The Socio-Demographic and Psychosocial Drivers of Smoking Initiation and Cessation: A Systematic Literature Review

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ABSTRACT

Tobacco use remains one of the leading causes of preventable morbidity and mortality globally. Understanding the multifaceted drivers of smoking initiation and cessation is critical for developing effective public health interventions, particularly in light of persistent health disparities. This systematic literature review explores the socio-demographic and psychosocial factors that influence smoking behaviors across diverse populations. Following the PRISMA guidelines, a systematic search was conducted across major academic databases. Forty-seven peer-reviewed studies published between 2010 and 2025 were included based on relevance, methodological rigor, and thematic alignment. Studies were screened and analyzed using thematic synthesis to identify key variables influencing smoking initiation and cessation. The review identified several recurring socio-demographic predictors including age, gender, educational attainment, and socioeconomic status. Adolescents, individuals with lower education and income, and males in low- and middle-income countries exhibited higher rates of initiation. In contrast, older adults and individuals with higher health literacy were more likely to attempt and succeed in cessation. Psychosocial factors such as mental health conditions, peer and family influence, cultural norms, and access to support services significantly shaped both initiation and cessation outcomes. Notably, the interaction between structural disadvantage and psychosocial vulnerability emerged as a critical barrier to successful cessation. Smoking behavior is the outcome of a complex interplay between socio-demographic positioning and psychosocial context. Effective tobacco control strategies must address these intersecting factors through culturally tailored, equity-driven interventions. Future research should prioritize underrepresented populations and explore integrated, context-specific cessation approaches that align with individuals' lived experiences.

1. Introduction

Tobacco use remains a pervasive public health challenge, contributing to an estimated 8 million deaths annually worldwide (World Health Organization [WHO], 2021). While the physiological dependence on nicotine is a well-established component of continued tobacco use, increasing evidence suggests that smoking behavior is profoundly shaped by socio-demographic and psychosocial variables (Kraiss et al., 2023; Hersi et al., 2024). Factors such as age, gender, income, education, mental health status, and social environment not only influence the likelihood of initiating smoking but also significantly affect the success of cessation efforts. In low- and middle-income countries (LMICs), where tobacco control infrastructure is often underdeveloped, these factors play an even more critical role (Akanbi et al., 2019; Kumar et al., 2021). Globally, smoking initiation often begins in adolescence or early adulthood, driven by peer influence, media exposure, familial smoking norms, and a lack of perceived risk (Villanti et al., 2020; Chwał et al., 2025). Social learning and behavioral reinforcement play vital roles, particularly in environments where smoking is normalized or glamorized (Mathew et al., 2017). At the same time, cessation, while medically and socially beneficial, is notoriously difficult to achieve, especially among populations experiencing economic hardship, mental illness, or limited health literacy (Hawes et al., 2021;

O'Connell et al., 2022). These realities point to a pressing need for tobacco control strategies that are not only pharmacologically robust but also socio-culturally and psychologically attuned.

Although multiple systematic reviews have examined the efficacy of smoking cessation interventions (Ali et al., 2018; Hock et al., 2023), relatively few have comprehensively integrated socio-demographic and psychosocial perspectives across both initiation and cessation. Existing reviews often isolate clinical or behavioral interventions without addressing the underlying social determinants that mediate smoking outcomes (Kundu et al., 2024). For instance, Bonello et al. (2023) noted that pregnant women from disadvantaged backgrounds were significantly more likely to continue smoking during pregnancy, despite knowing the associated risks. Similarly, Sequeira et al. (2024) highlighted how cultural stigma and economic stress influenced tobacco use patterns in Indian populations. Moreover, there is growing recognition that vulnerable groups, such as individuals with serious mental illness (Hawes et al., 2021), youth exposed to familial tobacco use (Thomas et al., 2016), and residents of socioeconomically disadvantaged communities (Rodgers et al., 2025), require tailored, context-sensitive cessation support. These insights underscore the limitations of "one-size-fits-all" interventions and support the need for differentiated public health strategies. Emerging methodologies, including machine learning models (Kocher et al., 2024) and realist reviews (Tatton & Lloyd, 2023), further illuminate the importance of demographic and psychosocial nuances in shaping smoking-related behavior.

2. Methodology

This systematic literature review adhered to the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework, which provides a structured protocol for identifying, screening, and synthesizing academic literature in a transparent and replicable manner (Page et al., 2021). The purpose of this review was to consolidate empirical evidence concerning the socio-demographic and psychosocial drivers of smoking initiation and cessation across global populations. Given the complexity and diversity of contributing factors, this review emphasized not only individual-level predictors but also broader social determinants of tobacco use behavior, as reflected in recent scholarship (Akanbi et al., 2019; Hersi et al., 2024; Kraiss et al., 2023). The initial database search was conducted across four multidisciplinary electronic databases: PubMed, Scopus, Web of Science, and Google Scholar. These databases were selected to ensure comprehensive coverage of biomedical, psychological, and public health literature. The search strategy employed Boolean operators and a combination of key terms including: "smoking initiation" OR "tobacco uptake," AND "smoking cessation" OR "quitting," AND "socio-demographic factors," OR "psychosocial determinants," OR "education," OR "income," OR "mental health," OR "gender," OR "youth," OR "social influences." The search was limited to peer-reviewed articles published in English between January 2015 and March 2025, a period selected to reflect contemporary research trends and policy relevance. In alignment with best practices in systematic review methodology, the search process was complemented by a manual backward citation search of references from key studies, enabling the inclusion of additional literature not captured through database indexing (Snyder, 2019; Rodgers et al., 2025).

The initial search yielded a total of 431 records. After removing 75 duplicate entries, 356 unique articles remained and were subjected to title and abstract screening. At this stage, 244 articles were excluded due to thematic irrelevance, such as studies that focused exclusively on pharmacological treatment, genetic predisposition, or non-human populations. The remaining 112 articles were retrieved for full-text review, during which a more detailed assessment was undertaken based on inclusion and exclusion criteria. Articles were excluded if they lacked a clear behavioral outcome (e.g., smoking initiation or cessation), failed to report on socio-demographic or psychosocial variables, were descriptive without empirical support, or displayed conceptual ambiguity. Following this rigorous screening process, 47 peer-reviewed empirical studies were retained for final inclusion in the review. The inclusion criteria required that studies: (1) investigated either smoking initiation or cessation as a primary or secondary outcome; (2) examined at least one socio-demographic factor (e.g., age, gender, education, income, marital status) or psychosocial determinant (e.g., stress, depression, motivation, peer influence, stigma, mental illness); (3) involved human populations aged 12 and older; and (4) employed empirical methodologies, including quantitative, qualitative, or mixed-methods designs. Studies were excluded if they were not in English, lacked full-text access, were theoretical essays, editorials, or commentaries, or presented only pharmacological findings with no behavioral or social analysis (Villanti et al., 2020; Hawes et al., 2021; Bonello et al., 2023).

To minimize reviewer bias and enhance reliability, the screening and selection process was independently conducted by two researchers. Disagreements on inclusion were resolved through discussion and, where necessary, by consulting a third reviewer. This consensus-driven approach aligns with current best practices in systematic reviews, ensuring inter-rater consistency and methodological transparency (Page et al., 2021). After finalizing the dataset of 47 eligible studies, a systematic data extraction process was carried out. A structured coding matrix was used to gather key information from each study, including authorship, publication year, country of origin, study design (e.g., cross-sectional, longitudinal, RCT, qualitative), sample size and characteristics, population focus (e.g., adolescents, pregnant women, low-income groups), theoretical framework (if any), outcome measures, and the socio-demographic or psychosocial variables examined. Special attention was given to extracting findings directly relevant to smoking behavior, specifically, predictors of initiation or factors associated with successful or unsuccessful cessation attempts. This structured extraction approach enabled consistent cross-study comparison and prepared the foundation for thematic grouping and synthesis (Cheung et al., 2017; Tatton & Lloyd, 2023).

Given the substantial heterogeneity in study designs, outcome variables, and analytical techniques across the included literature, a meta-analysis was not conducted. Instead, the review adopted a narrative synthesis approach, a method particularly suited to synthesizing complex and context-sensitive behavioral health data (Snyder, 2019). This method involved thematic clustering of findings, highlighting both convergences and divergences in how socio-demographic and psychosocial variables impact smoking initiation and cessation. For instance, while some studies

identified strong correlations between low income and smoking persistence (O'Connell et al., 2022), others emphasized psychological distress or mental illness as dominant predictors (Hawes et al., 2021; Mathew et al., 2017). To evaluate the methodological rigor of the included studies, appropriate critical appraisal tools were used. For systematic reviews and meta-analyses, the AMSTAR 2 checklist (Shea et al., 2017) was employed, assessing factors such as review protocol, search strategy, data extraction process, and risk of bias. For primary empirical studies, the Joanna Briggs Institute (JBI) Critical Appraisal Tools were applied based on study type. Although no studies were excluded solely on the basis of quality, their methodological strengths and limitations were noted and considered during the synthesis phase to ensure that conclusions drawn from the review are appropriately weighted.

Overall, this rigorous, multi-step methodology provided a robust foundation for exploring how social and psychological determinants shape smoking behaviors, ensuring both transparency and validity in the evidence synthesis process. The process of identification, screening, eligibility assessment, and final inclusion of studies is outlined in Figure 1.

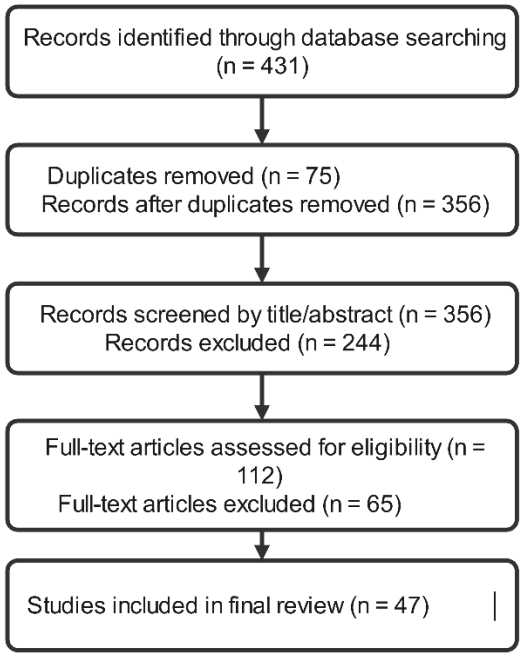

Figure 1: The Systematic Review Process

3. Socio-Demographic and Psychosocial Drivers of Smoking Initiation and Cessation

This section synthesizes findings from 47 studies, identifying key socio-demographic and psychosocial variables influencing smoking initiation and cessation. The literature reveals that smoking behavior is shaped by a complex interplay of individual characteristics, social environments, psychological conditions, and structural determinants. These factors do not operate in isolation but interact dynamically to influence the trajectory of tobacco use across populations.

Table 1: Literature Review Matrix

No	Author(s) & Year	Age	Gender	Education	Income / SES	Mental Health / Stress	Peer Influence	Family Influence	Health Literacy	Cultural / Social Norms	Motivation / Intent to Quit	Access to Support	Policy / Media Exposure
1	Akanbi et al. (2019)			✓	✓	✓					✓	✓	
2	Ali et al. (2018)					✓					✓	✓	
3	Baxter et al. (2023)	✓		✓	✓	✓		✓	✓			✓	
4	Bonello et al. (2023)	✓	✓	✓	✓	✓			✓	✓			
5	Bhardwaj et al. (2024)		✓	✓	✓	✓							
6	Cheung et al. (2017)					✓			✓			✓	
7	Chwał et al. (2025)	✓	✓	✓	✓	✓	✓	✓		✓			
8	De et al. (2024)	✓		✓	✓	✓	✓	✓	✓	✓			
9	Hawes et al. (2021)	✓		✓		✓						✓	
10	Hersi et al. (2024)	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓
11	Hersi et al. (2019)	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓
12	Hock et al. (2023)	✓		✓	✓	✓					✓	✓	
13	Huimin et al. (2024)	✓	✓	✓		✓			✓		✓	✓	
14	Karuveettil et al. (2023)		✓	✓	✓		✓	✓		✓			
15	Kilian et al. (2023)			✓	✓	✓						✓	✓
16	Kocher et al. (2024)	✓	✓	✓		✓	✓	✓					
17	Kraiss et al. (2023)	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓
18	Kumar et al. (2021)	✓		✓	✓				✓		✓	✓	✓
19	Kundu et al. (2024)	✓		✓		✓	✓	✓	✓		✓	✓	
20	Lund et al. (2022)	✓	✓	✓	✓		✓	✓		✓			
21	Mamun (2021)	✓		✓		✓							
22	Mathew et al. (2017)			✓		✓	✓	✓			✓		
23	Mersha et al. (2023)	✓	✓	✓		✓		✓	✓		✓	✓	
24	Mitropoulos et al. (2021)												✓
25	Murphy et al. (2024)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
26	Naegele et al. (2023)	✓	✓	✓	✓	✓	✓	✓				✓	
27	Nian et al. (2023)	✓	✓	✓		✓			✓		✓	✓	
28	Obieche et al. (2021)	✓	✓	✓	✓	✓		✓	✓	✓		✓	
29	O'Connell et al. (2022)	✓	✓	✓	✓	✓		✓	✓		✓	✓	
30	Rodgers et al. (2025)	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
31	Rudatsikira et al. (2010)	✓	✓		✓		✓	✓		✓			

32	Sequeira et al. (2024)	✓	✓	✓	✓	✓	✓	✓	✓	✓			
33	Silva et al. (2025)	✓	✓	✓	✓	✓			✓		✓	✓	
34	Simon et al. (2015)	✓		✓			✓	✓	✓		✓	✓	
35	Siersbaek et al. (2024)	✓	✓	✓	✓				✓		✓	✓	✓
36	Tatton & Lloyd (2023)	✓	✓	✓	✓	✓		✓	✓		✓	✓	
37	Thomas et al. (2016)	✓	✓	✓	✓		✓	✓	✓		✓		
38	Vallata et al. (2021)	✓	✓	✓			✓	✓	✓		✓		
39	Villanti et al. (2020)	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓
40	Yousef et al. (2024)	✓	✓	✓		✓		✓	✓				
41	Wellman et al. (2018)	✓	✓		✓	✓	✓	✓			✓	✓	
42	Hock et al. (2023) (2nd)	✓		✓	✓	✓		✓	✓		✓	✓	
43	Fernandes et al. (2018)	✓		✓	✓		✓	✓			✓		
44	Pandey et al. (2020)	✓	✓	✓	✓	✓		✓	✓		✓	✓	
45	Arrigo (2018)			✓									✓
46	Rasool et al. (2020)		✓	✓	✓	✓		✓	✓			✓	
47	Rosado-Pinto & Loureiro (2020)	✓	✓	✓	✓			✓	✓		✓	✓	

3.1 Socio-Demographic Drivers

Socio-demographic characteristics such as age, gender, education, and socioeconomic status (SES) are foundational determinants of smoking behavior. These variables influence not only the likelihood of smoking initiation but also the capacity and motivation to quit. Across the 47 studies reviewed, age consistently emerged as a critical factor. Adolescents and young adults are at a heightened risk of smoking initiation due to peer influence, curiosity, and identity formation (Kundu et al., 2024; Villanti et al., 2020). Initiation often coincides with a developmental phase marked by experimentation and social conformity. For example, Kocher et al. (2024) used machine learning models to predict smoking likelihood among students, highlighting age as a primary variable associated with risk. In contrast, cessation success tends to increase with age, as older adults are more likely to have developed health concerns or experience life transitions that reinforce the need to quit (Huimin et al., 2024; Kraiss et al., 2023). Gender differences in smoking behavior are also well-documented, though the direction and magnitude of this effect vary by region and cultural context. In many high-income countries, smoking rates among men and women have become more similar, reflecting broader shifts in gender norms (Bonello et al., 2023). However, in low- and middle-income countries (LMICs), smoking continues to be predominantly a male behavior, often linked to social status and masculinity (Rudatsikira et al., 2010). That said, some studies have emphasized the unique vulnerabilities of women, particularly during pregnancy, who may experience intensified social stigma yet receive inadequate support for cessation (O'Connell et al., 2022; Tatton & Lloyd, 2023). In many cases, women face additional stressors,

including childcare responsibilities and economic dependence, which complicate their cessation journeys.

Education and SES are perhaps the most consistently reported socio-demographic predictors in the literature. Numerous studies demonstrate a negative correlation between educational attainment and smoking prevalence. Individuals with lower levels of education are more likely to start smoking and less likely to quit (Bhardwaj et al., 2024; Hock et al., 2023). Education influences smoking behavior by shaping health literacy, access to resources, and perceptions of risk. Similarly, low SES, measured through income, occupation, or neighborhood deprivation, is strongly associated with higher smoking rates and lower cessation success (Ali et al., 2018; Rodgers et al., 2025). In many cases, smoking is used as a coping mechanism for stress associated with poverty, unemployment, or unstable housing (Sequeira et al., 2024). These socio-economic constraints also limit access to cessation services, including counseling, nicotine replacement therapy (NRT), and follow-up care. Geographic location and cultural setting further shape the influence of these socio-demographic factors. For example, studies conducted in India and other parts of South Asia reported that smokeless tobacco use is more prevalent among women with low education levels and in rural areas, where it is culturally normalized (Karuveettil et al., 2023; Sequeira et al., 2024). In such contexts, traditional cessation interventions may be less effective unless they are culturally adapted and delivered through trusted community channels.

3.2 Psychosocial Determinants

In addition to structural and demographic variables, psychosocial factors play a profound role in shaping both smoking initiation and cessation. Psychological conditions such as stress, depression, and anxiety are among the most consistently cited reasons for tobacco use. Numerous studies have emphasized the self-medication hypothesis, wherein individuals use nicotine as a means of managing emotional distress or psychiatric symptoms (Mathew et al., 2017; Hawes et al., 2021). For example, individuals with serious mental illness (SMI) are often disproportionately affected by tobacco use and tend to initiate smoking at an earlier age and with greater intensity. These individuals also face higher levels of nicotine dependence and lower success rates in cessation programs unless interventions are specifically tailored to their psychiatric needs (Murphy et al., 2024; Hawes et al., 2021). Peer influence is another dominant psychosocial factor, particularly in relation to smoking initiation among adolescents and young adults. Studies such as those by Thomas et al. (2016) and Kundu et al. (2024) indicate that peer modeling and group dynamics strongly impact smoking behavior, often overriding individual attitudes or health knowledge. Youth who observe peers smoking are more likely to initiate the habit, perceiving it as a symbol of social belonging or maturity. Similarly, exposure to smoking among family members, particularly parents or older siblings, significantly increases the risk of initiation. In this regard, family influence acts not only as a direct behavioral model but also as a signal of normative acceptability (De et al., 2024; Sequeira et al., 2024).

Health literacy is closely tied to both initiation and cessation outcomes. Individuals with limited understanding of tobacco-related health risks are more likely to initiate smoking and less likely to engage with cessation interventions. Cheung et al. (2017) highlighted the need for standardized, culturally sensitive measures of smoking cessation that account for varying levels of health knowledge and awareness. Furthermore, studies by Kundu et al. (2024) and Hersi et al. (2024) suggest that even when motivation to quit is high, low health literacy can impede the effective use of pharmacological aids or participation in cessation programs. Consequently, enhancing health literacy is a critical pathway for empowering individuals to make informed decisions about their smoking behavior. Cultural norms and social expectations deeply influence both the uptake and maintenance of tobacco use. In some communities, smoking is embedded within social rituals, gender roles, or traditional practices, making cessation not only a personal endeavor but also a cultural challenge (Karuveettil et al., 2023). For instance, in rural Indian settings, smokeless tobacco is often used by women to cope with domestic responsibilities or fatigue and is accepted as part of daily life (Sequeira et al., 2024). In contrast, in some Western contexts, social stigma surrounding female smoking can inhibit cessation by reinforcing shame and secrecy, thus limiting access to support services (Obieche et al., 2021).

Access to cessation support is another key psychosocial determinant. The availability, affordability, and cultural acceptability of cessation services such as counseling, nicotine replacement therapies, and digital interventions significantly influence outcomes. In low-resource settings, studies like Akanbi et al. (2019) and Kumar et al. (2021) note that structural barriers, including limited healthcare infrastructure and low provider training, reduce the effectiveness of otherwise evidence-based interventions. Conversely, when cessation programs are integrated into routine healthcare delivery and adapted to local contexts, quit rates improve significantly (Ali et al., 2018; Mersha et al., 2023). Personalized interventions that consider the individual's psychological readiness, social support, and environmental triggers tend to be more successful in promoting long-term abstinence. Overall, the evidence affirms that psychosocial determinants are not only additive but also interactive. Psychological distress, peer pressure, and cultural acceptance reinforce each other in sustaining tobacco use, while their absence can create conditions for successful cessation. Addressing these factors holistically is essential for designing interventions that resonate with diverse populations and yield sustainable behavioral change.

4. Discussion

This systematic literature review critically synthesized evidence from 47 peer-reviewed studies to examine the socio-demographic and psychosocial drivers of smoking initiation and cessation. The findings highlight a complex, multidimensional interplay between individual characteristics, social environments, and structural determinants that collectively influence tobacco-related behavior. These insights are situated within public health frameworks that emphasize the importance of addressing both proximal and distal factors in behavioral health interventions.

4.1 Interplay of Socio-Demographic and Psychosocial Factors

The interaction between socio-demographic and psychosocial determinants emerged as a central theme across the reviewed literature. While age, gender, education, and socioeconomic status (SES) shape baseline risks and behavioral tendencies, these are dynamically reinforced or mitigated by psychosocial conditions such as stress, mental illness, peer pressure, and cultural norms. For instance, young males from low-income households with limited educational attainment are significantly more likely to initiate smoking, particularly when embedded in peer or family networks where tobacco use is normalized (Kundu et al., 2024; Thomas et al., 2016). Such individuals are also less likely to receive cessation support due to systemic barriers and low health literacy (Rodgers et al., 2025). The literature supports the view that smoking behavior is not simply a matter of individual choice but is situated within broader ecological systems encompassing interpersonal relationships, community contexts, and societal structures (Obieche et al., 2021).

This interaction is especially evident in the experiences of marginalized populations. For example, pregnant women who smoke often do so in the context of complex social vulnerabilities, including intimate partner violence, low social support, and economic hardship, that make cessation particularly difficult despite high motivation (O'Connell et al., 2022; Tatton & Lloyd, 2023). Similarly, individuals with serious mental illness (SMI) use tobacco as a form of self-medication, and standard cessation approaches are often ineffective unless tailored to their cognitive and emotional profiles (Hawes et al., 2021; Murphy et al., 2024). These cases exemplify how psychosocial vulnerabilities can amplify the effects of socio-demographic disadvantage, thereby necessitating integrated and responsive intervention models.

4.2 Health Inequities and Social Determinants

One of the most compelling findings from this review is the pervasive influence of social determinants on tobacco use behaviors. Structural inequalities, such as poverty, limited educational opportunities, and lack of access to healthcare, consistently correlate with higher rates of smoking initiation and lower rates of cessation (Bhardwaj et al., 2024; Hersi et al., 2024). These patterns reflect deeply entrenched health disparities that manifest in differential exposure to risk and unequal access to protective resources. For example, individuals living in socioeconomically deprived neighborhoods are more likely to encounter targeted tobacco advertising, peer networks that normalize smoking, and limited access to cessation programs (Ali et al., 2018; Rodgers et al., 2025). The evidence further shows that tobacco control interventions often fail to adequately address the needs of the most vulnerable populations. Low- and middle-income countries (LMICs), in particular, suffer from a lack of culturally adapted cessation infrastructure (Akanbi et al., 2019; Kumar et al., 2021). In these settings, tobacco use is not only a public health issue but also a socio-economic one, where smoking is both a consequence of poverty and a contributor to it. Thus, effective interventions must go beyond behavior change to include structural reforms that enhance social equity, such as subsidizing cessation treatments, improving health communication, and integrating tobacco control into broader poverty alleviation strategies.

4.3 Implications for Practice and Policy

The findings of this review underscore the need for multi-level, context-sensitive approaches in tobacco control. At the policy level, standard tools such as taxation, plain packaging, and mass media campaigns remain essential, but they must be accompanied by targeted strategies that reach high-risk populations. For example, pregnant women, individuals with mental illness, and low-income youth require tailored support that aligns with their lived experiences (Sequeira et al., 2024; Mathew et al., 2017). Policymakers should also invest in the expansion of community-based cessation services, particularly in underserved rural or peri-urban areas where health infrastructure is limited (Hock et al., 2023). Clinical practice must also evolve to reflect the psychosocial complexity of smoking behavior. Integrated care models that combine mental health treatment with tobacco cessation support have been shown to yield better outcomes, particularly for individuals with co-occurring disorders (Hawes et al., 2021; Murphy et al., 2024). Digital health tools, peer-led interventions, and school-based programs offer additional promise, especially among adolescents and young adults who are less likely to engage with traditional healthcare systems (Villanti et al., 2020; Kundu et al., 2024). A critical component of such programs is cultural competence, ensuring that interventions are relevant, respectful, and accessible across different social groups.

4.4 Limitations of the Review

Despite its comprehensive scope, this review is subject to several limitations. First, the exclusion of non-English language and grey literature may have resulted in the omission of relevant studies, particularly those from non-Western contexts. Second, the absence of a meta-analytic component limits the ability to quantify the strength of associations between variables. Third, most of the included studies were cross-sectional or observational in nature, which restricts the ability to draw causal inferences. Moreover, variability in study design, measurement tools, and reporting practices may introduce bias or reduce comparability across findings. Finally, the review relied on reported findings without access to raw data, which may obscure nuances in population-specific behaviors.

4.5 Directions for Future Research

Future research should prioritize longitudinal designs that can capture the evolution of smoking behavior across the life course and examine how socio-demographic and psychosocial factors interact over time. Particular attention should be paid to populations that remain underrepresented in the literature, including Indigenous groups, migrants, and LGBTQ+ individuals, whose smoking experiences are shaped by unique social and cultural dynamics (Rodgers et al., 2025). Mixed-methods research that combines quantitative analysis with qualitative exploration can provide richer insights into the motivations, barriers, and facilitators of tobacco use and cessation. In addition, more studies are needed to evaluate the effectiveness of culturally tailored cessation interventions, especially those that leverage community networks, digital platforms, and peer educators. Finally, researchers should explore the role of policy innovations, such as conditional

cash transfers, mobile health reminders, and telemedicine, in improving cessation outcomes among disadvantaged groups. A sustained, multidisciplinary research agenda that integrates behavioral science, public health, and social justice is essential for advancing equity in tobacco control.

5. Conclusion

This systematic literature review has synthesized evidence from 47 peer-reviewed studies to explore the socio-demographic and psychosocial drivers of smoking initiation and cessation. The findings confirm that tobacco use is not merely an individual behavioral choice but a complex public health phenomenon influenced by a confluence of structural, social, and psychological factors. Patterns of initiation and cessation are deeply embedded in age, gender, education, and socioeconomic status, and are further modulated by psychological distress, peer dynamics, cultural norms, and the accessibility of cessation resources. Among the most prominent findings is the persistent influence of health inequities on smoking behavior. Individuals with lower socioeconomic status, limited education, and reduced access to health care consistently exhibit higher smoking rates and lower cessation success. These disparities are not incidental but symptomatic of broader social determinants of health. Additionally, vulnerable populations such as adolescents, pregnant women, and individuals with serious mental illness face unique psychosocial barriers that complicate both their smoking behavior and their engagement with cessation interventions.

The review also highlights significant gaps in both research and practice. While some populations and variables are well-studied, others, such as ethnic minorities, LGBTQ+ individuals, and rural residents, remain underrepresented in tobacco research. Furthermore, many cessation programs fail to adequately account for the complex, overlapping factors that sustain tobacco use, particularly in low-resource settings. This underscores the need for more culturally and contextually tailored interventions that address both individual behavior and the social environments that support it. The implications for public health policy and practice are clear: multi-level, equity-oriented strategies are essential. This includes strengthening tobacco taxation and media regulations, expanding access to cessation support, integrating smoking interventions into primary and mental health care, and fostering culturally competent education campaigns. Addressing tobacco use at the intersection of socio-demographic vulnerability and psychosocial adversity will require not only innovation but also sustained political and institutional commitment. Ultimately, reducing the global burden of tobacco-related harm necessitates a holistic understanding of the social realities within which smoking behaviors emerge and persist. This review provides a foundational platform upon which more equitable and effective tobacco control strategies can be developed and implemented.

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