SUPPLEMENTARY TABLES

Supplementary Table 1. Cochrane Risk of Bias Tool for assessing the quality of Randomized Controlled Trails

Author Name, Country—Year of Publication	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6	Domain 7
1. G. Yilmaz, Turkey—2006 [1]	Unclear	Low	Low	Unclear	Unclear	Low	Low
2. Michele Ybarra, Turkey—2012 [2]	Low	Low	Low	Unclear	High	Unclear	Low
3. Heydari, G., Iran—2012 [3]	Low	High	Low	Unclear	Unclear	Unclear	Low
4. Kenneth D. Ward, Syria—2013 [4]	Low	Low	Low	Low	Low	Low	Low
5. Ayşe KOYUN, Turkey—2016 [5]	Low	High	Low	Low	Unclear	Unclear	Low
6. Aryanpur, M.,Tehran—2016 [6]	Low	Unclear	Low	Unclear	Unclear	Low	Low
7. Mohammad Ali Orouji, Iran—2017 [7]	Low	Unclear	Low	Unclear	Unclear	Unclear	Low
8. Maguy Saffouh El Hajj, Qatar—2017 [8]	Low	Low	Low	Unclear	Low	Low	Low
9. Durmaz,S., Turkey—2019 [9]	Low	Unclear	Low	Unclear	Unclear	Low	Low

The five domains are: selection, performance, attrition, reporting, and other. The overall risk of bias judgment is either low risk of bias (All domains are low risk of bias), raises some concerns (at least one domain is unclear risk of bias, but not high risk of bias), or high risk of bias (at least one domain is high risk of bias or there are multiple domains are not clear).

Supplementary Table 2. Methodological Index for Non-Randomized Studies for assessing the quality of Quasi-Experimental studies

Author Name, Country—Year of Publication	**A clearly stated aim**	**Inclusion of consecutive patients**	**Prospective collection of data**	**Endpoints appropriate to the aim of the study**	**Unbiased assessment of the study endpoint**	**Follow-up period appropriate to the aim of the study**	**Loss to follow up less than 5%**	**Prospective calculation of the study size**	**An adequate control group**	**Contemporary groups**	**Baseline equivalence of groups**	**Adequate statistical analyses**
S. Ergul, Turkey—2009 (non-comparative)	2 points	2 points	2 points	2 points	0 points	2 points	2 points	2 points	0 points	0 point	0 points	2 points
Gholamreza Heydari, Iran—2010 [10] (comparative)	2 points	2 points	2 points	2 points	0 points	2 points	2 points	1 point	1 point	1 point	1 point	1 point
Gholamreza Heydari, Iran—2017 [11] (non-comparative)	2 points	2 points	2 points	2 points	0 points	2 points	1 point	1 point	1 point	1 point	2 points	1 point

12 items, scored 0 (for not reported), 1 (for reported but inadequate), or 2 (for reported and adequate). For non-comparative studies the global ideal score is 16 or above, and is 24 for comparative studies

Supplementary Table 3. Quality Assessment Tool for Cross-Sectional Studies

Author Name, Country—Year of Publication	Gholam Reza Heydari, Iran—2007 [24]	Randah Ribhi Hamadeh, Bahrain—2017 [25]	Bacha, Z. A., Lebanon—2018 [26]	Dilek Karadoğan, Turkey—2019 [27]
1. Was the research question or objective in this paper clearly stated?	Yes	Yes	Yes	Yes
2. Was the study population clearly specified and defined?	Yes	Yes	Yes	Yes
3. Was the participation rate of eligible persons at least 50%?	Yes	Yes	CD	Yes
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	Yes	Yes	Yes	Yes
5. Was a sample size justification, power description, or variance and effect estimates provided?	No	No	No	No
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	Yes	Yes	Yes	Yes
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	No	No	no	no
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	Yes	Yes	Yes	Yes
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes	Yes
10. Was the exposure(s) assessed more than once over time?	No	No	No	Yes
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Yes	Yes	Yes	Yes
12. Were the outcome assessors blinded to the exposure status of participants?	NA	NA	NA	No
13. Was loss to follow-up after baseline 20% or less?	NA	NA	NA	NA
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	No	No	No	Yes

The tool have 14 criteria, answered with yes, no, or other. Abbreviations: CD: cannot determine. NA: not applicable

Supplementary Table 4. Quality Assessment Tool for Pre-post Studies

Author Name, Country—Year of Publication	Funda öztuna, Turkey—2007 [30]	S. Ergul, Turkey—2009 [28]	Hooman Sharifi, Iran—2012 [29]
1. Was the study question or objective clearly stated?	Yes	Yes	Yes
2. Were eligibility/selection criteria for the study population prespecified and clearly described?	yes	Yes	Yes
3. Were the participants in the study representative of those who would be eligible for the test/service/intervention in the general or clinical population of interest?	Yes	Yes	Yes
4. Were all eligible participants that met the prespecified entry criteria enrolled?	Yes	Yes	Yes
5. Was the sample size sufficiently large to provide confidence in the findings?	Yes	No	Yes
6. Was the test/service/intervention clearly described and delivered consistently across the study population?	Yes	Yes	Yes
7. Were the outcome measures prespecified, clearly defined, valid, reliable, and assessed consistently across all study participants?	Yes	Yes	Yes
8. Were the people assessing the outcomes blinded to the participants' exposures/interventions?	NA	NA	NA
9. Was the loss to follow-up after baseline 20% or less? Were those lost to follow-up accounted for in the analysis?	NA	NA	No
10. Did the statistical methods examine changes in outcome measures from before to after the intervention? Were statistical tests done that provided p values for the pre-to-post changes?	Yes	Yes	Yes
11. Were outcome measures of interest taken multiple times before the intervention and multiple times after the intervention (i.e., did they use an interrupted time-series design)?	No	No	No
12. If the intervention was conducted at a group level (e.g., a whole hospital, a community, etc.) did the statistical analysis take into account the use of individual-level data to determine effects at the group level?	Yes	Yes	Yes

The tool have 12 criteria, answered with yes, no, or other. Abbreviations: CD: cannot determine. NA: not applicable

Supplementary Table 5. Critical Appraisal Skills Programme checklist for assessing the quality of Cohort Studies

Author Name, Country—Year of Publication	S. Shahrokhi, Iran—2008 [12]	G. Heydari, Tehran—2012 [13]	Hawari F, Jordan—2012 [14]	Hawari F, Jordan—2013 [15]	Özlem PEKEL, Turkey—2015 [16]	Banu Salepci, Turkey—2016 [17]	Onur Turan, Turkey—2016 [18]	William L. White, Iran—2016 [19]	Kamile Marakoglu, Turkey—2017 [20]	Cetinkaya, P. D., Turkey—2018 [21]	Fatemeh Tabatabai Shoorijeh, Iran—2019 [22]	Esen, A., Turkey—2020 [23]
Did the study address a clearly focused issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the cohort recruited in an acceptable way?	Yes	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the exposure accurately measured to minimise bias?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the outcome accurately measured to minimise bias?	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Have the authors identified all important confounding factors?	Can't tell	Can't tell	No	No	No	Can't tell	No	No	No	No	Yes	No
Have they taken account of the confounding factors in the design and/or analysis?	No	No	No	Can't tell	Can't tell	Yes	No	No	No	No	No	No
Was the follow up of subjects complete enough?	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Yes
Was the follow up of subjects long enough?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
What are the results of this study?	Abstinence rate	Abstinence rate	Abstinence rate	3-month abstinence	1-year smoking cessation rate	Smoking cessation rate	Rate of smoking	Abstinence rate	Smoking cessation rate	Smoking cessation rate	Cessation survival rate	Smoking cessation rate
How precise are the results?	Precise (95% CI used)	Can't tell (no 95% CI given)	Can't tell (no 95% CI given)	Can't tell (no 95% CI given)	Precise (95% CI used)	Can't tell (no 95% CI given)	Can't tell (no 95% CI given)	Can't tell (no 95% CI given)	Precise (95% CI used)	Can't tell (no 95% CI given)	Precise (95% CI used)	Can't tell (no 95% CI given)
Do you believe the results?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Can the results be applied to the local population?	Yes	Yes	No	Can't tell	Yes	No	Can't tell	No	Yes	Yes	No	Can't tell
Do the results of this study fit with other available evidence?	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
What are the implications of this study for practice?	Can't tell	Yes	No	No	Yes	Can't tell	Yes	Yes	No	Yes	Yes	Yes

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Appendix A.

Quality assessment

For the Cochrane risk of bias assessment tool for RCTs, high, low, or unclear risk of bias judgments were used to assess the individual elements of the five domains: selection, performance, attrition, reporting, and others. The overall risk of bias judgment is either low (all domains have a low risk of bias), raises some concerns (at least one domain is an unclear risk of bias, but not a high risk of bias), or high (at least one domain is a high risk of bias or multiple domains are not clear) [31]. The MINORS tool consists of 12 items scored as 0 (if not reported), 1 (if reported but inadequate), or 2 (if reported and adequate). For non-comparative studies, the global ideal score is 16 or above, and 24 for comparative studies [32]. The quality assessment tool for cross-sectional studies consists of 14 criteria answered by yes, no, or other (cannot determine, not applicable, or not reported). The overall quality is determined by the authors [114]. The quality assessment tool for before-and-after studies consists of 12 criteria also answered by yes, no, or other (cannot determine, not applicable, not reported); the overall quality being determined by the authors [114]. The critical appraisal skills program for cohort studies consists of three main sections that assess whether the results of the study are valid, what the results are, and whether the results help locally by 12 questions that are answered with yes, no, or cannot tell [34]. If the answers to the first two questions are yes, the authors proceeded with the remaining questions, and the overall quality is determined by the authors