

Interventions to improve hand hygiene in community settings: A systematic review of theories, barriers and enablers, behavior change techniques, and hand hygiene station design features

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Supplementary File 8. Theories or models reported to be used in included studies (N=223).

Theory	Total n (%)	Effective** n (%)
Total Studies	223	183 (82.1)
Study did not report using theory for intervention design	160 (71.8)	131 (81.9)
Study did report using theory for intervention design*	63 (28.2)	52 (82.5)
Theory of Planned Behavior	14 (22.2)	10 (71.4)
Health Belief Model	11 (17.5)	10 (90.9)
Behaviour Centered Design/Evo-Eco Model	7 (11.1)	5 (71.4)
RANAS	6 (9.5)	5 (83.3)
COM-B	6 (9.5)	5 (83.3)
IBM-WASH	5 (7.9)	4 (80.0)
Health Access Process Approach	2 (3.2)	1 (50.0)
Social Ecological Model	2 (3.2)	2 (100.0)
Social-cognitive Learning Theory	2 (3.2)	2 (100.0)
Stages of Change Model	2 (3.2)	2 (100.0)
Theory of Normative Social Behavior	2 (3.2)	2 (100.0)
Theory of Reasoned Action	2 (3.2)	2 (100.0)
Behavior Place Theory	1 (1.6)	1 (100.0)
Bloom's Taxonomy of Learning Theory	1 (1.6)	1 (100.0)
Choice-architecture Approach	1 (1.6)	1 (100.0)
Ideation Theory	1 (1.6)	1 (100.0)
Dual Process Theory	1 (1.6)	0 (0.0)
Ecological Theory of Health Promotion	1 (1.6)	1 (100.0)
Health Behavior Change Model	1 (1.6)	1 (100.0)
Heuristic Model for Teachable Moments	1 (1.6)	1 (100.0)
Organization Behavior Modification Model	1 (1.6)	1 (100.0)
Focus Theory	1 (1.6)	1 (100.0)
Nudge Theory	1 (1.6)	1 (100.0)
Goal Attainment Model	1 (1.6)	1 (100.0)
Social Cognitive Theory	1 (1.6)	1 (100.0)

Note: *Multiple theories could have been reported per study so the total number of theories (74) is greater than the total number of studies that report using theory (63).; **Effectiveness is determined if authors reported that the intervention was effective at improving hand hygiene outcomes