Getting Started With Norms

Adapted from Getting Practical:
Integrating Social Norms Into Social and
Behavior Change Programs

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Introduction

Introduction

WHAT IS GETTING STARTED WITH NORMS?

Getting Started With Norms is a step-by-step activity to help program staff understand which social norms are relevant to their program and how social norms may influence behavior. It is adapted from an in-depth tool called Getting Practical: Integrating Social Norms Into Social and Behavior Change Programs. **Getting Started With Norms** is appropriate for programs that do not have enough time to implement the full tool, or those that prefer to focus on unpacking the information collected on norms prior to program design. This guided activity is the equivalent of Module 1: Understanding the Norms, Activity 1: Norm-Behavior Mapping.

Getting Started With Norms will take approximately four to six hours to work through in a meeting or workshop. At the end of that time, you will better understand how social norms influence the behaviors your program is designed to affect. If you have access to a facilitator with expertise in social norms and have time for a multi-day workshop, you may want to use the **Getting Practical** guide, which will help you adapt your program design to reflect the influence of social norms.

Social norms are only one factor influencing individual behavior. Others include policy, law, access to services, beliefs, and attitudes. Social and behavior change (SBC) program planners need a good understanding of what influences people's behavior if the program is to be successful. This tool will help you examine the influence of social norms specifically.

If you are not sure about the difference between a social norm and an attitude or a behavior, review the Social Norms Atlas: Understanding global social norms and related concepts.

WHAT ARE SOCIAL NORMS?

Social norms are the often unspoken rules that govern people's behavior. Social norms are not attitudes, habits, or beliefs. The Social Norms Lexicon defines social norms in the following way:

> **Quick Definition of Social Norms**
>
> What I think people do and should or should not do in my community.

Social norms are the perceived informal, mostly unwritten, rules that define acceptable, appropriate, and obligatory actions within a given group or community. Social norms are learned, sometimes explicitly but often implicitly, and evolve over time. Social norms can encourage or discourage behavior and, as a result, influence individual and community well-being.

Importantly, people's perceptions of social norms within their community may or may not reflect actual realities. Social norms operate within and across multiple social levels, ranging from friend groups to schools or workplaces to state- and national-level communities.

GOAL OF GETTING STARTED WITH NORMS

Goal: Identify and understand the social norms that influence the behaviors your program is designed to change.

Being aware of the social norms that influence a program's outcomes is critical to making sure the program is successful. This activity will walk your team through the process of identifying relevant social norms and mapping how they may influence behavior.

Any program that intends to shift or change social norms to achieve program goals must engage purposefully with additional community members in order to share the norms assessment and seek guidance on whether and how norms should change. This work is complex. Community members may disagree about what behaviors and norms are desirable. While this activity does not require community consultation beyond access to formative research, any step beyond this activity and into use of norms for program purposes does require community consultation.

You may decide you need to learn more about social norms before you begin to use this tool. Review the Social Norms Atlas: Understanding global social norms and related concepts and Social Norms and AYSRH: Building a bridge from theory to program design to build your knowledge.

OUTCOME OF GETTING STARTED WITH NORMS

At the end of **Getting Started With Norms** you will have documented how your program's stated behavioral outcomes are influenced by a set of prioritized social norms.

Specifically, your team will finish the activity with a Norm-Behavior Mapping Table, which will help to clarify and document how behaviors are related to social norms. The Norm-Behavior Mapping Table can provide helpful information as you design or adapt programs. If you later decide to implement the full **Getting Practical** activity you can begin with Module 1: Understanding the Norms, Activity 2: Understanding Priority Groups and Reference Groups rather than starting with Activity 1: Norm-Behavior Mapping.

REQUIRED TIME, DATA, AND MATERIALS

Format

The activities are designed to be done by a group of staff in a meeting or workshop setting

Time

Two sessions, each between two and three hours

Required People

1. Facilitator with expertise in SBC to lead the meeting and provide guidance on SBC concepts and program design. This person should have working knowledge of social norms concepts and terminology.
2. Staff involved in program planning and design.

Required Data and Materials

1. Data or research reports that include information on social norms within the population your program serves. This information can be qualitative or quantitative and should be from a reliable source. This activity should not be done using brainstorming of norms that program planners believe are relevant.

2. **Getting Started** documents, including the directions, slides, and the Norm-Behavior Mapping Table template.
3. A physical or virtual platform for brainstorming and group work, such as flipcharts, whiteboards, and sticky notes for in-person work, or a virtual whiteboard/flipchart platform such as Google Jamboard.

ACTIVITY SUMMARY

The activities include five steps, divided into two sessions. All five steps are necessary, but you can cover them in a different number of sessions as best meets your needs.

SESSION 1

1. Overview of process (10 minutes)
2. Review key terms (30 minutes)
3. Identify program's behaviors of interest (15–30 minutes)
4. Identify relevant social norms (one to two hours)

SESSION 2

1. Map how and in what ways social norms influence behaviors of interest (approximately two hours)

Session 1

Session 1

STEP 1: OVERVIEW OF PROCESS

Approximately ten minutes

In this step, you will tell the group what to expect during the sessions. Using the two Step 1 slides in the deck, share the steps in the process, which include:

- Review terms and definitions
- Identify behaviors of interest
- Identify social norms relevant to those behaviors
- Explore how, exactly, the social norms influence behavior (Norm-Behavior Mapping)
- Document this work in a concise table format

You will also show the group the table they will fill in. An example is shown below:

Norm-Behavior Mapping Table

	Behavior 1	Behavior 2	Behavior 3
Norm 1			
Norm 2			
Norm 3			
Norm 4			

STEP 2: KEY TERMS

Approximately 30 minutes

In this step, your team will review and get familiar with key terms and examples of norms. Many of the these terms can be found in the Social Norms Atlas: Understanding global social norms and related concepts.

Instructions

1. Using the slides, read through each term out loud.
2. Have team members come up with examples from their own lives or work for each term and discuss any questions.

- **Social norms** are the often unspoken rules that govern behavior. They are influenced by belief systems, perceptions of what others expect and do, and sometimes by perceived rewards and sanctions. Norms often perpetuate existing power dynamics and are embedded in formal and informal institutions, and they are produced and reproduced through social interaction. Social norms are different from attitudes, which can be understood as personal or individual beliefs about what is good and bad and how things should be.[1]

- **Beliefs** are opinions, assumptions, or convictions that a person holds to be true. Beliefs are internal perspectives formed from personal experiences and preferences, the influence of social norms, and learnings from others. Beliefs describe personal acceptance or rejection of whether a statement is true or whether something exists (regardless of its actual existence). If someone believes something, then they think it is true.[2]

- **Attitudes** are personal evaluations about how the world should be. Attitudes may develop from different experiences, beliefs, behaviors, and family and social environments. Although individually held, attitudes are not formed in isolation; they are influenced by social context and experience, and they influence behavior. Personal attitudes may or may not align with prevailing social norms; they form and change over time.[2]

- **Priority groups** are composed of the people who perform a behavior or are directly affected by a social norm, including facilitators and enablers of a behavior.

- **Reference groups** are made up by the people who those whose opinions matter most to individuals performing the behavior(s) of interest.

- **Formative research** involves gathering existing information or collecting data before a program begins for use in informing and tailoring the program to the specific population of interest and program objectives. For example, your team's formative research can help you identify and understand the social norms affecting your program.

- **Behaviors of interest**, which are also called target behaviors, are the behaviors the program is tasked with changing.

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[1] The Learning Collaborative. (2019). Social norms and AYSRH: Building a bridge from theory to program design. Georgetown University Institute for Reproductive Health.

[2] Georgetown University Institute for Reproductive Health. (2021, February). Social norms lexicon. **https://www.irh.org/resource-library/social-norms-lexicon/**

Here are examples of behaviors, attitudes, and social norms related to reproductive health from the
Social Norms Atlas:

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS

Young people talk about SRH with trusted adults.

People choose when to have first sex (sexual debut).

People use a modern family planning method to space or prevent pregnancy.

People seek RH care from community health workers, clinics, or traditional healers.

Women and girls advocate for their rights to access and use SRH services.

ATTITUDES

I believe young people who discuss sex and sexuality are promiscuous."

I think women should make decisions concerning their RH.

I believe unmarried women should not use family planning until after they have had a child.

In my opinion, adolescents and youth should not seek out SRH information or care.

I think it is important for women and girls to demand their rights to access and use SRH services.

INFLUENTIAL SOCIAL NORMS

If young people in my community openly discuss SRH, they will be perceived as promiscuous.[1]
Burkina Faso, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, India, Kenya, Malawi (M), Nigeria, Nepal, Pakistan, South Africa, Thailand, Uganda, Vanuatu, Zimbabwe

Most people in my community think that young women should abstain from sex until they are married.[2]
South Asia, Niger, Uganda, global

People in my community believe that women have the responsibility to bear as many children as possible in order to protect the marriage.[3]
Niger, Uganda, Democratic Republic of the Congo

Most people in my community seek family planning from traditional healers.[4]
Mozambique, Nigeria

In my community, women believe they should control decisions about their own reproductive health.[5]
Mali

1. Costenbader et al., 2019; Newton-Levinson et al., 2016 | 2. Munshi, K. & Myaux, J., 2006; Kågesten et al., 2016; Adams et al., 2013 | 3. Adams et al., 2013; Mayaki & Kouabenan, 2015; Kwete et al., 2018 | 4. Capurchande et al., 2016; Obisesan et al., 1997 | 5. Coulibaly A., 2014

Illustrative list of behaviors, attitudes, and influential social norms. Acronyms in image: reproductive health (RH); sexual and reproductive health (SRH).

Outcome: Team understands the key terms and examples of norms.

STEP 3: IDENTIFY PROGRAM'S BEHAVIORS OF INTEREST

Approximately 15–30 minutes

In this step, your team will identify and discuss the program's behaviors of interest and record them in the Norm-Behavior Mapping Table. Remember, a behavior of interest is a behavior the program is tasked with changing. This behavior will usually be documented in program materials, such as the performance monitoring plan, proposal, or work plan. Some behaviors may be of higher priority to the program than others, and naming all your program's behaviors of interest at the start will be helpful. If you have more than three or four, you will need to prioritize your list as you move to the next steps.

Examples of behaviors of interest include:

- Adolescents use condoms correctly every time they have sex.
- Adults get two doses and a booster of COVID-19 vaccination.
- Parents enroll their daughters in school.

1. Review program documents to identify the program's behaviors of interest. If this is simple and there is no ambiguity, skip ahead to the last item in this list.

2. If discussion is needed, use a physical or virtual method for collaborating and make a list of all the behaviors participants think are "behaviors of interest." Remember, these behaviors are the ones that your program is explicitly trying to change.

3. Narrow down the listed behaviors to identify the top priority behaviors to the program. It will be most practical to limit your discussion today to three to four behaviors. One way to prioritize which behaviors to include is to find places in which you have more than one behavior identified because one behavior is an element of another behavior or leads to another behavior. For example, research shows that speaking to your spouse or partner leads to contraceptive use. Service-seeking also leads to contraceptive use. You may find it useful to list all three of these behaviors (talking to your partner, visiting the health center, contraceptive use), or you may decide to focus on just the behavioral outcome (contraceptive use), not the intermediary behaviors. When in doubt, use your program documents (e.g., a theoretical model or a logic framework or a performance monitoring plan) to make decisions.

4. List these behaviors of interest across the top row of the Norm-Behavior Mapping Table, with one behavior of interest at the top of each column. Set the Norm-Behavior Mapping Table aside. At the end of this step, the table will look something like this example about family planning (FP):

Norm-Behavior Mapping Table: EXAMPLE with priority behaviors

	Behavior 1 Speak to spouse about FP	Behavior 2 Go to clinic for FP services	Behavior 3 Use FP method
Norm 1			
Norm 2		Leave these cells blank for now	Fill in just the top row
Norm 3			

Outcome: The team has begun to fill in the Norm-Behavior Mapping Table by adding the program's behaviors of interest across the top row. (See Appendix A for a template and an example.)

STEP 4: IDENTIFY RELEVANT SOCIAL NORMS

Approximately two hours

In this step, your team will identify and discuss which social norms are relevant to the program. Remember, social norms are the often-unspoken rules that govern behavior. They are influenced by belief systems, perceptions of what others expect and do, and sometimes by perceived rewards and sanctions. Norms often perpetuate existing power dynamics and are embedded in formal and informal institutions, and they are produced and reproduced through social interaction. Social norms are different from attitudes, which can be understood as personal or individual beliefs about what is good and bad and how things should be.[3] Refer to the figure with examples of behaviors, attitudes, and norms examples of norms.

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[3] The Learning Collaborative. (2019). Social norms and AYSRH: building a bridge from theory to program design. Georgetown University Institute for Reproductive Health.

The time needed for this activity depends on whether or not the research you are using explicitly describes social norms in relation to the identified behaviors. Ideally, the research report will have a section describing social norms, or it will otherwise label results that describe norms. At this point, you may realize that the research you are using is not specific enough about what social norms exist in the community. That may be because the data do not include anything on social norms. It may also be because the data were not analyzed to examine norms, or the report did not include norms when it was written. If this is your situation, you may want to pause and get specific and clear social norms data before continuing. The Social Norms Atlas has helpful lists of behaviors, attitudes, and influential social norms for a number of health issues. Reviewing these can help you identify social norms in your own data.

Instructions

1. **Give every team member a copy of the research reports**, or the relevant sections of those reports. The more clearly the information identifies social norms, the easier the next steps will be.

2. In a physical or virtual collaboration space, have all team members **look through the materials and identify social norms** described in them. List all the norms people identify on a flipchart, slide, sticky, or document.

3. Now **refine the list**. Going through each norm that was listed, identify any that are not actually a norm but may be a belief, attitude, or behavior. Set those aside (cross them out, highlight in a different color, or move the sticky). If there are norms that were identified in the data but that are clearly not relevant to the behaviors of interest, set those aside as well. This situation may occur if the research was very broad, but your program is targeted.

4. **Consider whether anything is missing from the list**. Are there social norms that the research did not study? What are they? How do you know that they are social norms, and that they are relevant? Make another list of these possible social norms. In this step, be aware that you are using your team's knowledge of the community and its norms or the team's knowledge of the behavior of interest and the norms that often influence it. This step is different from using research. Its purpose is to identify gaps that the research missed. If you identify norms you think the research missed, seek data to clarify whether these are widely held norms in the community.

5. **Compile a final list of norms**. Look across your list to be sure there is no duplication. You may find that people have worded a norm in different ways, but all versions refer to the same norm. If you have a list of five or fewer norms, move to the final step of this session. If you have more than five norms, you have too many to work with during the next session and you'll need to prioritize which to explore.

6. **If you have more than five norms, discuss which the team would like to work with** during the next session. You can explore more norms later by repeating Session 2 with norms that you do not explore the first time. Here are some criteria you can use to decide which norms to discuss in the next activities. You might prioritize norms that:

   • Influence multiple behaviors of interest.

   • Are closely related to behaviors of interest.

   • Are relevant for wide portions of the population.

   • Are particularly relevant to vulnerable/underserved groups.

Continue discussing which norms to work with first until you have a list of five prioritized norms.

7. **Add the social norms that you have identified to the Norm-Behavior Mapping Table**, see Appendix A. You already added the behaviors of interest across the top. Now add the social norms down the left-hand side, with one social norm per cell. Save this document for the next session, when you will fill in the rest of this table. At the end of this step the Norm-Behavior Mapping Table will look something like the following example:

Norm-Behavior Mapping Table: EXAMPLE with priority behaviors and norms

	Behavior 1 Speak to spouse about FP	Behavior 2 Go to clinic for FP services	Behavior 3 Use FP method
Norm 1: None of my friends talk about FP with their husbands.			
Norm 2: None of my friends talk about FP with their husbands.			
Norm 3: None of my friends talk about FP with their husbands.			

Leave these cells blank for now

The top row is already filled in. Now add norms in the first column.

Outcome: Team has created a list of social norms that are relevant to the program's behaviors of interest and decided on no more than five norms to explore in the next session. These behaviors and norms have been entered into the Norm-Behavior Mapping Table.

Session 2

Session 2

STEP 5: NORM-BEHAVIOR MAPPING

Approximately two hours

In the previous activity, your team identified your program's behaviors of interest and created a list of social norms related to those behaviors. Your team prioritized a short list of no more than five social norms to discuss in this session. In this activity,[4] your team will explore how the social norms each influence the program's behaviors of interest. Understanding how a norm influences a behavior will help the team decide (a) which norms are most important to consider when designing or adapting your program, and (b) how a program might use the norm in programming or messaging.
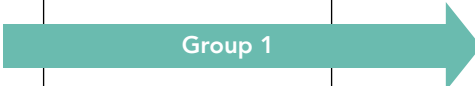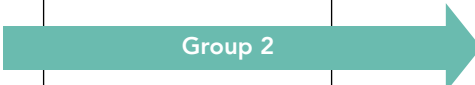
At the end of this session, your team will have produced a completed Norm-Behavior Mapping Table, with all the cells filled in. It can be used simply as useful information as you design or implement your program, or you can proceed to Activity 2 of the **Getting Practical** tool to carry on with a structured approach to integrating social norms into your program.

Instructions

"Interest" in the following activity refers to the behavior the team is working on changing.

1. **Participants will work in groups to map how each social norm influences each behavior of interest, working cell by cell.** The number of groups will depend on the size of your team, the time you have, and the number of behaviors and norms you have identified. You can divide participants into groups using two methods:

Norm-Behavior Mapping Table: EXAMPLE 1 of Group Assignments

|	Behavior 1 Speak to spouse about FP	Behavior 2 Go to clinic for FP services	Behavior 3 Use FP method
Norm 1: None of my friends talk about FP with their husbands.	Group 1: Map this cell, then move to the next cell on the right.	Group 1	
Norm 2: None of my friends talk about FP with their husbands.	Group 2: Map this cell, then move to the next cell on the right.	Group 2	
Norm 3: None of my friends talk about FP with their husbands.	Group 3: Map this cell, then move to the next cell on the right.	Group 3	

Before you actually break into small groups, you may want to make one map of one behavior and one norm (in other words, one cell of the table) together in plenary to practice.

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[4] Adapted from Table 11 in Institute for Reproductive Health. (2020). Social Norms Exploration Tool (SNET). **https://irh.org/social-norms-exploration/**

2. **Each group will discuss how each of the social norms they have been assigned influences each behavior they have been assigned.** The ways in which a social norm influences any given behavior are endless, and your research is unlikely to answer all of your questions. Therefore, the purpose of this activity is to use discussion to understand how the norm might influence the behavior, recognizing that there is not a "right" answer. However, understanding the possibilities and the complexity can help the team make programming decisions later.

3. Teams should choose one of two methods to structure their discussions. If they get stuck, they can try the other method:

   - **Method 1: Create a pathway from the social norm to the behavior.** Start with a few words representing the norm, draw an arrow, and then use a few words to describe an intermediary step that the norm leads to or causes, draw an arrow, and use a few words to describe another intermediary step, if there is one. Keep going until you reach the behavior. If there are multiple paths, indicate those with arrows that split off and create a new pathway. The aim is to link the norm to the behavior through all the steps necessary for the norm to influence, cause, or contribute to the behavior.

Here is an example of a map using Method 1:

Norm-Behavior Mapping Method 1: Create a Pathway
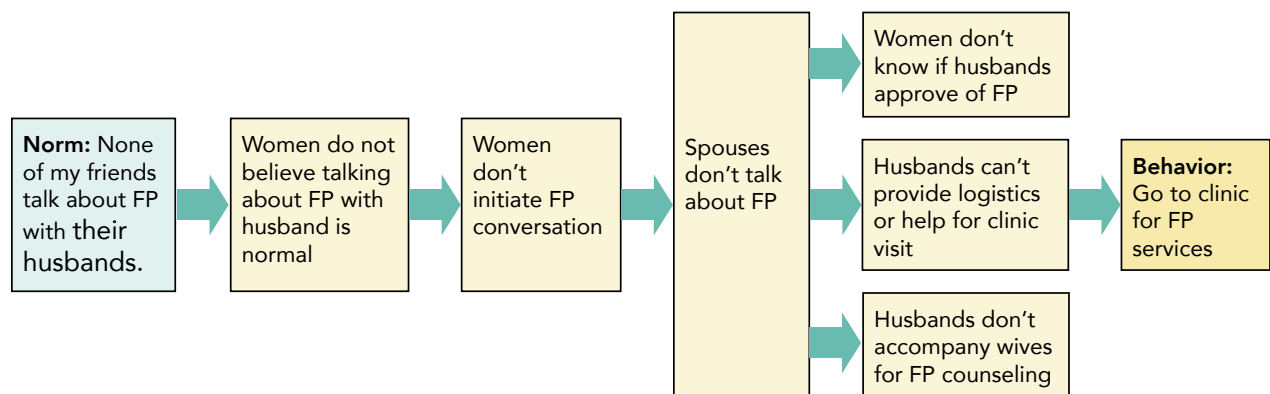
   - **Method 2: Read the norm. Imagine it is different, or the opposite, and write that opposite norm down.** Now discuss how the opposite norm would change the behavior. What steps would the changed norm trigger? Describe a pathway from the opposite norm to the behavior using if/then statements. For example, take the norm "None of my friends talk about FP with their husbands," and change it to the opposite, "All of my friends talk about FP with their husbands."

Here is an example of a map using Method 2:

Norm-Behavior Mapping Method 2: Imagine the Opposite
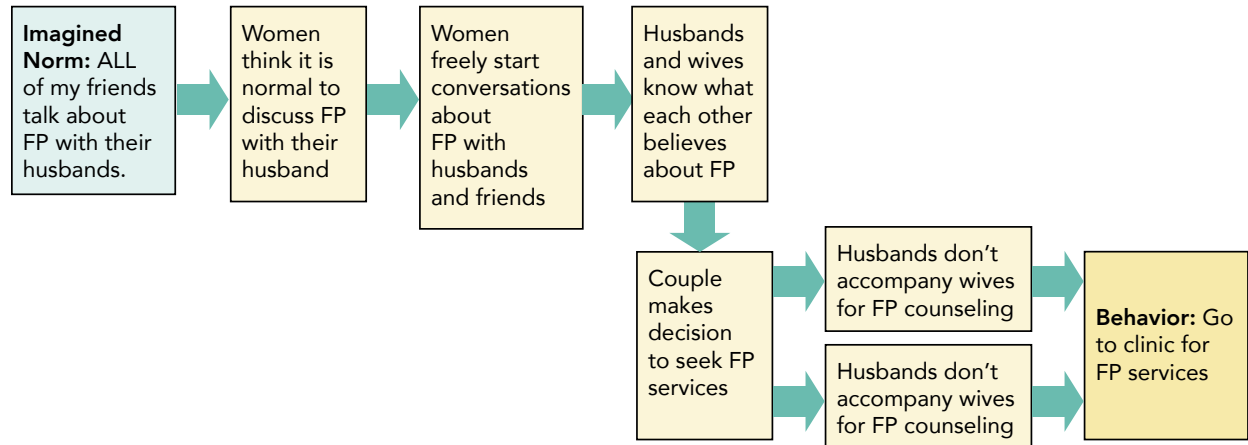
Note: For both of these methods, there is no single right answer. Many causal or influential paths exist from any norm to a behavior. The purpose is for the group to get an understanding of how the norm may be influencing behavior, and whether changing or shifting it could have any impact on the behavior of interest.

4. **Summarize how the norm influences the behavior and include this brief explanation in the cell of the table.** It could be a sentence or a few words. (See gray boxes in examples above for an example summary of the mapping.)

5. When the group finishes one cell, including the summary, they move to the next cell and start a new map.

6. **Complete the table by entering all the summaries into their appropriate cells.** Collect and keep the longer version (the pathway or if/then statements from above) in a document so the team can refer to them later during program planning.

Here is an example of a finished Norm-Behavior Mapping Table:

Example of Norm-Behavior Mapping Table for FP

	Behavior 1 Speak to spouse about FP	Behavior 2 Go to clinic for FP services	Behavior 3 Use FP method
Norm 1: None of my friends talk about FP with their husbands.	Women don't believe talking about FP with spouse is normal, and so do not initiate conversation.	If spouses don't talk, women don't know if husbands support FP. Husbands don't provide time, money, or go together.	If spouses don't talk, women don't know if husband supports FP and afraid to use FP. Won't choose a male method and may hide use.
Norm 2: Men make fun of new husbands who allow their wives to use FP.	Men disapprove of FP, either do not initiate conversation or discourage wives from FP use.	Husbands hide FP use; fear of being seen at clinic, fear for confidentiality.	Husband either refuses FP use entirely or hides FP use, limiting method and service choices.
Norm 3: My family will criticize me if I wait too long to have my first child.	Spouses both believe they should start childbearing; if "speaking about FP" means postponing childbirth they don't. Spouses could talk about family size desires and plans.	Spouses both believe they should start childbearing; neither intends to use FP, so no service visit.	Spouses both believe they should start childbearing; neither intends to use FP.

Outcome: The team has developed a Norm-Behavior Mapping Table that summarizes how each norm influences each behavior of interest. In developing this table, the team has deepened their understanding of how social norms influence the behaviors of interest and has documented that understanding for future programmatic decision making.

Conclusion

Conclusion

Congratulations! Your team has completed **Getting Started With Norms**! You have explored the relationship between norms and behaviors and built a Norm-Behavior Mapping Table summarizing how norms influence the program's behaviors of interest. We hope this activity has prepared your team to feel more confident in understanding and addressing social norms.

We would greatly appreciate receiving your feedback on **Getting Started With Norms** and hearing about your experience using this tool. Please email any feedback to Lisa Cobb at **lcobb@jhu.edu**.

If your team wants to take a deeper dive into social norms and SBC programs, please visit https://breakthroughactionandresearch.org/getting-practical-tool/ to access the full **Getting Practical: Integrating Social Norms into Social and Behavior Change Programs** guide on which this resource is based.

Appendices

Appendix A

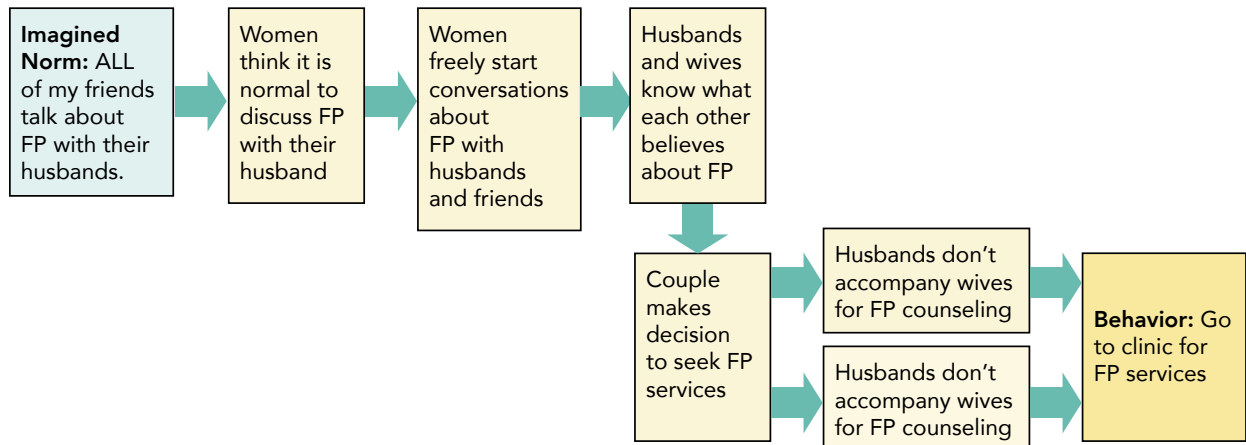**Norm-Behavior Mapping Table Template**

	Behavior 1	Behavior 2	Behavior 3	Behavior 4
Norm 1				
Norm 2				
Norm 3				
Norm 4				
Norm 5				

Appendix B

Examples of Norm-Behavior Mapping Activity

Imagined Norm: ALL of my friends talk about FP with their husbands.	Women think it is normal to discuss FP with their husband	Women freely start conversations about FP with husbands and friends	Husbands and wives know what each other believes about FP

Couple makes decision to seek FP services → Husbands don't accompany wives for FP counseling → **Behavior:** Go to clinic for FP services

Husbands don't accompany wives for FP counseling

Appendix C

Example of Norm-Behavior Mapping Table

	Behavior 1 Speak to spouse about FP	Behavior 2 Go to clinic for FP services	Behavior 3 Use FP method
Norm 1: None of my friends talk about FP with their husbands.	Women don't believe talking about FP with spouse is normal, and so do not initiate conversation.	If spouses don't talk, women don't know if husbands support FP. Husbands don't provide time, money, or go together.	If spouses don't talk, women don't know if husband supports FP and afraid to use FP. Won't choose a male method and may hide use.
Norm 2: Men make fun of new husbands who allow their wives to use FP.	Men disapprove of FP, either do not initiate conversation or discourage wives from FP use.	Husbands hide FP use; fear of being seen at clinic, fear for confidentiality.	Husband either refuses FP use entirely or hides FP use, limiting method and service choices.
Norm 3: My family will criticize me if I wait too long to have my first child.	Spouses both believe they should start childbearing; if "speaking about FP" means postponing childbirth they don't. Spouses could talk about family size desires and plans.	Spouses both believe they should start childbearing; neither intends to use FP, so no service visit.	Spouses both believe they should start childbearing; neither intends to use FP.