PARTICIPATORY RESEARCH TOOLKIT

FOR SOCIAL NORMS MEASUREMENT

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PARTICIPATORY RESEARCH TOOLKIT

FOR SOCIAL NORMS MEASUREMENT

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The information presented in this toolkit is a culmination of decades of social and behaviour change communication research and practice around the world. The toolkit brings together instruments that have been used as part of larger research projects in collaboration with the United Nations Children's Emergency Fund (UNICEF), including the development, testing and validation of ACT Framework for social norms related to female genital mutilation, which was initiated and developed under the oversight of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change.

The development of this toolkit has been led by Dornsife School of Public Health, Drexel University, including Suruchi Sood (Associate Professor), Amy Henderson Riley, Carmen Cronin, Maho Okumura, Farren Rodrigues, and Sarah Wasser, in close collaboration with members from UNICEF's Communication for Development and Child Protection Sections of the Programme Division and UNFPA's Gender and Human Rights Branch. In particular, technical guidance was provided by Charlotte Lapsanski (C4D Specialist, UNICEF HQ) and Mar Jubero (Child Protection Specialist, UNICEF HQ), with support from Berhanu Legesse, David Conrad, Alessia Radice, Harriet Akullu and Yasmine Sinkhada.

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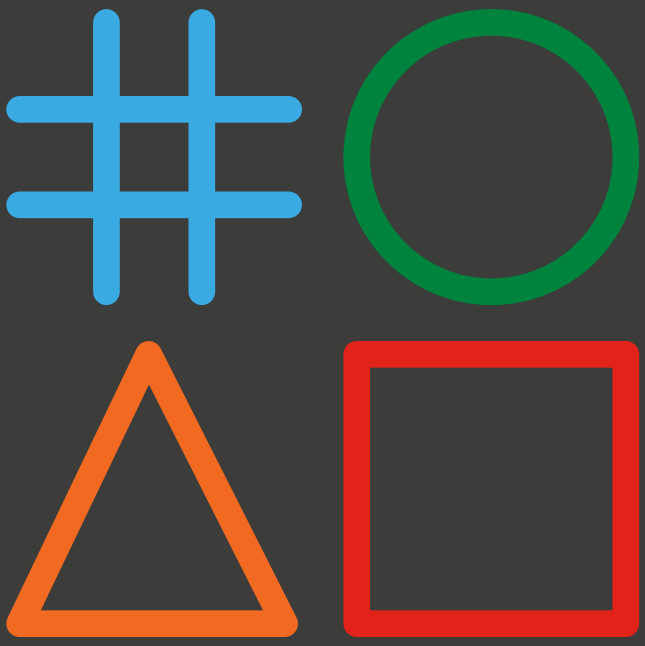


FOREWORD

Despite significant global investment and efforts to create a more equitable and safer world for children, some challenges are so deeply rooted in the long-standing beliefs and social norms of communities that they continue to persist.

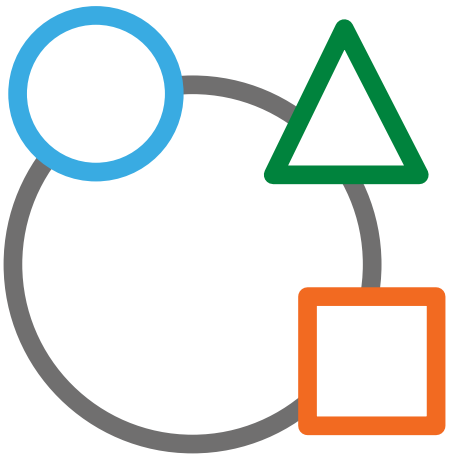
Over the last decade, there has been growing global recognition that addressing social norms is key to the achievement of the global 2030 Agenda for Sustainable Development. Social norms are critical determinants for explaining how behaviours and practices persist – at times going against the health, safety and rights of communities – across a range of issues, such as water, sanitation and hygiene (WASH), parenting, nutrition, breastfeeding and early childhood development. Social norms that reinforce harmful practices around female genital mutilation (FGM), child marriage (CM) and violence against children (VAC), for instance, continue to endanger the health and futures of children around the world, and are leading to long-term physical, psychological and social consequences.

The United Nations Children's Fund (UNICEF) has a critical role to play in promoting positive social norms, putting rights-based, culturally sensitive, social norms change at the centre of programme strategies, and working with governments to put in place viable national response systems for addressing harmful practices.

These efforts will only be successful when they are based on clear understanding of social norms. In recent years, new tools and methods have emerged for researching social norms change, but many focus on quantitative techniques or traditional qualitative methods that are driven by the researcher. One exception is the 'ACT Framework for Measuring Social Norms Change Around FGM', which has been developed as part of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation Accelerating Change, which includes a number of participatory research tools. Consultations as part of the ACT Framework development led to the realization that a toolkit of participatory activities, which could be applied to any social norms issue, is missing in the present universe of social norms research tools.

In response, this toolkit brings together participatory research tools that have been tried and tested, not only within UNICEF, but also academic institutions, non-governmental organizations, and United Nations agencies, and further refined through expert consultations. These tools are issue agnostic and can be used be used for a broad range of issues, including nutrition, parenting, gender socialization and protection, and are particularly relevant for social norms change around harmful practices, such as FGM and child marriage. The tools can also be used across the programme cycle, providing pathways for communities to identify issues collectively and gain consensus, for children to safely express their experiences on issues of health and other sensitive topics, and for communities to serve in accountability roles and track changes over time.

We hope that country offices, governments, partner agencies, researchers and anyone working in the area of social norms change will find these tools useful and that they will help position community members' experiences at the centre of social norms research and programming.



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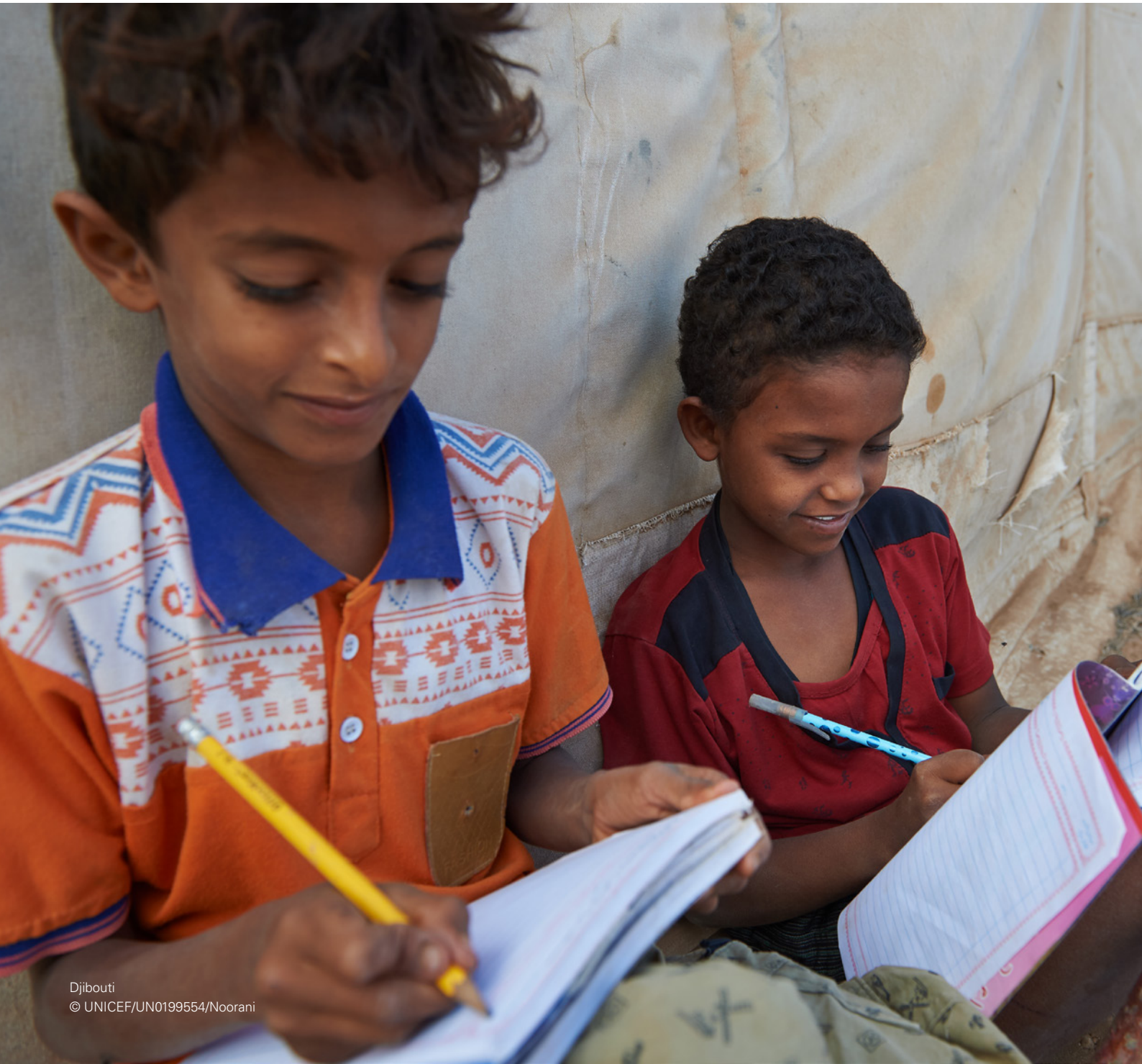
ACRONYMS

C4D	Communication for Development
CM	Child Marriage
FGM	Female Genital Mutilation
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene Management
SBCC	Social and Behaviour Change Communication
UNICEF	United Nations Children's Emergency Fund
UNFPA	United Nations Population Fund
VAC	Violence Against Children
WASH	Water Sanitation and Hygiene



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Sudan
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OVERVIEW

Participatory research methods empower and encourage participants to discuss complex and sensitive topics in engaging ways that can complement traditional research methods. In this Participatory Research Toolkit for Social Norms Measurement, nine participatory tools are introduced and an explanation of what each of them measures is given.

Examples of how they have been used are also included and instructions for their use are given. Finally, suggestions are given for analysis of the data produced by the tools to qualitatively measure social norms (*see Figure 1*).

Figure 1. Sections of the toolkit

Purpose, scope and audience of this toolkit

Background on social norms

Nine participatory research tools

PURPOSE AND SCOPE OF THE TOOLKIT

This toolkit is a practical 'how to' document for researchers, programme planners, programme implementers and evaluation experts, and is intended to enhance their social-norms-related efforts. By including examples from a variety of social and behaviour change initiatives that have successfully incorporated these methods into measuring social norms, this toolkit illustrates the utility and capacities of each tool (*see Figure 2*).

WHO SHOULD USE THIS TOOLKIT?

Anyone can use this toolkit, regardless of their level of experience with qualitative and participatory research methods. Specifically, programme planners, implementers, evaluators, donors and researchers who are focused on social norms and other related factors (e.g., attitudes, behaviour, and social networks) will benefit from using this toolkit.

Data gathered using these tools can be used on their own, or can be used to validate quantitative data and allow for a more holistic interpretation of findings. Participatory research tools facilitate and engage intended beneficiaries of social norms programming throughout the programme cycle (*see Figure 3*).

Figure 2. Examples of UNICEF initiatives that have employed participatory research methods

Many of these tools appear in the ACT Framework – a tool for examining social and behaviour change around FGM – which is being used to evaluate the effectiveness of initiatives under the UNFPA-UNICEF Joint Programme to Eliminate FGM, along with other related issues.

The Girls' Adolescent and Reproductive Rights: Information for Management and Action (GARIMA) programme has used some of these tools to monitor and evalaute effectiveness. GARIMA is aimed at ending the culture of silence around menstruation and improving menstrual health and hygiene management in India.

Tools from this kit have been used to validate a measurement and evaluation framework to examine stigma and discriminatory social norms children with disabilities in the Europe and Central Asia region.

Kenya
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Figure 3. Opportunities in the programme cycle to use participatory research and reasons to use this toolkit

Formative research to understand populations and the social and behavioural factors that should be altered to improve health outcomes

- Learn about social norms theory
- Learn how to analyse data gathered using these participatory methods

Behavioural monitoring to verify whether programmatic efforts are moving in the right direction and having the intended results

- Understand the value of participatory research methods
- Explore data interpretation and how data can be used
- Review how these tools have been used in previous studies

Evaluation designed to measure the effectiveness of social norms programming by exploring how change happens for replication and scale-up

- Examine a number of participatory methods focused on social norms measurement
- Discover how to use these participatory methods in your own work

HOW TO USE THIS TOOLKIT

This toolkit can be used in a variety of ways. We suggest you start with four steps to adapt this toolkit for your needs (*see Figure 4*).

Once you commit to using the tools described here, create a mechanism to ensure that the information generated is accessible and understandable to all key stakeholders, including programme participants, so that they can utilize the results to improve community-driven programmatic efforts.

WHY USE PARTICIPATORY METHODS?

Using participatory methods – either on their own or in combination with other quantitative or qualitative research efforts – is ideal for examining social norms, offering several advantages over traditional research methods (*see Figure 5*).

These tools have been incorporated into community-based interventions as programme activities that serve a dual purpose of fulfilling programme objectives while also providing behavioural monitoring data to assess programme implementation. This toolkit does not go into detail about how to disseminate and utilize the information collected through participatory methods. Monitoring behaviours systematically over time means that we do not have to wait before seeing if change is starting to occur. If behaviours are beginning to shift, then we know that our social and behaviour change efforts are working and we are heading in the right direction (towards our expected medium-term outcomes). However, if behaviours are not changing, then there is an opportunity to review and revise the interventions. This creates a feedback loop, where information can be used to adjust our approaches, activities, channels and even messages, so that the programme as a whole is better positioned to reach its expected objectives. Using participatory methods further allows for engaging community members in the research process; these activities therefore become part of an empowerment process, through which community members gain knowledge and skills for the co-creation of knowledge that is frequently transferrable to other contexts and issues.

Figure 4. Steps for adapting this toolkit

1. **Develop** a theory of change with individual social constructs that need to be measured.

2. **Review** which tools will measure which constructs in your theory of change to meet your objectives and results; start with the "Defining Social Norms" section. You can refer back to the glossary in the "Key Definitions" section if needed.

3. **Select** – read through all nine sections. If you are looking to measure specific constructs only, in "The Tools" section, you will find a list of the components of social norms theory that each tool measures and the ideal context in which to implement them (*see Table 1*).

4. **Consider and imagine** – use the applied examples highlighted under each tool to consider the circumstances and experiences and imagine the contexts in which they might be applicable to your work.

Burkina Faso
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Figure 5. Benefits of using participatory research methods

Engages participants' auditory, visual, oral, written and numeric skills	Raises participant consciousness around previously unarticulated behaviors and beliefs	Enables in-depth examination of the thoughts, beliefs and practices of participants	Determines the assets and needs of community-based issues that are important and relevant to participants
Empowers participants by fostering skill-building and initiatiating critical dialogue	Shifts power from researchers to participants	Allows participants to take on various roles in the design, implementation, analysis and distribution of data	Provides input into culturally relevant indicators

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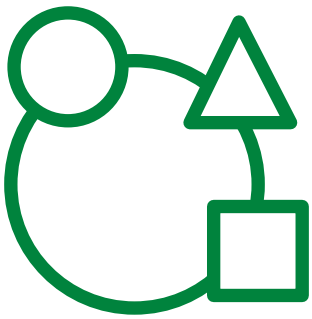


Although it may seem that our attitudes and practices are decided independently, our thoughts and actions are often socially motivated. Social norms are the unwritten rules guiding behaviour; they encompass what we do, what we think others do and what we think others believe that we should do (World Health Organization [WHO], 2010). There are two conditions that must be satisfied for a norm to exist (*see Figure 6*; Bicchieri, 2006, 2017; Mackie et al., 2015).

DEFINING SOCIAL NORMS

Individuals are motivated to follow norms because of outcome expectancies; i.e., the benefits and/or social sanctions they expect to receive for adhering or not adhering to a norm (Mackie et al., 2015). According to some scholars, social norms and social and behaviour change are interrelated. Using a socio-ecological perspective situates individuals within their broader environment and builds upon the human rights-based approach, to focus on intersectional issues such as gender and religion (Kincaid et al., 2007).

Recent interest in social norms interventions has resulted in social-norms-specific conceptual models. The Flower for Sustained Health Model is one such conceptual model that illustrates how resources and individual, social, and institutional factors shape social and gender norms (Cislaghi and Heise, 2017; Institute for Reproductive Health, 2019). Another recent model, Everybody Wants to Belong, provides a broad approach for understanding the complexities behind how social norms persist and how change can best happen. It addresses multiple social norms components, grouped into sociological factors that affect psychological factors (attitudes, cognitive bias and self-efficacy) and the adoption of new behaviours and actions (Petit and Zalk, 2019).

Despite growing popularity, there has been little global progress in producing evidence-based measures for evaluating whether social norms work is having its intended impact. Some recent guidance has addressed this measurement gap (Institute for Reproductive Health, 2019). However, these guides mostly focus on quantitative techniques; much of the measurement literature does not use participatory research as a technique to understand and evaluate norms.

Figure 6. Requirements for a social norm to exist

Condition 1

Individuals must be aware of the norm and believe that it applies to them.

Condition 2

Individuals expect that a majority of their social network conform to a norm and they believe that a sufficiently large part of their social network thinks they ought to conform.

One exception is the conceptual model for the ACT Framework, released as part of the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation Accelerating Change in December of 2020, which addresses FGM-related social norms. ACT highlights that social norms have a bidirectional relationship with knowledge, beliefs and attitudes; social networks; and social support. It assumes that norms impact social and behaviour change and vice versa. The model takes a socio-ecological perspective, accounting for the effects of gender and power contextual factors on all constructs. Communication approaches for social norms change are included within the ACT model, highlighting its potential use as a monitoring and evaluation tool to examine the effectiveness of communication interventions (UNICEF 2019; Sood et al., 2020).

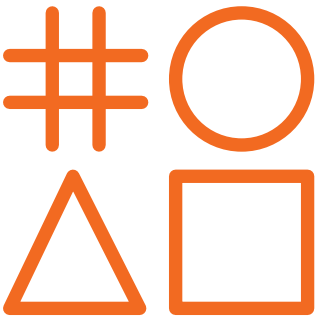
For a deeper discussion of social norms theory and concepts, please see the literature review that is included in the ACT Framework.

KEY DEFINITIONS

Key definitions from social norms theory can be referred back to as you review individual tools and the constructs they measure (*see Table 1*).

Table 1. Definitions of key constructs

Key terms	
Attitude	Value judgements and feelings towards something. Attitudes may agree with actions, or be counter to them; they influence but do not determine behaviours (Mackie et al., 2015).
Descriptive norms	Beliefs about what others do; beliefs about the prevalence of a given behaviour (Lapinski and Rimal, 2005; Mackie et al., 2015).
Gender norms	Social norms that are interdependent on the conceptualization of gender within a given society.
Injunctive norms	Beliefs about what others expect us to do; beliefs about pressure to comply with what others do (Ajzen and Fishbein, 1980; Lapinski and Rimal, 2005; Mackie et al., 2015).
Behavioural expectations	The social rewards and social sanctions expected from performing or not performing a certain behaviour (Bicchieri, 2006; Mackie et al., 2015).
Personal norms	Essentially, an attitudinal norm; a norm one follows based upon one's own motivation and not the influence of others (as in social norms) (Mackie et al., 2015).
Personal restrictions	A restriction that is followed out of one's own volition; an internally motivated restriction that is not dependent on structural barriers or social norms.
Reference groups	The people with whom we compare ourselves and whose opinions matter to us when making decisions and forming attitudes (Mackie et al., 2015).
Social ecological model	The theory that an individual's attitudes, beliefs and behaviours are influenced by (and in turn influence) those of their family, peers, community, institutions and society as a whole (Kincaid et al., 2007).
Social networks	The people with whom a person interacts. Social networks can be mapped and studied to understand relationships and the exchange of messages between individuals, and within groups, organizations and societies (Ulin et al., 2005).
Social norms	Informal social rules and expectations, shared among a population, which guide behaviour (Mackie et al., 2015). Social norms essentially comprise what we do, what we think others do, and what we believe others think we should do (WHO, 2010).
Structural barriers	External environmental, organizational and/or systemic obstacles that prevent people from performing certain behaviours (Mackie et al., 2015; WHO, 2008).



THE TOOLS

This toolkit outlines information on nine participatory research activities to measure social norms and related constructs. All of these activities can serve a formative research, monitoring or evaluation function (*see Table 2*).

The following section provides detailed information on each tool, with information on what the method is, how it has already been used, and how it can be adapted for your research needs, including data analysis and interpretation.

Table 2. Using participatory activities to measure social norms

Tool	How it measures social norms	Ideal context
Body Mapping	° Maps knowledge, attitudes and behaviours regarding the body ° Maps knowledge, attitudes and behaviours regarding the body ° Sheds light on normative beliefs and practices	Useful for answering research questions around the body and mind, to assess the state of the physical and psychosocial self, both in general and specifically to certain circumstances or behaviours.
Cannot Do, Will Not Do, Should Not Do	Defines the extent to which behaviours are driven by: ° Social norms (expectations of others) ° Personal norms (one's own choice) ° Environmental barriers (not a choice or norm; something one cannot do because the environment prevents it)	Used with a set of behaviours of interest (within a particular domain or generally) to determine if they are considered structural barriers, personal norms or social norms.
Complete-the-Story	° Identifies and describes what behaviours and practices are normative ° Measures attitudes around a specific topic	Used for discussing sensitive topics where participants may be reluctant to disclose information on their personal attitudes and actions.
Free Listing	° Reveals the different types of norms that impact specific behaviours	Used for insight into how participants conceptualize a concept or construct as well as the terminology and categorization participants use in relation to that concept or construct.
Gender Boxes and Gender Jumble	° Measures gender norms ° Examines how gender impacts attitudes and behaviours	Used with research questions concerning the existence, nature and influence of gender norms.

Lifeline	° Identifies normative cultural practices ° Provides a timeline to determine when key events occur ° Helps identify the importance of these practices	Useful in answering research questions about using a life-course perspective to identify important life events.
Social Network Mapping	° Visually represents reference groups across different levels of the social ecological model ° Categorizes reference groups by level of trustworthiness, as well as allies and barriers to specific practices ° Identifies norms that are held in place by perceptions about approval, practices and expectations of people whose opinions matter	Used to understand the flow of communication, levels of social support and the types of people who hinder or further the flow of messages across the network.
2x2 Tables for Social Norms	° Describes the existence and nature of social norms ° Allows the components of social norms (injunctive and descriptive norms, behavioural expectations, attitudes, and social rewards and sanctions) to be measured individually and compared so norms can be understood on a deeper level ° Identifies perceptions of rewards and sanctions ° Allows participants to reflect on the extent to which their opinions and actions are driven by others	Used for a multitude of topics and contexts to specifically measure whether social norms are at play and if so, what these social norms are, how prevalent they are and how they can be best addressed programmatically.

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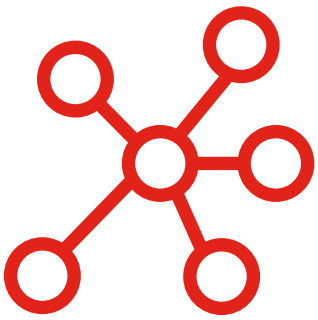

BODY MAPPING

Body Mapping involves the use of visual aids to assess knowledge, affective factors and behaviours concerning the body and mind (de Jager et al., 2016). The visual aids used can take many forms. Body maps can be provided to participants or drawn by the participant themselves (de Jager et al., 2016). Either way, the body map provides a visual aid to prompt the participant to answer a series of questions about what different parts of the body experience in a situation of interest (*see Table 3*; de Jager et al., 2016).

Body maps help initiate discussions about the participant's perspectives, values and desires concerning the body. More than one type of body map can be used in research to measure both physiological knowledge and psychosocial factors, which are often overlooked as posing serious risks to children's health and well-being. Measuring both physiological and psychosocial factors allows us to understand the subtle nuances of how the body and mind are impacted by the research topic, and give us a more complete picture. Data from Body Mapping can provide insight into normative practices and how they affect, and are affected by, knowledge, attitudes and behaviours around the body.

Table 3. Types of body maps and what they measure

Type of body map	Description	What it measures
Life-sized body outlines	Participants fill in the blank life-sized body map with words and drawings related to different aspects of their lives (de Jager et al., 2016).	◦ Embodied awareness ◦ Relations of self to others ◦ Life experiences ◦ Psychosocial factors ◦ Affective factors
Anatomical diagrams	Anatomically correct images of different body parts are shown to participants as a visual aid (Orchard, 2016).	◦ Physiological knowledge
Sensory body maps	Images of the body (which can be realistic, or just outlines) are used to ask participants what different parts of the body, the mind and the heart feel and experience in a given situation.	◦ Psychosocial factors ◦ Affective factors ◦ Behaviours

WHEN TO USE THIS METHOD

To use Body Mapping, the research topic must have a physical or psychological component that researchers seek to understand. Use anatomical maps if you are only interested in evaluating knowledge of body parts and functions. Use life-sized and sensory body maps when looking at the experiences of the body regarding the research topic. Life-sized body maps require more time to complete because participants fill in a large body outline. The data can also be more varied because participants are free to draw and write whatever comes to mind when they are given a prompt. Sensory maps are more targeted, using the image to point to different body parts, such as the eyes, nose, ears, mind and heart, to ask what they sense, think and feel in a certain situation.

Jordan
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PRACTICAL EXAMPLES

Violence against children

In this example from Jamaica, children filled out life-sized body maps as an activity in focus group discussions, to understand their experiences with, and the effects of, corporal punishment (*see Figure 7*).[1] The children drew the outline of the body on a large sheet of paper, then were taken through a vignette about a child who misbehaved and was going to be physically punished. The children coloured in their body maps according to the different body parts involved and the sensations experienced when being punished physically. They reflected on the psychosocial consequences of corporal punishment and added these to their body maps. Probing questions guided the children to fill in the body map from multiple viewpoints to elicit differences and similarities in experience. The activity concluded with the children describing how adults and children could act differently concerning corporal punishment (*see Table 4*).

Figure 7. Life-sized body map from Jamaica

[1] Please contact the author, Suruchi Sood (ss3724@drexel.edu), for more information on positive discipline research in Jamaica.

Table 4. Body Mapping results from Jamaica

Question or Experience	Response	
	Boys	**Girls**
Vignette	Shamar, a boy, is hungry. His mom prepared lunch and he sneaks into the kitchen and takes a piece of chicken. His mother catches him.	Emma was out with her boyfriend in the community. A neighbour saw them and told her mother and father.
See	That his mother is vexed.	Her parents punishing her.
Hear	Indecent words: "ugly," "no sense," "thief."	° Curse words ° Mother saying not to have a boyfriend
Say	"Sorry mummy I won't do it again, I was hungry. I will be a better child."	° Silent ° "Okay, I'm not coming back to this house!"
Think	° He is going to get a beating ° He is afraid ° Mother is going to kill me	° That her parents don't love her ° She can't go back to the house
Feel	Fast heartbeat, upset and short of breath.	Sad and angry.
Stomach experience	Burning belly, grumbling and wanting to cry.	Hurt, bad and funny feelings
Hands and feet do	° Trembling ° Start to run	° Fights back ° Runs away
What could children do differently?	Shamar should ask before taking.	° Explain to the parents what happened ° Apologize/say sorry
What could adults do differently?	Talk to him instead, ask him why he took it and tell him its wrong and warn him.	° Talk to her instead of beating her ° Grab her collar and talk to her ° Talk to her privately

Female genital mutilation

Body Mapping is included in the focus group discussion tool of the ACT Framework to measure social and behaviour change around FGM in countries supported by the Joint Programme. Participants in Ethiopia and Guinea were shown an image of a girl that looks like a 'typical' girl in their community (*see Figure 8*). They were asked questions about what the girl would feel, think and sense while undergoing FGM. The data were used to examine the physical and psychosocial risks of FGM, as well as social norms concerning the practice.

Findings from 195 participants in Ethiopia showed that the most commonly reported negative physical and psychosocial consequences of FGM were pain, screaming, fear and deceitful words. There were some positive responses, such as the thought that they are now a respectable lady, highlighting the social importance of being cut to secure a good reputation and the coming-of-age nature of the practice. The activity captured data on the ceremonial aspects of FGM and the way in which it is performed. For example, incense is used during the ceremony and it is coupled with a festive meal in some areas. A razor blade was the most common tool seen and a traditional practitioner was the person who was most often seen performing the cutting. These data, therefore, revealed attitudes, social norms and behaviour around the act of FGM (*see Figure 9*).

Figure 9. Body mapping results from Ethiopia

See	**58.3%** FGM practitioner who performs the cutting	**45.8%** Tools and equipment used in the process of FGM	**33.3%** Razor/blade
Hear	**50.0%** Bandy about FGM	**33.3%** Deceitful words about FGM	**25.0%** Crying (self)
Smell	**58.3%** Blood	**20.8%** Incense	**16.7%** Festive meal
Say	**62.5%** Crying	**37.5%** Scream	**33.3%** Begging
Think	**45.8%** Stress and fear	**25.0%** What she will face in the future	**Both 16.7%** Depression and "I am a respectable lady" (Tie)
Feel	**58.3%** Fear	**37.5%** Stressed	**25.0%** Shocked
Do	**70.8%** Nothing	**54.2%** Flail	**20.8%** Kick/fight

Figure 8. Body map images used in Guinea

CONDUCTING THE ACTIVITY

Body Mapping can be used in both one-on-one interview and focus group discussion formats. The following instructions are for conducting Body Mapping in a focus group context. To adapt it for a one-on-one interview format, the group discussion may be eliminated; instead, the questions can be phrased as open-ended, for the participant to respond to in his or her own words. In this example, sensory body maps are used. If the life-sized body maps are being used, however, the questions can be broader; e.g., ask the group or individual to explain what they drew and why and how what they drew relates to the research topic. The anatomical body maps focus on knowledge of factual information. The questions, therefore, would be about naming the parts or processes depicted in diagrams. The same general process in the example below can be adapted to these different types of maps, although the content of the questions would differ.

Djibouti
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1. Start by showing participants the body map. It is helpful to have them first describe what the typical person (i.e., girl, boy, woman, man, etc.) is like. You could have them choose a name for the body map. This introduction gets them thinking about the 'typical' person's experience and discourages them from responding as though about themselves.

2. Explain that you will be asking how this person feels and what they think in the particular context. Tell them that there are no right or wrong answers, and that you just want to know their ideas.

3. Go through the following questions about each of the participant's senses, thoughts and feelings. When asking each question, point to the body part it relates to on the sensory body map.

   - What do his/her eyes see?
   - What do his/her ears hear?
   - What does his/her mouth say?
   - What does his/her mind think?
   - What does his/her heart feel?
   - What does his/her stomach experience?
   - What do her/his hands and feet do?

4. Ask probing questions, which should be determined by your team. They can range from simple questions such as, "why?" to complex questions such as how these feelings and experiences would differ in other circumstances. The body maps can be used to:

   - Reflect on the benefits and drawbacks of cultural practices
   - Think about how things in the participants' lives could be changed to improve the outcomes on the body map
   - Compare with other body maps that have been completed at different time points

   There are unlimited options for probes, but keep in mind the time restrictions and the ultimate research and programme goals. Participatory research can be very empowering, so take the opportunity to have participants discuss items that help to further the programme's goals.

5. Thank the participants for their time and effort.

6. Ensure you have the Body Mapping data transcribed and transfer it for safe-keeping.

ANALYSING THE DATA

1. Divide data into groups based on participant characteristics, for analysis (i.e., gender, age, socio-economic status, intervention-control, etc.)
2. Determine the frequency of responses for each sense
3. Identify and report the most common responses for each sense
4. Transcribe the responses to your chosen probes and conduct thematic analysis; report the most common themes and any particularly interesting or telling themes

Tanzania
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INTERPRETATION

Life-sized body maps

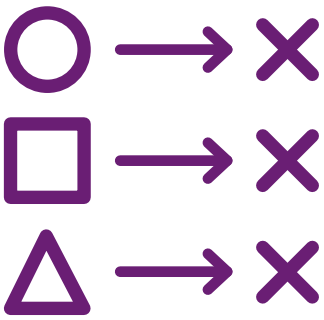
Interpretation of data will vary greatly depending on the exact questions used. For a hybrid format such as in the example from Jamaica, where sensory body-map questions were used with the life-sized body map activity, then the interpretation will combine that of sensory body maps (discussed below) and the wider interpretations of what participants drew and what it means concerning embodied awareness, relations to the self, life experiences, and psychosocial and affective factors. Interpretation will generally consist of developing a list of themes among all the body maps that have been analysed and interpreting the meaning behind these themes and how they affect normative factors.

Anatomical body maps

For anatomical body maps, data interpretation is limited to measuring the level of factual knowledge concerning the bodily parts and processes that the anatomical maps represent. These data are best interpreted in combination with the more qualitative data provided from the life-sized body maps and sensory body maps to compare how physiological knowledge interacts with psychosocial and experiential factors.

Sensory body maps

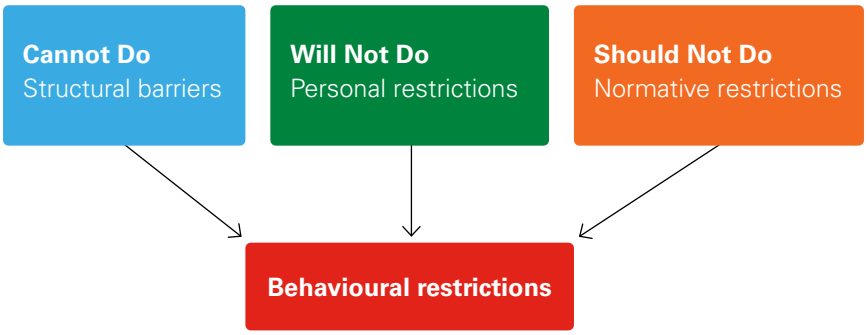
Sensory body map interpretation will focus on comparing and contrasting the senses and experiences described by participants. The factors by which groups are compared – e.g., age, religion, ethnicity, residence – should be determined, because these may affect the findings. Results should be compared with other data on behaviour, knowledge (including the anatomical body map data), attitudes and social norms, to highlight how the psychosocial and physiological effects on the body, as measured by the sensory body maps, interacts with these factors. These data can shed light on the nature of cultural practices, and can be used in future research to understand how practices are evolving over time, and are influenced by programmatic activities.



CANNOT DO, WILL NOT DO, SHOULD NOT DO

In the Cannot Do, Will Not Do, Should Not Do activity, participants categorize a series of behaviours as things they cannot do, will not do or should not do (*see Figure 10*). These data shed light on why participants are restricted from enacting these behaviours.

Figure 10. Types of behavioural restrictions



When the behaviour is classified as something they participant cannot do, it is a structural barrier; the environment or other circumstances they cannot control prevents them from acting out the behaviour (Mackie et al., 2015). For example, they might classify a practice as something they cannot do for financial and availability reasons. It is not a choice or a norm; their environment simply does not facilitate it.

When the behaviour is classified as something they will not do, it is a personal restriction, which is a type of personal norm (Mackie et al., 2015). The participant does not perform the behaviour by their own volition. It is not due to structural barriers or social norms, it is their own choice.

When the behaviour is classified as something they should not do, it is a normative restriction, which is a type of social norm. The word 'should' indicates social influence. The participant believes that they should not do the behaviour because of pressure (both conscious and unconscious) to follow social norms (Mackie et al., 2015).

Cannot Do, Will Not Do, Should Not Do allows participants to reflect on the reasons that restrictions on certain behaviours exist. Probing questions challenge participants to consider how restrictions can be overcome. Raising awareness of restrictions is critical to fostering social and behaviour change. Proposing solutions can be an empowering experience for participants, providing them with practical ways to eliminate restrictions from their own lives.

Burkina Faso
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WHEN TO USE THIS METHOD

Cannot Do, Will Not Do, Should Not Do should be used to examine restricted behaviours. This activity will not be effective if the population engages in the behaviour, since the purpose is to categorize the reasons why they do not do it. Likewise, this activity should be focused on behaviours that the programme indicates should increase among the population, e.g., health-promoting behaviours such as hand washing and safe sex practices.

PRACTICAL EXAMPLE

Menstrual health and hygiene management

Certain behaviours are restricted during menstruation for girls in rural India. These restrictions relate to the food that is eaten, clothing that is worn, places that are attended and participation in religious activities. Many of these restrictions are long-standing historical taboos that are still followed today, which affect girls' rights and perpetuate harmful beliefs and norms around menstruation. The Girls' Adolescent and Reproductive Rights: Information for Management and Action (GARIMA) programme aimed to improve menstrual health and hygiene management practices by increasing communication around menstruation to break the silence and taboos around it (UNICEF, 2018). The GARIMA evaluation included the Cannot Do, Will Not Do, Should Not Do activity in focus group discussions with adolescent girls (UNICEF, 2018).

Girls were presented with a series of behaviours traditionally considered taboo during menstruation including entering a temple, praying, going to a wedding, wearing certain types of clothing and eating sour foods. The girls categorized each behaviour as something they cannot do, will not do or should not do, then described why they categorized it as such. For all behaviours classified as things they should not do, they were asked whether they do the behaviour despite the 'should not' restrictions. This reveals which normative restrictions are being challenged.

The data suggested that traditional taboos related to menstrual blood being perceived as impure are still pervasive. The restrictions were common despite high levels of knowledge about the physiological and biological processes of menstruation, indicating that these beliefs are normative (*see Figure 11*).

Figure 11. Cannot Do, Will Not Do, Should Not Do results from rural India

Should Not Do restrictions:

Touch pickled food (100%)	Eat sour foods (82%)	Go to a place of worship (80%)

Reasons:

Excessive bleeding (40%)	Food will get spoilt if touched during menstruation (25%)	Because menstrual blood is impure (19%)

Actions to overcome restrictions:

Trying to make mother/ family/others understand (28%)	Speaking with healthcare workers (11%)

India
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CONDUCTING THE ACTIVITY

Cannot Do, Will Not Do, Should Not Do can be conducted in both the one-on-one and focus group discussion contexts. The following instructions describe conducting the Cannot Do, Will Not Do, Should Not Do activity in focus group discussions. For one-on-one interviews, the process will be the same, replacing the discussion component with open-ended questions that the individual responds to.

First, decide how to generate the list of behaviours in the domain of interest, which are generally restricted among the population. You can use formative research and pretesting to develop and verify the list or participants can free list (see "Free Listing" section below) behaviours within the specific topic area at the beginning of the activity. Once the list of behaviours is created, participants will classify them into the cannot do, will not do or should not do categories.

When deciding what restrictions to categorize, consider domains that are pertinent to the population. In the GARIMA evaluation example above, the domains were: clothing, religious, mobility and food restrictions; each domain then contained a set of restrictions that were discussed. For example, under the "social and religious" domain, girls were asked whether they could: (1) attend temple; (2) touch a holy book; and (3) attend wedding ceremonies when menstruating. During data analysis, disaggregation of results by domain (i.e., clothing, religious, mobility, etc.) can determine which domain as a whole is most pertinent, in addition to which individual restrictions are most pervasive.

The following example uses the Free Listing technique to have participants name restrictions. The process for using a previously developed list of restrictions is the same, except participants are given the behaviours to classify. There are benefits and drawbacks to having a previously developed list. Mainly, it limits the responses and is subject to bias by researchers that potentially omits key restrictions participants may have identified. However, using a previously developed list saves time during the discussion. We suggest using a researcher-developed list in the one-on-one interview context – with probes for adding additional restrictions – and using the free listing approach in groups.

1. Introduce the activity by explaining that you will be asking about a series of behaviours and whether participants cannot do, should not do, or will not do the behaviours. If there is a specific context that affects these restrictions, explain this context to participants as well. Remind participants that there are no right or wrong answers; you just want to know their ideas.

2. Define each category, after ensuring that the definitions have been pretested for clarity (*see Figure 12*). Explain that the participant has to classify each behaviour into one of these categories.

3. If needed, go through an unrelated example with participants to verify that they understand the meaning of the categories. This improves data accuracy and is especially important for younger participants.

4. Begin the activity by having participants free list things that they do not do around the topic of interest (insert the specific context if relevant). Record all responses on a large sheet of paper.

5. Optionally, use the domains you have chosen as probes. For example, "what about mobility restrictions? Are there any mobility restrictions you face?" and so on.

6. Once all responses have been given, ask participants to classify their responses as things they cannot do, should not do, or will not do. Choose a different-coloured writing utensil for each category and circle responses in the appropriate colour as they are categorized. Remind them of the definitions as needed (*see Figure 12*).

7. Once all responses are categorized and circled in the respective colours, ask participants which restrictions classified as "should not do" that they do anyway. Underline the restrictions named. The underlined restrictions represent norms that participants are actively challenging.

8. Ask participants to identify which of the restrictions named is the most common and/or most influential.

9. Have participants discuss why the most common and/or influential restriction exists. Probe for what actions they have taken to overcome the most common and/or influential restriction. If time allows, use this probe for any other restrictions of interest. Add or modify this probe to meet your research goals, keeping time restrictions in mind. Remember that participatory research can be very empowering, so take the opportunity to have participants discuss things that help achieve the programme's goals.

10. Thank the participants for their time and effort.

11. Ensure you have the Cannot Do, Will Not Do, Should Not Do data transcribed and transfer it for safe-keeping.

Figure 12. Definitions – Cannot Do, Will Not Do, Should Not Do

Cannot Do

Something you cannot do that is beyond your control; something you cannot do because you have no choice.

Will Not Do

Something you choose not to do because you do not want to, not because you can't and not because of what others think or do.

Should Not Do

Something you think or believe you should not do because of what others would think or do.

Ethiopia
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ANALYSING THE DATA

1. Divide data into groups based on participant characteristics, for analysis (i.e., gender, age, socio-economic status, intervention-control, etc.)
2. Specifically, analysis by gender reveals important information regarding gender roles and responsibilities, as well as freedoms and restrictions.
3. Determine the frequency of restrictions overall and report the most common.
4. Calculate and report the number and frequency of restrictions in each domain (if used) and report the total number, as well as the most common, in each domain.
5. Determine the frequency of each restriction by category (cannot do, should not do, will not do) and report the most common cannot do, will not do and should not do restrictions. Note: if you used specific domains, do this by domain.
6. Of the should not do restrictions, report how many were things they do anyway (underlined), overall and by domain, if applicable.
7. Determine the frequency of the most common/influential restrictions named and report the most common.
8. Conduct thematic analysis of the data from the probes and report the most common reasons for why the restrictions exist and actions taken against the restrictions. In addition to the most common, report anything particularly telling or insightful.

INTERPRETATION

Interpretation of data is straightforward; it consists of identifying which restrictions are structural barriers, personal norms and social norms and which of these are most pervasive in order to inform strategic programmatic decisions. Categorizing behaviours as structural barriers, personal restrictions and normative restrictions outlines the types of programmatic efforts needed to affect change. If structural barriers are present, the programme must focus on eliminating the barriers, so people are able to perform the behaviour. When personal restrictions are present, the programme should focus on attitudinal change on a more individual level. Alternatively, when social norms are behind restrictions, programmes need to address normative factors from multiple vantage points, including addressing personal attitudes and knowledge levels, increasing communication about the behaviour, and altering injunctive and descriptive norms around the behaviour on a micro- and macro-level. Social norms categorized as things participants do anyway can represent normative change when measured over time, as well as highlighting which norms programmes can focus on as they are already being actively challenged. Overall, Cannot Do, Will Not Do, Should Not Do data help programme planners to allocate resources based on the predominant limiting factors to the behaviours of interest.

Mali
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COMPLETE-THE-STORY

The Complete-the-Story activity involves the use of vignettes: short stories that are read aloud, shown in a series of images or played on video (Barter and Renold, 1999; Finch, 1987; Hughes and Huby, 2004). Participants answer a series of questions to "complete-the-story" by describing their reaction and stating what comes next in that situation (Barter and Renold, 1999; Hughes and Huby, 2004). The vignettes mirror reality so participants can relate to them while maintaining personal distance; they are not asked about themselves, but the characters in the vignette (Finch, 1987). In this way, Complete-the-Story allows researchers to broach sensitive topics because participants respond indirectly, instead of with their own experience with the vignette topic(s) (Finch, 1987; Pedersen, 2010; Vlassoff et al., 2000). Participants' responses reveal their attitudes and behavioural intentions without having to explicitly state their own views, values and behaviours, which can provide richer data (Finch, 1987; Pedersen, 2010; Vlassoff et al., 2000).

WHEN TO USE THIS METHOD

In order to conduct the Complete-the-Story activity, there must be a behaviour or situation of interest to researchers. The vignette must be written so that participants can complete the story, i.e., say what the characters in the vignette should do, think, say or feel in that situation. Beyond this requirement, the topics of vignettes and the potential use of the Complete-the-Story activity are varied and numerous. Complete-the-Story data can shed light on knowledge, affective factors, behaviour and social norms. Exactly what is measured will depend on the probing questions selected after the vignette is read, as well as the situation discussed in the vignette itself (*see Figure 13*).

Burkina Faso
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Figure 13. Examples of vignette probing questions by measurement topic

Knowledge	Factual questions related to the scenario
Affective factors	What do you feel about this situation? What do the characters feel?
Behaviour	What will the characters do?
Social norms	What should the characters do? What do others in the population think the characters should do? What do others in the population think the right thing to do is? Do others in the population approve or disapprove of [enter behaviour]?

PRACTICAL EXAMPLE

Discriminatory social norms against children with disabilities

In the development of a monitoring and evaluation framework to track and assess the results of interventions aimed at changing discriminatory attitudes and social norms towards children with disabilities in Europe and Central Asia, vignettes were critical to include in the tools because not all participants had experience interacting with children with disabilities (Sood, et al., 2019). The vignettes described a child with either a physical or an intellectual disability and adult participants were probed to reflect on what they would do regarding institutionalization, human rights abuse and inclusive education using the questions outlined in the "2x2 Tables for Social Norms" section below. The attitudes and behavioural intentions of these adults regarding institutionalization, human rights and inclusive education were revealed and examined holistically to determine levels of stigma and social norms.

Among the adults, participants were more likely to say they approved of, and would practice, positive norms (keeping the child home, sending them to general school and changing the situation to avoid a human rights violation) relative to what they thought their family, others in the community and society in general approve of and would do. However, rates of positive social norms were higher among the vignettes for children with physical disabilities than those for intellectual disabilities, indicating more negative social norms and attitudes towards intellectual disability types (*see Figure 14*).

Female genital mutilation

Complete-the-Story is included in the in-depth interview guide of the ACT Framework to examine social and behavioural change around FGM in UNFPA-UNICEF countries (UNICEF, 2019). Participants are to read a short vignette about a married couple deciding whether or not to have their daughter undergo FGM. They are told the couple is confused about the decision and are asked a series of questions regarding what the couple should do, how they feel, what others think and would do, and how their decision affects others. By using Complete-the-Story, this activity indirectly provided data on attitudes and social norms around FGM. The results from a select set of questions from Ethiopia are provided (*see Figure 15*).

Behavioural intention to cut is illustrated by the responses to the question, "What advice would you give the family?" with more than half of the participants saying they would advise the family not to cut, and 14% stating the daughter should undergo FGM. The rest of the responses to the vignette are divided among those who apply sanctions to FGM and reward not cutting; and the opposite, i.e., those who apply sanctions to uncut girls and reward continuing the practice. Results were generally divided by region and there was an urban-rural divide, with rural participants much more in favour of FGM, indicating that location of residence is a significant factor in the pressure to undergo FGM.

Figure 14. Inclusive education vignette results from Macedonia

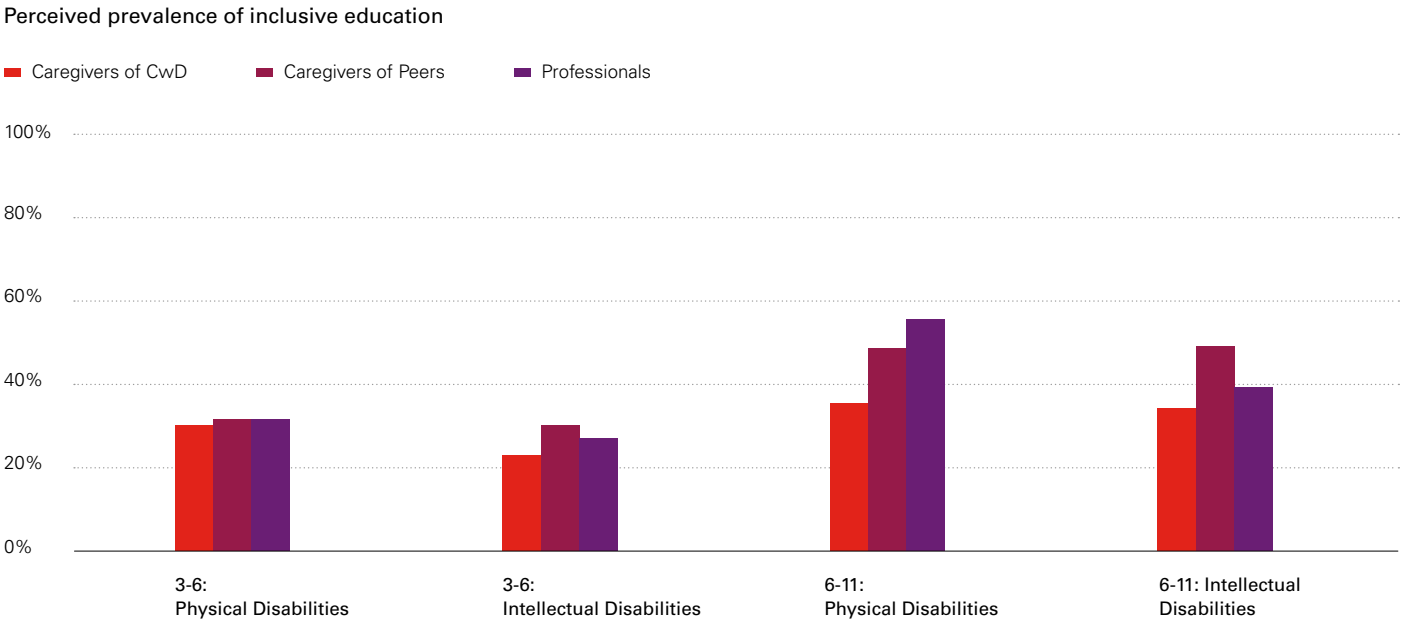

Figure 15. Complete-the-Story results from Ethiopia

How do you think the characters feel?

She is stressed, frustrated and is in a difficult situation (7%)

She is in a dilemma and thinking of the side-effects of FGM from her past experience (7%)

Why do you think she feels that way?

She knows the pain because she has experienced it (11%)

Because if she is cut, she will face problems during childbirth (9%)

Because she will be hurt and injured, and will experience bleeding and pain (9%)

What advice would you give the family?

To NOT have her daughter undergo FGM (57%)

To have her daughter undergo FGM (14%)

How does the community feel?

Feels happy and acknowledges the decision not to cut (12%)

Some of them feel negatively and assume that the decision not to cut is against their culture (9%)

What are the social rewards for the decision not to have their daughter cut?

Feels happy and acknowledges the decision not to cut (12%)

Some of them feel negatively and assume that the decision not to cut is against their culture (9%)

What are the social consequences of the decisioon not to have their daughter cut?

Ostracized from social interactions including coffee ceremonies and other social/cultural practices and events (i.e., Edir and Ekub) (20%)

CONDUCTING THE ACTIVITY

Preparation for Complete-the-Story requires developing the vignettes. The vignettes should be realistic and culturally appropriate so that participants are able to relate to them. The best vignettes will be based upon real stories from similar people in the community. The language of the vignette must be pretested to ensure that it is understandable and accurately communicates the intended ideas and messages. Pretesting should also look for the emotional receptivity of participants; if the vignette is particularly upsetting or confusing then participants will shut down, negatively impacting the quality of their responses. Likewise, vignettes should not be leading; participant responses should come from their actual thoughts and ideas, not be directed by the vignette. Thoroughly pretest all probing questions associated with the vignettes for these same factors.

Complete-the-Story can be used in both one-on-one interviews and in focus group discussions. The process for each method is the same except the discussion component in focus groups will be replaced by open-ended responses from a single participant in the one-on-one context. When using vignettes in focus groups, it is best to have a maximum of two to three participants responding to vignettes, so they can be discussed in-depth. The subgroups can have the same or different vignettes; at the end they come together to discuss responses to the probing questions. This approach requires additional moderators and researchers to records the discussions, as well as more time allotted to the activity, so keep in mind resource limitations when using vignettes in focus group discussions. The example below uses the one-on-one in-depth interview format.

Ethiopia
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1. Introduce the activity by explaining that you will read a short story and have participants respond to the story. Let them know they do not have to share their own experiences or behaviours, but rather discuss what they think about the characters in the story. Explain that there are no right or wrong answers and that you just want to know their ideas.

2. Run through an example Complete-the-Story activity that is unrelated to the research topic. You could have a story about someone seeing something valuable on the ground and ask about what happens next. Remember that examples must be pretested to the same extent as the actual vignettes.

3. Begin the activity by reading the vignette aloud. If the participant is literate, they can also follow along by reading the vignette while the facilitator recites it.

4. Ask a series of probing questions about the vignette. Use both open-ended and closed questions to keep things varied and move the discussion forward in a timely manner. Remind the participant to respond to the vignette if they begin to discuss themselves, and allow enough time for them to thoroughly discuss their thoughts. Sample probing questions include:

   - What do you think the characters will do (open-ended or closed)?
   - What do you think the characters should do (open-ended or closed)?
   - What do you think the characters are feeling?
   - Does the character's family/peers/community approve of their behaviour (yes or no)? Why or why not?
   - Do you agree with the character's behaviour (yes or no)? Why or why not?
   - How do you feel about this situation?
   - Explore inconsistencies: you said _____, but it also seems like you think _____, can you explain?
   - How do the character's actions affect the entire community?

Egypt
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5. Select some or all of these example questions, which have been used in past research, or create your own. When designing probes, consider time restrictions and the ultimate research and programme goals. Remember that participatory research can be very empowering, so take the opportunity to have participants discuss things that help to further the programme goals.

6. Probe the participant as needed to get deeper into what they think and why they think it.

7. If you sense discomfort, do not probe them further. Try, as much as possible, to bring the conversation back to the vignette and not the participant themselves.

8. Thank the participant for their time and effort.

9. Ensure you have the Complete-the-Story data is transcribed and transfer it for safe-keeping.

ANALYSING THE DATA

1. Divide data into groups based on participant characteristics, for analysis (i.e., gender, age, socio-economic status, intervention-control, etc.)
2. Thematically analyse responses to all probing questions.
3. Determine the frequencies of responses by question.
4. Report the most common responses, as well as any that are particularly interesting or revealing.
5. If possible, analyse data holistically to draw major cross-cutting themes and report these as well.

INTERPRETATION

Interpretation of Complete-the-Story data will rely on the themes identified during the thematic analysis process. Interpret data for each question on a micro-level and across the responses to all probes (and any other notes taken during the interview/discussion) holistically to map overarching ideas. This provides a complete picture of the Complete-the-Story data, from which larger conclusions can be drawn. When disaggregating the data by participant groups, you can draw conclusions about similarities and differences, and their implications. For social norms and the related constructs, the data will tell the story; they will determine which, and how, factors are measured.

When data interpretation is wholly dependent on thematic analysis, caution must be taken to accurately interpret the data. It is best to have more than one coder and to test for inter-rater reliability. Remember that all responses are hypothetical, so data cannot be taken as a true representation of the actual behaviours of participants. Instead, data represent the principles and attitudes that participants hold and what social norms they believe exist regarding the research topic. By keeping this in mind, you can avoid drawing false conclusions about actual behaviour and instead focus on what the Complete-the-Story data tell you indirectly.

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FREE LISTING

To conduct Free Listing, participants are asked to state or write the terms, phrases and concepts that come to mind when given a prompt within a particular domain (Brewer, 2002; Ulin et al., 2005; Weller and Romney, 1988). Here, a domain is the interrelated ideas that together comprise a singular concept (Weller and Romney, 1988). The ideas that come to mind when the participant considers the prompt illustrate how they conceptualize and define the domain, making Free Listing a useful method for measuring attitudes and social norms. The open-ended nature of Free Listing allows participants to respond according to their own thoughts and experiences (Allen, 2017; Frey, 2018; Weller and Romney, 1988). Likewise, Free Listing is a non-threatening way to broach taboo and sensitive topics as participants are able to indirectly express their thoughts and ideas because they are reacting to the prompt without being asked directly about their attitudes or behaviours.

WHEN TO USE THIS METHOD

Free Listing requires a domain that researchers want participants to define. The domain topics are virtually endless, but the results from Free Listing will reflect attitudes generally and towards social norms. Free Listing will not measure actual behaviour or prevalence of social norms. Rather, from a normative point of view, Free Listing data can illustrate how norms are conceptualized by the population. The descriptive nature of Free Listing makes it an ideal activity to use during formative research; it culturally defines the domain, which can help ensure that future programmatic efforts are relevant and appropriate for the population. Over time, Free Listing data show how attitudes and normative perspectives towards the domain are evolving. When tied to programmatic approaches, Free Listing can show the degree to which concepts related to programme goals are shifting.

Ethiopia
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PRACTICAL EXAMPLE

Menstrual health and hygiene management

Two different iterations of Free Listing were used as part of the monitoring of GARIMA, a menstrual health and hygiene management intervention.[2] The "I am…" activity has participants list all the words and phrases that come to mind given the prompt, "I am…" This activity provides insight into participants' conceptualization of self, levels of self-efficacy and gender norms. The second activity used the prompt, "Menstruation is…" to examine attitudes and social norms around menstruation. Both "I am…" and "Menstruation is…" were used during two rounds of monitoring to measure change over time.

The five most common responses to "Menstruation is…" among 450 adolescent girls in rural India were: (1) stomach ache, back pain, joint pain; (2) to stay clean; (3) irritation, anger, fear, tension, sadness; (4) feel weak and nausea; (5) track one's cycle and be prepared with clean clothes and pads (*see Figure 16*). Responses were thematically analysed and categorized as positive, negative or neutral. Among the adolescent girls, 54% of responses were negative, 16% were neutral and 29% were positive. Overall, these data illustrated the pervasive negative attitudes towards menstruation and a lack of positive attitudes or health-promoting attitudes. GARIMA used this information to further messages aimed at reducing negative emotions and focusing on factual information.

[2] Please contact author, Suruchi Sood, for more information on the concurrent monitoring of the GARIMA initiative.

Figure 16. Free Listing results from rural India

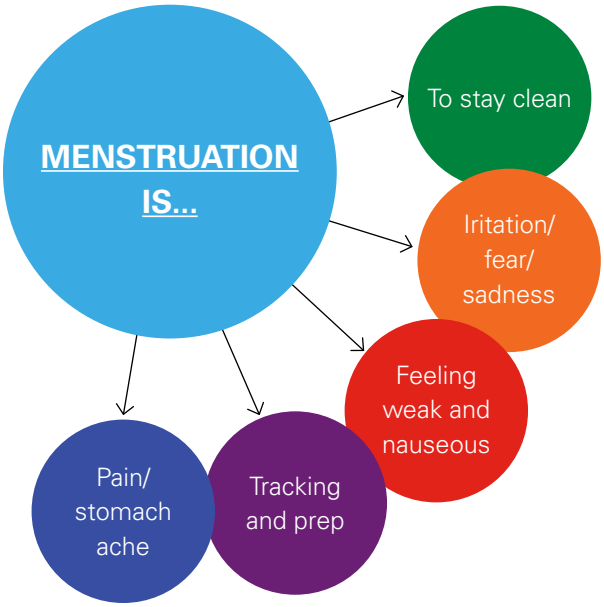

Figure 17. Free Listing results from Jamaica

Positive discipline

To examine children's attitudes and social norms around positive discipline, children and adolescents in Jamaica were split into four groups.[3] Each group completed a Free Listing activity for one of four domains: "love" (nurturance), "bigging up" (recognition), "setting rules" (structure) and "pass through the worst/prepare for life" (empowerment) (*see Figure 17*). The data illustrated how children and adolescents define effective parenting and captured cultural perspectives and beliefs on positive discipline.

"Setting rules" (structure) and "pass through the worst/ prepare for life" (empowerment) had the most responses, whereas "love" (nurturance) fell in the middle and "bigging up" (recognition) had the least. Most of the words for setting rules had a negative connotation, signifying a programmatic need to focus on the positive side of restrictions. Themes around education were the most salient through all the domains, indicating an awareness of learning as key to achieving positive discipline (*see Table 5*).

Table 5. Free Listing results from Jamaica

Free Listing responses	
Love	° Caring for you ° Teaching right from wrong ° Giving education ° Showing emotions ° Hugs and smiles
Bigging up	° Giving you gifts ° Doing something great ° Giving rewards (after doing well in school) ° Hailing up/special recognition ° Respect
Setting rules	° Read before you go to bed ° Be polite ° Do not play when doing work ° *lef di yaad* (don't leave the house) ° Behave in school
Pass through the worst/ prepare for life	° Helping you through ° Showing you love ° Making sacrifices ° Making the best out of us ° Telling us how proud they are

[3] Please contact author, Suruchi Sood, for more information on positive discipline research in Jamaica.

Female genital mutilation

The ACT Framework that has been developed to assess social and behaviour change concerning FGM includes the Free Listing activity as part of the focus group discussion tool (UNICEF, 2019). Participants are asked to free list all of the reasons they believe FGM exists. Participants then categorize these reasons into groups (such as health, social, legal, etc.). This activity reveals social norms around FGM and how participants conceptualize these norms. The data can also help researchers understand key cultural differences among populations to design programmes that appropriately target FGM among unique groups.

When validating Free Listing, data analysis showed that the top three reasons given for why FGM exists were: to maintain cultural identity; that religion supports the practice; and not to break things (*see Figure 18*). "Not breaking things" is a cultural belief that women who are not cut cannot control themselves and thus are prone to breaking things. Participants classified these three reasons in terms of their significance (*see Figure 19*). As "cultural identity" and "not to break things" were classified in multiple ways, this indicates both are cross-cutting among various types of norms. "Religion supporting the practice" was classified as a religious and social factor, highlighting how it is based upon false beliefs that the Quran supports FGM and is supported by social norms holding this belief in place.

Djibouti
© UNICEF/UN0199046/Noorani

Figure 18. Free Listing results from Ethiopia

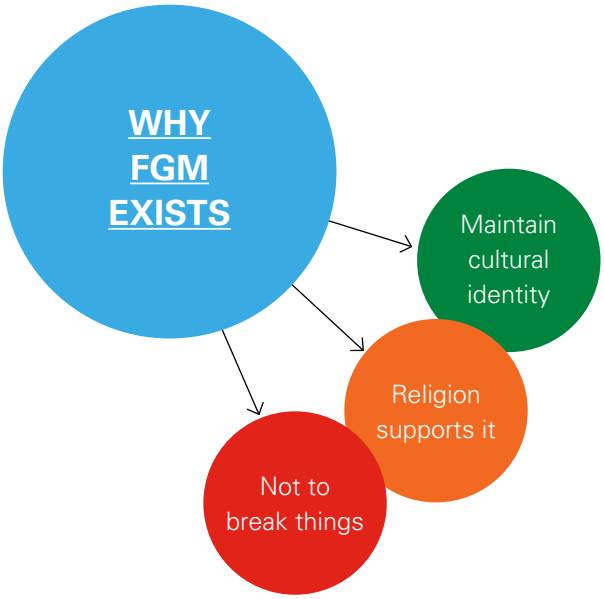

Figure 19. Free Listing categorization results from Ethiopia

Cultural identity (54.2%)	Religion supports it (45.8%)	Not to break things (45.8%)
Moral	Religious	Moral
Religious	Social norm	Religious
Gender		Social norm
Social norm		Personal belief
Personal belief		

Egypt
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CONDUCTING THE ACTIVITY

Free Listing planning includes selecting the topic of interest. Choose a topic based on your main research questions and/or programmatic goals. Then, decide on the format you will use to conduct the activity and pretest the main prompt and all probing questions. An easy format is the web format (see Figures 17–19), although you can choose many ways to map the data. Decide if participants will categorize the words they have listed and how you will denote this (i.e., colours, underlining, circling, etc.). Remember that you can divide the group and have smaller groups free list components of a larger idea, as in the positive discipline example above (Figure 18), or you can have the group free list for one singular prompt, like the FGM example (*Figure 18*).

The Free Listing activity can be conducted in both the one-on-one interview and focus group formats. In focus groups, there is the advantage of group discussion about responses and an increased number of responses as participants spark ideas in one another. The following instructions are for the focus group format. To modify them for one-on-one interviews, change the discussion components to open-ended questions for one person to respond to.

1. Introduce the activity by explaining that you will be giving the participants a word or phrase and then asking them to state all the things that come to mind. Let them know that they can say the first thing they think of and that there are no right or wrong answers – you want to know all their ideas.

2. Display a large sheet of paper with the prompt encircled in the middle. Read the prompt aloud and ask participants to give you their responses.

3. As participants list words and phrases, write them around the middle circle and draw lines connecting them to the main circle in the centre.

4. When no new responses are being generated, proceed with the probing questions. These can include things like:
   - Categorizing the words in specific ways (either predetermined categories or participants can choose their own categories)
   - Which response is the most common?
   - Which response has the greatest impact?
   - How are responses different, and how are they similar?
   - Overall questions getting to the heart of the research questions and programme goals, for example: how can we change this situation?

   Select probes from these example questions that have been used in past research or create your own. When designing probes, keep in mind time restrictions and the ultimate research and programme goals. Remember that participatory research can be very empowering, so take the opportunity to have participants discuss things that help to further the programme's goals.

5. Thank the participants for their time and effort.

6. Ensure you have the Free Listing data transcribed and transfer it for safe-keeping.

ANALYSING THE DATA

1. Divide data into groups based on participant characteristics, for analysis (i.e., gender, age, socio-economic status, intervention-control, etc.)
2. Gender-based analysis reveals that critical information on social constructions of reality are driven by gender norms.
3. Determine the frequency of all responses and report the most common overall.
4. If categories were used, disaggregate by category and report the most common responses by category.
5. Thematically analyse the responses to probes and report the most common answers, as well as any ideas that were particularly insightful or informative.

INTERPRETATION

The topic area selected will determine exactly how the data should be interpreted. However, in general, the data will provide attitudes and perspectives on the social norms around the topic selected. Categories will provide a further level of disaggregation, allowing you to look at the data from a multidimensional point of view. Still, the data should be interpreted overall and by these categories and/or themes from thematic analysis. As stated in the "Conducting the Activity" section above, the data should be used to understand how participants define the domain (your topic), which can be used as part of formative research to ensure that programming is culturally appropriate and targeting attitudes and norms in ways that will be relevant to the population. When used over time during monitoring and evaluation, use the data to examine changes in attitudes and social norms and ultimately relate these changes back to programmatic approaches to help determine effectiveness.

Egypt
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GENDER BOXES

The Gender Boxes activity provides data on beliefs, attitudes and norms around gender (International HIV/AIDS Alliance, 2006). Participants fill in boxes drawn on paper portraying a 'typical' man and the 'typical' woman in their community (International HIV/AIDS Alliance, 2006). Inside the box, participants describe the characteristics and behaviours of a "typical" man or woman (International HIV/AIDS Alliance, 2006). Outside the box, they record what happens when a man or woman violates these 'typical' behaviours (International HIV/AIDS Alliance, 2006) (*see Figure 20*). Depending on the programme, the questions can be general or specific to a particular set of behaviours. After completing the boxes, the groups come together and share their responses. They discuss a series of probes about gender roles and how they can be changed (International HIV/AIDS Alliance, 2006). Data from the boxes and ensuing discussion illustrate how gender is conceptualized and the norms that exist around it, as well as the propensity of participants to acknowledge and challenge these gender norms. Differences between the boxes can provide data on gender equity and whether participants are altering their attitudes and behaviours in order to achieve it.

WHEN TO USE THIS METHOD

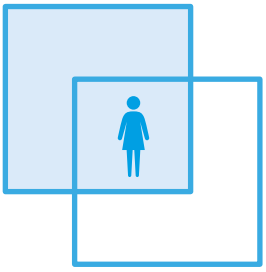
Gender Boxes data are specific to gender norms, roles and attitudes around gender. Use this activity when programme goals and/or research questions focus on measuring gender-related factors.

PRACTICAL EXAMPLE

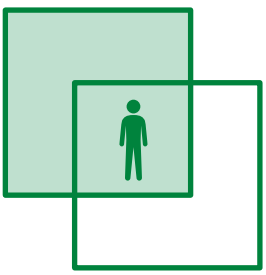
Female genital mutilation

Gender Boxes are part of the focus group discussion tool in the ACT Framework to measure social norms and behavioural change related to FGM, which will be implemented in countries supported by the Joint Programme (UNICEF, 2019). Participants are split into two groups: one group completes the gender box for the 'typical' woman and the other group completes the gender box for the 'typical' man. They write the qualities and behaviours that are expected of this 'typical' man and woman inside the box. The consequences of violating or subverting the 'typical' qualities are written outside the box. The groups then come together to discuss their boxes and comment on each other's work. They discuss the benefits of staying inside the box and the benefits of violating the traditional gender norms and roles.

Figure 20. Example of Gender Boxes



- Takes care of the children
- Faithful to husband
- Does not work outside the home
- Cares for all of husband's needs
- Seen as a 'loose' woman
- Will not get married/have marriage prospects
- Ostracized by family
- Will give birth out of wedlock



- Does physical labour
- Provides for family's needs
- Educated
- Masculine/ manly
- Attends temple and is religious
- Women will not marry him/will get divorced
- Seen as feminine
- Will be discriminated against by other men
- Will be poor and desolate

The results from 195 participants in Ethiopia showed that, concerning FGM, there was a divide between the urban and rural areas, with those in the rural area saying that the 'typical' woman did undergo FGM, and the urban areas saying the 'typical' woman did not (*see Figure 21*). Participants saw no advantage to defying the traits inside the gender box, indicating a strong hold on these gender norms and roles. They felt that facing societal discrimination was a major disadvantage of challenging gender norms.

CONDUCTING THE ACTIVITY

To prepare for Gender Boxes, develop the visual aid that represents the gender box. You can use a sheet of paper with a box drawn on it, or an actual box with sticky notes that participants write or draw on and then stick inside and outside of the box. Draw or write 'man' on one box and 'woman' on the other box to help remind participants and keep the data separate. Aside from pretesting the questions and readying the visual aid, there is no other preparation needed.

Gender Boxes can be conducted in the one-on-one interview or focus group discussion contexts. The following instructions are for conducting Gender Boxes as part of focus group discussions. To conduct as a one-one-one interview, replace the discussion with open-ended questions for a single respondent. The drawbacks of using this activity in one-on-one interview format are the lack of interactive discussion and the increased time required since a single person will have to complete both the 'man' and 'woman' boxes.

Ethiopia
© UNICEF/UN0140853/Mersha

Figure 21. Gender Boxes results from Ethiopia (reflecting most common answers given)

Typical woman

Religious (45.8%)	Not mutilated (41.7%)	Mutilated (37.5%)

Woman outside

No man will marry her (45.8%)	Disrespect her marriage (16.7%)	Divorced (16.7%)

Typical man

Religious (54.2%)	Educated (50.0%)	Hard worker (29.2%)

Man outside

No woman will marry (41.7%)	Stigma (25.0%)	Doesn't benefit his community (20.8%)

Advantages

None/nothing (58.3%)	No response (41.7%)

Man outside

None/nothing (50.0%)	No response (41.7%)	Discrimination from society (12.5%)

1. Introduce the activity by explaining that you will be asking the participants to describe and/or write things about the 'typical' man and 'typical' woman in their community, followed by a series of questions about their responses. Emphasize that you are asking about a 'typical' person, and not the respondents themselves. Explain that there are no right or wrong answers and that you just want to know their ideas.

2. Split the group into two smaller groups and pass out the gender box visual aids. Give one group the 'typical' man diagram and the other 'typical' woman diagram.

3. Ask the participants to write or state the characteristics, behaviours and qualities of the 'typical' man/woman inside of their gender box. Probe them by asking, "Anything else?" and "What is a "typical" man/woman like? What do they do?"

4. When no more responses are being given, ask the participants what happens when a man/woman does not match the things written inside the box. Have the participants write or state the consequences for not aligning with traditional gender roles and expectations on the outside of the box.

5. If you are interested in a particular domain, you would now repeat steps three and four by asking about this domain in particular. For example, in the ACT Framework, participants are asked to add things specifically related to FGM both inside and outside the boxes. Underline or circle anything related to these domains of interest.

6. Bring the groups back together and have them share their gender boxes. Allow the other group to add to the box, ask questions and present disagreements. Record this discussion to assess during data analysis later.

7. Ask a series of probing questions, which may include:
   - Given these consequences, why might someone want to stay inside the gender box?
   - Given these consequences, why might someone want to go outside the gender box?
   - What are the disadvantages of challenging these traditional roles?
   - What are the advantages of challenging these traditional roles?
   - Which things are shared between the 'man' and 'woman' boxes?
   - Is there anything that is not shared between the 'man' and 'woman' boxes but should be?
   - Which of these consequences do you think is most severe?

   Create your own probes instead of, or in addition to, selecting probes from these example questions that have been used in past research. When designing probes, keep in mind the time restrictions and the ultimate research and programme goals. Remember that participatory research can be very empowering, so take the opportunity to have participants discuss things that help to further the programme's goals.

8. Thank the participants for their time and effort.

9. Ensure you have the Gender Boxes data transcribed and transfer it for safe-keeping.

ANALYSING THE DATA

1. Divide data into groups based on participant characteristics, for analysis (i.e., gender, age, socio-economic status, intervention-control, etc.)
2. Comparing male and female responses allows for an examination of gender-based norms that vary on the basis of sex.
3. Determine the frequency of all responses inside the 'man' gender box and report the most common overall.
4. Determine the frequency of all responses inside the 'woman' gender box and report the most common overall.
5. If a domain(s) was used, determine and report the frequency and most common things specific to that domain inside of the 'man' box.
6. If a domain(s) was used, determine and report the frequency and most common things specific to that domain inside of the 'woman' box.
7. Repeat steps two to five for the things listed 'outside' of the box.
8. Thematically analyse the discussion around the boxes and the responses to probes. Report the most common answers and any particularly interesting or telling ideas.

INTERPRETATION

The data from inside the boxes and related probes shed light on the current gender norms, including gender roles within the population. Things outside the box and related probes represent the social sanctions for violating these traditional gender norms and roles. The discussion will provide in-depth data on the thoughts behind these gender norms and social sanctions. For example, the probing data may highlight the degree to which participants agree or disagree with these gender norms. Although the norms may exist, it does not mean that people's attitudes align with the norms. Any discrepancies in attitudes and gender norms suggest that the population is in the beginning stages of norm abandonment and behaviour change, which can pave the way for more equitable gender norms to take hold. In contrast, if participants generally agree with the gender norms and see no issues with them, then changing attitudes may be a good first step in ultimately changing behaviours and social norms. Another way to look at the data is to code the responses as positive (equitable) and negative (inequitable). If the things inside the box are largely positive, it suggests that the society already has more equitable gender norms, while more negative things highlight a need to apply programmatic efforts towards making gender norms more positive and equitable.

These data should be used in conjunction with programmatic data from other social-norms-related factors and attitudinal and behavioural data to determine how gender norms are affecting or hindering social and behaviour change. The data can also be used to illustrate the effectiveness of programmatic efforts as part of a larger monitoring evaluation study.

Tanzania
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GENDER JUMBLE

Gender Jumble is a type of card-sorting activity used to measure gender norms. Participants are given a set of cards with words and/or images depicting roles, behaviours and other gendered stereotypes. For example, one card could contain an image of pots and pans with the word 'cooking' and another card could contain an image of a car with the word 'driving'. Terms and images should contain both gendered and neutral content. Participants sort the cards into four categories: women, men, both and neither (*see Figure 22*). The way in which participants sort the gender cards illustrates their system of logic, perceptions and gender-based beliefs. When looking at data across the population, Gender Jumble can show the existence and nature of various gender norms and how pervasive they are among different groups within the population.

WHEN TO USE THIS METHOD

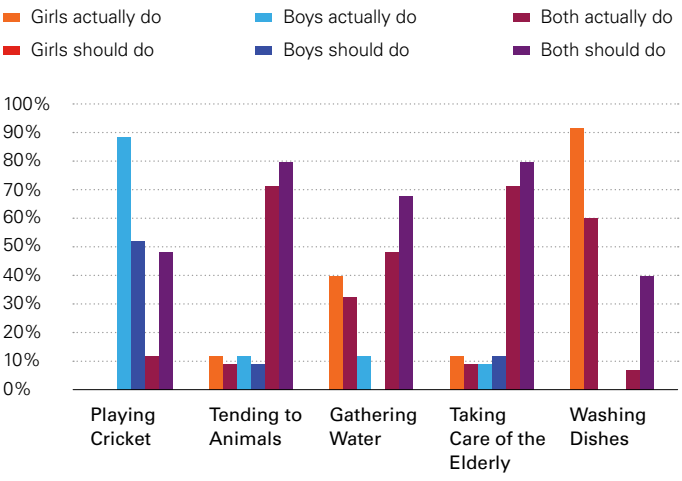
Gender Jumble data should be used when programme goals and/or research questions are focused around measuring gender norms, roles and attitudes around gender.

PRACTICAL EXAMPLE

To evaluate the role of gender norms with regards to menstrual health and hygiene management, the monitoring of the GARIMA intervention in rural India used Gender Jumble.[4] Adolescent girls were given a set of labelled pictures depicting common chores and leisure activities. Participants were asked to sort the cards, first by who completed the chore or leisure activity, then by who should complete it, into the categories: "girls do," "boys do," "both do" and "none." This enabled comparisons of gender roles and norms to be made in actuality, and in an idealized world (*see Figure 23*).

Figure 22. Example of Gender Jumble

Figure 23. Gender Jumble data from India



[4] Please contact the author, Suruchi Sood, for more information on the concurrent monitoring of the GARIMA initiative.

Girls most commonly gather water and wash dishes and boys most commonly play cricket; both boys and girls tend to animals and take care of the elderly at high rates. For all behaviours, there was a shift from either girls alone and boys alone to more "both" responses between the "actual" and "should" categorizations, meaning that participants thought all the behaviours should be completed more by both genders rather than one or the other. This indicates idealization towards gender equity. Likewise, this sample and the overall data showed that the girls tended to do more housekeeping activities and fewer leisure activities compared with boys. However, both groups thought that these roles should be abandoned, allowing more boys to take on housekeeping chores and more girls to play sports and do other leisure activities.

Uganda
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CONDUCTING THE ACTIVITY

The behaviours or qualities that will be sorted into categories by participants must be developed and pretested before conducting Gender Jumble. The exact nature of the roles and attributes may be general if you are looking at gender roles and norms holistically, or they might revolve around an underlying domain of interest. Once the content is decided, images and/or terms to describe the construct must be selected and printed onto cards for sorting. Laminate the cards to keep them protected for use over time with multiple participants. Further, prepare for the activity by dividing a large sheet of paper into the "girls/women," "boys/men," "both," and "neither" categories. Make sure there is enough space to place all the cards on the sheet of paper so they can be seen (*see Figure 22*).

Gender Jumble should be pretested to determine whether participants understand the content of the cards. Pretesting also determines if the instructions are clear and identifies any areas of concern for conducting the activity. Gender Jumble will work in both the one-on-one interview and focus group discussion formats. The following instructions correspond to Gender Jumble in focus groups. Revise for one-on-one interviews by altering the discussion components to be open-ended questions that the sole participant will answer.

1. Introduce the activity to participants by explaining that you are going to distribute a set of cards with images and/or words on them and ask them to categorize the cards into one of four columns as labelled on the large sheet of paper: "girls/women," "boys/men," "both," and "neither."
2. Divide the participants into groups if desired.
3. Pass out the cards to participants/groups.
4. Have participants discuss the cards and then come up to the sheet of paper and place the cards in the column where they think it belongs.
5. Bring all the participants together to discuss the card placement. Ask each member of the group one by one if they agree. If anyone disagrees, ask them why and where they would place the card. Be sure to record any disagreement among the group for data analysis later.
6. Ask any probing questions. These may include:
   - What other behaviours or qualities would you add to [column name]?
   - What are the benefits of increasing the amount of qualities and behaviours in the "both" column?

- Which of the behaviours/roles in the "girls/women" and/or "boys/men" column would you like to shift to the "both" column?
- What are the barriers to changing gender norms and roles?
- What things in society can be leveraged to move more cards to the "both" column?

These are example questions that have been used in past research, but you can also create your own probes. When designing probes, keep in mind the time restrictions and the ultimate research and programme goals. Remember that participatory research can be very empowering, so take the opportunity to have participants discuss things that help further the programme's goals.

7. Thank the participants for their time and effort.

8. Ensure you have the Gender Jumble data transcribed and transfer it for safe-keeping.

Burkina Faso
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ANALYSING THE DATA

1. Divide data into groups based on participant characteristics, for analysis (i.e., gender, age, socio-economic status, intervention-control, etc.)

2. Analysis of data by responses from boys and girls allows us to gain insights into how gender roles and responsibilities are constructed in a given community.

3. Determine the frequency of responses under each column and report the most common.

4. Thematically analyse the discussion from when the groups come back together, and the responses to probes. Report the most common themes and responses and any particularly revealing or informative ideas.

INTERPRETATION

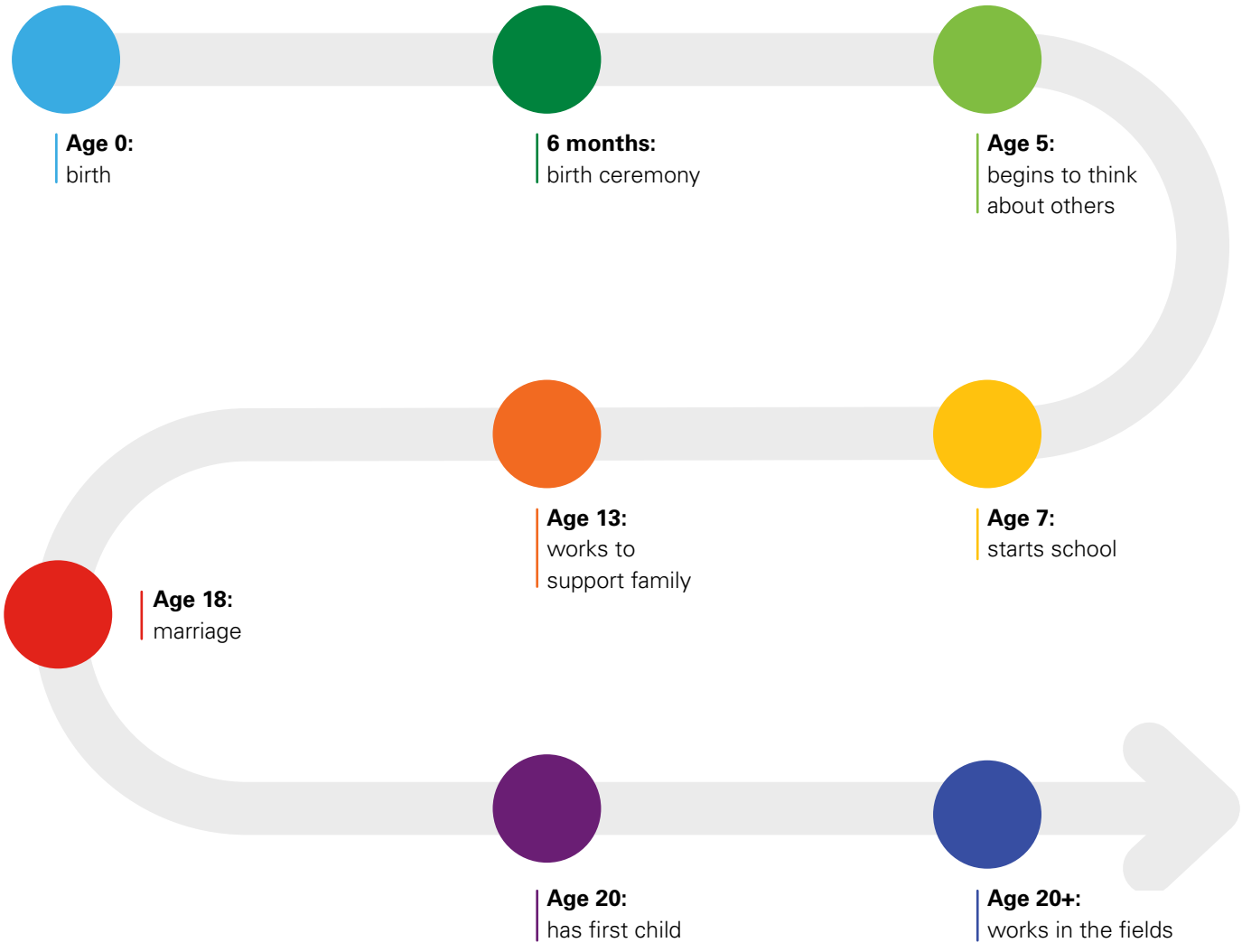
The cards, as sorted prior to the discussion component, represent gender norms and roles as they actually are among the population. The discussion questions provide insight into how participants conceptualize these gender norms, whether they agree or disagree with them, and idealizations about changing gender norms and roles. Assess the data to determine the degree of gender equity that already exists (from the sorting), how gender norms can be altered to be more equitable (from the probes) and what participants' attitudes, motivations and behaviours are towards achieving a more equitable society (from the probes).

Remember to use these data as part of a larger study where factors related to gender, such as social norms, attitudes and behaviours, can also be studied to draw conclusions about how these factors affect, and are affected by, gender norms. Programme monitoring and evaluation should look at how these gender norms are being addressed by the programme and the overall effect that the programme is having on changing gender norms. Monitoring and evaluation should also examine how gender norms, as measured by Gender Jumble and other quantitative measures, are interacting with the programme goals.

LIFELINE

Lifeline is used to explore critical events and experiences that occur over time to measure social norms, attitudes and behaviours (International HIV/AIDS Alliance, 2006). Participants fill out timelines with important events and experiences, listed in temporal order, within a certain topic area (International HIV/AIDS Alliance, 2006) (*see Figure 24*). Lifelines can be completed for participants' own lives, the lives of other types of people in the community, the community as a whole and so on (International HIV/AIDS Alliance, 2006). The events and experiences that participants identify as important indicate how participants are affected by and interpret cultural practices, the existence and pervasiveness of social norms and attitudes towards what constitutes critical moments of change (International HIV/AIDS Alliance, 2006). Additionally, the lifelines allow researchers to identify critical moments of change in participants' lives (International HIV/AIDS Alliance, 2006). Researchers can draw conclusions about times of increased need with regards to public health, such as reproductive and sexual health needs that arise during coming-of-age ceremonies (International HIV/AIDS Alliance, 2006). Lifeline can also be used to map participants' experiences with an intervention, which can provide qualitative data on programme effectiveness and how the programme is being interpreted by the wider community (International HIV/AIDS Alliance, 2006).

Figure 24. Example of a completed Lifeline diagram



Ethiopia
© UNICEF/UN0140900/Mersha

WHEN TO USE THIS METHOD

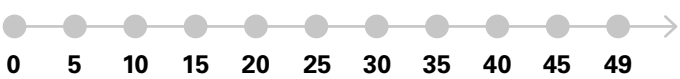
As the nature of the Lifeline activity can vary, it has a wide range of uses. Lifelines mapped for individuals, types of people or communities as a whole are useful when research questions about cultural practices, behaviours, social norms and attitudes towards these factors are pertinent. Lifeline can be used as part of formative research to understand how these factors are affecting, and are affected by, the population. Likewise, monitoring using Lifeline can illustrate how these factors are changing in relation to programmatic efforts. Further, Lifeline can be conducted so that it is specific to certain groups within the population, such as by gender, which can highlight gender norms and roles in addition to broader cultural practices, behaviours, social norms and attitudes. Lifeline can also be conducted within a specific topic area, such as events and experiences in school or those related to sexual and reproductive health (International HIV/AIDS Alliance, 2006).

Using Lifeline as part of an evaluation can illustrate the impact of programmes on these factors and the personal histories of participants on a macro-level. To understand how the programme is being engaged with and interpreted, lifelines about the programme can be used as part of monitoring.

PRACTICAL EXAMPLE

The Lifeline activity is included in the in-depth interview tool of the ACT Framework to measure social and behaviour change around FGM in countries supported by the Joint Programme (UNICEF, 2019). In this context, Lifeline asks participants to map the life events of a 'typical' woman in the community (*see Figure 25*). Having participants complete the activity about a person in general and not themselves may encourage participants to share a deeper level of information than they otherwise would. This technique can also uncover thoughts and feelings participants have in an indirect way. Participants are first asked to fill out the timeline with important events and experiences in the life of a 'typical' woman; if they do not include FGM in the timeline, they are asked whether or not it occurs among woman in the community. If participants say that FGM does occur, they add it to their timeline. Participants who have FGM on their timeline, whether they added it themselves or after being probed, are asked if the events they have mapped would be different if the woman was not cut and if so, how.

Figure 25. Lifeline of a "Typical" Woman



Results from the 36 interviews conducted to validate the ACT Framework in Ethiopia illustrate the importance placed on women regarding childbearing and childrearing, as well as a very high reported prevalence of FGM despite decades of programming aimed at ending the practice (*see Table 6 and Figure 26*). This suggests that FGM is still normative and, because adults are reporting lower rates than those reported by girls, it suggests that the practice is continuing despite attitudes that seem to favour its abandonment.

CONDUCTING THE ACTIVITY

To prepare to conduct the Lifeline activity, it should be decided who the focus will be (e.g., the participant themselves; another person; a hypothetical person or group of people; the community, etc.) and select your lifeline diagram that participants and/or the facilitator will write on to map the life events and experiences. It is important to have a visual aid that is actually filled in so the participants can refer back to it when answering any probing questions. Decide what the time intervals on the lifeline will be; in other words, whether you want these to be predetermined (*see Figure 25*) or to be created by the participants (*see Figure 24*).

Lifeline will work in both the one-on-one interview and focus group discussion setting, but if you choose to do it in focus groups you should separate the group into smaller groups of two to three people. This allows for the level of detail to be maintained and for everyone in the group to participate and share their ideas equally. Splitting the group into smaller groups will require more time and resources, including additional moderators, diagrams and writing utensils. The following instructions are for use in the one-on-one in-depth interview context. They can be adapted by adding a group discussion component where the smaller groups come back together to discuss their completed lifelines and the probes.

Figure 26. Lifeline results from Ethiopia

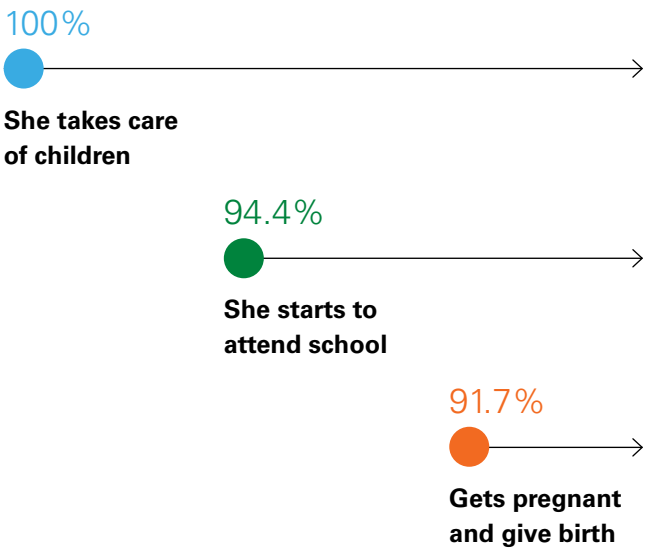


Table 6. Lifeline FGM results from Ethiopia

Does a typical woman undergo FGM?				
	Yes	**No**	**Declined to respond**	**Don't know**
Overall	55.9%	38.2%	2.9%	2.9%
Adolescent girls	61.5%	30.8%	0.0%	7.7%
Female caregivers	40.0%	60.0%	0.0%	0.0%
Male caregivers	40.0%	40.0%	20.0%	0.0%
Female community influentials	40.0%	60.0%	0.0%	0.0%
Male community influentials	83.3%	16.7%	0.0%	0.0%

1. Introduce the activity by explaining that you will be asking the participant to fill out the lifeline according to the topic you have selected. Show them the lifeline diagram and explain the nature of the time intervals (that it starts from birth on the left and goes through whatever the last age interval you have selected is on the right). Tell participants you want them to name as many of the experiences and events that they want to within this time frame and you/they will write them on the lifeline at those points. Tell them that they can name any events and experiences they feel are important; there are no right or wrong answers in this activity.

2. Begin the activity by asking participants to name an important life event or experience. As they name things, have them write it on the lifeline. If they cannot write, then write it on the lifeline for them. Be sure to write the event at the appropriate point on the lifeline.

3. Repeat step two until no more events or experiences are being described.

4. Ask a series of probing questions, including things like:
   - Which events or experiences made the events on the lifeline better? Or worse?
   - How does this lifeline compare to what [insert other group/person] experience?
   - Which of these events or experiences was most critical towards [insert specific topic]? Why?
   - Which of these events or experiences was most meaningful? Why?
   - How did you/does a person/group/etc. feel during and after [insert event or experience]?
   - If [insert event or experience] was eliminated from the lifeline, how would the other events or experiences be affected?
   - How did [insert event or experience] affect the other things in the lifeline?
   - Do you think others in the community have these same events or experiences on their lifeline? Which are the same? Which are different?

   Select probes from these example questions that have been used in past research or create your own. When designing probes, keep in mind the time restrictions and the ultimate research and programme goals. Remember that participatory research can be very empowering, so take the opportunity to have participants discuss things that can help to further the programme's goals.

5. Thank the participants for their time and effort.

6. Ensure you have the Lifeline data transcribed and transfer it for safe-keeping.

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ANALYSING THE DATA

1. Divide data into groups based on participant characteristics, for analysis (i.e., gender, age, socio-economic status, intervention-control, etc.)
2. Determine the frequency of responses and report the most common overall.
3. If desired, split the lifelines into intervals and determine and report the most common events within each interval.
4. Note any events or experiences that may not have been most common, but were particularly revealing or interesting.
5. Thematically analyse the responses to probes and report the most common ideas and themes to each probe and any particularly informative or revealing ideas.

INTERPRETATION

Although the exact interpretation will vary by the Lifeline topic (i.e., whether it was about the participant's own life, a hypothetical person's, or about the programme, and so on), overall interpretation will be the same. You are looking for the most common events and experiences both overall and among the participant groups you have created for analysis. These events signify importance to the participants, providing insight into their attitudes. Specific events and experiences shared among the population represent social norms and cultural practices. The probing questions go in-depth into how participants are conceptualizing the lifeline overall, and they also provide avenues to explore the meaning of individual events. Study the overall trajectory and what it is doing: in addition to the importance behind each event or experience.

The way in which these data can be applied to overall research will vary. Depending on the story the data are telling and which normative indicators they are measuring, you should combine findings with your other quantitative and qualitative data measuring these indicators from your larger study. Compare and contrast the relationships between these factors and the others that comprise your research questions and the programme goals. Use this data over time to map social, attitudinal and behavioural change among the population to help evaluate the effectiveness of programmes both on these factors individually and on the trajectory of the lifelines overall.

Tanzania
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SOCIAL NETWORK MAPPING

Social Network Mapping is based on the social network theory's premise that decision-making is dictated by social relationships, norms and expectations (Ulin et al., 2005). Social Network Mapping can be used to measure who comprise participants' reference groups around a specific topic and/or who they talk to. Reference groups are the people about whose thoughts and opinions we care and with whom we compare ourselves (Mackie et al., 2015). Reference groups are critical to the maintenance and adoption of social norms because they determine which norms we feel apply to us (Mackie et al., 2015). Although people are in the reference group, it does not necessarily mean that the participants talk to them. This is the main difference between mapping the reference groups using this technique and mapping social networks.

Beyond identifying reference groups, Social Network Mapping can be used to analyse connections between community members and the flow of communication, highlighting which pathways can be leveraged for social norms change and how structural and relational dynamics impact health (Luke and Harris, 2007; Scott, 2000). Social Network Mapping also identifies barriers to communication and key informants (Scott, 2000). The extent to which programme messages have been dispersed and who participants go to or are contacted by regarding topics of interest can be mapped to help with programme monitoring and evaluation. Social Network Mapping can include probing questions to determine which contacts provide different types of social support, such as emotional, instrumental and informational support, as social support is also critical for norm adoption and maintenance.

These data, when compared with social norms, behavioural and attitudinal data, can illuminate how the content of reference groups, the flow of communication and social support affect, and are affected by, these factors.

To conduct Social Network Mapping, a visual aid is used. A classic way to conduct this method is with a diagram, which is either provided for participants or drawn by them, of a series of concentric circles, each representing one level of the social ecological model (such as family, peers and community members). A web format can also be used, with the participant in the centre, and straight lines drawn outwards, connecting to the centre circle, to represent the individuals to whom the participants talk.

Egypt
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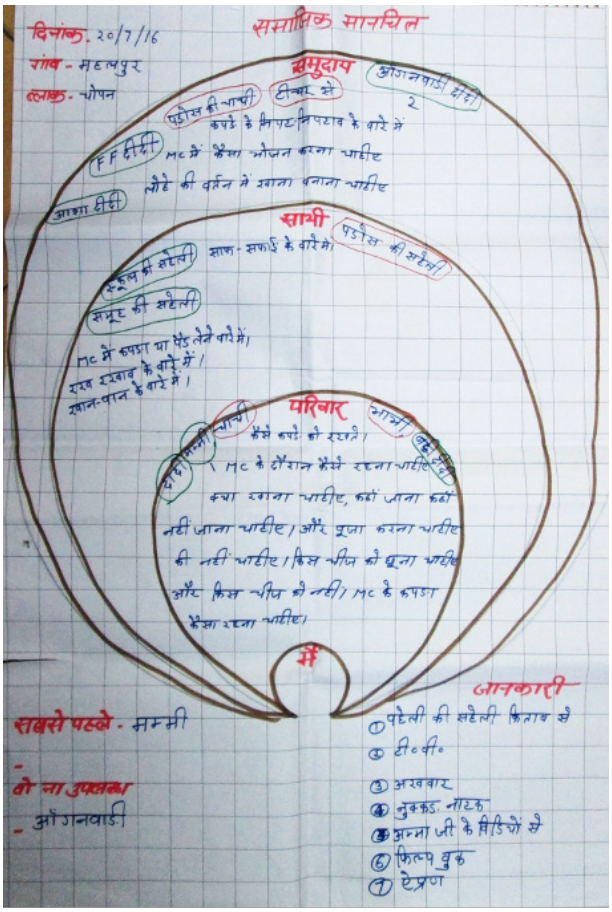
WHEN TO USE THIS METHOD

Social Network Mapping can be used when research questions focus on the flow of information, social support and diagramming reference groups around a specific topic. To map reference groups, the questions ask, whose thoughts and opinions at different levels do participants care about? To map the flow of communication, questions will be specific to whom participants talk to about a topic of interest. The social support, and allies and barriers probes can be used in both instances. Social Network Mapping can be used at any stage of research; as a formative method it provides insight into key contacts, allies and barriers to communication, which should be targeted through programmatic approaches.

Figure 27. Social Network Mapping completed by girls in rural India



PRACTICAL EXAMPLE

Menstrual health and hygiene management

In rural India, Social Network Mapping was used as part of the GARIMA initiative evaluation (*see Figure 27*). GARIMA was aimed at improving menstrual health and hygiene management practices and breaking the silence and taboos around menstruation (UNICEF, 2018). Adolescent girls completed Social Network Mapping to identify who they discuss menstruation with at the family, peer and community levels (UNICEF, 2018). The girls then categorized each identified contact as either allies or barriers to practicing adequate menstrual health and hygiene management. The data from social network maps not only illustrated the flow of communication regarding menstruation throughout the community, but helped researchers identify types of people who are key influentials and contacts regarding menstruation and the types of people who counteract the flow of communication.

The results showed that comparable interventions and adolescent girls had roughly the same social network contacts for discussing menstruation. On the family level, mothers, sisters and sisters-in-law were the people they were most comfortable speaking with. Friends from school/college and in the neighbourhood were most common on the peer level, with intervention girls also naming the trained peer educators who worked with GARIMA. Teachers and trained health care workers (i.e., Anganwadi workers, reflecting rural child care centers, and accredited social health activists) were the contacts they spoke with most on the community level. Interestingly, girls were relatively split when it came to level of comfort in discussing menstruation with these contacts, indicating that, while these contacts were most common among all respondents, a proportion of participants were still uncomfortable speaking with them.

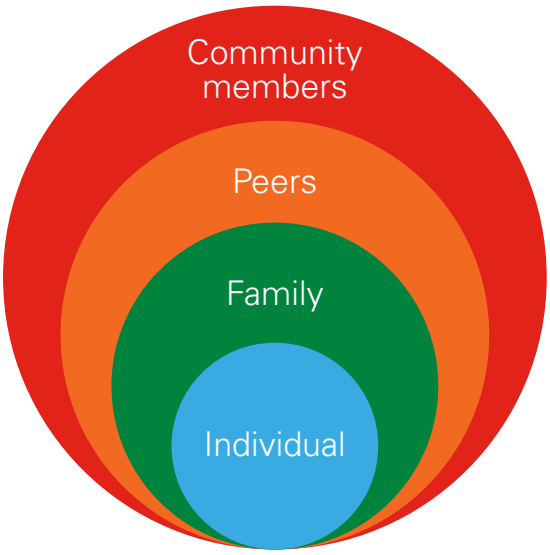
Programmatically, this suggested that GARIMA focus on these contacts as key resources and work on increasing communication to change them from barriers to allies. Notably, all contacts were female, highlighting a need to include more males in menstruation-related programming so they too can become part of girl's social networks around menstruation; this is especially important since fathers and village leaders hold important roles when it comes to girls' ability to practice menstrual health and hygiene management adequately. Additional sources of information cited by the participants were television, radio and mobile phones, indicating these media represent ways to disseminate messages about menstrual health and hygiene management that a large proportion of participants have access to.

CONDUCTING THE ACTIVITY

Social Network Mapping should be pretested to determine if the instructions make sense and if the probing questions are appropriate; otherwise no major preparation is needed. The visual aids themselves can be drawn ahead of time or during the interview and/or focus group discussion. You will be filling in these diagrams with responses, so they need to be large enough to write in. The instructions below describe Social Network Mapping using a modified social ecological model diagram (*see Figure 28*).

Social Network Mapping can be conducted in both the one-on-one interview and focus group discussion formats. The difference lies in the nature of the data: the focus group will represent a group network map, while the one-on-one interview is specific to that individual. In either case, the process for conducting the activity is the same although the discussion component of focus groups will be replaced with open-ended questions responded to by a single participant. Instructions for conducting social network mapping with an individual are provided here.

Figure 28. Social Network Map diagram based on the social ecological model



1. Introduce the activity by explaining to the participant that you will be asking them who they talk to (social networks) and/or whose thoughts or opinions they care about (reference groups) regarding the research topic. Define the topic for them if needed. Show them the diagram and point out the labelled family, peer and community circles and tell them they are "here" in the centre circle of the diagram labelled "you."

2. Begin the activity by asking them who in their family they actually talk to/whose opinions they care about regarding the research topic. You can probe by asking them to elaborate on immediate and extended family members. Explain that you want the type of relationship (i.e., father, mother, cousin) to the participant, not the person's name. If they name names, ask them what relationship they have to that person.

3. Once they are done naming people at the family level, move to the peer level. Ask them which of their peers they actually talk to/whose opinions they care about regarding the research topic. As above, remind them we want the type of relationship (i.e., school friends, boyfriend/girlfriend, neighbourhood friends) to the participant, not the person's name. If they name names, ask them what relationship they have to that person.

4. After the peer level is complete, repeat step three regarding the community level.

5. If participants name people in the wrong level (for example, they state a community member like a religious leader on the peer level) do not worry about correcting them. You can adjust the data to the correct levels during analysis.

6. Now you can measure social support by asking which of the people named have they received different types of support from. You can circle or underline the names in different colours, corresponding to the different kinds of social support.

Djibouti
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7. You can also measure allies and barriers to communication at this stage. Follow the same process of underlining and circling in one colour for allies and another for barriers, as described in step six.

8. Ask a series of probing questions at this juncture to understand different aspects of who the participants talk to:
   - What things they discuss overall and at different levels?
   - How or why did they start discussing the topic with [person or level]?
   - What is their overall experience discussing the topic?
   - Who are they not talking to?
   - Are there parts of the topic that are easier to discuss? What about parts that are more difficult?
   - Who do they wish they could talk to but are not talking to?
   - Rank the contacts in terms of whom they turn to first regarding the topic, and to whom they turn last.

9. For social network maps focused on the reference groups (whom participants do not necessarily have to talk to, but still factor their thoughts and behaviours into decision-making), probing questions may include:
   - Who has the most influence over your thoughts/behaviours regarding the topic? Who has the least?
   - Of these people, have you discussed [insert topic] with any of them?
   - Of these people, what do you think their behaviour is regarding the topic?
   - What do these people you named expect you to do regarding the topic?
   - Why do you think you care about [insert contact or level]'s opinions about the topic?

10. For either set of probing questions, remember that you can use or adapt these examples or create your own probes. When designing probes, keep in mind the time restrictions and the ultimate research and programme goals. Remember that participatory research can be very empowering, so take the opportunity to have participants discuss things that help further the programme's goals.

11. Thank the participants for their time and effort.

12. Ensure that the Social Network Mapping data has been transcribed and transfer it for safe-keeping.

ANALYSING THE DATA

1. Divide data into groups based on participant characteristics, for analysis (i.e., gender, age, socio-economic status, intervention-control, etc.)

2. Analysis of social network maps among women and men allow for segmented understanding of similar or different referent groups

3. Determine the frequency of responses and report the most common overall.

4. Determine the frequency of responses by level of the social network map and report the most common by level.

5. If you categorized contacts in any way, you will need to determine the frequencies within your categories and report the most common. For example, if you looked at barriers and allies, report the most common barriers and allies. You should do this overall and by level.

6. Thematically analyse the responses to probes. Report the most common ideas and themes from each probe and any particularly revealing or informative responses.

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INTERPRETATION

Reference groups

When looking at reference groups, the data show whose thoughts and opinions participants think are important with regards to the research topic. Reference group data are part of overall social norms measurement. The data will be used to determine the types of people in the community that have the most influence over social norms. These people can be targeted by programmes in order to advance social and behaviour change because of their influential position in society. If you also wish to study the flow of communication with regards to these reference groups, be sure to include probing questions about who they actually talk to within the people on the social network map, as well as the allies and barriers, and social support sources. This provides a kind of hybrid activity that will allow you to also measure the social networks constructs described below.

Social networks

Interpretation of social networks data is straightforward; it represents who people talk to regarding the topic of interest. The data can be used to map the flow of communication and draw conclusions about how communication is being furthered or hindered. Identifying these areas presents the opportunity to employ programmatic approaches to increase the flow of communication regarding the research goals. The people identified as barriers to communication should be targeted in order to eliminate barriers and further communication around the research topic. Comparably, allies can be leveraged to help further the programme's goals. Social support data should be analysed according to the type of social support received and the degree to which it is helpful.

These data should be used in conjunction with data from other social norms factors to assess how communication is affecting, and is affected by, these constructs. Social Network Mapping data can also be used as part of programme evaluations to find out the degree to which programme messages are disseminated and whether and how communication is impacting programme goals.

2X2 TABLES FOR SOCIAL NORMS

2x2 Tables for Social Norms is a written participatory method to assess the existence and persistence of social norms over time, and how they may have changed. Participants work through two 2x2 tables concerning a behaviour. The first table measures attitudes by asking participants if they approve or disapprove of the behaviour, and whether they think others approve or disapprove of the behaviour. The second table measures injunctive and descriptive norms by asking whether others in their community practice the behaviour and expect them to do so as well. Participants are also asked to provide the associated rewards and punishments, which allows outcome expectancies to be assessed. 2x2 Tables for Social Norms can promote discussion of why discrepancies between approval and behaviour exist, and how individual- and societal-level change can be achieved to encourage participants to recognize and challenge social norms. The 2X2 tables can also be used specifically to measure gender norms.

WHEN TO USE THIS METHOD

2x2 Tables for Social Norms should be employed when research focuses on injunctive and descriptive norms regarding a specific topic, as well as the outcome expectancies around these norms. Any behaviour can be measured using 2x2 Tables for Social Norms. It is best to include 2x2 Tables for Social Norms as part of a larger study so that social norms can be compared with other factors such as knowledge, attitudes and behaviours, which allows social and behaviour change interventions to accurately target social norms as part of a comprehensive strategy.

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PRACTICAL EXAMPLE

Menstrual health and hygiene management

In rural India, a number of traditional beliefs and practices exist that can have a negative impact on the ability of women to practice menstrual health and hygiene management. 2x2 Tables for Social Norms were used to evaluate the effectiveness of GARIMA, a communication-based intervention to improve menstrual health and hygiene management (UNICEF, 2018). Adolescent girls were asked about their approval and practice of several behaviours that can have ramifications for adequate menstrual health and hygiene management. The results were compared between the specific girls engaged in the intervention and girls from comparison villages.

Select results from three of the eight behaviours analysed among the adolescent girls illustrated that adolescent girls exposed to GARIMA were significantly more likely to approve of, and do, the healthy behaviours versus comparison girls (*see Table 7*). However, among both groups, there was still a discrepancy between approval of the healthy behaviour and actual practice. This information was used to spark discussion among adolescents concerning how to foster menstrual health and hygiene management behaviours. For example, girls were encouraged to discuss this with their parents and community leaders. In addition to tangible solutions such as separate restrooms for men and women, increased communication was intended to break the culture of silence around menstruation, in turn making healthy behaviours more normative.

Table 7. 2x2 table results from adolescent girls in rural India

Behaviour	Response Category	Approval		Behaviour	
		Intervention	Comparison	Intervention	Comparison
Use of sanitary pads	No/No	7.2	11.4*	17.7	18.0
	Yes/No	2.9	2.2	4.1	2.7
	No/Yes	2.0	1.9	10.8	10.0
	Yes/Yes	87.9	84.4*	67.5	69.4
Drying the cloth in the sun after washing it with soap	No/No	8.1	35.1*	13.4	42.0*
	Yes/No	1.4	1.7	1.7	1.2
	No/Yes	1.9	3.2	7.2	9.2
	Yes/Yes	88.6	60.1*	77.7	47.6*
Attending school during menstruation	No/No	10.5	19.8*	13.8	23.4*
	Yes/No	0.9	1.4	1.1	1.8
	No/Yes	3.9	4.3	12.7	14.6
	Yes/Yes	84.7	74.5*	72.4	60.2*

*Significant difference between intervention and comparison at 95% confidence interval.

Figure 29. Approval and behavioural expectation tables from Ethiopia

		Others' approval	
		Continuation	Abandonment
Self-Approval	Continuation	n = 52 (28%)	n = 1 (0.005%)
	Abandonment	n = 10 (0.05%)	n = 124 (66%)
N = 8 participants (0.4%) refused to answer			
		Others' expectation	
		Continuation	Abandonment
Others Behaviour	Continuation	n = 52 (33%)	n = 16 (10%)
	Abandonment	n = 12 (8%)	n = 16 (10%)
N = 38 participants (19%) refused to answer			

Female genital mutilation

The ACT Framework to measure social and behaviour change around FGM in countries supported by the Joint Programme includes 2x2 Tables for Social Norms in the focus group discussion guide. The validation data from Ethiopia regarding 2x2 Tables for Social Norms is presented (*see Figure 29*). Participants (adolescent girls, female caregivers and male caregivers) completed two 2x2 tables, one for approval of FGM continuation or abandonment, and the other for what they perceive others' behaviour to be and what behaviour is expected of them regarding FGM continuation or abandonment.

The majority of participants fell into the abandonment-abandonment quadrant on both the approval and behaviour tables, which signifies movement towards norms of abandonment taking hold. Nevertheless, there was still a 17% gap between approval and behaviour, which suggests that although attitudes largely favour abandonment, behaviour is still limited by social pressures dictated by norms. This is further indicated by the 10% of participants who stated that although others continue FGM, they expect them to abandon the practice. Among both tables, roughly a third of participants fell into the continuation-continuation quadrant. These participants largely came from the rural area of Ethiopia, where FGM prevalence is high. It was these participants who also mostly refused to answer questions regarding the continuation, behavior or abandonment of FGM, suggesting discomfort in discussing the actual practice of FGM.

Burkina Faso
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The data on rewards and sanctions from the associated probing questions illustrated three major patterns (*see Figure 30*). The majority of rewards for abandonment were focused on the positive health effects of not practicing FGM. Even in high-prevalence areas, girls had knowledge of these negative health repercussions, which shows that knowledge is insufficient to shift long-standing social norms such as FGM. Likewise, when considering the sanctions for continuing FGM, in addition to the health benefits, respondents focused on avoiding legal issues, since FGM has been made illegal in the country. This shows that, despite legal norms having been changed in favour of abandonment of FGM, other normative pressures perpetuate FGM. The third pattern was a mixture of gender normatives, cultural beliefs and social norms behind the practice. For example, "having a calm demeanour" as a reward for continuation is a cultural belief that supports cutting. It is also a gendered norm, because it is based on the idea that 'proper' women should be calm. The sanctions of "discrimination" and "lack or marriage prospects" follow this same pattern; they are a result of gender normative cultural beliefs and social norms in support of FGM, and represent the reasons why FGM continues to be practiced, despite the community's knowledge of harmfulness and legal repercussions.

Figure 30. Rewards and sanctions for FGM continuation/abandonment in Ethiopia

Rewards for continuation	None/nothing She will have a calm
Sanctions for continuation	None/nothing Legal repercussions
Rewards for abandonment	Fewer health problems Bearing children in a healthy way
Sanctions for abandonment	Discrimination Lack of marriage

CONDUCTING THE ACTIVITY

2x2 Tables for Social Norms can be used in both interview and focus group settings. The following instructions are for a focus group discussion, but can be adapted for interviews by changing the discussion elements to open-ended questions for one individual to respond to.

1. Introduce the activity by telling the participants you will be asking them two questions about their own and others' attitudes regarding the specific behaviour(s).
2. If needed, define the normative behaviour(s) they are being asked about.
3. Tell participants they should answer "yes" or "no" to each question, and that they should reveal their answers only after you have asked both questions.

Ethiopia
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4. Ask both questions for the approval table starting with, "Do you approve of [insert behaviour]?" Followed by, "Do others, whose thoughts and opinions matter to you, approve of [insert behaviour]?"

5. Fill in the approval table based on individual responses to both questions (*see Figure 31*):
   - If they do not approve of the behaviour and believe that individuals in their reference group also do not approve, they fall into quadrant 1 (top left).
   - If they do not approve of the behaviour, but think that individuals in their reference group approve of the behaviour, they fall into quadrant 2 (top right).
   - If they approve of the behaviour, but believe that individuals in their reference group do not approve, they fall into quadrant 3 (bottom left).
   - If they approve of the behaviour and think individuals in their reference group also approve, they fall into quadrant 4 (bottom right).

6. Ensure that individual responses fit into only one of the four quadrants on the approval table.

7. Repeat steps four to six for the behaviour expectation table. The questions are: "Do others, whose thoughts and opinions you care about [insert behaviour]"; and "Do others, whose thoughts and opinions you care about, expect you to [insert behaviour]?" Fill in the behaviour table based on individual responses to both questions (*see Figure 32*):
   - If individuals in their reference group do not perform the behaviour and do not expect the participant to perform it, they fall into quadrant 1 (top left).
   - If individuals in their reference group do not perform a behaviour, but expect the participant to perform it, they fall into quadrant 2 (top right).
   - If individuals in their reference group perform the behaviour, but do not expect the participant to perform it, they fall into quadrant 3 (bottom left).
   - If individuals in their reference group perform the behaviour and expect the participant to perform it, they fall into quadrant 4 (bottom left).

Figure 31: Approval 2x2 table diagram

		Others' approval	
		No	Yes
Self-Approval	No	Quadrant 1	Quadrant 2
	Yes	Quadrant 3	Quadrant 4

Ethiopia
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Figure 32. Behaviour 2x2 table diagram

		Others' expectation	
		No	Yes
Others Behaviour	No	Quadrant 1	Quadrant 2
	Yes	Quadrant 3	Quadrant 4

8. Discuss, using the following probing questions as needed:
   - What are the reasons for your answer (why did you fall in that quadrant)?
   - What are the rewards for approving of/practicing this behaviour?
   - What are the punishments for approving of/practicing this behaviour?
   - Are you in a different quadrant for the approval and behaviour table?
   - What are the reasons for this difference?
   - Are you in the same quadrant for the approval and behaviour table?
   - What are the reasons for this?

   These are probes that have been used in past research with 2x2 Tables for Social Norms, but you can also design your own probes. Keep in mind the time restrictions and the ultimate research and programme goals when creating probes. Remember that participatory research can be very empowering, so take the opportunity to have participants discuss things that help further the programme's goals.

9. Thank the participants for their time and effort.

10. Ensure you have the data from the 2x2 tables transcribed and transfer it for safe-keeping.

ANALYSING THE DATA

1. Divide data into groups based on participant characteristics, for analysis (i.e., gender, age, socio-economic status, intervention-control, etc.)

2. Determine and report the frequency that participants fell in each quadrant on the approval table.

3. Determine and report the frequency that participants fell into each quadrant on the behaviour table. If desired, use statistical analysis to determine the significant differences by quadrant between the respondent groups.

4. Statistically analyse the differences between the same quadrant on the approval and behaviour tables. For example, determine if there is a significant difference between the number of people in quadrant 1 on the approval table and quadrant 1 on the behaviour table. Do this for all quadrants.

5. Thematically analyse responses to all probes and report the most common responses and any particularly revealing or informative answers.

Kenya
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INTERPRETATION

Interpretation of 2x2 Tables for Social Norms data consists of mapping where participants land on the 2x2 tables and what this means for the research questions, programme planning, monitoring and evaluation (*see Figure 33*).

When considering the approval and behaviour tables together, if most participants are falling into the extreme quadrants (1 and 4), the results signify that the behaviours are normatively driven. If most participants fall into the middle quadrants (2 and 3), the results illustrate that participants are either abiding by a normative behaviour they would rather not practice, or are challenging a normative behaviour that is widely practiced. To use the results to create targeted programmatic approaches, participants in quadrant 1 would benefit from interventions to address awareness and knowledge; quadrant 4 indicates that the behaviour is normative, so programmes should shift to ensure the maintenance of positive behaviours, and abandonment of negative behaviours. Those participants in other quadrants will benefit from interventions that focus on addressing the dissonance between approval and behaviours by targeting attitudinal, knowledge, behavioural and normative factors concurrently.

Qualitative data on reasons, rewards and sanctions can be used to identify and address personal or environmental factors. Inability to articulate reasons, rewards and/or punishments may suggest pluralistic ignorance. This means interventions should focus on increasing communication, so people actually know what others in the community think and do.

Overall, the 2x2 Tables for Social Norms data should be used to examine normative factors as part of a larger study – so that these factors can be compared to communication levels, attitudes, behaviours and knowledge – in order to draw greater conclusions of where participants lie regarding behaviour and social change. 2x2 Tables for Social Norms, when used over time, allow for changes in norms to be mapped so programmes can modify efforts accordingly.

Figure 33. Meaning of quadrants on the approval and behaviour tables

Approval table

Quadrant 1: indicates that the behaviour is not approved

Quadrant 2: indicates discrepancies between self- and perceived-approval

Quadrant 3: indicates discrepancies between self- and perceived-approval

Quadrant 4: indicates that the behaviour is largely accepted

Behaviour table

Quadrant 1: indicates that the behaviour is not recognized

Quadrant 2: indicates that the behaviour is not a norm

Quadrant 3: indicates that the behaviour is normative

Quadrant 4: indicates that the behaviour is normative and driven by the expectations of the perceived actions of the referent group

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