

**Supplementary table 2. Health Belief Model, adapted from Glanz *et al* [37]**

<b>Construct</b>	<b>Definition</b>	<b>Relation to Cervical Screening</b>
Perceived Susceptibility	Belief about getting the disease	What are the chances of getting cervical cancer
Perceived Severity	Belief about seriousness of condition or consequences of leaving it untreated	Fertility and/or life may be endangered if left untreated.
Perceived Benefits	Belief about potential positive benefits of a health action	Results of cervical screening can provide piece of mind. Undertaking cervical screening is an 'expected' health behaviour
Perceived Barriers	Belief about potential negative benefits of a health action	Embarrassment of revealing intimate part of body. Cultural association of cervical cancer with promiscuity. Discomfort associated with test. Physical location of clinic. Childcare issues.
Cues to Action	Factors that trigger action	Knowing someone with history of cervical abnormalities. Media (mainstream and social) highlighting cervical cancer
Self-efficacy	Belief that one can achieve the behaviour required to execute the outcome	Does woman have ability to arrange cervical screening and means of attending?