

Determinant/ Barrier	Question to Examine	Possible ways to Break the Barrier or Affect Program Outcomes by Focusing on this Determinant
Perceived susceptibility	(Can I get the disease/have the problem?)	Educational messages on susceptibility (e.g., using statistics), testimonies from those who thought they could not get the illness but did, expert opinions, use of surveys or PRA focusing on prevalence rates.
Perceived severity	(Is the disease/problem serious?)	Educational messages on severity (e.g., using case fatality rates), testimonies from those who have had the illness, use of folk media (e.g., community theater) to get "the right amount of fear," stories from health workers on specific (e.g., fatal) cases.
Perceived action efficacy	(Does the behavior work to prevent/overcome the disease or problem?)	Educational messages on how the behavior works, demonstrations, simulations of how the action works (e.g., the "gourd baby" to show how diarrhea causes dehydration and ORS prevents that), expert opinions, testimonies, publicizing case histories, getting people to make commitments to (at least) try it out.
Perceived self-efficacy	(Can I do the behavior?)	Educational messages that talk about time and cost requirements, skill-building training in communities, getting people to make commitments to try out the behavior, increasing access by subsidizing costs of needed supplies, promoting ways to decrease the time required to do the behavior, promoting technology that requires less materials (e.g., the "tippy tap" ⁵ for hand washing), creation of support groups (e.g., for breastfeeding).
Cues for action	(Can I remember when/how to do the action?)	Promotion of songs, poems, or slogans to help people remember a behavior/how to do a behavior (e.g., steps). Use of posters, radio spots, other reminders.
Perceived social acceptability	(Do those who are important to me approve of the behavior?)	Education directed at the target group who disapproves of the behavior. Assertiveness training (e.g., women and HIV/AIDS prevention). Wide-angle health promotion involving opinion leaders. Testimonies by opinion leaders (even if they are "outliers").
Perception of divine will	(Is it God's will that I prevent/overcome the disease or problem?)	Influence spiritual teaching through churches, mosques, and other religious bodies using their own spiritual writings. Providing sermon outlines to pastors. Involving spiritual leaders in health promotion.
Positive attributes of the action	(What are the advantages of the behavior?)	Promotion of the advantages of the behavior mentioned by survey respondents through testimonies, radio spots, posters, etc.

⁵ See <http://www.rehydrate.org/dd/dd54.htm#page6>