

Supplementary Table 1. Newcastle-Ottawa Quality Assessment Scale of studies included in this review

First author.	Year	S1	S2	S3	S4	C	O1	O2	Total score
Cross-sectional studies*									
J. R. Fischer	1999	1	0	0	1	1	1	1	5
W. J. Zhang	2005	1	1	0	1	1	1	1	6
Y. M. Liao	2008	1	1	0	1	2	1	1	7
K. A. Avasarala	2008	0	0	1	1	1	1	1	5
Y. Wang	2011	1	1	0	1	2	1	1	7
C. Zhang;	2013	1	1	0	2	1	1	1	7
M. O. Amaral	2015	0	0	1	1	2	1	1	6
Y. Kaya	2016	0	0	1	1	1	1	1	5
Y. Kim	2017	1	1	0	1	1	1	1	6
Z. Wei-Wei	2017	0	0	1	1	1	1	1	5
M. H. Palmer	2018	0	0	0	2	2	1	1	6
W. S. Reynolds	2019	1	1	0	1	1	1	1	6
D. Xu	2019	1	0	0	2	2	1	1	7
A. Salgado-Maldonado	2020	1	1	1	1	1	1	1	7
K. L. Skaug	2021	1	0	0	1	2	1	1	6
F. B. Nerbass	2021	1	0	0	1	1	1	1	5
M. Kim	2022	1	1	1	2	2	1	1	9
H. Alamdari	2022	1	1	1	0	0	1	1	5

S: selection, C: comparability, O: outcome

* Modified version of the Newcastle-Ottawa scale was used in the cross-sectional studies

This scale has been adapted from the Newcastle-Ottawa Quality Assessment Scale for cohort studies. The adapted Newcastle-Ottawa scale created for cross-sectional studies by PA Modesti et al¹. and Herzog et al²

NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE (adapted for cross sectional studies)

Selection: (Maximum 5 stars)

- 1) Representativeness of the sample:
 - a) Truly representative of the average in the target population. * (all subjects or random sampling)
 - b) Somewhat representative of the average in the target population. * (non-random sampling)
 - c) Selected group of users.
 - d) No description of the sampling strategy.
- 2) Sample size:
 - a) Justified and satisfactory. *
 - b) Not justified.
- 3) Non-respondents:
 - a) Comparability between respondents and non-respondents characteristics is established, and the response rate is satisfactory. *
 - b) The response rate is unsatisfactory, or the comparability between respondents and non-respondents is unsatisfactory.
 - c) No description of the response rate or the characteristics of the responders and the non-responders.
- 4) Ascertainment of the exposure (risk factor):
 - a) Validated measurement tool. **
 - b) Non-validated measurement tool, but the tool is available or described.*
 - c) No description of the measurement tool.

Comparability: (Maximum 2 stars)

- 1) The subjects in different outcome groups are comparable, based on the study design or analysis. Confounding factors are controlled.
 - a) The study controls for the most important factors (age, BMI and obstetric history). *
 - b) The study control for any additional factor (e.g. race/ethnicity, socioeconomic status, smoking status, drinking, hobbies, history of illness, sexual relationships) *

Outcome: (Maximum 3 stars)

- 1) Assessment of the outcome:
 - a) Independent blind assessment. **
 - b) Record linkage. **
 - c) Self report. *
 - d) No description.
- 2) Statistical test:

- a) The statistical test used to analyze the data is clearly described and appropriate, and the measurement of the association is presented, including confidence intervals and the probability level (p value). *
- b) The statistical test is not appropriate, not described or incomplete.

Scores for cross-sectional studies

- Very good studies: 9-10 points
- Good studies: 7-8 points
- Satisfactory studies: 5-6 points
- Unsatisfactory studies: 0 to 4 points

References

1. Modesti PA, Reboldi G, Cappuccio FP, Agyemang C, Remuzzi G, Rapi S, Perruolo E, Parati G; ESH Working Group on CV Risk in Low Resource Settings. Panethnic Differences in Blood Pressure in Europe: A Systematic Review and Meta-Analysis. *PLoS One*. 2016 Jan 25;11(1):e0147601. doi: 10.1371/journal.pone.0147601. PMID: 26808317; PMCID: PMC4725677.
2. Herzog R, Alvarez-Pasquin MJ, Diaz C, Del Barrio JL, Estrada JM, Gil A. Are healthcare workers' intentions to vaccinate related to their knowledge, beliefs and attitudes? A systematic review. *BMC Public Health*. 2013;13:154.