

Supplementary Material

Māori and Pacific young people's perspectives on testing for sexually transmitted infections via an online service: a qualitative study

Sally B. Rose^{A,}, Tracey Gardiner^A, Abigail Dunlop^A, Marama Cole^A, Susan M. Garrett^A and Eileen M. McKinlay^A*

^ADepartment of Primary Health Care and General Practice, University of Otago, PO Box 7343, Wellington South, Wellington, New Zealand

*Correspondence to: Email: Sally.rose@otago.ac.nz

Standards for Reporting Qualitative Research (SRQR)*

<http://www.equator-network.org/reporting-guidelines/srqr/>

Page/line no(s).

Title and abstract

Title - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	1
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	3

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	4-5
Purpose or research question - Purpose of the study and specific objectives or questions	5 (lines 90-98)

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale**	6
Researcher characteristics and reflexivity - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	6-7
Context - Setting/site and salient contextual factors; rationale**	5-6
Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale**	6 (lines 101-104)
Ethical issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	6 (lines 109-110)
Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale**	6 (lines 118-121)

Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	6
Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	7 (and Table 1)
Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	6-7
Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale**	6-7
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale**	7

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	7-10 (Tables 2,3,4)
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	Tables 2,3,4

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	10
Limitations - Trustworthiness and limitations of findings	11 (from line 281)

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	15
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	15

Reference:

O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. [Standards for reporting qualitative research: a synthesis of recommendations](#). *Academic Medicine*, Vol. 89, No. 9 / Sept 2014
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Table S1. Theme 3: Tailoring online testing to young people’s needs (with illustrative quotes).

Recommendation	Illustrative quotes
Reduce service costs, it should be free.	“It would be better if it was more accessible by being cheaper. And especially because we know now that 15–25-year-olds have the most STIs and they’re also the age bracket who don’t have the most money.” (G1, P1)
Support rangatahi knowledge – more education and health promotion needed to raise awareness of the importance of STI testing.	<p>“Symptom awareness, safe sex awareness.” (G1 groupwork2 note)</p> <p>“And also let someone else, like the person you, if you were to get an STD, let the person you had sex with know.” (G1, P1)</p> <p>“Yeah, taking the responsibility.” (G1, F)</p> <p>“You need to make it clear that STI tests should be taken 2 weeks after having sex. Put this in the instructions.” (G2, F)</p> <p>“Educate our parents.” (G2, groupwork note).</p> <p>“Churches and maraes (youth groups), Go to where the youth are.” (G1, groupwork note)</p> <p>“Plaster it all over social media.” (G1, groupwork note)</p>
<p>Linking with known, trusted providers to improve confidence in an online service.</p> <p>Alternative options for kit collection and sample return if concerned about privacy at home (desire for familiar places).</p>	<p>“Instead of delivery to your house, closest pharmacy?” (G2, groupwork note)</p> <p>“And make it more accessible. ...and more testing options like, through schools, GP, at home, or just like general drop-off locations wherever.” (G1, M)</p> <p>“It would be good if it was accessible from GPs, like if you couldn’t figure out a time to sit with your GP maybe you could pick it up with them and then drop it off to them.” (G1, F3)[Agreement from group] “Yes that would be so much easier.” (G1, F1)</p>
<p>Provide timely support to service users.</p> <p>Ensure easy access to treatment.</p>	<p>“Um, a number needs to be provided in case we have questions...like if you do have any questions...how quickly do you like, get a response to emails? Like it would be good to have a contact number like a hotline or something you can call.” (G1, F4)</p> <p>“Especially on weekends, eh, cos most people don’t work on the weekends.” (G1, M)</p> <p>“Exactly. So a contact number would be really really good.” (G1, F)</p> <p>“Are you going to help me at the end? No. I don’t have a GP, I got no more money...(ie even if cheaper to test online, I still can’t access the treatment if positive).” (G1, F2)</p> <p>“If you did it like a RAT test, and you tested positive, and you went on to a website or you rang a 0800 number and you put in your NHI number that you tested positive, couldn’t they send someone, couldn’t they, well like if it’s like the New Zealand national health ministry, that could access your medical records, then they could find out what your allergies are, what medication you can or can’t take.” (G2, F1)</p>

Modify kit packaging and contents to appeal to young people (e.g inclusion of more colour to improve visual appeal).
Simplify written instructions, include colour illustrated instructions in place of black and white ones.
Offer video explanation and instructions in other languages.

“Maybe a video explanation would be cool to offer. With the kit, online, yeah.” (G1, F3)
“We did say there’s the option of, like, you know how they do QR codes, and it goes straight to the link of the video. They’d be like more accessible, I feel like they’ll do that instead of typing out the whole link.” (G1, F)
“Maybe opt to an ‘easy read’, just a photo then a short statement like 5 words. Offer in different languages, like most of the people that we know like at churches, my Samoan cousin won’t be able to read that, and it’ll be really confusing.” (G1, F3)
“Have the local drop-off address already on the result form so that we don’t have to go like onto the website and find our local spot like, it just eases that existing stress already.” (G1, F1)
“It would help if they were more than 1 swab etc. in case you made a mistake.” (G4) OR “It would be awesome to have more than 1 test per kit; for example, 3 or more, like with a RAT kit.” (G2, F)
“Packaging needs to be more welcoming; the biohazard bag was off-putting.” (G3, F)
“Rectal: making swab stick bigger, harder just in case it breaks.” (G2 groupwork note)
“Another thing we thought of was like all the personal hygiene stuff including gloves. Obviously you don’t want to pass the bacteria and like germs up there.” (G2, F)
