7. PERCEPTION OF DIVINE WILL (It is God's will (or the gods' will) that I (a) should not have the problem, or (b) that I overcome the problem?)

This barrier was not explored in the Dominican Republic; it was added as a determinant after the D.R. experience. *[Ask:]* Which questions could you use to determine if this barrier kept people from taking preventive action?

[Use the questions on this determinant found in Annex 6 as examples.]

8. POSITIVE AND NEGATIVE ATTRIBUTES OF THE ACTION

[Ask:] Which questions could you use to determine if this barrier kept people from taking preventive action (purifying their water)? *[Add:]*

1. Let's talk about purifying water with bleach. Have you consumed water that was purified in this way? And with iodine?

[If anyone says, "Yes," ask:]

   a. What did you NOT like about that water? How did you like the taste? How did you feel about the time needed to prepare it?
   b. What DID you like about that water?

2. If you add bleach to your drinking water to purify it, will it damage the water or cause any health problems in those who drink it? And with iodine?

[Ask:] What sort of negative attributes do you think people may have mentioned?

[Explain what was found using the results below.]

RESULTS: There were quite a few negative attributes of using bleach to purify water. For one, the smell reminded women of washing clothes. Many people did not like the taste, either. Some people had heard that bleach was poisonous or could turn your skin white. On the other hand, they had heard very good things about iodine and knew that some people had received it from the doctor ("so it must be good for you!"). A "taste test" was also done to see how people liked the taste of raw (untreated), boiled, chlorinated and iodized water. They liked the iodized and raw water the best, and the chlorinated and boiled water the least. They claimed that boiled water tasted "flat" and metallic.

[If it is not feasible to conduct a field practicum, the data from this example can be used for participants to work through an example of how to use data from Barrier Analysis.]

[Explain:] These findings are "location specific." If you went to a different country or even a different area, you would not expect to find the same results. You would need to repeat the analysis in different locations in a project area to assure that results are fairly consistent across a given area. Also, if there are multiple ethnic groups in a project area, Barrier Analysis should be done with each group separately since practices and reasons for behaviors are often quite different across different groups.

Session 9: Example #2—Using Barrier Analysis: Why Don't Mothers Purify Their Water in Kenya?

(75 minutes)

[Use Annex 1 to discuss the findings of the use of Barrier Analysis in Marsabit, Kenya. First, go over the results of the Barrier Analysis using the partially blank form. Then divide participants into eight groups. Each group should work on a particular barrier (or determinant) and propose the following:]

- *[the messages that the project staff should develop or modify concerning the barrier (or determinant) that they were assigned;*
- *things that would need to be included in the project design given the results of the analysis—things that need to be done aside from just making sure the project staff use the messages created; and*
- *several indicators for monitoring the barrier (or determinant) that they were assigned.]*

[The facilitator can work through how this would be done with determinant #4.]

[Once they are finished, give participants the fully-completed table and discuss what the Food for the Hungry staff decided to do with the results. The messages developed and the actions that Food for the Hungry decided to take in this example should not be presented as the "gold standard," but as one way of responding to the situation. Participants may have come up with better, more innovative ways to respond to the situation. Take questions on the methodology.]

Session 10: The "Exercise" Exercise
(60 minutes)

[Explain:] Now that we have seen two examples of how Barrier Analysis has been carried out in the field, we want to conduct a sample analysis using you, the participants, as our subjects. We will be comparing those who do a behavior and those who do not. We will demonstrate a simple tool that can be used to examine a more limited set of determinants. That tool is Doer/Non-Doer Analysis which was developed by the Change Project, part of the Academy for Educational Development (AED). You will see the results of this analysis on the last day of the workshop. This tool can be helpful when a more limited, quicker analysis is needed. Doer/Non-Doer Analysis, however, usually omits some potentially important determinants (e.g., perceived severity, perceived action efficacy).

[Use Annexes 2-5 to conduct the "Exercise" Exercise. The results should be tabulated in the evening and presented on the last day.]

End-of-Day Evaluation (20 minutes)

[At this point—or wherever you reach the end of the first day of your workshop —evaluate the day's activities using the Daily Feedback Form in Annex 11.]

Session 11: Two Ways of Conducting Barrier Analysis: Which is Best for You?
(20 minutes)

part two: how to conduct barrier analysis

[Explain:] Before we take you through the seven steps of Barrier Analysis, we want to begin with a brief description of the two approaches to this process: using focus groups (hereafter referred to as Option #1) and using individual interviews (hereafter Option #2). Each option has advantages and disadvantages, which are presented below. *[Divide the participants into two groups and have the one group brainstorm the pros and cons of using individual interviews, and the other the pros and cons of using focus groups for collecting Barrier Analysis data. Have each group write their thoughts on newsprint and then present them to the rest of the participants. If there is a large number of participants, divide them into four groups and have each group do only a pro or a con of one of the approaches. Complete the group results with anything from the list below they might have missed.]*

NOTE:
Some of the text in the following sessions was graciously provided by the Academy for Educational Development's Change Project as part of their Doer/Non-Doer Analysis manual (cited earlier).

Advantages and Disadvantages

1. **Using focus groups takes less time than individual interviews.** Doing two focus groups of 15 people will generally take about half a day (four person-hours). Doing 60 or more 15-minute individual interviews (assuming several minutes between interviews for travel) will take at least two full days (about 15 person-hours).

2. Focus groups allow you to ask questions that are not on your questionnaire to get a **deeper and richer understanding** of the situation in a particular area. When you are tabulating multiple questionnaires, these details are often not captured or not recorded. Many of the things that were found in the analysis done in the Dominican Republic, for example (see Session 8), would probably not have been captured if individual interviews had been used.

3. **It is sometimes difficult to find 30 "Doers" of a particular behavior.** In this case, it would probably be more appropriate to use Barrier Analysis through focus groups of Non-Doers. In that way, you can get richer details on barriers. Since you would not have a comparison group, there would be fewer benefits of a quantitative study.

4. **Using individual interviews generally requires less training and skill on the part of the people asking the questions.** It is easier to administer a questionnaire for an individual interview than to facilitate and keep a rich and lively discussion going in a focus group.

5. Using individual interviews **allows you to quantitatively compare the two groups**, that is, to compare what portion of "Doers" have a given barrier or opinion vs. "Non-Doers." However, the sample size needed to find meaningful differences between two groups that are not very different can be quite high. For example, you would need about 85 Doers and 85 Non-Doers to detect a difference of about 20 percentage points between the two groups, and over 370 Doers and 370 Non-Doers to detect a difference of only 10 percentage points between the two groups. If small numbers of interviews are done (e.g., 30 for each group), even these quantitative results must be viewed with some skepticism. Only large differences (> 32 percentage points) are generally meaningful when you have a sample size of 60 (30 Doers and 30 Non-Doers).

   For example, let's say that you ask mothers, "What are the advantages of exclusively breastfeeding?" Let's say that you used a simple random sample and found that 8 of 30 exclusively-breastfeeding women say that it helped avoid diarrhea, and 16 of 30 Non-Doers—those not exclusively breastfeeding—said the same thing. You might want to say that since 27% of Doers and 53% of Non-Doers believe this, then that's an important factor to take into account when designing your educational messages. However, the confidence interval for the 27% you found is actually 11-43%, so somewhere between 11% and 43% of the mothers actually believe that. For the Non-Doers, the confidence interval is 35-71%. Since these two confidence intervals overlap, there is a reasonable chance that the two proportions are actually the same. Even if you wanted to be 90% certain that there was a difference (instead of 95%), you would still have an overlap and could not show a true difference. You can overcome this shortcoming by doing a lot more interviews (e.g., 85 in each group), looking for larger differences only (e.g., > 32 percentage points), or including Barrier Analysis questions in larger surveys that you have already planned.

In the practicum (field trial), we will practice conducting Barrier Analysis both ways.

6. **Using individual interviews often leads to less bias** since people do not hear the answers of others. Focus group participants are supposed to be selected in such a way that they do not know each other very well, but that is often hard to achieve in smaller communities. Sometimes leaders "insist" on being part of the group, as well. This can lead to a bias where most people in the focus group will "follow-the-leader" and give the same response as the strongest opinion leader in the group. Some people may not feel as comfortable saying some things in a focus group, either.

Session 12:
STEP 1—Defining the Goal, Behavior and Target Group
(20 minutes)

step one

[Explain:] The first step in conducting Barrier Analysis is to define the goal of your communication effort, the specific behavior(s) you want to change, and the target groups. Since we want to draw comparisons between Doers and Non-Doers, for any problem that you will be addressing through your community health or development program, you will have to first define exactly what you hope to achieve and the behaviors that are useful for achieving your goal. Then you need to clarify what constitutes "doing" and "not doing" the behavior.

The goal is usually general. For example, your goal may be to improve child nutrition. ***[Ask:]*** What other goals do you have in your programs?

Once you have selected the goal, you need to decide on the behavior that will be the focus of your analysis. When Barrier Analysis is used in an ongoing program, we often focus on a behavior that has not changed very much despite repeated efforts. For example, let's say that you had focused on exclusive breastfeeding in a project area where the HIV rate was high, but only 15% of mothers of children under six months of age exclusively breastfeed their infants, even after four years of hard work to change it. (You would know this, for example, by doing a knowledge, practice and coverage [KPC] survey.) We also may focus on behaviors that have been identified by the community as particularly important.

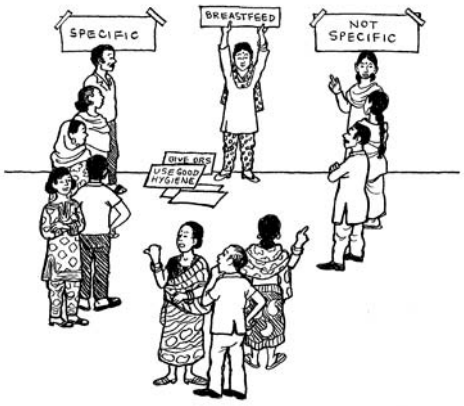
Your target behavior (in that example) is **exclusive breastfeeding of children under six months of age**. Your target group becomes **mothers of children under six months of age**.

[For the behaviors chosen, talk about the target group. Point out that the target group for the behavior change may be different from the target group for the behavior change message or other program interventions. In the example above, the target group for the behavior change message may be mothers-in-law who are hindering exclusive breastfeeding practices. Note that the target group for the behavior change message may not be identified until after the Barrier Analysis has been completed.]

We will talk about analyzing one behavior, but in reality once your people are trained in the methodology, you will often have one small group of staff members analyzing one behavior, and others analyzing another behavior at the same time so that several behaviors can be analyzed simultaneously.

Identifying Specific Behaviors

[Explain:] It's important that you know how to identify specific behaviors that you will promote in a project area. ***[Ask participants to stand in two columns in the room. Put a paper on the wall in front of the left column that says "SPECIFIC," and a paper in front of the right column that says "NOT SPECIFIC." This can also be done with a show of hands].*** As I read the following list of behaviors, if you believe it is specific, move to (or stay in) the SPECIFIC column. If I read a behavior that is not specific enough, move to (or stay in) the NOT SPECIFIC column. Do not pay too much attention to what other people are doing since they may be wrong!



1. Use good hygiene. **[NOT SPECIFIC. This includes a lot of different behaviors.]**

2. Wash your hands with soap and water before you prepare food. **[SPECIFIC.]**

3. Take care of your child when he/she has diarrhea. **[NOT SPECIFIC. How? What behavior is being promoted?]**

4. Breastfeeding. **[NOT SPECIFIC enough. Do you mean breastfeed at least once? Exclusively breastfeed? Breastfeed until the child is two?]**

5. Give your child ORS whenever he/she has diarrhea. **[SPECIFIC.]**

6. Give your child nutritious foods. **[NOT SPECIFIC—especially if this is a stand-alone message. What are nutritious foods?]**

7. Give your child foods like mangoes and carrots that are rich in vitamin A. **[SPECIFIC.]**

8. It is important for everyone to live in such a way as to avoid HIV. **[NOT SPECIFIC.]**

9. Be sexually abstinent before you are married to avoid AIDS. **[SPECIFIC.]**

[Have people return to their seats and continue:] Let's now return to our example of exclusive breastfeeding of children under six months of age and consider how to develop the behavior question.

Session 13: STEP 2—Developing the Behavior Question
(10 minutes)

step two

[Explain:] The second step in Barrier Analysis is to develop the behavior question. Since we will be comparing people who are Doers and Non-Doers of the behavior, we need to include a question in the questionnaire to determine whether the people you interview are now doing or not doing the behavior (for screening purposes). In our example, you would probably need to use a short series of questions:

- Are you currently breastfeeding (INFANT'S NAME)?
- Did (INFANT'S NAME) have anything to eat or drink apart from breast milk during the past day and night?

Define "Doing the Behavior"

Depending upon the populations with which you work, you may wish to further define what "doing" the behavior really means or who your target group is. You might bring in considerations of frequency, for example. If a child is presently exclusively breastfeeding, but did not always exclusively breastfeed (e.g., she used prelacteal feeds), is that enough to label the mother as a Doer? This decision depends on how important full compliance is to achieve your goal. A Doer could be defined as "currently exclusively breastfeeds under six months" or as "has always exclusively breastfed the child under six months." Again, you make this decision on how important frequency is to achieving some progress on your goal. You might also want to focus on a specific set of mothers (e.g., mothers whose children are at risk due to the mother being HIV+). This type of refinement is sometimes useful if it supports your overall objective.

Know Your Target Group

In defining the behavior question, you need to know some things about your target group (audience) before finalizing your study design. While it is possible to get a general idea of "what proportion do what" as part of your survey and to then make some of these decisions after you have already collected data, this leaves you vulnerable to not having enough in one group of Doers or Non-Doers. We suggest that you try to determine if at least a small proportion (e.g., > 10%) of people in your target group do the behavior (e.g., exclusively breastfeed their child under six months). This can be done by talking to mothers during a mothers club meeting (for example), through a very quick survey or by using existing data (e.g., DHS data[5] for the region of the country where you are working). If you have trouble finding any Doers, you may decide to (a) study the Non-Doers only without comparing them to Doers, or (b) to relax your definition of Doers so as to have a comparison group (e.g., Doers = mothers who are currently exclusively breastfeeding [rather than having always done so]).

[5] See www.measuredhs.com.

[Take questions.]

Using the Behavior Question

[Explain:] You will use this question in different ways depending on which way you decide to do Barrier Analysis: through focus groups or through individual interviews. If you are using focus groups, you will use the question when putting together your two focus groups. In one focus group, you will have people who answered yes to the question, and in the other you will have people who responded no to the question. If you are using individual interviews, you will include the question in your questionnaire as one of the first questions so that you can sort the completed questionnaires by Doers and Non-Doers. You could also use the behavior question to screen for respondents (to ensure that you get the number of Doers and Non-Doers that you need for a proper comparison).

Session 14: STEP 3—Developing Questions about Determinants

Option #1: Focus Groups (90 minutes)

step three–option #1

[Explain:] The third step in conducting Barrier Analysis is developing questions about the eight determinants. You will proceed differently here depending on whether you are using the focus group approach (discussed in this session) or the individual interview approach (discussed in the next session).

The focus group approach was the approach initially used in Barrier Analysis. The questions used in focus groups are much more open-ended and rich. Working with a focus group allows you to probe further into details concerning the behavior. Keep in mind, though, that people in the group can influence each others' responses and that this may create a bias. Also, you will not be able to quantify the degree to which a given opinion is common when using a focus group. However, you should be able to get an overall sense of which determinants are most important for a given behavior, especially when people within each group (the Doer group or Non-Doer group) have fairly similar views.

We will now work in small groups to develop questions on determinants when using focus groups to do Barrier Analysis.

1. *[Have participants take turns reading aloud sections A-F of Annex 6: Developing Question Guides for Barrier Analysis Using Focus Groups. Discuss.]*

2. *[Then have participants number off so as to put them into new groups of about four people (e.g., counting off to five with a group of 20).]*

3. *[Ask participants to begin writing a Barrier Analysis focus group question guide for the behavior that has been selected for the practicum. Tell them that they will have about an hour for this task.]*

4. *[Participants in each group should read the guidance for a given determinant in Annex 6 before preparing the questions for that determinant.]*

5. *[Call time after 60 minutes and have participants share some of the questions they have developed. During this presentation, critique their responses. As a facilitator, you must be clear about what does and does not go in this questionnaire, but do so gently.]*

6. *[Ask for one volunteer from each group to form a committee to consolidate the questions for the focus group interviews during the evening. If that is not feasible, the facilitator will need to do the consolidation.]*

7. *[During the evening, take the final questionnaires, make improvements to them if necessary, and make photocopies for each participant to use in the field practicum the next day.]*

Session 15:
STEP 3—Developing Questions about Determinants

Option #2: Individual Interviews
(2 hours 15 minutes)

step three–option #2

[Explain:] Another way to execute this step of Barrier Analysis is by conducting individual interviews. When preparing your questionnaire for these interviews, you will need to develop questions to examine each of the eight determinants mentioned previously.

The following generic questions can be modified to develop your survey questions. We have highlighted in parentheses the part of the question that would be changed if your program had a different behavioral focus. We have organized the questions below by the category of determinant they address.

You may wish to format the questionnaire so that you are always starting questions on a given determinant on a new page. In this way, you can later pull the questionnaire apart and have one person tabulate all of the responses related to a given determinant.

Remember to include the behavior question (see Session 13) in the first part of your questionnaire. You should also include places to write in the interviewers' name, community and any other identifying information. Then proceed to write questions on each behavior using the guidance below.

1. PERCEIVED SUSCEPTIBILITY:

a. **Do you think that you (or your child) could (GET DISEASE/ PROBLEM)?** (For example, "Do you think that your child could get measles?")

b. **Do you think that you (or your child) will have (DISEASE/ PROBLEM) in the next few months?**
(For example, "Do you think that you will have problems with pests in your crops in the next few months?")

c. **What are the diseases or problems that you can have if you (DO NOT DO THE BEHAVIOR)?**
(For example, "What are the diseases that your child can get if you do not exclusively breastfeed him/her?")

2. PERCEIVED SEVERITY:

a. **How bad of a disease/problem is (DISEASE/PROBLEM)? Would you say it is very bad, somewhat bad, average, or not bad at all?** (For example, "How bad of a disease is diarrhea?")

b. **Is (DISEASE/PROBLEM) a dangerous disease?** (For example, "Is tuberculosis a dangerous disease?")

3. PERCEIVED ACTION EFFICACY:

a. **When a person (DOES THE BEHAVIOR), does that (LEAD TO THE INTENDED EFFECT)?** (For example, "When a person exclusively breastfeeds a child for the first six months of life, does that help to avoid diarrhea?")

b. **To what degree does (DOING THE BEHAVIOR) help prevent (THE PROBLEM)? Does it help prevent it a little, somewhat, or a lot?** (For example, "To what degree does exclusively breastfeeding for the first six months of a child's life help prevent diarrhea? Does it help prevent it a little, somewhat, or a lot?")

4. PERCEIVED SOCIAL ACCEPTABILITY:

a. **Who (individuals or groups) do you think would object or disapprove if you (DID THE BEHAVIOR)?**

b. **Who (individual or groups) do you think would approve if you (DID THE BEHAVIOR)?**

c. **Which of these individuals or groups in either of the two questions above is most important to you?**

5. PERCEIVED SELF-EFFICACY:

a. **Would it be easy (or is it easy) for you to (DO THE BEHAVIOR)?**

b. **What makes it (or would make it) difficult or impossible for you to (DO THE BEHAVIOR)?**

c. **What makes it (or would make it) easier for you to (DO THE BEHAVIOR)?**

6. CUES FOR ACTION:

a. **Is it (or would it be) easy to remember to (DO THE BEHAVIOR) every time that you need to do it (if you decided to do that)?** (For example, "Would it be easy to remember to not give your child anything else to eat or drink besides breast milk if you decided to do that?")

b. **Is it (or would it be) easy to remember the steps in (DOING THE BEHAVIOR) every time that you need to do it (if you decided to do that)?** (For example, "Is it easy to remember the steps in making ORS?")

7. PERCEPTION OF DIVINE WILL:

a. **Is it sometimes God's (or the gods') will that people/children get (DISEASE)?** (For example, "Is it sometimes God's will that children get diarrhea?")

b. **Why do some people get (DISEASE) and some people do not?**

c. **Do people sometimes get (DISEASE) because of curses or other spiritual or supernatural causes?**

8A. POSITIVE ATTRIBUTES OF THE ACTION:

a. **What do you see as the advantages or good things that would happen if you (DID THE BEHAVIOR)?**

b. **What are the things you like (or would like) about (DOING THE BEHAVIOR)?**

8B. NEGATIVE ATTRIBUTES OF THE ACTION:

a. **What do you see as the disadvantages or bad things that would happen if you (DID THE BEHAVIOR)?**

[Explain:] We will now work in small groups to develop questions on determinants when using individual interviews to do Barrier Analysis.

[Divide the participants into groups of four and have them develop a questionnaire for a behavior that was chosen for use in the field practicum.]

1. *[Have all groups develop a questionnaire based on this same behavior. Give participants 45 minutes to come up with a draft of their questionnaire.]*

2. *[Circulate to check on each group's progress and give advice.]*

3. *[When they are finished, call time and have one or two groups present their findings. During this presentation, critique their responses. As a facilitator, you must be clear about what does and does not go in this questionnaire (e.g., make sure the questions are on target, related to each determinant).]*

4. *[For the remaining groups, ask the groups' participants if they had any questions that they used that were substantially different from what has already been presented. If so, they can mention those questions as well.]*

5. *[If participants are having trouble with questions on a particular determinant, review the information from this session on that determinant.]*

6. *[Ask one representative from each group to volunteer to serve on the committee that will consolidate the questions for all the groups during the evening. If this is not possible, the facilitator needs to do the consolidation.]*

7. *[If at all possible, pretest the questionnaire before the field practicum, especially if participants have limited experience with developing questionnaires. This will avoid collecting ambiguous information that is difficult to interpret later on.]*

[Explain:] You may decide that you want to record other information about the respondent such as age, education level, ethnicity or gender. Do not ask these questions, though, unless you know what you will do with the answers. If you think men and women are going to have very different answers, then keeping track of gender is important. Make your decision based on your best knowledge of your target groups (audiences). Also, keep in mind the sample size you will use. If you have many people in your survey (e.g., 200), it will be easier to find differences when you stratify your data by another variable, such as gender. If you have a relatively small sample (e.g., 60), stratification by gender or other variables will probably not yield any useful information.

In addition to using these questions in a stand-alone survey (as part of Barrier Analysis), you can also add these types of questions to a larger survey that you already have organized (e.g., a baseline KPC survey). However, you do not always have to do really large surveys in order to get an idea of where the real barriers to the behaviors you are studying may be. Remember, though, that no research instrument is flawless; you should always be cautious about making generalizations from any survey based on a person's self-report.

Session 16: Good Interviewing Techniques

(45 minutes)

[Explain:] Whether your organization chooses to use focus groups or individual interviews, staff members will need to be good at interviewing in order to carry out Barrier Analysis successively.

1. *[Distribute a clean copy of a sample KPC questionnaire and a copy of the "KPC INTERVIEW EVALUATION FORM" to each participant. You can download a copy of this form at:* http://gme.fhi.net/fse/isapr/index.htm#KPCQIC *Ask them to observe the role-play and to note any proper and improper interviewing techniques they observe. Explain:]* It is not enough simply for the interviewers to ask all of the questions on the questionnaire. They must do so in the proper way so that the responses that respondents give them are valid (truly reflect what the respondent knows and does). So as you observe, don't just ask yourself, "Did the interviewer ask the right questions?" but, "How did the way the interviewer conducted the interview help or hurt the validity of the responses?"

2. *[Conduct a role-play in which a previously briefed interviewee plays the role of a mother and the facilitator plays the role of the interviewer. Mark up the interviewer's questionnaire, giving him/her directions on where and how to make mistakes during the interview (see point 10). Make sure the "mother" has a marked-up copy of the questionnaire, as well, so that she knows how she should respond. Using the marked-up copies of the questionnaire, demonstrate some proper techniques and some improper techniques.]*

3. *[IMPORTANT: The skit is not primarily for entertainment. Make the bad interviewing techniques that you use fairly subtle. Do not play them up to the point that they are extremely obvious to everyone.]*

4. *[After completing the role-play, attach two large pieces of newsprint on the wall. Label one "proper" and one "improper" (or one "right" and one "wrong"). Ask participants:]* What were the specific interviewing techniques you observed that were done properly? What things were done during interviewing that were improper? *[Write their responses on the appropriate piece of newsprint.]*

5. *[The purpose of this exercise is for the participants to discover for themselves the proper and improper techniques that were demonstrated in the role-play. To save time, you may need to use prompts to direct their attention to specific parts of the interview. However, it is important to avoid telling them directly what were the improper techniques so that they may discover them for themselves.]*

6. *[As participants analyze the role-play, it is important to prompt them to give details about what they observed to help them discover and analyze the specific improper techniques they need to cover. You might use prompts such as: "When the mother said she didn't understand the question about HIV/AIDS, what do you think of the way in which I handled that?" If participants say, "It was wrong" or, "It was right," you should press them for details. "Did I do it all wrong or all right? Which parts were wrong and which were right?"]*

7. *[Add any improper techniques to the newsprint that the participants fail to list. Ask:]* Which of these errors have you seen the most in surveys in which you have participated? Are there any other important errors that you think we should add here? *[Add any other improper techniques that they mention.]*

8. *[After completing the list of improper techniques, ask the participants the following question for each specific improper technique mentioned: "In what ways might using this improper technique affect the outcomes of the survey?" For some of the improper techniques, the effects will be fairly general. For example, if an interviewer does not make appropriate eye contact, the respondent may not trust the interviewer and may not give very accurate information for all of the questions. Other improper techniques may have a more specific effect. For example, in a question like, "Where do you get general information or advice on health or nutrition?" if the interviewer stops saying "anyone else?" after the respondent mentions two sources (such as "doctor" and "nurse"), then the interviewer may miss other important sources of advice that influence respondents' decisions (such as grandparents or traditional healers).]*

9. *[Close the exercise by summarizing the improper techniques discussed, referring participants to the handout in Annex 7.]*

10. *[The following is a list of suggestions for errors, all of which should be included in the role-play. Make notes on the interviewer's and mother's copies of the questionnaires so that these errors will be made. For example, beside the introductory paragraph, run a line through parts that should be omitted during the interview. Or on the mother's copy of the questionnaire, write beside a question, "Pause and wait for interviewer to ask this again. Look puzzled." When debriefing, be sure that they mention these errors.]*

Common Interviewing Errors

One example of an interviewing error: scolding or educating the interviewee.

a. Not speaking loudly and clearly

b. Not making appropriate eye contact (e.g., staring at the questionnaire)

c. Laughing at a response

d. Not saying "anything else?" each time properly for the multiple responses questions

e. Complimenting, educating or scolding the respondent during the interview (e.g., "Oh that's great. It's really important to breastfeed. I'm glad to see that you are doing that.")

f. If the respondent is silent on a question, changing the wording immediately instead of repeating it once, exactly as it is written

g. When a respondent says, "I don't understand the question," the interviewer rewords the question in a way that changes the meaning. For example, when asking, "Did your child eat carrots or sweet potatoes yesterday during the day or night?" and a mother does not respond, prompting her with a question such as, "Does your child eat carrots or sweet potatoes?" This changes the question since the intent is to look at foods eaten over the past 24 hours rather than foods eaten in general or "ever eaten."

h. Guiding a mother to a specific response

i. Assuming a response without asking—for example, if a mother reports not giving water to a child, assuming that she is NOT giving the child milk or juice either

j. Asking a closed (e.g., yes/no) question when an open question is indicated (e.g., instead of asking, "How many months old is this child?" [open], asking, "Is this child under 24 months old?" [closed])

k. Not using the child's name when asking a question that indicates the child's name should be used

Session 17: STEP 4—Organizing the Analysis Sessions
(30 minutes)

step four

[Explain:] Now we come to the fourth step in carrying out Barrier Analysis: organizing the actual focus group or individual interview sessions. This should be done in the same way that you organized the field practicum (see instructions in the Introduction section of this guide under "How to Organize the Field Practicum"). However, you will do several things differently:

- Rather than using both formats, just use one format, either focus groups or individual interviews. You can review the advantages and disadvantages of each format (see Session 11) in making your decision.

- Rather than just doing the study in two communities, do it in at least three communities for each cultural group of importance. Divide up your team in order to assign small teams to cover each community (to conduct the study rapidly).

- For individual interviews, adjust your sample size upward. It is recommended to try to get at least 85 Doers and 85 Non-Doers for your study. Alternately, you can conduct the study with a smaller sample (e.g., 30 Doers and 30 Non-Doers) and look for larger differences (> 32 percentage points) between the two groups. If you do this, however, you should expect to find fewer significant differences between the two groups.

[Take time to discuss the logistics of your practicum.]

Session 22: STEP 6—Organizing and Analyzing the Results of Barrier Analysis

Option #2: Individual Interviews
(4 hours)

step six–option #2

[Explain:] Now we will look at how the sixth step in Barrier Analysis is carried out if you used option #2—individual interviews. We will use the example of ORS. *[Distribute completed questionnaires from Session 20 amongst the participants. Going through question-by-question, have participants call out some of the responses that they are seeing for a given open-ended question in order to get a sense of the types of answers people are providing. For example:]*

> **What do you see as the advantages or good things that happen (or would happen) when/if you used ORS when your child has diarrhea? Responses:** Can prepare quickly, low cost of packet, easy to make, child's older sister can make it when I'm not home.

[Take the most common answers and develop a coding guide for each determinant divided by each question. See the example below.]

Tabulation of Barrier Analysis data from individual interviews is very similar to tabulating other survey data.

Coding Guide for Positive Attributes Question Regarding Use of ORS (Sample Table for Open-Ended Questions)

	DOERS (n=30)		NON-DOERS (n=30)	
		%		%
Q22. What are the things you like (or would like) about using ORS when your child has diarrhea?				
Can prepare quickly	𝍸 𝍸 𝍸 𝍸 𝍸 ||	90%	𝍸 𝍸 𝍸 𝍸 𝍸	83%
Low cost of packet				
Easy to make				
Older sibling can prepare it when I'm gone				
No advantages				
Other advantages:				
Q23. What do you see as the advantages or good things that happen (or would happen) when/if you used ORS when your child has diarrhea?				
Child has more energy				
Child cries less				
No advantages				
Other advantages:				

[For closed (yes/no) questions (e.g., "When a person exclusively breastfeeds a child for the first six months of life, does that help the child to avoid diarrhea?"), you can make up a coding guide using the responses included in the questionnaire (e.g., Yes, No, Don't Know). See example below.]

Coding Guide for Action Efficacy Question Regarding Use of ORS (Sample Table for Closed-Ended Questions)

	DOERS (n=60)		NON-DOERS (n=60)	
		%		%
Q24. When a person exclusively breastfeeds a child for the first six months of life, does that help the child to avoid diarrhea?				
Yes	𝍸 𝍸 ||	20%	𝍸	8%
No	𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 |||	80%	𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸 𝍸	92%
Don't Know				

[Walk participants through the following steps using their completed questionnaires from Session 20. All participants—regardless of whether they participated in the Barrier Analysis study using focus groups or through individual interviews—can participate in this tabulation and analysis.]

1. Develop a coding guide for all of the questions in the questionnaire, following the directives given above.

2. Divide the questionnaires into two stacks: people who reported YES, THEY DID DO THE BEHAVIOR (e.g., used ORS) versus those who reported NO, THEY DID NOT DO THE BEHAVIOR (e.g., did not use ORS).

3. For the stack of questionnaires from those who reported YES, mark each sheet of the questionnaire with a "D" for "Doer." For the stack from respondents who reported NO, mark each sheet with "ND" for "Non-Doer."

4. Keep the stacks separate and divide each stack among the staff who will tabulate the responses.

The tabulator should look at each participant's responses and try to find the same or a very similar response on the coding guide (page 65). If the tabulator finds a genuinely different response, write the response on the "Other" line and add a tick mark in the appropriate column of the coding guide.

As each response is coded, the tabulator should place a tick mark next to that response in either the "Doer" or "Non-Doer" column of the coding guide, depending on the stack from which it came ("D" or "ND"). At the same time, the tabulator should place a check in the questionnaire beside that question to indicate that the response has now been coded.

Tabulators should register a tick mark for each different response, even if some seem similar.

5. Once all questionnaires have been tabulated, quickly calculate percentages for each possible response. To do that, first write down in each cell the total number of tick marks in that cell. Then calculate percentages by using the total number of "D" questionnaires as the denominator for the "Doers" column. Use the total number of "ND" questionnaires as the denominator for the "Non-Doers" column.

6. Now look for five or six of the biggest differences in percentage points between the Doers' and Non-Doers' responses, or responses where there was surprisingly little difference between Doers and Non-Doers. Keep in mind the following:

    a. When Doers and Non-Doers report similar percentages for any item, that item is not a likely determinant of the behavior for this target group.

    b. When Doers' responses are radically different from Non-Doers' responses, that item is very likely an important determinant of the behavior for this target group.

    c. This rapid survey technique is not a rigorous statistical analysis of your findings. Therefore, when we speak of "differences" between responses of Doers and Non-Doers, it is important to look for relatively "big" differences, that is, differences of more than a few percentage points. If you calculate confidence intervals on each proportion, you will be looking for differences where the confidence intervals do not overlap. If all overlap, you will be looking for those with the smallest amount of overlap; these differences will be the ones that are more likely to be significant.

If you have a larger number of people in your sample (e.g., 740 people), smaller differences may be significant. For small samples (e.g., 170 people), only differences of > 20 percentage points are generally meaningful.

d. Knowledge about the health benefits of the behavior will often be very similar among Doers and Non-Doers and therefore often not a practical focus for an intervention.

e. Doers' responses may include ideas for strategies on how to make the behavior easier or more appealing, and could provide clues for messages to Non-Doers. Examine these carefully.

f. Sometimes more Doers list a particular disadvantage of the behavior than do Non-Doers. This may simply indicate that the Doers are more familiar with the behavior. Despite familiarity with the disadvantage, they have overcome it to be Doers. Program planners will need to consider whether a difference between Doers and Non-Doers, in this case, indicates an item that the intervention should address. They may need to talk further with Doers and Non-Doers to determine what to do with such data.

g. Looking at differences between Doers and Non-Doers regarding who approves or disapproves of the behavior may provide important information on who to target for your intervention. If differences are noted, this implies that you may need to work with a different target group than you had originally intended. You may first have to work with the "influentials" to change their attitudes towards the behavior (e.g., convincing mothers-in-law that ORS is good for their grandchildren).

7. To summarize your results for program planning, list your selected findings in a table like the one shown on the following page. (An actual Barrier Analysis results table would have more rows since it would be summarizing more questions.) In column 1, list the findings for each determinant (summarizing the questions) and then report the percentage of Doers and Non-Doers for those findings in columns 2 and 3. Leave the "Implications" and "Focus" columns blank for the moment.

8. Now you should discuss the results from the Barrier Analysis and how it should affect your program planning. Make notes (on newsprint) about the implications of the results and to what degree your intervention should focus on that determinant. In the "Implications" column, mention whether there is a significant difference between Doers and Non-Doers, whether the intervention should target each determinant analyzed, and whether an intervention is likely to change the situation. Add to your table the implications and to what degree the program should focus on the determinant.

Your summary could look something like this:

Research findings	Doers %	Non-Doers %	Implications	Focus?		
				H	M	L
Perceived Susceptibility						
My child can get diarrhea	25%	20%	Very similar			•
My child can become dehydrated	72%	38%	Difference; educate on susceptibility	•		
Perceived Severity						
Diarrhea is a killer disease	78%	81%	Very similar			•
Diarrhea listed 1st or 2nd in list of severe diseases	74%	68%	Very similar			•
Perceived Action Efficacy						
ORS prevents dehydration	93%	73%	Possible difference		•	
ORS prevents dehydration "a lot" (response d)	78%	62%	Possible difference		•	
Perceived Self-Efficacy						
I know how to make ORS	98%	63%	Difference; educate on how to make ORS	•		
It would be easy for me to make ORS	92%	59%	Difference: Work on specific barriers (see below)	•		
ORS is available at the health post nearest to my home	88%	43%	Difference: Improve availability and knowledge of where to find ORS	•		
ORS costs too much	45%	38%	Very similar			•
Takes too long to prepare	22%	11%	Similar		•	
Cues for Action						
I can/could easily remember when to make ORS	95%	91%	Very similar			•
I can easily remember the steps/ingredients in making ORS	98%	63%	Difference; teach song to remember process	•		

H = high
M = medium
L = low

Research findings	Doers %	Non-Doers %	Implications	Focus?		
				H	M	L
Perceived Social Acceptability						
My mother agrees with using ORS	81%	83%	Very similar			•
My husband agrees with using ORS	53%	57%	Very similar			•
Perception of Divine Will						
It is often God's will that children with diarrhea die.	31%	72%	Large difference: Spiritual education (through churches & mosques)	•		
Children often get diarrhea because of neighbors' curses	34%	41%	Very similar			•
Children often get diarrhea because of other supernatural causes	45%	84%	Difference: Explore and combat "other supernatural causes"	•		
Positive Attributes of the Action						
Can prepare ORS quickly	91%	84%	Very similar			•
Older sibling can prepare ORS	54%	62%	Very similar			•
Negative Attributes of the Action						
ORS tastes bad	27%	16%	Similar		•	
ORS does not stop diarrhea	80%	38%	Large difference, but probably unable to change		•	

H = high
M = medium
L = low

Session 23:
STEP 7—Using the Results of Barrier Analysis
(90 minutes)

step seven

[Explain:] Now we come to the seventh and last step in Barrier Analysis: using the results.

[Ask:] What are the different ways that you could use the results of this analysis?
[Note responses on newsprint and add:]

Ways you can use the results of Barrier Analysis:

- To promote and advertise advantages of a behavior
- To decrease things that make it difficult to do the behavior
- To make changes to your program design to reach certain groups with certain messages and to make it easier for people to do the behavior (e.g., increasing social support and the availability of supplies or training needed to do the behavior)
- To increase support of the behavior among people who disapprove
- To identify people who are advocates of the behavior so that they can be asked to give testimonies about the behavior

In addition to modifying and adding educational messages, you will often discover ways in which you can modify or add to your program design to confront the different barriers to—and highlight the advantages of—the behavior you want to promote. *[Lead the group in brainstorming the types of messages and accompanying support activities that could be developed related to each determinant. Use Annex 8 to summarize the discussion. This will be a generic list. When you have finished, distribute and go over the table on the following page.]*

Determinant/Barrier	Questions to Examine	Possible ways to Break the Barrier or Affect Program Outcomes by Focusing on this Determinant
Perceived Susceptibility	Can I get the disease/ have the problem?	Educational messages on susceptibility (e.g., using statistics), testimonies from those who thought they could not get the illness but did, expert opinions, use of surveys or PRA focusing on prevalence rates.
Perceived Severity	Is the disease/problem serious?	Educational messages on severity (e.g., using case fatality rates), testimonies from those who have had the illness, use of folk media (e.g., community theater) to get "the right amount of fear," stories from health workers on specific (e.g., fatal) cases.
Perceived Action Efficacy	Does the behavior work to prevent/ overcome the disease or problem?	Educational messages on how the behavior works, demonstrations, simulations of how the action works (e.g., the "gourd baby" to show how diarrhea causes dehydration and ORS prevents that), expert opinions, testimonies, publicizing case histories, getting people to make commitments to (at least) try it out.
Perceived Self-Efficacy	Can I do the behavior?	Educational messages that talk about time and cost requirements, skill-building training in communities, getting people to make commitments to try out the behavior, increasing access by subsidizing costs of needed supplies, promoting ways to decrease the time required to do the behavior, promoting technology that requires less materials (e.g., the "tippy tap[6]" for hand washing), creation of support groups (e.g., for breastfeeding).
Cues for Action	Can I remember when/ how to do the action?	Promotion of songs, poems or slogans to help people remember a behavior/how to do a behavior (e.g., steps). Use of posters, radio spots, other reminders.
Perceived Social Acceptability	Do those who are important to me approve of the behavior?	Education directed at the target group who disapproves of the behavior. Assertiveness training and rights-based approaches (e.g., women and HIV/AIDS prevention). Wide-angle health promotion involving opinion leaders. Testimonies by opinion leaders (even if they are "outliers").
Perception of Divine Will	Is it God's will that I prevent/ overcome the disease or problem?	Influence spiritual teaching through churches, mosques, and other religious bodies using their own spiritual writings. Providing sermon outlines to pastors. Involving spiritual leaders in health promotion.
Positive and Negative Attributes of the Action	What are the advantages/disadvantages of the behavior?	Promotion of the advantages of the behavior mentioned by survey respondents through testimonies, radio spots, posters, etc. Confronting negative attributes through new messages and activities.

[6] See http://www.rehydrate.org/dd/dd54.htm

[Now divide the participants into groups of approximately six people. The groups should analyze the results from the Barrier Analysis that was done during the practicum, using either set of data. (i.e., data collected using focus groups or data collected using individual interviews.) They should fill out the form in Annex 9.]

[Alternatively, if you were not able to collect data during the workshop, the groups should brainstorm a list of what they would do to promote water purification given the situation in the Dominican Republic that was presented earlier (summarized in Annex 10, which should be used as a handout). Use Annex 9 to document the discussion.]

[Give all groups about 30 minutes to fill out their forms. After 30 minutes, have those groups working on the practicum data present their lists, with each subsequent group adding information to the lists as necessary. (Each group should not do a full presentation, given time limitations. The first group should do a full presentation, and subsequent groups should only present additional/ different information.) If the Dominican Republic data was used, have the groups working on that data present their lists in the same manner. Put an X beside any of the tasks or messages mentioned that are not priority tasks. Put a checkmark beside any that are mentioned by one or more groups that are important and that focus on a determinant.]

[Summarize:] This tool helps you gain understanding about the differences between those people in your community who have already adopted a behavior and those people who have not yet made the choice to do so. It helps you choose strategies that will work and are based on the differences that matter, giving you a solid scientific foundation on which to base your interventions. It does not provide absolute certainty, but it does give you a way to target the most likely strategies for specific target groups. We hope that this will be a useful tool in your efforts to serve others.

Workshop Evaluation
(30 minutes)

workshop evaluation

[Ask participants to fill out the daily and end-of-workshop feedback forms in Annex 11 and turn them in. They do not need to put their name on these forms. Following that, have participants complete the posttest if one is used.]

[If any formal closure is traditionally done for workshops, do those closing activities. If workshop participants are accustomed to getting certificates for their work, distribute certificates at this time.]

Annex 1
FH/Kenya Barrier Analysis Results (July, 2002)

Behavior: Water purification through boiling or chlorination (Kenya, 7/02)	**Determinant #1: Perceived Susceptibility** (Can I get the disease/problem?)	**Determinant #2: Perceived Severity** (Is the disease/problem very serious?)	**Determinant #3: Perceived Action Efficacy** (Does the preventive action work?)	**Determinant #4: Perceived Social Acceptability** (Is the preventive action socially acceptable?)
To what degree is this a barrier? (- to +++++)	+++ Mothers believe that they and their children can get diseases from drinking dirty water, but they believe that clear water is pure water. They believe the borehole water is clean (but it is not even covered). They know that the water-pan water is not clean.	– Mothers believe that diarrhea is harmful and can kill people, especially children.	+++++ (chlorination) – (boiling) (More of a barrier with leaders than with mothers.) Lack of any knowledge on how to use bleach to purify water by both mothers and leaders. Both groups believe boiling works to purify water. Not sure if chlorination works to purify water.	++ Mothers: Only the educated people/ foreigners purify water right now. But not a negative thing to boil water. (No experience with chlorination.)
Current messages used that confront or work around this barrier	Only message related to this is the importance of purification of water by boiling. No specific messages on local quality of water or susceptibility of young children to waterborne diseases.	Diarrhea leads to dehydration. Emphasis is put on how dehydration can kill the child.	None	None
Messages that need to be developed or modified concerning this barrier	• Everyone, especially young children, can get diarrhea from water that is not purified. • Status of water in each community from water testing. • Impure water can kill children. (Use example of Laisamis community.) • Bacteria are so small that you cannot see them. Water that is clear may still be contaminated. Purify all drinking water to be safe. Water can become contaminated after drawing it from a clean source. • Children can get diseases easier than adults—they are weaker—and are more likely to die from impure water.	Add this message, even though it is not a barrier: • Diarrhea is one of the chief causes of death in children in Marsabit District.	• MOW uses chlorine bleach to purify water, which is highly effective. You should use chlorine bleach to do the same. • Addition of four drops of bleach per liter of water will purify the water. (Always add bleach after sieving the water to remove particles.) • After addition of bleach wait 30 minutes before consuming so that the bleach has time to kill the bacteria. • Sieving does NOT purify water – chlorinate or boil to purify.	Everyone can learn to purify their drinking water. It is a simple thing to learn and to do.
Changes to make in the project design given this barrier	Test water sources in each community for contamination. (Consider using Manja tubes for this, or invite university to test water.) Meet with Ministry of Water (MOW) to discuss water testing.	None	• Demonstrate purification process to all communities through *barazas*. • Meet with MOW to discuss intensive water chlorination program and collaboration in promotion of "bleach agents." Get World Health Organization (WHO) document on purification with bleach to share with the MOW. • CHWs sell bleach to communities.	None. Local bleach promoters may help with this. If this barrier persists, make a poster with a traditionally dressed woman adding chlorine to water saying "You can purify your water with bleach, too!"
Sample monitoring indicators	• % of mothers who can correctly report the results of the last water test in their community • % of mothers who know that the water receptacle is a place where water can become contaminated	No indicator needed at this point.	• % of mothers who believe that bleach can be used to purify water	No indicator needed at this point.

Annex 1
FH/Kenya Barrier Analysis Results (July, 2002)
(continued)

Behavior: Water purification through boiling or chlorination (Kenya, 7/02)	**Determinant #5: Perceived Self-Efficacy** (Can I do it? [Time, money/resources, knowledge])	**Determinant #6: Cues for Action** (Can I remember to do it? Can I remember how to do it?)	**Determinant #7: Perception of Divine Will** (Is it God's will that my child has the disease/problem? Is it taboo to do the behavior?)	**Determinant #8: Positive and Negative Attributes of the Preventive Action**
To what degree is this a barrier? (- to +++++)	++++ (boiling) +++++ (chlorination–never tried) • Mothers and leaders both say that it is very time consuming and expensive to boil water. There's a lack of firewood. • Neither group knew how to purify with chlorine. (Once it was explained, they said that it sounded easy.)	++ (boiling); +++++ (chlorination–never tried) Mothers sometimes forget to boil water, even when they want to boil it. Mothers do not know how to use bleach for purification.	– (Leaders) +++ (Mothers) • It is not God's will that children get diarrhea. (Leaders) • Children can get diarrhea from evil eye, and it is God's will. (Mothers)	+ (Leaders and Mothers) Mothers and leaders agree: Boiling is safe, and yields tasteless water, but is time-consuming and expensive. Chlorinated water is time-saving. The smell is not that good, but one can adapt. Bleach must be kept away from children.
<u>Current</u> messages used that confront or work around this barrier	None	• Boil all drinking water for children.	None	None
Messages that need to be developed or modified concerning this barrier	• Chlorination is the easiest, least-costly and least time-consuming way to purify drinking water. • Cost to purify with bleach is about 0.07 Shillings (7 cents) per liter. • Use teaspoon to measure bleach: 1 teaspoon per 20L of water. • If you are not measuring into a 20L can, you need to use a dropper: It's four drops of bleach per liter.	• Forgetting to purify water is dangerous—do it every day (boil or chlorinate). • Sieving water does not purify it. • Use teaspoon to measure bleach: 1 teaspoon per 20L of water. (Show teaspoon) • If you are not measuring into a 20L can, you need to use a dropper: It's four drops of bleach per liter.	• It is never God's will that children get sick and die. • Isaiah 65: 17-25 (God's will for the earth): "Never again will there be in it an infant who lives but a few days…." • When talking about water with communities, consider using these: Exodus 23: 25-26 Isaiah 41: 17-18	• Keep bleach where you keep medicines—out of reach of children. • Only have adults do the chlorination, not children. • Leave container open for 30 minutes to reduce smell. • To help with the taste, add a bit of fruit juice to the purified water in a separate cup when ready to drink. • Always taste before giving to children to check amount of bleach.
Changes to make in the project design given this barrier	Collaborate with MOW to get permission and help in promoting household purification with bleach. Demonstrate how to purify water with chlorine. "Bleach agents." CHWs sell bleach to communities.	• Demonstrate how to purify water with chlorine. "Bleach agents." • Use songs to teach process. • Develop stickers for house with proper dosing, safety and reminder to purify.	-	Put all standard messages on flip charts used in the health program.
Sample monitoring indicators	• % of mothers who purify their family's drinking water using bleach • % of mothers who can correctly describe how to purify drinking water using bleach • % of mothers who say that it is easy to purify water using bleach	No indicator needed at this point.	• % of mothers who believe that a child can get diarrhea from evil eye	No indicator needed at this point.

Annex 1
FH/Kenya Barrier Analysis Results (July, 2002)
(continued)

Behavior: Water purification through boiling or chlorination (Kenya, 7/02)	**Determinant #1: Perceived Susceptibility** (Can I get the disease/problem?)	**Determinant #2: Perceived Severity** (Is the disease/problem very serious?)	**Determinant #3: Perceived Action Efficacy** (Does the preventive action work?)	**Determinant #4: Perceived Social Acceptability** (Is the preventive action socially acceptable?)
To what degree is this a barrier? (- to +++++)	+++ Mothers believe that they and their children can get diseases from drinking dirty water, but they believe that clear water is pure water. They believe the borehole water is clean (but it is not even covered). They know that the water-pan water is not clean.	– Mothers believe that diarrhea is harmful and can kill people, especially children.	+++++ (chlorination) – (boiling) (More of a barrier with leaders than with mothers.) Lack of any knowledge on how to use bleach to purify water by both mothers and leaders. Both groups believe boiling works to purify water. Not sure if chlorination works to purify water.	++ Mothers: Only the educated people/ foreigners purify water right now. But not a negative thing to boil water. (No experience with chlorination.)
Current messages used that confront or work around this barrier	Only message related to this is the importance of purification of water by boiling. No specific messages on local quality of water or susceptibility of young children to waterborne diseases.	Diarrhea leads to dehydration. Emphasis is put on how dehydration can kill the child.	None	None
Messages that need to be developed or modified concerning this barrier				
Changes to make in the project design given this barrier				
Sample monitoring indicators				

Annex 1
FH/Kenya Barrier Analysis Results (July, 2002)
(continued)

Behavior: Water purification through boiling or chlorination (Kenya, 7/02)	**Determinant #5: Perceived Self-Efficacy** (Can I do it? [Time, money/resources, knowledge])	**Determinant #6: Cues for Action** (Can I remember to do it? Can I remember how to do it?)	**Determinant #7: Perception of Divine Will** (Is it God's will that my child has the disease/problem? Is it taboo to do the behavior?)	**Determinant #8: Positive and Negative Attributes of the Preventive Action**
To what degree is this a barrier? (- to +++++)	++++ (boiling) +++++ (chlorination–never tried) • Mothers and leaders both say that it is very time consuming and expensive to boil water. There's a lack of firewood. • Neither group knew how to purify with chlorine. (Once it was explained, they said that it sounded easy.)	++ (boiling); +++++ (chlorination–never tried) Mothers sometimes forget to boil water, even when they want to boil it. Mothers do not know how to use bleach for purification.	– (Leaders) +++ (Mothers) • It is not God's will that children get diarrhea. (Leaders) • Children can get diarrhea from evil eye, and it is God's will. (Mothers)	+ (Leaders and Mothers) Mothers and leaders agree: Boiling is safe, and yields tasteless water, but is time-consuming and expensive. Chlorinated water is time-saving. The smell is not that good, but one can adapt. Bleach must be kept away from children.
<u>Current</u> messages used that confront or work around this barrier	None	• Boil all drinking water for children.	None	None
Messages that need to be developed or modified concerning this barrier				
Changes to make in the project design given this barrier				
Sample monitoring indicators				

Annex 2: AED's "Exercise" Exercise (Using Doer/ Non-Doer Analysis)

annex 2

Objectives

Through this exercise, participants will have:

- distinguished between information-based health education and behavior-based prevention;
- reviewed the basic principles of behavior change planning, segmentation, benefits and barriers, determinants of behavior;
- practiced strategic planning based on behavioral data.

Time Needed

About 60 minutes but can be expanded or condensed a bit as time allows.

Set-up

Write each statement on a separate piece of flip chart paper. (You don't need to leave any room for participants to write on the paper—it's text only.)

Tape the statements one on top of the other so that sheets can be removed one-by-one, to reveal the sheet underneath. Hang up papers in three stacks around the room in the following sequence:

Blank sheet, #1, #4, blank sheet
Blank sheet, #2, #5, blank sheet
Blank sheet, #3, #6, blank sheet

Belief statements:
1) I believe regular exercise is a good idea for everyone. It reduces stress, keeps the heart and body fit, and reduces morbidity over time.

2) I believe regular exercise is most important for people with a history of heart disease or those trying to reduce their weight.

3) I generally believe in the concept of regular exercise, but think a healthy, active person gets all the exercise he/she needs without a formal routine.

change

AED

Action statements:

4) I regularly get 30 minutes of moderate cardiovascular or muscle strengthening activity four or more times every week.

[NB: If ***very*** few participants get 30 minutes of moderate cardiovascular or muscle strengthening activity four or more times weekly, then you can change the action statement to say, "I get 30 minutes of moderate cardiovascular or muscle strengthening activity, two or more times every week." Even though this is not the ideal behavior, this will enable you to compare the two groups. If you do this, you will need to modify the other instructions that follow to correspond to this new criterion.]

5) I exercise periodically, when the opportunity arises, about once every week (swimming, jogging, walking, playing sports with friends or family, etc.).

6) I frequently walk to the refrigerator, around the house, to the corner for a soda/cola. (I'm not a regular exerciser at all.)

Facilitator Instructions

Turn to the papers around the room.

Say: *Together, we'll run through an exercise that will illustrate some of the fundamental principles of behavior-based prevention strategies.*

Let's pretend: We operate a community health promotion program that aims to increase community use of prevention. Our research has shown that adults who exercise regularly (four times a week, 30 minutes each time) have fewer serious medical problems. So our goal is to get more adults to exercise regularly. Because we are fundamentally committed to involving our community in planning, it's appropriate that together, as a group, we plan our education strategy.

What should we do to educate our community to exercise more?

If the group doesn't offer (or summarize if they do offer): [Add:] To plan our program, we need to know what factors will most influence our community's exercise behavior.

Explain that there are **three belief statements** posted on the walls. Have participants read them out loud. Ask each participant to **stand near the statement that most approximates his/her beliefs**. Observe and comment. Demographic observations? By profession? Gender? Region? Other?

Belief statements:
1) I believe regular exercise is a good idea for everyone. It reduces stress, keeps the heart and body fit, and reduces morbidity over time.

2) I believe regular exercise is most important for people with a history of heart disease or those trying to reduce their weight.

3) I generally believe in the concept of regular exercise, but think a healthy, active person gets all the exercise he/she needs without a formal routine.

Now have them **read the action statements** and ask folks to reposition themselves according to what they actually do. Any differences? Observe and comment. Demographic observations? By profession? Gender? Region?

Action statements:
4) I regularly get 30 minutes of moderate cardiovascular or muscle strengthening activity, four or more times every week.

5) I exercise periodically, when the opportunity arises, about once every week (swimming, jogging, walking, playing sports with friends or family, etc.)

6) I frequently walk to the refrigerator, around the house, to the corner for a soda/cola. (I'm not a regular exerciser at all.)

Make the point that what we think and believe is often quite different from what we do. [Put up instruction sheet.]

On the form provided, each person should **answer the seven questions** that explore what they feel are the **benefits of and barriers to regular exercise**. You will have 10 minutes.

Two important things to keep in mind:
1.) Answer according to YOUR OWN THOUGHTS AND FEELINGS. Don't try to represent others; just what you think.

2.) No matter how much you actually exercise, you are merely listing the benefits of and barriers to doing the behavioral objective: exercising four times a week, 30 minutes each time. So even if you don't exercise, you are listing what good things would happen if you DID exercise regularly.

Then we'll take a break, and have some volunteers help us quickly analyze the surveys.

change

Now think back to our original mission. [review it]

AED

Let's pretend: We operate a community health promotion program that aims to increase community use of prevention. Our research has shown that adults who exercise regularly (four times a week, 30 minutes each time) have fewer serious medical problems. So our goal is to get more adults to exercise regularly.

How would you target your program to attain this program goal?

Things that come up include whether to target the group needing the most change, or those most primed for change, or even reinforcing good behavior. Usually this is a good opportunity to talk about numbers (start where most people need change) or those most at risk (though fewer in number). Make sure to talk about identifying the key factors that distinguish Doers from Non-Doers, not to "pick" something to promote that doesn't seem to be the key difference between doing and not doing.

Review the concepts of exchange, benefits and barriers, Doers/Non-Doers. Underscore how this helps prevention planners develop a program strategy.

**Annex 3:
Trainer Instructions
for Coding and
Presenting "Exercise"
Exercise Results**

annex 3

You will use the coding guides in Annex 4 to tabulate the responses from the participants' questionnaires and prepare a newsprint sheet or a slide that reports selected results. You will need a calculator for this work. Here's what you need to do:

1. **Divide the sheets into two stacks:** those who reported exercising four or more times in the last week versus those who reported exercising three or fewer times. Flip over the stack of questionnaires from those who reported four or more; on the question side of each questionnaire (the second page of the questionnaire [see page 93]), **mark each sheet** with a "D" for "Doer." For the stack from respondents who reported three or fewer, mark "ND" for "Non-Doer" at the top of the second page. Note the total in each stack, and write them in the first row of each page of the coding guide under "Doer Count" and "Non-Doer Count."

2. **Tabulate the data.** Keep the stacks separate and divide each stack up among those tabulating the responses. Have each tabulator work with one coding guide, which covers a pair of questions (advantages/disadvantages; easier/more difficult; approves/disapproves). The tabulator should look at each participant's responses and try to find the same or a very similar response on the coding guide. He/she should place a tick mark next to that response in either the "Doer Count" or "Non-Doer Count" column of the coding guide, depending on the stack from which it came ("D" or "ND"). At the same time, he/she should check off the response on the questionnaire, indicating that the response has already been counted.

Tabulators will register a tick mark for each different response, even if some seem similar.

The coding guides were developed based on responses given during pretests of the survey instrument and should reflect most potential answers. **Try to fit responses into one of the response categories in the guide.** If you find a genuinely different response, write it on the "Other" line and add a tick mark in the appropriate column.

As tabulators finish with a set of questionnaires, they should trade questionnaires with each other and follow the same process on the next set, until all the responses have been tabulated.

3. Once all questionnaires have been tabulated, **calculate percentages for each possible response**. To do that, first write down in each cell the total number of tick marks in that cell. Then calculate percentages by using the total number of Doers as the denominator for the "Doer" column. Record the percentage in the "Doer %" column. Use the total number of "Non-Doer" questionnaires as the denominator for the "Non-Doer" column. Record the percentage in the "Non-Doer %" column.

4. Then **select five or six of the most interesting findings**, such as responses that were very different between Doers and Non-Doers, or responses that were surprisingly similar between Doers and Non-Doers. Think ahead to points you will want to cover in the discussions so you have research findings that allow you to cover those topics.

5. **Prepare your presentation.** Important points to make in the discussion will include:

- When Doers and Non-Doers report similar percentages for any item, that item is not a likely determinant of the behavior for this audience.

- When Doers' responses are radically different from Non-Doers' responses, that item is likely a determinant of the behavior for this audience.

- Knowledge about the health benefits of the behavior is likely to be similar among Doers and Non-Doers, and therefore not a practical focus for an intervention.

- Doers' responses may include ideas for strategies on how to make the behavior easier or more appealing, and could provide clues for messages to Non-Doers.

- Sometimes, more Doers list a particular disadvantage of the behavior than do Non-Doers. This may simply indicate that the Doers are more familiar with the behavior. Despite familiarity with the disadvantage, they have overcome it to be Doers. Program planners will need to consider whether a difference between Doers and Non-Doers in this case indicates an item that the intervention should address; they may need to talk further with Doers and Non-Doers to determine what to do with such data.

- Looking at differences between Doers and Non-Doers as to who approves or disapproves of the behavior may provide important information on how to develop an intervention.

- List the selected findings on a sheet of newsprint in column 1, as shown below. Report the percentage of Doers and Non-Doers for those findings in columns 2 and 3. Leave the "Implications" and "Focus" columns blank.

Your finished newsprint should look something like this:

Finding	Doers %	Non-Doers %	Implications	Focus?		
				Y	N	M
Advantage: Health	80%	82%				
Disadvantage: Takes time from work	40%	27%				
Easier: Getting into a routine	60%	36%				
Difficult: I am not motivated	36%	80%				
Difficult: I have no time	0%	54%				
Approve: Me	40%	54%				
Disapprove: Family	0%	54%				

Annex 4:
Coding Guide for
"Exercise" Exercise

annex 4
coding guide for good things

Advantages or good things	Doer Count	Doer %	Non-Doer Count	Non-Doer %
Total Doers and Non-Doers				
Health benefits/feel healthy				
Lose weight/control weight				
Can eat more (without gaining weight)				
Look better				
Reduce stress/more relaxed				
Feel better/more energy				
Sleep better				
Meet new people				
Get to socialize				
Feel safer (feel you could run or fight if attacked)				
Exercise is fun				
Other:				

coding guide for disadvantages or bad things

Disadvantages or bad things	Doer Count	Doer %	Non-Doer Count	Non-Doer %
Total Doers and Non-Doers				
Takes up time				
Cuts into time with my family or friends				
Cuts into to work time				
Get sweaty/dirty				
Might hurt myself				
Get tired				
Costs money				
Get lonely				
Not fun				
Other:				

coding guide for easier

change

AED

Easier	Doer Count	Doer %	Non-Doer Count	Non-Doer %
Total Doers and Non-Doers				
Convenient location (either health club or outdoor spot)				
Convenient hours for pool or gym				
Having a variety of exercise options				
Safe place (free from physical danger)				
Getting into a routine				
Planning				
Low cost				
Having an exercise buddy/partner				
Seeing results (stronger, slimmer, less stress, etc.)				
Motivation				
Employer/work flexibility				
Family support/flexibility				
Nice weather				
Other:				

coding guide for more difficult

More difficult	Doer Count	Doer %	Non-Doer Count	Non-Doer %
Total Doers and Non-Doers				
Have no time/my schedule does not allow it				
Family and friends demand time				
Busy at work				
Not motivated				
Too tired				
Get sweaty/dirty				
Might injure myself				
Gain weight				
No safe place to exercise				
There is bad weather				
Don't have someone to exercise with				
Have no place to exercise/ not convenient				
Gym or pool is not open/ inconvenient hours				
Have to pay				
Other:				

coding guide for approves

People who approve of my spending time exercising	**Doer Count**	**Doer %**	**Non-Doer Count**	**Non-Doer %**
Total Doers and Non-Doers				
Doctor/health professional				
Spouse/partner				
Children				
Parent or other family				
Employer				
Coworkers				
No one				
Me				
Friends				
Everyone				
Other:				

coding guide for disapproves

People who disapprove of my spending time exercising	**Doer Count**	**Doer %**	**Non-Doer Count**	**Non-Doer %**
Total Doers and Non-Doers				
Doctor/health professional				
Spouse/partner				
Children				
Parent or other family				
Employer				
Coworkers				
No one				
Me				
Friends				
Everyone				
Other:				

Annex 5: Participant Survey for "Exercise" Exercise

annex 5

Think about the last full week that you were home, that is, before traveling for this workshop. Now, thinking about that week, how many times did you exercise for at least 30 minutes? By exercise, we mean any physical activity that increases your heart rate.

Number of 30-minute periods of exercise over the last week: _____

Now turn this sheet over and, following the instructions at the top, complete all questions.

Continue survey on next page>>>>>>>>

We'd like to ask you some questions about your perceptions of what happens when you get 30 minutes of exercise—that increases your heart rate—at least four times every week. Keep in mind that many people exercise less than that. Answer for what it's like—or would be like—to get 30 minutes of exercise at least four times every week. In answering the questions, respond for yourself (and not some hypothetical audience member). Please provide as many responses as you can for each of the following questions.

What do you see as the **advantages or good things** about getting 30 minutes of exercise at least four times every week?

What do you see as the **disadvantages or bad things** about getting 30 minutes of exercise at least four times every week?

What makes it **easier** for you to get 30 minutes of exercise at least four times every week?

What makes it **more difficult** for you to get 30 minutes of exercise at least four times every week?

Who (individuals or groups) do you think would **approve or support** your spending time getting 30 minutes of exercise at least four times every week?

Who (individuals or groups) do you think would **disapprove or object** to your spending time getting 30 minutes of exercise at least four times every week.

Annex 6: Developing Question Guides for Barrier Analysis Using Focus Groups

annex 6

Here are the steps to preparing good questions to use during Barrier Analysis when using focus groups:

A. Review the eight determinants of behavior change analyzed in Barrier Analysis.

B. Write down the promoted behavior that you wish to study. This should be a behavior that has not changed much in the past in your project area despite your efforts to make a change (e.g., through health promotion) or a behavior that you have just begun promoting that is extremely important to your project's success. It should also be one that is highly associated with your goal (e.g., increased yield or decreased malnutrition).

C. Write down the problem or illness that you hope to prevent through the promotion of this behavior.

D. For each barrier, write questions that can be used to see if this barrier is, in fact, a barrier to the successful carrying out of the promoted behavior. Remember that we are generally not trying to establish, for example, whether or not a type of illness or problem is serious, but whether or not people *perceive* that the illness or problem is serious. We are trying to measure perceptions, and questions should be worded with that in mind. For example, we would not ask, "Is diarrhea a serious illness?" but rather, "Do you feel that diarrhea is a serious illness?" The first question may produce more "ideal answers"—what people have heard is true, what they should do, etc. The second question is more likely to get at the person's true feelings and behavior concerning the illness—what they believe and what they normally do in a given situation.

E. For some barriers, it would be best to start out with an open-ended question to explore the general situation. For example, if you are trying to influence when solid foods are added to a child's diet, you could say, "Tell me about how you fed your child during the first year of life," then ask specific questions about when certain things were done and why. Or for agriculture, you might say, "Tell me about what you do in your garden at the beginning of a growing season."

F. When asking about specific barriers, the following guidance may be helpful:

1. **Determinant #1—Perceived Susceptibility**
   For this barrier, you can start by exploring what people believe are the causes of the problem/illness that you are trying to prevent. For example:
   - What type of children usually become thin?
   - Are there things that mothers sometimes do with their children that make them become thin?
   - What are the things that cause low yields?
   - Why do some people produce more crops than others with the same amount of land?

   You can then ask more directly about whether the group thinks that they (or their children) are susceptible to the problem/illness. For example:
   - Has your child ever had diarrhea?
   - Do you think that your child could get diarrhea?
   - Have you had a year when your crop production was low?
   - Do you think that could happen this year?

2. **Determinant #2—Perceived Severity**
   Ask whether the group feels that the problem/illness is serious.
   For example:
   - When a child who is about two months old has diarrhea, is that a serious problem?
   - When an older child (e.g., a four-year-old) has diarrhea, is that a serious problem?
   - How serious a problem would it be if your harvest was (say) 20% lower this year than last year?
   - How serious a problem would it be if you were only producing 80% of what you could be producing?

   You can then use questions to try to determine how serious the group feels the problem can be if they were to have it:
   - Can diarrhea kill a child who is two months old?
   - Does diarrhea usually kill a child who is two months old?
   - When a farmer's cassava is infested with cassava mealy bug, how serious a problem is that? Can it wipe out most of his/her crop?

You can then use questions to find out if people feel that the problem can be easily treated. A person's perception about the severity of a problem is linked, in part, to how easy he/she thinks it is to treat. You need to establish how much energy and time people will devote to preventing a problem or illness. For example, in the U. S., many people at one point in history (prior to the AIDS epidemic) considered getting a sexually-transmitted disease to be a "nuisance," but not that severe of a problem. (Hence, they did very little to prevent it.) They knew that the disease could be severe (e.g., syphilis could cause blindness), but that it was easily treated and thus not usually severe. Questions could be used such as:

- Can diarrhea be easily treated? By whom?
- Can kwashiorkor/marasmus be easily treated? By whom?
- If your crops were infested with the cassava mealy bug, would it be difficult to get rid of them once you discovered the problem?

3. **Determinant #3—Perceived Action Efficacy**

You can look at some of the answers to questions used for Determinant #1 to find out if this is a barrier. (If respondents feel that the promoted behavior is not linked with the problem/illness, then they are saying that they do not think that the promoted practice will decrease the problem/illness.) For this barrier, you can also look for what they perceive ideal behavior to be concerning the practice:

- When should a mother start giving a child other drinks beside breast milk? Water? Other semi-solid foods?
- When is it necessary to plow a field?

You can then ask them directly if they think doing the promoted behavior will prevent the problem/illness. For example:

- What would happen to a child if you only breastfed him/her for the first six months of life, and gave no other foods, drinks or water?
- What effect does plowing a field have on the growth of the crops?

You can then look at the inverse situation. Does NOT doing the behavior lead to the problem/illness? For example:

- Do you think that giving a child foods or drinks before he is six months old leads to more diarrhea?
- Do you think that a farmer who does not plow his field will have a smaller harvest?

4. **Determinant #4—Perceived Social Acceptability**

To develop questions for this barrier, first reflect on who the people are that may have an opinion about your target group's practices (e.g., mothers of young children, farmers). Start by asking questions about who influences them. For example:

- Who do you talk to when you have questions about breastfeeding?
- Who has offered you advice on breastfeeding?
- Who do you talk to when you have questions about your farming practices?
- Who gives you advice about your farming practices?

Then ask what advice they were given from the people that they have mentioned. For example:

- How did the doctor or nurse tell you to feed your child when he/she was very young? What advice were you given?
- What did your mother tell you that you should feed the child?

Then you can probe using specific questions about the advice. For example:

- When did the doctor or nurse tell you that you should start to give your child other things aside from breast milk? What things did he/she suggest you give your child and at what age?
- How did the extensionist tell you that you could prevent cassava mealy bugs?

Then you can ask the person to predict what their network of friends and family members would think about the practice that you are promoting (without saying that you are or will be promoting it). For example:

- If you were to decide to breastfeed a child for six months without giving any other foods or drinks, what would your mother think of that? Do you think she would agree to your doing that?
- What would your neighbors think of you if you did that?
- What would the traditional healer say if you did that?
- Are there other people who would not agree to your doing that? Why would they not want you to do that?
- Are there other people who would approve of your doing that? Why would they approve of your doing that?

5. **Determinant #5—Perceived Self-Efficacy**

Ask what things would be necessary for the person to do the promoted behavior:

- If you wanted to breastfeed your child for six months without giving any other foods or drinks, what would make it easier for you to do that?
- What are the things that you would need in order for you to plow your field using animal traction?

Ask what things make it difficult (or would make it difficult) for the person to do the promoted behavior:

- What are the things that make it difficult (or would make it difficult) for you to breastfeed your child for six months without giving any other foods or drinks?
- What are the things that make it difficult (or would make it difficult) for you to plow your field using animal traction?

Ask how difficult the person thinks it would be to do the promoted behavior. For example:

- If you had those problems resolved, and assuming that you wanted to do it, how difficult do you think it would be to only give your child breast milk each day until he/she is six months old?
- If you had those things, how difficult do you think it would be for you to plow your field using animal traction?

Ask about ways that you know of to overcome some of the group's barriers to the promoted action. For example:

- Some people mentioned that they work outside of the home, and that situation would make it difficult for them to exclusively breastfeed... Do you know how to express breast milk from your breasts? Is it a good thing to express your breast milk? (Why or why not?)
- If you wanted to breastfeed your child for six months without giving any other foods or drinks, would it be possible for you to leave breast milk for your child when you leave the house (for example, when you go to the market)? What would make it difficult for you to do that?

You can also explore the acceptability of the behaviors that you plan to suggest for overcoming some of those barriers. For example:

- Let's say that you have a one-month-old child. If you were to express your breast milk each day to leave for your child, do you think your child would gain weight properly?

6. **Determinant #6—Cues for Action**
   Ask the group whether they think it is difficult to remember to do the action or to remember how to do the action (e.g., the steps). For example:
   - Now that I have explained how to make ORS, do you think you could easily remember how to make ORS for your child if he/she had diarrhea?
   - Do you think it would be difficult to remember to express breast milk for your child each day?
   - Now that I've explained it, do you think you could remember the procedure for keeping pests off your cassava plants?

7. **Determinant #7—Perception of Divine Will**
   Reflect on the causes mentioned earlier for the problem. Did people mention spiritual/magic causes for the problem/illness (e.g., evil eye)? If so, they may believe there are specific times that it is God's will (or the gods' will) that their child get an illness or disease. This has to do with the person's worldview. Ask people to compare those who have the problem and those who do not. For example:
   - Why are there children who become thin/malnourished, and other children who do not become thin/malnourished?

   Then ask specifically if they think it is ever/usually God's will (or the gods' will) that a person have a problem/illness. For example:
   - Is it God's will that some farmers have very poor harvests? Why?
   - Is it sometimes God's will that a person gets AIDS? Why?
   - Is it usually God's will that a person gets AIDS? Why?

8. **Determinant #8—Positive and Negative Attributes of the Preventive Action:**

   Ask the participants to think of any positive attributes that they know of concerning the promoted behavior. Reflect on the possible positive attributes of the promoted behavior that are not directly connected to the outcome that is your goal (e.g., higher yield, less diarrhea). For example:

   - Are there any benefits to the mother if she only gives her child breast milk for the first six months of life? If so, what benefits?
   - Aside from possibly having better harvests, are there any other benefits or other positive things that you know of concerning the use of animal traction for plowing?

   Then you can ask more specifically about their opinions on some of the possible positive attributes that you can think of. For example:

   - Do you think that exclusively breastfeeding would save you money (if you tried it)?
   - What do you think of the taste of ORS? The cost?
   - Do you think that ORS is useful for anything else aside from treating diarrhea?
   - Do you think owning an animal to use for plowing would provide you with other benefits?
   - What would you use the money for if you owned a pig and sold it?

   Then ask about negative attributes:

   - What are the things about using chlorine to purify your water that you really do not like?
   - What are the things about weeding that you really don't like, or think you would not like?

   In addition to the questions that you use with groups, you could talk to people who have tried out the practice to see what they liked about it.

Annex 7: Examples of Proper and Improper Interviewing Techniques
(Taken from APPENDIX J, INTERVIEWER'S GUIDE For KPC Rapid Survey Interviewing[7])

annex 7

Examples of Proper Interviewing Techniques

The following list describes techniques that should be practiced in all surveys:

a. Before asking questions, introduce yourself or have your guide introduce you, state the name of the organization you are working with and the general purpose of the survey.

b. Maintain the confidentiality of the survey. If there are people around the mother being interviewed, ask them politely to leave. (Local protocol, however, must be followed). Explain to the mother that she does not have to take part in the survey, that health services will not be withheld if she does not participate and that all identifiers will be destroyed following the survey. Gain the mother's consent to be interviewed before asking questions.

c. To begin with, ask each question exactly as it is written (or with any minor wording changes that were agreed upon during training).

d. Ask questions in a respectful manner; do not imply that some answers are "better" than others.

e. When an answer is unclear, ask the question again or ask it in a slightly different way, but be careful not to change the meaning—or "lead" the respondent into a particular response.

   For example, suppose a mother mentions that she gave her child "a special drink" during diarrhea. Do not ask a leading follow-up question such as, "Do you mean that you used ORS?" Instead ask an open question like, "What kind of special drink?" or, "What was in the drink?"

f. If an answer seems inconsistent with previous information given by the mother, or if there is some reason to disbelieve an answer, try to discover the truth by asking the mother another question or asking a question slightly differently. However, do not be overly persistent; a mother may change her answer just because persistent questioning suggests that the interviewer is dissatisfied with that answer.

g. Ensure that translations of questions are not leading, as some translations can prompt a particular answer.

[7] Weiss, Bill. [1996, August]. *KPC Training of Survey Trainer's Course.* Baltimore, MD: Child Survival Support Project.

Examples of Improper Interviewing Techniques

The following list describes several techniques that should never be practiced during a survey:

a. Not making sure that the respondent fits into the group that you are wanting to interview (e.g., mothers of children under 24 months of age).

b. Asking leading questions. For example, "Do you think diarrhea is a serious disease?" instead of an open question such as, "How serious a disease is diarrhea?" Note that these types of probing questions are perfectly acceptable for use in focus groups after a more open-ended question has been used. They are less acceptable, however, when used in individual interviews without open-ended questions being used first.

c. Not asking a question for the first time exactly as it is written on the questionnaire.

d. Explaining a question before a respondent indicates that he/she did not understand the question the first time it was asked.

e. Assuming an answer without asking the relevant question. Interviewers must follow the directions on the questionnaire and ask all questions unless instructed differently.

f. When asking a question about a mother's child, not including the child's name when asking a question, as directed on the written questionnaire.

g. Leading the respondent to a particular answer during follow-up questions clarifying a response.

h. Commenting positively or negatively about the respondent's answer. This includes facial expressions or other actions that also can imply positive or negative feelings.

Annex 8
Barrier Analysis Results Summary Table

Behavior:	Determinant #1: Perceived Susceptibility (Can I get the disease/problem?)	Determinant #2: Perceived Severity (Is the disease/problem very serious?)	Determinant #3: Perceived Action Efficacy (Does the preventive action work?)	Determinant #4: Perceived Social Acceptability (Is the preventive action socially acceptable?)
Is this a problem for Doers?				
Is this a problem for Non-Doers?				
To what degree is this a barrier? (- to +++++)				
Current messages used that confront or work around this barrier				
Messages that need to be developed or modified concerning this barrier				
Changes to make in the project design given this barrier				
Sample monitoring indicators				

Annex 8
Barrier Analysis Results Summary Table
(continued)

Behavior:	Determinant #5: Perceived Self-Efficacy (Can I do it? [Time, money/resources, knowledge])	Determinant #6: Cues for Action (Can I remember to do it? Can I remember how to do it?)	Determinant #7: Perception of Divine Will (Is it God's will that my child has the disease/problem? Is it taboo to do the behavior?)	Determinant #8: Positive and Negative Attributes of the Preventive Action
Is this a problem for Doers?				
Is this a problem for Non-Doers?				
To what degree is this a barrier? (- to +++++)				
Current messages used that confront or work around this barrier				
Messages that need to be developed or modified concerning this barrier				
Changes to make in the project design given this barrier				
Sample monitoring indicators				

annex 9

Using the results from your Barrier Analysis study, fill out the form below. Only include things in your plan that will focus on a determinant that you found to be a problem (i.e., a barrier) or a positive attribute of the action. Remember: you do not have resources to do everything, so focus on the priority activities.

WHAT KEY BEHAVIOR CHANGE MESSAGES WOULD YOU LIKE TO USE? (Give the full text of the message if possible. Otherwise, describe what you would include in the message.)

GIVEN THE RESULTS OF YOUR BARRIER ANALYSIS, WHAT SUPPORT ACTIVITIES AND CHANGES IN PROGRAM DESIGN WOULD YOU IMPLEMENT? (How could you use the positive attributes of the behavior [i.e., the action]—that you discovered in your analysis—to better promote the behavior? How could you confront each barrier—barriers you discovered in your analysis—with changes in your program design and support activities?)

**Annex 10:
Barrier Analysis
Exercise for Health**

annex 10

[This information can be used for the exercise in Session 23 (see page 73) in place of data collected during the practicum.]

1. **CAN I GET THE DISEASE? COULD THAT PROBLEM HAPPEN TO ME?**
   RESULTS: The people said that, yes, they and their children could get diarrhea and other bad diseases caused by bad water. However, they thought that their water was pure. Therefore, they were not susceptible to waterborne diseases in their given situation.

2. **IS THE PROBLEM VERY SERIOUS?**
   RESULTS: Yes, waterborne diseases are deadly.

3. **DOES THE PREVENTIVE ACTION WORK?**
   RESULTS: The people said, yes, purifying dirty water helped prevent diarrhea. Adding bleach and boiling works. They had not heard of adding iodine to water. However, they believed that their water sources were pure and did not need to be purified.

4. **IS THE PREVENTIVE ACTION SOCIALLY ACCEPTABLE?**
   RESULTS: There are no social taboos about purifying your water with bleach, iodine or boiling. Family members and neighbors would not think you were a snob or strange.

5. **IS IT EASY TO DO?**
   RESULTS: People said that it was not easy to do the preventive actions. They got their drinking water out of barrels, but the Health Promoters and MOH talked about purifying water in a gallon container (which most people did not have). They asked, "How would we purify water that we constantly put in and take out of a 55-gallon drum?" They said that boiling water was out of the question, since it was far too expensive and time consuming. And they could not get pure bleach in their community or nearby. You could buy bleach in the communities, and it was not expensive, but the store managers always watered it down to make more money. Community people could not be sure of the strength of the bleach that they were buying. There was no purified water in the fields where they cut cane, but the women did not take their youngest children to the fields, anyway. Older children would go with them, and this was a problem for them.

6. **CAN I REMEMBER TO DO IT?**
   RESULTS: People could remember to purify their water when they knew how, but they had trouble remembering how to do it (the process for purifying water). People had heard a host of different messages about how to purify water with bleach. People would say, "You use 5 drops to a gallon...or is it 20 drops? Or a 1/4 cup per barrel?" People could not agree, and it was obvious that there were too many messages floating around that confused people.

7. **IT IS GOD'S WILL THAT I (a) SHOULD NOT HAVE THE PROBLEM, OR (b) THAT I OVERCOME THE PROBLEM.**
   RESULTS: [This factor was not explored in the D.R. study. For the purposes of this exercise, assume that some mothers thought that diarrhea was due to "evil eye."]

8. **POSITIVE AND NEGATIVE ATTRIBUTES ASSOCIATED WITH THE ACTION.**
   RESULTS: There were quite a few negative attributes of using bleach to purify water. One was that it reminded women of washing clothes. Many people did not like the taste, either. Some people had heard that bleach was poisonous or could turn your skin white. On the other hand, they had heard good things about iodine and knew that some people had received it from the doctor ("so it must be good for you").

   TASTE TEST: They liked the taste of the iodized and raw water the best, and the chlorinated and boiled water the least.

Annex 11: Barrier Analysis Workshop Daily Feedback Form

annex 11–daily feedback

Please circle the numbers which best describe your view of today's workshop activities.

1. **To what degree did you understand today's workshop sessions?**

Understood very little			Understood a fair amount					Understood most everything	
1	2	3	4	5	6	7	8	9	10

If you understood little of one or more sessions, what was the most difficult to understand and why?

_____

_____

_____

2. **How useful to you were today's workshop sessions?**

Not very useful			Somewhat useful					Very useful	
1	2	3	4	5	6	7	8	9	10

3. **How helpful are the materials including handouts you received today?**

Not very helpful			Somewhat helpful					Very helpful	
1	2	3	4	5	6	7	8	9	10

4. **Overall, how satisfied are you with the workshop sessions presented today?**

Very dissatisfied			Somewhat satisfied					Very satisfied	
1	2	3	4	5	6	7	8	9	10

5. **To what extent do you feel that you will be able to apply the ideas and strategies that you have learned during this workshop to your work?**

Not at all			Somewhat					Very much	
1	2	3	4	5	6	7	8	9	10

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Please list any comments, criticisms or recommendations on the back of this form.

Annex 11: Barrier Analysis Workshop End-of-Workshop Feedback Form

annex 11–end-of-workshop feedback

1. **Please provide your comments and offer suggestions for anything related to the workshop content, format or logistics.**

2. **What suggestions do you have for any future workshops?**

3. **How would you rate your satisfaction with the workshop trainers?**

Trainer #1: _____:

Very dissatisfied			Somewhat satisfied					Very satisfied	
1	2	3	4	5	6	7	8	9	10

Trainer #2: _____:

Very dissatisfied			Somewhat satisfied					Very satisfied	
1	2	3	4	5	6	7	8	9	10

What recommendations would you make to the trainers to improve their training methods?

_____

_____

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Annex 12: Description of Determinants of Behavior Change

annex 12

Determinant/Barrier	Questions to Examine
Perceived Susceptibility	Can I get the disease/have the problem? Could that problem happen to me?
Perceived Severity	Is the disease/problem serious?
Perceived Action Efficacy	Does the behavior work to prevent/overcome the disease or problem? Does the preventive action work?
Perceived Self-Efficacy	Can I do the behavior? Is it easy to do?
Cues for Action	Can I remember when/how to do the action? Can I (a) remember to do the preventive action and (b) remember the steps involved in doing the preventive action?
Perceived Social Acceptability	Do those who are important to me approve of the behavior? Is the preventive action socially acceptable?
Perception of Divine Will	Is it God's (or the gods') will that I (a) prevent or not have the problem, or (b) overcome the disease or problem?
Positive and Negative Attributes of the Action	What are the advantages of the behavior? What are the disadvantages of the behavior?

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When working with community development projects, do you ever wonder why it's easy to change some behaviors and next to impossible to change others? Barrier Analysis is a rapid assessment tool that can help you identify behavioral determinants associated with a particular behavior so that more effective behavior change communication messages and strategies can be developed. Barrier Analysis also helps you to gain a better understanding of the differences between those people in a community who have already adopted a behavior and those people who have not yet made the choice to do so. By focusing on eight determinants, Barrier Analysis helps you gain a wide-angle view of why people are not choosing to change and design programs to help change occur. Barrier Analysis, developed by Food for the Hungry, has been used by many organizations on three continents to improve behavior change activities and to tear down barriers to behavior change. Barrier Analysis was originally designed for effective behavior change communication in child survival programs. However, it can be adapted for use in a wide range of domestic and international programs that include a behavior change component.

Copies of this Guide can be obtained by contacting:

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