Monitoring and Evaluating for Social Norms Change Programs: The What, When and How

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Capacity Building Webinar Series

Learning Collaborative to Advance Normative Change in Nigeria



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

Our Agenda

- 1. Recap Webinar 3
- 2. What to monitor and evaluate for social norms change programs
- **3. Activity**: Fix my measure
- **4. When to monitor and evaluate** for social norms change programs
- 5. How to measure normative factors for M&E
- **6. Activity**: Healthy Homes Case Study
- 7. Key takeaways and additional resources



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











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



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

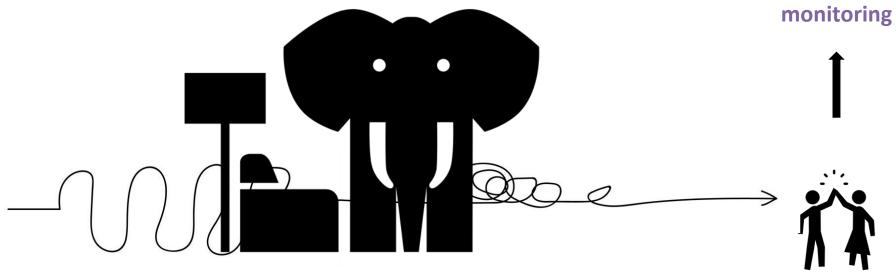
Prevalence







Are you monitoring THIS?

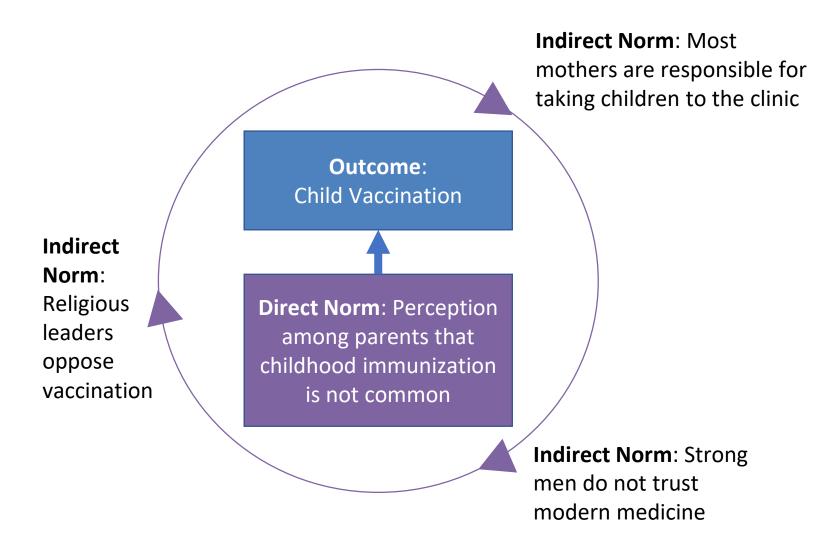


STRATEGY AND INTERVENTIONS

SOCIAL NORMS CHANGE PROCESS

BEHAVIOR CHANGE

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

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



Descriptive and Injunctive Norms



Reference Groups



Outcome **Expectancies**

(I.E., REWARDS OR PENALTIES)

Norm Indicators: Do and Approve of

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.

Norm Indicators: Behavior of Interest

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 tested for HIV.

Norm Indicators: Reference Groups & Target Populations

Descriptive norms (Perception of what others do)

Q: Do you think that unmarried girls in the congregation are getting tested for HIV?

I: The proportion of *congregation members* who perceive that [unmarried girls in the congregation] are getting tested for HIV.

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

Q: Do you think that other members of your congregation approve of unmarried girls getting tested for HIV?

I: The proportion of *congregation members* who perceive that [other members of their congregation] approve of [unmarried girls in the congregation] getting tested for HIV.

Target population whose behavior you are trying to change = Unmarried girls in the congregation

Reference group whose approval matters to the behavior = Congregation members

Norm Indicators: Outcome Expectancy

Q: How likely do you think it is that an unmarried girl in this congregation will be harassed if she is seen getting tested for HIV?

Response options: Very likely, somewhat likely, not likely

I: The proportion of respondents who think it is very likely unmarried girls in the congregation [will be harassed] if they are seen getting tested for HIV



RECAP: Social norm measures...

Must:

- 1. Measure either the **descriptive** norm (perceptions of typical behavior) or **injunctive norm** (perceptions of what is appropriate)... <u>or ideally both</u>
- 2. Refer to one specific behavior
- 3. Refer to a clearly defined **reference group**. If not, it's an individual attitude
- 4. Refer to a target population that is intervenable for the program

Also good to:

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

Activity: Fix my measure!

- 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. My family members would disapprove if I smoked or drove a red car.
- 5. A woman should not argue with her husband, even if she does not share the same view with him.

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

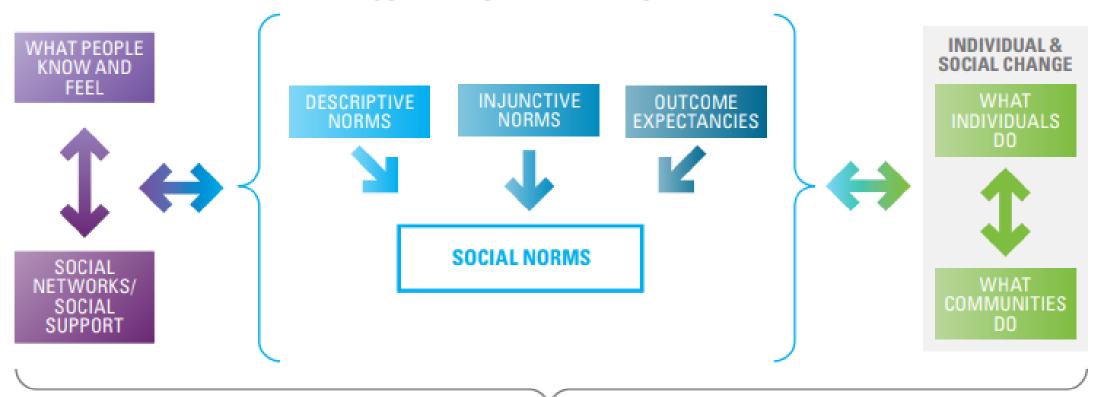
- Gender and age of target group
- Decision-making power of target group
- Politico-Economic situation of households & community
- Capacity of community to absorb social change

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

Conceptual framework behind the ACT Framework

CONTEXT: GENDER AND POWER



COMMUNICATION APPROACHES



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

Baseline

Determines needs, priorities, stakeholder groups, and resources.

Interim Monitoring

The process of periodically assessing program inputs and outputs.

Endline

Assess outcomes and impacts to determine to what degree the program goal was met.

Program Implementation

How long might it take for norms 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
- Attitudes typically change faster than norms, as social processes often very slow to change
- Collecting data at repeated points recommended

Baseline Monitoring Time Point 2

Monitoring Time Point 1

Evaluation Time Point 3

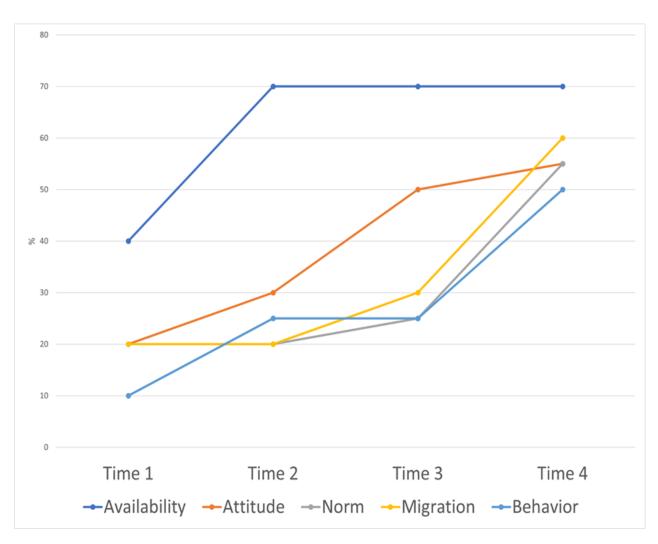
Measurement Moments & Methods

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



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

Optimal: Measure multiple factors at multiple time points!





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









- Use the checklist of components;
 - O Do and approve
 - Behavior of interest
 - Target Population & Reference Group
- Select and adapt survey questions used elsewhere;
- Ask more than one
 - Social norms can't be measured with 1 question!

Outcome Expectancies: Sanctions

Type of norm	Items
	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.
SANCTIONS (I am rewarded or punished)	Responses: Very likely 1, Somewhat likely 2, Not likely 3.
	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

Source: Parivartan, ICRW. India

Reference Groups & Powerholders

Type of norm	ltems
REFERENCE GROUPS ^a (Those who matter to me)	In matters related to family planning, whose opinion is important to you? (DO NOT READ OPTIONS. CHECK ALL OPTIONS THAT APPLY.) 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
POWER HOLDERS b (Those with power over me)	If you wanted to use a method of Family Planning, would you need anyone's permission?

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 spaces 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	Relati	onship a)	Residence (b)	FP communication (c)	Approves of PF (d)	Uses PF (e)

Source: Tékponon Jikuagou Project, Institute for Reproductive Health.

Developing the Monitoring Indicator

Survey Question(s)	Scoring Directions	Indicator
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? 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? 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?	Average all scores. 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)	Average perceived prevalence of FGM Key indicator for assessing descriptive norms
 I1. Do you think your immediate family expects you to continue or abandon FGM? I2. Do you think your extended family expects you to continue or abandon FGM? I3. Do you think your friends and peers expect you to continue or abandon FGM? I4. Do you think your community expects you to continue or abandon FGM? I5. Do you think others whose opinions are important to you expect you to continue or abandon FGM? 	Percent who respond "Abandon" to all questions. Note: questions can also be assessed individually and compared to look for differences in perceptions across reference groups.	Perceived social expectations to abandon FGM Key indicator for assessing injunctive norms

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 sapitary pad?	Yes, I approve	1
Do you approve or disapprove of using sanitary pad?	No, I don't approve	2
Do other girls in your village approve or disapprove of	Yes, they approve	1
using sanitary pad?	No, they don't approve	2

Perceived Injunctive Norms

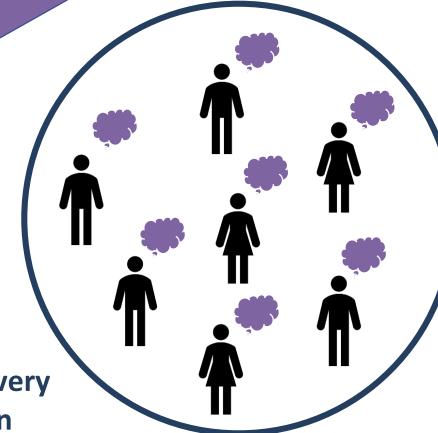
What Alice
Thinks Others
Think She
Should Do



VS.

Collective Injunctive Norms

Sum total of perceptions of every individual in the population



Collective Norms: How to Measure

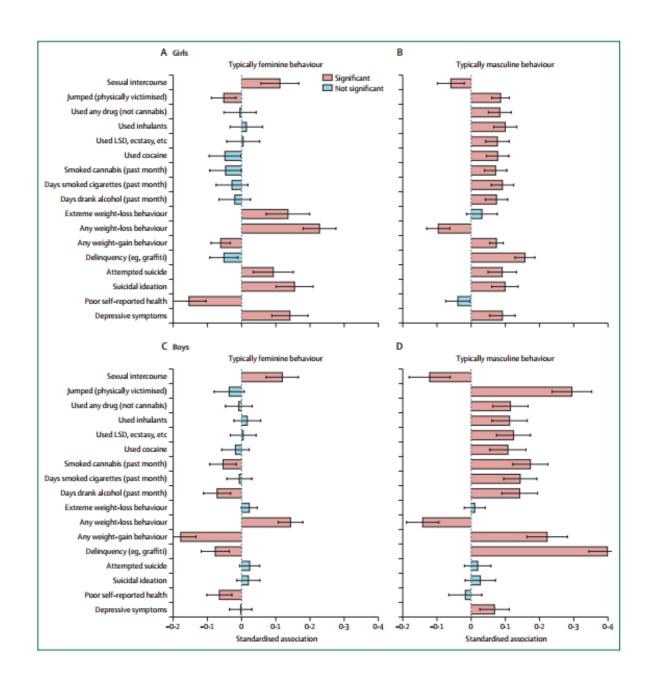
- Sum total of a type of behavior in a bounded social space
- May be evidenced by:
 - Macro level changes social media, policy etc.
 - Aggregated individual-level behaviors or attitudes

- 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 nonconformity 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 healthrelated behaviours in US students.

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





- 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
 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? 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? 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? 	Items I-3: max score 10 per item Items 4-8: score = I for "abandon", = 0 for "continue"	Average Overall Social Norms Score
 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 expect you to continue or abandon FGM? 	Score will range from 0 to 35; a higher score indicates social norms more supportive of FGM abandonment	



- Guided story-telling methodology
- Qualitative or quantitative
- Survey versions should be simple, relatable and precise
- Can minimize response bias

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)

Formula for Constructing a Vignette

- Behavior: What is the **behavior** of interest for the story?
- Context: What are typical situations when such behavior might occur or should be avoided?
 What goes on socially in such situations?
- Characters: What **characters** are typically involved?
- Consequences: What happens? What happens when the main character engages in the behavior? What happens if she or he does not engage in the behavior? What are the **reactions** of others in the story?
- Prevalence: Is this story **typical** or common?



Activity: Healthy Homes Case Study

Healthy Homes Conceptual Model

Knowledge of benefits of latrine use (Healthy Homes +)



Personal attitudes towards latrine use (*Healthy Homes*)



Perceptions of positive norms around latrine use

Behavioral Outcome:

Households use improved latrines



Availability of latrines (Latrines R Us)

Healthy Homes = mass media campaign around latrine use
Healthy Homes + = mass media and community health workers (CHWs)
Latrines R Us = another project in the area which is building latrines

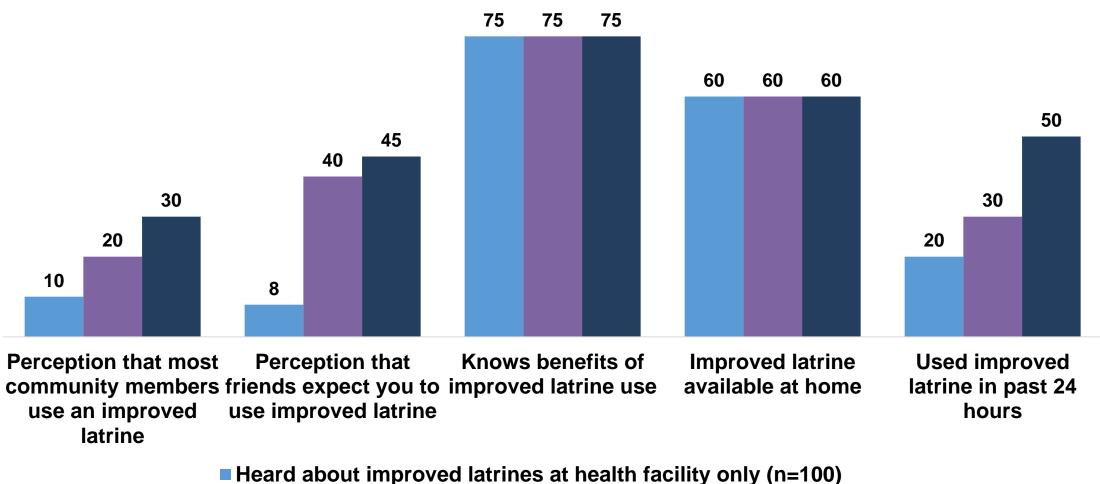
Activity: Break Out!

- 1. What are some factors that may affect latrine use that *Healthy Homes* may want to address through program activities?
- **2. What** additional data might *Healthy Homes* want to analyze? Do any factors need to be added?

- **3. When** might they do M&E activities?
- **4. How** could they monitor these factors?

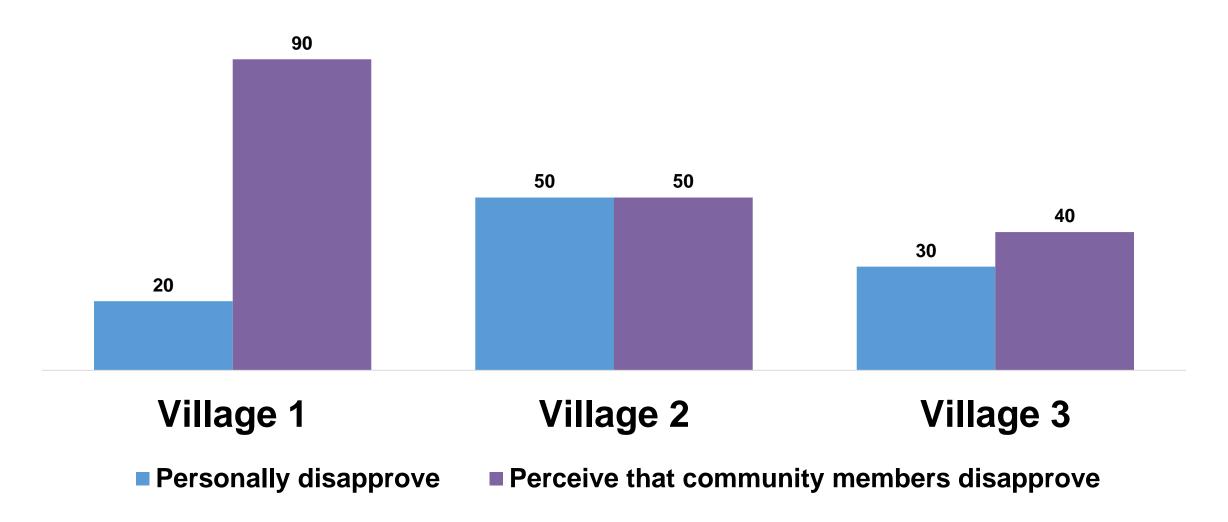


Is Healthy Homes' ToC working as expected?



- Exposed to mass media campaign (n=100)
- Exposed to mass media campaign + CHW visit (n=100)

What is the relationship between norms and personal attitudes?





Resources

- 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: https://www.alignplatform.org/learning-collaborative/case-studies

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

Tag

 ${\bf Community\ Development,\ Education,\ Gender-based\ violence,\ \underline{\underline{Mens}},\ Boys,\ and\ Masculinities,\ Sexual\ and\ Reproductive\ Health}$

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:

a) 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

Key Takeaways

1

It takes a village & time:

M&E for social normsshifting programs requires monitoring multiple factors (i.e, social contextual factors) over multiple time points 2

No one size fits all:
Qualitative and
quantitative
approaches can be
taken for M&E of
norms-shifting
programs

3

Social norms
measurement is doable:
Don't be intimidated by
the jargon

4

Resources exist:

Draw on guides and existing measures



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