

COMPLETED EXAMPLE – WORKSHEET 4.2: EXPLORING IDEATIONAL FACTORS, BARRIERS AND FACILITATORS FOR INTENDED AUDIENCES

The worksheet below has been completed with data based on a fictional emergency to support you in completing Worksheet X with information relating to your context and emergency.¹

List below the priority audiences identified in Worksheet 4.1 of this unit:

1. Caretakers of children under five years old
2. Children under five years old
3. Local authorities
4. Rubera area residents
5. Elderly and sick

For each audience group, summarize the data from the research according to current behaviors, ideational factors and barriers and facilitators. Complete this table for each priority audience.²

Intended Priority Audience:	Caregivers of children under 5 years old			
Current behaviors	Ideational factors	Barriers	Facilitators	Sources
<ul style="list-style-type: none"> ● Only 8% of households have a washing station with water and soap. ● On average, women spend 40 minutes per day fetching water. ● Mothers bathe their children and wash cooking utensils with soap in the local river. ● 70% of households have access to a latrine, though maintenance is poor. ● It is common for children to practice open 	Knowledge: Know the importance of hand washing with soap. Are able to quote the five critical times for washing hands. The difference between cholera and other diarrheal diseases is rarely known.	A lack of water and soap is perceived as expensive.	Local associations make cheap soap. Some mothers practice hand washing with soap and can act as role models	DHS, 2014; UNICEF MICS 2012; Antiba et al, 2013
	Beliefs: Mothers often attribute diarrheal diseases to poisoning; only 33% of mothers believe that a hygienic environment can improve their children's health.	It is a normative practice to keep livestock in the house, which contributes to lack of hygiene.	In the households with good hygiene practices children tend to get ill less and this can be used as positive examples.	Banidar et al, 2012; DHS, 2014; Afetwa et al, 2011.
	Attitudes: In the Rubera area, mothers do not trust health facilities.	Some community leaders encourage mothers to treat their sick children with traditional medicine.	The health of their children is important to mothers.	Antiba et al, 2013; Afetwa et al, 2011.
	Self-image: No information has been found on this.	No information	No information	

¹ Data used to complete this sample worksheet is fictional.

² All data and sources used to complete this table are fictional and provided exclusively as illustrative examples.

<p>defecation.</p> <ul style="list-style-type: none"> Recommended hygiene measures in households are rarely adopted. Small livestock are frequently kept in the household area On average, mother access a health facility on the third consecutive day of their child's sickness. 	<p>Perceived risk: Mothers see diarrheal diseases as a standard part of childhood and do not worry about the consequences.</p>	All children are affected by diarrhea and it is considered normal.		Afetwa et al, 2011.
	<p>Self-efficacy: Mothers know that oral rehydration therapy is necessary to treat diarrhea, but 53% of mothers said they do not know how to access it.</p>	The workload of women does not allow them to dedicate time to go access health facilities. The cost of health services is also a deterrent.		Afetwa et al, 2011; Antiba et al, 2013
	<p>Emotions: A sense of helplessness prevails among mothers.</p>	Fathers/husbands do not support their wives in any childcare activity.	Mothers who are proactive in key behaviors such as hand washing, nutrition and accessing health services have healthier children.	
	<p>Norms: Women need to ask permission to their husbands to attend an outside activity which affects their ability to participate in some communication activities.</p>			
	<p>Culture: According to traditional beliefs, mothers dissolve traditional herbs powder in water, often dirty, to cure their children's diarrhea.</p>	Traditional practitioners have significant power in the rural communities.	In urban areas, less and less people are treating childhood diseases with traditional medicine.	Resing A, 2015
	<p>Social influences: Women support each other and do activities together all day. Mothers in laws play an important role in the lives of young mothers.</p>			Afetwa et al, 2011.
Intended Priority Audience:	Children under 5 years old			
Current behaviors	Ideational factors	Barriers	Facilitators	Sources
<ul style="list-style-type: none"> It is estimated that 86% of children under five practice open defecation regularly Children play in dirty, unhygienic areas in the villages Only 2% of children under five years old claim to wash their hands with soap before eating. 	<p>Knowledge: Knowledge of practices that reduce the spread of diarrheal disease is low.</p>			UNICEF MICS 2012; Antiba et al, 2013
	<p>Beliefs: No data was found on children's beliefs around hygiene practices.</p>	It is a normative practice to keep livestock in the house which contributes to lack of hygiene.	In the households with good hygiene practices children tend to get ill less and this can be used as positive examples.	Antiba et al, 2013; Banidar et al, 2012;
	<p>Attitudes: No data was found on children's attitudes towards hygiene practices.</p>	Some community leaders encourage mothers to treat their sick children with traditional medicine.	The health of their children is important to mothers.	Banidar et al, 2012; Afetwa et al, 2011.
	<p>Self-image: Children see playing in the stream as</p>	No information	No information	Afetwa et al,

<ul style="list-style-type: none"> • In some areas, children swim in dirty streams. • Children under five years old are not in school and are often left to play on their own under the care of older siblings. 		an important part of their day.			2011.	
	Perceived risk:	No child believes there is a risk in playing in the stream.	All children are affected by diarrhea and it is considered normal			Afetwa et al, 2011.
	Self-efficacy:	No data was found.	Low knowledge of hygiene measures.	In some communes in the North East, handwashing stations have been set up and can be accessed by community members.		Antiba et al, 2013; Banidar et al, 2012;
	Emotions:	Children do not feel supported by their families to wash their hands with soap.	Caregivers rarely encourage their children to practice hygiene behaviors due to water being scarce.			
	Norms:	Children are regularly left to play on their own under the care of older siblings.				Banidar et al, 2012;
	Culture:		Traditional practitioners have significant power in the rural communities.	In urban areas less and less people are treating childhood diseases with traditional medicine.		Afetwa et al, 2011; Antiba et al, 2013
	Social influences:	Children spend large portions of their time playing together and being supervised by older siblings. Older peers are seen as role models by younger children.		Some model families exist in the community where hand washing is practiced regularly with children.		Antiba et al, 2013

Once you have completed the table for each separate audience group, summarize in the table below the most important things you have learned about each audience and the sources of that information.

Audience	Key findings
Caregivers of children under five years old	For some risk reduction practices, knowledge is high but adoption is low. There is a low risk perception around diarrheal diseases which are considered a standard part of childhood life, and women feel powerless to prevent illness in their children. Use of traditional medicines is still high and health facilities are generally accessed late.
Children under five years old	Children engage in most behaviors that contribute to the spread of diarrheal diseases. They have some knowledge of the importance of handwashing but risk perception is low and the focus is on having fun which generally involves being in unhygienic environments. Older peers are very influential for children under 5, and can constitute a resource to promote positive behaviors. Children under 5 are frequently left on their own or in the care of an older sibling.

Based on the information summarized in the table above, is there any information that you would still need to know about any of the intended audiences to help you inform your communication response? If so, write what you need to know about each audience group here:

How caregivers perceive cholera and whether they see it as more dangerous than other diarrheal diseases

What are the triggers that prompt caregivers to access a health facility and what benefits do they find

What aspirations do children under 5 have and what motivates them

In what factors do families that practice healthier behaviors differ from the majority that don't?

What needs assessment methods can be used to answer those remaining questions? Consider the methodologies discussed in *Unit 2: Rapid Needs Assessment* and participatory approaches that involve the community as discussed in *Unit 3: Community Mobilization*.

Question	Possible Methods to Answer the Question
How do caregivers perceive cholera?	Focus Group Discussions with mothers of under 5s in four out of the 7 affected districts.
What are the triggers that prompt caregivers to access a health facility?	Top-of-the mind exercise with caregivers of under 5s, in-depth interviews with a sample of caregivers
What aspirations do children under 5 have?	Participatory exercise with groups of children aged 4 to 5 years
In what ways do families that practice protective behaviors differ from those that don't?	Observation of a sample of families over the course of two days.