**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.

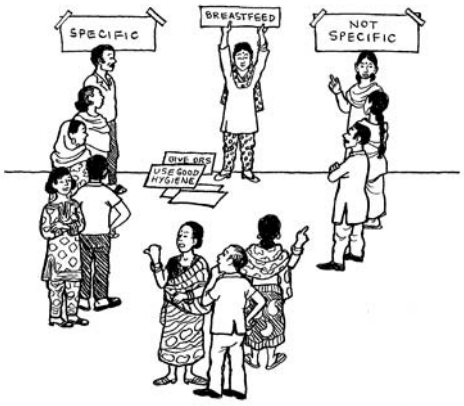
Your target behavior (in that example) is **exclusive breastfeeding of children under six months of age**. Your target group becomes **mothers of children under six months of age**.

***[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.]*

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

**Common Interviewing Errors**

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 18: STEP 5—Collecting Field Data for Barrier Analysis**

**Option #1: Focus Groups**
**(30 minutes)**

# step five–option #1

*[Explain:]* Now we come to the fifth step in the process: collecting field data for Barrier Analysis. In this session, we will examine Option #1: collecting field data for Barrier Analysis through the use of focus groups.

Field data for Barrier Analysis can be collected through focus groups by organizing three focus groups or more per behavior to be studied. By collecting the data in two to three separate groups in different communities, you can see if the results that you are finding can be generalized to the larger project area. If results vary greatly from one focus group to another, you may need to conduct more focus groups until you get a better idea of the true reality. If different cultural groups are present in an area, a separate set of focus groups should be done for each cultural group of importance (because behaviors often vary greatly between different groups).

During the focus groups, one or more facilitators from your organization should conduct the discussion using the focus group guide developed earlier (see Session 14) with questions on each of the eight barriers and positive attributes of the action (i.e., the determinants). Choose someone for the facilitator role who has been trained in the use of focus groups. Sample training notes for using focus groups can be found at:

http://www.foodaid.org/worddocs/moneval/toolkit/TIIToolkitAnnexD.doc

One or more reporters should also be designated, separate from the facilitator, to take detailed notes of what people say during the focus group. Choose people for the reporter role who can write quickly and give attention to detail. As they write up the results, they should also note what sort of attitudes they sense in the participants (e.g., based on their tone of voice and body language).

If the group being interviewed feels comfortable with having its conversation taped, a tape recorder can be used to later aid in analysis. If anyone in the group is not comfortable with being taped, a recorder should not be used.

***[Ask a person to briefly explain back to the group how data is collected for Barrier Analysis using focus groups. Correct any misconceptions. Take questions.]***

**Session 19:**
**STEP 5—Collecting Field Data for Barrier Analysis**

**Option #2: Individual Interviews**
**(30 minutes)**

# step five–option #2

*[Explain:]* Field data for Barrier Analysis can also be collected through individual interviews. Preferably, you will want to interview at least 85 Doers and 85 Non-Doers in order to be able to compare the two groups. (During the practicum you only need to interview 60 people since it is only for practice.) The questionnaire used during this survey is the one developed earlier (see Session 15) for individual interviews. These questions are also based on the eight barriers and positive attributes associated with the behavior.

*[Ask a person to briefly explain back to the group how field data is collected for Barrier Analysis using individual interviews. Correct any misconceptions. Take questions.]*

*[If this is your last meeting with the group before the field practicum, please turn to the next page and follow the instructions before dismissing participants.]*

## End-of-Day Evaluation (15 minutes)

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

## Session 20: Field Practicum in Project Communities

**(All day)**

### Field Practicum

*[Divide the group into teams and roles (e.g., facilitator, interviewer, reporter) and assign each team to one of the communities selected for the field practicum.]*

*[Spend some time reviewing the final questionnaire to make sure everybody understands the questions in the same way; this is particularly important for the individual interviews. If translation is required, make sure people agree on how they will translate the questions, so that everybody does it the same way.]*

*[Assign at least one person to serve as a supervisor for each team, observing interviews and focus groups and assuring that they are working properly. In the focus groups, the supervisor can sit behind the facilitator. The supervisor should not interrupt often, but can occasionally whisper suggestions to the facilitator to assure that questions are being posed properly and that other techniques for assuring a good discussion are used. Assure that each team has the materials that they need for the practicum (e.g., notepaper, pens). During the evening prior to the practicum, make final changes to the questionnaires and focus group question guides. Make photocopies of these documents if a photocopier is available. Otherwise, photocopy them early the next morning.]*

*[Conduct the field practicum in the two selected communities as outlined on pages 3-4.]*

*[Take 30-60 minutes at the end of the field practicum to debrief, if at all possible. Ask participants for their observations regarding the process and also the type of information they received from focus group participants and individual interviewees. This will save time during the analysis because people will have gotten their first impressions "off their chests." It is also a good idea to review the questions to see which ones worked well and which ones were not well understood or were ambiguous. However, this is not crucial if time is short.]*

**Session 21: STEP 6—Organizing and Analyzing the Results of Barrier Analysis**

**Option #1: Focus Groups**

**(90 minutes)**

# step six–option #1

*[Explain:]* Now we come to the sixth step in Barrier Analysis: organizing and analyzing the results. In this session, we will look at how this step is executed when you have used option #1—the focus group approach.

***[During the sessions where you will organize and analyze the results of your Barrier Analysis study, you will want to invite the interviewers and focus group facilitators and reporters if possible. This is particularly important when using focus groups since not everything said ends up in the reporter's report on the focus group. If this is not possible, select staff members to help you organize and analyze the data.]***

***[Explain the following, walking participants through each step to organize their data:]***

In order to organize your results from Barrier Analysis done through focus groups, do the following:

1. Read through the notes recorded for each question in the question guide used during the focus groups.

2. As you read through these notes, have staff members call out the things that they think are pertinent in the responses. Also, give the strength of participants' responses and level of agreement or disagreement heard, and rate each determinant as to how important it is for the given behavior. As you do this, fill out the two-page table in Annex 8. (For a completed example, see Annex 1). The table lists the eight determinants of the behavior across the top, and the items below as rows.
   - Is this a problem for Doers?
   - Is this a problem for Non-Doers?
   - To what degree is this a barrier? (- [not a barrier] to +++++ [an extremely common barrier])
   - Current messages that are in use (e.g., by the PVO or MOH) that confront or work around this barrier
   - Messages that need to be developed or modified concerning this barrier (given the degree to which it is a barrier)
   - Changes to make in the project design given this barrier (development of support activities)
   - Sample monitoring indicators


Try to achieve consensus on the degree to which a determinant is a problem.

Fill in the column that reads, "To what degree is this a barrier?" The degree to which a particular determinant is considered a barrier should be negotiated among those who directly observed the focus group. We are not talking about this as a generic barrier (i.e., the degree to which low self-efficacy is a problem in most projects), but rather the degree to which it is a barrier in the target population that participated in your focus groups (i.e., the degree to which low self-efficacy is a problem in terms of ORS use with the mothers who participated in your focus groups). This is a subjective measure, but participants should be encouraged to use a minus (-) if they think that the determinant is not a barrier at all, and between 1 and 5 pluses (+) if the determinant is considered to be very problematic for the behavior that was studied and the group that was interviewed. One plus (+) indicates a slight barrier to action, and five pluses (+++++) indicate a major barrier.

Fill in the remainder of the columns based on your project.

***[If you are conducting the field practicum in a new project area, you can leave the "current messages" column blank, or fill in the messages that you know are being used in the area by other agencies (e.g., the MOH or other PVOs). "Changes in project design given this barrier" include things that need to be done differently aside from changing educational messages. For example, you may need to provide something locally (e.g., getting ORS into all clinics), target a different group for health promotion (e.g., grandmothers), establish other support activities (e.g., support groups) or do skill-building workshops.]***

***[The "sample monitoring indicators" should be based on the barriers that were discovered or on the positive attributes of the action. For example, if you found the following positive attribute of the action, "hand washing makes my hands feel smoother," you might promote this aspect of hand washing and then measure the "percentage of women who mention 'smooth hands' as an advantage of hand washing." Measuring these indicators can help you track your success in removing each barrier or promoting each positive attribute of the action. Often you will see changes in these before you see changes in the behavior itself.]***

**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 𝍸 \|\|\| | 80% | 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.]*