

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Developing a policy to reduce the salt content of food consumed outside the home in Malaysia: protocol of a qualitative study
<b>AUTHORS</b>	Brown, Mhairi; Shahar, Suzana; You, Yee; Michael, Viola; Majid, Hazreen Abdul; Manaf, Zahara; Haron, Hasnah; Sukiman, Noor Shahida; Chia, Yook Chin; He, Feng; MacGregor, Graham

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Waters, William Institute for Research in Health and Nutrition, Universidad San Francisco de Quito
<b>REVIEW RETURNED</b>	28-Oct-2020

<b>GENERAL COMMENTS</b>	<p>This paper addresses a very important global public health problem and is clearly relevant not only to the case of Malaysia, but elsewhere as well. Hence it is of potential interest to a wide readership. I have two concerns, however. The first is relatively minor, but the second I consider very important.</p> <p>First, the authors correctly indicate that “out of home” consumption can contribute to excessive salt consumption. But they do not adequately define the term, although they do mention school cafeterias. One would imagine that they may refer to restaurants and perhaps street kiosks and the like. Moreover, in these settings, it is not clear how consumers would have access to nutritional labels, which are important in purchasing food for home preparation.</p> <p>Second, this paper is essentially a research proposal. The methods that are mentioned for future data collection and analysis are appropriate. But since no findings are presented or discussed, I do not believe that the paper is publishable because the contribution to either understanding behavior related to food consumption or developing appropriate public health policies and actions is necessarily very limited. I would encourage the authors to submit to the same journal when they can report on results.</p>
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<b>REVIEWER</b>	Al Jawaldeh, Ayoub WHO International
<b>REVIEW RETURNED</b>	01-Nov-2020

<b>GENERAL COMMENTS</b>	we expect to have a study; or a protocol of the study with a pilot testing ; this is a description to a protocol developed for conducting a qualitative study aiming to develop a policy? in fact this is a premature work needs an application or testing to the methodology or approached used and documenting the feedback
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	from different stakeholders. in summary this is not a complete work!
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<b>REVIEWER</b>	Saavedra-Garcia , Lorena Universidad Peruana Cayetano Heredia
<b>REVIEW RETURNED</b>	06-Feb-2021

<b>GENERAL COMMENTS</b>	<p>The study is novel and necessary for the implementation of feasible policies according to the reality of the country. Likewise, as has been mentioned, it can be helpful for other countries interested in developing salt reduction strategies.</p> <p>Some suggestions to consider:</p> <p>This article describes the protocol of a qualitative study to determine barriers to reformulation in food consumed outside the home in Malaysia.</p> <p>Introduction.</p> <ol style="list-style-type: none"> <li>1. Provide more information of what percentage or trends of salt/sodium intake comes from out-of-home dishes.</li> </ol> <p>Methods</p> <ol style="list-style-type: none"> <li>1. Study Setting. Are you considering different settings regarding socioeconomical level? Results can differ among them.</li> <li>2. ¿Which stakeholders are going to participate in focus groups and in-depth interviews? Usually, is easier to conduct interviews with Government representatives due to their lack of time. According to Table 2, they are included in focus groups and in-depth interviews, however there is no guide for FG only for IDI in the appendix. Also, in case that focus groups could not be possible, do you plan to replace it with a specific number of interviews?</li> <li>3. The inclusión criterion officer working for the organization for at least 2-3y is always necessary? Maybe some actors will not comply.</li> <li>4. Specify where the pilot will be performed. It will be carried out only in one region?</li> <li>5. Data Analysis. Please, could you specify how you are going to select which stakeholders will provide feedback after analysis?</li> <li>6. Salt Reduction Strategy Development. Regarding capacity building activities, how are you going to select people who will participate? Do you consider any knowledge translation activities so they can disseminate the new skills?</li> <li>7. Project timeline. According to timeline data collection already started, is there anything to precise or update due to Covid and how did you decide to perform data collection?</li> </ol> <p>Discussion:</p> <ol style="list-style-type: none"> <li>1. Is there any national or regional program for school lunches so sodium component could be included? If it is, you can include in the discussion.</li> </ol> <p>About IDI and FG guides:</p> <p>Government: I consider important to ask about the support and intersectoral work that could be done to achieve salt reduction and not a solely initiative from Ministry of Health.</p> <p>Vendors: Asking about dishes “high in salt” could be very subjective, could you reformulate the question so you can make answers comparable?</p>
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	<p>A question related to the perceived negative effects about mandatory salt reduction could be consider.</p> <p>Additionally, I think is important to consider if monitoring and evaluation could be feasible for government regarding costs and resources. Initiatives regarding salt reduction around the world are increasing but surveillance is necessary.</p> <p>Consumers: Many people consider they have an adequate salt/sodium consumption and does not perceive necessary to reduce their intake. I suggest to explore about other situations that can motivate consumers to reduce salt intake. For example, you can ask if they ever try to reduce salt intake?</p>
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## VERSION 1 – AUTHOR RESPONSE

### Reviewer 1

This paper addresses a very important global public health problem and is clearly relevant not only to the case of Malaysia, but elsewhere as well. Hence it is of potential interest to a wide readership. I have two concerns, however. The first is relatively minor, but the second I consider very important. First, the authors correctly indicate that “out of home” consumption can contribute to excessive salt consumption. But they do not adequately define the term, although they do mention school cafeterias. One would imagine that they may refer to restaurants and perhaps street kiosks and the like. Moreover, in these settings, it is not clear how consumers would have access to nutritional labels, which are important in purchasing food for home preparation.

Thank you for this comment, we have clarified the definition of the out of home sector.

Second, this paper is essentially a research proposal. The methods that are mentioned for future data collection and analysis are appropriate. But since no findings are presented or discussed, I do not believe that the paper is publishable because the contribution to either understanding behavior related to food consumption or developing appropriate public health policies and actions is necessarily very limited. I would encourage the authors to submit to the same journal when they can report on results.

This paper was submitted as a protocol paper. The BMJ Open provides the following criteria for a protocol paper:

- Protocol papers should report planned or ongoing studies. Manuscripts that report work already carried out will not be considered as protocols. The dates of the study must be included in the manuscript and cover letter.
- Protocols for studies that will require ethical approval, such as trials, are unlikely to be considered without having received that approval.
- Title: this should include the specific study type, e.g. randomised controlled trial.
- Abstract: this should be structured with the following sections. Introduction; Methods and analysis; Ethics and dissemination. Registration details should be included as a final section, if appropriate.
- An Article Summary, placed after the abstract, consisting of the heading ‘Strengths and limitations of this study’, and containing up to five short bullet points, no longer than one sentence each, that relate specifically to the methods.
- Introduction: explain the rationale for the study and what evidence gap it may fill. Appropriate previous literature should be referenced, including relevant systematic reviews.
- Methods and analysis: provide a full description of the study design, including the following. How the sample will be selected; interventions to be measured; the sample size calculation (drawing on previous literature) with an estimate of how many participants will be needed for the primary outcome to be statistically, clinically and/or politically significant; what outcomes will be measured, when and how; a data analysis plan.

- Ethics and dissemination: ethical and safety considerations and any dissemination plan (publications, data deposition and curation) should be covered here.
- Full references.
- Authors' contributions: state how each author was involved in writing the protocol.
- Funding statement: preferably worded as follows. Either: 'This work was supported by [name of funder] grant number [xxx]' or 'This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors'.
- Competing interests statement.
- Word Count: 4,000 words. Should the word count exceed this number, please state this in the cover letter upon submission.

We would be grateful if the reviewer could assess our paper based on the criteria the BMJ Open has specified for a protocol paper.

#### Reviewer 2

We expect to have a study; or a protocol of the study with a pilot testing ; this is a description to a protocol developed for conducting a qualitative study aiming to develop a policy? in fact this is a premature work needs an application or testing to the methodology or approached used and documenting the feedback from different stakeholders. in summary this is not a complete work!

Please see our responses to the last point by Reviewer 1.

#### Reviewer 3

The study is novel and necessary for the implementation of feasible policies according to the reality of the country. Likewise, as has been mentioned, it can be helpful for other countries interested in developing salt reduction strategies.

#### Introduction

- Provide more information of what percentage or trends of salt/sodium intake comes from out-of-home dishes.

While data is limited on this, two thirds of Malaysian adults eat outside the home at least once a day ([https://nutriweb.org.my/mjn/publication/26-1/Vol26\(1\)%201.mjn.2019.0042%20Jean-Pierre%20Poulain%20\(online%20first\).pdf](https://nutriweb.org.my/mjn/publication/26-1/Vol26(1)%201.mjn.2019.0042%20Jean-Pierre%20Poulain%20(online%20first).pdf)). We have marked this within the manuscript.

#### Methods

- Study Setting. Are you considering different settings regarding socioeconomical level? Results can differ among them.

While we would have preferred to include a range of backgrounds, our sample is purposively chosen based on our identified stakeholder groups and therefore we have to select those working in the roles we most need to gain information from. However, to avoid a centralised view, we did ensure that we included stakeholders from all geographical areas of the country.

- Which stakeholders are going to participate in focus groups and in-depth interviews? Usually, is easier to conduct interviews with Government representatives due to their lack of time. According to Table 2, they are included in focus groups and in-depth interviews, however there is no guide for FG only for IDI in the appendix. Also, in case that focus groups could not be possible, do you plan to replace it with a specific number of interviews?

Thank you for this comment. We have amended Table 2 to highlight that we are conducting in-depth interviews with all stakeholder groups with the exception of vendors and consumers, with whom we will conduct focus group discussions.

At present, we are confident that we will be able to conduct focus group discussions with both vendors and consumers as the Malaysia-based researchers have links with consumer and vendor associations in the country who can help facilitate recruitment.

- The inclusion criterion officer working for the organization for at least 2-3y is always necessary? Maybe some actors will not comply.

We added this to the inclusion criteria as we want to gain knowledge from those with sufficient experience in their sector to be able to have an in depth discussion or participate in a focus group discussion on the need for salt reduction. To date, we've managed to recruit participants who meet this inclusion criteria, but we will assess this on a case by case basis (e.g. if a person has been in their role for less than three years, but has significant experience in a related role then we may want to include them).

- Specify where the pilot will be performed. It will be carried out only in one region?

Thank you, we will add to the manuscript that we plan to conduct the pilot in Selangor (central region) as this is where the majority of those conducting the research in Malaysia are based.

- Data Analysis. Please, could you specify how you are going to select which stakeholders will provide feedback after analysis?

Thank you for this comment. We will randomly select 2-3 representatives from each stakeholder group. I have added this to the manuscript.

- Salt Reduction Strategy Development. Regarding capacity building activities, how are you going to select people who will participate? Do you consider any knowledge translation activities so they can disseminate the new skills?

Thank you for this comment. Representatives from each of the stakeholder groups will be invited again to the capacity building activities which will include knowledge translation aspects, such as training workshops, seminars and practical activities with food vendors.

- Project timeline. According to timeline data collection already started, is there anything to precise or update due to Covid and how did you decide to perform data collection?

Thank you, yes we have had to make adjustments to accommodate COVID-19 restrictions which we will add to the manuscript.

Data collection has started, but due to COVID-19 restrictions a hybrid data collection has been adopted. The majority of the interviews with the Government departments and NGOs will be conducted online. Sessions with food industry representatives and consumers will be conducted face-to-face depending on approval by the local authorities.

Discussion:

- Is there any national or regional program for school lunches so sodium component could be included? If it is, you can include in the discussion.

There are no national or regional programs for school meals.

About IDI and FG guides:

- Government: I consider important to ask about the support and intersectoral work that could be done to achieve salt reduction and not a solely initiative from Ministry of Health

Thank you for this comment, we strongly agree. We have been exploring this in interviews already conducted, but we have amended the topic guides to highlight this.

From our interviews, we know that government has been working with professional bodies like the Malaysian Society of Hypertension to promote salt reduction. One example is that during World Salt Awareness Week, the Ministry of Health invited all relevant societies to get involved in education and raise awareness. In addition, The Ministry of Education is also committed to salt reduction, and has supported several educational interventions to raise awareness of the need to reduce salt.

- Vendors: Asking about dishes “high in salt” could be very subjective, could you reformulate the question so you can make answers comparable?

We agree that this is subjective but this question will be obtained using focus group discussions of which the participants would share their perception on food high in salt and verified by the moderators who are expert in food science, nutrition and dietetics.

- A question related to the perceived negative effects about mandatory salt reduction could be consider.

Thank you, yes this is highly relevant in order to determine the readiness of the stakeholders especially the food industry. We will add this to our topic guides.

- Additionally, I think is important to consider if monitoring and evaluation could be feasible for government regarding costs and resources. Initiatives regarding salt reduction around the world are increasing but surveillance is necessary.

Thank you, we have amended our topic guide. We know that the government is currently considering salt labelling, which would be a crucial step towards monitoring and evaluating progress.

- Consumers: Many people consider they have an adequate salt/sodium consumption and does not perceive necessary to reduce their intake. I suggest to explore about other situations that can motivate consumers to reduce salt intake. For example, you can ask if they ever try to reduce salt intake?

Thank you for this comment, we have included that aspect in the FGD topic guide for consumers.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Saavedra-Garcia , Lorena Universidad Peruana Cayetano Heredia
<b>REVIEW RETURNED</b>	11-May-2021

<b>GENERAL COMMENTS</b>	1. Could the authors provide some further information about the Covid-19 restrictions in Malaysia. This would help contextualizing Covid-19 questions.  2. Is good to know this project is supported by the Ministry of Health. If it is possible, another cuantitative study should evaluate
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	sodium consumption outside home simultaneously, in order to monitor this sodium reduction policy.
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## VERSION 2 – AUTHOR RESPONSE

### Response to Reviewer 3

1. Could the authors provide some further information about the Covid-19 restrictions in Malaysia. This would help contextualizing Covid-19 questions.

Thank you for this comment. We agree that it is important to contextualise our project in relation to COVID-19. We have added the following to the manuscript, section 2.12 in the Methods:

Malaysia has experienced several waves of the COVID-19 pandemic and restrictions are currently in place to help prevent further infections. A Movement Control Order (MCO) is applied as necessary to the whole country or to specific states, depending the number of active COVID-19 cases. The MCO has impacted our project, specifically interstate or inter-district travelling, and in-person group meetings. Data collection and meetings involving policy makers, NGOs, and researchers could be conducted effectively through online, virtual interviews, but interviews and focus group discussion (FGD) with food industry representatives and street food vendors would be best conducted in person and accompanied by a visit to the respective factories that manufacture products sold by companies and used by street food vendors. Project timelines will be monitored and adapted to ensure that in-person interviews and FGDs can be conducted later in the year when the MCO is likely to be lifted.

2. Is good to know this project is supported by the Ministry of Health. If it is possible, another quantitative study should evaluate sodium consumption outside home simultaneously, in order to monitor this sodium reduction policy.

Thank you for this comment. We fully agree and we envisage that as part of the development of the policy to reduce salt levels in the out of home sector (the outcome of this study) we will propose monitoring mechanisms including measurement of salt intake. However, we are currently limited by the budget available to us and would not be able to design and implement such a quantitative study at this stage.