Barrier Analysis (BA) is a rapid assessment (formative research) tool to identify behavioural determinants associated with a particular behaviour so that one can develop more effective barrier change messages and activities. This method is based on Health Belief Model (HBM) and Theory of Reasoned Action (TRA).

Those doing or accepting the behaviour (Acceptors/Doers) are compared with those who are not (Non-Acceptors/Non-Doers) so the most important behavioural determinants can be identified.

**METHOD**

Barrier Analysis (BA) was developed in 1990 by Tom Davis, MPH, Global Sector Lead for Health & Nutrition with World Vision International, and winner of the 2012 APHA Gordon-Wyon Award for Community-Oriented Public Health, Epidemiology, and Practice.
KEY FINDINGS

The behaviour surveyed is the acceptance of vaccination for coronavirus disease 2019 (COVID-19)

87% of the respondents either already had received a COVID-19 vaccine or were planning to do so.

24% had received the vaccine (mainly from 2 provinces in the South): analysed as Acceptors/Doers.

Unvaccinated staff who stated likelihood of going for a COVID-19 vaccine when it was available to them:

- 43% Somewhat likely
- 40% Very likely
- 9% Don’t know
- 7% Somewhat unlikely
- 1% Very unlikely

83% accepting

17% hesitant
A. PERCEIVED SOCIAL NORMS

ACCEPTORS (DOERS)

Doers were 1.8 times more likely to say that most of their close family and friends would want the respondent to get a COVID-19 vaccine. (p<0.001)

Non-acceptors (NON-DOERS)

Non-doers were 3.2 times more likely to say that they “don’t know / won’t say” if they would get a COVID-19 vaccine if a doctor or nurse recommended that they do so. (p=0.04)

Doers were 1.3 times more likely to say that most of their community leaders and religious leaders would want the respondent to get a COVID-19 vaccine. (p=0.02)

Non-doers were 2.9 times more likely to say that they “don’t know” what proportion of people they know who will go for a COVID-19 vaccine. (p<0.001)

Non-doers were 1.9 times more likely to say that they “don’t know / won’t say” if most of their close family and friends would want the respondent to get a COVID-19 vaccine. (p=0.002)

B. TRUST IN COVID-19 VACCINES AND RELATED INFORMATION

ACCEPTORS (DOERS)

Doers were 1.3 times more likely to go say that they trust “a lot” the information that government representatives and politicians in their country provide on safety and effectiveness of COVID-19 vaccines. (p=0.03)

NON-ACCEPTORS (NON-DOERS)

Non-doers were 1.7 times more likely to say that they “don’t know” if they would trust a COVID-19 vaccine. (p=0.045)
C. PERCEIVED SAFETY OF COVID-19 VACCINES

ACCEPTORS (DOERS)

1.3 times more likely

Doers were 1.3 times more likely to say that if would be “very safe” for people to get a COVID-19 vaccine. (p=0.01)

NON-ACCEPTORS (NON-DOERS)

1.6 times more likely

Non-doers were 1.6 times more likely to say that they “don’t know” if would be safe for people to get a COVID-19 vaccine. (p=0.01)

D. PERCEIVED RISK/SUSCEPTIBILITY TO COVID-19

ACCEPTORS (DOERS)

1.2 times more likely

Doers were 1.2 times more likely to say that it was “somewhat likely” that someone in their household would get COVID-19 over the next three months (vs. not likely at all). (p=0.04)

NON-ACCEPTORS (NON-DOERS)

1.6 times more likely

Non-doers were 1.6 times more likely to say that that they “don’t know/ won’t say” if it would be likely that someone in their household would get COVID-19 over the next three months. (p=0.008)

OTHER BEHAVIOURAL DETERMINANTS

Additional Behavioural determinants were included in the study, however there were no statistically-significant differences observed in the responses of Doers and Non Doers for the below listed determinants:

- Perceived self-efficacy
- Perceived positive consequences (Advantages)
- Perceived negative consequences (Disadvantages)
- Perceived action efficacy
- Perceived severity of COVID-19
- (Perceived) access to vaccines
- Perceived divine will
- Culture / rumours
- Gender
- Age group
Influence and change society’s perception of COVID-19
Benefits of COVID-19 vaccine and share high level of acceptance

Increase trust in COVID-19 vaccines
Promote the vaccine as a way to lower the stress concerning infecting loved ones;
Safety of vaccines and side effects

Increase trust in vaccine information
Promote how and where to access the vaccine more widely

Influence and change perceived risk susceptibility to COVID-19 infection
Emphasize how COVID-19 is a potentially deadly disease

A strong correlation can be observed between the two surveys, with similar level of acceptance (84% for households vs 83% for WV staff). The recommendations presented can therefore be extrapolated and adapted to the community level.