Group: ❑ Doer ❑ Non-Doer

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| **Barrier Analysis Questionnaire****on complementary feeding/food variety[[1]](#footnote-1)****for use with mothers of children aged 9 – 23 months** |

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| **Behaviour Statement**Mothers of children aged 9 – 23 months feed them meals each day containing foods from at least 4 out of 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 child feeding practices*.* 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. 9 – 23 months 🡪 *[Ask the next question*.*]*

❑ B. 24 months (2 years) or older 🡪 *[End the interview and look for another respondent*.*]*

❑ C. 0 – 8 months 🡪 *[End the interview and look for another respondent*.*]*

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

**2. Was yesterday a celebration or fasting day or any other event where the baby 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 and snacks you fed your baby yesterday through the day and night. How many meals and snacks did you feed your baby other than breast milk?**  *[This question is just to help the mother to remember what the baby ate.]*

❑ \_\_\_\_\_ meals and snacks 🡪 *[Write the number of meals/snacks and ask the next question*.*]*

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

**4. Can you please tell me all the different foods your baby ate in the last day and night? Start please with what the baby ate for breakfast and continue with any other meals s/he ate.** *[If the mother mentions a dish that has several ingredients, ask her to list them all. Tick all the boxes of foods groups the mother 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]*

❑ Don’t know / no response 🡪 *[End the interview and look for another respondent.]*

*[Instruction for the data collector: Count how many food groups (A to G) were included in the meals and snacks eaten by the child 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. The respondent did not know / did not respond 🡪 *[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 4 = A | Question 4 = B | Question 4 = C |

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

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### Section B: Research Questions

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| **Behaviour Explanation***[Show the mother 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 „feeding your baby foods from at least four different food groups each day”. This means that the meals and snacks you provide to your baby each day 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 prepare. They just need to be fed 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 feed your baby 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 feed your baby 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 feed your baby 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 feed your baby 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 feeding your baby 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 feeding your baby 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 feeding your baby 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 feeding your baby 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 feeding your baby 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 feeding your baby 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 feeding your baby 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 feeding your baby 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 your baby, 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 your baby, 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 child will become malnourished 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 child will become malnourished 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 baby became malnourished? 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 baby became malnourished? 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 baby would become malnourished if you feed him/her foods from at least four 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 your baby would become malnourished if you feed him/her foods from at least four 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 it is God’s will if children become malnourished?❑ A. Yes❑ B. Maybe ❑ C. No  | **Non-Doers:** Do you think that it is God’s will if children become malnourished?❑ A. Yes❑ B. Maybe ❑ C. No  |
| **11. Culture** |
| **Doers:** Are there any cultural rules or taboos that you know of against feeding your baby foods from at least four food groups each day?❑ A. Yes❑ B. Maybe ❑ C. No | **Non-Doers:** Are there any cultural rules or taboos that you know of against feeding your baby foods from at least four 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)