

Smoking cessation among gender minority populations, cis-women, and cis-men: Findings from the International Tobacco Control (ITC) Netherlands Survey

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Abstract

Background: Little is known about smoking cessation among gender minority populations compared to cis-gender individuals (whose gender matches their sex assigned at birth). We examined differences between smokers from gender minority populations, cis-women, and cis-men in heaviness of smoking, quit intentions, use of cessation assistance, quit attempts (ever tried and number), and triggers for thinking about quitting.

Aims and Methods: We used cross-sectional data from the 2020 International Tobacco Control (ITC) Netherlands Survey. Among smoking respondents, we distinguished (1) cis-women (female sex, identified as women, and having feminine gender roles; n=670), (2) cis-men (male sex, identified as men, and having masculine gender roles; n=897), and (3) gender minorities (individuals who were intersex, who identified as non-binary, genderqueer, had a sex/gender identity not listed, whose gender roles were not feminine or masculine, or whose gender identity and/or roles were not congruent with sex assigned at birth; n=220).

Results: Although gender minorities did not differ from cis-women and cis-men in heaviness of smoking, plans to quit smoking, and quit attempts, they were significantly more likely to use cessation assistance (20% in the past six months) than cis-women (12%) and cis-men (9%). Gender minorities were also significantly more likely to report several triggers for thinking about quitting smoking, e.g. quit advice from a doctor, an anti-smoking message/campaign, and the availability of a telephone helpline.

Conclusion: Despite equal levels of quit attempts and heaviness of smoking, gender minority smokers make more use of smoking assistance, and respond stronger to triggers for thinking about quitting smoking.

Implications: Smoking cessation counselors should be sensitive to the stressors that individuals from any minority population face, such as stigmatization, discrimination, and loneliness, and should educate their smoking clients on effective coping mechanisms to prevent relapse into smoking after they experience these stressors. Developing tailored smoking cessation programs or campaigns specifically for gender minority populations can also be useful. Based on the results of our subgroup analyses, programs or campaigns for younger gender minority smokers could focus on the availability of telephone helplines and on how friends and family think about their smoking behavior.

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