

# Women's Smoking as an Important Problem of Public Health

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**Abstract** Today, smoking has become a pandemic not only in the medical aspect, but also psychological, economic and social. This problem is especially acute today for the female part of the world's population, as the female body is more susceptible to the negative effects of nicotine. Women's refusal to smoke will reduce the risk of developing diseases and improve their health. The aim of the article is to explore women's motivation to tobacco smoking and quitting this addiction. We conducted a sociological survey among female smokers who visit beauty salons in order to find out the prevalence of smoking among women and assess their motivation to quit this addiction. The survey involved 150 women of different age groups. It was determined that solving the problem of tobacco smoking among female smokers requires taking into account their individual and age characteristics in order to correctly select the motivational factors for

smoking cessation. It was found that despite active preventive measures taken by public health bodies in every country of the world, the rates of smoking among women, mainly of reproductive age, are increasing, which poses a threat to human health in general and requires revision and improvement of approaches to counteracting the involvement of women in the use of tobacco products. Based on the results of the research, practical recommendations have been developed to improve the smoking counteraction system in the direction of individual work undertaken by public health professionals with women, taking into account their motivation to smoking and quitting it.

**Keywords** Women, Smoking, Motivation, Addiction, Public Health

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## 1. Introduction

Tobacco smoking is a serious medical and social problem that has not been solved for many decades, despite significant efforts by all countries of the world. According to statistics, tobacco smoking is one of the causes of premature death and disability in many countries of the world [1, 2]. Tobacco addiction is formed in a significant number of adults who use tobacco products on a long-term daily basis. Negative health consequences of tobacco smoking occur not only in people who smoke, but also in passive smokers [3, 4].

The problem of female tobacco smoking requires special attention of public health experts. After all, recently, the use of tobacco products has been especially popularized among this category of the population [5, 6, 7]. Marketing of tobacco products is increasingly aimed at women. Among the main “attractive” slogans (motivations) to attract women to tobacco smoking, marketing companies use the following: gender equality, independence, attractiveness to men, career success [8, 9]. Such a targeted influence on women’s consciousness can be traced back to 1927, when advertisements with “progressive” women who smoke began to appear for the first time in women’s magazines [10, 11]. In addition, tobacco companies began to massively use flavored additives in the production of cigarettes. For most women (especially those who lived in cities) flavored cigarettes became an impetus to smoking, because plain cigarettes had an unpleasant smell and taste for them. Today, there are more and more new schemes to attract women to smoking [12, 13]. The public health system of many countries of the world has developed a package of preventive measures for tobacco smoking, including: giving priority to non-smoking employees during employment; raising the price of cigarettes and other tobacco products; restrictions and bans on smoking in public places; dissemination of information about the dangers of tobacco smoking; promotion of a healthy lifestyle [14, 15, 16]. However, despite the developed and implemented tobacco prevention programs, smoking remains quite widespread among women around the world. This trend is difficult to change without knowing the reasons, motives and aspirations of the female part of the population.

### 1.1. The Aim

The aim of the research is to explore women’s motivation to tobacco smoking and quitting this addiction.

## 2. Materials and Methods

### 2.1. Research Participants

We conducted a sociological survey among female smokers who visit beauty salons in order to find out the

prevalence of tobacco smoking among women and assess their motivation to quit this addiction. The survey involved 150 women (visitors of beauty salons in Kyiv, Zhytomyr, Lviv, Rivne) of different ages.

### 2.2. Research Procedure

The research was conducted in 2020-2022 at the departments of “Technologies of Medical Diagnostics and Treatment. Public Health” of Zhytomyr Medical Institute of Zhytomyr Regional Council and Sports Improvement” of Zhytomyr Ivan Franko State University. The research was conducted in several stages. The first stage involved the analytical review of the literature on the problem of tobacco smoking prevalence, including among women, and determination of the methodological tools for conducting the research. The second stage made provisions for the sociological survey conduct among women to determine their motivation to tobacco smoking and quitting this addiction. The third stage foresaw processing of the results of the research, their systematization and generalization. Based on the results, the conclusions were formulated and practical recommendations for smoking prevention among the female population were developed.

### 2.3. Research Methods

To achieve the aim of the research, the set of interrelated special and general scientific methods aimed at obtaining objective and reliable results of scientific research was used: bibliosemantic, system analysis and generalization, medical-sociological and mathematical-statistical. The bibliosemantic method was used to conduct the analytical review of scientific information sources. 40 sources on the topic of the article from the scientometric databases PubMed, Scopus, Web of Science Core Collection and others were analyzed. The method of system analysis and generalization was used to analyze scientific information and formulate the research conclusions and practical recommendations. The medical-sociological method was used to conduct the survey of female visitors to beauty salons. The survey of women was conducted using two questionnaires. The first questionnaire was developed by the authors of this article to study the prevalence of smoking among the female population (visitors to beauty salons) and to assess their motivation to quit tobacco smoking. The questionnaire contained a call to respondents and two sets of questions: the first (General information about the respondent) included 5 questions, the second (Smoking prevalence among women), as the main one contained 38 questions. The questionnaire was assessed by the experts in this field (7 professors and 9 associate professors) and was approved by the Academic Council of Zhytomyr Medical Institute of Zhytomyr Regional Council (Protocol No. 8 dated 27.08.2020). As the second questionnaire, the D. Horn questionnaire was used to determine the degree of involvement of female smokers in

smoking and the main need that was satisfied by smoking ([http://www.zhgbk.ru/serv/media/serv2\\_224\\_6.pdf](http://www.zhgbk.ru/serv/media/serv2_224_6.pdf)). It contains 18 questions (6 sets of 3 questions). It should be noted that due to the COVID-19 pandemic, the survey was conducted remotely using the GOOGLE-FORMS tool. The survey was anonymous. Mathematical-statistical method was used to process the experimental data obtained. Statistical processing was carried out on a personal computer using MS Excel application software program.

#### 2.4. Ethics

This research complies with the ethical standards of the Act of Ukraine "On Higher Education" No. 1556-VII dated 01.07.2014 and the Letter from the Ministry of Education and Science of Ukraine "On the Academic Plagiarism Prevention" No. 1/11-8681 dated 15.08.2018. Also, this research followed the regulations of the World Medical Association Declaration of Helsinki – ethical principles for medical research involving human subjects. Informed consent was received from all individuals who took part in this research.

### 3. Results

According to the results of the first questionnaire, it was found that the participants of the survey were distributed by age as follows: teenage age – 23 %, youthful age – 59 %, middle age – 16 %, elderly age – 2 %. It was found that 45.0 % of respondents have higher education, 16.0 % have complete secondary education, 16.0 % – incomplete secondary education, 13.0 % – vocational higher education and 10.0 % have incomplete higher education. It is worth noting that the respondents have different types of occupations (place of work). Among the interviewed women there are often employees of health care institutions (doctors, nurses), workers related to finance (economists, financiers, accountants), teachers, designers, marketers, managers, photographers, private entrepreneurs, workers in the field of beauty and health (nutritionists, fitness instructors, hairdressers, cosmetologists, makeup artists), as well as students. At the same time, 75.0 % of the surveyed women live in the city, 25.0 % in the rural areas. Regarding the marital status of the respondents, 51.0 % are single and 49.0 % are married.

It was set that more than half of the respondents (84.0 %) have experience of smoking; 25.0 % of women smoke systematically, 34.0 % smoke periodically, 23.0 % do not smoke, and 7.0 % have not smoked at all, while 11.0 % have smoked before. Almost half of the surveyed women (48.0 %) have neutral attitude to smoking, 36.0 % – negative, 12.0 % – positive. Regarding the smoking of others, 76.0 % of women surveyed remain neutral, 12.0 % – negative, 6.0 % – positive.

The survey determined the smoking experience of the respondents (among those who have such negative

experience): up to 1 year – 32.3 %; up to 3 years – 21.5 %; up to 5 years – 12.8 %; up to 10 years – 10.8 %; more than 10 years – 22.6 %. The vast majority of women surveyed have been smoking for more than 1 year, the second position is occupied by women who have smoked for 10 years.

The age of initiation of tobacco smoking is extremely important. It was found that 32.0 % of female respondents who smoke started smoking at the age of 11-17 years; 20.0% – at the age of 17-20 years; 8.0 % – at the age of 20-25 years; 15.0 % – after 25 years. The research also found that 42.0 % of respondents made an attempt to quit smoking, although it was unsuccessful. At the same time, more than half (58.0 %) of women indicated that they had not made an attempt to quit the vicious habit. Among those who made an attempt to quit smoking, 19.4 % abstained from smoking for more than 1 year, up to 1 year – 6.1 %, up to six months – 10.3 %.

It was found out that in most cases the largest volume of cigarettes smoked (47.8 %) in female smokers is in the second half of the day (including night time); 34.8 % – in the first half of the day; 17.4 % – in the early hours of the day. In addition, almost half of the respondents (49.0 %) smoke the first cigarette in an hour after getting up in the morning, which indicates that they do not have a strong nicotine addiction. However, still 24.0 % of women smoke immediately after waking up, which indicates that they have significant tobacco dependence.

It was found that the number of cigarettes smoked by women ranges from 1-2 per week to 20-25 per day. Below are the detailed results: no more than 1-2 cigarettes per week – 22.6 %; 1-2 cigarettes per day – 25.7 %; 3-10 cigarettes per day – 32.3 %; 10-15 cigarettes per day – 14.0 %; 20-25 cigarettes (pack of cigarettes) per day – 5.4 %. Among women smokers, 42.6 % indicated that they smoke regular cigarettes, 24.5 % – light cigarettes, 27.6 % – thin cigarettes and only 5.3 % – heavy cigarettes. According to the types of tobacco products used by women, the survey participants were distributed as follows: most respondents (56.4 %) smoke cigarettes, 20.2 % of women prefer modern smoking devices (e-cigarettes and vapes). The use of tobacco heating systems was reported by 5.3% of women.

Cigarette brands play an important role in the smoking process, and women are influenced by cigarette manufacturers' marketing efforts. It was found that the most popular cigarette brands among women are: L&M (20.4 %), Winston (11.8 %), Marlboro (8.6 %). In addition, new types of tobacco products such as e-cigarettes, Elf Bar, Vogue cigarettes, tobacco heating systems (IQOS, sticks, vape refills, HEETS) (8.6 %) have become popular among respondents. This is especially common among young women. The analysis of the reasons for women's use of e-cigarettes shows that 27.0 % of respondents consider them less harmful to health than regular cigarettes; 21.4 % of women indicated that they can be used in places where regular cigarettes are prohibited; 20.2 % are convinced that

they help to quit smoking regular cigarettes; 15.7 % consider them less harmful to the health of others than regular cigarettes; 15.7 % indicated that e-cigarettes are available in flavors (fruit).

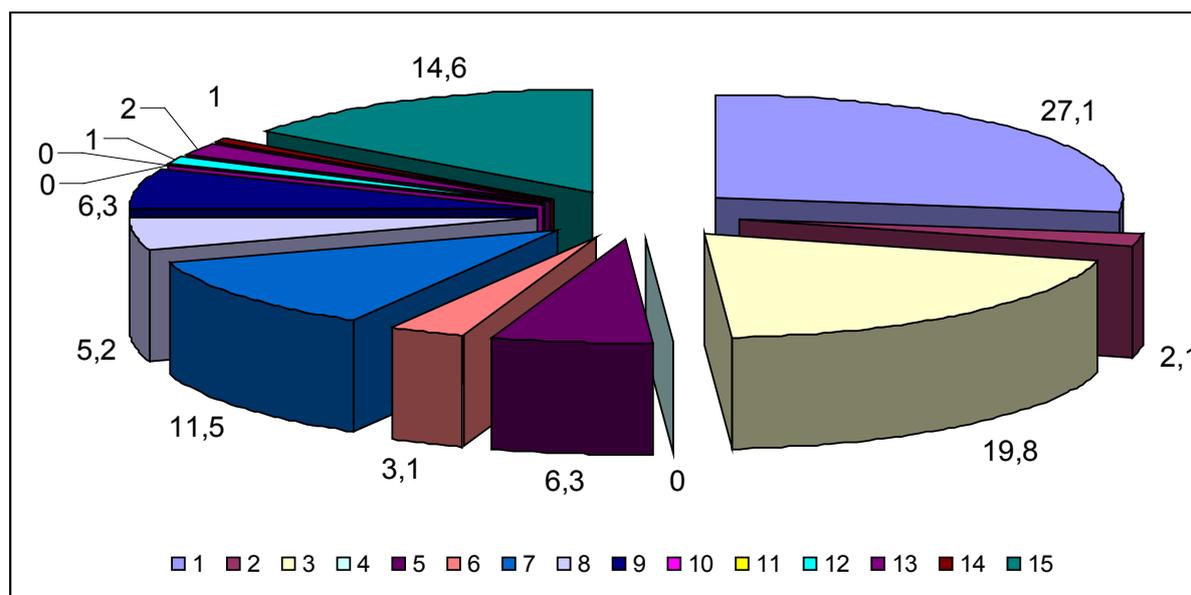
Interestingly, 81.0 % of women surveyed are aware of the harmful effects of smoking; 83.0 % of respondents have knowledge of the impact of tobacco smoking on the main systems of the human body (cardiovascular, digestive, nervous, reproductive, respiratory, endocrine, etc.); 70.0 % of respondents consider their own level of awareness and knowledge of the impact of tobacco products on human organs and systems to be sufficient.

It was found that 45.0 % of the women surveyed indicated that they have children, 55.0 % pointed out they do not have children. Of the women with children – 16.8 % did not notice any impact of smoking on their health, 15.8 % confirmed the negative impact of smoking on their children. When asked about women’s smoking during pregnancy, the answers were as follows: yes, I continued to smoke – 0 %; I reduced the number of cigarettes – 3.2 %; no, I completely quit smoking – 44.2 %; I was not pregnant – 52.6 %. It should be noted that these results are positive, which indicates the responsibility of the women interviewed as future mothers.

It is noteworthy that the question “Do you plan to stop smoking altogether?” 27.4 % of current female smokers

stated that they are interested in quitting, and 26.3 % reported that they plan to quit someday; 10.5 % do not intend to quit smoking in the near future, 17.9 % of respondents have successfully quit smoking. In general, 53.7 % of women plan to quit smoking. Therefore, there is a need to determine their priority motives for starting smoking and those motives that contribute to not quitting this addiction. It was found that among the motives for starting smoking the main ones are: for the company – 27.1 % (this reason was indicated by respondents of youthful age); to calm down – 19.8 % and to lose weight – 11.5 % (this answer was chosen by young and middle-aged women).(Figure 1).

The main motivational factor that contributes to further smoking is the feeling of anger, stressful situations related to work or study (24.4 %). In this case, this motive is observed in almost all age groups of women. However, the motive of smoking i. e. in order to relax (18.0 %) is observed in adolescent and young women. However, the possibility of creating an image of a modern woman (9.6 %) is inherent in middle-aged women. The motives that contribute to the further smoking of women also include the ones: to increase efficiency (5.3 %); because of problems in personal life (2.1 %); to overcome loneliness (4.3 %); to get rid of worries and troubles (1.1 %); I like to smoke (2.1 %); I cannot quit smoking (1.1 %) and others.



(1– For the company; 2 – For self-affirmation; 3 – To calm down; 4 – To cheer up; 5 – It is fashionable and popular; 6 – Because of interest, curiosity; 7 –To lose weight; 8 – Because of social environment; 9 – To improve social status; 10 – Because of cigarette advertising; 11 – Imitation of famous people or family members; 12 – Under the influence of social networks; 13 – I like the aroma; 14 – Because of work; 15 – I do not smoke)

Figure 1. Motives for women to start smoking

Among the list of proposed tobacco control measures, 26.3 % of respondents emphasized the need for a full range of measures. They are inclined to think about a comprehensive solution to the problem of tobacco smoking. 23.3 % of respondents proposed to ban cigarette advertising that stimulates their sale, 12.1 % stressed the need to demonstrate messages and videos in the media about the negative consequences of smoking. In addition, the measures mentioned by female respondents to combat tobacco smoking included: a ban on the sale of cigarettes under 21 years of age (10.1 %); increase of fines for smoking in public places (4.0 %); elimination of illegal trade in tobacco products (10.1 %); legislative regulation of tobacco products, especially new ones (e-cigarettes, etc.) (7.1 %); control over the content of tobacco products (4.0 %); maximum prices for cigarettes (1.0 %) and others.

Among the respondents surveyed, 56.1 % of women indicated the effectiveness of information that warns about the dangers of smoking or encourages quitting through social media. For 11.2 % of respondents, the main sources of information were lectures by medical professionals, and for 20.2 % of respondents – posters in medical institutions and billboards, 9.3 % receive preventive information through television and radio.

During the survey, we also found that 58.2 % among current female smokers pay attention to cigarette packs with graphic health warnings, and 34.7 % – do not do it. However, despite the warnings on tobacco products, more than half do not think about quitting smoking. In addition, we found that if tobacco prices increase, almost half (40.4 %) of the women surveyed will stop smoking, which is a positive result. However, 23.4 % of women would continue to smoke despite the price; 31.9 % would try to smoke significantly less in quantity, and 4.3 % would prefer cheaper brands.

Individual selection of motives for women to quit smoking plays an extremely important role in solving the problem of female smoking. When asked what could motivate female smokers to finally stop smoking, we found that women who do not yet have children identified planning pregnancy and the desire to have a child as the main motive for themselves (26.2 %); 22.1 % believe that

they can stop smoking on their own, but 14.7 % do not see the need for this. At the same time, for some respondents, a significant motive is their health, namely convincing evidence of a threat to their life and health (9.5 %), the desire to prevent diseases (7.4 %). The motive of prolonging life should not be excluded (5.3 % of respondents). The survey also found that 21.6 % of respondents believe that it is very difficult to abstain from smoking, because it requires considerable willpower, while 30.9 % said that it is difficult, but possible. 42.3 % are convinced that it is easy to get rid of the addiction and it is not difficult.

Only 3.1 % of women reported that they visited medical professionals to stop smoking. Only 3.1 % of respondents also plan to visit medical professionals in the future. Whereas 93.8 % have not sought advice, counseling and assistance from relevant specialists on smoking cessation. Among the factors that stop women from trying to smoke, the respondents identified the process of addiction, both physical and mental – 24.2 %, for 14.6 % the danger is the impact of toxic substances on the body contained in a cigarette, 13.6 % think about possible diseases caused by smoking. However, despite this, 23.1 % of women surveyed do not note the presence of factors that would prevent them from smoking.

Using the second questionnaire, we determined the degree of tobacco dependence in women and the main needs that women satisfy through smoking. It was found that among the needs that are satisfied through smoking are: support – 53.8 %, relaxation – 48.7 %, thirst – 33.4 %, stimulation – 25.7 %, playing with a cigarette – 17.9 %, reflex – 12.8 %. These needs become a stereotype of their behavior. Thus, the establishment of the list of priority motives for smoking and its cessation in female smokers who visit beauty salons as a result of the experiment allowed to identify ways to improve the system of tobacco prevention among women and to formulate practical recommendations for public health professionals. First of all, it concerns the possibility to offer smoking women alternative ways to meet their needs without the act of smoking (Table 1).

**Table 1.** Alternative ways to meet the needs of women without involvement in smoking

Need satisfied by smoking	Requirement for the need	Alternative motives for satisfying the need without involvement in smoking
Stimulation	desire to cheer up, increase efficiency, relieve fatigue, due to problems at work	<ul style="list-style-type: none"> <li>- to work on habits, i. e. replace smoking with new habits (in order to increase efficiency, to cheer up – drink coffee);</li> <li>- not only smoking, but also its absence makes you feel better, more cheerful and energetic;</li> <li>- enough rest (sleep);</li> <li>- in the presence of problems at work that predispose to smoking, it is worth making a list of urgent cases / work issues and starting implementing them to eliminate the strong desire to smoke.</li> </ul>
Support	excitement, emotional tension, discomfort, overcoming shyness in order to adjust and resolve an unpleasant situation	<ul style="list-style-type: none"> <li>- to establish a process of communication in the micro-environment (friends, family) in order to meet the need for support from family members;</li> <li>- to emphasize the absurdity of using smoking to cope with feelings i. e. emotion control</li> <li>- to emphasize mental benefits in order to avoid depressive states.</li> </ul>
Playing with a cigarette	playing smoking “for the company”, in a situation where you need to maintain communication, the desire to have smoking accessories: cigarettes, ashtray, lighter	<ul style="list-style-type: none"> <li>- elimination of imitation of the manners of a certain company and the desire to become “friendly” by choosing a non-smoking team;</li> <li>- to adjust lifestyle i. e. to avoid things that are associated with smoking; to replace smoking accessories with “tactile toys” that are designed to occupy hands.</li> </ul>
Thirst	receiving the next dose of nicotine, due to physical dependence	<ul style="list-style-type: none"> <li>- in case of physical dependence, it is worth “holding out” for at least a month without smoking, thus going through the stage known as a “withdrawal syndrome”, i. e. this is the motive of “self-obligation”;</li> <li>- to live longer and healthier i. e. taking care of your own health;</li> <li>- to emphasize that resuming smoking in the future will cause difficulties in quitting;</li> <li>- to exclude comfortable conditions for smoking and situations that provoke it.</li> </ul>
Relaxation	is based on emotions, that is, when you feel tired and want to relax, rest, get additional pleasure	<ul style="list-style-type: none"> <li>- to choose an alternative to smoking that will be based on emotions, such as active recreation, travel, eating something tasty or listening to music, reading books;</li> <li>- walks in the fresh air;</li> <li>- meetings with friends.</li> </ul>
Reflex	people mostly smoke “automatically”, that is, without specific motives, the increase in the number of cigarettes smoked is due to intensive work	<ul style="list-style-type: none"> <li>- to change the workplace with less workload;</li> <li>- to describe the positive effects of quitting smoking;</li> <li>- to provide convincing evidence of the threat to life;</li> <li>- to reduce the number of cigarettes smoked per day;</li> <li>- alternatively, to put things that will distract the smoker (for example, candy) in places where cigarettes are usually found;</li> <li>- to improve the quality of life in general.</li> </ul>

## 4. Discussion

Public health is one of the greatest values, a necessary condition for the socio-economic development of the country. Promoting health and providing a quality and full life of people, ensuring maximum health and well-being of the population are among the most important goals of the world community [17, 18]. Public health is the prevention of disease, injury, disability and death, the promotion of a healthy lifestyle and the preservation of a healthy environment and living conditions for present and future generations [19]. Modern public health is comprehensive in its goal, as it refers to measures aimed at both the whole community and individual health needs. A number of such measures are focused on improving the human environment, reducing risk factors that form a

significant burden of morbidity and mortality among the population and stimulating those factors that, on the contrary, contribute to the promotion and preservation of health [20]. Today, one of the urgent public health problems is the prevalence of tobacco smoking among the population of many countries, and especially among women.

In recent years, there has been a steady trend in the world to reduce the prevalence of daily smoking. However, such changes mainly concern the male population. Despite a much smaller proportion of female smokers compared to men, in many countries the prevalence of daily smoking among women remains high [21, 22].

Nowadays, this addiction of a substantial part of the world’s population is a significant medical and social

problem in every country, causing up to 8 million deaths annually, including almost 1.2 million among people who do not smoke but are exposed to secondhand smoke [23]. Despite active preventive measures, the rates of tobacco smoking among women, mainly of reproductive age, are increasing, which poses a threat to human health in general and requires revision and improvement of approaches to counteracting the involvement of women in the use of tobacco products. The scientists [24] have found that the body of women is more susceptible to the toxic effects of nicotine, the impact of which leads to significant negative consequences for all organs, systems and health in general. Quitting smoking by women can reduce the risk of developing diseases and improve their health [25].

Greaves [26], studying the motivation of smoking cessation by women, noted that the main among them is the justification of smoking by women to control body weight. Scientists [27, 28] focused on the following motivational factors for quitting smoking: pregnancy, breastfeeding, risks to women's health (infertility, early menopause). Scientists [29, 30] note that typical factors that prevent smoking cessation are: depression, enjoyment of smoking, weight gain, lack of social ties (support of relatives and friends), saving money, lack of prestige of smoking, health preservation, professional benefits. The author notes that smoking is becoming more widespread due to the influence of social media (systematic advertising of tobacco products), popularization of the "fashion" of smoking, conflict situations and stress, as well as the availability of tobacco products.

Among the motives of women to smoke, the scientists [31, 32] include curiosity, imitation of parents and heroes of television commercials for tobacco products. Such motives are common in adolescence. Scientists [33, 34] argue that the motivational factors that provoke girls to smoke are social needs, namely: the desire to be "friendly" in the team, to hit the taste of the opposite sex, to establish communication processes (interaction) with peers, friends. These factors dominate in the adolescent and youth environment. As it can be seen from the list, the mentioned motives of women to smoke induce them to activities that satisfy the needs of recognition and social needs. In women who have a long "experience" of tobacco smoking and nicotine is actively involved in biochemical processes in the body, which leads to addiction, then the use of tobacco products begins to encourage the satisfaction of physiological needs.

Based on the study of the conclusions of many scientists and taking into account the results of our research, we have made our own list of motivational factors for women to start smoking and quit it, taking into account the age criterion (Table 2).

Thus, the development of tobacco dependence, low or insufficient motivation are the main obstacles for women to quit smoking. Motivational factors of smoking cessation depend on the age of women. In our opinion, the

main condition for the success of smoking cessation is the right motivation, aimed primarily at restoring and improving women's health. This will be facilitated by systematic sanitary and educational work among the female population. The directions of preventive work include the identification of active female smokers, the formation of their motivation to quit smoking, promotion of a healthy lifestyle among them.

Based on our research, we have developed practical recommendations for improving the tobacco control system.

1. It is necessary to conduct systematic sanitary and educational work on the peculiarities of the impact of smoking on the body of women in order to involve the female part of the population in the primary prevention of tobacco smoking.
2. To introduce systematic sociological research in order to identify women who can be attributed to "risk groups" and start preventive work with them before they start smoking.
3. Public health professionals shall carry out a differentiated individual approach to secondary tobacco smoking prevention for women smokers who:
  - want to give up this addiction, taking into account their age, smoking experience, level of tobacco dependence, motivation to smoking and quitting it, reasons for returning to smoking after attempts to quit;
  - do not want to quit smoking, finding out the reasons why quitting is impossible;
  - consider the prospect of quitting smoking in the future, focusing on convincing motives for the need to quit this addiction, which would contribute to the formation of a woman's independent decision (attitude) to quit smoking (for example, pregnancy) and the corresponding specific dates that will encourage a woman-smoker to achieve the goal by the specified dates.
4. Individual work to determine the convincing motives for smoking cessation by women smokers of all three groups should be based on alternative ways to meet their needs (motives), which they satisfy through the process of smoking.
5. For the contingent of women who want, but cannot stop smoking on their own (53.7 %), to intensify the use of Internet content and conduct relevant webinars with the involvement of specialists of different profiles (public health, psychologists, doctors, cosmetologists, fitness instructors, women who have quit smoking, etc.).

Our results complement and extend the findings of many scientists on this issue [35, 36, 37, 38, 39, 40].

*Prospects for further research.* To investigate the impact of smoking on the health of women of different ages.

**Table 2.** Motivational factors of smoking and quitting it depending on the age of women

Age period	Smoking motivations	Motivations on quitting the smoking habit
Youthful age – 25 years old	<ul style="list-style-type: none"> <li>- to look “adult”;</li> <li>- smoking by family members (parental experience);</li> <li>- influence of social media (advertising of tobacco products in social networks, television, etc.);</li> <li>- influence of the smoking environment (friends, peers);</li> <li>- desire to be in a team and the need for recognition (to be “friendly” in the team);</li> <li>- to hit the taste of the opposite sex;</li> <li>- curiosity, interest, independence;</li> <li>- to be considered “fashionable”.</li> </ul>	<ul style="list-style-type: none"> <li>- financial motives (expensive tobacco products);</li> <li>- unattractive appearance (bad breath, damaged teeth, poor hair and skin condition);</li> <li>- aversion to smokers (especially men);</li> <li>- lack of social ties (misunderstandings in the family);</li> <li>- health preservation (link between smoking and acute diseases (allergies, sinusitis, bronchitis);</li> <li>- intention to get pregnant;</li> <li>- adjustment for a healthy lifestyle.</li> </ul>
25-44 years old	<ul style="list-style-type: none"> <li>- desire to be successful;</li> <li>- to build a career;</li> <li>- recognition in the professional team;</li> <li>- to create an image of a “successful woman”;</li> <li>- to look more attractive in order to hit the taste of the opposite sex;</li> <li>- to be like a successful idol (actress, singer);</li> <li>- desire to lose weight and control body weight;</li> <li>- desire to relieve fatigue and relax.</li> </ul>	<ul style="list-style-type: none"> <li>- psychological benefits (prevention of depressive states);</li> <li>- material benefits;</li> <li>- lack of prestige of smoking in the cultural environment and waste of time;</li> <li>- link between smoking and acute diseases and high probability of developing chronic diseases;</li> <li>- desire to have a healthy child;</li> <li>- pregnancy and breastfeeding period;</li> <li>- risk of infertility;</li> <li>- there are newborns and younger children in the family;</li> <li>- the opportunity to get the desired job;</li> <li>- adjustment for a healthy lifestyle.</li> </ul>
45-60 years old	<ul style="list-style-type: none"> <li>- stereotype of behavior;</li> <li>- anti-stress effect of smoking;</li> <li>- independence and self-affirmation;</li> <li>- gender equality;</li> <li>- to increase the status (authority);</li> <li>- to strive for originality;</li> <li>- to increase efficiency;</li> <li>- conflicts in personal life.</li> </ul>	<ul style="list-style-type: none"> <li>- convincing evidence of the threat to life and health (realistic visualization of diseases caused by tobacco smoking);</li> <li>- prevention of early menopause and early aging;</li> <li>- financial benefits;</li> <li>- rational motive (senselessness of smoking);</li> <li>- adjustment for a healthy lifestyle.</li> </ul>
60 years old and over	<ul style="list-style-type: none"> <li>- to overcome loneliness;</li> <li>- lack of communication;</li> <li>- low stress resistance;</li> <li>- belief that the negative impact on health has already been caused and is irreparable;</li> <li>- disappointment from possible previous unsuccessful attempts to quit smoking;</li> <li>- the presence of tobacco addiction.</li> </ul>	<ul style="list-style-type: none"> <li>- positive effects of quitting (reduction of coughs, colds, improved taste, etc.);</li> <li>- reduction of further harm to health;</li> <li>- financial benefits;</li> <li>- social benefits (life extension);</li> <li>- adjustment for a healthy lifestyle.</li> </ul>

## 5. Conclusions

It was found that the main motives of smoking among women of adolescent age include: the desire to look like an adult, to be recognized in the peer group, to resemble the heroes of tobacco advertising. Young women are dominated by such smoking motives as creating an image of a “successful” woman, the opportunity to build a career, lose weight, relieve stress and fatigue. These motives in middle-aged women are joined by the desire for gender equality, independence, authority, as well as adherence to their stereotypes of behavior. Older women smoke because of their existing tobacco dependence, to overcome loneliness, low stress resistance, etc.

The reasons for women to quit smoking include

pregnancy, child’s health, misunderstandings in the family, loss of attractiveness (bad teeth, hair and skin condition, bad breath), high cost of tobacco products, health preservation, the desire to have advantages in employment, etc.

According to the results of the sociological survey, it was found that only 25.0 % of the women surveyed do not smoke. The beginning of smoking of respondents most often begins at the age of 11-17 (32.0 %). The vast majority of female smokers are unmarried (51.0 %) young people (60.0 %) with higher education (45.0 %) living in the city (75.0 %).

It was found that almost half of the respondents are neutral about smoking (48.0 %), and also remain neutral about the smoking of others (76.0 %). 61.7 % of female

smokers are tobacco dependent, smoking more than three cigarettes a day. More than 80.0 % of female smokers surveyed are aware of the negative effects of nicotine and associate the emergence of their chronic diseases with its influence, but continue to smoke. 44.4 % of women surveyed said that they do not notice any impact of smoking on the health of their children. Thus, this category of women has not formed an adequate attitude to their own health and the health of others. More than 40.0 % of respondents who smoke tried and failed to get rid of tobacco addiction on their own. However, 93.2 % of female smokers quit smoking during pregnancy. 40.4 % of respondents are ready to stop smoking after the price of tobacco products increases, 26.2 % – to have a healthy baby, 22.2 % – to improve their health.

Among the most effective measures of tobacco smoking prevention, the respondents named the ban on cigarette advertising, demonstration of videos in the media about the negative health consequences of this addiction, increasing the fine for smoking in public places, raising the price of tobacco products, etc.

Given the significant proportion of female smokers in society (as exemplified by visitors to beauty salons) and the lack of effectiveness of the above preventive measures, it is necessary to improve the system of tobacco control in the direction of individual work with women by public health professionals taking into account their motivation to smoking and quitting it.

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## Conflict of Interest

The authors state no conflict of interest.

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