Supplement Material

Three journal and five article level covariates were considered in this study. The detail descriptions of hypothesis made in selection and scale used in the analysis are as follows:

Specialty of journal: General (coded 1) or Specialty journal (coded 0). Specialty journals may have a lower score than general journals.

The number of MLR article per issue: The journal having a large number of MLR per issue possibly may have a higher quality score. This was considered as a continuous covariate in our analysis.

Impact factor: Initially impact factor was considered but remove later from the analysis due unavailability of this for all journals.

Article characteristics were evaluated on the basis of the following hypothesis:

- Number of authors: Larger number of authors may have better quality score due to collaborative effect. This was considered on discrete scale
- Software used: Software that has the option to explore the MLR model assumption may have better quality. These were divided into five categories 1 = STATA, 2 = SAS, 3 = SPSS, 4 = Others, and 5 = Name of software not mentioned
- Statistician or epidemiologist as co-author: Involvement of statistician or epidemiologist as co-author may have higher quality compared to studies not involving statistician as co-author
- Sample size: Studies with bigger sample size may have better quality because mostly larger studies are funded by the external sources which also monitor or evaluate the study methods and reporting of results. This was considered as a continuous covariate
- Nationality of the first author: Expecting no significant difference in mean quality score between the Indian (coded 0) and non-Indian (coded 1). Nationality of the first author was determined from the address mentioned in the article.