Reviewer's report

Title: Tobacco use and household expenditures on food, education, and healthcare in low- and middle-income countries: A multilevel analysis

Version: 1 Date: 9 March 2015

Reviewer: Hadii Mamudu

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MINOR ESSENTIAL REVISIONS

General comments
1. The entire study is centered on the effect of tobacco use on development. As such, there are three critical information that must be incorporated: 1) the Bellagio Statement on Tobacco and Sustainable Development; 2) Jha and Chaloupka, Tobacco Control in Developing Countries; and 3) the MDGs.
2. Please ensure the consistency in the use of terms and concepts. For e.g., LMICs and Developing countries are used interchangeably. I will suggest that use LMICs throughout the paper.

Specific Comments

Introduction
1. P.3, para 1, Last line: “..mortality due to [mere] exposure to SHS”. Please avoid the word “mere” in the sentence. SHS exposure a serious health concern and needs to be presented as such.
2. P.3, para 2, 3rd line from the bottom: “….suggests that tobacco consumption has become more than just a health case and is, in fact, a development issue…” I suggest health concern instead of health case.
3. P.4, para 2, 2nd line from the bottom: “Although a previous study in India has shown the lack of a statistically significant difference in the association” I suggest “a” instead of “the”.

Method
1. The data date or period is missing. You should specify the data period to inform readers about how current the data is.
2. You should also provide the distribution of the countries included by world region.
3. It will be great to know how many low-income countries and middle-income countries separately were included in the analysis because the analysis involves poorer and less poor countries.
4. Information on how household expenditures were measured should be provided.
Analysis
1. The authors mentioned variations in the total number of observations of each of the three dependent variables due to missing values but they didn’t assess or provide any further information on the impact of missingness on the results. Such a large data from several countries are prone to missingness, and information of how missing observations were treated should be provided.

2. While the authors did well by providing detailed procedures for selecting appropriate statistical model for the data analysis, the final model used was not specified, though it could be inferred from the tables. The authors should specify the final model adopted for the analysis.

Discussion
1. P.11, para 2, line 5: “These households with smokers are shown to invest less in education and healthcare, which presents a missed opportunity to improve future employment prospects for the children in these households had they received better education and healthcare”. This statement seems to equate health care expenditure with better health care, which may not be the case in many instances. For instance, a family with chronic illness may incur higher expenditure than a family with only healthy individuals who exercise regularly, and consume healthy diet, and who spend only on health insurance.

2. P.11, para 2, lines 7-8: It is not clear the relevant of the Health People 2020 in the paragraph. In fact, this is a wrong use of information. The Health People 2020 sets the target of 12% adult smoking rate for the United States, which has nothing to do with the LMICs in this study. As such, the authors should delete it and revise the paragraph accordingly.

Reference
1. #15 is incomplete
2. #42 is incomplete

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

None