**Supplementary File**

Supplementary file 1: Completed STROBE checklist of the study

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| **STROBE Statement – Checklist of items that should be included in reports of cross-sectional studies** |

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|  | Item No | Recommendation | Subheading of article |
| **Title and abstract** | 1 | (a) Indicate the study’s design with a commonly used term in the title or the abstract*“Knowledge, Attitudes and Practices Regarding Rabies among Community Members: A Cross-sectional Study in Songan Village, Bali, Indonesia”* | *Title* |
| (b) Provide in the abstract an informative and balanced summary of what was done and what was found*Abstract in this study consisted of background, objective, methods, results, and conclusions sections with informative and balanced information.* | *Abstract* |
| **Introduction** |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported*We provided specific background related to the importance of knowledge, attitudes and practices (KAP) regarding rabies in Songan Village, Bali, Indonesia. Bali has the highest number of dog bite cases in Indonesia and in Songan Village has yet to be further evaluated. We stated in the end of the Background section: “Nevertheless, in Indonesia, only a few published reports have been published and data concerning KAP in Bali were limited nor made readily accessible.”* | *Background* |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses*“To address this, we developed this research to assess knowledge, attitudes and practices towards rabies in Songan Village of Bangli District, Bali Province, Indonesia.”* | *Background* |
| **Methods** |
| Study design | 4 | Present key elements of study design early in the paper*This study was a cross-sectional study. “The present study adopted a purposive cross-sectional design with the enrollment of 175 community members presenting to the PHC of Kintamani V between December 2019 to February 2020.”* | *Study design and population* |
| Setting | 5 | Describe the setting, location, and relevant dates, including periods of recruitment (N/A), exposure (N/A), follow-up (N/A), and data collection*Setting of study: Community members that met the inclusion criterias were interviewed after obtaining informed consent. Locations of study: “The study was carried out in the public health center (PHC) of Kintamani V in Songan Village of Bangli District, Bali Province, Indonesia.” Relevant dates of study and data collection: “The cross-sectional study enrolled 175 community members presenting to the PHC of Kintamani V between December 2019 to February 2020.”* | *Study area & Study design and population* |
| Participants | 6 | (a) Give the eligibility criteria, and the sources and methods of selection of participants*Eligibility criteria, sources and methods of selection of participants in this study: “The present study adopted a purposive cross-sectional design with the enrollment of 175 community members presenting to the PHC of Kintamani V between December 2019 to February 2020.”* and “*The study’s inclusion criteria are 1) community member who resided and were recorded as community members in PHC of Kintamani V (≥ 17 years of age), 2) communicative, and 3) agreed to participate in the study while the exclusion criteria was 1) community members who do not reside and are not recorded as community members in PHC of Kintamani V.”*  | *Study design and population* |
| Variables | 7 | Clearly define all outcomes, exposures (N/A), predictors, potential confounders, and effect modifiers (N/A). Give diagnostic criteria (N/A), if applicable*Outcome of the study: KAP regarding rabies among community members in Songan Village, Bali, Indonesia. Explanatory variables or predictors in this study: sex, age group classification, residential village, educational background, occupation, level of income, and awareness of rabies (history of hearing rabies, encounter with rabid animals, history of animal bites, awareness of rabies infection fatality, heard and know the local rules and regulations. Confounding factors were explored by comparing the difference between the adjusted odds ratio (aOR) in multivariate analyses and the crude odds ratio (OR) in univariate analyses.* | *Questionnaire design & Data management and analysis* |
| Data sources/measurement | 8\* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group*Interest variables (explanatory variables) were assessed by the researchers. Source of data and details of methods of assessment: “The structured questionnaire consisted of closed questions on 1) sociodemographic data (gender, age, religion, educational status, occupation, and income levels); 2) general questions regarding awareness about rabies, attitudes and practices towards dogs, and local rules and regulations concerning rabies; 3) knowledge of rabies (ten questions); and 4) attitudes and practices towards rabies (ten questions).” and “The questionnaire’s content validity was demonstrated since the questionnaire was developed based on expert consensus and international guidelines.’* | *Questionnaire design* |
| Bias | 9 | Describe any efforts to address potential sources of bias*During interview, to avoid bias “The questions were read out to the respondents in the local language (Bahasa Indonesia) by the interviewer....” In addition, confounding factors were explored by comparing the difference between the adjusted odds ratio (aOR) in multivariate analyses and the crude odds ratio (OR) in univariate analyses.* | *Questionnaire design & Data management and analysis* |
| Study size | 10 | Explain how the study size was arrived at*In this study, study size refers to the sample size. “The sample size was calculated using Cochran’s sample size formula for categorical data (Bartlett J et al., 2001). Allowing a confidence interval and a margin of error of 95% and 10%, respectively, the minimum sample size (N) of community members required for this study was 96 community members.”* | *Study design and population* |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why*All explanatory variables were divided into group to give quantitative measures. One category of each variable was used as reference category. “For analytical purposes, the respondents’ age group were dichotomized into two age groups based on the median age. The educational background was categorized into three divisions: 1) no formal education, 2) less than or equal to national basic level (1-9), 3) more than national basic level (≥10) also occupation was categorized into three divisions: 1) not working, 2) blue-collar/manual labor workers (farmer, laborer, fisherman, and entrepreneur), and 3) white-collar worker/administrative workers (employee and civil servant).” and “The respondents were categorized as having adequate or inadequate knowledge of rabies and positive or negative attitudes and practices regarding rabies based on the median score to the responses to the questions pertaining to the questionnaire’s relevant sections.”* | *Data management and analysis* |
| Statistical methods | 12 | (a) Describe all statistical methods, including those used to control for confounding*“The data collected from the questionnaires were entered into Excel files (Microsoft Excel, Microsoft Corp. Redmond, WA, USA). Descriptive and inferential analyses were performed. Statistical analyses were performed using Statistical Package for Social Sciences (SPSS) Statistics Version 21.0 (IBM Corp., Released 2012, Armonk, NY, USA). For analytical purposes, the respondents’ age group were dichotomized into two age groups based on the median age. The educational background was categorized into three divisions: 1) no formal education, 2) less than or equal to national basic level (1-9), 3) more than national basic level (≥10) also occupation was categorized into three divisions: 1) not working, 2) blue-collar/manual labor workers (farmer, laborer, fisherman, and entrepreneur), and 3) white-collar worker/administrative workers (employee and civil servant).* *The respondents were categorized as having adequate or inadequate knowledge of rabies and positive or negative attitudes and practices regarding rabies based on the median score to the responses to the questions pertaining to the questionnaire’s relevant sections. Potential factors associated with knowledge, attitudes and practice scores were identified using chi-square (χ2) tests of associations.**Multivariable logistic regression analyses were conducted for each outcome variable, namely knowledge, attitudes and practices regarding rabies. This was done to understand the associations of outcome variables with the respondents’ characteristics. Results that were statistically significant at P-value of ≤0.25 were then offered to multivariable logistic regression models. Variables with P-value of <0.05 were retained in the final model. The Hosmer-Lemeshow test assessed the model goodness-of-fit.”* | *Data management and analysis* |
| (b) Descibe any methods used to examine subgroups and interactions*In this study, association between variables were assessed using chi-square [χ2] tests of associations and multivariable logistic regression tests.*  | *Data management and analysis* |
| (c) Explain how missing data were addressed*In this study, we only included data of participants who provided or completed all section of the questionnaire. All participants with missing data were excluded from analyses.* | *Data management and analysis* |
| (d) If applicable, describe analytical methods taking account of sampling strategy*There is no problem related sampling strategy in our study, but the analytical analysis in this study was chosen based on distribution of our data. For instance, in the univariate analysis we used chi-square (χ2) tests of associations. Also, for multivariate analysis we used multivariable logistic regression model.*  | *Data management and analysis* |
| (e) Describe any sensitivity analyses*There are no sensitivity analyses relevant to this study. However, we did a questionnaire validity test to assess the internal consistency of the questionnaire as well as content validity through the development basing on expert consensus and international guidelines prior used in the study.* | *Questionnaire design* |
| **Results** |
| Participants | 13\* | (a) Report numbers of individuals at each stage of study – eg numbers potentially eligibly, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed*In this study, “A total of 175 responses were collected, including 53 (30.3%) dog owners.”* | *Community members characteristics and awareness of rabies* |
| (b) Give reasons for non-participation at each stage*In this study, the non-participant occurred in two-stage. The first stage was due to the inability to provide informed consent. The second stage was incomplete data during data collection. All incomplete data from participants were excluded from the analysis.* | *Results* |
| (c) Consider use of a flow diagram |  |
| Descriptive data | 14\* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders*In this study, characteristics of study participants are summarized in Table 1. We included a brief information from Table 1 into description text as well as description of numerical data in mean ± standard deviation (SD), range, and median.* | *Respondents characteristics and awareness of rabies* |
| (b) Indicate number of participants with missing data for each variable of interest*In this study, we only included data of participants who provided or completed all section of the questionnaire. Meaning that each variable of interest had the same number of participants.* | *Respondents characteristics and awareness of rabies* |
| Outcome data | 15\* | Report numbers of outcome events or summary measures*The number of each categories of knowledge, attitudes and practices regarding rabies and dogs were given in three sub-heading; Knoweldge towards rabies and Atittudes and practices towards rabies, and Community members’ attitudes and practices towards dogs. We included brief information about the association between respondents’ knowledge and attitudes and practices.*  | *Knowledge towards rabies; attitudes and practices towards rabies; respondents’ attitudes and practices towards dogs; knowledge, attitudes and practices regarding rabies* |
| Main results | 16 | (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included*In this study, unadjusted estimates (univariate analysis) and adjusted estimates are calculated for each explanatory and response variable and both of them provided in Table 3 and Table 4. Confounding factors were assessed and discussed in the Discussion section.* | *Data management and analysis; Table 3 & Table 4; Discussion* |
| (b) Report category boundaries when continuous variables were categorized*In this study, “For analytical purposes, the respondents’ age group were dichotomized into two age groups based on the median age. The educational background was categorized into three divisions: 1) no formal education, 2) less than or equal to national basic level (1-9), 3) more than national basic level (≥10) also occupation was categorized into three divisions: 1) not working, 2) blue-collar/manual labor workers (farmer, laborer, fisherman, and entrepreneur), and 3) white-collar worker/administrative workers (employee and civil servant). The respondents were categorized as having adequate or inadequate knowledge of rabies and positive or negative attitudes and practices regarding rabies based on the median score to the responses to the questions pertaining to the questionnaire’s relevant sections.” These category criteria used throughout the manuscript.* | *Data management and analysis; Respondents characteristics and awareness of rabies; Knowledge, attitudes and practices regarding rabies and dogs; Discussion* |
| (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period (N/A) |  |
| Other analyses | 17 | Report other analyses done – eg analyses of subgroups and interactions, and sensitivity analyses*In this study, association between variables of outcome of the study knowledge and attitudes and practices was also assessed.* | *Knowledge, attitudes and practices regarding rabies* |
| **Discussion** |
| Key results | 18 | Summarise key results with reference to study objectives*The key findings are explained throughout the discussion section with comparison with other studies.* | *Discussion* |
| Limitations | 19 | Discussion limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias*Here we discussed three limitation of our study. “First, this study could not determine how all the reported practices were translated into actual practice. Second, this study only provided the primary data on KAP regarding rabies, particularly in Songan Village and may not be generalized to other parts in Bali. Lastly, the survey did not address all the questions related to KAP.”* | *Discussion* |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence*Several cautious were given in the discussion related to our finding and our proposed approaches, such as “A probable explanation due to respondents wrongly believed that in the PHC/hospital there was a medicine to treat rabies and a minority understood that vaccinations could only block the virus transmission and was not the same as medicine.” and “Several gap analysis has been published reporting and further strengthening of the One Health approach is essential; 1) a good continuing surveillance system will benefit the approach as it can portray the real situation of the number of dogs vaccinated, FRDs, and unvaccinated dogs, 2) scheduled mass vaccination system with community engagement, risk area mapping, and case estimation, 3) educating the community members and visiting tourists of preventive measures towards every dog bite cases, 4) the importance of dog vaccination and schedule should be informed to family, schools, and communities, and 5) integrated, continuous, and collaborative measures among stakeholders should be reinforced.” Interpretation of the study results were based on reference of similar journals and policy implementation were based on the local stakeholders and the related provincial government and the district government. We also mentioned the limitation of our study at the end of the discussion.* | *Discussion* |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results*Some generalisabilities of the results from this study were discussed especially in the larger context such as Bali province and Indonesia in general.* | *Discussion* |
| **Other information** |
| Funding | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based*Funding: Not applicable* | *Conflict of Interest Statement* |

\*Give information separately for exposed and unexposed groups.