Review of: "Tobacco Smoking-Attributable Mortality in Kenya: 2012 –2021"

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Potential competing interests: No potential competing interests to declare.

Strengths:

The study aims to investigate and quantify the mortality burden caused by tobacco smoking in Kenya from 2012 to 2021. It addresses an important public health concern and utilizes a prevalence-based analysis model that incorporates the Population Attributable Fraction (PAF) to estimate age-specific Smoke Attributable Mortality (SAM) rates. This approach provides a robust estimation of mortality caused by tobacco smoking. The research focuses on analyzing the causes of death associated with tobacco use, such as cancers, cardiovascular diseases, respiratory diseases, tuberculosis, and diabetes. The study also takes into account age, sex, and death records to provide a comprehensive analysis of the findings. The study presents clear and concise results, highlighting the number of deaths caused by tobacco-related diseases during the study period and the percentage of deaths attributable to smoking for different disease categories. Additionally, the study provides smoking prevalence data, offering insights into the proportion of current and former smokers among men and women in Kenya. These findings contribute to the understanding of the smoking landscape in the country.

Areas for Improvement:

This study acknowledges the contributions of various organizations, including the Civil Registration Services of the Kenya Bureau of Statistics, the Global Adult Tobacco Survey (GATS), the WHO Stepwise Approach to Surveillance (STEPS) survey, and the Royal College of Physicians. This shows the collaborative effort and data reliability of the study. However, there are some areas for improvement that could enhance the study's impact and credibility. Firstly, the study only focused on smoking and ignored other forms of tobacco use, such as smokeless tobacco, which may also contribute significantly to morbidity and mortality. Future research should include a broader range of tobacco products to provide a more comprehensive understanding of the overall burden of tobacco-related diseases in Kenya. Secondly, it is crucial to address the challenge of ill-defined causes of death and advocate for improved death certification processes. Doing so can enhance the quality of data on smoking-attributable mortality. Measures such as standardizing cause-of-death certification and providing training for healthcare providers could help mitigate these limitations in future studies.

While the study emphasizes the need for preventive measures and tobacco control strategies, it would be valuable to suggest specific interventions or recommendations based on the findings. Providing actionable insights would enhance the practical implications of the research.

In conclusion, this study on smoking-attributable mortality in Kenya offers significant insights into the effects of smoking and its associated risks in the region. However, there is room for improvement in the research methodology, and addressing these areas could potentially strengthen the outcomes and contribute to more effective tobacco control policies in the future.