IF YOU CAN'T MEASURE IT, YOU CAN'T IMPROVE IT: EXPERIENCES & INSIGHTS ON SOCIAL NORMS MEASUREMENT

WELCOME! WE WILL BEGIN SHORTLY.

The **Learning Collaborative** to Advance Normative Change
Social Norms Measurement Community
Thursday, November 7th, 2019 | 10:30 – 12:00 EST

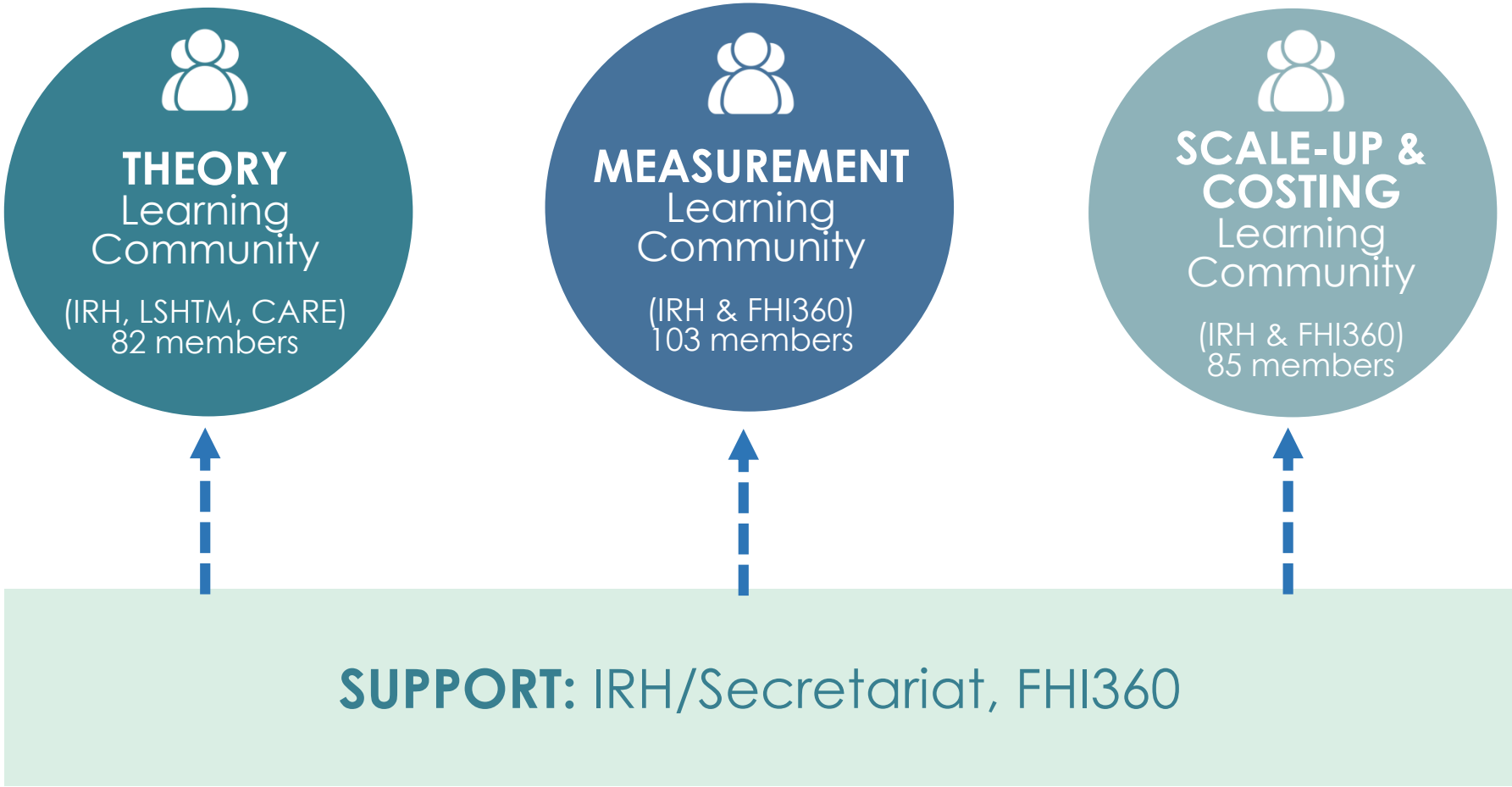
IF YOU CAN'T MEASURE IT, YOU CAN'T IMPROVE IT: EXPERIENCES & INSIGHTS ON SOCIAL NORMS MEASUREMENT

Donna McCarraher, FHI360 on behalf of the Learning Collaborative Measurement Community

OUR MISSION

To facilitate collaboration between organizations working on adolescent sexual and reproductive health norm change initiatives, enhancing collective efforts, **building knowledge,** and **developing shared tools** to promote and guide effective social norm theory, measurement and practice at scale.

Steering Committee

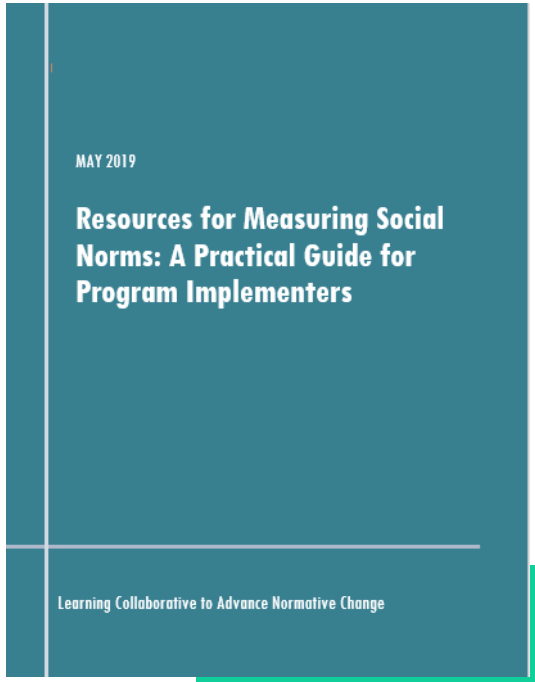


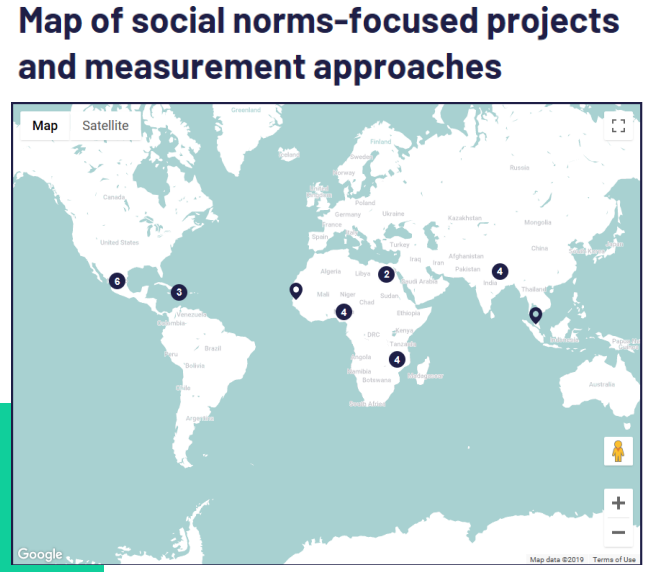
370 members from 108 organizations

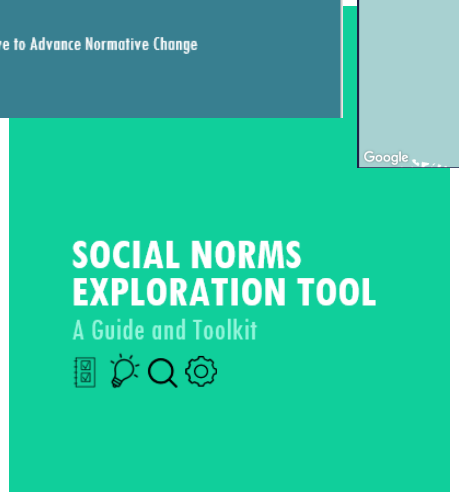
(Not all members are part of a learning community)

WHAT WE'RE CONTRIBUTING TO SOCIAL NORM MEASUREMENT

- Resources for Measuring Social Norms: A Practical Guide for Program Implementers
- Map of social norms-focused projects & measurement approaches
- Social Norms Exploration Tool







ALiGN | Advancing Learning and Innovation on Gender Norms

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© Eric Lafforgue/2011. Portrait of teenage girls wearing green hijabs in Boorama, Somaliland.

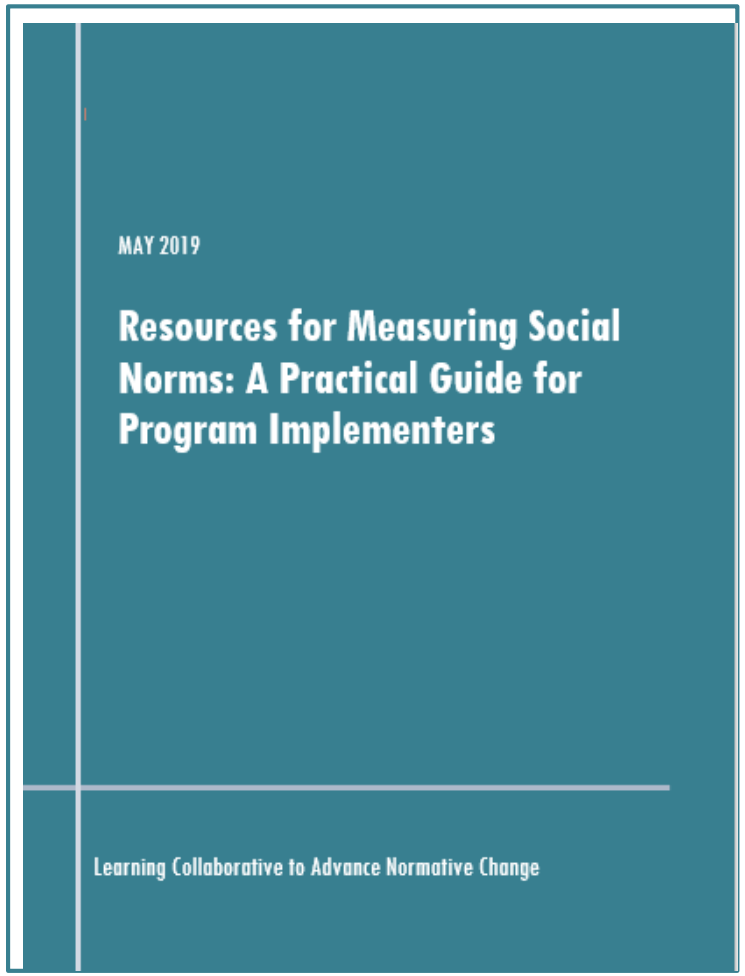
The Learning Collaborative

About the Learning Collaborative

With funding from the Bill & Melinda Gates Foundation, the **Learning Collaborative to Advance Normative Change** envisions a world where the powerful influence of social norms in shaping adolescents' lives is widely understood, and where projects and programmes improve adolescent sexual and reproductive health by applying normative science at scale. The Learning Collaborative is an initiative for identifying, sharing and discussing norms-shifting interventions. Organised in three focused Learning Communities (Theory, Measurement, and Scale-Up), the Learning Collaborative contributes to efforts to build consensus on program, evaluation, and scale-up approaches for norms-shifting initiatives aiming to improve adolescent sexual and reproductive health and well-being.

WWW.ALIGNPLATFORM.ORG/LEARNING-COLLABORATIVE

LEARNING COLLABORATIVE: MEASUREMENT COMMUNITY



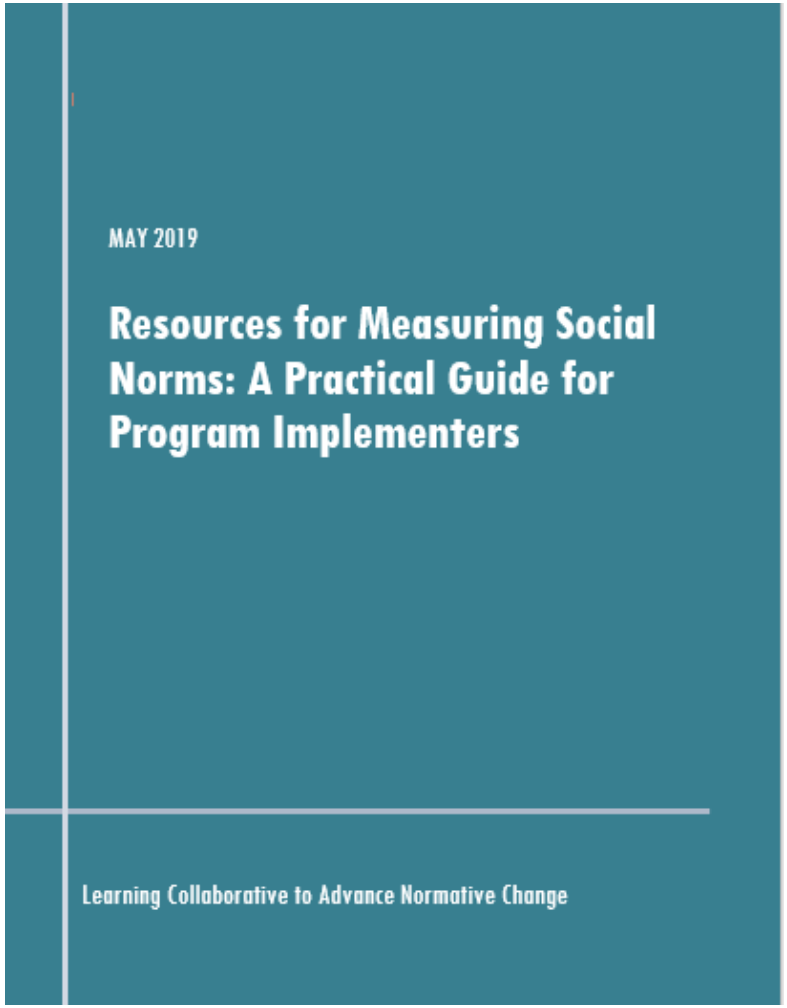
Objectives

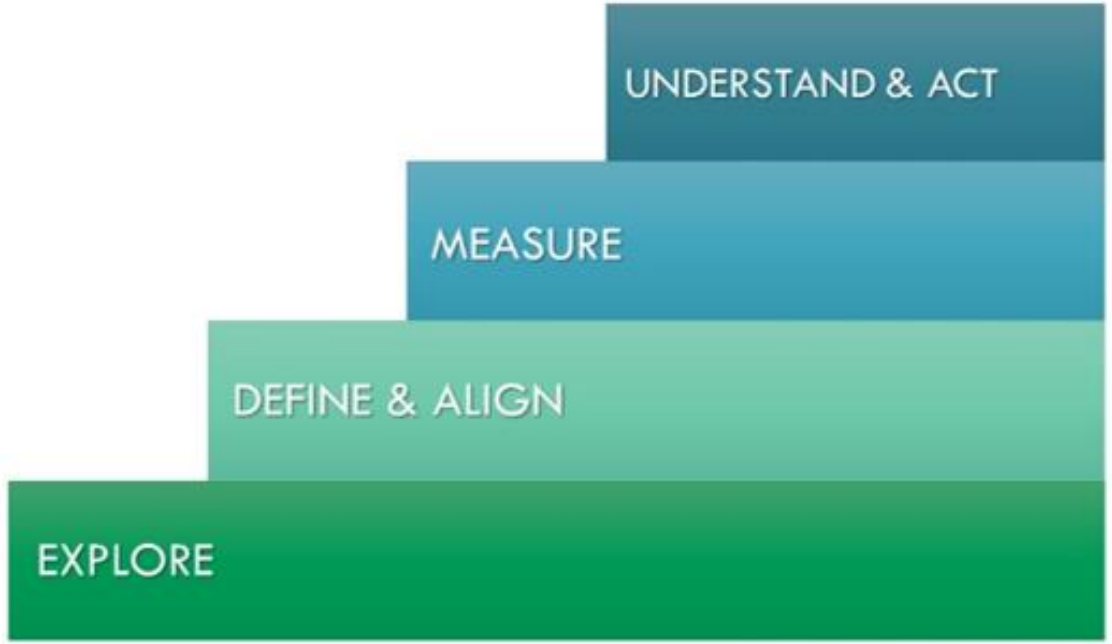
- Make social norm measurement less intimating
- Capture the diversity of approaches/tools available
- Clarity & compare approaches/tools
- Provide practioners with guidance

Approach

- Consultations with experts to develop a vision
- Solicited tools and measurement strategies from the LC members
- Reviewed resources received and conducted In-depth with those who submitted them

RESOURCES FOR MEASURING SOCIAL NORMS: A PRACTICAL GUIDE FOR PROGRAM IMPLEMENTERS





WEBINAR: OBJECTIVES & PANELISTS

OBJECTIVES

- Participants are exposed to ***current thinking and advancements in the field of social norms measurement approaches*** conducted by Learning Collaborative members.
- Participants are aware of the *Resources for Measuring Social Norms: A Practical Guide for Implementers*; know where to access it, and how it can support diagnosis, design, and evaluation of norms-shifting interventions.

PANELISTS

Anne Sprinkel, CARE: *"Using CARE's Social Norms Analysis Plot (SNAP) to Measure Social Norms"*
Cari Jo Clark, Emory University: *"Social Norms Scales"*
Suruchi Sood, Drexel University: *"2x2 Tables for Social Norms Measurement"*
Vincent Petit, UNICEF: *"Monitoring Normative Behaviors"*

USING CARE'S **SOCIAL NORMS ANALYSIS PLOT (SNAP)** TO MEASURE SOCIAL NORMS

Anne Sprinkel, Anne.Sprinkel@care.org
Tipping Point Project Director, Gender Justice Team
CARE USA

WHAT IS A SOCIAL NORM?

Unspoken rules of behavior within a group about what is considered typical and approved of:

Two types of expectations:

- What I think others do (descriptive norms / empirical expectations)
- What I think others think I SHOULD do (injunctive norms / normative expectations)

In other words, people's behavior depends on their expectations about **other people's behavior** and **approval**

WHAT IS THE "SNAP" FRAMEWORK?

- Social Norms Analysis Plot (SNAP) Framework – analysis framework for data on social norms
- Used to design measurement tools to elicit data about social norms
- Outlines 5 components of a social norm that we identified from theory, which we think would indicate strength/influence and signs of change

CARE'S SOCIAL NORMS ANALYSIS PLOT (SNAP) FRAMEWORK

Components of a norm	Definition
Empirical Expectations (or descriptive norms)	What I think others do
Normative Expectations (or injunctive norms)	What I think others expect me to do (what I should do according to others)
Sanctions	Anticipated opinion or reaction of others (to the behavior) – specifically others whose opinions matter to me
Sensitivity to sanctions	Do sanctions matter for behavior?
	If there is a negative reaction from others, would the main character change their behavior in the future?
Exceptions	Under what circumstances would it be okay for the main character to break the norm (by acting positively)?

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THE TIPPING POINT INITIATIVE

Three-phase initiative that addresses the root causes of child, early and forced marriage (CEFM) and promotes the rights of adolescent girls.

Tipping Point Timeline

Phase 1
2013-2017
Formative development of Theory of Change (TOC) and innovative approaches

Phase 2
2017-2020
Harvesting, learning, developing, and testing packages linked to the TOC to generate evidence

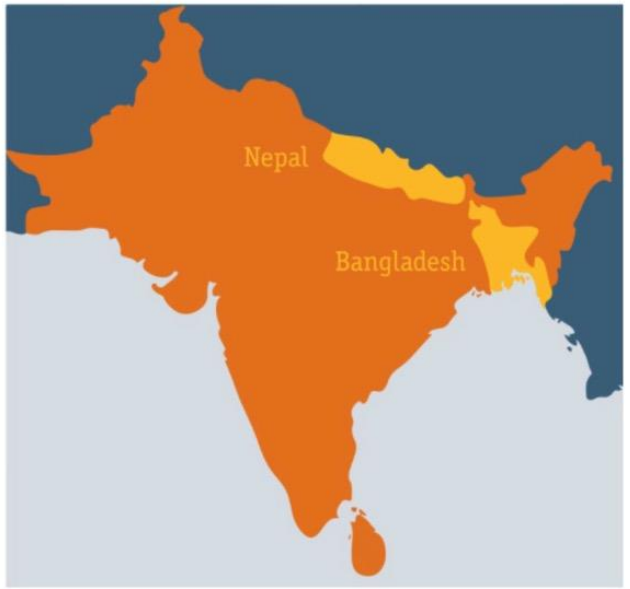
Phase 3
2020-2023
Advocacy, Influence and Scale: expanding choices, voices, agency, and rights of adolescent girls

We work with

- Adolescent **girls**
- Adolescent **boys**
- Parents
- Community and religious leaders
- Influencers

Key Norms

- **Dowry** expectations
- Expectations of **girls' worth**
- Connections between girls' **sexuality and family honor**
- Expectations of **future gender roles**



Nepal: Kapilvastu & Rupandehi districts

Bangladesh: Sunamganj, Rangpur district

SAMPLE VIGNETTE – TIPPING POINT

Saleha aged 16 is a dropout girl who lives with her parents and sisters. One day the matchmaker came to her parents with a marriage proposal for Saleha. Saleha and her family came to know from the matchmaker that one of Saleha's former classmates Rita is already engaged and is getting married in a week. The matchmaker suggested that Saleha needs to get married too as she is getting older. She also mentioned that she has a perfect proposal for her. She gave details of the potential bridegroom. Saleha's parents were pleased with his background and asked the matchmaker to invite the potential bridegroom to their house for seeing Saleha.

1. What will Saleha's family and peers want her to do in this situation?
   Probe: If the proposal is considered good: What would most peers and cousins want Saleha to do?

When Saleha came to know that her parents invited the potential bridegroom to their house for seeing Saleha, she expressed her disapproval of this matchmaking as she does not like the suitor and would rather choose her own husband.

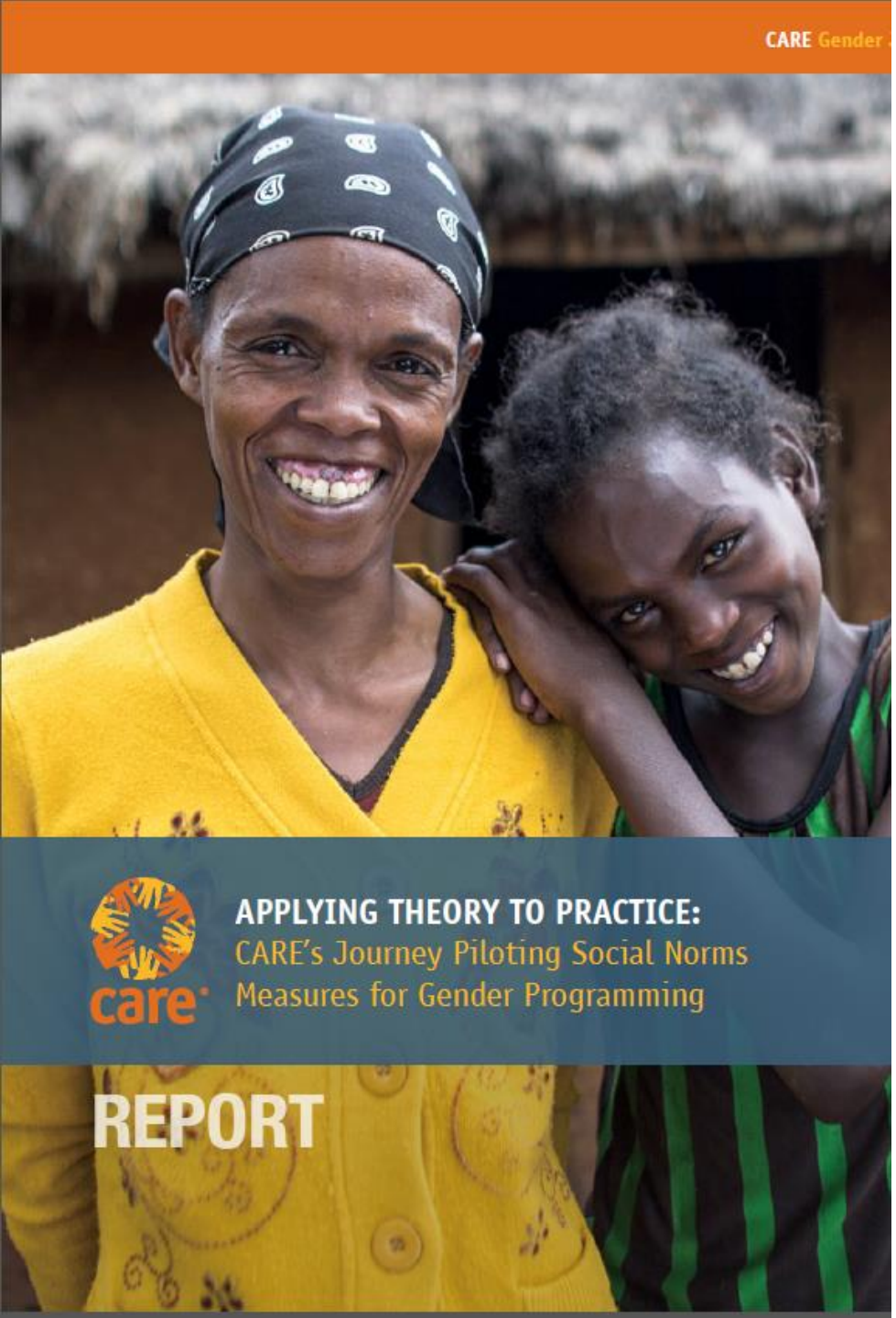
2. How will decision be made in this scenario?
   Probe : If the proposal is considered good:
   a. How will her mother (father, cousins, peers) react to Saleha's assertion and what will she do? Why?
   b. Given the reaction and opinion of the people involved, what will be Salma's reaction and what will she do? Why?
   c. Will it make any difference if the proposal was not considered good, but not considered bad either? In what ways the reaction and actions will be different?

SAMPLE RESPONSES — TIPPING POINT

- EE: “Parents make the decision in order to avoid any bad rumor in the society concerning the girl.”
- NE: “Father and mother make every decision about marriage. It is not acceptable that one should marry on her own wish.”
- Sanctions: on the girl: “Her mother tells [her] that if she does that (follows her own wishes), the neighbors would backbite about her and would laugh at [her]”.
- SS: “Although a girl has grown enough and is eligible for marriage and she says that she does not want to marry, then we order her to stay inside the house and also order her to not move anywhere outside.”
- Exceptions: “Some girls do reject marriage proposals. For e.g. if the groom side come to see the girl and the girl doesn’t like him, she can reject the proposal.”

SNAP: EXAMPLE ANALYSIS QUESTIONS

- Has agreement changed about what is considered to be typical and appropriate?
- Are social sanctions lessening or weakening over time? Are there any changes in the type, severity, or certitude, or influence of social sanctions?
- Are (more) alternative, non-normative behaviors perceived to be possible?
- Are there any increases in exceptions when it is okay to deviate from the norm? Are there increases in the perceived amount of people who deviate from the norm?



PUBLICATIONS & RESOURCES

Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming:

http://www.care.org/our-work/womens-empowerment/gender-integration/innovation

Tipping Point Monitoring & Evaluation Tools:

https://caretippingpoint.org/tools/

Tipping Point Innovation Briefs:

https://caretippingpoint.org/innovation/.

SOCIAL NORMS SCALES

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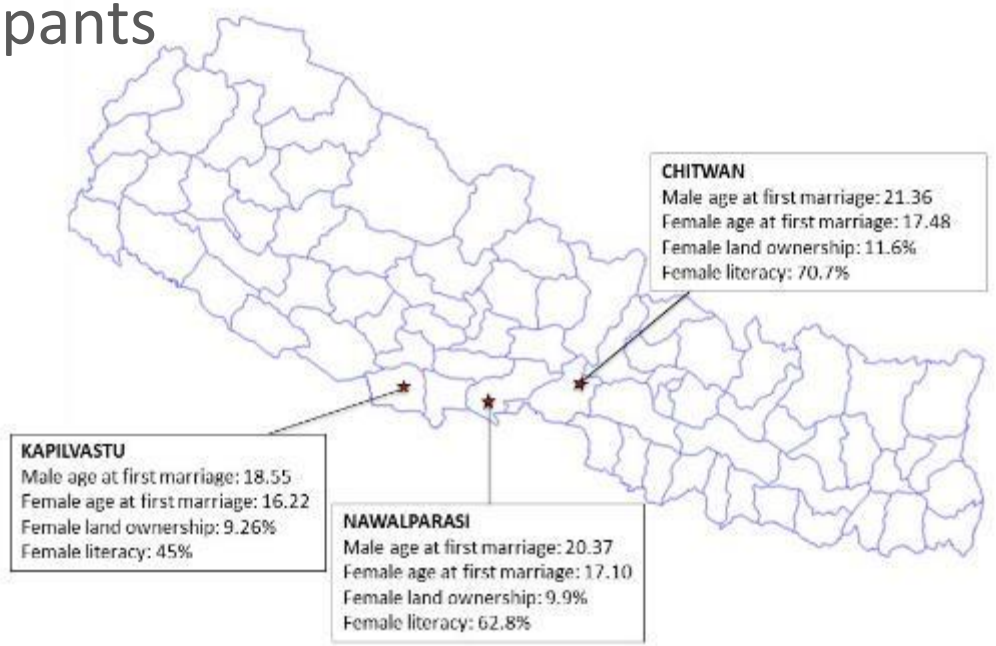
STUDY

- cRCT testing norms & experience of IPV
- 3 districts, 36 communities
- Repeated cross sectional surveys (N=1440)
- Quantitative cohort of 360 female LDG participants
- Qualitative cohort of
  - 18 couples
  - 120 family members
  - 30 leaders
- Radio listener feedback
- Process evaluation



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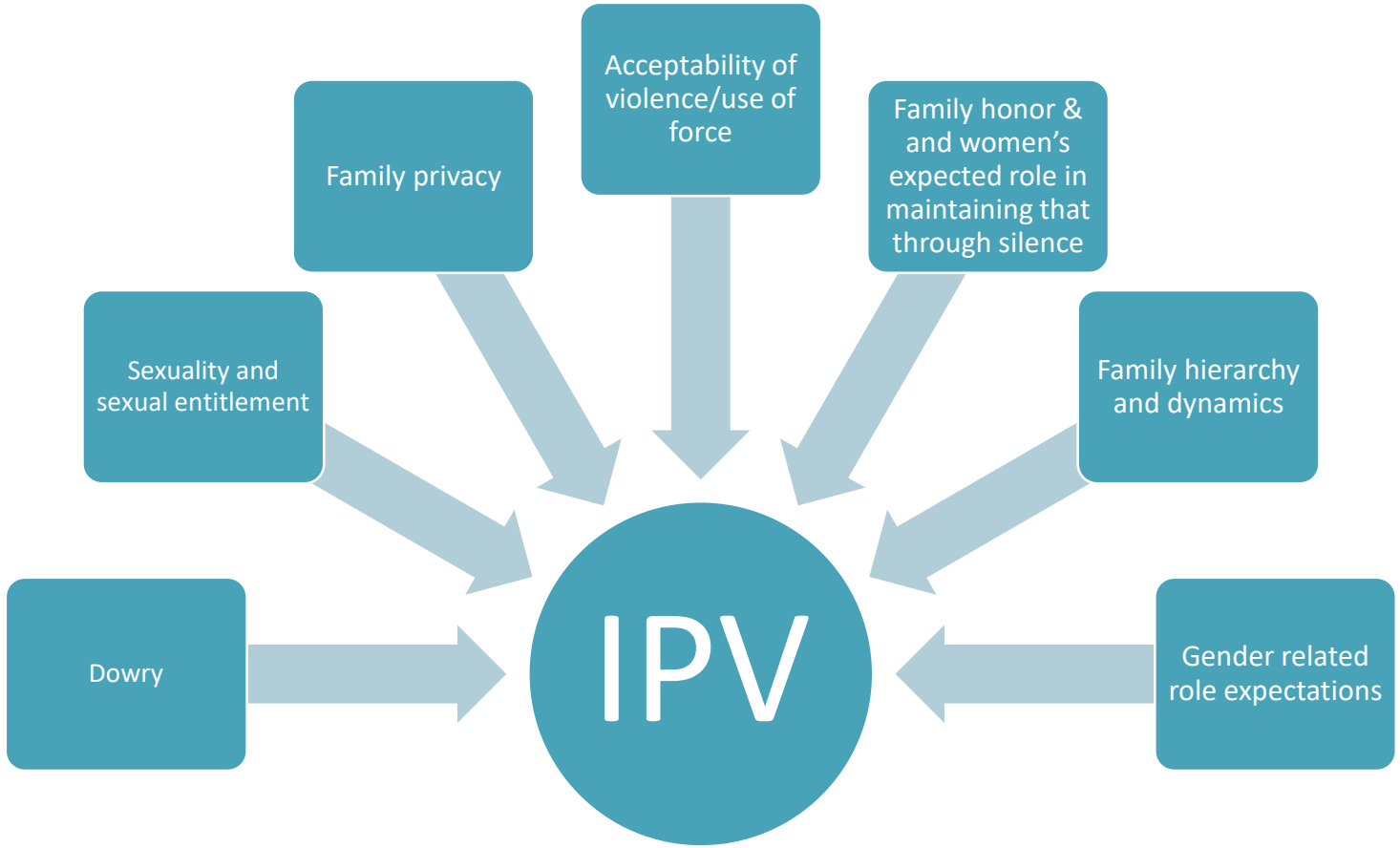
QUALITATIVE FINDINGS

- Literature review
  - Domains
  - Item structure

- Formative research
  - Focus group discussions
  - Key informant interviews
  - Pilot testing



PARTNER VIOLENCE NORMS SCALE

Item	None %	Some %	Most / All %
A husband who helps his wife with the household chores will not be respected by his family	32	37	31
A man who makes important decisions jointly with his wife will be considered a weak man by his family	31	42	28
A man's family will think he is a disloyal son if he takes his wife's opinion over his mother's opinion	18	43	39
A woman who openly expresses her sexual desires to her husband is perceived to be vulgar	34	38	28
Husbands may use force to reprimand their wives because men should be in control of their families	31	42	27
A woman who complains about her husband's violent behavior is considered a disloyal wife by her in-laws	28	45	27
A woman who does not tolerate violence from her husband is dishonoring her family and should not be welcomed home	39	42	20
A person who intervenes when a woman is being beaten by her husband would be considered to be interfering or meddling in the couple's private affairs	31	46	23

Clark CJ, Ferguson G, Shrestha B, Shrestha PN, Oakes JM, Gupta J, McGhee S, Cheong YF, Yount KM. Social Norms and Women's Risk of Intimate Partner Violence in Nepal. *Social Science and Medicine*, 2018 Apr;202:162-169. doi: 10.1016/j.socscimed.2018.02.017. Epub 2018 Feb 26. PMID: 29549822 DOI: 10.1016/j.socscimed.2018.02.017

SCALE PSYCHOMETRICS

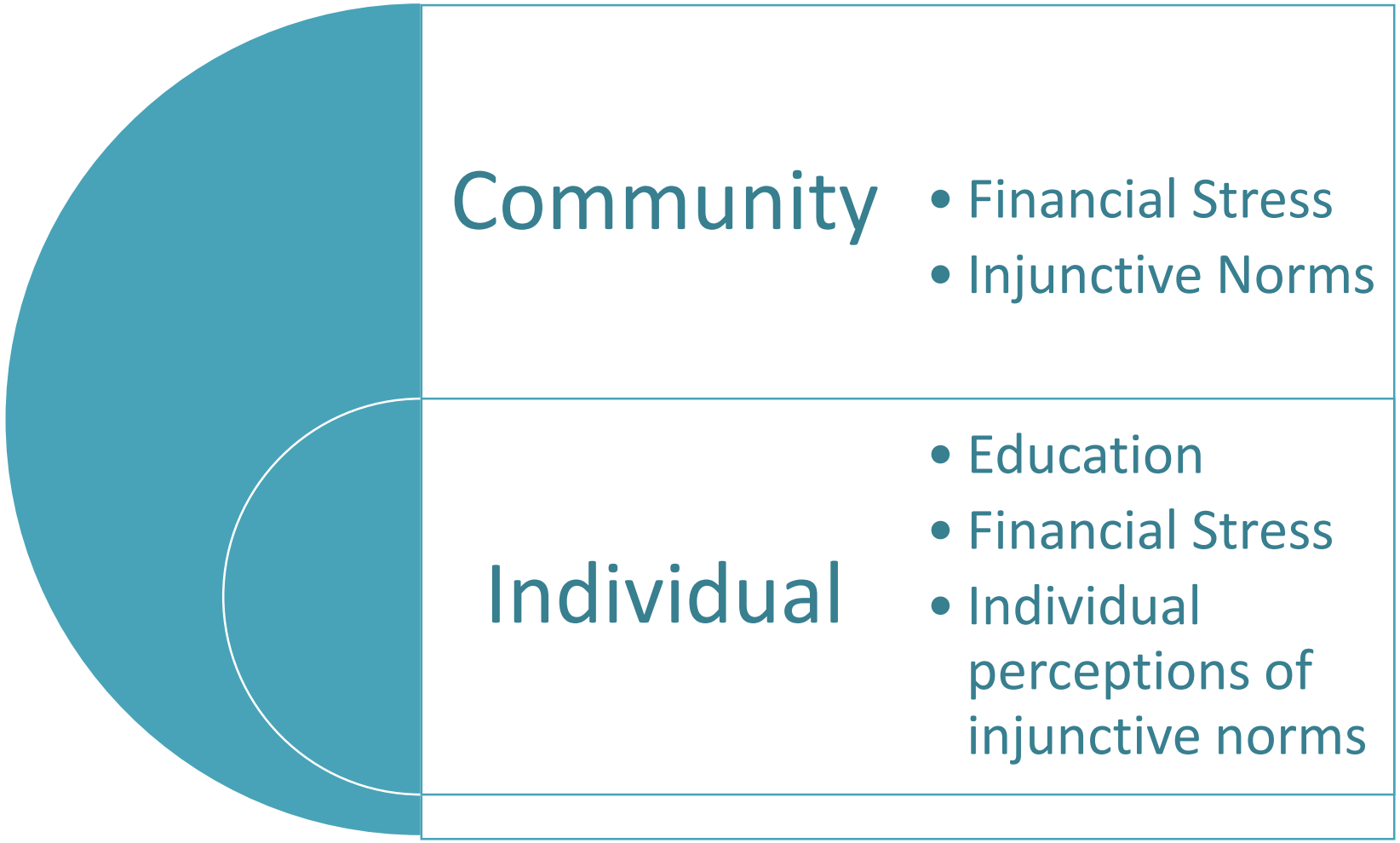
- Dimensionality
  - EFA
  - 1 factor
    - RMSEA 0.13 (0.12, 0.14)
    - CFI = 0.96
  - 2 factors
    - RMSEA 0.06 (0.05, 0.07)
    - CFI = 0.99
  - 7-item measure
    - RMSEA = 0.074 (0.063, 0.084)
    - CFI = 0.99
    - TLI = 0.98

Loadings	1 Factor	2 Factors	
Chores	0.79	0.75	0.11
Decisions	0.81	0.93	-0.01
Mother	0.69	0.39	0.37
Sex	0.65	-0.02	0.69
Control	0.78	0.15	0.67
Complain	0.80	-0.10	0.93
Tolerate	0.78	0.07	0.74
Help	0.75	0.03	0.74

- Reliability
  - Coefficient alpha=0.88

Clark CJ, Ferguson G, Shrestha B, Shrestha PN, Oakes JM, Gupta J, McGhee S, Cheong YF, Yount KM. Social Norms and Women's Risk of Intimate Partner Violence in Nepal. *Social Science and Medicine*, 2018 Apr;202:162-169. doi: 10.1016/j.socscimed.2018.02.017. Epub 2018 Feb 26. PMID: 29549822 DOI: 10.1016/j.socscimed.2018.02.017

NORMS AND IPV



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CHALLENGES

Inclusion of sanction / reference group in item could be wrong for some.
Norms reference groups differ and may be more expansive for men.
Don’t have strong data on sensitivity to the norms.
Don’t have strong data on conditional preferences.
Have lots of data to speak to norms, but have to mine it from less intentional approaches.
Have data on women’s attitudes, not men’s.

MEASUREMENT CONSIDERATIONS

- Reference groups-requires strong formative research (qual + quant)
- Level and source of measurement – individual, collective, internal, external, attitudes, perceptions, or behavior
- Aggregation of measures can be highly correlated making them difficult to model
- Sensitivity of the measure to change
- Intervention may change how individuals relate to the scale items

2X2 TABLES FOR SOCIAL NORMS MEASUREMENT

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"READY"

DEFINING THE REFERENCE GROUP: SOCIAL NETWORK MAPPING

- As a precursor to the 2x2 table activity, participants fill out social network maps of individuals whose opinions on a given behaviour are important to them.
- This helps them conceptualize the thoughts and behaviours of others when doing the 2x2 table activity.

"SET" HOW TO

Introduce the activity:

- Explain to participants that they are going to list all of the people with whom they discuss a specific topic.
- Go through an example unrelated to the research topic.

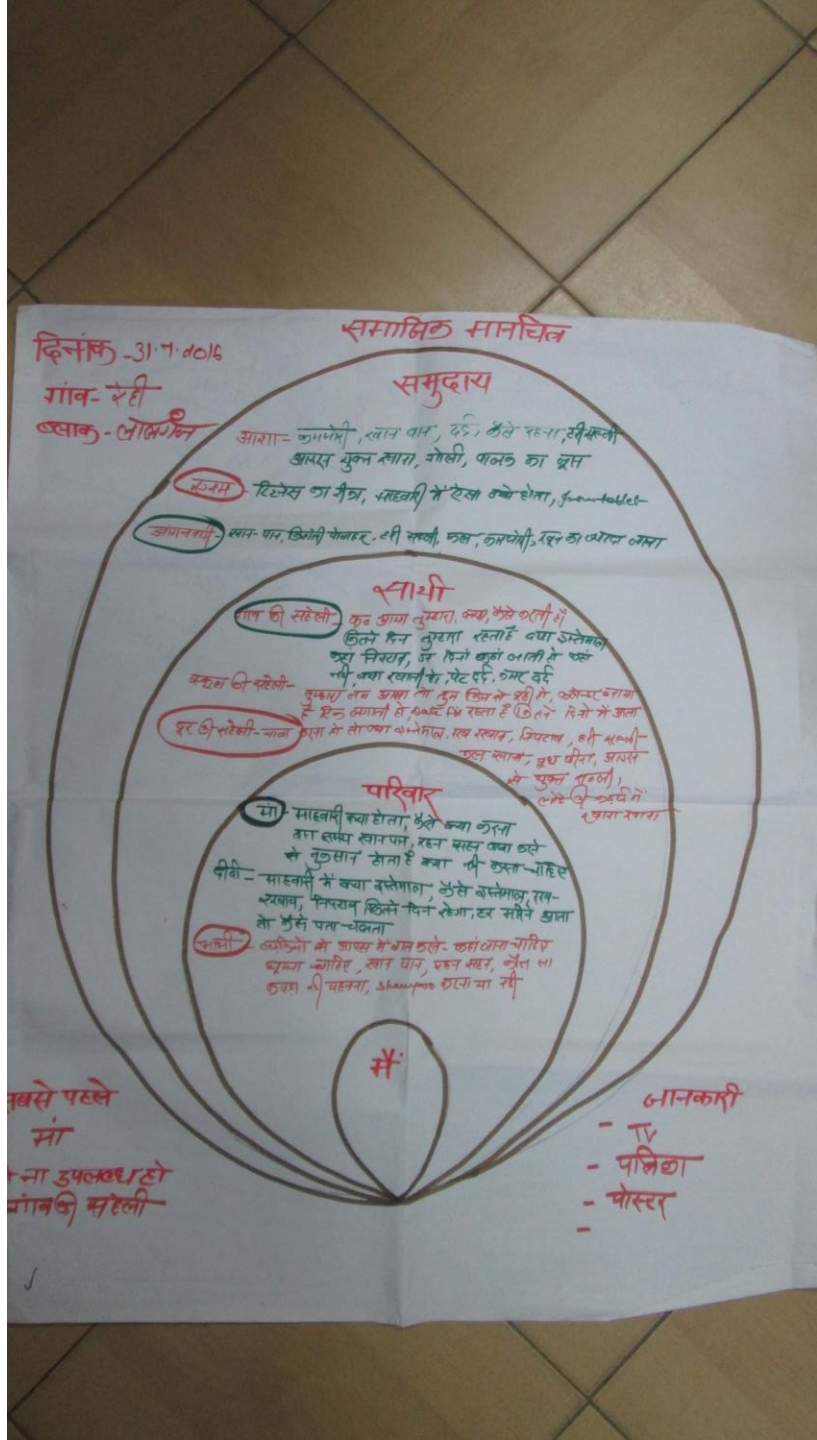
Provide participants with a blank map they can fill in, or fill in the map as they state aloud who they talk to at each level: family, peer, and community.

Ask prompts to spark discussion about different maps. For example:

- Barriers? Allies?
- Are some issues harder to discuss than others? Why is that?

“ACTION” MHM INDIA

- Different levels of the social ecological model.
- Assess how information concerning Menstrual Health and Hygiene Management flows through participant’s social networks.
- Further categorize the social network contacts as either allies or barriers to communication.
- Further questioning, such as who they spoke to first, speak to most frequently, trust
- Categorize other sources of information



"READY" 2X2 TABLES: SOCIAL NORMS

- Participants identify which quadrant they fall into on two 2x2 tables, one for approval and one for behavioural expectation.
- A visual component can be added in focus groups, where the facilitator fills out the two tables with the number of participants who fall into each quadrant.
- Participants are then asked to reflect on the reasons, rewards, and sanctions for falling into each quadrant.
- Through this activity, researchers can assess whether social norms are at play and the reasons, rewards, and sanctions behind them.

"SET" HOW TO

Approval Table

		People whose opinion matters - Approval	
		Yes	No
Self-Approval	Yes	Yes, Yes Quadrant 1	Yes, No Quadrant 2
	No	No, Yes Quadrant 3	No, No Quadrant 4

Behavioural Expectation Table

		People whose opinion matters Expectation of you	
		Yes	No
People whose opinion matters behaviour	Yes	Yes, Yes Quadrant 5	Yes, No Quadrant 6
	No	No, Yes Quadrant 7	No, No Quadrant 8

"ACTION" EXAMPLE

		People whose opinion matters - Approval	
		Yes	No
Self-Approval	Yes	Yes, Yes - Quadrant 1 **5** Reasons: Rewards: Punishments:	Yes, No - Quadrant 2 **1** Reasons: Rewards: Punishments:
	No	No, Yes - Quadrant 3 **2** Reasons: Rewards: Punishments:	No, No - Quadrant 4 **4** Reasons: Rewards: Punishments:

		People whose opinion of you matters – Expectation	
		Yes	No
People whose opinion matters behavior	Yes	Yes, Yes - Quadrant 5 **4** Reasons: Rewards: Punishments:	Yes, No- Quadrant 6 **0** Reasons: Rewards: Punishments:
	No	No, Yes- Quadrant 7 **1** Reasons: Rewards: Punishments:	No, No- Quadrant 8 **7** Reasons: Rewards: Punishments:

Probing questions include:

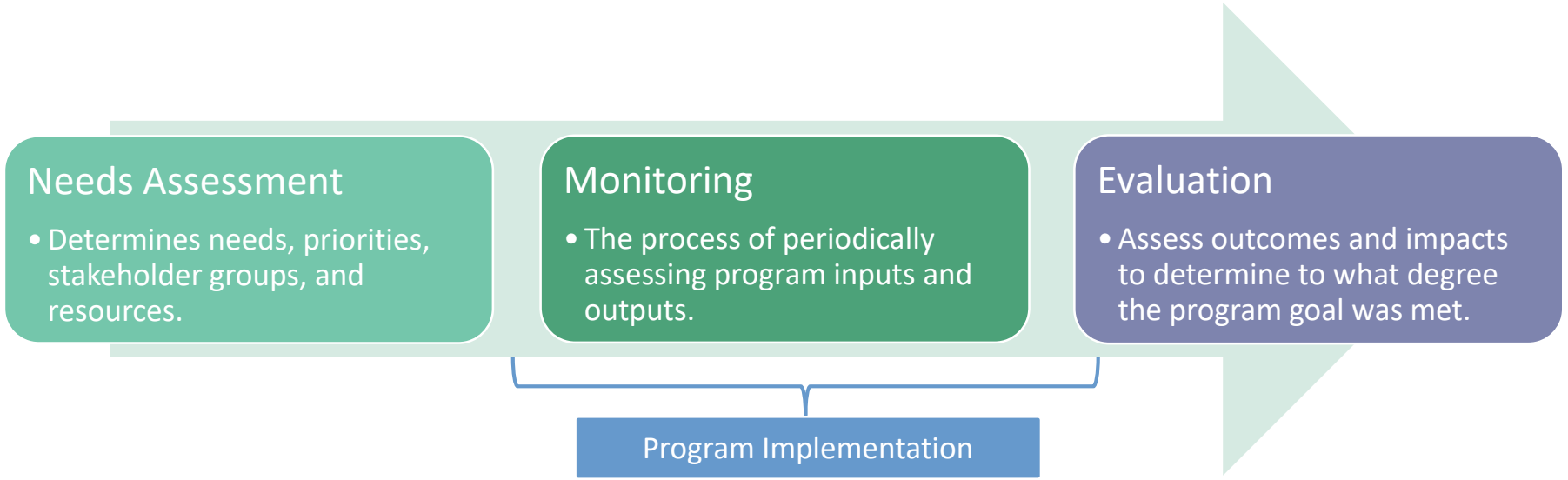
- Can you explain why you fell on (x) quadrant for approval but fell into (x) for behavioural expectation?
- What are the social benefits of doing (x) behaviour; what are the social benefits of not doing (x)?
- What are the social sanctions of doing (x) behaviour; what are the social sanctions of not doing (x)?

INTERPRETATION OF 2X2 TABLE DATA

- If participants fall into the yes/yes and no/no quadrants, it signifies that norms are at play. Dissonance between approval and practice illustrates that participants are either abiding by a norm they would rather not practice or are challenging a norm that is widely practiced. Depending on the normative behaviour, this may be health-promoting or health-harming.
- If participants are unable to articulate reasons, rewards, and/or punishments, pluralistic ignorance may be at play.

WHEN CAN 2X2 TABLES BE USED?

- 2x2 tables for social norms can be used throughout the needs assessment, monitoring, and evaluation phases.
- When used in more than one phase, 2x2 tables for social norms provide data that can be compared to determine whether change occurred.



HOW HAVE 2X2 TABLES BEEN USED

- Used in focus group discussions with identical questions used in structured interviews so quantitative and qualitative data could be compared.

	Injunctive & Descriptive Norms (Approval & Disapproval)		
	I want to understand the levels of approval or disapproval. Can you tell me to what extent you and other girls like you in your village approve or disapprove of the following….		
	Do you approve or disapprove of using sanitary pad.	Yes, I approve	1
		No, I don't approve	2
	Do other girls in your village approve or disapprove of using sanitary pad?	Yes, they approve	1
		No, they don't approve	2
	You mentioned that you_____and/ but other girls in your village_____. Can you tell me the reason for your answer?	Record Verbatim	

WHERE HAVE 2X2 TABLES BEEN USED?

Social Norms around abandonment and continuation of FGM in Ethiopia and Guinea

Social Norms governing several key maternal and child health and child protection issues in Mozambique

Discriminatory Social Norms towards children with disabilities in Macedonia

Social Norms around Child Marriage in Bangladesh

MONITORING NORMATIVE BEHAVIORS

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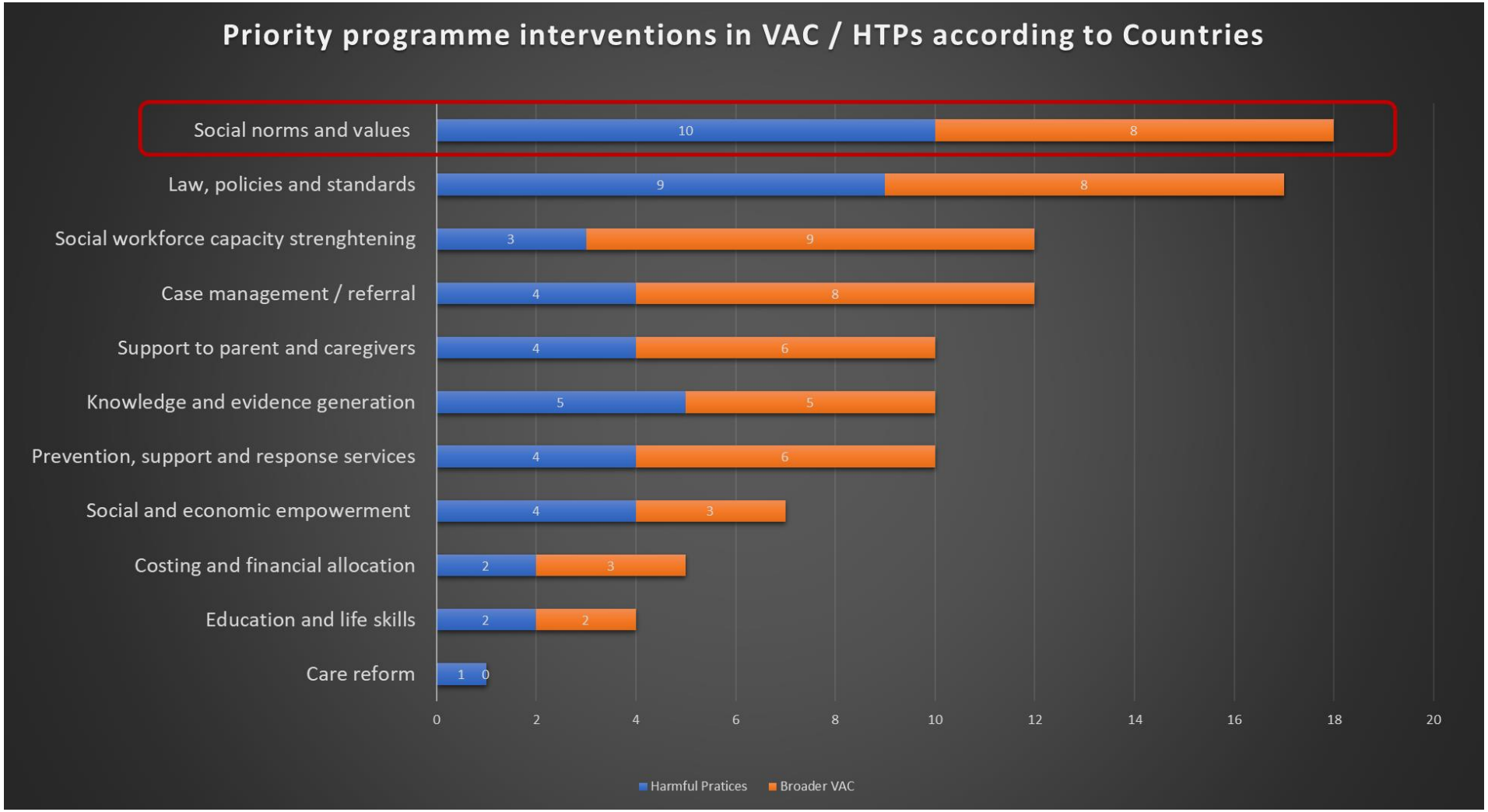
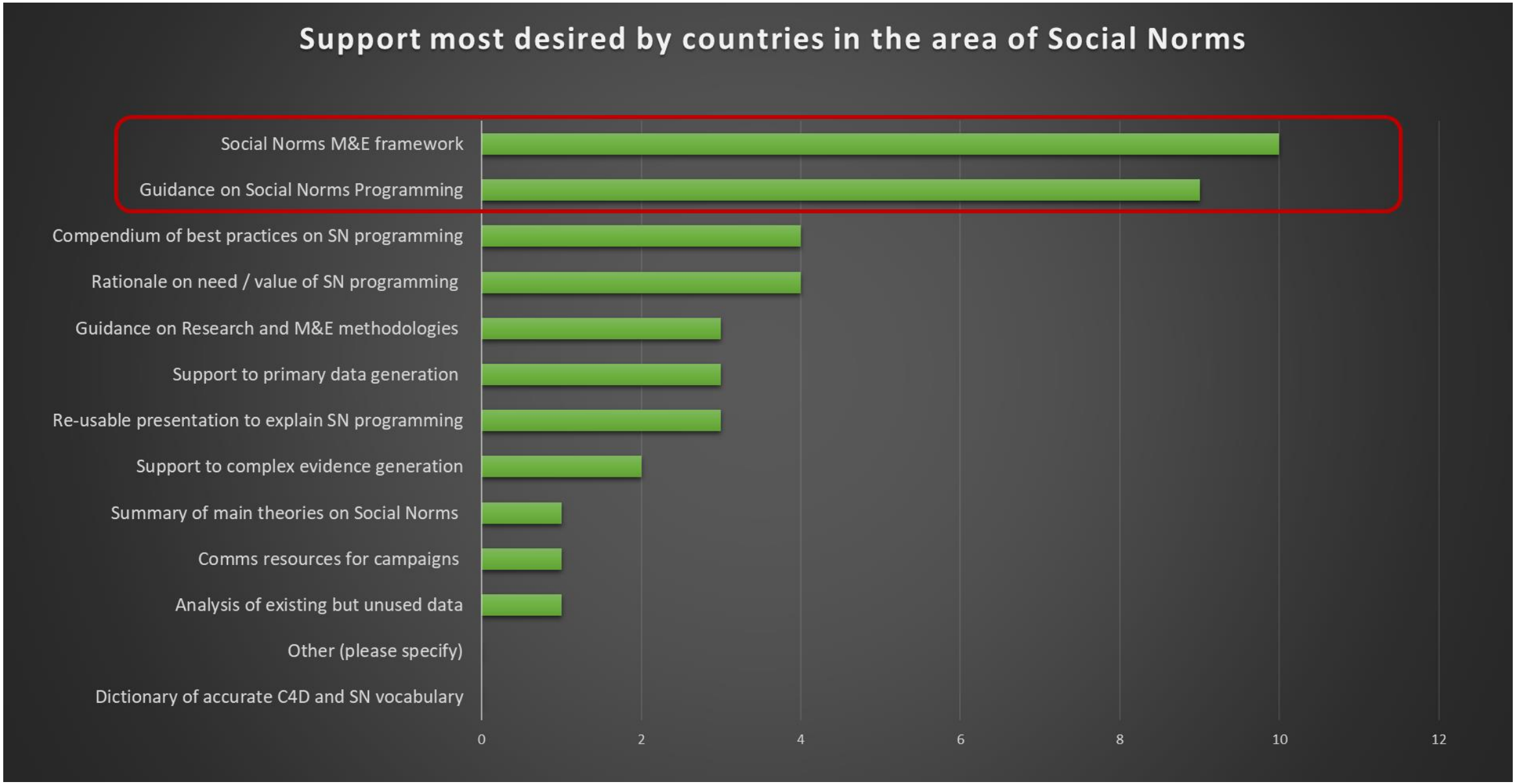
A REQUEST FROM THE FIELD




Support most desired by countries in the area of Social Norms
Social Norms M&E framework
Guidance on Social Norms Programming
Compendium of best practices on SN programming
Rationale on need / value of SN programming
Guidance on Research and M&E methodologies
Support to primary data generation
Re-usable presentation to explain SN programming
Support to complex evidence generation
Summary of main theories on Social Norms
Comms resources for campaigns
Analysis of existing but unused data
Other (please specify)
Dictionary of accurate C4D and SN vocabulary
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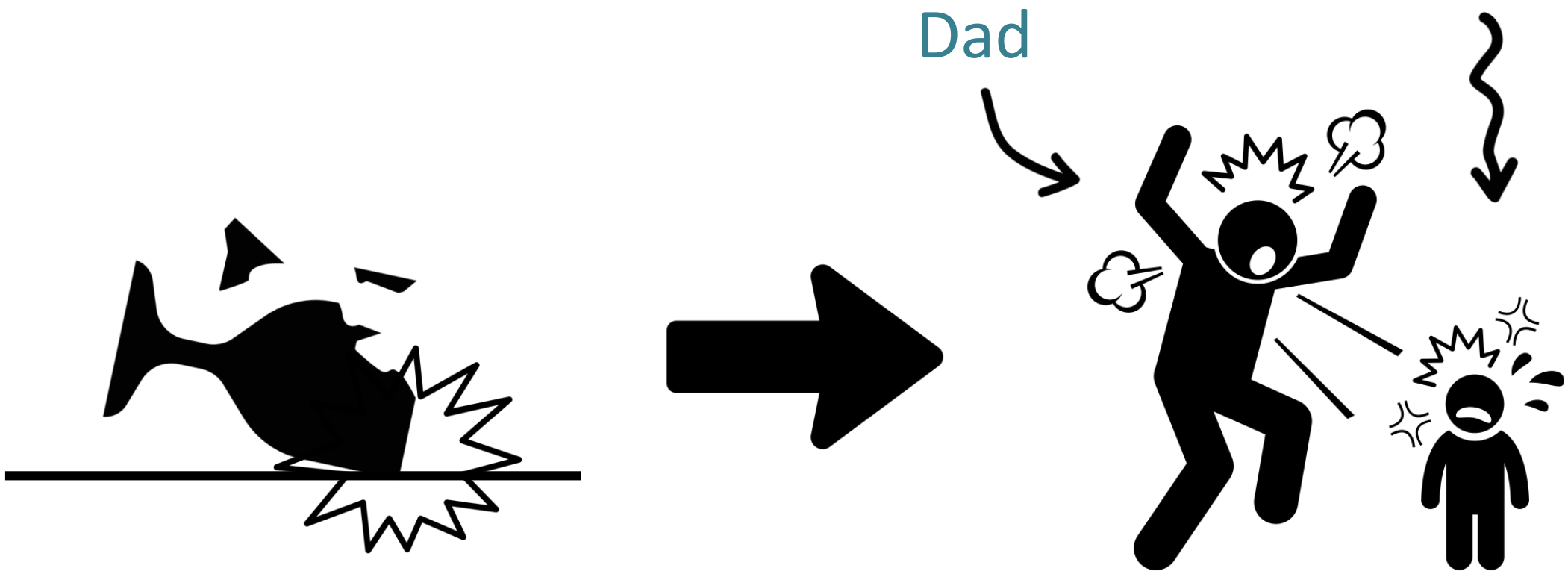
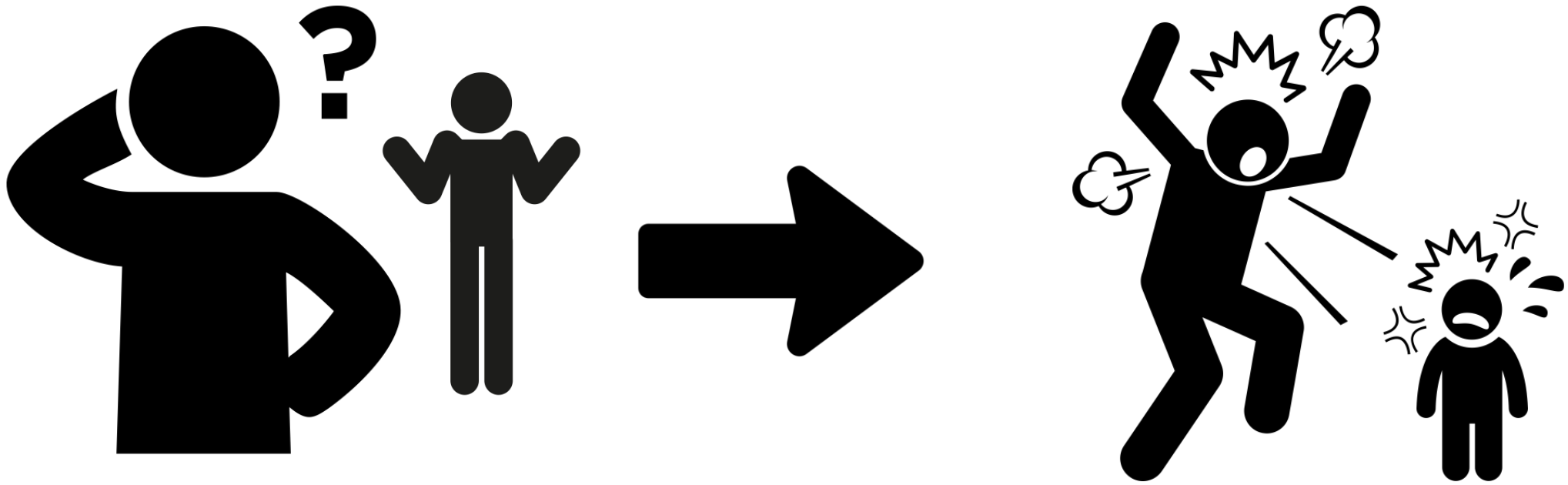
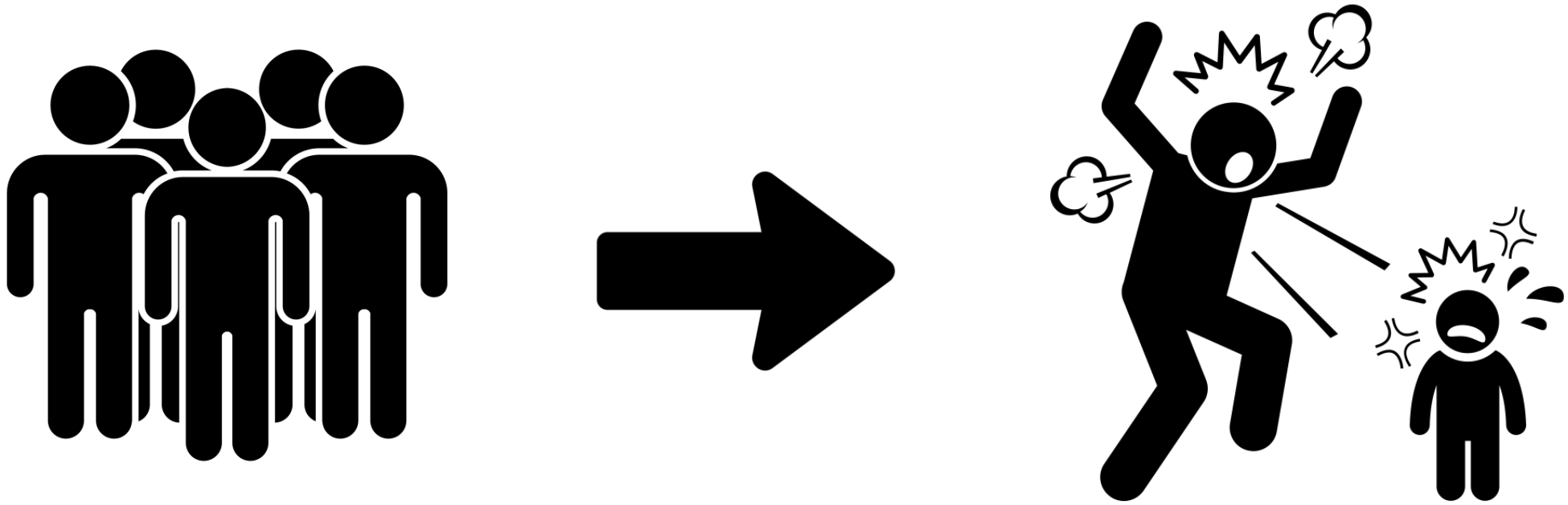
Mohammed

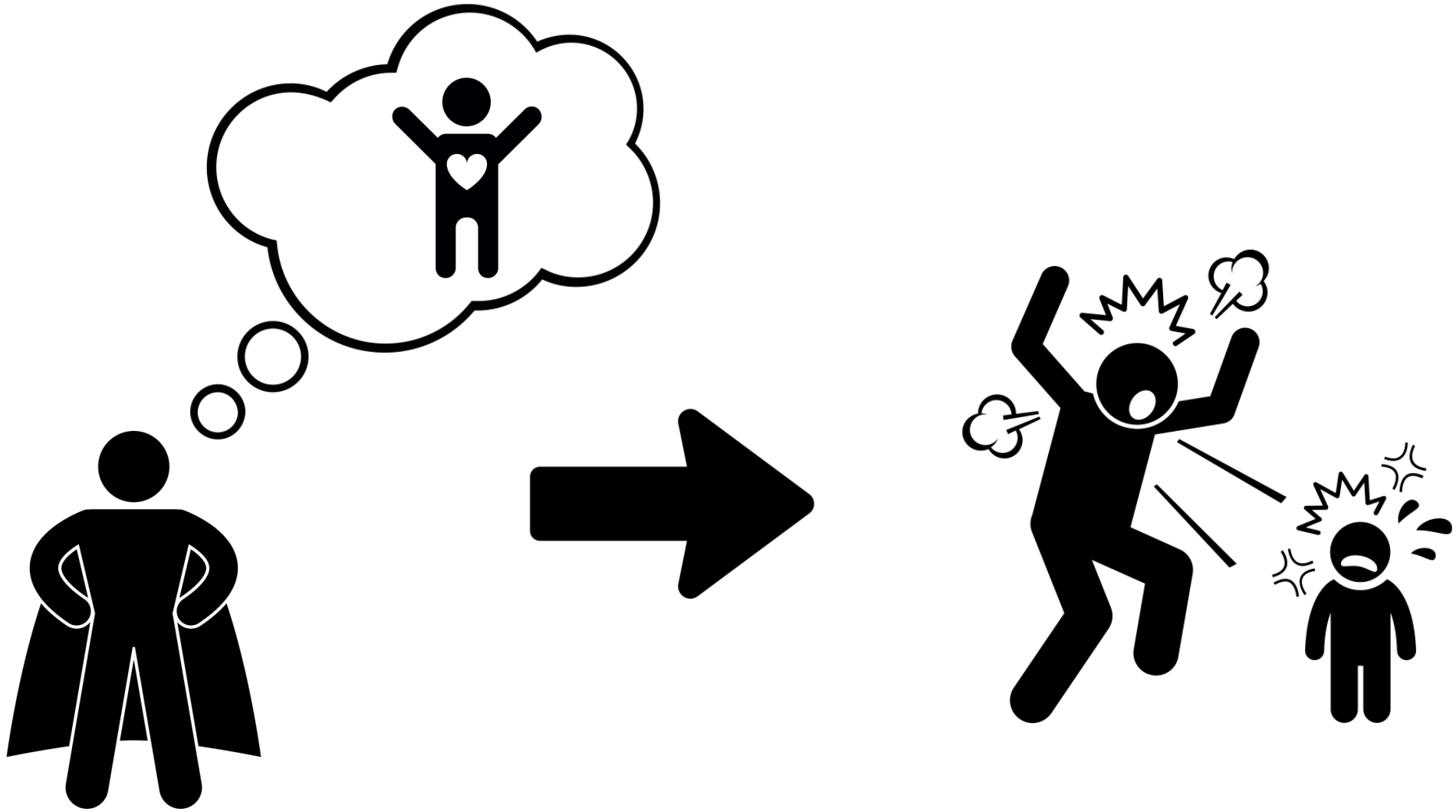
Dad

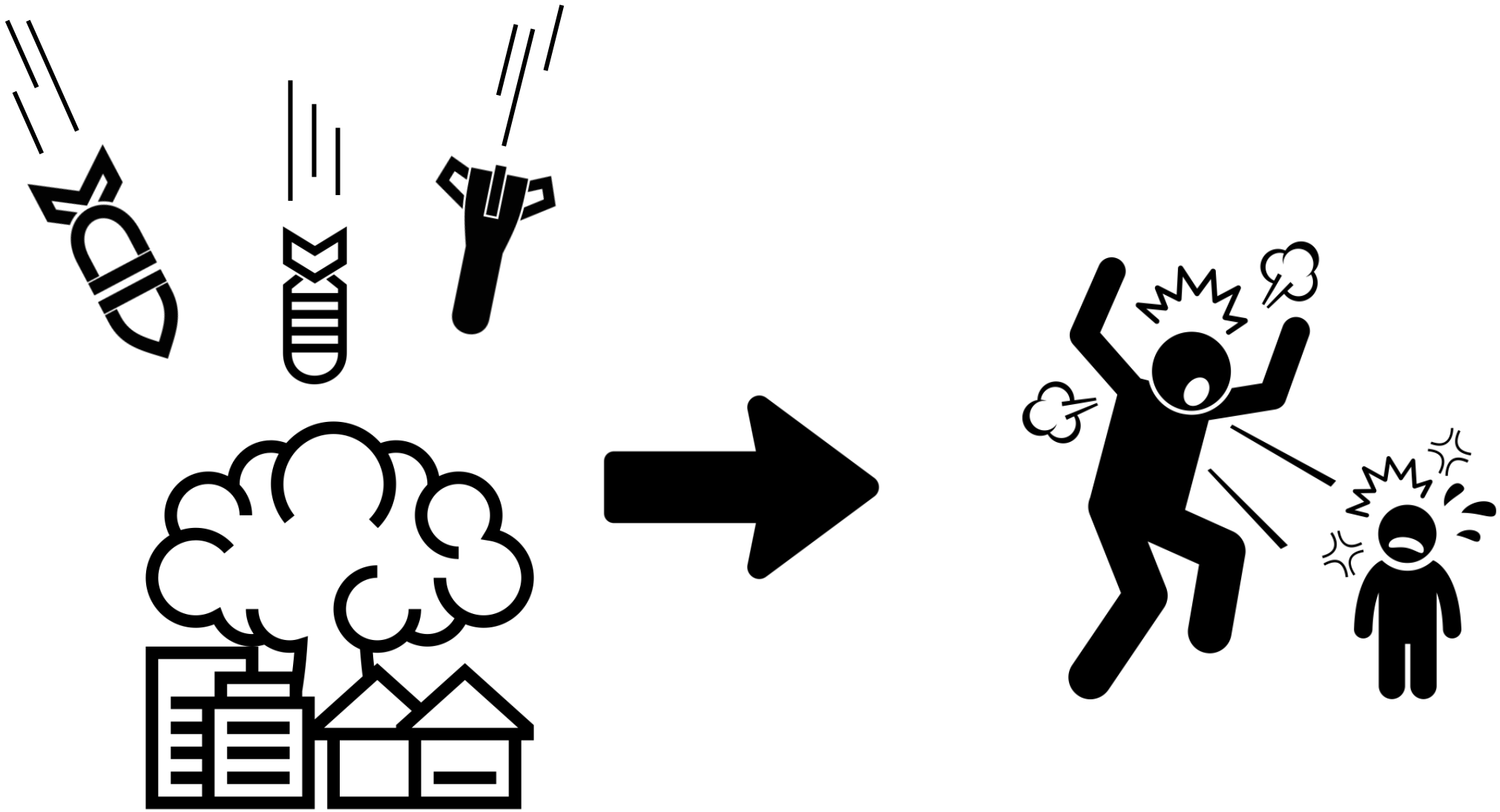


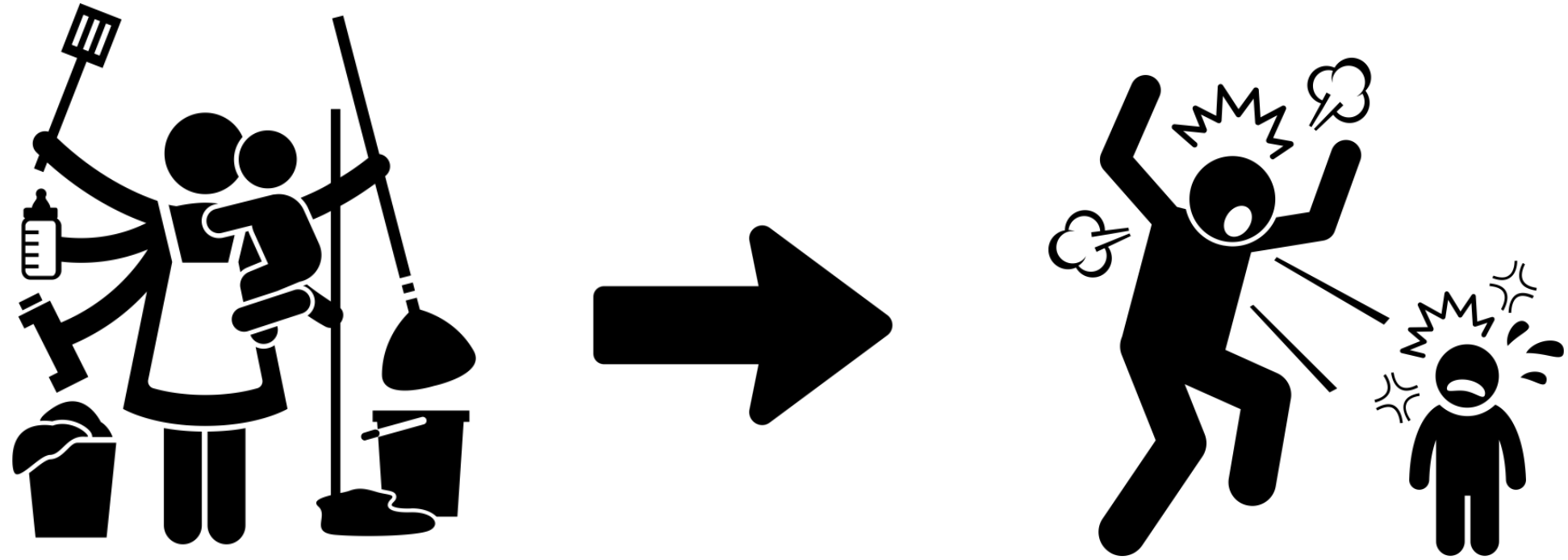
WHY ?

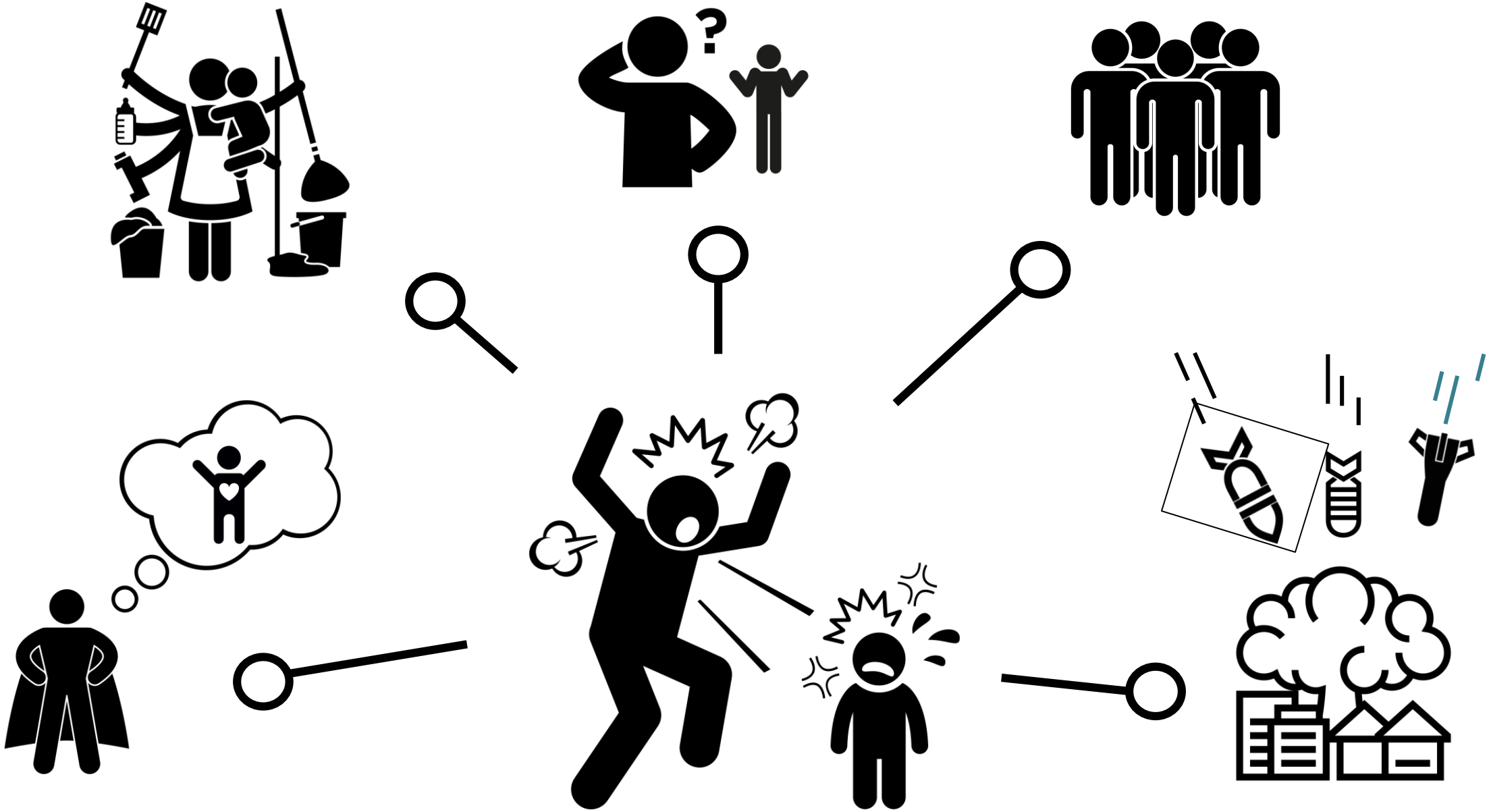










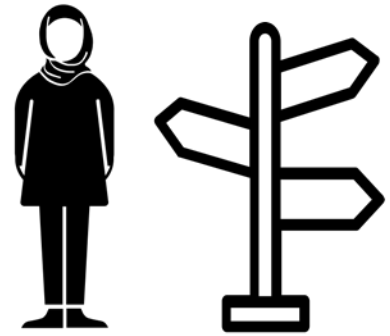


WHAT IS OUR OBJECTIVE?

Changing Social Norms

vs.

Changing Normative Behaviors



What drives a behavior?

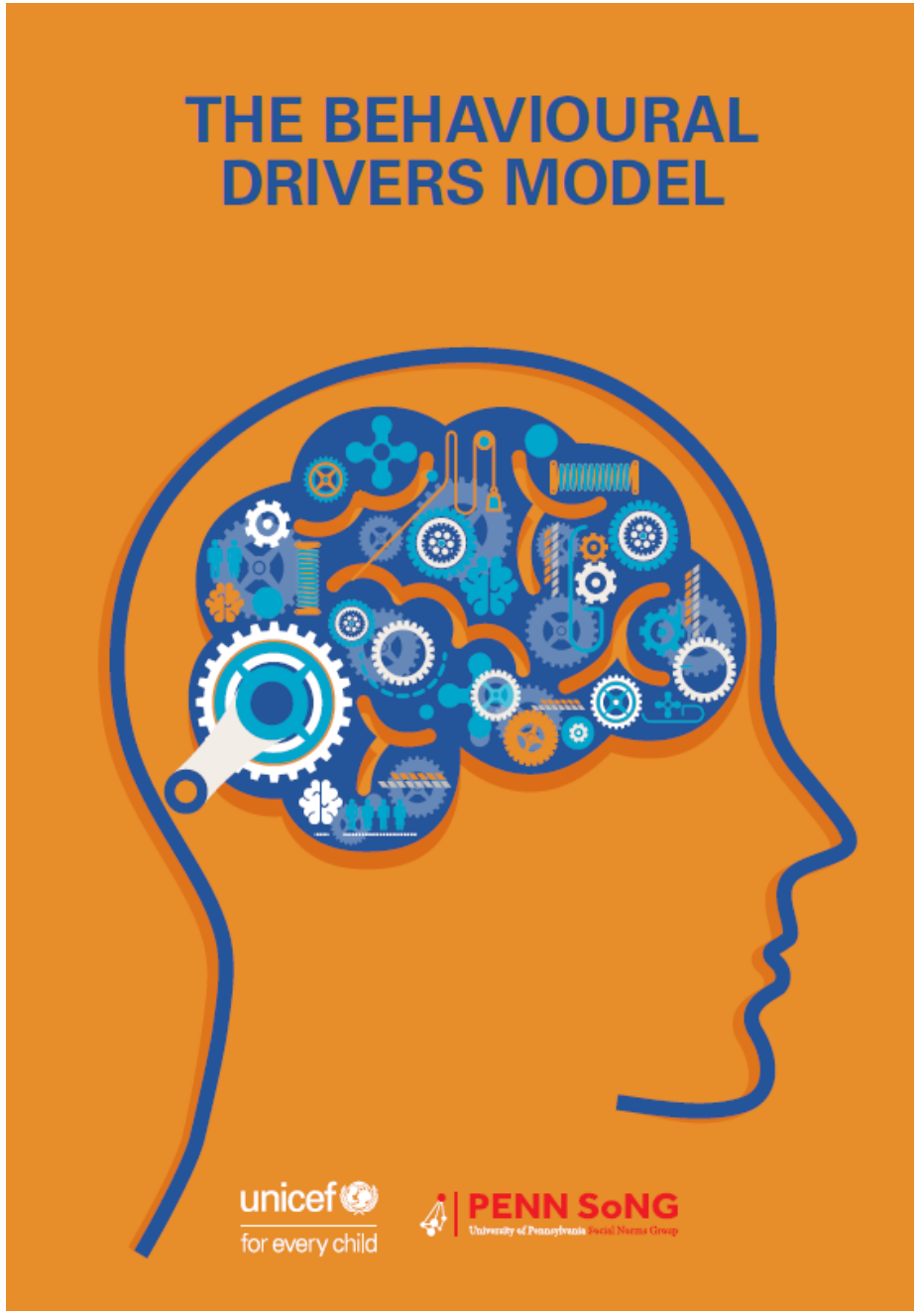
PSYCHOLOGY

SOCIOLOGY

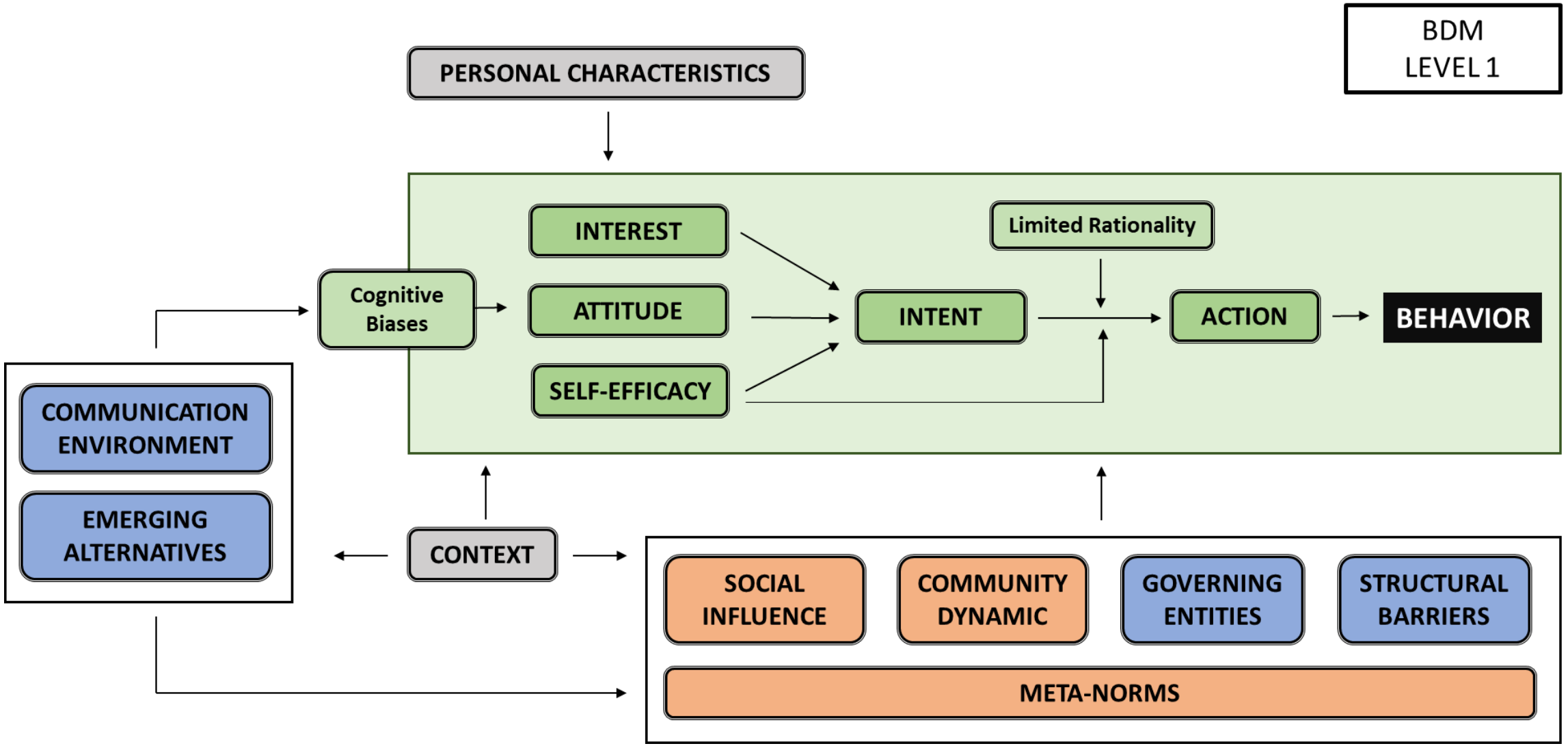
ENVIRONMENT

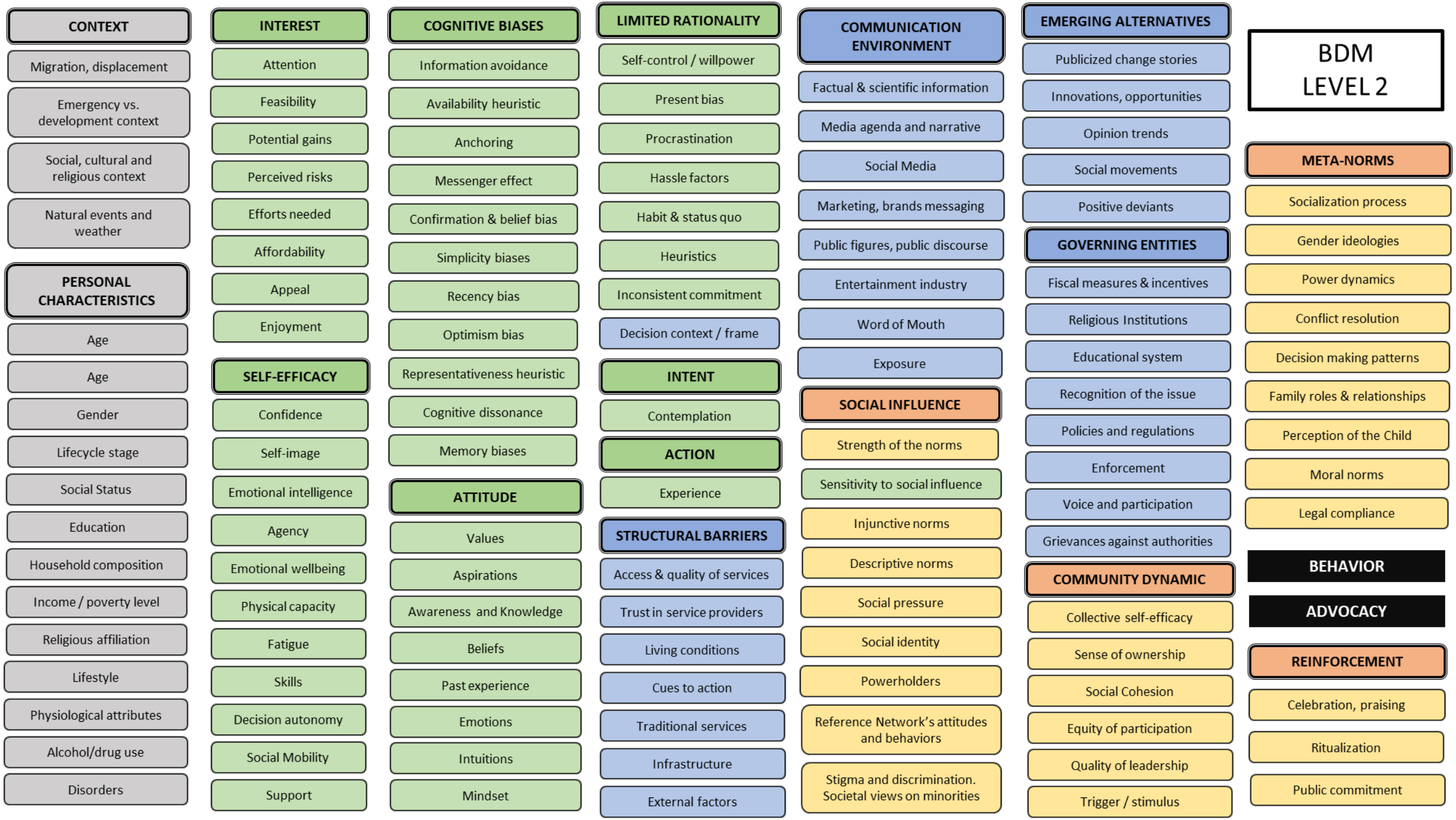
A SYNTHESIS OF DECISION-MAKING AND BEHAVIORAL THEORIES AND MODELS

- Attribution Theory
- Behavioral economic theories
- Communication for Social Change Model
- Community engagement models
- Complex Systems Theory
- Decision-Theoretic Model of Collective Behavior
- Diffusion of innovations
- Evolutionary theory of cognitive biases
- Flower for Sustained Health
- Social theories of Gender
- Health Belief Model
- Integrated Behavioral Model
- Ideation Theory
- Media effects
- Reasoned Action and Planned Behavior Model
- Self-efficacy Theory
- Social Cognitive Theory
- Social Ecological Model
- Social marketing and community-based social marketing
- Social movements
- Social Network Theory and orbits of influence
- Social norm theories
- Sociology of Organizations
- Theory of Normative Social Behavior
- Transtheoretical Model (Stages of Change)



https://www.unicef.org/mena/reports/behavioural-drivers-model


BDM
LEVEL 1
PERSONAL CHARACTERISTICS
INTEREST
ATTITUDE
SELF-EFFICACY
Cognitive Biases
Limited Rationality
INTENT
ACTION
BEHAVIOR
COMMUNICATION ENVIRONMENT
EMERGING ALTERNATIVES
CONTEXT
SOCIAL INFLUENCE
COMMUNITY DYNAMIC
GOVERNING ENTITIES
STRUCTURAL BARRIERS
META-NORMS

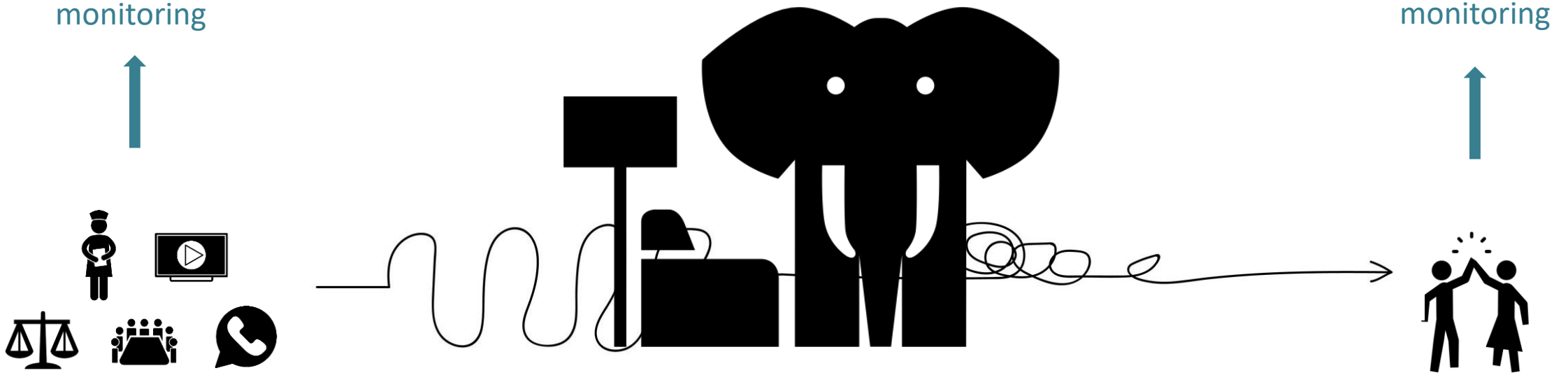

CONTEXT
Migration, displacement
Emergency vs. development context
Social, cultural and religious context
Natural events and weather
PERSONAL CHARACTERISTICS
Age
Age
Gender
Lifecycle stage
Social Status
Education
Household composition
Income / poverty level
Religious affiliation
Lifestyle
Physiological attributes
Alcohol/drug use
Disorders
INTEREST
Attention
Feasibility
Potential gains
Perceived risks
Efforts needed
Affordability
Appeal
Enjoyment
SELF-EFFICACY
Confidence
Self-image
Emotional intelligence
Agency
Emotional wellbeing
Physical capacity
Fatigue
Skills
Decision autonomy
Social Mobility
Support
COGNITIVE BIASES
Information avoidance
Availability heuristic
Anchoring
Messenger effect
Confirmation & belief bias
Simplicity biases
Recency bias
Optimism bias
Representativeness heuristic
Cognitive dissonance
Memory biases
ATTITUDE
Values
Aspirations
Awareness and Knowledge
Beliefs
Past experience
Emotions
Intuitions
Mindset
LIMITED RATIONALITY
Self-control / willpower
Present bias
Procrastination
Hassle factors
Habit & status quo
Heuristics
Inconsistent commitment
Decision context / frame
INTENT
Contemplation
ACTION
Experience
STRUCTURAL BARRIERS
Access & quality of services
Trust in service providers
Living conditions
Cues to action
Traditional services
Infrastructure
External factors
COMMUNICATION ENVIRONMENT
Factual & scientific information
Media agenda and narrative
Social Media
Marketing, brands messaging
Public figures, public discourse
Entertainment industry
Word of Mouth
Exposure
SOCIAL INFLUENCE
Strength of the norms
Sensitivity to social influence
Injunctive norms
Descriptive norms
Social pressure
Social identity
Powerholders
Reference Network's attitudes and behaviors
Stigma and discrimination. Societal views on minorities
EMERGING ALTERNATIVES
Publicized change stories
Innovations, opportunities
Opinion trends
Social movements
Positive deviants
GOVERNING ENTITIES
Fiscal measures & incentives
Religious Institutions
Educational system
Recognition of the issue
Policies and regulations
Enforcement
Voice and participation
Grievances against authorities
COMMUNITY DYNAMIC
Collective self-efficacy
Sense of ownership
Social Cohesion
Equity of participation
Quality of leadership
Trigger / stimulus
BDM LEVEL 2
META-NORMS
Socialization process
Gender ideologies
Power dynamics
Conflict resolution
Decision making patterns
Family roles & relationships
Perception of the Child
Moral norms
Legal compliance
BEHAVIOR
ADVOCACY
REINFORCEMENT
Celebration, praising
Ritualization
Public commitment

HOW DO WE TRACK PROGRESS?

Activities monitoring

Are you monitoring THIS?

Prevalence monitoring



STRATEGY AND INTERVENTIONS

CHANGE PROCESS

BEHAVIOR CHANGE

I DON'T WANT
TO DO THINGS
DIFFERENTLY

Final Indicators

# (from ALL Indicators list)	New #	Concept Measured	Level	Indicator
1	1	**Behaviour prevalence**	Donnel/Joint Programme	% of female respondents who have undergone FGM/C
2	2	**Behaviour prevalence**		% of respondents who reported that at least one of their immediate female household members has undergone FGM/C
3	3	**Behaviour prevalence**		Type of FGM/C practiced (easily according to the respondents, average age and practitioner
3a	4	**Behaviour prevalence**		% of respondents who report that FGM/C practice has decreased in their community since xxx
7	5	**Interest** - potential gains		% of respondents who think that their daughters/female household members would reduce childbirth risks if they do not undergo FGM/C
8	6	**Interest** - perceived risks		% of respondents who think that their daughters/female household members will have less opportunities finding a good husband if they do not undergo FGM/C
9	7	**Interest** - perceived risks		% of respondents who think that their daughters/female household members risk being discriminated against within their community if they do not undergo FGM/C
10	8	**Interest** - perceived risks	Global	% of respondents who fear being seen as bad parents if their daughters/female household members do not undergo FGM/C
14	9	**Attitude**	Both Global and JP	% of respondents who think that FGM/C should be discontinued in their community
15	10	**Attitude**		% of respondents who think that practicing FGM on girls/female household members in their family is better than not doing it
16	11	**Attitude**	Donnel/Joint Programme	% of respondents who hold positive beliefs about FGM/C (composite indicator compiled from other questions)
18	12	**Attitude**		% of respondents who think that FGM/C is acceptable when practiced by a traditional healer/midwife (insert local term)
19	13	**Attitude**		% of respondents who think that FGM/C is acceptable when practiced by a medical professional (doctor/nurse) – when applicable
20	14	**Attitude** - awareness/knowledge		% of respondents who have heard of FGM/C
21	15	**Attitude** - awareness/knowledge	Donnel/Joint Programme	% of respondents who can cite three short-term and/or long-term health-related risks faced by girls and women who have undergone FGM/C
22	16	**Attitude** - awareness/knowledge		% of respondents who know whether FGM/C is punished by law in their country or not
23	17	**Attitude** - beliefs (see also perceived risks)		% of respondents who believe that a girl who did not undergo FGM/C is more likely to lose her virginity outside marriage
26	18	**Attitude** - values		% of respondents who believe that circumcised/cut girls are pure
28	19	**Attitude** - values		% of respondents who think that practicing FGM/C is a religious requirement
29	20	**Attitude** - values		% of respondents who think that practicing FGM/C is a traditional/cultural practice which is part of their identity
30	21	**Attitude** - past experience		% of circumcised/ female respondents who reported facing at least oral health complication (including pregnancy) following the FGM/C procedure
35	22	**Attitude** - moral norms		% of respondents who agree that FGM/C practice is a form of violence against children/girls/women
37	23	**Attitude** - media agenda and narrative	Global	% of respondents who report exposure to message about the abandonment of FGM/C practice via TV or radio programs or social media in the last xxx months/weeks Note: exposure relates here to saying/hearing/ recognizing campaigns on TV/radio/ social media
41	24	**Social influence**		% of respondents who say the opinion (member of reference group) matters in deciding about practicing FGM/C on their daughters/female household members
42	25	**Social influence**		% of respondents who practice FGM/C or let FMG/C be practiced on their daughters/female household members despite personally disagreeing / despite personally wanting to abandon the practice
43	26	**Social influence** - reference network's attitudes and practices		% of respondents who ask (member of reference group) for advice regarding practicing FGM/C on their daughters/female household members
46	27	**Social influence** - normative expectations (approved behaviors)	Both Global and JP	% of respondents who believe that people in their community approve of FGM abandonment
47	28	**Social influence** - normative expectations (approved behaviors)		% of respondents who think that more than half/ the majority of the people in (define group) expect them to practice FGM/C on their daughters/female household members
48	29	**Social influence** - empirical expectations (believed typical practices)	Global	% of respondents who believe that other members of their community practice FGM/C on their daughters
49	30	**Social influence** - empirical expectations (believed typical practices)	Donnel/Joint Programme	% of the population who believe that at least half/the majority of individuals in their community are practicing FGM/C
50	31	**Social influence**- social pressure (rewards, sanctions, sensitivity, exceptions) - see also perceived risks	Both Global and JP	% of respondents who can identify benefits (rewards) associated with FGM abandonment
51	32	**Social influence**- social pressure (rewards, sanctions, sensitivity, exceptions) - see also perceived risks	Donnel/Joint Programme	% of respondents who can identify sanctions (punishments) associated with FGM abandonment
53	33	**Social influence**- social pressure (rewards, sanctions, sensitivity, exceptions) - see also perceived risks	Donnel/Joint Programme	% of respondents who feel confident in their ability to choose not to practice FGM/C despite social pressure
56	34	**Social influence** - stigma and discrimination		% of respondents who would agree to marry their sons to a girl who did not undergo FGM/C
57	35	**Social influence** - meta norms	Both Global and JP	% of respondents who report talking to their spouses about FGM/C
59	36	**Social influence** - meta norms		% of respondents who think that men/male household members have the final say in decisions related to the practice of FGM/C on their daughters/female household members
60	37	**Social influence** - meta norms	Both Global and JP	% of women (15-49 years) who exercise agency in making decisions in the household jointly with male household members
61	38	**Social influence** - meta norms		% of respondents who agree that girls and women have a right to make decisions regarding their own body
62	39	**Social influence** - meta norms	Donnel/Joint Programme	% of population who hold egalitarian beliefs about men and women (composite indicator from others below)
64	40	**Social influence** - meta norms		%respondents who think that a woman's most important role is to take care of the home, take care of the children and cook for the family
66	41	**Social influence** - meta norms		% of respondents who think that if resources are scarce, it is more important to educate sons than daughters

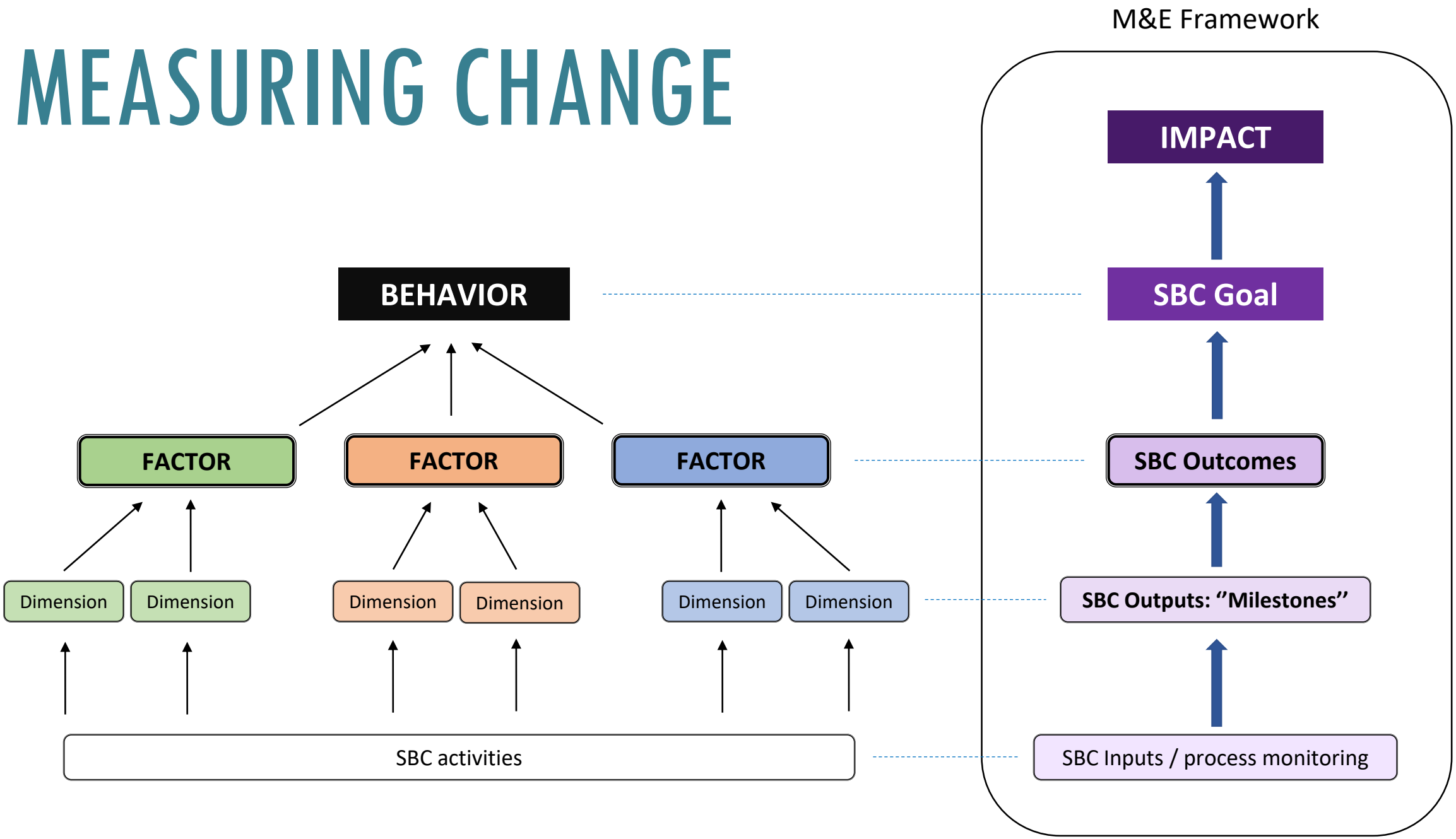
	امتنع عن الإجابة	
28.3 هل تنوي المشاركة فيها أو حضورها في المستقبل؟ **رمز واحد**	نعم لا غير متأكد= لا أعرف امتنع عن الإجابة	
29. وفقا لك، كم عدد الآباء أو مقدمي الرعاية في مجتمعك المحلي يمارسوا الانضباط البديل؟ رمز واحد إذا لزم الأمر، كرر الأمثلة على الانضباط البديل التي تشمل: التشجيع/ المكافأة على السلوك الجيد، وتشتيت الطفل بإعطائه شيء آخر للقيام به، وإخبار الطفل لوقف السلوك الخاطئ، وإخبار الطفل سبب اعتبار تصرفاته خاطئة، وأخذ الامتيازات، ومنعه عن الشيء الذي يحبه (مثل اللعبة)، ومنعه من مغادرة المنزل (منعه من الخروج)	جميعهم معظمهم بعضهم عدد قليل لا أحد غير متأكد= لا أعرف امتنع عن الإجابة	

	مفيدة للغاية	مفيدة إلى حد ما	غير مفيدة للغاية	غير مفيدة على الإطلاق	غير متأكد/ لا أعرف	امتنع عن الإجابة
30. من وجهة نظرك، هل تقنيات الانضباط البديلة التالية مفيدة أو غير مفيدة: **رمز واحد لكل صف**						
30.1. الثناء/ المكافأة على السلوك الجيد.						
30.2. تشتيت الطفل من خلال إعطائه شيئا آخر للقيام به.						
30.3. إخبار الطفل بالتوقف عن السلوك الخاطئ.						
30.4. إبلاغ الطفل عن سبب اعتبار تصرفاته خاطئة.						
30.5. أخذ الامتيازات.						
30.6. منع الطفل من الشيء الذي يحبه (مثل اللعبة).						
30.7. منع الطفل من مغادرة المنزل (أي منعه من الخروج).						

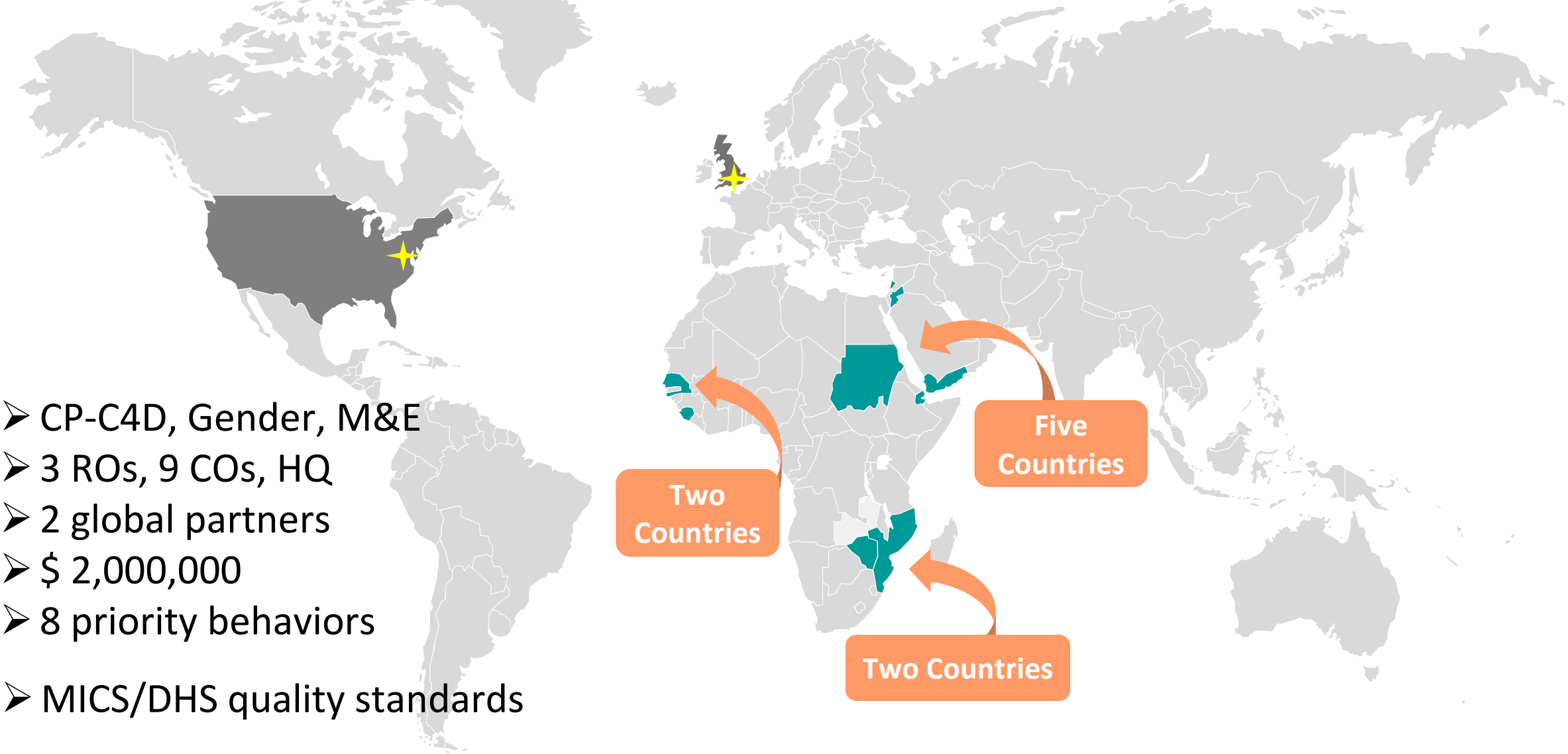
	يوافق بشدة	يوافق إلى حد ما	لم يوافق ولكذلك لم يرفض	لم يوافق إلى حد ما	يرفض بشدة	غير متأكد/ لا يعرف	امتنع عن الإجابة
31. هل توافق على العبارات التالية أو ترفضها؟ رمز واحد لكل صف							
31.1. تتناسب تقنيات الانضباط البديلة مع الأمهات أكثر من الآباء.							
31.2. ومن المقبول أن يستخدم الأب تقنيات الانضباط البديلة عندما يسيء تصرف أطفالهم.							
31.3. تزيد صعوبة استخدام تقنيات الانضباط البديلة مع طفل معاق عقليًا أو جسديًا							

	دائمًا	معظم الوقت	أحيانًا	مطلقًا	غير متأكد/ لا يعرف	امتنع عن الإجابة
32. من وجهة نظرك: **رمز واحد لكل صف**						
32.1. هل يعد الضرب، أو الهز، أو الصفع، أو اللطم، أو الصفق، أو القرص أو الضرب بالكف بمثابة الطريقة الأكثر فعالية لتأديب الطفل المعاق عقليًا أو جسديًا؟						
32.2. هل يعد الصياح، أو الصراخ، أو الهتاف في وجه الطفل، أو مناداته بالأحمق أو الكسول أو بكلمات						

MEASURING CHANGE



SOCIAL NORMS CROSS-REGIONAL INITIATIVE



- CP-C4D, Gender, M&E
- 3 ROs, 9 COs, HQ
- 2 global partners
- $ 2,000,000
- 8 priority behaviors

- MICS/DHS quality standards

THANK YOU ☺

QUESTIONS?

THANKS FOR ATTENDING!

Please join our upcoming webinar from the Scale-Up Community:

"Yes We Can! Taking Norms-Shifting Interventions to Scale"

Thursday, December 5th, 9:30 – 10:30 am EST

To register: http://bit.ly/RSVP_ScaleUpWebinar