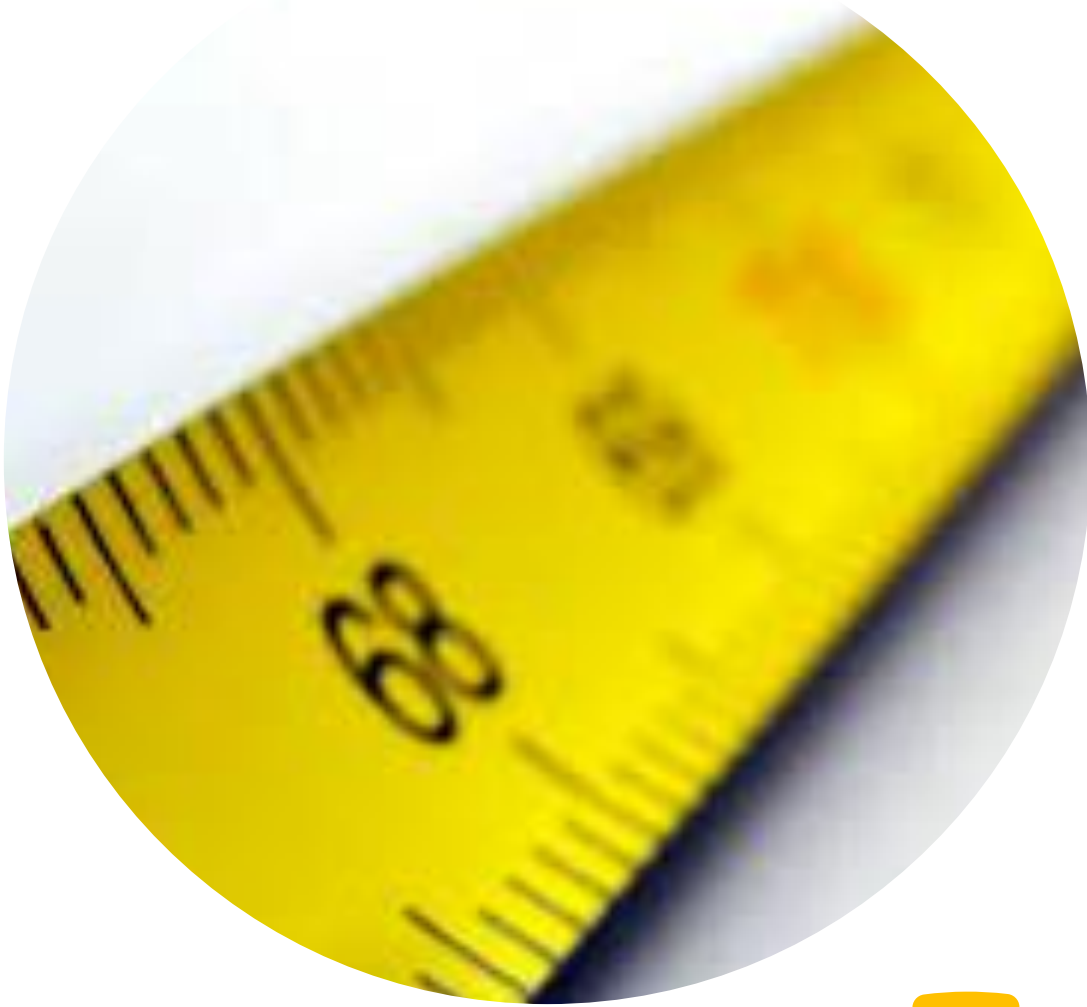




Monitoring and Evaluating for Social Norms Change Programs – the What, When and How



Capacity Building Webinar Series

Eastern Africa Learning Collaborative on Social and Gender Norms Practice



Session 1:
**The relevance of social norms
theory for health promotion
interventions**



Session 2:
Identifying social norms



Session 3:
**Identifying strategies for norm
change**



Session 4:
**Monitoring and evaluation for
social norms shifting programs**

Agenda

- Recap Webinar 3
- What to monitor & evaluate for social norms change programs
- When to monitor and evaluate for social norms change programs
- How to measure to monitor and evaluate social norms change programs
 - Activity: Fix these measures
- Activity: Healthy Homes Case Study
- Key takeaways and additional resources



Recap: **Webinar 3**

Key Takeaways

1

Change happens when people see enough other people changing. It takes longer to achieve with social norms.

2

There are 4 norms strategies:

Laws & policies
Mass media
Normative feedback
Group discussion

3

Strategies can be mixed!

Choose your primary strategy and who to target in selecting one or multiple change strategies

Four Norm Change Strategies



1

Law & Policies

2

Mass Media



3

**Personalized
Normative
Feedback**

4

**Group
Discussions**





Reflection Activity from Webinar 3:

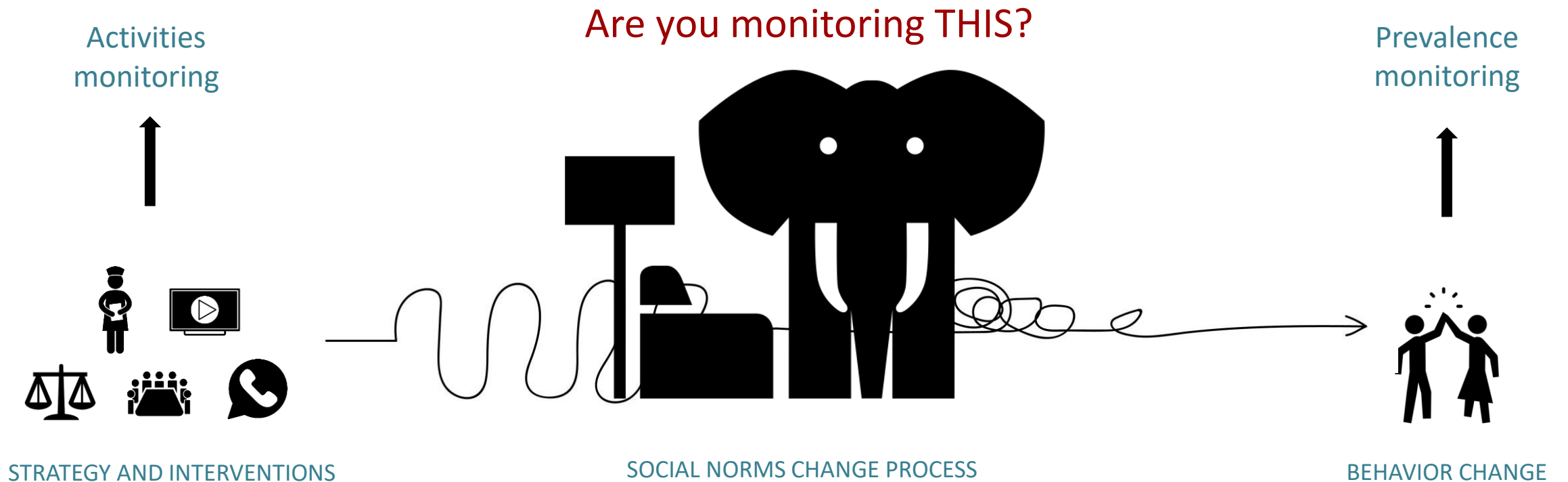
Select a health intervention that you have seen or created in the past.

Consider: Which of the four strategies are most appropriate to be integrated and how.

4 Strategies: Laws & Policies
Mass Media
Personalized Normative Feedback
Group Discussions

What to Monitor & Evaluate

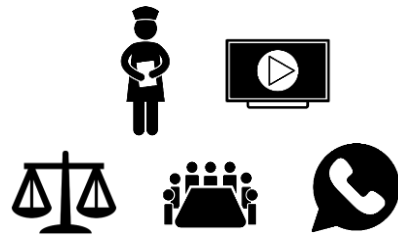
WHAT Should we monitor?



WHAT Should we monitor?

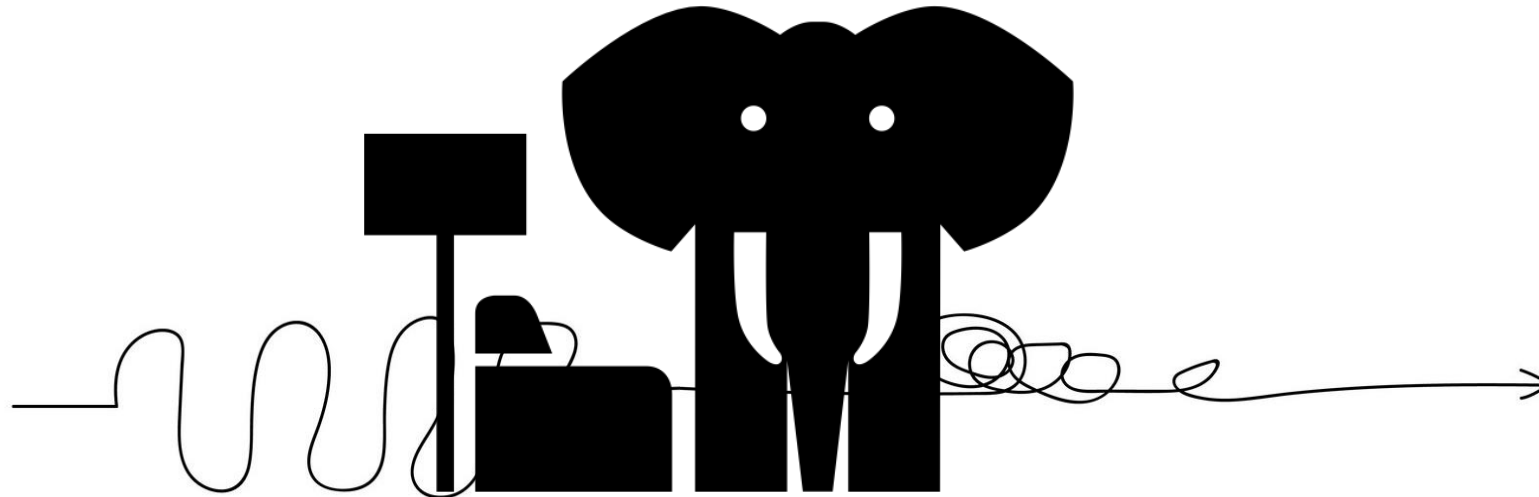
Example Indicator:
Proportion of the intended
audience participating in
intervention activities

Activities
monitoring



STRATEGY AND INTERVENTIONS

Are you monitoring THIS?



SOCIAL NORMS CHANGE PROCESS

Prevalence
monitoring

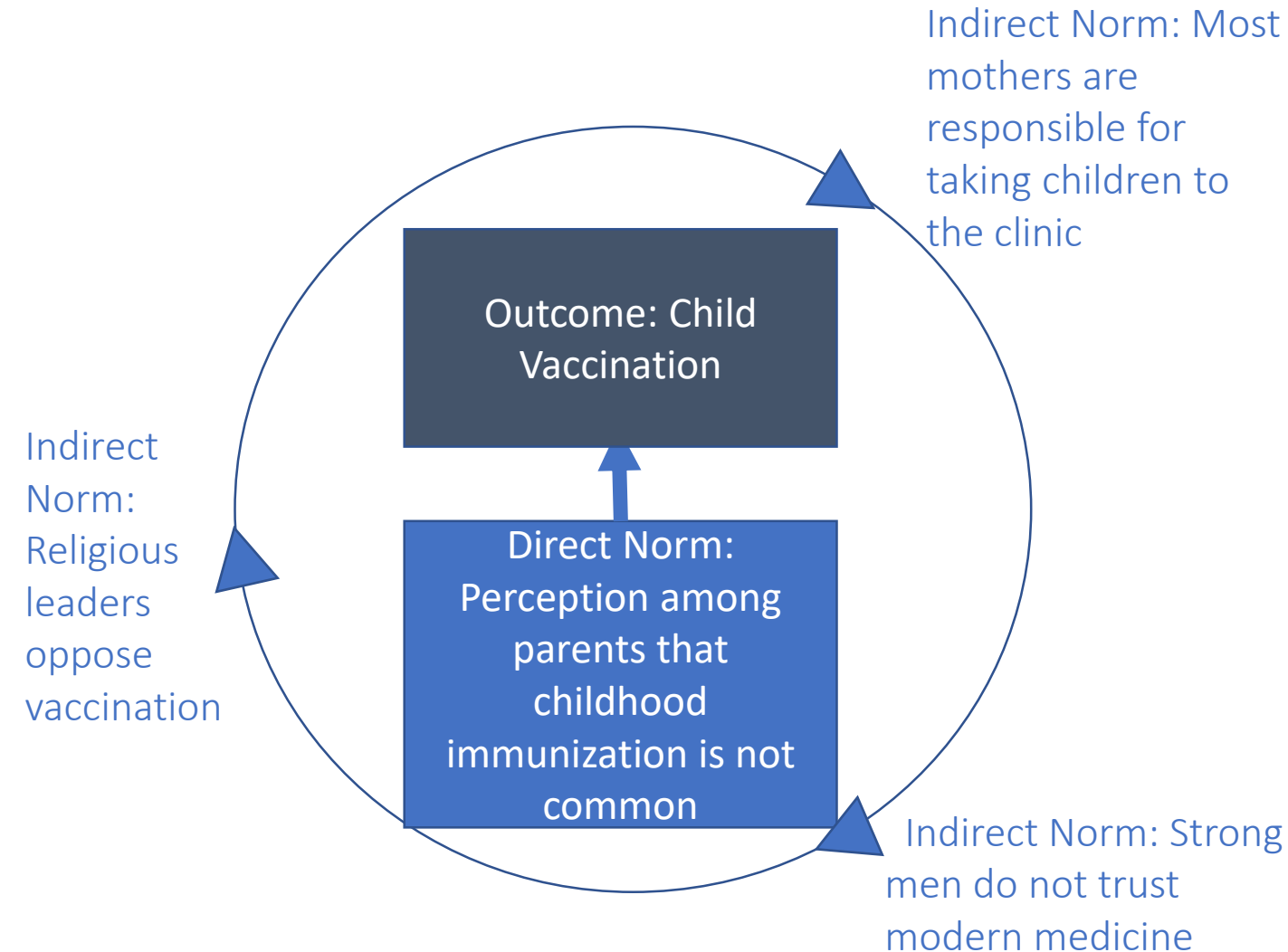


BEHAVIOR CHANGE

Example Indicator:
Changes in individual
Knowledge, attitudes
and practice (KAP gap)

Considerations for deciding what to monitor

– Multiple Norms at play



- Multiple norms may influence a behavior
- We tend to think of direct norms but also could be indirect norms at play
- Not all norms are equally strong nor equally amenable to change

Illustrative Indicators for Monitoring Norm Change

Normative factors

- Perceived prevalence of behavior (descriptive norm)
- Approval of behavior by self and others (injunctive norm)
- Individuals' identification of rewards and penalties (i.e., outcome expectancies) related to practice
- Individuals' intention to give rewards and impose penalties related to behavior

Social support and networks

- Peer communication about behavior
- Spousal communication about behavior
- Social support for behavior change

Contextual factors

- Gender and age of target group
- Decision-making power of target group
- Politico-Economic situation of households & community
- Capacity of community to absorb social change

Other Social change

- Evidence of diffusion (i.e., behavior and attitude change in the non-exposed/control communities)
- Evidence of collective action supporting change in behavior

What normative factors to measure... to monitor & evaluate social norms change



DESCRIPTIVE AND INJUNCTIVE
NORMS



REFERENCE GROUPS



OUTCOME EXPECTANCIES
(I.E., REWARDS OR PENALTIES)

Descriptive & Injunctive Norm Indicators

- **Descriptive norms** (*Perception of what others do*)
 - The proportion of respondents who perceive others in the community **are getting their children immunized.**
- **Injunctive norms** (*Perceptions of what others approve or disapprove of*)
 - The proportion of respondents who perceive that others in the community **approve of getting their children immunized.**

Descriptive & Injunctive Norm Indicators

- **Descriptive norms** (*Perception of what others do*)
 - The proportion of respondents who perceive others in the community are **getting tested for HIV**.
- **Injunctive norms** (*Perceptions of what others approve or disapprove of*)
 - The proportion of respondents who perceive that others in the community approve of **getting tested for HIV**.

Reference Groups

Descriptive norms (*Perception of what others do*)

- The proportion of respondents who perceive that [**unmarried girls in the community**] are getting tested for HIV.

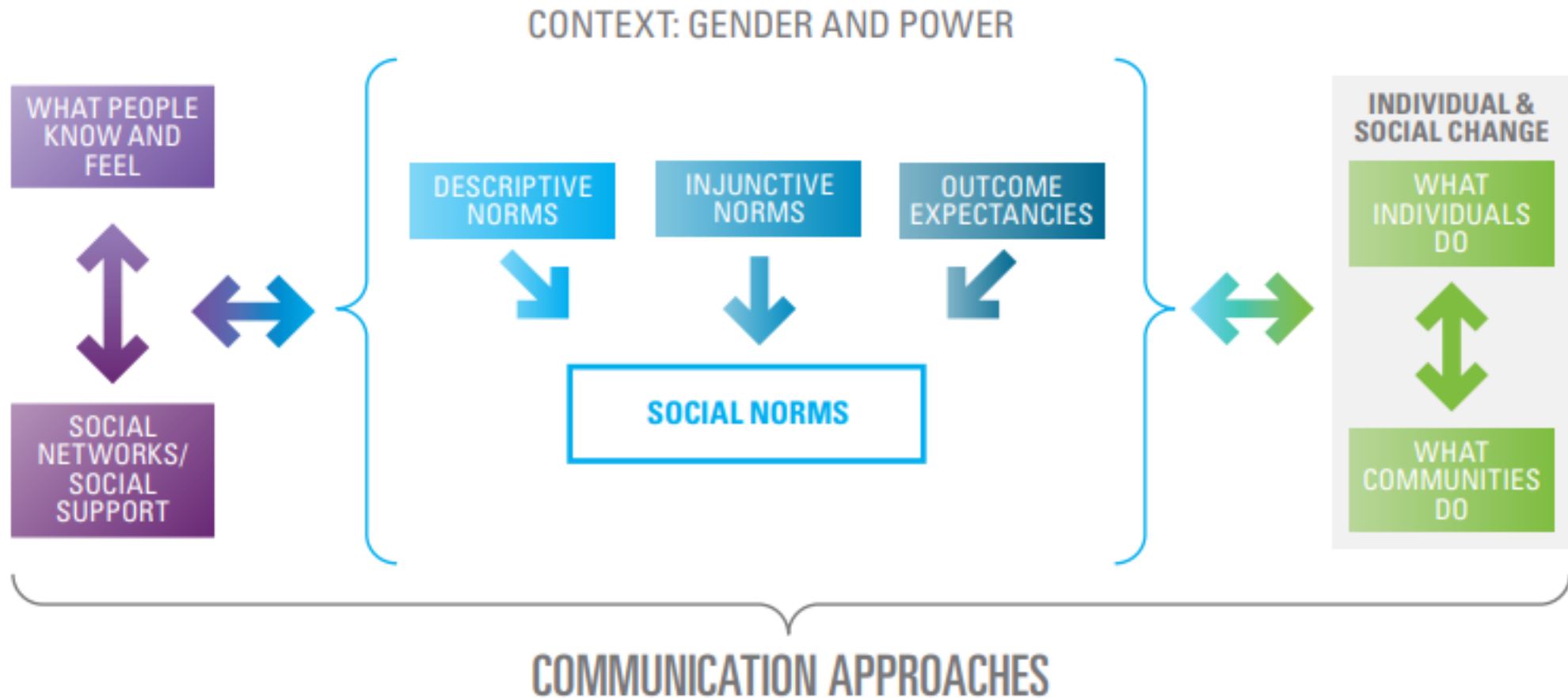
Injunctive norms (*Perceptions of what others approve or disapprove of*)

- The proportion of respondents who perceive that [**other members of their congregation**] approve of getting tested for HIV.

Outcome Expectancy Indicators

- **Descriptive norms (*Perception of what others do*)**
 - The proportion of respondents who perceive others in the community are getting their children immunized.
- **Injunctive norms (*Perceptions of what others approve or disapprove of*)**
 - The proportion of respondents who perceive that others in the community approve of getting their children immunized.
- **Outcome Expectancies**
 - The proportion of respondents who think it is very likely girls in the community will be harassed if they walk in public spaces without a male companion.

Conceptual framework behind the ACT Framework



Measurement Plan

| AGGREGATED ACT MEASURES/INDICATORS | | |
|--------------------------------------|--------------------------------|--|
| COMPONENT OF THE ACT FRAMEWORK | SOCIAL NORMS CONSTRUCT/CONCEPT | AGGREGATED MEASURE/INDICATOR |
| Assess what people know, feel and do | Know | Change over time in knowledge of FGM |
| | Feel | Change over time in beliefs about FGM |
| | | Change over time in intentions not to practice FGM |
| | Do | Proportion of girls and women who have undergone FGM |
| | | Proportion of households moving along the continuum of change |
| Ascertain normative factors | Descriptive norms | Change over time in perceived prevalence of FGM |
| | Injunctive norms | Change over time in the approval of FGM by self and others |
| | Outcome expectancies | Change over time in individuals' identification of benefits and sanctions related to FGM |
| | | Change over time in intention to give rewards and impose sanctions related to FGM |

RECAP: Social norm measures...

Must:

1. Refer to a clearly defined **reference group**. If not, it's an individual attitude
2. Refer to one **specific behavior**
3. Measure either the **descriptive** norm (perceptions of typical behavior) or **injunctive norm** (perceptions of what is appropriate)... or ideally both

Also good to:

4. Determine what are the **outcome expectancies (i.e., rewards or penalties)**

Group Activity: Fix My Survey

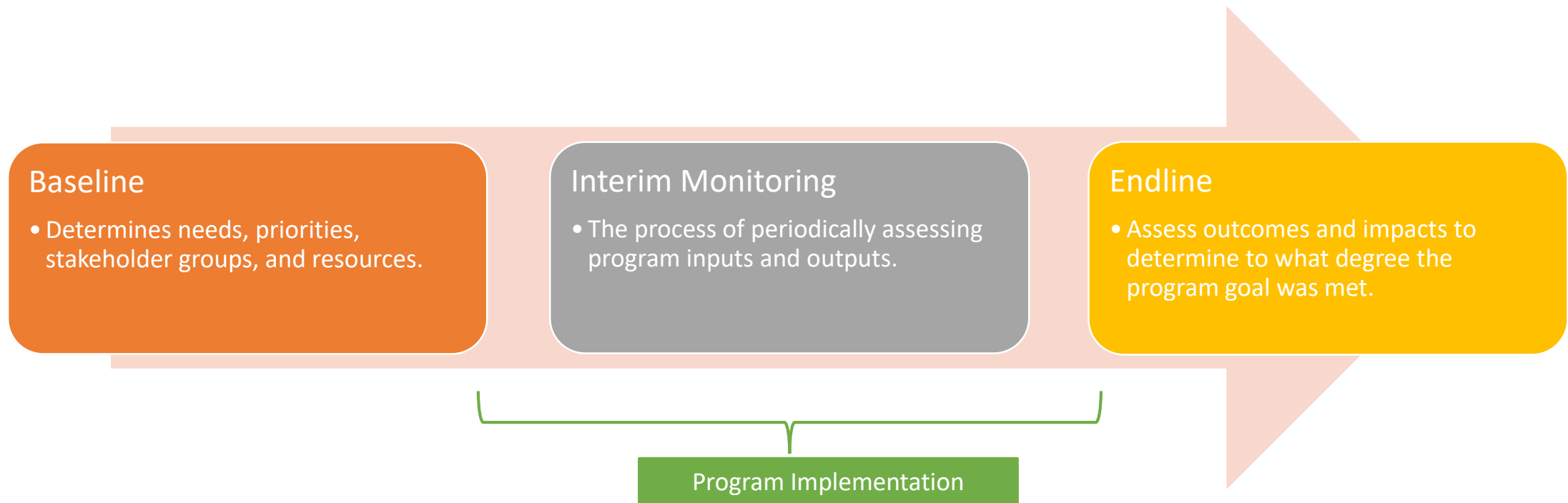
1. Do you think most teenagers use emergency contraception?
2. Of your friends and your religious leaders, how many of them would you say vaccinate their children?
3. Among girls you look up to, do you think most wear face masks?
4. Do your congregation members approve of Western medicine?
5. My family members would disapprove if I smoked or drove a red car.
6. A woman should not argue with her husband, even if she does not share the same view with him.



When to Monitor & Evaluate

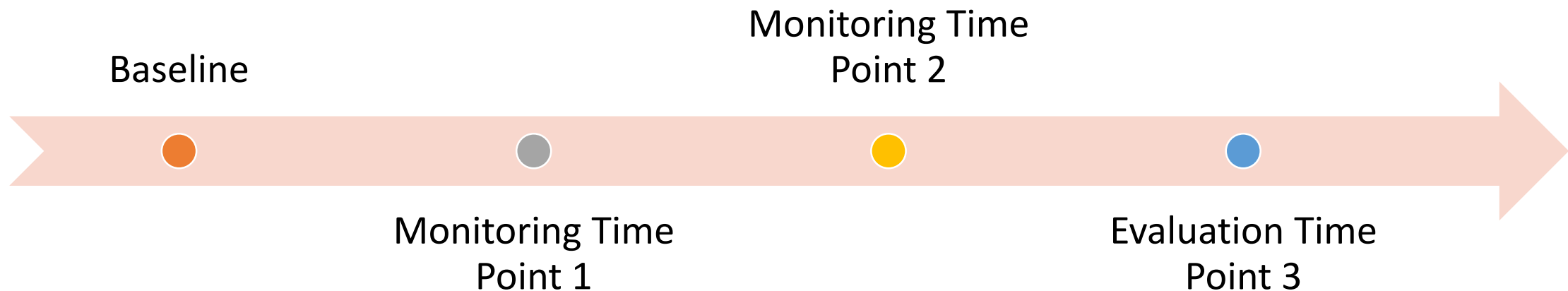
When to Monitor and Evaluate

- Assessing social norms **change** requires multiple measurement timepoints
- During program planning also consider when to measure



How long might it take for norms to change?

- Attitudes change faster than norms, as social processes often very slow to change
- You should not necessarily expect to see very large changes in norms over the course of your project, especially if the time frame is quite short
- Shifts in attitudes can suggest that over time you might see changes in the norms those attitudes relate to.
- In order to capture normative change, you will need to collect data at repeated points over quite a long period of time



Measurement Moments & Methods

| STAGE | PURPOSE | METHODS |
|--------------------|--|---|
| Formative research | Identify possible social norms, sanctions, reference groups | Literature review, informal discussions with community |
| Baseline | Verify social norms, assess strength, identify “cracks” in norms & opportunities for interventions | Quantitative surveys, qualitative interviews, & vignettes in FGDs |
| Monitoring | Observe signs of norm change; monitor backlash | Activity monitoring, observation |
| Endline | Changes in social norms, correlate with changes in behavior & attitudes | Quantitative surveys, qualitative interviews, & vignettes in FGDs |

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Let’s Discuss: What stage are your programs in? What methods could you or have you incorporated in to your programs?

How to Monitor & Evaluate Changes in Social Norms

SBC M&E Approaches

| | |
|---|--|
| Program Monitoring & Process Evaluation | Routine, systematic observation using performance indicators, activity monitoring, and other processes (i.e. feedback from donors, partners, beneficiaries; costs) |
| Experimental, Quasi-Experimental Evaluation | Comparing changes across “exposed” and un-exposed groups. This could also be a before- and after-exposure comparison (pre-/post-). In experimental designs, exposure is randomized. Can use quantitative or qualitative data, or both. |
| Complexity-Aware Evaluation Methods* | Focus on what works or does not work within specific context (what works, when, and for whom). Data are often qualitative, but can include quantitative |

* These techniques are not covered here but some examples are most significant change (MSC) technique, outcome harvesting, & case studies.

How to measure normative factors for M&E



Single item questions



Scales and Indices



Vignette surveys

“Single item” survey questions

Descriptive norms

- What proportion of [others in your community] do you think **[have been tested for HIV /immunize their children]**?

Injunctive norms

- To what extent do [elders in your congregation] approve of **[getting tested for HIV / using condoms]**?

Outcome Expectancies: Sanctions

| Type of norm | Items |
|--|--|
| SANCTIONS (I am rewarded or punished) | <p>If you are given more freedom to move about in public spaces and play sport, how likely is it that the following consequences might occur? There is no right or wrong answer.</p> <p>Responses: Very likely 1, Somewhat likely 2, Not likely 3.</p> <ul style="list-style-type: none">A. You will be harassed by local boys or menB. You may encounter more arguments/conflicts with your parentsC. You may find it more difficult to get marriedD. You may be considered uppity and disobedient |

Reference Groups & Powerholders

| Type of norm | Items |
|---|--|
| REFERENCE GROUPS ^a (Those who matter to me) | <p>In matters related to family planning, whose opinion is important to you? (DO NOT READ OPTIONS. CHECK ALL OPTIONS THAT APPLY.)</p> <p>Husband 1, Friends 2, Mother 3, Father 4, Mother-in-law 5, Father-in-law 6, Faith leader 7, Sister 8, Brother 9, Other female relative 10, Other male relative 11, Other 88, Specify____</p> |
| POWER HOLDERS ^b (Those with power over me) | <p>If you wanted to use a method of Family Planning, would you need anyone's permission?</p> |

Social Network Mapping Census

*“Now we are going to talk about the people in your network – **people who you interact with, people you receive support from, people you consider to be part of your world. People you mention can live in this village or elsewhere.**”*

MATERIAL/PRACTICAL/EMOTIONAL NETWORK GRID

- “What is your relationship with (first name of the person)? You can mention more than one kind of relationship. For example, this person can be your aunt and your health provider at the same time.”
- “Is (first name of the person) a member of your household? If s/he is not, does this person live elsewhere?”
If the answer is “elsewhere,” ask the following question:
“What town does (the first name of the person) live?”
- “In the last three months, have you spoken with (first name of person) about birth spacing or a method that would allow you to delay or avoid pregnancy?”
- “In your opinion, would you say that (first name of person) approves of people who use a method of family planning to space their births?”
- “In your opinion, would you say that (first name of person) uses a method of family planning to space their births?”

Material Network Grid

| Name | Relationship (a) | | | Residence (b) | FP communication (c) | Approves of PF (d) | Uses PF (e) |
|------|---------------------|--|--|------------------|-------------------------|-----------------------|----------------|
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Developing the Monitoring Indicator

| Survey Question(s) | Scoring Directions | Indicator |
|---|---|---|
| <p>D1. Using a scale of 0 to 10, where 0 is none and 10 is all, about how many girls 10-14 years in your community are currently cut?</p> <p>D2. Using a scale of 0 to 10, where 0 is none and 10 is all, about how many girls 15-19 years in your community are currently cut?</p> <p>D3. Using a scale of 0 to 10, where 0 is none and 10 is all, about how many women in your community are currently cut?</p> | <p>Average all scores.</p> <p>Note: questions can also be assessed individually and compared to look for perceptions in trends in cutting (i.e. is it perceived to be less prevalent now than in older generations)</p> | <p>Average perceived prevalence of FGM</p> <p>Key indicator for assessing descriptive norms</p> |
| <p>I1. Do you think your immediate family expects you to continue or abandon FGM?</p> <p>I2. Do you think your extended family expects you to continue or abandon FGM?</p> <p>I3. Do you think your friends and peers expect you to continue or abandon FGM?</p> <p>I4. Do you think your community expects you to continue or abandon FGM?</p> <p>I5. Do you think others whose opinions are important to you expect you to continue or abandon FGM?</p> | <p>Percent who respond “Abandon” to all questions.</p> <p>Note: questions can also be assessed individually and compared to look for differences in perceptions across reference groups.</p> | <p>Perceived social expectations to abandon FGM</p> <p>Key indicator for assessing injunctive norms</p> |

Comparing individual attitudes & perceptions of social norms

| Injunctive 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 |

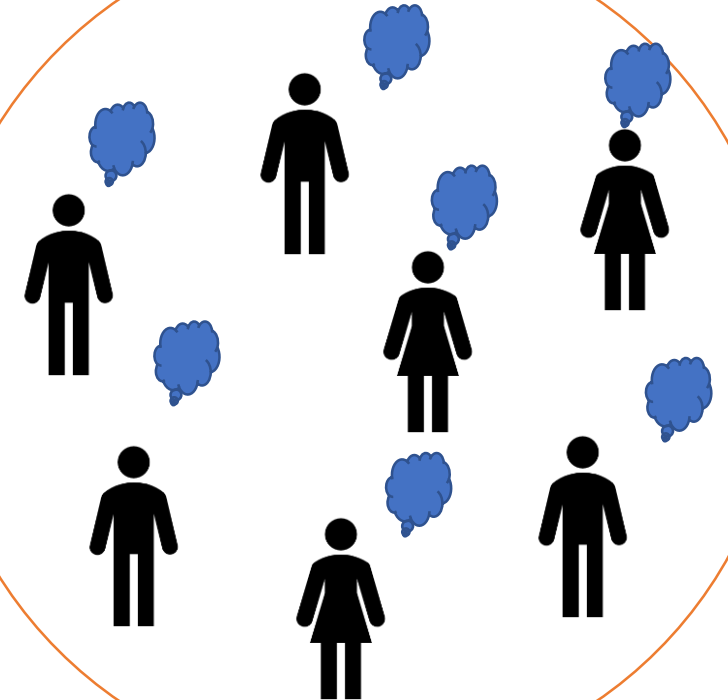
Collective Norms

**Perceived
Injunctive
Norms**



What Alice Thinks
Others Think she
Should Do

**Collective Injunctive Norms = Sum
total of perceptions of every
individual in the population**



Collective Norms – How to Measure

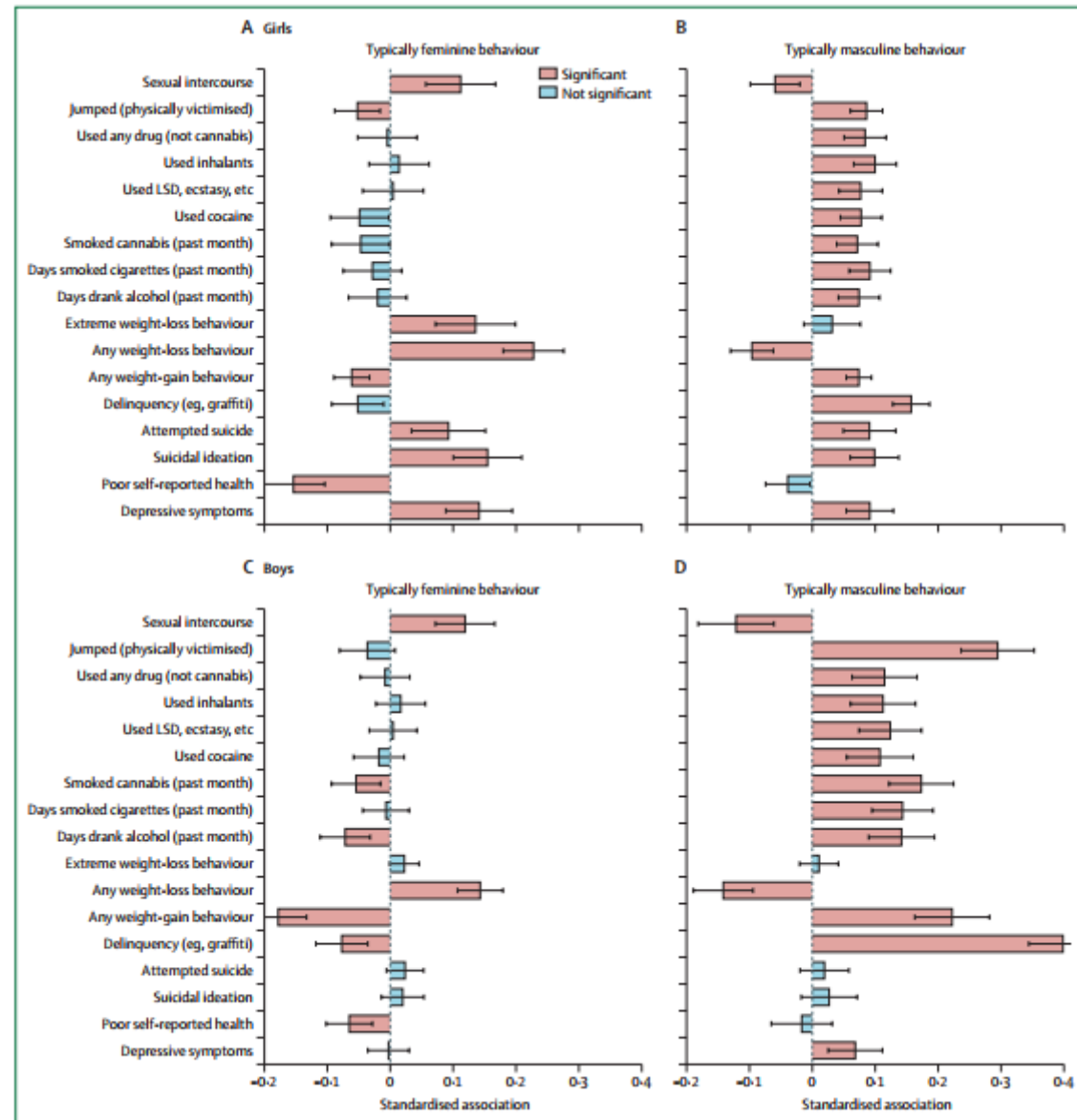


- Sum total of a type of behavior in a bounded social space
- May be evidenced by:
 - Macro level changes – social media, policy etc.
 - Aggregated individual-level behaviors or attitudes
- Calculated as the sum of reports of a type of behavior (positive and negative) within a bounded social space
 - Challenge – bounding the social space (i.e., geographical area, age range, religion, administrative areas etc.)

Aggregated individual behaviors as collective norm measures

Estimated effects of non-conformity to gender norms or positive and negative differences between individual estimated gender normativity and the median for same-sex school peers on health outcomes and health-related behaviours in US students.

Figure from: Weber AM, Cislighi B, Meausoone V, et al. Gender norms and health: insights from global survey data. Lancet. 2019;393(10189):2455-2468.



Scales and Indices

- Use multiple questions to create a single measure for a phenomenon that is not directly measurable with a single question like...
 - Social norms can't be measured with 1 question!
- An index generally sums the values of the response to the questions to create a 'score'
- A scale goes one step further and uses statistical techniques (i.e., psychometric testing) to ensure all the items in the scale are related to each other.
 - Scales are considered stronger measures BUT entail a number of steps

10 STEPS TO CREATE AND PSYCHOMETRICALLY TEST A SCALE FOR MEASUREMENT

- STEP 1. Decide on the construct you want to measure
- STEP 2. Conduct formative research to generate an understanding of the construct and potential items to assess it.
- STEP 3. Generate a pool of potential items for inclusion in the measure
- STEP 4. Decide on measure format (i.e., response options, timeframes etc.)
- STEP 5. Have experts review the item pool
- STEP 6. Decide whether or not to include validation items (i.e., like items to assess social desirability bias)
- STEP 7. Administer selected items to a sample, for cognitive interviews & pilot testing
- STEP 8. Evaluate the individual items of the measure, based on the pilot testing
- Step 9. Optimize the length of the scale
- Step 10. Conduct a field study with the psychometric testing of the measure, including both reliability and validity testing

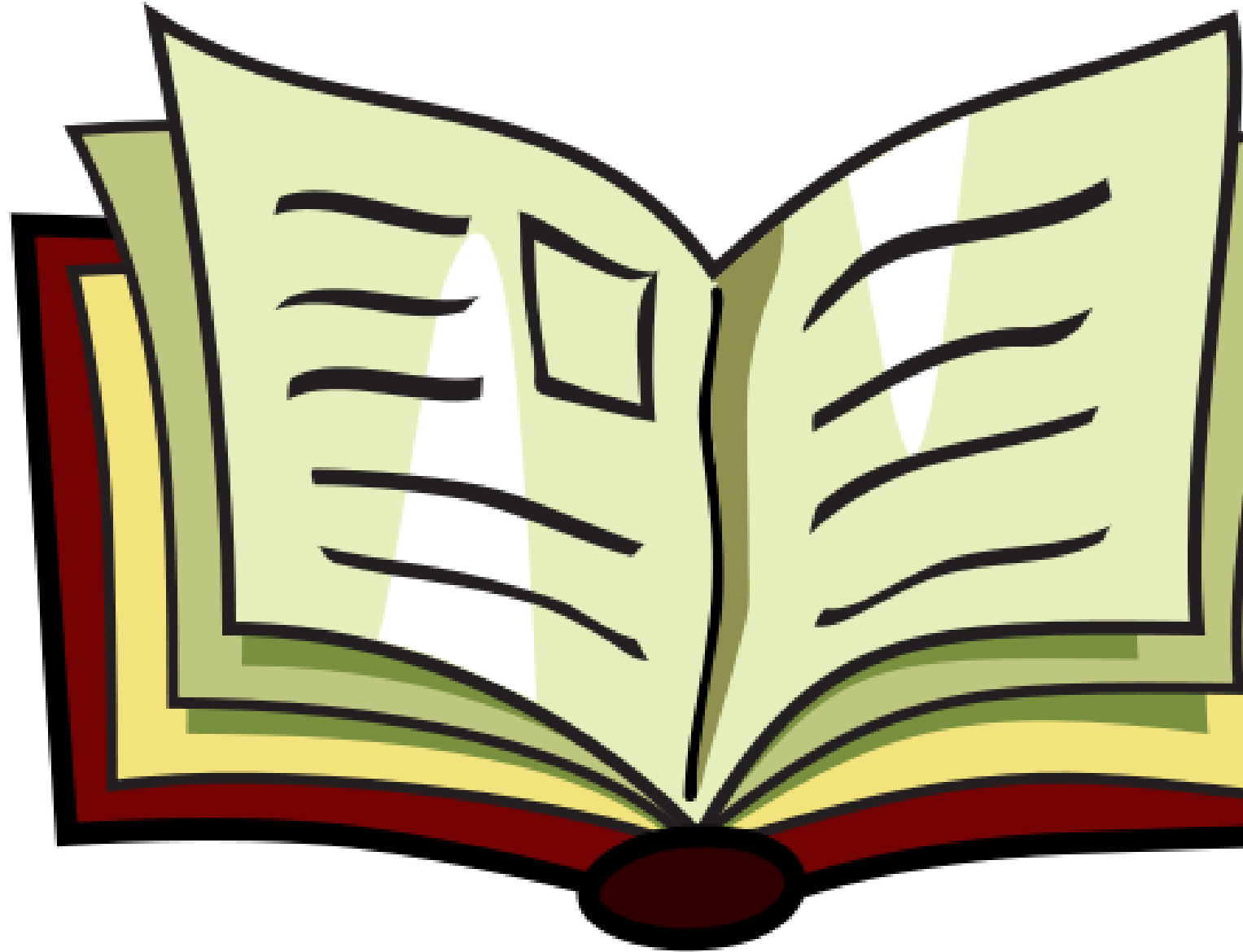
Index: Composite indicator for descriptive and injunctive norms from ACT Framework

| Survey items | Scoring directions | Indicator |
|--|---|------------------------------------|
| <ol style="list-style-type: none"> 1. Using a scale from 0 to 10 where 0 is none and 10 is all, about how many girls 10-14 years in your community are currently cut? 2. Using a scale from 0 to 10 where 0 is none and 10 is all, about how many girls 15-19 years in your community are currently cut? 3. Using a scale from 0 to 10 where 0 is none and 10 is all, about how many women in your community are currently cut? 4. Do you think your immediate family expects you to continue or abandon FGM? 5. Do you think your extended family expects you to continue or abandon FGM? 6. Do you think your friends and peers expect you to continue or abandon FGM? 7. Do you think your community expects you to continue or abandon FGM? 8. Do you think others whose opinions are important to you | <p>Items 1-3: max score 10 per item Items 4-8: score =1 for “abandon”, =0 for “continue”</p> <p>Score will range from 0 to 35; a higher score indicates social norms more supportive of FGM abandonment</p> | Average Overall Social Norms Scale |

Source: The ACT Framework. It provides a new M&E model for measuring change around FGM

Vignettes

- Guided story-telling methodology
- Qualitative or quantitative
- Survey versions should be simple, relatable and precise
 - Minimize guessing, hypotheticals, “colorful” responses
- Can minimize response bias



Formula for constructing a Vignette

What is the behavior of interest for the story?

Example: We want parents to talk to their younger adolescents about puberty (body changes, menstruation, etc.)

1. What are typical situations when such discussions might occur or should be avoided?
2. What goes on socially in such situation? What characters are typically involved in such situations?

Questions to explore perceptions about what is common behavior:

1. In your opinion, how many people practice this behavior? [few] [some] [many] [most]
2. What are some of the advantages of practicing this behavior? What are some of the disadvantages?
 - How many see this as a disadvantage? [few] [some] [many] [most]
 - Are these advantages/disadvantages stronger for some community groups than others?

Questions to explore perceptions about whether others think it is an approved behavior:

1. Do people in your community expect you and people like you to behave this way?
2. How many people have this expectation? [few] [some] [many] [most]
3. Are these expectations stronger for some community groups than others?
4. How many people in your community approve this behavior? [few] [some] [many] [most]
5. What happens if you do not practice this behavior?
 - How many people in your community would sanction people if they did not practice this behavior? [few] [some] [many] [most]
 - Are these sanctions stronger for some community groups than others?

Sample vignette – Abdiboru project



I will tell you a story... Rehima is a 16 year old student who lives with her parents. She attends school and helps her mother with household chores. One day Hindiya, Rehima's cousin comes over to visit Rehima's family. They are about the same age. Hindiya announces that she is engaged and getting married in a month's time. She also strongly suggests to Rehima that she should also marry soon as she is getting old for marriage. Hindiya reveals that she also knows someone from their village who is interested in marrying Rehima.

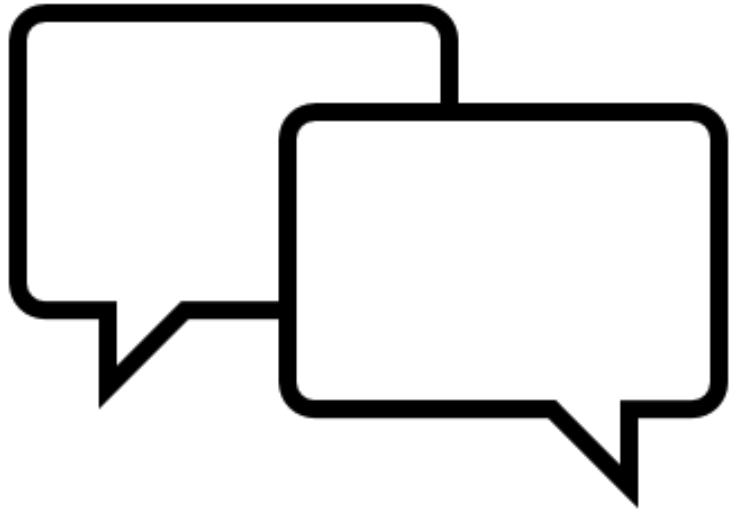
1. *What would most adolescent girls in Rehima's position do in this situation?*
2. *What would Hindiya and most other girls expect Rehima to do in this situation?*

But Rehima doesn't want to marry young. She announces that she does not want marry at this age.

3. *What would Hindiya and most other girls say about Rehima's decision?*
4. *Would the opinions and reactions of her peers make Rehima change her mind about refusing the marriage?*
5. *Are there any circumstances where it would be considered more or less acceptable for Rehima not to get married at her age?*

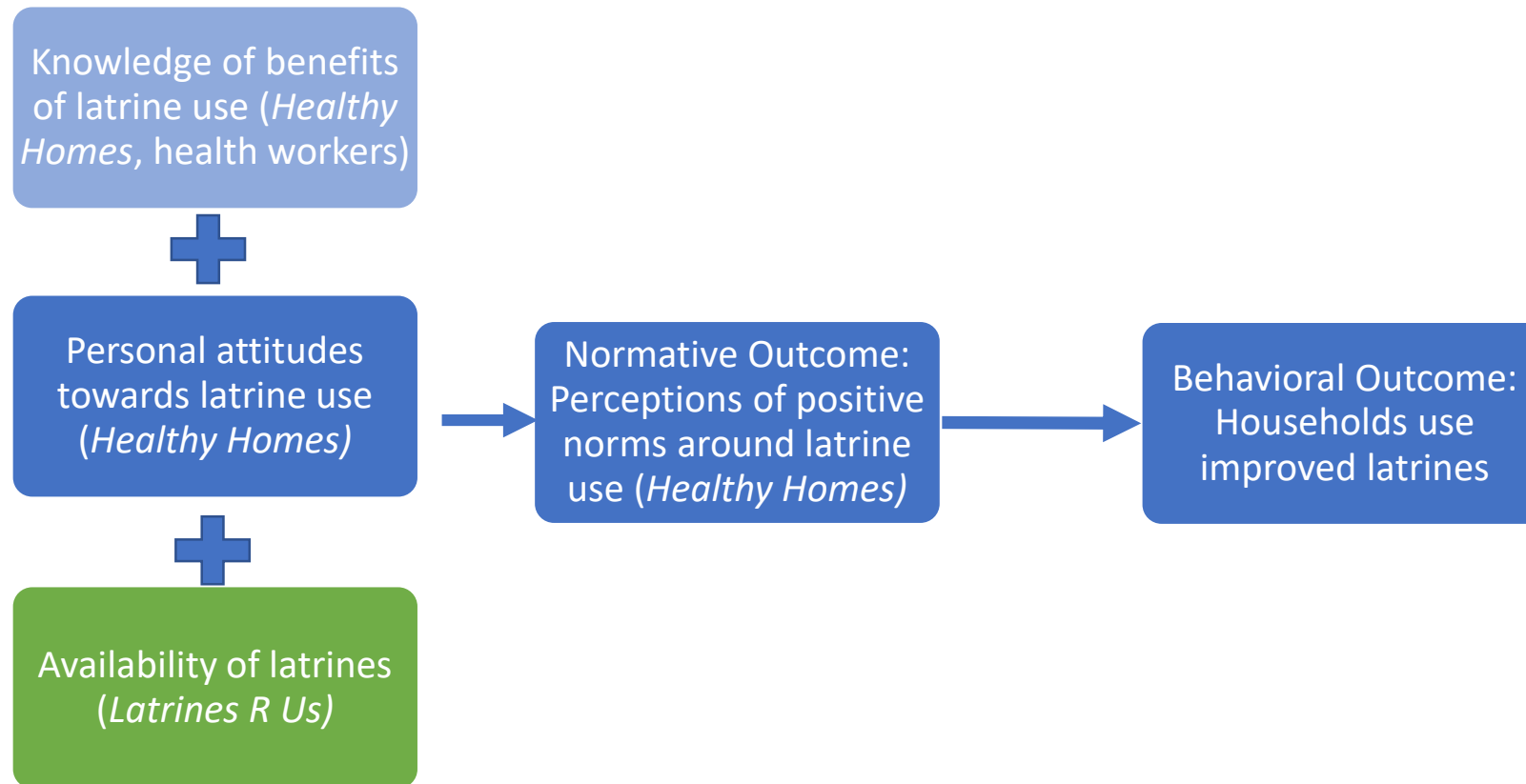
Sample Vignette Responses

- “Father and mother make every decision about marriage. It is not acceptable that one should marry on her own wish.” (Descriptive Norm)
- “Parents make the decision **in order to avoid any bad rumor** in the society concerning the girl.” (Injunctive Norms)
- “Her mother tells [her] that if she does that (follows her own wishes), **the neighbors would backbite about her and would laugh at [her]**”. (Sanctions on the girl)
- “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.” (Severity of Sanctions)
- “**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.” (Exceptions)



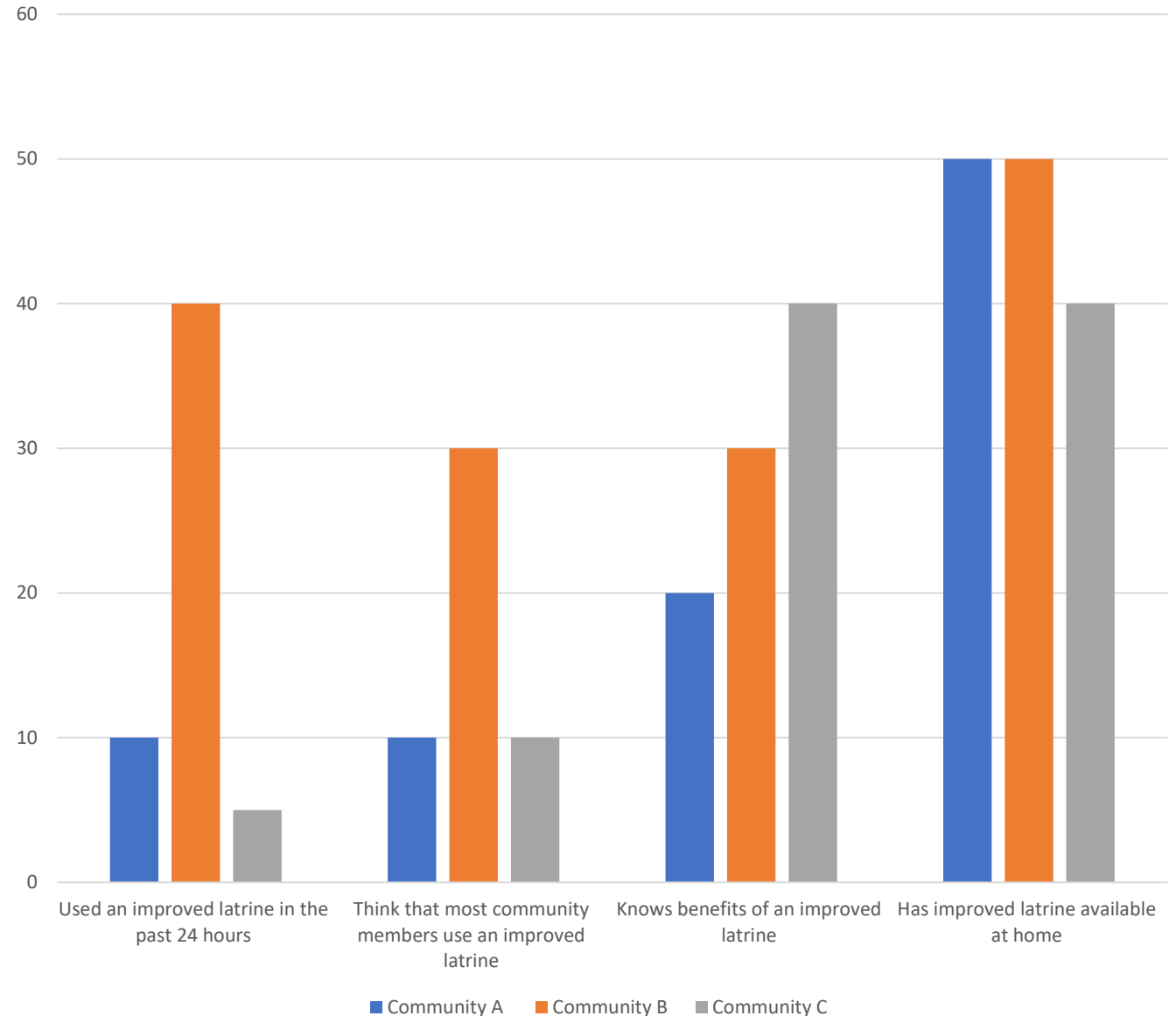
Fictional Case Study Discussion

Healthy Homes: A Fictional Case Study - Conceptual Model



Formative Data

- Based on the formative data, what factors seem to be affecting latrine use?
- Do these factors seem similar across communities?
- Would you change any of these indicators?
- What (if any) additional data might *Healthy Homes* want to collect?



Read More:

Resources for measuring social norms: a practical guide for programme implementers:

<https://www.alignplatform.org/resources/resources-measuring-social-norms-practical-guide-programme-implementers>

Tipping Point Monitoring & Evaluation Tools:

<https://caretippingpoint.org/tools/>

The ACT Framework:

<https://www.unicef.org/documents/act-framework>

The Behavioral Drivers Model: A conceptual framework for social and behavior change programming:

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

Everybody wants to belong: a practical guide to tackling and leveraging social norms in behavior change programming:

<https://www.unicef.org/mena/everybody-wants-to-belong>

Map Of Social Norms-focused Projects And Their Measurement Approaches: Who Is Doing What And Where

Learn More, Share More

Map of social norms-focused projects and measurement approaches



Project Name (& Acronym): Engaging Religious and Traditional Leaders in Nigeria on Gender Mainstreaming approaches for Sexual Reproductive Maternal Newborn Health

BACK-END INFORMATION

Tags

Community Development, Education, Gender-based violence, Mens, Boys, and Masculinities, Sexual and Reproductive Health

Data collection methods

Focus group(s), Participatory techniques, Scales

Country/Region

Nigeria/West Africa

CASE STUDY

Organizations involved

Clinton Health Access Initiative Nigeria (CHAI)

Summary

Globally and in **Nigeria**, engaging men in adopting and promoting more gender-equitable norms around sexual and reproductive health (SRH) has proven to improve sexual, reproductive, maternal and newborn health (SRMNH) outcomes for women, men, girls and boys. In Nigeria, religious and traditional leaders (RTLs) are recognized as key community influencers and gatekeepers of religion, culture and community cohesion. They can be change agents for promoting positive social norm change for more gender equitable and healthier relationships within homes and communities. In **2019**, CHAI engaged and held sensitization workshops with more than 2,000 **Christian and Muslim religious and traditional leaders in Kano, Kaduna and Katsina states** to build their knowledge and skills to become gender justice champions and role models to promote SRH and well-being in couples, families and communities.

The sensitization approach intended to:

- Equip RTLs with the required evidence, awareness and capacities to understand and engage actively as community leaders and change agents in the promotion of gender-sensitive SRMNH

What's Next?



Coming in May: Social Norms Exploration Tool (SNET) Training

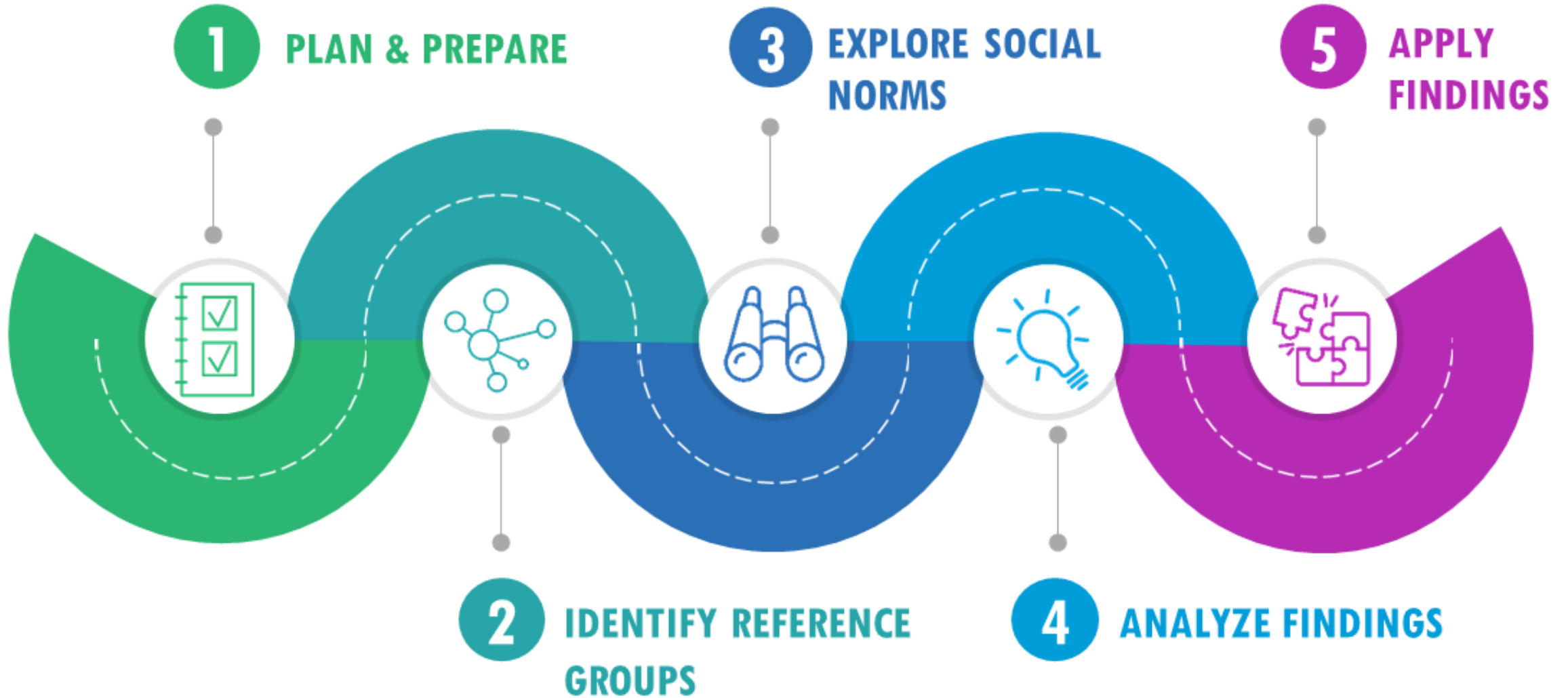
The Social Norms Exploration Tool:

- is a **participatory learning** and **rapid assessment tool** to gather information at the **community level**
- helps program staff develop an **understanding of the social norms** influencing how people act or behave in the focus communities
- provides you and your staff with **actionable guidance and exercises** to address norms in your program

What will the training involve?

1. Members from the Nigeria and Eastern Africa Learning Collaboratives will participate in an online “training of trainers” on the SNET.
2. After the training, members will roll-out the SNET with their respective teams and projects.
3. We will hold regular check-ins with the training participants to share experiences and workshop challenges that arise from implementing the SNET.

Social Norms Exploration Process



Click [HERE](#) to view the full Social Norms Exploration Tool