledgement is given to the original source of publication and a link is inserted to the published article on Springer's website. The link must be accompanied by the following text: "The final publication is available at link.springer.com".



Smoking Behaviors and Viewpoints of Smoking by Erciyes University, Faculty of Theology Students

Mehmet Dogan¹ · Fevziye Cetinkaya² · Vesile Senol³ · Melis Nacar⁴

© Springer Science+Business Media, LLC, part of Springer Nature 2019

Abstract

Religious beliefs and attitudes contribute to a healthy life by helping individuals avoiding negative behaviors that can affect health. In this respect, clergymen can play an important role in smoking control by being models for the society. This study was conducted to evaluate smoking situations and views on cigarette use by Erciyes University, Faculty of Theology students. In this cross-sectional descriptive research, a questionnaire was conducted with the first and last year students studying in the Faculty of Theology (305). 88.2% of the students (97.0% of the women and 69.6% of the men) have never smoked; 6.9% of them (3.0% freshmen/16.0% senior students) still smoke and 4.9% of them have quit smoking. 81.0% of the smokers have thought of quitting smoking and 47.6% of them have tried to quit smoking. 70.6% of those thinking of quitting smoking stated that religion is motivating their thought of quitting smoking. 73.8% of the students expressed that religious sensitivity could affect smoking, 54.4% stated that smoking was an abomination to religion and 43.3% expressed that religion totally forbids smoking. Some measures need to be taken for fight against smoking, a global and preventable problem. Countries make legislative regulations to solve this problem and in addition to this, individuals such as clergymen and educators should also be mindful for the solution of this problem.

Keywords Smoking · Clergymen · Attitudes

✉ Mehmet Dogan
mehmetdogan@ercives.edu.tr

¹ Public Health, Health Services Vocational School, Erciyes University, 38039 Kayseri, Turkey

² Public Health, Faculty of Medicine, Department of Public Health, Erciyes University, Kayseri, Turkey

³ Public Health, High School of Health Sciences, Kapadokya University, Nevşehir, Turkey

⁴ Public Health, Faculty of Medicine, Department of Medical Education, Erciyes University, Kayseri, Turkey

Introduction

Religion (piety), age, sex, socio-demographic structure, race, and ethnic groups are important demographic characters. The epidemiologic link between religion and positive health outcomes has been documented in several studies. The central finding is that the protective effects of religion seem to transcend morbidity and mortality, as well as numerous physical and mental health outcomes (Chatters 2000; Ellison and Levin 1998; Levin 1996). In studies conducted on youth, using bivariate analyses, it was found that religion (piety) had a positive effect on many positive behaviors such as wearing seatbelts, participating in physical activities, and having regular sleep. It was also found to have a negative effect on some negative behaviors such as carrying guns, violence between people, drinking while driving, drug addiction, and abuse (Atkins et al. 2002; Pullen et al. 1999; Strote et al. 2002; Sutherland and Shepherd 2001). It was found that religion was the most effective demographic factor against smoking. More youngsters took advantage of religious services, the less they smoked and there was an inverse correlation between piety and smoking (Whooley et al. 2002).

Although there are differences between societies, smoking starts at early ages throughout developing countries. Most of the world's smokers start smoking before the age of 18 (Everett et al. 1999; Jairath et al. 2003). Once students begin university, a variety of factors begin to affect students and smoking initiation begins and or increases. Some of these factors are decontrol of school and family, personality development, new social environment, and a new circle of friends (Saatci et al. 2004). The most effective method to avoid harmful effects of smoking is to prevent smoking initiation and to encourage those who have started smoking to quit (Kolbe et al. 2005; Lam et al. 1998; Erguder et al. 2008). Avoiding smoking is an important behavior that protects health. Self-effectiveness, which is personal belief and self-perception, is a highly effective cognitive factor to gain and maintain health behavior (Pekşen et al. 2005). While adolescents with low self-efficacy show a positive attitude toward smoking cigarettes (Fritz 2003; Hiemstra et al. 2011; Ulgen et al. 2012; Van Zundert et al. 2006), adolescents with high self-efficacy display positive attitudes toward giving up smoking (Van Zundert et al. 2006).

Clergymen, whose frequency of smoking is lower than others in the society, can be role models and they can help others quit smoking by not smoking publicly (Sucakli et al. 2011; Yong et al. 2009; Saeed et al. 1996, Swaddiwudhipong et al. 1993). In addition, clergymen can make smoking cessation easier by increasing the motivation of smokers to quit (Yong et al. 2009; Saeed et al. 1996; Swaddiwudhipong et al. 1993).

This study was conducted to determine the status of smoking and viewpoints on smoking of the freshmen and senior students studying at Erciyes University in the Faculty of Theology.

Methods

This descriptive and cross-sectional study was conducted with Erciyes University, Faculty of Theology students. The study included all freshmen and senior students (432 students) studying in the Theology and Religious Culture and Moral Knowledge Teacher departments during the 2012–2013 academic year fall semester. Data were collected by giving a questionnaire to students under the researchers' supervision in classes. Three hundred and five students were not included for reasons such as non-continuance of active education, absenteeism, and refusal to participate in the research. The questionnaire consisted of 35 questions, which evaluated the socio-demographic features, states of smoking, and viewpoints on smoking. Those who had smoked at least one cigarette a day during the last 30 days were considered as regular smokers. Percentage and frequency distribution, mean, standard deviation, and the Chi-square test were used to evaluate the data.

Results

The average age of the students included in the study is 20.84 ± 2.48 ; 33.4% of them are male and 66.6% are female. At least one parental family member (5.2% of the mothers and 36.1% of the fathers) of 50.8% of the students smokes. 76.7% of students graduated from religious vocational high school. 70.5% of the students stated that they had counseled their family about smoking. 66.9% have counseled their friends about smoking and 93.4% expressed that being with smokers was disturbing. 70.5% of the students live with friends or in dormitories away from their families.

As seen in Table 1, 57.0% of the students study at the Theology department and 43.0% in the Religious Culture and Moral Knowledge Teacher department. 66.9% of them are freshmen and 33.1% are senior students. It was determined that 88.2% of the students (97.0% of the women and 69.6% of the men) had never smoked and 6.9% were still smoking. Nearly 3.0% of the freshmen and 16.0% of the senior students still smoke ($p < 0.001$). 10.0% of the freshmen male students and 28.6% of the senior male students smoke. None of the freshmen female students smoke and the rate of smoking senior female students is 6.9%. In both the first and senior year, the rate of smoking of male students is significantly higher than the female students.

The average age of smoking initiation was 16.14 ± 2.88 (min 12–max 22), and the smokers have been smoking an average of 7.76 ± 6.6 cigarettes a day for an average of 5.3 ± 2.94 years.

42.9% of the smokers stated that they were worried that their health would fail, 81.0% had considered quitting smoking, and 42.9% have tried to quit (2.1 ± 0.314). 4.9% of the students stated that they had quit smoking (12.7% of the males and 1.0% of the females). The top three reasons for stopping smoking were the worry about bad health (86.7%), religious beliefs (73.3%) and that smoking was not a good example (60.0%). 85.7% of the students stated that they regretted having started smoking.

Table 1 State of the research group: the status of smoking according to gender

Grade	Gender	Status of smoking						Total	<i>p</i>
		Never smokers		Current smokers		Smoked and quitted			
		Number	%	Number	%	Number	%		
First	Male	47	78.3	6	10.0	7	11.7	60	<0.001
	Female	143	99.3	0	0.0	1	0.7	144	
Total		190	93.1	6	3.0	8	3.9	204	100.0
Final	Male	24	57.1	12	28.6	6	14.3	42	<0.001
	Female	55	93.2	3	5.1	1	1.7	59	
Total		79	78.2	15	14.9	7	6.9	101	100.0
<i>Theology department</i>									
	Male	34	63.0	10	18.5	10	18.5	54	<0.001
	Female	117	97.5	1	0.8	2	1.7	120	
Total		15	186.8	11	6.3	12	6.9	174	100.0
<i>Religious culture and moral knowledge teacher department</i>									
	Male	37	77.1	8	16.7	3	6.3	48	<0.001
	Female	81	97.6	2	2.4	0	0.0	83	
Total		118	90.1	10	7.6	3	2.3	131	100.0
Total	Male	71	69.6	18	17.6	13	12.8	102	<0.001
	Female	198	97.5	3	1.5	2	1.0	203	
Total		269	88.2	21	6.9	15	4.9	305	100.0

*Row percentage is taken

Table 2 State of accepting the opinions on smoking of the students included in the research

Opinions (<i>n</i> : 305)	Number	%
Religious sensitivity affects smoking	260	85.2
Clergymen should not smoke	281	92.1
Women wearing headscarves should not smoke in public	288	94.1
Clergymen should be models for their circle by not smoking	297	97.4
Clergymen should play an active role in smoking cessation	291	95.4
The relation between religion and smoking should be featured in the smoking education	285	93.4
Money spent for cigarette is a waste	295	96.7
Clergymen should inform the public about smoking	272	89.2
<i>What is the rule of Islam on smoking?</i>		
Smoking is completely forbidden according to the religion (Haram)	132	43.3
Smoking is wrong according to the religion (Makruh)	166	54.4
Smoking is normal according to the religion (Halal)	7	2.3

As seen in Table 2, 73.8% of the students expressed that religious sensitivity would affect smoking, 54.4% stated that smoking was abominable to religion, 43.3% expressed that religion totally forbid smoking, and 2.3% thought that smoking was normal. 84.6% of the students stated that clergymen should not smoke, 96.7% expressed that clergymen should be a model for their circle of influence by not smoking, 92.8% expressed that clergymen should play an active role in smoking cessation, and 78.4% expressed that enlightenment via sermons would decrease smoking. In general, students believe that money spent for cigarettes is a waste.

As seen in Table 3, the results of women student's opinions were more significant when compared with male students in terms of clergymen should not smoke, clergymen should be a model for their circle of influence by not smoking, women wearing headscarves should not smoke in the public, and money spent for cigarettes is a waste ($p < 0,05$).

As seen in Table 4, the results of the freshmen students regarding opinions that religious sensitivity affects smoking, clergymen should be models for their circle of influence by not smoking, and that clergymen should inform the public about smoking were found higher when compared to the senior students ($p < 0,05$).

As seen in Table 5, 98.6% of nonsmokers think that clergymen should be models for their circle by not smoking and 71.4% of smokers agree with that. 97.9% of nonsmokers claim that money spent for cigarettes is a waste and 94.7% of them believe that clergymen should play an active role in smoking cessation. The results of nonsmokers regarding the opinions that religious sensitivity affects smoking, clergymen

Table 3 State of accepting the opinions on smoking of the students included in the research group according to their state of gender

Opinions (n: 305)	Male (n=102)		Female (n=203)		X ²	p
	Number	%	Number	%		
Religious sensitivity affects smoking	70	68.6	155	76.4	1.8	0.190
Clergymen should not smoke	76	74.5	182	89.7	10.8	0.001
Women wearing headscarves should not smoke in public	80	78.4	191	94.1	15.3	0.000
Clergymen should be models for their circle by not smoking	94	92.2	201	99.0	8.0	0.003
Clergymen should play an active role in smoking cessation	90	88.2	193	95.1	3.8	0.051
The relation between religion and smoking should be featured in the smoking education	83	81.4	174	85.7	0.7	0.414
Money spent for cigarette is a waste	93	91.2	199	98.0	6.2	0.012
Clergymen should inform the public about smoking	79	77.5	160	78.8	0.0	0.899
<i>What is the rule of Islam on smoking?</i>						
Smoking is completely forbidden according to the religion (Haram)	43	42.2	89	43.8		
Smoking is wrong according to the religion (Makruh)	56	54.9	110	54.2	0.3	0.848
Smoking is normal according to the religion (Halal)	3	2.9	4	2.0		

Table 4 State of accepting the opinions on smoking of the students included in the research group according to their state of class

Opinions (<i>n</i> : 305)	First grade (<i>n</i> = 204)		Final grade (<i>n</i> = 101)		X^2	<i>p</i>
	Number	%	Number	%		
Religious sensitivity affects smoking	159	77.9	66	65.3	7.9	0.026
Clergymen should not smoke	180	88.2	78	77.2	5.5	0.019
Women wearing headscarves should not smoke in public	183	89.7	88	87.1	0.2	0.631
Clergymen should be models for their circle by not smoking	201	98.5	94	93.1	4.8	0.017
Clergymen should play an active role in smoking cessation	192	94.1	91	90.1	1.1	0.297
The relation between religion and smoking should be featured in the smoking education	178	87.3	79	78.2	1.8	0.179
Money spent for cigarette is a waste	198	97.1	94	93.1	1.8	0.132
Clergymen should inform the public about smoking	167	81.9	72	71.3	3.9	0.049
<i>What is the rule of Islam on smoking?</i>						
Smoking is completely forbidden according to the religion (Haram)	87	42.6	45	44.5		
Smoking is wrong according to the religion (Makruh)	113	55.4	53	52.5	0.5	0.794
Smoking is normal according to the religion (Halal)	4	2.0	3	3.0		

Table 5 State of accepting the opinions on smoking of the students included in the research group according to their state of smoking

Opinions (<i>n</i> : 305)	Nonsmokers (<i>n</i> = 284)		Smokers (<i>n</i> = 21)		X^2	<i>p</i>
	Number	%	Number	%		
Religious sensitivity affects smoking	215	75.7	10	47.6	6.6	0.010
Clergymen should not smoke	245	86.3	13	61.9	7.1	0.007
Women wearing headscarves should not smoke in public	257	90.5	14	66.7	8.9	0.004
Clergymen should be models for their circle by not smoking	280	98.6	15	71.4	37.3	0.000
Clergymen should play an active role in smoking cessation	269	94.7	14	66.7	19.0	0.000
The relation between religion and smoking should be featured in the smoking education	244	85.9	13	61.9	6.8	0.008
Money spent for cigarette is a waste	278	97.9	14	66.7	39.4	0.000
Clergymen should inform the public about smoking	227	79.9	12	57.1	4.7	0.024
<i>What is the rule of Islam on smoking?</i>						
Smoking is completely forbidden according to the religion (Haram)	125	44.0	7	33.3		
Smoking is wrong according to the religion (Makruh)	153	53.9	13	61.9	1.3	0.510
Smoking is normal according to the religion (Halal)	6	2.1	1	4.8		

should not smoke, women wearing headscarves should not smoke in public, the relationship between religion and smoking should be featured in education, and clergymen should inform the public about smoking were found significantly higher when compared with smokers ($p < 0,05$).

Discussion

In our study, the rate of smokers is 6.9% (Table 1). In a study conducted with students at Erciyes University and in Faculty of Theology, in 2005, the rate was 9.9% (Aykut et al. 2009). In other faculties and colleges aside from the Faculty of Theology, smoking rates of university students were reported as changing between 23.0% and 66.0% (Özcebe et al. 2014; Kaşıkçı et al. 2008; Demirel and Sezer 2005; Boyacı et al. 2003; Mergen et al. 2011; Talay et al. 2008; Ceylan et al. 2005). In the studies conducted by Aykut et al. at Erciyes University in the Medical, Engineering, and Theology Faculties in 1985 and 2005, it was stated that the smoking rate among University students decreased. It decreased from 25.9 to 17.7% in the Faculty of Medicine, from 36.0 to 22.4% in the Engineering Faculty, and from 27.7 to 9.9% in the Faculty of Theology.

Legal regulations and increasing levels of consciousness might be stated as reasons for the decrease in the rate of smoking over time. A reason for seeing the decrease in the frequency of smoking among university students and the decrease in the rate of smoking in the Faculty of Theology, more than other faculties, could originate from religious sensitivity and the religious education provided in the faculty departments.

In many researchers studies conducted on University students, smoking rates increased as students progressed through higher grades (Metintaş et al. 1998; İlhan et al. 2005; Demirel and Sezer 2005; Özcebe et al. 2014). In our study, 3.0% of the freshmen and 16.0% of the senior students still smoke. The reasons for this result might be troubles of the youth, development of personality, being in a free environment, new friends, peer pressure, and availability of cigarettes.

Religion has an important effect on education, life styles, and behaviors of individuals in many societies (Dittes 1969), especially in Islamic societies (Haynes 1994). 73.8% of the students stated that religious sensitivity would affect smoking in a positive way (Table 2). In the study by Yong et al., 79.0% of Malaysian Muslims and 87.9% of Thai Buddhists stated that religious sensitivity had an effect on smoking (Yong et al. 2009). Although smoking is not especially forbidden in Islamic belief, if something gives harm to the human body and causes addiction or drunkenness, it is forbidden (Bush et al. 2003). In our study, 43.3% of the students stated that smoking is fully forbidden according to Islam, 54.4% stated that it was not right to smoke, and 2.3% took it normally (Table 2). In the study of Yong et al. (Yong et al. 2009), 8.1% of the participants stated that smoking was forbidden, 76.2% agreed that smoking was wrong, 4.1% said that it was normal according to Islam, and 11.5% stated that they had no idea.

73.3% of the students, who quit smoking, stated that they had quit smoking because of their religious beliefs. Saeed et al. (1996) stated that 45.4% of

nonsmokers restrained from smoking because of their religious beliefs, 40.8% of the ex-smokers stated that they had quit because of their religious beliefs, and 21.7% of the smokers trying to quit stated that they wanted to quit smoking because of their religious beliefs in the study they conducted in Saudi Arabia. In their study, Yong et al. (2009) reported that devoutly religious Malaysian Muslims (1.07) and Thai Buddhists (1.06) were more successful in the attempt of smoking cessation than those less devoutly religious.

Many countries are successful in fighting against smoking, all healthcare staff, especially physicians have an active role in the fight against smoking (Chapman 1996, Schwartz 1992) and the rate of smoking among physicians is at the lowest level in these countries (Cohen et al. 1989; Kenney et al. 1998). Pekşen et al. (Pekşen et al. 2005) stated that some occupational groups such as teachers and physicians should be role models for society and should raise awareness about smoking. 84.6% of the students agreed that clergymen should not smoke and 96.7% agreed that clergymen should be role models for their circle of influence by not smoking.

Conclusion

A large majority of the Faculty of Theology students do not smoke. Smoking and quitting rates increase among both women and men as the grade level rises. Worry for bad health and religious beliefs are the main reasons for smoking cessation among those who smoke. Almost all students agree that smoking is wrong and forbidden according to religion, clergymen should be models for society by not smoking, and that smoking rates can be decreased via sermons.

In light of student's beliefs, taking religious perspectives into consideration as well as legal regulations for the fight against smoking, clergymen as societal models by not smoking and playing an active role with their sermons might be effective in young people not starting to smoke or in decreasing the amount of current young smokers.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

References

- Atkins, L. A., Oman, R. F., Vesely, S. K., Aspy, C. B., & McLeroy, K. (2002). Adolescent tobacco use: The protective effects of developmental assets. *American Journal of Health Promotion, 16*, 198–205.
- Aykut, M., Günay, O., Öztürk, Y., Çıtıl, R., & Borlu, A. (2009). Change of smoking prevalence among Erciyes University students between 1985–2005. *Erciyes Medical Journal, 31*(2), 126–134.
- Boyaci, H., Çorapçioğlu, A., Ilgazlı, A., Başyigit, İ., & Yıldız, F. (2003). The evaluation of smoking habits in Kocaeli University students. *Respiratory Diseases Journal, 14*, 169–175.
- Bush, J., White, M., Kai, J., Rankin, J., & Bhopal, R. (2003). Understanding influences on smoking in Bangladeshi and Pakistani adults: Community based qualitative study. *BMJ, 326*(3), 1–6.

- Ceylan, E., Yanik, M., & Gencer, M. (2005). The factors that affect attitudes towards smoking among students who are enrolled at Harran University. *Turkish Thoracic Journal*, *6*, 144–150.
- Chapman, S. (1996). Tobacco control. *BMJ*, *313*, 97–100.
- Chatters, L. M. (2000). Religion and health: Public health research and practice. *Annual Review of Public Health*, *21*, 335–367.
- Cohen, S. J., Stookey, G. K., & Katz, B. P. (1989). Encouraging primary care physicians to help smokers quit. *Annals of Internal Medicine*, *110*(8), 648–652.
- Demirel, Y., & Sezer, R. E. (2005). Smoking prevalence among University students in Sivas region. *Erciyes Medical Journal*, *27*(1), 1–6.
- Dittes, J. E. (1969). Psychology of religion. In E. Aronson (Ed.), *The handbook of social psychology* (Vol. 5, pp. 602–659). Reading, MA: Addison-Wesley.
- Ellison, C. G., & Levin, J. S. (1998). The religious–health connection: Evidence, theory and future directions. *Health Education and Behavior*, *25*(6), 700–720.
- Erguder, S., Çakır, B., Aslan, D., Charles, W. W., Nathan, R. J., & Asma, S. (2008). Evaluation of the use of global youth tobacco survey (GYTS) data for developing evidence-based tobacco control policies in Turkey. *BMC Public Health*, *8*(1), 1–4.
- Everett, S. A., Warren, C. W., Sharp, D., Kann, L., Husten, C. G., & Crossett, L. S. (1999). Initiation of cigarette smoking and subsequent smoking behavior among U.S. high school students. *Preventive Medicine*, *29*(327), 333.
- Fritz, J. D. (2003). *An intervention for adolescent smoking cessation*. Doctoral Dissertation, University of Missouri-Saint Louis.
- Haynes, J. (1994). *Religion in third world politics*. Boulder, CO: Lynne Rienner.
- Hiemstra, M., Otten, R., De Leeuw, R. N. H., Van Schayck, O. C. P., & Engels, R. C. M. E. (2011). The changing role of self-efficacy in adolescent smoking initiation. *Journal of Adolescent Health*, *48*, 597–603.
- İlhan, F., Aksakal, F. N., İlhan, M., & Aygün, N. R. (2005). Smoking prevalence among Gazi University Faculty of Medicine. *TAF Preventive Medicine Bulletin*, *4*(4), 188–198.
- Jairath, N., Mirchell, K., & Filleon, B. (2003). Childhood smoking: The research, clinical and theoretical imperative for nursing action, International Council of Nursing. *International Nursing Review*, *50*, 203–214.
- Kaşıkcı, M., Ünsal, A., Çoban, Gİ., & Avşar, G. (2008). Smoking habits of the final grade students at Atatürk University in Erzurum. *Turkish Thoracic Journal*, *9*, 93–98.
- Kenney, R. D., Lyles, M. F., & Turner, R. C. (1998). Smoking cessation counseling by resident physicians in internal medicine, family practice and pediatrics. *Archives of Internal Medicine*, *148*(11), 2469–2473.
- Kolbe, L. J., Tirozzi, G. N., Marx, E., et al. (2005). Health programs for school employees: Improving quality of life, health and productivity. *Promotion and Education*, *12*(3–4), 157–161.
- Lam, T. H., Chung, S. F., Betson, C. L., Wong, C. M., & Hedley, A. J. (1998). Respiratory symptoms due to active and passive smoking in junior secondary school students in Hong Kong. *International Journal of Epidemiology*, *27*(1), 41–48.
- Levin, J. S. (1996). How religion influences morbidity and health: Reflections on natural history, salutogenesis and host resistance. *Social Science and Medicine*, *43*, 849–864.
- Mergen, H., Mergen-Erdoğan, B., Tavlı, V., Öngel, K., & Tan, Ş. (2011). Assessment of smoking behaviors of 2509 Turkish university students and its correlates: a cross-sectional study. *Tuberculosis and Thorax*, *59*(2), 126–131.
- Metintaş, S., Sarıboyacı, M. A., Nuhoglu, S., Metintaş, M., Kalyoncu, C., Etiz, S., et al. (1998). Smoking patterns of University Students in Eskişehir, Turkey. *Public Health*, *112*(4), 261–264.
- Özcebe, H., Doğan, B. G., İnal, E., Haznedaroğlu, D., & Bertan, M. (2014). Smoking habits and the related sociodemographic characteristics in University students. *Turkish Thoracic Journal*, *15*, 42–48.
- Pekşen, Y., Canbaz, S., Sünter, A. T., & Tunçel, E. K. (2005). Smoking prevalence and affecting factors in students of Ondokuz Mayıs University physical education and sports academy. *Journal of Dependence (Bağımlılık Dergisi)*, *6*, 111–116.
- Pullen, L., Modrcin-Talbot, M. A., West, W. R., & Muenchen, R. (1999). Spiritual high vs high on spirits: Is religiosity related to adolescent alcohol and drug abuse? *Journal of Psychiatric and Mental Health Nursing*, *6*, 3–8.
- Saatci, E., Inan, S., Bozdemir, N., Akpınar, E., & Güney, E. (2004). Predictors of smoking behavior of first year university students: Questionnaire survey. *Croatian Medical Journal*, *45*(1), 76–79.

- Saeed, A. A. W., Khoja, T. A., & Khan, S. B. (1996). Smoking behavior and attitudes among adult Saudi nationals in Riyadh city, Saudi Arabia. *Tobacco Control, 5*, 215–219.
- Schwartz, J. L. (1992). Methods of smoking cessation. *Medical Clinics of North America, 76*, 451–475.
- Strote, J., Lee, J. E., & Wechsler, H. (2002). Increasing MDMA use among college students: Results of a national survey. *Journal of Adolescent Health, 30*(1), 64–72.
- Sucakli, M. H., Ozer, A., Celik, M., Kahraman, H., & Ekerbicer, H. C. (2011). Religious officials' knowledge, attitude, and behavior towards smoking and the new tobacco law in Kahramanmaras, Turkey. *BMC Public Health, 11*, 602–608.
- Sutherland, I., & Shepherd, J. P. (2001). Social dimensions of adolescent substance use. *Addiction, 96*, 445–458.
- Swaddiwudhipong, W., Chaovakiratipong, C., Nguntra, P., Khumklam, P., & Silarug, N. A. (1993). Thai Monk: an agent for smoking reduction in a rural population. *International Journal of Epidemiology, 22*, 660–665.
- Talay, F., Kurt, B., & Tuğ, T. (2008). Smoking habits of the elementary school teacher students in education faculty and related factors. *Tuberculosis and Thorax, 56*(2), 171–178.
- Ulgen, H., Ozturk, C., & Armstrong, M. (2012). Effect of self-efficacy on Turkish children's perceptions of the advantages/disadvantages of smoking. *Asian Pacific Journal of Cancer Prevention, 13*, 795–798.
- Van Zundert, R. M. P., Engels, R. C. M. E., & Van Den Eijnden, R. J. J. M. (2006). Adolescent smoking continuation: Reduction and progression in smoking after experimentation and recent onset. *Journal of Behavioral Medicine, 29*, 435–447.
- Whooley, M. A., Boyd, A. L., Gardin, J. M., & Williams, D. R. (2002). Religious involvement and cigarette smoking in young adults: The CARDIA study. *Archives of Internal Medicine, 162*(14), 1604–1610.
- Yong, H., Hamann, S. L., Borland, R., Fong, G. T., Omar, M., & ITC-SEA project team. (2009). Adult smokers' perception of the role of religion and religious leadership on smoking and association with quitting: A comparison between Thai Buddhists and Malaysian Muslims. *Social Science and Medicine, 69*(7), 1025–1031.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.