Reviewer's report

Title: Support for smoke-free policy, and awareness of tobacco health effects and use of smoking cessation therapy in a developing country

Version: 2 Date: 23 November 2010

Reviewer: Asaf Bitton

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Overall, I think this is an nice contribution to the field of tobacco control in Sub-Saharan Africa, especially in its analysis of a country like Ghana which has had success so far with tobacco control

1. Major Compulsory Revisions:
   -none

2. Minor Essential Revisions
   -Abstract: It is unclear what the reference group is for AOR in this statement: "High levels of health awareness were seen in males compared with females (Adjusted Odds Ratio (AOR) 0.51, 95% CI 0.39-0.69, p<0.001)". If the males had a "high level of health awareness", why was the AOR less than 1? I am sure this just has to do with the way the variable was constructed, but it does not make a lot of intrinsic sense to the reader.
   -Abstract: Please keep the digits significant to two places only - change it here: "living in rural areas (AOR 1.4614 95% CI..."
   -It is unclear how representative this particular Ashanti region is of Ghana as a whole. It would be helpful for the reader to have some comparison sociodemographic statistics of Ghana as a whole side by side with this region. Statistics (if available) could include per capita income, ethnic breakdown, education levels, rural/urban split, health outcomes, life expectancy, and smoking rates. If these are not available, then really this study is a regional, not national one, as the reader cannot ascertain the representativeness of the data (even though the sampling frame was a clustered randomization).
   -Please specify exactly what the multivariate regression models included as covariates to adjust for the main independent variables of interest. Though this is alluded to on pg 10: "age, gender and locality type were treated as a priori confounders", later on the paper says that "various other demographic characteristics including..." it is unclear whether this was the final list for each model and whether the regression model covariates were consistent throughout. Finally, it would be helpful for the authors to specify why they a priori chose these three covariates to adjust for (even though it may seem obvious, it is still important to state the reasons why).
   -Data analysis - pg 10. No need to include the command terms or procedure to obtain the Fisher's exact test. The reader can just know that that particular test
was used.

-Discussion: Please clarify these sentences, in particularly what you mean by "bother": "The study limitations have been discussed in previous publication [9]. They bother mainly on issues..."

-Discussion and Conclusion: for better policy relevance, it would be nice to see the authors speculate a bit more on whether the high awareness about tobacco control is a cause of effect of the low smoking prevalence. Further, it would be helpful to elaborate on how Ghana can move forward with future tobacco policies to maintain its low smoking rates. Which should it prioritize? How? What should the timeline be?

-References: Ref 9 is incomplete

Discretionary Revisions:

-Throughout the paper, it would be nice to have a more paragraphs broken apart as opposed to sometimes page-long paragraphs

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I have co-authored a paper with Ann McNeill in the past, but I believe I am able to evaluate fairly the merits of this paper.