

# Wrapped: Development and specification of an intervention to increase condom use amongst young people accessing chlamydia self-testing websites

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## Abstract

This paper describes the content and development of a theory and evidence-based digital intervention aiming to increase condom use amongst young people using internet chlamydia self-testing services. The intervention is sex positive and includes innovative content targeting beliefs around condom use and sexual pleasure.

## Introduction

In England, the Department of Health has made reducing the rates of Sexually Transmitted Infections (STIs) a priority, particularly amongst young people who are disproportionately affected<sup>1</sup>. The best way for sexually active people to avoid STIs is to use a condom<sup>1</sup> but young people report inconsistent use<sup>2,3</sup>. A missed opportunity to intervene to increase condom use is when they access self-testing kits for STIs via the internet. On average 130,000 young people are tested via this route every year in England<sup>4</sup>. Those tested are at high risk of future STIs and include groups which other services have found difficult to engage, such as young men and those from deprived backgrounds<sup>4,5</sup>. Typically however, these websites provide little or no sexual health promotion<sup>4</sup>.

Aim: This study aimed to develop a theory-based, tailored intervention to increase condom use for young people aged 15-24 years accessing chlamydia self-testing websites.

## Methods

The intervention (Wrapped) was co-designed with young people to maximise future appeal and use by the target audience. Development followed guidance from the Medical Research Council (MRC) on developing complex behaviour change interventions<sup>6</sup>. The following steps were performed: 1) identification of important determinants of condom use and evidence of their 'changeability' using computer/digital interventions, 2) identification of suitable Behaviour Change Techniques (BCTs), and engaging methods of delivery, to target these determinants, 3) design of the tailored intervention ensuring fidelity to theoretical basis and high levels of appeal/usability.

## Results

The resulting intervention is to be embedded within existing chlamydia self-testing websites as part of the user pathway. It uses a 'recommender system' to identify users' salient barriers to condom use and to present relevant components of the intervention to target these. Components are delivered over a period of days in between the request for a chlamydia self-testing kit and provision of the result. The components include: provision of a selection of condoms/lubricant and instructions for identifying preferred type(s), easy access to preferred condom(s)/lubricant through a discrete delivery service, eroticized condom demonstration, real sex videos showing condom use, talking heads of other young people discussing how to communicate a wish to use condoms, and provision of condom storage/carrying product.

## Discussion

This tailored intervention will be directed at young people who may be particularly receptive to messages and support for behaviour change due to their testing status. The content of this intervention makes a deliberate attempt to target cognitive processes relating to two distinct systems theorized to underlie health behavior<sup>7</sup>; one (emotional, instinctive, responds to needs – basic urges and drives) and two (analytical, controlled, rational, can plan ahead).

## Conclusion

This intervention has good potential impact; if proved effective its reach could be very wide as the intervention could be embedded within any digital pathway relating to STI testing/treatment including partner notification. There is also the potential to direct patients to the intervention from face-to-face settings. Next steps are to run a feasibility study and then a full trial of the intervention to establish its efficacy.

## References

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