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A Study on Gambling Behavior in Türkiye: Perceptions, Attitudes, Thoughts, and Behaviors Toward Gambling

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ABSTRACT

Background: The aim of this quantitative study conducted with 5008 individuals aged 15 and above in 12 provinces across Turkey was to determine the prevalence and significant variables of gambling behavior in our country and to examine the gambling behaviors, perceptions, thoughts, and attitudes of this population towards gambling. The goal is to generate concrete, original, culturally sensitive, feasible, and effective recommendations for preventive and risk-reducing policies. It is the first and only comprehensive investigation into gambling behavior in Turkey, offering guidance in this field.
Methods: In this study, which was conducted with an epidemiological cross-sectional design, a stratified random sampling technique was employed, and data were collected using computer-assisted face-to-face interviews. Individuals to be surveyed in households were randomly selected using the Kish method.
Results: Three hundred forty-one participants (6.81%) reported having gambled at least once (GALO) in their lifetime, while the remaining participants stated they had never gambled (NG). Among the GALO group, 100 individuals (29.33%) reported regular participation in gambling activities during the data collection period. The most commonly played types of gambling were sports betting (55.4%), national lottery (42.2%), numeric lottery (34.6%), and bingo (30.8%). The ages of first-time gambling ranged from 6 to 41. Tobacco, alcohol, and substance use were significantly more common in the GALO group compared to the NG group ($P < .001$).
Conclusion: Understanding the prevalence of gambling behavior and underlying motivations is crucial for creating awareness and implementing effective preventive measures. We must determine its prevalence, examine societal attitudes, highlight its presence, and prioritize solution-oriented strategies.

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INTRODUCTION

Gambling is an activity played based on chanceforsocializing and entertainment. It involves betting which is carried out with the aim to obtain more than the money wagered for profit. It relies on conscious risk-taking, involving a where one party wins and the other loses, with neither party engaged in productive activity. The outcome is uncertain and determined by chance. In general, any activity where something is risked to gain something of greater value can be considered gambling.[1]

In the last 30 years, it has been observed that gambling behavior has significantly increased, and the age of onset has decreased. Research indicates that 2.1% of young adults have serious pathological gambling problems, while 4.2% are at risk of serious gambling-related issues.[2] In Europe,

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the rate of problematic gambling among young people ranges from 0.2% to 12.3%. [3] The annual global prevalence of gambling addiction is between 0.2% and 0.3%, with a lifetime prevalence of 0.4%-1%.[4]

Gambling behavior has quickly evolved alongside technological advancements and living conditions. The rise of online gambling has introduced forms that can cause addiction more quickly.[5] Gambling is commonly seen worldwide and in different cultures, but perceptions and attitudes towards gambling vary socially.[6] Today, gambling is widely accepted and enjoyed in many countries, sometimes becoming a national pastime. Gambling rates, including pathological gambling, vary between and within countries. Cultural factors have been identified to play a role in an individual's decision to start and continue gambling.[7]

In today's world, gambling has become a serious public health issue, causing significant harm to individuals and society with its financial, relational, psychological, and legal consequences.[8] Early diagnosis and intervention are crucial in gambling addiction, yet the awareness of the symptoms and consequences of gambling within society is insufficient.[9]

It is important to determine the community's perspective on gambling and to make protective and preventive plans accordingly in order to prevent unhealthy gambling behaviors.[10] The identification of gambling disorder (GD) as a behavioral addiction in The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM 5) has facilitated the recognition of problematic situations and underscored the importance of preventive services.[11] Understanding the factors influencing gambling behavior is a critical factor in preventing the problem. Given the current research findings, comprehensive research is needed to understand gambling behaviors in our country.

The aim of this research was to determine the prevalence and significant variables of gambling behavior in our country and to examine the gambling behaviors, perceptions, thoughts, and attitudes of this population toward gambling. The goal is to generate concrete, original, culturally sensitive, feasible, and effective recommendations for preventive and risk-reducing policies. It is the first and only comprehensive investigation into gambling behavior in Turkey, offering guidance in this field.

MATERIAL AND METHODS

Participants

The population of this research, which was carried out with an epidemiological cross-sectional design, consists of all Turkish citizens aged 15+. The sample size was calculated as 5000 using the stratified sampling method, with a presumed prevalence of 2% and a 20% rate of refusal to participate in the study. The sample was weighted based on the Turkish demographical structure. These 5000 people were selected from individuals residing in 12 different cities. These 12 cities are the ones recommended by the Turkey Statistical Regional Units Classification and have the highest level of representativeness for the entire Turkish population. The population of the study consisted of Turkish citizens over the age of 18 and the final sample group consisted of 5008 people who were selected using stratified random sampling technique.

Data Collection Tool

A questionnaire form was composed to collect the data. This questionnaire consists of 60 questions, and the number of questions asked to the participants varies depending on whether they are in the risk group or not. Participants were asked questions about cigarette, alcohol, and substance use, psychiatric history, traumatic experiences, what comes to mind when gambling is mentioned, which activities they consider as gambling, myths about gambling, and the impact of gambling advertisements. Additionally, the group of gamblers was asked questions about how they first started gambling, the type of gambling they engage in most frequently, their reasons for gambling, and the problems they have experienced regarding gambling. The opinions of 6 academic experts in the field of gambling and methodology were consulted while giving the final form of the questionnaire. After the initial questionnaire form was composed, a pilot field study was conducted in different districts of the Istanbul metropolitan area. This pilot study was carried out face-to-face by visiting the households of 150 individuals between 17 November and 19 November 2021. This study was approved by the Ethics Committee of University of Hasan Kalyoncu Scientific Research and Publication Ethics Board (Approval No: 2022-003/1, Date: 10.02.2022.)

Procedures

The data collection process of the research was conducted by an independent research institution between December 10 and January 1, 2021. The data were collected by 35 interviewers using the computer-assisted face-to-face interview method. Each household was visited, and the person to participate in the study was determined as follows: In all rural or urban households, the person to participate in the survey was randomly selected using the Kish method. If there was only one individual aged 15 and over in the household, the survey was conducted with them. If there were two or more individuals aged 15 and over in the household, the names of all household members aged 15 and over were listed in alphabetical order, and a person recommended by the Kish method was included in the study.

Statistical Analysis

The statistical analysis of data obtained was performed using Statistical Package for the Social Sciences (SPSS)

version 21.0. As participants' perceptions, attitudes, and behaviors regarding gambling were described, frequency and percentage statistics were computed. In addition, Pearson's chi-square statistics were calculated to assess the association between gambling behaviors and other variables (demographic (demographic characteristics, type of gambling they prefer, the preferred, motives for gambling gambling, and psychiatric indicators) of the participants/other participants or other addiction-related problems. $P < .05$ was considered statistically significant in all analyses.

RESULTS

In our research involving a total of 5008 participants, the sample comprised 2504 (50%) females and 2504 (50%) males, with an average age of 43.5 years. The gender distribution in the sample is appropriate for assessing the study results in terms of normal distribution.

Three hundred forty-one (6.81%) of these 5008 people stated that they had gambled at least once (GALO) in their lives, while the rest of the participants stated they had never gambled (NG). Among the GALO group, 100 of them (29.33%) stated they had joined regular gambling activity during the data collection period.

Table 1 provides descriptive statistics for gambling behavior and participants' demographic characteristics. Additionally, it includes Chi-Square statistics showing the association between gambling behavior and demographic factors. The results suggested that males showed significantly higher gambling behaviors than females ($P < .001$). In addition, the gambling behaviors were found more prevalent among singles than married people ($P < .05$). Similarly, significant differences were observed based on the educational levels of the participants ($P < .05$). Accordingly, gambling behaviors were more common among people having an undergraduate level of education, graduate education, and illiterate ones. Finally, workers showed significantly more gambling behaviors than non-worker group ($P < .001$). On the other hand, non-significant differences were observed based on the age group of the participants between GALO and NG groups ($P > .05$).

Within the GALO group, 92 individuals (27%) reported engaging in gambling behavior within the last week, 60 individuals (17.6%) within the last month, 45 individuals (13.2%) within the last 6 months, 67 individuals (19.6%) within the last year, and 77 individuals indicated that their last gambling activity was more than 1 year ago. Additionally, 73 individuals in the GALO group (21.4%) reported gambling every day, 92 individuals (26.7%) once or a few times a week, 146 individuals (42.8%) once or a few times a month, and 31 individuals (9.1%) once or a few times a year. The age of their first gambling activity ranged from 6 to 41 years, with a mean of 21.87 ± 5.57 years.

Table 1. Differences in Demographical Characteristics

	GALO	NG	χ^2	*df*	*P*
	N (%)	N (%)			
Gender					
Female	103 (30.2)	2401 (51.4)	57.35	1	<.001
Male	238 (69.8)	2266 (48.6)			
Marital status					
Single	141 (41.3)	1622 (34.8)	6.67	2	.036
Married	197 (57.8)	3017 (64.6)			
Divorced	3 (0.9)	28 (0.6)			
Education level					
Illiterate	3 (0.9)	26 (0.6)	15.34	7	.032
Only literate	3 (0.9)	79 (1.7)			
Primary school	37 (10.9)	711 (17.2)			
Middle school	39 (11.4)	577 (12.4)			
High school	153 (44.9)	2107 (45.1)			
Associate degree	27 (7.9)	402 (8.6)			
Undergraduate school	73 (21.4)	694 (14.9)			
Graduate school	6 (1.8)	71 (1.5)			
Working status					
Worker	241 (70.7)	2542 (54.5)	33.81	1	<.001
Non-worker	100 (29.3)	2125 (45.5)			
Age					
18-24	50 (14.7)	697 (14.9)	1.44	4	.838
25-34	79 (23.2)	1000 (21.4)			
25-44	75 (22.0)	1002 (21.5)			
45-54	51 (15.0)	802 (17.2)			
+54	86 (25.2)	1166 (25.0)			

GALO, gambled at least once; NG, never gambled.

The comorbidity of gambling behavior and other addiction types was investigated using chi-square tests (Table 2).

The results revealed that the prevalence of tobacco use is higher among the GALO group compared to the NG group

Table 2. Differences in Substance Use

	GALO	NG	χ^2	*df*	*P*
	n (%)	n (%)			
Tobacco user					
Yes	273 (80.1)	2531 (54.2)	86.02	1	<.001
No	68 (19.9)	2136 (45.8)			
Alcohol user					
Yes	231 (67.9)	1439 (30.9)	195.297	1	<.001
No	110 (32.1)	3217 (69.1)			
Other substances					
Yes	61 (17.9)	72 (1.5)	328.43	1	<.001
No	280 (82.1)	4595 (98.5)			

GALO, gambled at least once; NG, never gambled.

Table 3. Differences on Psychiatric Indicators

	GALO	NG	χ^2	*df*	*P*
	n (%)	n (%)			
Major trauma					
Yes	84 (24.6)	529 (11.3)	52.32	1	<.001
No	257 (75.4)	4138 (88.7)			
Psychiatric disorder					
Yes	12 (3.5)	77 (1.6)	6.36	1	.012
No	329 (96.5)	4590 (98.4)			

GALO, gambled at least once; NG, never gambled.

(*P* < .01). Similarly, alcohol use (*P* < .01) and the use of other substances (*P* < .01) were also more common among the GALO group than the NG group.

The differences in psychiatric indicators between the GALO and NG groups were investigated using chi-square statistics. The results revealed that the GALO group reported experiencing more major traumatic events in their lives (*P* < .01). and a higher prevalence of psychiatric disorders (*P* < .05). These results are presented in Table 3

The GALO and NG groups were compared based on their motives for gambling behaviors. The results indicated that the GALO group views earning, amusement, and excitement as more motivating factors for gambling, while the NG group perceives loss, risk-taking, and other factors as more motivating for gambling activity. All of the results are significant at the *P* < .05 level (Table 4).

Table 4. Differences in the Perceptions of Gambling Motives

	GALO	NG	χ^2	*df*	*P*
	n (%)	n (%)			
Earning					
Yes	176 (51.6)	1376 (29.5)	72.77	1	<.001
No	165 (48.4)	3291 (70.5)			
Loss					
Yes	166 (48.7)	3231 (69.2)	61.50	1	<.001
No	175 (51.3)	1436 (30.8)			
Amusement					
Yes	147 (43.1)	1089 (23.3)	66.85	1	<.001
No	194 (56.9)	3578 (76.7)			
Excitement					
Yes	146 (42.8)	1205 (25.8)	46.60	1	<.001
No	195 (57.2)	3462 (74.2)			
Risk taking					
Yes	176 (51.6)	2863 (61.3)	12.62	1	<.001
No	165 (48.4)	1804 (38.7)			
Other					
Yes	60 (17.6)	1824 (18.2)	62.52	1	<.001
No	281 (82.4)	2843 (60.9)			

GALO, gambled at least once; NG, never gambled.

DISCUSSION

Gambling is a condition that can lead to serious negative consequences and become addictive. However, it is often seen as a socially acceptable form of entertainment in many societies. The prevalence of GD varies from country to country. According to studies conducted between 2016 and 2022, the prevalence of gambling among adults was 2.43%, while problematic/pathological gambling was 1.29%.[12] Due to different methodologies and time frames, comparing these studies can be challenging.

In the United States, the prevalence of GD is estimated to be 0.5%, while similar or slightly higher rates are observed in other countries. In Australia, it is reported to be 4.9%; in New Zealand, between 2.1% and 3.9%; in Sweden, 3.9%; and in America, 2.7%.[13] It has been observed that more than two-thirds of the adult population in the United States gambled in the past year, and approximately 12 million people experienced problematic or pathological gambling. 68% of people in New York have not gambled in the past 12 months, 27.5% have gambled for entertainment purposes, 3.8% are at-risk gamblers, and 0.7% are classified as problem gamblers.[14]

Most adults who gamble pathologically started gambling before adulthood. Research indicates that the prevalence of gambling among teenagers is between 50% and 90%.[15] Teenagers are 2-4 times more likely to experience gambling problems than adults.[16]

Of the 5008 participants in our study, 341 (6.81%) had gambled at least once in their lives, with 100 (29.33%) indicating regular gambling activities during data collection. Gambling behavior may vary across cultures, but the prevalence in our country resembles that of other nations.

Within the group of 341 individuals who had gambled at least once, 103 (30.2%) were women and 238 (69.8%) were men. The number of men in the gambling group significantly exceeded that of women. This aligns with the existing literature, which consistently reports a higher prevalence of gambling and problematic gambling in men compared to women.[17,18] Some studies on adults and adolescents have shown that men are more likely to be at risk or problematic gamblers. In this respect, our results support previous research.

There is consistent evidence that men's gambling problems are associated with impulsivity, substance and alcohol use, while women's gambling problems are associated with unemployment, psychological distress, and childhood abuse.[17]

Many studies suggest that the prevalence of different types of gambling may vary by gender and that gender can be a social determinant of gambling-related problems, emphasizing the need to consider gender in public health research.[18]

In our research, 64.6% of the NG group were married, 34.8% were single, and 0.9% were divorced. Gamblers were found to be less likely to be married compared to the NG group. Gambling often leads to relationship difficulties and separations, affecting an average of 6 people per individual, with spouses/partners most commonly affected.[19] This can result in higher rates of divorce and various psychological challenges. Alongside the higher prevalence of divorce, this situation also encompasses various psychological and emotional challenges.[20] With the severity of gambling problems, disruptions in communication, emotional responsiveness, and family problem-solving also increase. Relationship satisfaction tends to decrease with the severity of gambling issues. Gambling may also develop as a defense mechanism against relationship breakdowns. Marriage is an important source of social support, and its absence is associated with serious gambling problems.[21]
Our research revealed a higher percentage of employees in the gambling group compared to non-employees. Studies indicate that gambling opportunities are concentrated in socioeconomically disadvantaged areas, with gambling issues more common among those receiving income support or unemployed. [22] Additionally, unfavorable employment conditions or work-related issues significantly influence gambling behavior, even among the employed.[23]

While high-income groups spend more on gambling in absolute terms, low-income groups allocate a higher proportion of their income to gambling, often experiencing financial setbacks. The relationship between employment and gambling may vary due to work being perceived not only as a source of income but also as a factor influencing life satisfaction, job contentment, and the nature of the job.[24]

Our findings indicate that the most prevalent level of education among individuals who have gambled at least once is high school (44.9%), aligning with the existing literature, which suggests a similar trend among online gamblers.[25] Among gambling participants, 29.3% gamble continuously and regularly, with similar rates observed across genders (9.5% in males and 4.1% in females). Interestingly, the tendency to gamble regularly appears to be lower among those with the lowest and highest education levels, while individuals with high school and undergraduate education levels exhibit higher regular gambling rates. This difference could be attributed to the relatively lower proficiency in online activities among those with lower education levels.[26] Furthermore, the decline in regular gambling with increasing education levels corroborates findings from previous studies.

According to our research, the most common age range among individuals in the gambling group was 54 years and older. This finding corresponds to a study by Gainsbury and her colleagues, who identified the most frequent age group of online gamblers as between 40 and 59 years old.[27] Our results align with this trend. Additionally, in 2 separate studies specifically examining online gamblers, the average ages were reported as 31.05 and 42.75, respectively.[25] The younger average age in these studies can be attributed to the younger population's greater inclination towards online activities, while older individuals tend to engage in traditional offline games.

Research on the onset age of gambling in young adults and its correlation with gambling behavior highlights the link between early initiation and negative outcomes later in life. Early gambling initiation is associated with various adverse consequences, including pathological gambling behavior. The age at which individuals start gambling appears crucial in determining the frequency, expenditure, and severity of gambling, underscoring the importance of addressing this issue for researchers and policymakers.[28] In our study, participants' ages at first gambling ranged from 6 to 41, with an average of 21.87 ± 5.57.

Pathological gambling often starts before adulthood, with adolescents being 2-4 times more likely to develop gambling problems compared to adults. Adolescent gambling behavior is influenced by factors like high impulsivity, risk-taking, and social acceptance, which can persist into adulthood. Early onset of gambling correlates with adult issues such as SUD, depression, and other psychiatric problems, suggesting potential future challenges. The age of onset of gambling in adults also impacts treatment effectiveness. It varies significantly, with initial exposure occurring in childhood, adolescence, or adulthood.[26]

Our research reveals that 29.33% of individuals who have gambled at least once continue to gamble regularly. Understanding the transition from recreational gambling to pathological gambling is crucial for grasping its development, as gambling initiation can evolve into a persistent behavior.[29] Governments aiming to foster a sustainable and responsible gambling culture should recognize the potential link between online gambling and problematic gambling.[25] Given that gambling activity often precedes pathological gambling, there is a pressing need for a deeper understanding of the associated risks in both adolescence and adulthood.[29]

Canadian teenagers who gambled started at a younger age than non-lottery gamblers.[30] Another study connected early-onset adult pathological gambling with suicidal thoughts, early alcohol use, and substance dependence.[31] These findings stress the importance of studying the age when gambling begins regarding its features and psychiatric consequences.

Co-occurrence of various types of addiction is common. A 2018 study in Turkey, involving about 43 000 participants across 26 provinces, revealed significant trends. 47% reported using tobacco products, with higher rates among males (61.9%) than females (32.2%), typically starting at age 17.85. 22.1% had consumed alcohol, with a higher prevalence in males (34.3%) than females (10.7%),

starting at age 19.94. Additionally, 3.1% had tried drugs, predominantly males (94%), starting at age 19.[32]

A 2018 study by Altıntaş in our country found that half of the participants diagnosed with GD also used alcohol, beginning at an average age of 18.1 ± 1.5 years.[33] Another study showed that alcohol or substance use disorder (SUD) was present in 45%-63% of patients with pathological gambling and in 19-50% of those seeking treatment. Additionally, a review of comorbidities in pathological gamblers found prevalent nicotine addiction (60.1%) and SUD (57.5%) in the literature.[34]

A study exploring comorbidity between SUD and GD revealed that about 22.5% of individuals with GD also had SUD, whereas only 0.7% of SUD patients had GD.[35] A 2023 meta-analysis indicated lifetime prevalence rates of 23% for at-risk GD, 19% for gambling problems, and 17% for pathological gambling among those with SUD. Furthermore, the lifetime prevalence of SUD among problematic/pathological gamblers was found to be 18%.[36]

Our study revealed a significantly higher prevalence of tobacco use ($P < .01$), alcohol use ($P < .01$), and substance use $P < .01$ in the GALO group compared to the NG group. This underscores the common co-occurrence of gambling and other addictions in our country. Scientific literature consistently highlights the high comorbidity between gambling, alcohol, and SUD, noting similar clinical presentations and some genetic and physiological overlaps.[37]

In our study, when exploring differences in psychiatric indicators between GALO and NG groups, it was discovered that the GALO group reported significantly more major traumatic events in their lives compared to the group that never gambled ($P < .01$).

Gambling behavior is strongly linked to childhood trauma. Negative childhood experiences and trauma like emotional and physical abuse, neglect, and exposure to violence increase the risk of developing gambling disorders.[38] Childhood trauma can be a significant indicator of the severity of GD and a key factor in its development. Publications highlight the importance of considering trauma history in behavioral addictions, similar to substance addictions. Physical neglect, a subtype of trauma, notably heightens the risk of GD in adulthood. Those who experienced physical neglect in childhood may subconsciously pursue material gain or a glamorous lifestyle through gambling. Some women with such experiences are attracted to gambling for its potential winnings and the admiration associated with wealth.[39]

Evidence from neurobiological studies indicates that dopamine is released from the nucleus accumbens during gambling activities, reinforcing the appeal of rewards, including money. Similar to other rewarding stimuli, it has been demonstrated that money increases mesolimbic dopamine levels in the human striatum during gambling, suggesting that the accumulation of money serves as a motivating factor for many gamblers.[40]

Problematic gambling behavior and symptoms of post-traumatic stress often co-occur, with numerous studies suggesting that the presence of one significantly increases the likelihood of the other emerging. Individuals with symptoms of post-traumatic stress are more likely to engage in gambling for reasons distinct from those without such symptoms. Post-traumatic stress disorder (PTSD) and GD are commonly comorbid, with lifetime prevalence rates of PTSD in the United States population at 6.8% and individuals with GD at 14.8%. In community and clinical samples of individuals with GD, PTSD prevalence rates range from 17% to 19%.[41] However, the direction of this comorbidity remains uncertain, with debates in the existing literature regarding whether PTSD is more likely to precede GD or follow it. Although the comorbidity is well-documented, there is no clear causal pathway between GD and PTSD.

When exploring the disparities in psychiatric indicators between GALO and NG groups using chi-square statistics, it becomes apparent that the GALO group reported a higher prevalence of psychiatric disorders in their lives ($P < .05$).

Gambling addiction is associated with other psychiatric disorders as individuals often gamble to regulate emotions.[42] The association between depression and gambling addiction has been established previously. Increased depression symptoms are significantly associated with both increased severity of disordered gambling and cognitive distortions related to gambling.[43,44] Vaughan et al. suggested that gambling serves as a maladaptive coping strategy, providing temporary relief from stress, thus increasing the risk of problem gambling.[43]

Problematic gamblers often experience high rates of anxiety disorders.[42] In a Swedish study, social phobia was the most common anxiety disorder linked to problematic gambling.[34] Depression accounted for 26.3% of gambling variance, while anxiety accounted for 31.5%, supporting the tension reduction hypothesis that anxiety disorders may lead to multiple addictions as self-medication.[45] Thus, gambling often becomes a way to alleviate anxiety.[43]

A meta-analysis published in 2019 concluded that as individuals age, the relationship between symptoms of attention-deficit hyperactivity disorder (ADHD) and gambling severity becomes stronger. Longer durations of ADHD may lead to extended periods of emotional dysregulation, potentially increasing the risk of developing a gambling addiction.

Attention-deficit hyperactivity disorder is a potential risk factor for gambling addiction. Studies show significant relationships between ADHD symptoms, emotion regulation, and gambling severity.[46] A 2019 meta-analysis found that this relationship intensifies with age. The link between ADHD symptoms and gambling severity

strengthens.[47] Long-term ADHD may lead to prolonged emotional dysregulation, increasing the risk of gambling addiction.

In our study, a comparison between the GALO and NG groups based on their motives for gambling behavior revealed significant differences (Table 5 The GALO group considered winning, entertainment, and excitement as more motivating factors, while the NG group perceived loss, risk-taking, and other factors as more motivating ($P < .01$). Each culture has its own gambling code, reflecting its gambling myth. Understanding these codes helps the industry market effectively. The most common myth among participants was that "Gambling addiction is only a problem for those lacking willpower, responsibility, or intelligence." This misconception persists in society, revealing a lack of understanding of addiction. These myths reflect societal attitudes toward gambling. Professionals in the gambling industry should consider these findings to develop appropriate strategies.

Gambling advertisements across media often portray a glamorous, exciting lifestyle, emphasizing entertainment, excitement, and success. These ads frequently depict winners and promote the idea of escaping financial difficulties.[48] They create an illusion that a glamorous lifestyle is easily achievable, persuading individuals to engage in gambling. Our study found that participants saw these advertisements most on websites (64.3%), social media (53.6%), and TV (33.8%). Research shows that such advertisements increase the likelihood of gambling likelihood by promoting messages like "winning is easy" and "high chances of winning." Despite understanding the risks, young people are swayed by these messages. Interestingly, advertisements mostly reinforce existing gambling habits rather than attracting non-gamblers.[49]

This study has some limitations. During our research, the application of a scale measuring gambling severity to the sample group could have enabled the relational evaluation of certain parameters with gambling severity. However, at the time the research was conducted, there was no scale available in our country that could be used for this purpose, with both validity and reliability. Despite gambling being perceived as a recreational activity, it is not universally embraced by all segments of society. Consequently, individuals may be inclined to conceal activities such as alcohol use, substance use, and gambling behavior due to their addictive potential and societal stigma. This tendency may have resulted in certain outcomes appearing understated compared to their actual prevalence.

Understanding the prevalence of gambling behavior and its motivations is crucial for raising social awareness and implementing effective preventive measures. Encouraging alternative positive activities such as productive time spending, entertainment, and socializing is essential.

Table 5. Some Perceptions, Attitudes, and Behaviors of Participants Regarding Gambling

	% (n)
Why do people gamble?	
To take money	58,9 (2948)
To take risk	39,7 (1990)
Out of curiosity	39,2 (1964)
What are the effects of gambling on people?	
Harmful dangerous	87.3 (4371)
Dangerous	86,8 (4349)
Catastrophic	79.2 (3967)
Reasons for engaging in gambling for the first time	
Curiosity	50,4 (172)
Seeking excitement	49,9 (170)
To take money	46 (157)
Participants' types of dealer games played	
Dealer games	73,1 (1631)
Betting	51,6 (115)
National lottery	43 (96)
Numeric lottery online games	59,5 (66)
Virtual sports betting	47,7 (53)
Poker	24,3 (27)
Roulette	
The most common problems encountered by gamblers?	
Financial issues	42,2 (144)
Family issues	16,4 (56)
Spiritual issues	10,6 (36)
Emotions felt while gambling?	
Excitement	43,4 (148)
Ambition	41,1 (140)
Anxiety	27 (92)
Where do you encounter gambling advertisements?	
Internet websites	64,3 (3218)
Social media	53,6 (2682)
Television	33,8 (1695)
Which statement do you think is correct? (Myths)	
Is gambling addiction only a problem for those who lack willpower, responsibility, and intelligence?	21.3 (1065)
The house always wins.	19.2 (962)
People who are addicted to gambling usually end up in this state because of others.	17.6 (881)
Have you ever been criticized for gambling by those around you?	
Yes	34 (116)
No	66 (225)

Furthermore, updating and enforcing laws related to gambling should be prioritized. Key objectives should include detecting gambling prevalence, assessing societal perspectives and attitudes, acknowledging gambling's

presence in the community, and devising problem-solving strategies and interventions.

Ethics Committee Approval: This study was approved by the Ethics Committee of Hasan Kalyoncu University (Approval No: 2022-003/1 Date: 10.02.2022).

Informed Consent: Informed consent was obtained from all the patients who participated in the study.

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