Group: ❑ Doer ❑ Non-Doer

|  |
| --- |
| **Barrier Analysis Questionnaire****on treating drinking water with chlorine/aquatabs****for use with mothers of children aged 0 - 59 months** |

|  |
| --- |
| **Behaviour Statement**Mothers of children 0-59 months treat the drinking water consumed by the family in the home with chlorine / aquatabs every day. |

|  |
| --- |
| **Demographic Data**Interviewer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Questionnaire Number: \_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Scripted Introduction**Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am part of a study team looking into practices local mothers use for preventing children’s diarrhoea. The study includes an interview regarding this topic and will take about 20 minutes. I would like to hear your views on this topic. You do not have to participate in the study and nothing will happen if you decide not to. Likewise, if you decide to be interviewed, you will not receive any material or other benefits. I will not record your name and everything you tell me will be held in strict confidence. Would you like to talk with me? *[If not, thank the respondent for her time.]***Consent was provided**: YES NO |

### Section A: Doer/Non-Doer Screening Questions

**1. How old is your youngest child?**

❑ A. 0 – 59 months (has not celebrated her/ his 5th birthday yet) 🡪 *[Ask the next question*.*]*

❑ B. 5 years or older 🡪 *[End the interview and look for another respondent*.*]*

❑ C. Won’t say 🡪 *[End the interview and look for another respondent.]*

**2. Do you have drinking water stored here at home?**

❑ A. Yes 🡪 *[Ask the next question*.*]*

❑ B. No 🡪 *[End the interview and look for another respondent.]*

❑ C. Won’t say / No response 🡪 *[End the interview and look for another respondent.]*

**3. Did you do anything to kill the germs in this drinking water and make the water safe to drink?**

❑ A. Yes 🡪 *[Ask the next question*.*]*

❑ B. No 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

❑ C. Won’t say / No response 🡪 *[End the interview and look for another respondent.]*

**4. The last time you treated your water, what did you do to make the water safe to drink?**

❑ A. Chlorinated it / used aqua tab 🡪 *[Ask the next question*.*]*

❑ B. Other 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

❑ C. Doesn’t remember / No response 🡪 *[End the interview and look for another respondent.]*

**5. Do you have chlorine/aqua tap at home now?**

❑ A. Yes 🡪 *[Ask the next question*.*]*

❑ B. No 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

**6. Can you please show me the chlorine/aqua tab you used?**

❑ A. Chlorine / aqua tabs were shown 🡪 *[Ask the next question*.*]*

❑ B. Chlorine / aqua tabs were NOT shown 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

**7. Can I taste the water you use for drinking?**

❑ A. The water tastes like it was treated 🡪 *[Mark the respondent as a DOER and continue to section B.]*

❑ B. No taste of chlorine 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

**DOER/NON-DOER CLASSIFICATION TABLE**

|  |  |  |
| --- | --- | --- |
| **DOER(ALL of the following)** | **NON-DOER(ANY one of the following)** | **DO NOT INTERVIEW(ANY one of the following)** |
| Question 1 = A |  | Question 1 = B or C |
| Question 2 = A |  | Question 2 = B or C |
| Question 3 = A | Question 3 = B | Question 3 = C |
| Question 4 = A | Question 4 = B | Question 4 = C |
| Question 5 = A | Question 5 = B |  |
| Question 6 = A | Question 6 = B |  |
| Question 7 = A | Question 7 = B |  |

**The respondent is a: ❑ Doer ❑ Non-Doer**

###

### Section B: Research Questions

|  |
| --- |
| **Behaviour Explanation**In the following questions I am going to be talking about treating your drinking water. By this I mean using any product that is meant to kill the germs to make the water safe to drink, such as any of these … *[show the products that are available locally].* |

|  |  |
| --- | --- |
| **If the respondent is a DOER =** **🡫 only ask questions in this LEFT column 🡫** | **If the respondent is a NON-DOER =** **🡫 only ask questions in this RIGHT column 🡫** |
| **1. Perceived Self-Efficacy/Skills**  |
| **1.1 Doers:** What makes it **easy** for you to treat your drinking water every day?*[Write all responses below. Probe with “What else?”]* | **1.1 Non-Doers:** What would make it **easy** for you to treat your drinking water every day?*[Write all responses below. Probe with “What else?”]* |
| **1.2 Doers:** What makes it **difficult** for you to treat your drinking water every day?*[Write all responses below. Probe with “What else?”]* | **1.2 Non-Doers:** What would make it **difficult** for you to treat your drinking water every day?*[Write all responses below. Probe with “What else?”]* |
| **2. Perceived Positive Consequences** |
| **Doers:** What are the **positive consequences** of treating your drinking water every day?*[Write all responses below. Probe with “What else?”]* | **Non-Doers:** What would be the **positive consequences** of treating your drinking water every day?*[Write all responses below. Probe with “What else?”]* |
| **3. Perceived Negative Consequences** |
| **Doers:** What are the **negative consequences** of treating your drinking water every day?*[Write all responses below. Probe with “What else?”]* | **Non-Doers:** What would be the **negative consequences** of treating your drinking water every day?*[Write all responses below. Probe with “What else?”]* |
| **4. Perceived Social Norms** |
| **4.1 Doers:** Who are all the people that **approve** of you treating your drinking water every day?*[Write all responses below. Probe with “Who else? Anyone in particular?”]* | **4.1 Non-Doers:** Who are all the people that **would approve** of you treating your drinking water every day? *[Write all responses below. Probe with “Who else? Anyone in particular?”]* |
| **4.2 Doers:** Who are all the people that **disapprove** of you treating your drinking water every day?*[Write all responses below. Probe with “Who else? Anyone in particular?”]*  | **4.2 Non-Doers:** Who are all the people that **would disapprove** of you treating your drinking water every day?*[Write all responses below. Probe with “Who else? Anyone in particular?”]* |
| **5. Perceived Access** |
| **Doers:** How difficult is it to get the products you need to treat your drinking water every day? Is it very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all | **Non-Doers:** How difficult would it be to get the products you need to treat your drinking water every day? Would it be very difficult, somewhat difficult or not difficult at all? ❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all |
| **6. Perceived Cues for Action** |
| **6.1 Doers:** How difficult is it to remember to treat your drinking water every day? Is it very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all | **6.1 Non-Doers:** How difficult do you think it would be to remember to treat your drinking water every day? Would it be very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all |
| **6.2 Doers:** How difficult is it to remember the correct way of using the treatment products to treat your drinking water? Is it very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all | **6.2 Non-Doers:** How difficult do you think it would be to remember the correct way of using the treatment products to treat your drinking water? Would it be very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all |
| **7. Perceived Susceptibility/Vulnerability**  |
| **Doers:** How likely is it that your child will get diarrhoea in the next 3 months? Is it very likely, somewhat likely or not likely at all?❑ A. Very likely❑ B. Somewhat likely❑ C. Not likely at all | **Non-Doers:** How likely is it that your child will get diarrhoea in the next 3 months? Is it very likely, somewhat likely or not likely at all?❑ A. Very likely❑ B. Somewhat likely❑ C. Not likely at all |
| **8. Perceived Severity** |
| ***Doers:*** How serious would it be if your child got diarrhoea? Would it be very serious, somewhat serious or not serious at all?❑ A. Very serious❑ B. Somewhat serious❑ C. Not serious at all | ***Non-Doers:*** How serious would it be if your child got diarrhoea? Would it be very serious, somewhat serious or not serious at all?❑ A. Very serious❑ B. Somewhat serious❑ C. Not serious at all |
| **9. Perceived Action Efficacy** |
| ***Doers:*** How likely is it that your child would get diarrhoea if you treat your drinking water every day? Is it very likely, somewhat likely or not likely at all?❑ A. Very likely❑ B. Somewhat likely❑ C. Not likely at all | ***Non-Doers:*** How likely is it that your child would get diarrhoea if you treat your drinking water every day? Is it very likely, somewhat likely or not likely at all?❑ A. Very likely❑ B. Somewhat likely❑ C. Not likely at all |
| **10. Perceived Divine Will** |
| ***Doers:*** Do you think that diarrheal diseases are caused by bad spirits?❑ A. Yes❑ B. Maybe ❑ C. No  | ***Non-Doers:*** Do you think that diarrheal diseases are caused by bad spirits?❑ A. Yes❑ B. Maybe ❑ C. No  |
| **11. Policy** |
| ***Doers:*** Are there any local rules that make it more likely that you treat your drinking water?❑ A. Yes❑ B. Maybe ❑ C. No | ***Non-Doers:*** Are there any local rules that make it more likely that you treat your drinking water?❑ A. Yes❑ B. Maybe ❑ C. No  |
| **12. Culture** |
| ***Doers:*** Are there any cultural beliefs or taboos that you know of against treating your drinking water?❑ A. Yes❑ B. Maybe ❑ C. No | ***Non-Doers:*** Are there any cultural beliefs or taboos that you know of against treating your drinking water?❑ A. Yes❑ B. Maybe ❑ C. No |

|  |
| --- |
| **Go through the questionnaire and check whether all answers were recorded.****Thank the respondent for her time!** |