

Attitude: encourage attitudes that will influence women to be more in favour of chlamydia testing
Favourable attitudes: thinking chlamydia is common, can happen to people like them, can be asymptomatic, is serious and has long-term effects and can cause infertility; knowing chlamydia can be treated; thinking testing for chlamydia is important; feeling chlamydia testing is personally relevant (especially if they have symptoms, a previous diagnosis of chlamydia, a new partner, casual partners, or think themselves or their partner likely to be at risk of chlamydia)

Subjective Norms: encourage women to see chlamydia screening as socially approved behaviour
Guiding Principles: promote chlamydia testing as “responsible behaviour”, normalise and destigmatise chlamydia testing and diagnosis, provide respected/trusted testers

Perceived Behavioural Control: encourage women to feel *able* to have chlamydia tests
Guiding Principles: provide women with a sense of control over testing and their results, access to non-invasive tests, a range of testing options (urine, self-collected swab, clinician collected swab), home-testing, offer chlamydia tests with PAP tests, provide outreach and mobile services; provide support for partner notification; provide free testing; ensure privacy and confidentiality; help women feel they understand the testing process

Increased Intention to seek chlamydia screening:
Behaviour:
increased chlamydia screening