Challenges and Opportunities of Conducting a Barrier Analysis

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Formative Research

- What is formative research?
- What are some types of formative research?
- For extra credit:
  - How would you say or explain formative research in Bangla (or another language)?
Making a Change

Have you ever tried to change a personal habit, practice or behavior such as exercising more? Did you face any unexpected challenges or barriers?

Would it have been helpful to know about the challenges ahead of time?

Were there things you discovered that made it easier and more fun?
What is Barrier Analysis?

Barrier Analysis (BA) is a special kind of survey that focuses on identifying:

• What is preventing taking up a new behavior (BARRIERS)
• What helps or makes it easier to take up the new behavior (ENABLERS)
Process of Doing a Barrier Analysis

• Choose a behavior to study, and a priority group (such as farmers or pregnant women)
• Develop your BA survey using guidelines
• Interview people from your priority group using the survey.
Process of Doing a BA (slide 2)

• Interview 45 DOERS and 45 NON-DOERS of the behavior
• Code, tabulate and analyze your data
• Use results to make your behavior change materials and activities more effective
Developing your BA questionnaire

• Behavior Statement

• Screening Questions to find out:
  – Is the person a member of the priority group?
  – Are they a DOER or a NON-DOER of the behavior?

• Study questions:
  – A series of questions to help discover the Barriers and Enablers to doing the behavior
Developing BA Questionnaire: Choose which determinants to study

• What do we mean by determinants?
  – Different types of factors or elements that can help or hinder someone from doing the behavior, such as beliefs, social norms, and other barriers and enablers

• Four determinants are “required”, and you may choose among 8 additional determinants in developing your questionnaire

• Develop one or two questions for each determinant you’ll be using
Determinants - Required

• The four most important or “required” ones:
  – Perceived Self-Efficacy: I can do this (or I can’t)
  – Perceived Social Norms: Influential people in my life would approve (or disapprove) if I do this
  – Perceived positive consequences: What would be the benefits of doing this?
  – Perceived negative consequences: What might be unpleasant or problematic about doing this?
Additional Determinants

Additional determinants you may choose to use:
• Access
• Cues for Action
• Perceived Risk
• Perceived Severity
• Perceived Action Efficacy
• Perceived Divine Will
• Policy
• Culture
Some example questions

(Perceived Positive Consequences)
1a. **Doers:** What are the advantages of treating your drinking water?
1b. **Non-doers:** What would be the advantages of treating your drinking water?

(Perceived Negative Consequences)
2a. **Doers:** What are the disadvantages of treating your drinking water?
2b. **Non-doers:** What would be the disadvantages of treating your drinking water?

(Perceived Self-efficacy)
3a. **Doers:** What makes it easier for you to treat your drinking water?
3b. **Non-doers:** What would make it easier for you to treat your drinking water?
Welcome to the session on “Opportunity and Challenges of Barrier Analysis.”
Overview about Barrier Analysis

• Barrier Analysis (BA) is used in FH Bangladesh’s work
• After training on BA in September 2014, FH Bangladesh conducted a BA.
• Two behaviors were chosen: exclusive breastfeeding and hand washing.
Our Purpose in Doing the BA

• Building capacity of local staff and building confidence in order to conduct BA.
• To learn what motivates community members to do or not do the behaviors.
• Develop the DBC framework
• To adjust the health messages, materials and activities as per the findings of the analysis.
Steps of conducting our BA studies

Preparation
- Translated into local language
- Tested before the actual survey and adjusted
- Training interviewers
- Three project locations were selected with different socio, religious and ethnic diversity.

Interviewing
Quality Assurance: Supervisors monitored and filled Quality Assurance and Verification (QIVC) checklist.

Coding and tabulation
Developing DBC Framework
How did you choose which behaviors to study?

- Baseline survey results show a gap in achieving health related Key Performance Indicators
- Staff’s observation in community
- Organization’s priority
- Bangladesh MDG (reduce child mortality, improve maternal health)
- Importance of these behaviors
Was it difficult to find “Doers” of the behaviors?

• It was difficult to find ‘doers’ for exclusive breastfeeding particularly.
• Misperceptions -- most people don’t know the meaning of exclusive breastfeeding
• Cultural norms and wrong ideas (unhealthy mom does not have enough milk, honey makes a baby sweet spoken)
• Elderly’s influence
• Lack of knowledge of moms
• Working mothers
How were team members trained to conduct the BA?

- Experienced and skilled women interviewers are chosen first.
- Interviewers went through an orientation and practice sessions before conducting the survey.
- Supervision and QIVC were done properly for quality assurance.
What were some unexpected difficulties in doing the BA?

- Even though the questionnaire has been contextualized and tested, it has found that the responders had difficulties to understand the self-efficacy questions.
- Some responses were self-contradictory.
- It is difficult to get the honest answers. Particularly for the hand wash behavior, responders feel shame being non-doers and don’t admit that they are non-doers.
What results seem especially useful, that may be used in developing future activities, messaging or development of materials?

- Social norms are found very influential determinates particularly for exclusive breastfeeding behavior.
- Cultural wrong ideas need to be addressed in future messaging.
- Influential groups like in-laws should be included during lesson delivery time or different way.

- We plan to continue to do BA in our programs: health, agriculture, literacy and women’s empowerment.
- Doing BA changed behaviors in our staff as well.
PROSHAR Experience with Barrier Analysis

• Part of Behavior Change Communication strategy development process
• Behaviors are identified reviewing baseline, secondary sources of the area
• Followed Barrier Analysis for Health and Nutrition component
• Extensive data collection and analysis done for designing the Behavior Framework
Pregnant women take extra food during pregnancy

Perceived Social Norms – Who Approves / Supports: Who the people that disapprove of taking extra food during pregnancy?

- Husband: 8% NonDoers, 10% Doers
- Mother-in-law*: 6% NonDoers, 22% Doers
- Sister-in-law: 2% NonDoers, 12% Doers
- Neighbors: 24% NonDoers, 28% Doers
- No one: 41% NonDoers, 40% Doers

Targeting Influential people
Lactating mothers provide exclusive breastfeeding for their child up to 6 months of age

Perceived Severity: Can child die from malnutrition?

Improving knowledge on Malnutrition

<table>
<thead>
<tr>
<th>Option</th>
<th>NonDoers</th>
<th>Doers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes*</td>
<td>57%</td>
<td>78%</td>
</tr>
<tr>
<td>No</td>
<td>24%</td>
<td>18%</td>
</tr>
<tr>
<td>Don't know/ No response*</td>
<td>18%</td>
<td>4%</td>
</tr>
</tbody>
</table>

* indicates response categories.
Lactating mothers provide exclusive breastfeeding for their child up to 6 months of age

**Perceived Self-efficacy: What made it easier for you to exclusively breastfeed**

- **Sufficient breastmilk**: 55% for NonDoers, 61% for Doers
- **Family Support***: 20% for NonDoers, 57% for Doers
- **Don't need extra food**: 33% for NonDoers, 31% for Doers
- **Less work load**: 12% for NonDoers, 14% for Doers
- **No expense***: 0% for NonDoers, 10% for Doers
- **Baby doesn't cry**: 12% for NonDoers, 4% for Doers

*Improving the knowledge and responsibility of Family members on importance of EBF and support mother*
Provide solid food for children 6 months of age and older, in addition to Breast milk.

Positive and Negative Attributes of Action: What advantages you see in both breastfeeding and giving child other foods at 6 months of age.

- Healthy baby: 79% (Doers), 73% (Non-Doers)
- Prevent disease: 23% (Doers), 27% (Non-Doers)
- Baby cries less: 46% (Doers), 45% (Non-Doers)
- Better nutrition: 37% (Doers), 37% (Non-Doers)
- Better growth: 13% (Doers), 16% (Non-Doers)
- More intelligent baby*: 25% (Doers), 8% (Non-Doers)

Developing massage on the finding.
All new mothers receive PNC from a qualified health professional within 2 days of childbirth.

Perceived Positive and Negative Consequences: Disadvantages of taking PNC care

- 54% of NonDoers认为距离诊所远
- 44% of Doers认为距离诊所远
- 20% of NonDoers认为成本高
- 6% of Doers认为成本高
- 8% of NonDoers认为需要太多时间
- 2% of Doers认为需要太多时间
- 10% of NonDoers认为交通不便
- 6% of Doers认为交通不便
- 16% of NonDoers认为没有服务提供商
- 34% of Doers认为没有服务提供商
- 6% of NonDoers认为需要服用药物时间长
- 2% of Doers认为需要服用药物时间长
- No significant findings!
Everyone should wash their hands properly after using the toilet and before having food.

Cost involved with hand washing is significant for Doer but they are doing it.

No doers think it is not important.
## DBC Framework

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Priority Group or Influencing Groups</th>
<th>Determinants</th>
<th>Bridges to Activities</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lactating mothers provide exclusive breastfeeding for their child up to 6 months of age</td>
<td><strong>Priority Group:</strong>&lt;br&gt;Lactating mothers mostly illiterate, rural, who are less influential in family decisions, mostly housewife, work in fields and fishing</td>
<td><strong>Perceived Self Efficacy</strong>&lt;br&gt;76% of NoDoers said EBF was difficult due to insufficient breast milk</td>
<td>Improve the knowledge of Family members on importance of EBF and their responsibility in supporting mother.</td>
<td>Use of Care Group Model to train Care Group Trios (Mother, Grandmother, Husband)</td>
</tr>
<tr>
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<td><strong>Influencing Group:</strong>&lt;br&gt;Mother-in-law, Husband</td>
<td><strong>Social Acceptability</strong>&lt;br&gt;82% of Doers said no one disapproved of EBF, while only 59% felt no disapproval</td>
<td>Improve skills of Mothers on appropriate Breastfeeding techniques (Proper position and attachment, frequency and psychological support) to increase breast milk supply</td>
<td>Train Mother Leader and their group members for skill development</td>
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<td><strong>Perceived Severity</strong>&lt;br&gt;Can a child die of malnutrition?&lt;br&gt;78% of Doers said yes only 57% of NonDoers</td>
<td>Increase understanding of women as to the severity of malnutrition and importance of EBF</td>
<td>Use of Flip charts to enhance understanding Strengthening Counseling skills of service providers (FWA, HA, FWV, CSBA, Village doctors, Mother Leaders) through on the job orientation</td>
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<td><strong>Perceived Susceptibility</strong>&lt;br&gt;90% of Doers said a child who is not EBF could become malnourished only 65% of NonDoers said that</td>
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<td>Orient community members including neighbors during Community Meetings</td>
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<td>Use One page Handout to reinforce messages</td>
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<tr>
<td>Indicator: %age of EBF among under 2 children</td>
<td></td>
<td></td>
<td></td>
<td>Process Indicator: participation %age in CG and Community meeting</td>
</tr>
<tr>
<td>Communication approaches</td>
<td>Technical focus areas and key messages</td>
<td>Communication channels</td>
<td>Communication materials</td>
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| ✓ Advocacy               | - Pregnant women take 2 hours rest during the day  
|                          | - Pregnant women take extra food during pregnancy  
|                          | - Lactating mothers provide exclusive breastfeeding for their child up to 6 months of age  
|                          | - All new mothers receive PNC from a qualified health professional within 2 days of childbirth  
|                          | - Provide solid food for children 6 months of age and older, in addition to Breastmilk  
|                          | - Everyone should wash their hands properly after using the toilet and before having food  | Counseling at health facilities, home visits  
|                          |                                       | Community group activities: Street/ courtyard dramas, talks, games, mobile units, dramas on DVD and VCD, care giver groups. Trios Broadcast media: community and local radio, TV Advocacy meetings with decision-makers  | Counseling materials for CG and trios, outreach staff  
|                          |                                       | Reminder materials for health staff  
| ✓ Community mobilization |                                       | Takeaway materials  
|                          |                                       | Display materials at home  
| ✓ Interpersonal communication |                                       | Street drama/folk event  
|                          |                                       | Video dramas  
|                          |                                       | Radio spots  
| ✓ Mass media             |                                       | Tool kit of games  
|                          |                                       | Small BCC manual for partner NGO community leaders  
| ✓ Edutainment            |                                       | Fact sheets, M&E reports, PPTs for decision-makers  

Material Matrix
Outcomes

• Care group Trios concept finalize- Identifying the influential
• BCC messaging –materials adapted
Opportunities with Barrier Analysis

• Detail understanding of “what’s going on in the deep of the mind”

• Formative research backed messages and materials
Challenges

• Picking the behaviors
• Quality enumerators and analysis data process
• Is NOT an progress assessment tools
RESOURCES

A Practical Guide to Conducting a Barrier Analysis
http://www.fsnnetwork.org/practical-guide-conducting-barrier-analysis

Designing for Behavior Change: For Agriculture, Natural Resource Management, Health and Nutrition

Sample Barrier Analysis Questionnaires
http://www.fsnnetwork.org/barrier-analysis-questionnaires

Behavior Bank http://www.fsnnetwork.org/behavior-bank
where practitioners can share results of their BA’s

Barrier Analysis Narrated Presentation:
http://caregroupinfo.org/vids/bavid/player.html
Discussion

• Questions, comments....

• Thank you