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| **Supplemental Digital Content Table 2: Quality assessment of prospective or retrospective cohort studies.** |
| **Citation** | **Study design** | **Reference group drawn from same community as HC users (2)** | **Ascertainment of HC use (2)** | **Demonstration STI not present prior to incident/recurrent infection (1)** | **Comparability of HC users and reference group cohorts demonstrated or adjusted for (2)** | **Ascertainment of STI based on biomarker and blind to HC status (2)** | **Adequate follow-up of cohort (<20% lost or unlikely to introduce bias) (1)** | **Total score****Quality rating:**High (8-10)Medium (5-7)Low (<5) |
| Balkus 2014 [34] | Secondary RCT | 2 | 2 | 1 | 2 | 1 | 1 | **9** (High) |
| Baeten 2001 [21] | PC | 2 | 2 | 0 | 2 | 1 | 0 | **7** (Medium) |
| Barbone 1990 [24] | Secondary RCT | 2 | 1 | 1 | 1 | 1 | 0 | **6** (Medium) |
| Borgdorff 2015 [37] | PC | 2 | 2 | 1 | 2 | 1 | 1 | **9** (High) |
| Brahmbhatt 2014 [46] | PC | 1 | 1 | 1 | 2 | 1 | 0 | **6** (Medium) |
| Chohan 2009 [53] | PC | 1 | 1 | 1 | 2 | 1 | 1 | **7** (Medium) |
| Gosvig 2013 [38] | PC | 2 | 2 | 1 | 2 | 2 | 0 | **9** (High) |
| Grabowski 2015 [35] | Secondary RCT | 2 | 1 | 1 | 2 | 1 | 0 | **7** (Medium) |
| Kapiga 2009 [47] | PC | 0 | 1 | 1 | 1 | 1 | 0 | **4** (Low) |
| Lavreys 2004 [22] | PC | 1 | 2 | 0 | 1 | 1 | 0 | **5** (Medium) |
| Lekovich 2015 [39] | RC | 2 | 1 | 1 | 1 | 1 | 0 | **6** (Medium) |
| Louv 1989 [23] | Secondary RCT | 1 | 2 | 1 | 1 | 1 | 0  | **6** (Medium) |
| Louvanto 2011 [40] | PC | 0 | 1 | 1 | 1 | 1 | 0 | **4** (Low) |
| Low 2014 [55] | PC | 1 | 2 | 1 | 1 | 0 | 0 | **5** (Medium) |
| Marks 2011 [41] | PC | 2 | 2 | 1 | 2 | 1 | 0 | **8** (High) |
| Masese 2013 [51] | PC | 1 | 2 | 1 | 2 | 1 | 0 | **7** (Medium) |
| Morrison 2004 [25] | PC | 2 | 1 | 1 | 2 | 0 | 1 | **7** (Medium) |
| Moscicki 2001 [26] | PC | 1 | 2 | 1 | 1 | 1 | 0 | **6** (Medium) |
| Nielsen 2009 [42] | PC | 1 | 1 | 1 | 2 | 2 | 0 | **7** (Medium) |
| Pettifor 2009 [48] | PC | 2 | 2 | 1 | 2 | 1 | 1 | **9** (High) |
| Phelan 2009 [43] | PC | 1 | 2 | 1 | 1 | 1 | 0 | **6** (Medium) |
| Pintye 2017 [49] | PC | 2 | 2 | 1 | 2 | 1 | 0 | **8** (High) |
| Romer 2013 [50] | PC | 1 | 2 | 1 | 2 | 1 | 1 | **8** (High) |
| Russell 2016 [52] | PC | 1 | 2 | 1 | 2 | 1 | 1 | **8** (High) |
| Sellors 2003 [28] | PC | 1 | 1 | 1 | 1 | 1 | 0 | **5** (Medium) |
| Shew 2015 [44] | PC | 1 | 2 | 1 | 2 | 1 | 0 | **7** (Medium) |
| Socias 2017 [54] | PC | 0 | 2 | 1 | 2 | 1 | 0 | **6** (Medium) |
| Winer 2003 [27] | PC | 0 | 2 | 1 | 2 | 1 | 0 | **6** (Medium) |
| Winer 2016 [45] | PC | 0 | 0 | 0 | 2 | 1 | 0 | **3** (Low) |

Notation: PC: prospective cohort, RC: retrospective cohort, Secondary RCT: secondary analysis of RCT. NR: not reported.

Rating criteria: *Non-users drawn from same community as HC users*: a) respondents drawn from the same community as HC users (i.e., does not include pregnant women) (1 point) and b) comparison group does not include users of another HC method (unless intentional head-to-head comparison (1 point). *Ascertainment of HC use:* a) separate estimates for different types of HCs (1 point), b) HC use assessed more than once and at intervals <6 months (1 point). *Demonstration STI not present at start of study*: test for pathogen used to confirm respondents were STI negative at study start (1 point). *Comparability of cohorts demonstrated:*  a) adjusted analyses performed (1 point); b) authors adjust for condom use or demonstrates negligible difference (1 point); *Ascertainment of STI*: a) independent blind assessment of STI performed (1 point); b) separate estimates for different types of STIs provided using test for pathogen (1 point); *Adequacy of follow-up of cohorts*: a) subjects lost to follow-up unlikely to introduce bias (either high retention >80% or description of those lost is provided and comparable to those who remain in the study) (1 point).