Group: ❑ Doer ❑ Non-Doer

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| **Barrier Analysis Questionnaire****on food variety[[1]](#footnote-1)****for use with adolescent girls (aged 10 – 19 years)** |

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| **Behaviour Statement**Adolescent girls aged 10 – 19 years eat meals each day containing foods from at least 4 of the 7 food groups. |

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

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| **Scripted Introduction**Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am part of a study team looking into things girls do to stay healthy*.* 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 are you?**

❑ A. 10 – 19 years 🡪 *[Ask the next question*.*]*

❑ B. Younger than 10 years / older than 19 years 🡪 *[End the interview and look for another respondent*.*]*

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

**2. Was yesterday a celebration or fasting day when you ate more or less than usual?**

❑ A. No 🡪 *[Ask the next question*.*]*

❑ B. Yes 🡪 *[End the interview and look for another respondent.]*

**3.** **I would like you to think about all the meals you ate yesterday. How many meals did you eat in the last day and night?** [This question is just to help the respondent to remember what she ate.]

❑ A. \_\_\_\_\_\_ [write the number of meals here]

❑ B. Does not remember / no response 🡪 *[End the interview and look for another respondent*.*]*

**4. Can you tell me all the different foods and drinks you consumed in the last day and night? Please start with what you had for breakfast and continue with other foods you consumed.** *[If she mentions a dish that has several ingredients, ask her to list them all. Tick all the boxes of foods groups she mentions.]*

❑ grains, roots, tubers 🡪 *[list the locally available types of grains, roots and tubers]*

❑ legumes, nuts 🡪 *[list the locally available types of legumes and nuts]*

❑ dairy products 🡪 *[list the locally available types of dairy products]*

❑ meat, fish, organs 🡪 *[list the locally available types of meat, fish and organs]*

❑ eggs 🡪 *[list the locally available types of eggs]*

❑ vitamin A rich fruits and vegetables 🡪 *[list the locally available types of Vit-A rich fruits & veggies]*

❑ other fruits and vegetables 🡪 *[list the locally available types of other fruits and vegetables]*

*[Instruction for the data collector:* ***Count how many food groups (A to G) were included in the meals and snacks*** *eaten during the previous day and night.]*

❑ A. 4 or more groups 🡪 *[Mark the respondent as a DOER and continue to section B.]*

❑ B. Less than 4 groups 🡪 *[Mark the respondent as a NON-DOER and continue to section B.]*

❑ C. Does not remember / No response 🡪 *[End the interview and look for another respondent.]*

**DOER/NON-DOER CLASSIFICATION TABLE**

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| **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 or D |
| Question 2 = A |  | Question 2 = B |
|  |  | Question 3 = B |
| Question 4 = A | Question 4 = B | Question 4 = C |

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

### Section B: Research Questions

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| **Behaviour Explanation***[Show the respondent the photo/picture of the seven food groups and place it where she can see during the entire interview. Briefly explain the picture and make sure she understands the idea of grouping different foods into seven different food groups. She doesn’t need to know the names of the groups or their nutritional value, but she does need to recognize the foods included in each food group. Do not include in the pictures foods that are not locally available or are too expensive.]*In this picture you can see seven different food groups. *[Point to the picture of the seven different food groups.]* In the following questions I am going to be talking about “eating foods from at least four different food groups each day”. This means that the meals and snacks you eat should contain foods from **ANY four out of the seven groups** shown in this picture. *[Point to the picture of the seven different food groups and keep the picture in view throughout the interview.]* The foods from these four groups do not need to be included in each meal you eat. They just need to be eaten in the course of one day, it does not matter when. |

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| **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 eat foods from at least four different food groups each day?*[Write all responses below. Probe with “What else?”]* | **1.1 Non-Doers:** What would make it **easy** for you to eat foods from at least four different food groups each day?*[Write all responses below. Probe with “What else?”]* |
| **1.2 Doers:** What makes it **difficult** for you to eat foods from at least four different food groups each day?*[Write all responses below. Probe with “What else?”]* | **1.2 Non-Doers:** What would make it **difficult** for you to eat foods from at least four different food groups each day?*[Write all responses below. Probe with “What else?”]* |
| **2. Perceived Positive Consequences** |
| **Doers:** What are the **positive consequences** of eating foods from at least four different food groups each day?*[Write all responses below. Probe with “What else?”]* | **Non-Doers:** What would be the **positive consequences** of eating foods from at least four different food groups each day?*[Write all responses below. Probe with “What else?”]* |
| **3. Perceived Negative Consequences** |
| **Doers:** What are the **negative consequences** of eating foods from at least four different food groups each day?*[Write all responses below. Probe with “What else?”]* | **Non-Doers:** What would be the **negative consequences** of eating foods from at least four different food groups each 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 eating foods from at least four different food groups each 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 eating foods from at least four different food groups each day?*[Write all responses below. Probe with “Who else? Anyone in particular?”]* |
| **4.2 Doers:** Who are all the people that **disapprove** of you eating foods from at least four different food groups each 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 eating foods from at least four different food groups each day?*[Write all responses below. Probe with “Who else? Anyone in particular?”]* |
| **5. Perceived Access** |
| **Doers:** How difficult is it to get foods from at least four of these food groups each 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 foods from at least four of these food groups each 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/Reminders** |
| **Doers:** When you prepare meals for you, how difficult is it to remember to include foods from at least four food groups? Is it very difficult, somewhat difficult or not difficult at all?❑ A. Very difficult❑ B. Somewhat difficult❑ C. Not difficult at all | **Non-Doers:** When you prepare meals for you, how difficult do you think it would be to remember to include foods from these food groups? 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 body will become weak in the coming year? 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 body will become weak in the coming year? 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 body became weak? 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 body became weak? 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 you would become weak if you ate foods from at least four of these food groups each 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 you would become weak if you ate foods from at least four of these food groups each 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 God approves of you eating foods from at least four of these food groups each day? ❑ A. Yes❑ B. Maybe ❑ C. No  | **Non-Doers:** Do you think that God would approve of you eating foods from at least four of these food groups each day? ❑ A. Yes❑ B. Maybe ❑ C. No  |
| **11. Culture** |
| **Doers:** Are there any cultural rules or taboos that make is less likely that you eat foods from at least four of these food groups each day?❑ A. Yes❑ B. Maybe ❑ C. No | **Non-Doers:** Are there any cultural rules or taboos that make is less likely that you eat foods from at least four of these food groups each day?❑ A. Yes❑ B. Maybe ❑ C. No |

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

1. To finalize this questionnaire, you need to fill in the responses to question number 4 in Section A with the examples of locally available foods belonging to each of the 7 listed food groups. Take advantage of the information available in FAO’s [Guidelines for measuring household and individual dietary diversity](http://www.fao.org/3/a-i1983e.pdf). [↑](#footnote-ref-1)