

Barrier Analysis Facilitator's Guide



**A Tool for Improving
Behavior Change
Communication in Child
Survival and Community
Development Programs**



Food for the Hungry

Food for the Hungry (FH) is a Christian, nonprofit relief and development private voluntary organization (PVO) that seeks to walk with churches, leaders and families in overcoming all forms of poverty by living in healthy relationship with God and His creation. FH was founded in 1971 and helps some of the world's most disadvantaged people in 46 countries through child health and development programs, agriculture and clean-water projects, nutrition programs, education, micro-enterprise loans and emergency relief.

The CORE Group



Partial support for this document was provided by the Child Survival Collaborations and Resources Group (The CORE Group) with funds from USAID Cooperative Agreement FAO-A-00-98-00030, although the views in this document do not necessarily reflect those of CORE or USAID. The CORE Group is a membership association of more than 35 U.S. private voluntary organizations that work together to promote and improve primary health care programs for children and women and the communities in which they live. The CORE Group's mission is to strengthen local capacity on a global scale to measurably improve the health and well-being of children and women in developing countries through collaborative nongovernmental organization (NGO) action and learning. Collectively, its member organizations work in over 140 countries, supporting health and development programs.

Recommended Citation

Davis Jr., Thomas P., (2004). *Barrier Analysis Facilitator's Guide: A Tool for Improving Behavior Change Communication in Child Survival and Community Development Programs*, Washington, D.C.: Food for the Hungry.

(See back cover for contact information.)

acknowledgements

The author would like to acknowledge the staff of Food for the Hungry, especially **Dave Evans** (Vice President of Government and Gift-In-Kind Resources), **Sara Sywulka** (Developmental Relief Coordinator), **Kim Cutler** (Health Program Officer), **Evans Isaboke** (Program Manager, FH/Kenya), and **Jane Kaburu** (Administrative Assistant, Programs, FH/Kenya) for their help in planning and field-testing this guide.

The author is also indebted to **Lynette Walker** of the CORE Group for her valuable feedback and **Ann Jimerson**, Senior Program Officer of the Academy for Educational Development (AED), especially for feedback on this tool and for sharing information on AED's Doer/Non-Doer Analysis tool, which was used to strengthen this tool.

The members of the CORE Social and Behavioral Change Working Group (particularly **Michelle Kouletio**) were very helpful in supporting this work by providing information on similar methodologies and by reviewing this guide.

Thanks go to **Dr. Augusto Martinez** who helped the author conduct the original training on this tool with Health Promoters in the Dominican Republic in 1984.

The author would also like to thank the **dedicated staff and members of the CORE Group** whose commitment to reducing maternal and child deaths and suffering led us to take on this task.

Some illustrations were created by **Regina Doyle**. Other illustrations were taken from *Where There Is No Artist*, by **Petra Röhr-Rouendaal**, ITDG Publishing (October 1, 1997). Additional illustrations were taken from *Where There Is No Doctor*, by **David Werner with Carol Thuman and Jane Maxwell**, Hesperian Foundation Publishing (1996).

Layout and graphic design were done by **Karin Burklein Design, Ltd.**, and **Charlotte Storti**.

Photos provided by **Tom Davis** and Food for the Hungry's advocate for the hurting world, photographer **Rodney Rascona**.

Table of Contents

introduction

	Page
Purpose and Description	1
Target Group, Prerequisites and Time Needed	2
How This Guide Is Organized	2
How to Organize the Field Practicum	3
Sample Agenda for a Four-day Workshop	5

part one: what is barrier analysis?

Session	Page
1: Ice Breaker, Introductions and Expectations	8
2: Workshop Objectives	9
3: Introduction to Barrier Analysis and Behavior Change Theory	10
4: Seeing the Need	18
5: A Story: The Fisherman Who Ran Out of Excuses Before He Ran Out of Time	19
6: Determinants: Factors that Influence Our Decisions About Behaviors	23
7: The Seven Steps in Barrier Analysis	32
8: Example #1—Using Barrier Analysis: Why Don't Mothers Purify Their Water in Sugar Cane Camps of the Dominican Republic?	34
9: Example #2—Using Barrier Analysis: Why Don't Mothers Purify Their Water in Kenya?	41
10: The "Exercise" Exercise	42

Table of Contents

part two: how to conduct barrier analysis

Session	Page
11: Two Ways of Conducting Barrier Analysis: Which Is Best for You?	43
12: Step 1—Defining the Goal, Behavior and Target Group	45
13: Step 2—Developing the Behavior Question	47
14: Step 3—Developing Questions about Determinants Option #1: Focus Groups	49
15: Step 3—Developing Questions about Determinants Option #2: Individual Interviews	51
16: Good Interviewing Techniques	56
17: Step 4—Organizing the Analysis Sessions	59
18: Step 5—Collecting Field Data for Barrier Analysis Option #1: Focus Groups	60
19: Step 5—Collecting Field Data for Barrier Analysis Option #2: Individual Interviews	61
20: Field Practicum in Project Communities	62
21: Step 6—Organizing and Analyzing the Results of Barrier Analysis Option #1: Focus Groups	63
22: Step 6—Organizing and Analyzing the Results of Barrier Analysis Option #2: Individual Interviews	65
23: Step 7—Using the Results of Barrier Analysis	71

Table of Contents

Workshop Evaluation	Page 74
Annex	Page
1: FH/Kenya Barrier Analysis Results (July, 2002)	75
2: AED's "Exercise" Exercise Facilitator Instructions	79
3: Trainer Instructions for Coding and Presenting "Exercise" Exercise Results	83
4: Coding Guide for "Exercise" Exercise	86
5: Participant Survey for "Exercise" Exercise	92
6: Developing Question Guides for Barrier Analysis Using Focus Groups	94
7: Examples of Proper and Improper Interviewing Techniques	101
8: Barrier Analysis Results Summary Table	103
9: Using the Results of Barrier Analysis	105
10: Barrier Analysis Exercise for Health	106
11: Daily and End-of-Workshop Feedback Forms	108
12: Description of Determinants of Behavior Change	110

needed materials:

- a. Copies of Barrier Analysis Facilitator's Guide
- b. Optional: PowerPoint slides or overheads of these slides
- c. Copies of annexes for each participant
- d. Copies of animal drawings for icebreaker (or cards with names of animals)
- e. Copies of workshop certificates (if you provide these)
- f. Copies of the daily feedback form (Annex 11) (three per participant) and one copy of the end-of-workshop feedback form for each participant
- g. Demographic and Health Survey (DHS) study or local Knowledge, Practice and Coverage (KPC) studies for the area where the practicum will be conducted
- h. Stapler
- i. Photocopier or access to one
- j. Two copies of a sample KPC questionnaire to be used in the role-play on interviewing. You can download a copy of this form at:
<http://gme.fhi.net/fse/isapr/index.htm#KPCQUEST>
(Make notes in the margin of one questionnaire to script the errors you will commit in the role-play. Make notes in the margin of the other questionnaire that prompt the mother how to answer certain questions.)
- k. A copy of a sample KPC questionnaire (not marked up) for each participant
- l. Newsprint, tape, markers and calculators
- m. Prepare one interviewee ahead of time to play the role of the mother in the interviewing technique session (Session 16).
- n. Snack for practicum participants

Barrier Analysis:

**A Tool for Improving Behavior Change Communication
in Child Survival and Community Development Programs**
by Tom Davis, MPH, Food for the Hungry, Inc.

introduction

Purpose and Description

Barrier Analysis is a rapid assessment tool used in community health and other community development projects to identify behavioral determinants associated with a particular behavior. These behavioral determinants are identified so that more effective behavior change communication messages, strategies and supporting activities (e.g., creating support groups) can be developed. It focuses on eight determinants: perceived susceptibility, perceived severity, perceived action efficacy, perceived social acceptability, perceived self-efficacy, cues for action, perception of divine will, and positive and negative attributes of the action (i.e., the behavior).

Barrier Analysis can be used at the start of a behavior change program to determine key messages and activities for intervention. It can also be used in an ongoing program focusing on behaviors that have not changed very much (despite repeated efforts) in order to understand what is keeping people from making a particular change.

This Facilitator's Guide has been written for trainers to teach others about Barrier Analysis and/or to learn the technique themselves. It guides trainers through a step-by-step process for conducting the analysis and provides background information on the technique as well as some basic information on behavior change theory. Trainers are encouraged to adapt the materials to meet their own needs.



Target Groups, Prerequisites and Time Needed

This guide is designed for people who have some experience with social and behavior change communication programs and are interested in learning a new technique for understanding promoters and barriers to behavior change. Trainers should have experience with facilitating groups, developing questionnaires and conducting focus group discussions. Trainees or workshop participants do not necessarily have to know much about social and behavior change since the workshop provides a brief overview of that. However, it is helpful if participants have at least basic experience in developing questionnaires and in conducting interviews, either in focus groups or individually. If they do not, we suggest extending the workshop to five days and spending more time on how to develop effective questionnaires.



This workshop is designed to take four days, which includes a field practicum. As noted above, if participants have limited experience with developing questionnaires and interviewing, the workshop can be extended to five days to allow sessions on these two topics.

How this Guide is Organized

After an introduction, this Facilitator's Guide outlines a four-day training program consisting of 23 sessions, along with a field practicum. The 23 sessions in the guide have been divided into two parts:

Part One: What Is Barrier Analysis?

This section defines the key concepts upon which the Barrier Analysis approach is based, outlines the seven steps of the process and illustrates the approach with two examples from the field.

Part Two: How To Conduct Barrier Analysis

This section leads participants through the seven steps in the Barrier Analysis process and includes a field practicum.

How to Organize the Field Practicum

Organization of the practicum should begin prior to the workshop. The practicum should take place in two communities. Leaders in each of these communities should be contacted to explain the purpose of the study and to gain their approval. The behaviors for analysis can be chosen by workshop organizers prior to the workshop or during the workshop with the input of the participants.

Choose one behavior to explore during the practicum. This behavior will be explored using the two ways to do Barrier Analysis: through focus groups and through individual interviews. If behaviors for analysis are chosen during the workshop, workshop participants should use local KPC or regional DHS data to pick one behavior that they want to explore with Barrier Analysis. To facilitate the identification of interviewees, choose a behavior that is being done by a significant portion (e.g., 20-60%) of your target group (e.g., mothers of young children). Do not choose a behavior that is being done by a very small proportion of the population (e.g., < 20%) or one that is being done by almost everyone (e.g., > 80%). Decide who the target group for this behavior will be—whose behavior should be changed.

Local health workers (e.g., Community Health Workers [CHWs]) in two project communities should be contacted and asked to recruit people in the target group (e.g., mothers of children under 24 months of age) to participate in the Barrier Analysis practicum. Interviewees should be told that their participation is voluntary but greatly encouraged. These potential interviewees should also be told that they will be interviewed about a health care topic and that a snack will be provided. It is not necessary or desirable to tell them the behavior that will be discussed prior to the practicum. The health worker should try to get commitments from people who plan to attend and keep a list of their names. Those who give a commitment to attend should be told to meet at a designated place (preferably indoors, such as in a school building) where they will participate in either a focus group or in individual interviews.



In the first community, where focus groups will be used, the health worker will need to recruit a total of 12 people who are doing the behavior that you are studying (“Doers”) and 12 people who are not (“Non-Doers”). In the second community, where individual interviews will be done, the health worker should recruit at least 60 people for the individual interviews who are in the target group (e.g., mothers of children under 24 months). For the behavior, “use of Oral Rehydration Solution (ORS)” with mothers of children under 24 months as the target group, the breakdown would look like this:

Community A:

Recruit 12 mothers of children under 24 months who used ORS the last time their child had diarrhea, and 12 mothers of children under 24 months who did not use ORS the last time their child had diarrhea. The person doing the recruiting will need to use screening questions in order to do this. For example, “Has your child ever had diarrhea? [If so,] what did you do for the child when he/she had diarrhea? Did you use ORS? Have you ever used ORS?” If you cannot find 12 people, you could use different selection criteria, such as those who have ever tried ORS and those who have never tried it. These mothers will participate in the two focus groups.

Community B:

Use the same process as in Community A, but recruit at least 30 mothers of children under 24 months who used ORS the last time their child had diarrhea, and at least 30 mothers of children under 24 months who did not use ORS the last time their child had diarrhea. These mothers will be interviewed individually.

It may be necessary to go out and recruit additional participants on the morning of the field practicum in order to assure that adequate numbers of participants are available for each method (8-14 people for each focus group and 60 people or more for each set of individual interviews).

Sample Agenda for a Four-day Workshop

Finally, we offer a sample training agenda for a four-day workshop.

day 1:

8:30 – 9:30	Workshop Opening, Ice Breaker, Introductions and Expectations
9:30 – 9:35	Workshop Objectives
9:35 – 10:05	Introduction to Barrier Analysis and Behavior Change Theory
10:05 – 10:20	Morning Break
10:20 – 10:25	Seeing the Need
10:25 – 11:10	A Story: The Fisherman Who Ran Out of Excuses Before He Ran Out of Time
11:10 – 12:10	Determinants: Factors that Influence Our Decisions about Behaviors
12:10 – 1:15	Lunch
1:15 – 1:35	The Seven Steps in Barrier Analysis
1:35 – 2:20	Example #1—Using Barrier Analysis: Why Don't Mothers Purify Their Water in the Sugar Cane Camps of the Dominican Republic?
2:20 – 2:35	Afternoon Break
2:35 – 3:50	Example #2—Using Barrier Analysis: Why Don't Mothers Purify Their Water in Kenya?
3:50 – 4:50	The "Exercise" Exercise
4:50 – 5:10	End-of-Day Evaluation

Sample Agenda for a Four-day Workshop

day 2:

8:30 – 8:50	Two Ways of Conducting Barrier Analysis
8:50 – 9:10	Step 1—Defining the Goal, Behavior and Target Group
9:10 – 9:20	Step 2—Developing the Behavior Question
9:20 – 10:05	Step 3—Developing Questions about Determinants— Option #1: Focus Groups
10:05 – 10:20	Morning Break
10:20 – 11:05	Step 3—Developing Questions about Determinants— Option #1: Focus Groups (continued)
11:05 – 12:10	Step 3—Developing Questions about Determinants— Option #2: Individual Interviews
12:10 – 1:10	Lunch
1:10 – 2:20	Step 3—Developing Questions about Determinants— Option #2: Individual Interviews (continued)
2:20 – 3:05	Good Interviewing Techniques
3:05 – 3:20	Afternoon Break
3:20 – 3:50	Step 4—Organizing the Analysis Sessions
3:50 – 4:20	Step 5—Collecting Field Data for Barrier Analysis— Option #1: Focus Groups
4:20 – 4:50	Step 5—Collecting Field Data for Barrier Analysis— Option #2: Individual Interviews
4:50 – 5:05	End-of-Day Evaluation

Sample Agenda for a Four-day Workshop

day 3:

All Day Field Practicum in Project Communities

day 4:

8:30 – 10:00 Step 6—Organizing and Analyzing the Results of Barrier Analysis
Option #1: Focus Groups

10:00 – 10:15 Morning Break

10:15 – 12:15 Step 6—Organizing and Analyzing the Results of Barrier Analysis
Option #2: Individual Interviews

12:15 – 1:15 Lunch

1:15 – 3:15 Step 6—Organizing and Analyzing the Results of Barrier Analysis
Option #2: Individual Interviews (continued)

3:15 – 3:30 Afternoon Break

3:30 – 5:00 Step 7—Using the Results of Barrier Analysis

5:00 – 5:30 Workshop Evaluation and Closing