

Additional File 4. Findings of included studies with young people, by level (young people, provider, service), and sub-component (COM-B)

Heading abbreviations: COM-B = capability, opportunity, motivation, behaviour; Y = young people; P = provider level; S = service level; PhC = physical capability; PsC = psychological capability; RM = reflective motivation; AM = automatic motivation; PO = physical opportunity; SO = social opportunity

Source	Barriers	Level			COM-B Subcomponent						Facilitators	Level			COM-B Subcomponent					
		Y	P	S	PhC	PsC	RM	AM	PO	SO		Y	P	S	PhC	PsC	RM	AM	PO	SO
Balfe et al. (2009)	Stigma, embarrassment and shame about the potential social consequences of being known to attend a health service for testing, discredit young adults' identities	✓						✓		✓	Seeing testing as a responsible practice that adults should engage in	✓					✓			
	Embarrassment: the testing process, having to take clothes off in front of healthcare professional (stronger for women)	✓						✓		✓	Moral obligation	✓					✓			
	Shame: had unprotected sex and were ashamed, concerned healthcare provider would judge them and behaviour	✓							✓		✓	Concerns about the damage an infection could do to future fertility	✓					✓		
	No symptoms therefore not urgent	✓							✓			Perceived risk status of respondents' sexual partners	✓					✓		
	Cost	✓		✓						✓		Anxieties about the risk that asymptomatic STIs could affect them without their knowledge	✓					✓		
Balfe et al. (2010)	Testing seen as a threat to young women's identities: anxieties about promiscuity (risk takers) and identity discreditation	✓						✓			Preference for testing offers from younger female healthcare professions, not receptionist	✓		✓						✓
	Would not accept tests from 'para-professionals' (healthcare professionals who were not doctors nor nurses) who worked in public settings (reception areas).	✓		✓					✓		Test offered in private areas, rather than in more public settings (e.g., reception areas)	✓								✓
	Offers framed in moral surveillance style, undermined identities were likely to be rejected	✓						✓			More likely to accept if emphasised that testing is a normal practice and is a good, responsible thing to do	✓	✓					✓		
	Stigma of having an infection	✓								✓										
Brugha et al.	Testing located in pharmacies and public non-health care	✓		✓					✓		Most women wanted to be offered test by a female	✓	✓					✓		✓

(2011)	settings									healthcare professional (65%)								
	Cost	✓		✓				✓		Most wanted to be offered test by a doctor (75%), 50% of males and 80% of would feel comfortable being test by nurses	✓	✓						✓
										Preference for urine-based test (90%)	✓		✓					✓
Ewert et al. (2016)	Embarrassment: talking to someone about personal information	✓						✓		Increase education: sexual health education in schools	✓		✓		✓			
	Embarrassment: if others and parents were to find out	✓						✓	✓	Increase awareness: public health campaigns, e.g., TV advertising	✓		✓		✓			✓
Heritage & Jones (2008)	Tests offered by receptionists			✓				✓		Preference for urine samples over self-taken vulval swabs	✓		✓					✓
	Policy targeting females only			✓					✓									
	Embarrassment and fear	✓						✓										
	Partner tracing caused concern	✓						✓	✓									
	Lack of privacy in reception area	✓		✓				✓	✓									
	Parent being present during consultation	✓							✓									
Hogan et al. (2010)	Embarrassment: to admit to unprotected sex	✓						✓		Raise awareness: marketing campaigns, posters, letters, leaflets and staff talking to the patients about testing		✓	✓		✓			
	Embarrassment: in case they were seen by someone they knew	✓						✓	✓	Characteristic of doctor or nurse: non-judgemental		✓				✓		✓
	Fear of being judged by the staff at the surgery and fear of parents finding out	✓						✓	✓	Preference for providing the sample immediately at the practice rather than home	✓		✓					✓
	Scared of results: prefer to ignore the issue, easier when no symptoms	✓						✓										
	Time constraints	✓	✓	✓					✓									
Jones et al. (2017)	Staff judgemental attitude and being singled out as 'needing' a chlamydia test	✓						✓		Increasing patient awareness of service	✓				✓			
	Embarrassment: having to walk through reception with sample	✓		✓				✓	✓	Mode of testing	✓		✓					✓
	Inappropriate in an unrelated consultation if the patient is religious - could cause offence	✓							✓	Routine testing offered to all in age group in all consultations	✓		✓				✓	✓

	Time: testing in an unrelated consultation takes time away from their original reason for attending, thereby reducing quality of consultation	✓		✓					✓										
	Forgetting to return home testing kits	✓				✓													
Mac Phail et al. (2017)										Medical provider offered a test		✓							✓
										Cost - free			✓						✓
										Annual reminder to test via email (>50%) or text message (40%)			✓						✓
Mills et al. (2006)	Embarrassment with sexual health issues and associations with promiscuity	✓						✓	✓	Understanding of benefits of testing	✓								✓
	Participants may not consider themselves at risk	✓						✓											
	Unease with vulvo-vaginal swab	✓		✓					✓										
	Anxiety: in relation to all stages of the testing process, from offer to receiving results	✓							✓										
	Stigma	✓								✓									
Norman sell et al. (2016)	Fear of having identity 'tainted' or 'spoiled' by the need to get tested	✓						✓											
	Fear of positive result	✓						✓	✓										
	Judgemental attitudes of healthcare professionals		✓					✓	✓										
	Perception that GPs lack sufficient expertise in sexual health	✓	✓			✓	✓												
	Patient cultural and religious factors	✓						✓		✓									
Pavlin et al. (2008)	Confronting nature of being tested for chlamydia and fear of the infection	✓						✓		Age-based testing (16-24 years) acceptable and non-discriminatory	✓		✓						✓
	If diagnosed with chlamydia concerned would be judged and seen as sexually promiscuous, feel embarrassed and ashamed	✓						✓	✓	Introducing chlamydia during a sexual health-related consultation is appropriate	✓	✓							✓
	Being required to disclose their sexual history	✓		✓					✓	Normalisation: frame as a public health issue that is openly discussed rather than an issue that relates to the behaviour of	✓	✓	✓						✓

