

Overview of Experiences Diagnosing Social Norms

A working paper developed for a Measurement Community meeting July 26, 2017

LEARNING COLLABORATIVE TO ADVANCE NORMATIVE CHANGE

Introduction

This document provides an overview of practical experiences of identifying and diagnosing social norms to inform program design and measurement. The purpose of this overview is to **document, categorize, and differentiate** approaches applied to date to inform a learning agenda to advance work related to the practical diagnosis of social norms. This overview was developed as an output of the Learning Collaborative to Advance Normative Change Learning Community on Measurement (see box below) to inform an in-person consultation with Measurement Learning Community members in July 2017.

About the Learning Collaborative

Through the Passages project, IRH has set out to establish a collaborative network to advance knowledge and practice related to transforming social norms with the view of supporting efforts to help adolescents reach their full potential. With funding from the Bill and Melinda Gates Foundation (BMGF), this network facilitates coordination and collaboration between donors, organizations, and projects working on normative change initiatives, aiming to enhance collective efforts to build and share evidence to promote effective practice at scale. This Learning Collaborative aims to contribute to efforts to build consensus on program, evaluation, and scale-up approaches for adolescent normative change programs. Selected topics of interest include: 1) social norm measurement; 2) theories of normative change; and 3) an inventory of promising practices for the scale-up and costing of normative change interventions.

Measurement Community

Members of the Measurement Learning Community are working together to strengthen the measurement of social and gender norms, and to develop and share practical guidance to advance measurement science to support the global learning and action agenda.

This working paper is a response to conversations within the Measurement Learning Community about growing demand for a simple and practical approach to diagnose social norms in program settings. To bridge the gap between social norm theory and the need for a practical tool to use in on-the-ground intervention initiatives, this document provides an overview of social norms diagnosis approaches that have been applied at the community-level to inform and refine program design, monitoring, and evaluation. This overview is not exhaustive, but rather includes descriptions of notable (and known to us) experiences to guide the identification and diagnosis of social norms. This document will be revised as other experiences are identified.

Diagnostic approaches are useful for rapidly determining the most relevant social norms affecting the behavior of interest in a specific setting, and to inform a program of action, as well as monitoring and evaluation early on in a project lifecycle. Such approaches, or tools, can provide researchers and practitioners with information about when and under what conditions social norms affect behavior, whether sanctions influence a behavior, what those sanctions are, and who the relevant reference groups are. Ideally, these approaches could also inform projects as to how strong or weak norms are, the relative influence of one norm over another, and which norms are most amenable to change. The resulting information can then be used to inform decisions regarding which social norms

can and should be the intervention focus, and to assess the psychometric properties of measures that accurately capture and monitor changes in these norms among target individuals.

While developing this overview and collecting resources on various experiences for inclusion, we discovered that many of the experiences are not packaged specifically as ‘diagnostic’ approaches, but rather include components of diagnosis as part of a larger endeavor in social norm measurement.

Background Information

Theorizing Social Norms

In recent years, scholars and practitioners conducting work related to social norms have been significantly influenced by the theoretical contributions of Cristina Bicchieri and Gerry Mackie. In this section, we provide a brief synthesis of their contributions and present concepts key to understanding social norms. Many of the approaches discussed in this working paper are based on these theories.

According to current thought, social norms are patterns of behavior that individuals in a particular reference group conform to because they believe (a) others in the group perform the behavior (this is called empirical expectations), and (b) those others believe the individual should also perform the behavior (normative expectations) (Bicchieri 2006). Many social norms have this effect on behavior because individuals believe that complying with the norm will lead to positive sanctions (approval), and/or that failing to comply with the norm will lead to negative sanctions (disapproval) (Cislaghi and Heise 2016).

Social norms are distinct from other influences on individual behavior in that their mode of effect is essentially interdependent—a social norm’s existence and its ability to motivate an individual to conform depends on the beliefs and behaviors of both the individual and others in that individual’s reference group (Mackie et al. 2015). Together with independent influences on behavior, such as personal attitudes and preferences, as well as structural, material, and environmental factors, social norms help explain why individuals behave the way they do. Mitigating harmful behaviors or encouraging beneficial behaviors, then, will often require identifying and intervening on extant social norms.

Although the paragraph above summarizes the general points of consensus among contemporary social norm theorists, there are significant differences among different theories with respect to terminology, definitions, and key concepts. Further, individuals and organizations that have attempted to measure and intervene in social norms have adopted various modifications of these diverse theoretical approaches.

Conversation about what social norms are, how they are created, how they can change, and how to measure them continues to evolve. For a helpful overview of cross-disciplinary thinking on these issues, see Mackie et al. 2015.

Diagnosing Social Norms

Correctly identifying the existence of social norms and measuring their influence on a given behavior can be more difficult than identifying other factors that motivate behavior, such as personal attitudes or the material environment (see **Figure 1**). The existence and influence of a social norm cannot reliably be determined merely through objective, observational methods, given that social norms are partially constituted by individuals’ subjective beliefs (Bicchieri 2006, Mackie et al. 2015). The beliefs that constitute social norms, however, are often complicated and multivariate, making effective, efficient measurement with subjective methods difficult (Cislaghi and Heise 2016, Drexel University 2016).

For this overview, our working definition of social norm diagnosis is **a process of identifying whether a norm exists for a target population within a given reference group as it relates to a behavioral outcome of interest.**

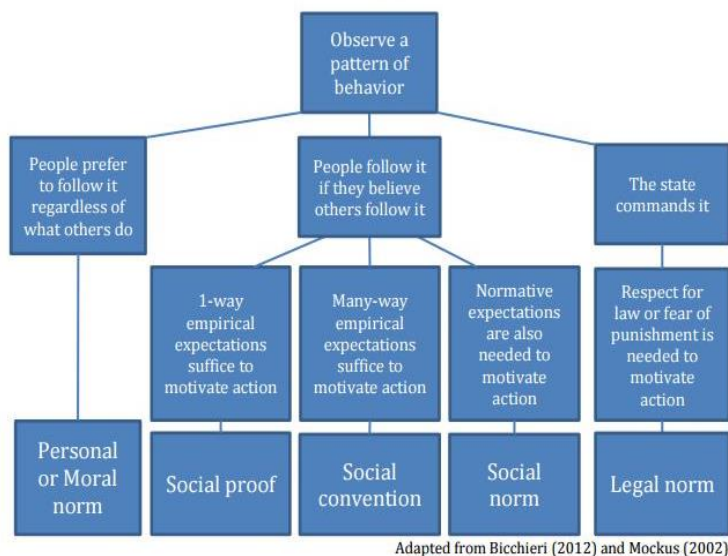


Figure 1: Norms Diagnostic Tree (Mackie et al. 2015)

were drawn from groups that already had data and research experience attempting to capture gender-related norms and practices in the field. **One of the common challenges this group identified was the need to identify meaningful data analysis strategies towards the development of a system that could help programmers diagnose, with a reasonable level of confidence, whether a norm exists or not within a given reference group, and to correctly identify the appropriate reference group for each norm.** Other development organizations confirm that this is a critical challenge for designing and implementing effective social norms interventions (Drexel University 2016).

The LSHTM group's recommendations for future work in the area of social norm diagnosis can be taken to represent a broad consensus among professionals working on these issues. One of the group's suggestions, echoed by others (Drexel University 2016), is an integrated framework that accounts for the interaction and intersections of individual, social, material and structural factors which practitioners can use to diagnose the factors that maintain a behavior and design change strategies to address it. Further, the group advances a 'funnel' process of strategies for data collection related to the influence of social norms over a given behavior (see **Figure 2**). In this process, depending on the evidence practitioners possess, they should position themselves at an (1) exploratory, (2) investigative, (3) measurement, or (4) intervention stage.

Most relevant to this meeting, it is in the **(1) exploratory and (2) investigative** stages where social norms related to behaviors of interest are diagnosed. In the exploratory phase, the goal would be to uncover the fabric of norms sustaining a behavior through qualitative, open-ended questions. After this exploration, or if one already has a sense of the prevailing norms for a given behavior, one would begin the investigative phase, wherein the goal is to develop an understanding of how a specific set of norms encourages compliance with a given practice. This can be done through vignettes and qualitative questions targeting the dynamics of the norms, including sanctions, reference groups, and strength of the norms.

Although the integrated factor framework and the funnel model for social norms research are helpful tools, the LSHTM group acknowledged that there is more work to be done. Effective social norms intervention projects should diagnose norms up front to determine whether a given outcome of interest is (in fact) being held in place by norms, so that practitioners can appropriately design or adapt interventions to address harmful practices. Practitioners need resource-effective tools and practices to understand if a given behavior is under normative influence so that they can shape their interventions accordingly, and these tools and practices must

This diagnosis can be done through qualitative exercises (including vignettes) and analysis, as well as through quantitative surveys or combinations of the both. That said, qualitative methodologies are most typically used.

In July 2016, the London School of Hygiene and Tropical Medicine (LSHTM) convened an expert group in Baltimore, Maryland, on the measurement of social norms for gender-based violence (GBV) (Cislaghi and Heise 2016). The meeting focused on identifying best practices to diagnose and measure social norms. Participants

be designed to allow for integration within practitioners' formative research and routine M&E activities. To address these needs, researchers and practitioners should explore existing tools and strategies for collecting and analyzing data on social norms.

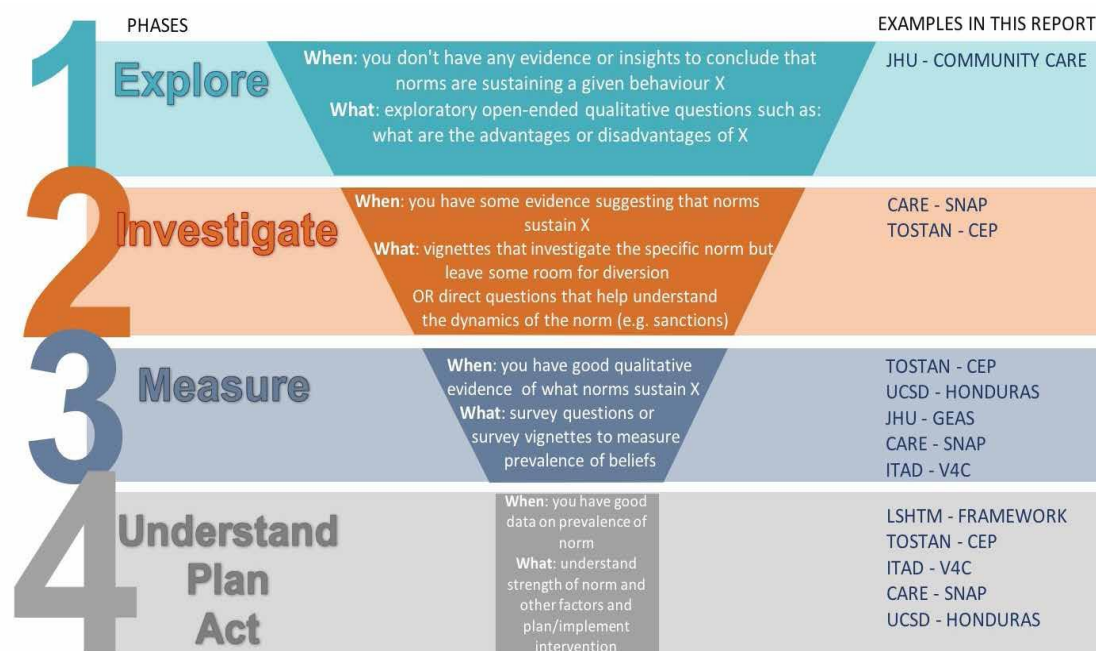


Figure 2: The 'funnel' of norms exploration and measurement (Cislaghi and Heise 2016)

Social Norm Diagnostic Experiences

This section provides a brief overview of experiences and effective approaches for social norm identification and diagnosis. The experiences represented by the tools and resources and in published reports were selected, as they are often referred to as leading approaches and because of information available for cataloguing and comparing. Additional experiences in formative/initial social norms identification can be found at the end of this section. The intention is that this working paper will be revised as other experiences are identified.

Social Norms Manual

Type of Resource: Teaching/training Manual

Organization/Project: UNICEF/Innocenti, Multi-Country Study on the Drivers of Violence Affecting Children

Behavioral Outcome: Violence against Children

Original Purpose: Developed as a training manual for program/organizational staff on social norms

Who implements: Although it can be used by practitioners from different fields, the manual was developed for child protection practitioners

Time Required: 1 day or more

Resources Needed: The manual, vignettes adapted to specific context, 5-6 staff members (including facilitator(s) and note taker(s)), paper and pens

Ease of Use: The manual provides a well-thought-out course that flows well from section to section. For some implementers, the terms could be quite confusing

Overview

This 'Social Norms Manual' is part of a series of products from The Multi-Country Study on the Drivers of Violence Affecting Children (a four-country study in Italy, Peru, Zimbabwe and Vietnam) implemented by the UNICEF Office of Research – *Innocenti*. This 'Social Norms Manual' was developed in consultation with the University of Pennsylvania Social Norms Training and Consultation Group (PENN SONG). The ideas and concepts providing the foundation of the course teachings are from Cristina Bicchieri's *Norms in the Wild: How to diagnose, measure and change social norms* and her Penn-UNICEF Lectures on Social Norms and Social Change. This training manual was developed to provide a social norms training/facilitated workshop to UNICEF staff.

Setting and Timeline

This 'Social Norms Manual' was first published with the experiences of Zimbabwe and Swaziland in 2015, and later revised and updated and published separately for Viet Nam, Indonesia, and the Philippines in 2016.

Approach & Components

This 'Social Norms Manual' is a participatory training manual designed and written for instructors to lead a group of participants and focuses on violence against children. It consists of sections on basic concepts, social categories, social networks, social change, and measurement. In the later version (adapted for Viet Nam, Indonesia, and the Philippines), the main sections/chapters remain the same with slight adaptations and additions, in particular in the upfront theoretical section. In each section, the 'Social Norms Manual' includes narrative explanations interwoven with practice exercises, study questions, and case studies. This manual is grounded in Cristina Bicchieri's theoretical framework. Throughout the manual, much of the specific content and illustrative examples relate to violence against children.

The Social Norms Manual begins by exploring basic concepts of beliefs, such as interdependent vs. independent choices, factual beliefs, personal normative beliefs, empirical expectations, normative expectations, conditional and unconditional preferences, and reference networks. Still in the same section, after basic concepts are presented and paired with exercises, the manual turns to diagnosing collective behaviors as a custom, a moral norm, a descriptive norm, or a social norm. The manual then proceeds to explore social categories, providing explanations of natural vs. social categories, schemas, scripts, schema change, social networks (nodes, ties, paths, etc.) and introduces full network, snowball, and egocentric approaches as activities to uncover social networks. Thereafter, the training manual presents a case study of applying learnings from the manual throughout the lifecycle of a project. The final chapter of the manual covers social norm measurement for personal normative beliefs, normative expectations, empirical expectations, and the extent sanctions exist by providing background information, tips for developing questions, and exercises for group work. The chapter also addresses the use of vignettes for social norm research.

Source Documents

Bicchieri, Cristina and Penn Social Norms Training and Consulting Group. *Why People Do What They Do?: A Social Norms Manual for Viet Nam, Indonesia, and the Philippines*. Innocenti Toolkit Guide from the UNICEF Office of Research, Florence, Italy. October 2016

Bicchieri, Cristina and Penn Social Norms Training and Consulting Group. *Why People Do What They Do?: A Social Norms Manual for Zimbabwe and Swaziland*. Innocenti Toolkit Guide from the UNICEF Office of Research, Florence, Italy. October 2015.

Bicchieri, Cristina. *Norms in the Wild: how to diagnose measure and change social norms*. Cambridge University Press, 2015.

Bicchieri, C., Lindemans, J.W., and Jiang, T. A structured approach to a diagnostic of collective practices. *Frontiers in Psychology*: 5, December, 2014.

CARE's Journey Piloting Social Norms Measures

Type of Resource: Measurement Approach/Tool(s)

Organization/Project: CARE USA, various CARE Country Offices

Behavioral Outcome(s): Used in three programs exploring: women's empowerment, engaging men and boys to reduce intimate partner violence (IPV), improved economic and sexual and reproductive health for adolescent girls, and improving adolescent reproductive health and nutrition through structural solutions.

Original Purpose: This measurement approach and tool(s)/framework have been used and adapted/refined since 2014 through three projects (ReNEW, TESFA, and Abdiboru). The goal was to design measures to capture better data on social norms in project evaluation in order to contribute to the evidence base on social norms measurement and improve program design.

Who implements: Program staff with members from target populations/communities

Time Required: For formative research (diagnosis) multiple days are needed for preparation and 4 or so days for data collection.

Resources Needed: 5-6 staff members, vignettes/questionnaires/guides adapted to particular context

Ease of Use: With only a few steps, the SNAP Framework provides a simple way of analyzing social norms.

Overview

This is a measurement approach with accompanying tools developed by CARE USA in conjunction with CARE country offices to investigate social norms. CARE's work in social norm measurement began with a training by the University of Pennsylvania Social Norms Group (UPenn SoNG) using Cristina Bicchieri's approach. CARE's approach identifies the key components of a norm, and additional questions assess changes in norms over time (e.g., two time point uses of the vignettes), but also inform ways that interventions can be fine-tuned for greater impact. As explained in *Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming*, CARE's motivation as an implementer was to understand how strong or influential certain norms are for specific behaviors, if and when norms are shifting and weakening. For CARE, in their ReNEW project, their findings through focus group discussions (FGDs) were similar to staff expectations, which led to reflections concerning what approach is best under each circumstance to identify prevailing social norms.

Setting and Timeline

The measurement of social norms was done in three of CARE's projects in Sri Lanka and Ethiopia:

- **ReNEW** (Redefining Norms to Empower Women), focused on engaging men and boys to reduce IPV on tea plantations in Sri Lanka, funded by Johnson & Johnson (J&J) Corporate Contributions (2014-2016);
- **TESFA** (Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls), focused on the needs of ever-married adolescent girls in the Amhara region of Ethiopia, also funded by J&J (2015-2017); and
- **Abdiboru** (Improving Adolescent Reproductive Health and Nutrition through Structural Solutions), an operations research intervention focused on reducing early marriage and improving health and nutrition outcomes for young adolescent girls in the Oromia region of Ethiopia, funded by the Bill and Melinda Gates Foundation (BMGF) (2015-2020).

PROJECT	IMPLEMENTATION CONTEXT	METHOD USED TO IDENTIFY SOCIAL NORMS	OTHER METHODS TO MEASURE SOCIAL NORMS	OBSERVATIONS
ReNEW	Layering social norms activities onto existing, long-running project in same locality	<ul style="list-style-type: none"> • Project team discussions • FGDs & surveys 	<ul style="list-style-type: none"> • Vignettes (endline only) • Surveys 	<ul style="list-style-type: none"> • Hard for respondents to identify and rank reference groups in surveys • Social norms identified via FGDs matched staff predictions – so worth the extra step?
TESFA	Local geographical expansion of existing program	<ul style="list-style-type: none"> • Project team discussions 	<ul style="list-style-type: none"> • Vignettes 	<ul style="list-style-type: none"> • Short timeline • Less rigorous • Did not use quantitative measures for norms
Abdiboru	New project in new locality	<ul style="list-style-type: none"> • Project team discussions • FGDs & interviews 	<ul style="list-style-type: none"> • Vignettes & interviews • Surveys 	<ul style="list-style-type: none"> • More rigorous – challenged assumptions • Extra time and resources to collect and analyze primary data in formative stage, but could be done quickly

Figure 3: Stefanik & Hwang, 2017

Approach & Components

The social norm diagnosis activities were carried out in the formative research stage in CARE's projects. During this phase, the purpose was to identify possible social norms, sanctions, and reference groups through literature reviews, reviews of relevant existing data, staff discussions, and primary data collection. During the formative phase, the following key pieces of information were identified:

1. What, if any, social norms are at play for a specific behavior in question?
2. Who are the most influential reference groups for the specific norm?
3. What social sanctions are anticipated for deviating from the norm?

In the ReNEW project, CARE collected primary data using FGDs to identify social norms and surveys to identify reference groups and quantify norms. Following ReNEW, in the TESFA project, building on lessons learned, the project team selected two social norms which they deemed to be the most influential in holding back specific behavioral outcomes, then developed vignettes to validate and further explore the norms. In the Abdiboru project, which took place in a new context, the team conducted in-depth formative research over several days through semi-structured FGDs and key informant interviews with a cross-section of community members. In Abdiboru, the FGDs were loosely framed around exploring specific practices or behaviors within the target community structures around exploring common events.

Across all three projects, CARE experimented with different ways of identifying reference groups. In ReNEW, quantitative survey questions were used to identify and rank group members. However, because respondents often found it difficult to rank the relative influence of reference group members, CARE pivoted to ask more open-ended qualitative questions during discussions with community members.

As per CARE's original intention of developing measures and methods for measuring social norms, the information gained in the formative stage was used to ensure that baseline questions resonate with respondents and to explore the workings of social norms on specific behaviors in their lives and communities. Using the information gathered, CARE developed baseline quantitative survey questions to validate and measure social norms over time, and to correlate social norms with personal attitudes and behaviors. CARE also developed and used qualitative vignettes.

Components of a norm	Definition	Example responses
Empirical Expectations (EE)	What I think others do	<i>"Once you have got the chance, you have to marry. Your friends are getting married."</i>
Normative Expectations (NE)	What I think others expect me to do (what I should do according to others)	<i>"...everybody in the community expects adolescent girls...at the age of 13 to 15 years... to get married."</i>
Sanctions	Opinion or reaction of others (to the behavior) – specifically others whose opinions matter to me	<i>"If a girl is not married at the age of 15 years, many adolescent girls in the community would insult her saying 'haftu,' which mean the one who is not needed, or unattractive."</i>
Sensitivity to sanctions	If there is a negative reaction from others (negative sanction), would the main character change their behavior in the future? Do sanctions matter for behavior?	<i>Most girls would change their minds and marry after prolonged insults and isolation.</i>
Exceptions	Under what circumstances would it be okay for the main character to break the norm (by acting positively)?	<i>Girls can refuse marriage if they excel at school and their teachers convince their family to let them continue school.</i>

Table 1: The SNAP Framework with example responses (CARE 2017)

Finally, CARE's Social Norms Analysis Plot (SNAP) framework aims to help practitioners identify key components of a norm, as well as additional questions needed to guide vignette development. The framework explores five items—empirical expectations, normative expectations, sanctions, sensitivity to sanctions, and exceptions—through vignettes. The key questions the CARE teams sought to answer through vignettes are:

- What behavior is considered to be typical in the group?
- What behavior is considered to be approved of in the group?
- What negative social sanctions are anticipated if someone deviates from the norm?
- What influence does the anticipated negative social sanction have on behavior?
- Are there people or circumstances when it is more acceptable to deviate from what is considered typical and appropriate in the group?

The SNAP framework was used to guide the process and development of vignettes used from formative research through to endline. Once vignettes were developed and employed, the SNAP framework was used to identify the strength and changes in social norms and validate norms identified and explored.

Source Documents

Stefanik, Leigh. *Applying social norms theory for measurement*. Presentation for AEA. CARE USA. December 2016.

Stefanik, Leigh & Hwang, Theresa. (2017). *Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming*. Copyright 2017 Cooperative for Assistance and Relief Everywhere, Inc.

CARE Sri Lanka. (2016). *Redefining Norms to Empower Women: Experiences and Lessons Learned*. Copyright CARE International Sri Lanka.

Social Norms Exploration Tool *(working title)*

Resource Title: Social Norms Exploration Tool

Organization/Project: Institute for Reproductive Health/Passages

Behavioral Outcome: Sexual and Reproductive Health, Family Planning with adolescent and youth age groups

Type of Resource: Participatory Learning and Action-based Practitioner's Tool and Guidance

Original Purpose: Identify prevalent social norms influencing key health-related behaviors. Used in Passages pilot study settings to inform intervention design/materials and research tools.

Who implements: Program practitioners, evaluators, and researchers

Time Required: 3-5 days including preparation, on-the-ground exploration, and analysis

Resources Needed: Approximately 6 team members (two note-takers, logistics coordinator, member responsible for participant outreach, one facilitator and one assistant facilitator), planned icebreakers, paper and pens

Ease of Use: Following two tests, facilitators and participants found the tool intuitive and simple to use.

Overview

The Social Norms Exploration Tool was developed under the Passages project to offer a practical, cost effective, and participatory process to explore the most relevant social norms affecting behaviors of interest in a specific setting, identify significant others influencing people's actions, and inform a program of action and related measurement techniques. It is a qualitative step-by-step guide for practitioners and researchers to apply state of the art social norms science. Results from two tests indicate the diagnostic approach is helpful in confirming hypothesized social/gender norms (descriptive, subjective, and injunctive) related to outcome behaviors for target populations and in exploring additional existing norms and reference groups.

Setting and Timeline

The tool was originally developed and adapted for application under the Transforming Masculinities/Masculinité, Famille et Foi intervention in the DRC. It was later reviewed and adapted based on feedback from initial experience and results for use under the Growing Up GREAT!/Bien Grandir! Intervention in the DRC.

Approach & Components

The tool provides an overview of social norms and their different types, as well as important related concepts. It guides users through a participatory process to identify the reference groups among the target population, explore social norms driving the target behaviors with the community members of interest, and interpret and reflect upon the results to inform interventions and research instruments.

As it stands, the working draft of the tool includes an introduction section comprised of background information on social norms (definitions, key terms, examples, etc.) and explanation of how an exploration of social norms can benefit a program; it also includes a description of what the process entails. The tool then moves into Part I, which is devoted to planning and preparing a project team to carry out activities. In Part I, an exploration team would identify their objectives, their knowledge and assumptions going in, and then choose the exercises to carry out and begin developing the tools/questionnaires for the exploration. Part I also provides context for the logistical planning needed to carry out activities in a given context. In this section,

	Purpose	Populations	Exercise/Activity
1	Identify Social Reference Groups	Target Population/Sub-Populations	Snowball Approach
2	Identify Social Reference Groups	Target Population/Sub-Populations	Egocentric Approach
3	Rank Social Reference Groups by Influence	Target Population/Sub-Populations	Influence Mapping
4	Identify norms linked to behaviors	Target Population/Sub-Populations	Vignettes
5	Identify Common-ness of Behaviors	Social Reference Groups	Pile Sorting Part 1
6	Rank Underlying Reasons	Social Reference Groups	Pile Sorting Part 2
7	Rank Norms and Behaviors	Social Reference Groups	Problem Tree Analysis
8	Identify root causes of behaviors	Social Reference Groups	The Five Whys
9	Analyze root causes of behaviors	Social Reference Groups	Fishbowl with Vignettes

Table 2: Suite of Exploratory Exercises from Passages Social Norms Exploration Tool (2017)

users are provided the tools and information to reflect upon what their objectives are and select from a suite of exercises (original or adapted) to carry out within their given context (see Table 2).

In Part II, the tool guides users through each step and exercise (which can be chosen by the user, depending on their objective and resources) to carry out an exploration process with their target populations and reference groups. It begins with activities to carry out with the target populations to identify social norms (and other determinants of behavior), and then moves into identifying the relevant social reference groups. Thereafter, various exercises are provided which can be used within the reference groups to again explore norms and identify factors influencing behaviors

– confirming or disconfirming the relevance of the pre-identified social norms. All of these activities are carried out in communities with the target populations and specific reference group members, either individually or in group formats.

The final section of the tool (currently under development) includes a procedure to use the results to inform intervention planning and measurement development. The appendices include helpful templates to guide real-time group analysis of the data.

The tool is currently in a draft form undergoing revisions based on experience from the two applications in the DRC to improve its usability and the quality of the information it yields.

Source Documents

Social Norms Exploration Tool – Working Draft. 2017. Passages Project. Institute for Reproductive Health, Georgetown University.

Other Resources

In this section, we provide an overview of other resources that are not tools for diagnosing social norms per se, but offer valuable insights into social norm diagnosis.

Tostan's Community Empowerment Program

Tostan's Community Empowerment Program aims to promote sustainable development and positive social transformation through a process of deliberation in which community members reflect on their community's shared values and assess the extent to which their existing social norms and practices conform to these values and are consistent with each individual's human rights. Tostan conducts FGDs and in-depth interviews with individuals as part of their data collection efforts for baseline, midline, and endline evaluation. A component of these group discussions and individual interviews includes vignettes designed to determine both the normative and empirical expectations of community members with respect to practices (such as FGM/C) that are suspected to be sustained by social norms. By using both open- and closed-ended questions, Tostan collects qualitative data about community members' perceptions, which aid in diagnosing the existence of influential social norms pertaining to the practice of interest. Using concrete, realistic examples to diagnose social norms is less confusing for respondents, and makes it more likely that respondents will answer honestly about their own attitudes regarding the relevant practice.

Vignette (normative expectations)	Examples of answers
Now, we would like to give you a scenario. Imagine Penda is a woman who lives in this village. She is not a real person who lives here; this is just an example. Imagine Penda, as we have said, a woman from the village, has a six-year-old daughter. Penda would like to have her cut. In your opinion, what would be the reaction of the other members of the community to this news? [explore reasons for positive and negative reactions]	<p>The reason the other community members would respond with happiness to the news that Penda decided to cut her daughter is because it [FGC] is a very old practice here. It's why they would tell her that her daughter must be cut [...] Members of the family would say to do a collective cutting, including all of the girls who had not yet been cut in the family (adult female, village 3)</p> <p>In our village, it is unusual to find a girl who is not cut who gets married (focus group women, village 1)</p> <p>Ah, since I was born here, people have always said that FGC makes a girl pure (young man, village 4)</p>
Direct questions (empirical expectations)	Examples of answers
Speaking of marriage, people in other villages told us that in marriage, female genital cutting is a prerequisite and that they practised cutting because they want their daughters to be able to get married. In other villages, we were given other reasons. For example, a girl who is cut is considered pure. In other villages, we were told that cutting is unheard of. In your opinion, do most people practice circumcision in this village? [explore reasons for practice]	<p>Oh, FGC, there were moments in the past where we even practised it in groups. There were lots of people. But now, where we are today, lots of things are changing, and with that change, some do practise a little, but there are also those who don't want to practise (adult male, village 7)</p> <p>We have grown up with the practice, people say that it purifies a girl. Before we said that FGC protects a girl against uncontrollable sexual behaviour but now we say that it has no positive effect on sexuality. We have learned that in today's world we advise people to not practise FGC because it is a dangerous practice. It is why we no longer cut girls here (adult male, village 4)</p>

Figure 4: Examples of Tostan's vignettes and questions (Cislaghi and Heise 2016)

Johns Hopkins Team on GBV

Vignette	Follow-up questions
A family lives in an internally displaced person (IDP) settlement in Mogadishu. The family consists of mother, father, 6-year-old daughter, 15-year-old son and 12-year-old daughter. The 12-year-old daughter is one day raped by a militiaman [alternative perpetrators: neighbour, stranger from another village] who entered their <i>buul</i> forcefully. The daughter tells her mother what happened to her, and the mother tells father that their daughter was raped. The mother wants to report the incident but the father is shocked and requests that the rape is kept as a secret.	<ol style="list-style-type: none"> 1. Do you believe the rape should be kept as a secret? [Advantages and Disadvantages of keeping it a secret] 2. Do you believe the rape should be reported? Probe: To whom would you report? [Advantages and Disadvantages of reporting it] 3. Do you believe the mother should have kept it as a secret from the father? 4. Do you believe other mothers should keep it a secret from their husbands? 5. Do you believe that other family members would like to keep this a secret? 6. Do you believe other mothers will expect the mother to keep it secret? 7. Do you think other mothers believe the mother is doing good by telling to the husband? 8. What are the things a father can do if he is told that his daughter has been raped?

Figure 5: Example of Glass and Perrin's vignettes and questions (Cislaghi and Heise 2016)

these responses can provide valuable information about whether a practice is under direct normative influence (i.e., people comply primarily because others do so and expect sanction for (non)compliance), or under indirect normative influence (i.e., social norms influence other factors, but people do not comply because behavior is socially normative). Determining whether a behavior is directly or indirectly influenced by social norms is often crucial for successful social norm diagnosis in a given program or intervention.

Global Early Adolescent Study (GEAS)

Initiated in 2011 and launched in 2014, the GEAS explores factors in early adolescence that lead to sexually risky behavior later in life, with the goal of promoting healthy sexual behavior and attitudes across adolescence. An unpublished report shows that in the formative stages of the program, researchers used a number of qualitative methods to diagnose social norms (and to assess personal attitudes and behaviors) related to gender and adolescence. Among the methods used were individual interviews and focus group sessions that engaged very young adolescents in participatory, information-gathering activities. The participatory aspect built trust between researchers and participants, which allowed researchers to solicit self-narratives from participants about their own experiences with gender and adolescence (including their views about others' expectations and potential sanctions). GEAS also developed a Vignettes-based Measure of Gender Equality drawing from stories enacted by young adolescents around the world at intensive workshops. Stories common across sites were aggregated and form the basis of the Measure, which aims to illuminate attitudes about gender equity and equality. Quantitative norms measures developed from the qualitative phase of GEAS have been tested for face validity and pilot tested in six sites. These measures are now being included in a survey instrument in longitudinal research in Phase 2, currently underway. The first round of data collection has already been completed in Kinshasa, as part of the same study that applied the Passages diagnostic tool.

In their ongoing work on GBV in humanitarian and other contexts, Nancy Glass and Nancy Perrin of Johns Hopkins University have used vignettes in FGDs and surveys to diagnose relevant social norms. One of their innovations in this project is to follow a detailed vignette with several questions, each of which is aimed at soliciting different kinds of data. Questions might solicit responses about personal attitudes, expectations about others' attitudes or behavior (including expected negative and positive sanctions), and/or descriptive responses about community behavior. Another type of question asks about the advantages and disadvantages of complying with certain practices or broader patterns of behavior, as

Source Documents

Ben Cislighi and Lori Heise. 2016. *LSHTM Group on Social Norms and GBV: Strategies to diagnose and measure social norms related to gender-based violence: Key lessons from the Baltimore working meeting*. Learning Group on Social Norms and Gender-based Violence of the London School of Hygiene and Tropical Medicine.

Discussion

Included in the review of experiences above are various resources ranging from manuals to tools for analysis of the results, specific methodologies, etc. While the theoretical foundations are similar, each approaches the science of social norms diagnosis somewhat differently, depending on discipline and specific thematic areas and outcomes of interest. Most importantly, each of these experiences had different end goals in mind – some to train staff, others to inform future rigorous scale development and validation, and others to guide program and research tool development.

Summarized in the table on the next page are the main components from the experiences showcased above to stimulate discussion at the technical consultation. This information suggests that work in this area is nascent, and primarily draws upon the work of Bicchieri and Mackie. Diagnostic approaches have been applied in a relatively broad range of settings; they largely address children and adolescents, with a general focus on SRH, gender, and violence. One approach is focused on training, while the others are designed to explore the relevance of specific social norms to behavioral outcomes of interest and to inform measurement. Only the CARE experience has a specific intent to track changes over time through measurement in quantitative surveys at several time points. The topic of reference groups is addressed in some way in all approaches, but not all gather information from the reference groups themselves, an additional and time-consuming step.

A major contrast is the extent to which these approaches were designed to be easily adopted and used by others. The UNICEF manual provides clear, systematic instructions, but is focused on training, rather than data collection. CARE offers a simple, useful conceptual approach (SNAP), but does not yet purport to provide step-by-step guidance to users external to project staff. The Passages tool includes instructions and options for individuals wishing to develop their own social norms exploration process, but is still in the process of improving usability and direction. An important criterion for considering next steps in the development of social norms diagnosis tools or processes is the extent to which we wish to prioritize ease of use (including length of time, degree of expertise needed/training available, resources, etc.). Questions to consider include: How easy is it for a new user to understand and implement an approach? Are the exercises widely accepted and understood among the target populations? Is the team able to quickly analyze results and use this knowledge to guide research and program efforts?

Table 3: Summary and comparison of social norm exploration experiences

Organizational Experience or Resource/Tool	Primary Purpose	Theory unpinning	Topic area & Population(s) of Interest	Methodologies	Reference Groups Included? How?	Ease of Use (including user instructions, time needed, resources, staff training, etc.)
Social Norms Manual (UNICEF Office of Research-Innocenti)	Training	Social norms as social beliefs/social psychology PENN SONG/Bicchieri/Mackie	Violence Against Children Italy, Peru, Zimbabwe, Swaziland, Viet Nam, Indonesia, Philippines	Training manual, not clear whether/how activities were carried out in communities but use qualitative methodologies	Yes, included in manual in background information, exercises, etc.	<ul style="list-style-type: none"> • Training provided to staff • Unclear if other users apply learnings using manual • Background information is clear but complex • Exercises are well-explained but used by program staff only • Limited resources needed
CARE Journey (CARE-ReNEW, TESFA, Abdiboruj)	Develop tools to understand importance of norms for specific behaviors, and if and when norms are shifting and weakening	Social norms as social beliefs/ social psychology PENN SONG/Bicchieri/Mackie	Engaging men and boys to reduce IPV, needs of ever-married adolescent girls, early marriage Sri Lanka, Ethiopia (Amhara, Oromia regions)	Interviews, semi-structured FGDs, quantitative surveys, vignettes with accompanying analysis framework (SNAP)	Yes, reference groups identified, unclear to what extent they were interviewed, though community members were involved in interviews/focus groups	<ul style="list-style-type: none"> • Full training on social norms for staff • Multiple days needed to conduct the interviews/discussions as well as to prepare in office • Activities conducted by program staff who are trained – no user instructions explained • Very iterated process, many learnings applied in future projects to improve approach(es)
Social Norms Exploration Tool (Passages)	Identify and explore norms relevant to behavioral outcomes of interest, identify reference groups and program and research tool	Bicchieri/Mackie Rajiv/Lapinski Tools referenced or adapted from the ISOFI Toolkit (CARE), Social Norms Manual (UNICEF), CARE's SNAP Framework, GREAT CAC Manual, Tekponon Jikuagou tools, GEAS tools, etc.	IPV and FP use among first-time and newly-married couples (18-35) Puberty issues, gender equality, and access to health services (10-14) DRC (Kinshasa)	Participatory exercises using interviews, FGDs, and vignettes. Analysis framework included for findings	Yes, identified and participating in activities to explore social norms target	<ul style="list-style-type: none"> • No staff training, user orients to the tool (though in Passages experience orientations were provided) • 3-5 days to complete • Background information clear, but needs more details • Exercises well-explained, but the relative advantages of approaches not clear • Resources needed (time, funds, human)

Where do we go next?

The next steps in our journey will depend on our understanding of what social norm diagnosis is and is not and, most importantly, consensus on the most useful contribution we can make as a collective to this area of work.

To date, there is no generally accepted tool that can be easily adapted (with user instructions, exercises, and clear templates and tools) to explore whether a given behavior is under normative influence so that practitioners can shape their interventions and the accompanying monitoring and evaluation efforts accordingly. Together we should ask ourselves: **Is developing a single tool of broad interest?** If so, to what extent should theoretical perspectives be explicitly explained and included?

Within the Learning Collaborative Measurement Community, we want to determine whether there is a need for such a generalized resource. Alternatively, would continued development, documentation, and dissemination of multiple project- and context-specific items advance the field more effectively? A step by step how-to guide like the Passages Social Norms Exploration Tool may be helpful to some, but conceptual approaches like the CARE's SNAP framework may be better for others. Moving forward, this learning community on social norm measurement should consider providing guidance to the field on the key components of and promising approaches to social norms diagnosis.

Key Questions for the Measurement Community to Consider:

Before work proceeds, critical reflection is needed among social norms practitioners. Below are questions for us to consider related to purpose and objectives, the art and science of diagnosing social norms, and desired end-products in this area of work.

Our first priority is to consider what we wish to achieve:

1. What is the purpose of the tool? Under what circumstances will it be used? Are we aiming for a generic tool or something tailored to specific target groups or outcomes?
2. Who will use it? How simple does it need to be to use? What format is best?

Below are questions to consider related to the art and science of diagnosing social norms:

1. What are the key components and guiding principles for a diagnosis process? How do we go about determining this?
2. How should theoretical perspectives be included in these efforts? Which perspectives? Is there a need to be explicit about this?
3. How do concepts such as reliability and/or validity of these approaches fit into the conversation, if at all?

Below are some questions about the end product of a standardized tool:

1. To what extent do we want to consider: reference groups, types of norms (empirical/normative), strength of norms, relative influence of norms, situational considerations?
2. How much background information is needed?
3. What is our theoretical stance and how much theory do we need to get into?
4. Do we want this to be stand-alone/pick it up and use (e.g., with instructions)? Are we aiming for one tool or a tool kit of options?
5. What process do we follow to assess if the tool works? What are criteria for a successful tool (usability, efficiency, effectiveness (for what), reliability, validity)?

Attachments

(to be added to future drafts)

1. UNICEF Social Norms Manual (Southern Africa and East Asia)
2. CARE's Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming
3. Social Norms Exploration Tool (*DRAFT*)
4. LSHTM Group on Social Norms and GBV: Strategies to diagnose and measure social norms related to gender-based violence: Key lessons from the Baltimore working meeting

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