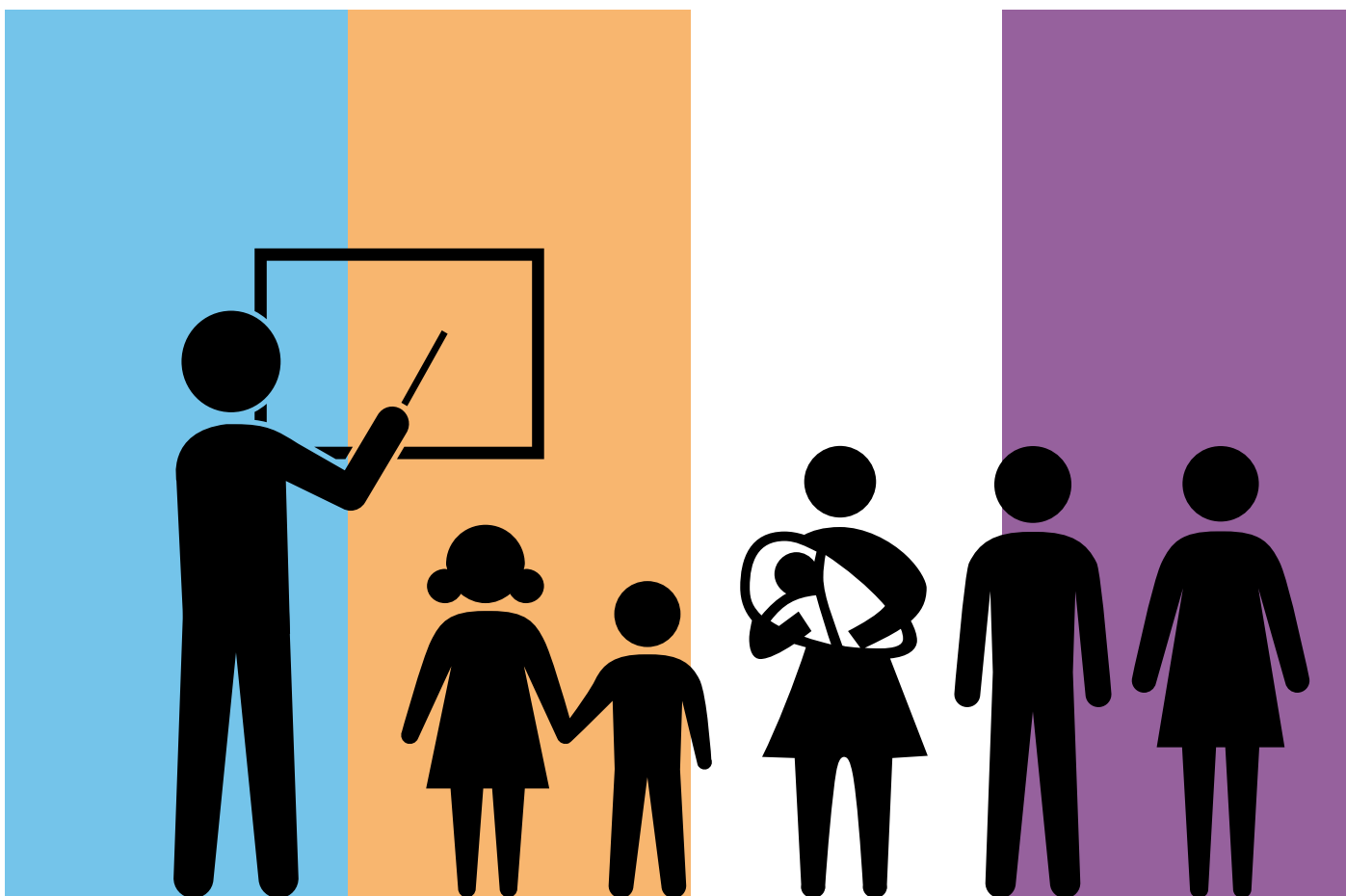


THE ACT FRAMEWORK PACKAGE:
**MEASURING SOCIAL NORMS AROUND
FEMALE GENITAL MUTILATION**

2×2 TABLES TRAINING GUIDE

December 2020



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TABLE OF CONTENTS

Introduction	05
Section 1	06
Understanding social norms	
What is the social-ecological model?	08
Section 2	09
How to conduct the 2x2 tables activity	
Start with social network mapping: What and why?	09
Social network mapping activity	09
Social network mapping instructions and guidance notes	10
Proceed to the 2x2 Tables: What and why?	12
2x2 Tables activity	12
2x2 tables instructions and guidance notes	12
Section 3	17
Potential issues and how to overcome them	
Respondents say “no one’s thoughts or opinions matter”	17
Respondents are naming people generally not specific to the behaviour	17
Copying others’ answers	18
Privacy issues	18
After these suggestions, respondents are still struggling with the activity	19

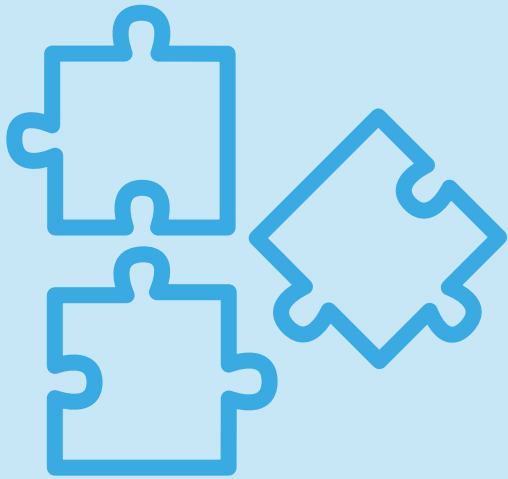
INTRODUCTION

This document provides a training guide specific to Activity 3: 2x2 Tables, which is one of the five activities of the ACT focus group discussions (FGDs). **2x2 tables are a participatory research method used to collect data on social norms.** There are three parts to this activity. First, FGD participants as a group complete Activity 2: Social Network Mapping, to identify the participants' reference group and social network – the people in their immediate and extended families, among their peers and friends, and in their broader communities whose opinions matter to them and with whom they would discuss the subject (in this case, FGM). Next, with the completed social network map visible to all participants, the 2x2 table activity begins with respondents giving answers to a series of questions, which the facilitator uses to fill out two tables, one regarding approval of FGM, and one regarding the actual practice of the behaviour, in this case FGM. Finally, respondents are asked several probing questions to facilitate discussion on the answers provided, and to obtain further data on the participants' reasons for choosing those answers.

The intended audience of this guide is the data collectors (interviewers, facilitators, note-takers) involved in facilitating the qualitative activities of the ACT Instruments during implementation of the ACT Framework. This training guide is organized into three sections: The first section provides background information on the theory behind the activity; the second section explains in detail how to conduct the activity; and the final section gives suggestions on how to overcome common issues that arise when implementing the activity.

SECTION 1

UNDERSTANDING SOCIAL NORMS



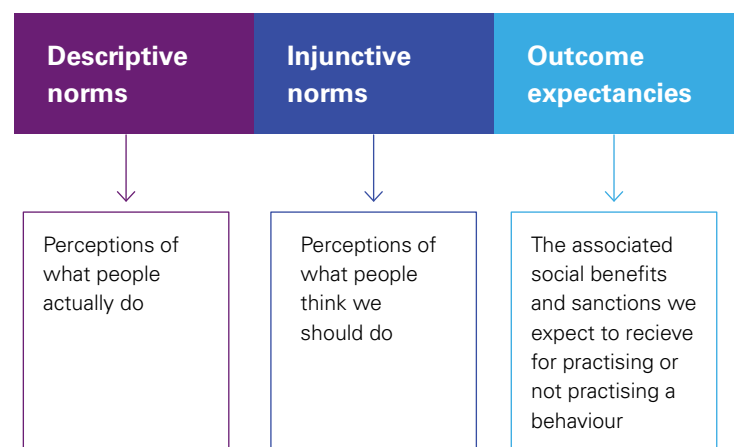
According to the **theory of normative social behaviour**, everything we think and ultimately do is guided by the attitudes and behaviours of the people around us. From this point of view, nothing we think or do exists in a vacuum; we are constantly being socially influenced. **Social norms** are responsible for this influence; they are a combination of what we do (our own behaviours), what we think other people do (**descriptive norms**), and what we believe other people think we should do (**injunctive norms**) (see *Figure 1*). Altogether, these factors form an unwritten (but socially agreed upon) set of rules that we use when deciding what to think, feel or do. These decisions also tend to be guided by **outcome expectancies**, which are the associated social benefits or sanctions (positive or negative social consequences, such as rewards or punishments) we expect to receive from the people in our reference groups for practising or not practising a particular behaviour.

For social norms to exist, there must be a reference group. The members of our **reference groups** are the people we compare ourselves and our behaviour to; they are the people we look to when deciding what to do or think, and they are the people whose thoughts and opinions we care about and whose approval we want. Although the specific people included may vary, we all have reference groups. A single individual may also have different reference groups for different behaviours. For example, a young married woman may only care what her husband and his family think about the number of children she chooses to have, while she may care what her entire community thinks about her decision on whether or not her daughters should undergo FGM.

Box 1 offers an example to illustrate the social norms information presented above.

Table 1 provides a glossary of terms as a reference for quick definitions on these and other key terms.

Figure 1: Components of Social Norms



Box 1: Social norms example

Susan is a woman in the United States who is deciding what to wear on her wedding day. To make the choice, she considers what other people in her **reference group** do (**descriptive norms**) and what they think she should do (**injunctive norms**). In her family and culture, brides wear white wedding dresses and she believes that important people in her reference group – like her mother, grandmother, friends and church leaders – also

approve of brides who wear a white dress. Therefore, Susan feels that she is expected to wear a white dress.

Susan also considers the benefits and sanctions she might receive for abiding by the norm of the white wedding dress or breaking the norm by wearing a blue wedding dress instead (**outcome expectancies**). You see, blue is her favourite colour and she would like to wear blue. After some consideration, she believes that she will face **social sanctions** for wearing a blue dress instead of a white

dress. She thinks that her friends will laugh at her and that her grandmother would chastise her upon seeing her in a blue dress. If she wears a white dress, Susan believes she will **be socially rewarded** because her reference group will accept her and compliment her on her wedding day.

What do you think Susan will decide to do? She may decide to go with her personal desire to wear a blue wedding dress knowing that she will likely face sanctions. It is her wedding day, and she may decide that her

own preference outweighs the impact of the sanctions. On the other hand, she might decide that it is better to abide by the social norm of wearing a white wedding dress in order to avoid the social sanctions and reap the social benefits. According to the theory of normative social behaviour, we all face these choices every single day on both subconscious and conscious levels, when deciding what is important to us and what action to take.

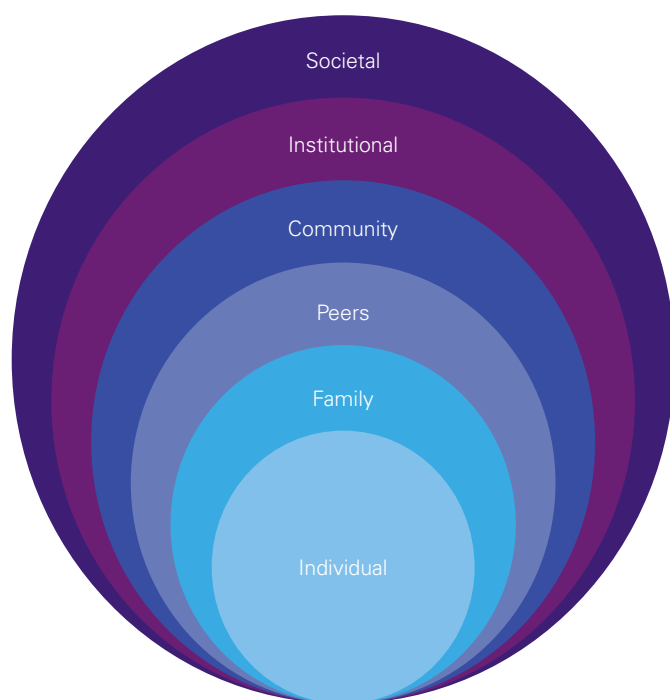
Table 1: Glossary of key terms

Term	Definition	Activity component
Attitudes	Our own thoughts and opinions about a topic or behaviour (which may or may not be influenced by norms)	Approval 2x2 table
Descriptive norms	Beliefs about what others actually do	Behavioural expectation 2x2 table (what others do) and probing questions
Injunctive norms	Beliefs about what others think we should do (and about what others approve of)	<ul style="list-style-type: none"> · Approval 2x2 table (what others approve of) · Behavioural expectation 2x2 table (what others think you should do)
Outcome expectancies	The social benefits and social sanctions we expect to receive for doing or not doing certain behaviours	Probing questions
Participatory research methods	Engaging, interactive data-collection activities led by facilitators. The responses provided during the activity are collected as data and later analyzed	All
Reference group	The people whose attitudes and behaviours we consider important when developing our own attitudes and deciding on our own behaviours	Social network mapping
Social-ecological model (SEM)	Posits that our attitudes, beliefs and behaviours are all influenced by (and in turn influence) those of our family members, peers, community, institutions, and society as a whole	Social network mapping
Social benefits	A type of outcome expectancy – the benefits (or rewards) that people expect to receive for doing or not doing a certain behaviour	Probing questions
Social norms	The unwritten rules that guide our behaviour; a combination of descriptive norms, injunctive norms and outcome expectancies	Both 2x2 tables and probing questions
Social sanctions	A type of outcome expectancy – the sanctions (or punishments) that people expect to receive for doing or not doing a certain behaviour	Probing questions

WHAT IS THE SOCIAL-ECOLOGICAL MODEL?

The social-ecological model (SEM) suggests that individual attitudes, beliefs and behaviours are influenced by the attitudes, beliefs and behaviours of members of their immediate and extended family, their peers, their community, and others at the institutional and societal levels. In turn, the attitudes, beliefs and behaviours of the individual also affect the attitudes, beliefs and behaviours of others at each of those levels. A series of expanding circles is used to illustrate the SEM (see Figure 2). The sizes of the circles mirror the size of the SEM level, starting from one person on the individual level to all people in the broader society in the largest, outermost circle. Placing the circles within one another in order of size illustrates the strength of the influence, with those closest to an individual having the most direct influence on that individual's attitudes, beliefs and behaviours. As you move outwards from the individual level, influence is less direct but nonetheless formative in terms of the social norms that drive attitudes, beliefs and behaviours on each level. For example, the norms of society affect the norms of institutions, which in turn affect the norms of communities. Peers are affected by these norms as well, and so are families, and ultimately individuals.

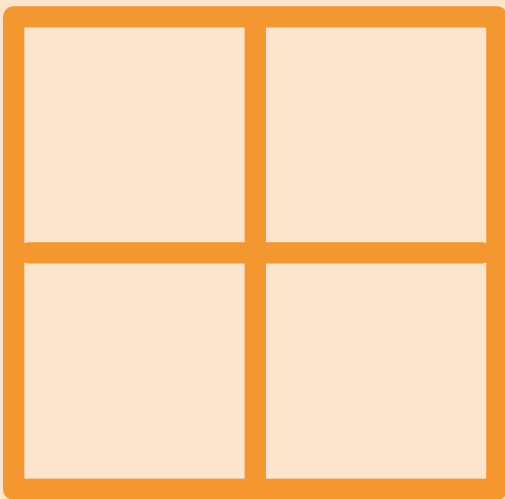
Figure 2: Social ecological model



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SECTION 2

HOW TO CONDUCT THE 2×2 TABLES ACTIVITY



The 2×2 tables activity actually starts with the previous FGD activity, which is the social network mapping, to define the reference group. Next, and with the completed social network map in view, the respondents are guided through two 2×2 tables by the facilitator, one for injunctive norms ('approval') and one for descriptive norms ('behaviour'). Responses are recorded on two blank 2×2 table diagrams by the facilitator. After completing both tables, respondents engage in a guided discussion using a number of probing questions to collect data on the reasons for their responses and their view on related social benefits and sanctions. This section describes all these steps in detail.

START WITH SOCIAL NETWORK MAPPING: WHAT AND WHY?

Social network mapping is a participatory research activity that is used to identify reference groups. In this activity, respondents are asked to list people at various levels of the social-ecological model (SEM) whose thoughts and opinions regarding FGM matter to them. The template only includes the SEM levels up to and including 'community' for the purposes of this activity. To complete the 2×2 tables subsequently, respondents will be asked what their reference group thinks and does, referring them back to the completed social network map; therefore, it is very helpful to have participants map their reference group first using this activity.

SOCIAL NETWORK MAPPING ACTIVITY

To complete the activity, respondents are shown the blank social network map template. The facilitator points out the innermost circle and tells respondents that this circle represents them, the individual. They then gesture to the second innermost circle, labelled 'family'. They ask participants whose thoughts and opinions matter regarding FGM in their immediate and extended family. As participants mention types of respondents (e.g., 'mom', 'dad'), these should be written down (by the facilitator or by the respondents, as preferred for your group) in the circle labelled 'family'. The same process is repeated for the 'peer' and 'community' circles. Once the map is filled in and no more responses are being given, the social network mapping activity is complete.

We will now go over the exact instructions and questions from the focus group discussion guide (see ACT Instruments). Along with the stated questions, there are guidance notes here for facilitators, which elaborate on what we are asking and how to complete this activity correctly.

- Guidance notes are in **orange text**.
- Instructions are in **black plain text**;
- and the things you will say out loud to participants are in **blue text**.

SOCIAL NETWORK MAPPING INSTRUCTIONS AND GUIDANCE NOTES

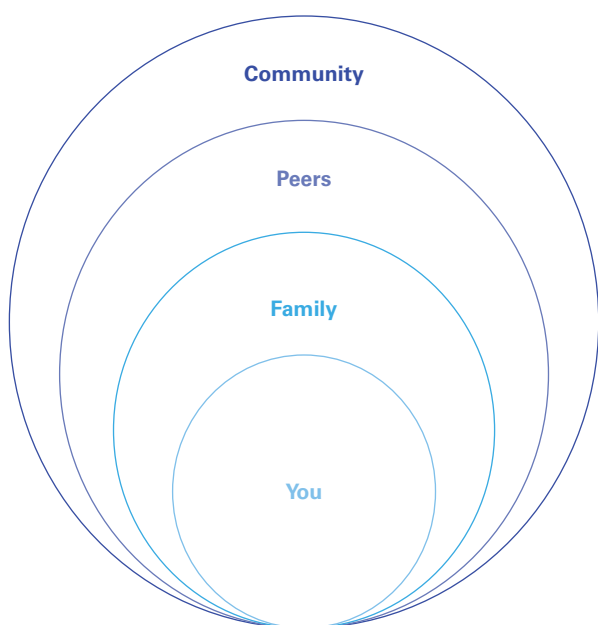
- **Purpose:** To understand the social networks of the participants, so that they are prepared to complete Activity 3 subsequently.
- **Materials:** Activity 2 template (shown in *Figure 3*; use the full-size template attached at the end of the FGD guide), a writing implement and some tape
- **Suggested time:** About 10 minutes

Show the participants the prepared social network map template:



- Social network maps are blank versions of the SEM (see *Figure 3*), available at the end of the FGD guide.
- The facilitator and/or the respondents fill out the SEM levels with the types of people whose thoughts and opinions they care about with regard to the behaviour of interest – in this case it is the practice of FGM.

Figure 3: Blank social network diagram



Say: For our next activity, we'll start by listing the people whose thoughts and opinions regarding FGM matter to you. We will write the type of person in each of these circles on this paper. Please give us the type of person – such as 'mother' or 'friend' or 'nurse' – not their name.

Put the template somewhere that all the participants can see it, and decide who will write on it – the facilitator, note-taker or the respondents. If any participant cannot write, the facilitator or note-taker should be sure to write down their answers.

Say: Here you are in the middle. The second circle represents the people in your family. Who are your family members whose thoughts and opinions regarding FGM matter to you? Who are your family members with whom you do (or would) discuss FGM?

Allow the participants time to respond and record their answers in the 'family' circle. If participants are only responding with immediate family members, probe with "Who are your extended family members whose thoughts and opinions regarding FGM matter to you?" and "Who are your extended family members with whom you do (or would) discuss FGM?" Ask them to record these in the same 'family' circle.

Say: The third circle represents your peers and friends. Who are the friends and peers whose thoughts and opinions regarding FGM matter to you? Who are your friends and peers with whom you do (or would) discuss FGM?

Allow the participants time to respond and record their answers in the 'peers' circle.

Say: The fourth circle represents community members and local leaders. Whose thoughts and opinions regarding FGM in your community matter to you? Who are the community members and leaders with whom you do (or would) discuss FGM?

Allow the participants time to respond and record their answers in the 'community' circle. If necessary, explain that for this activity the word 'community' is used as a geographical designation. Decide what word works best in your context/language (use the same word selected for question E.3 of the structured interview).

Box 2 provides an example of a completed social network map.



Note: If it has been decided that it is important to your programme to identify who is involved in the decision to arrange for a girl to undergo FGM, the following additional question will be included on the FGD guide:

Say: Of these people you've identified, which of them are directly involved in the decision to arrange for a girl to undergo FGM?



- It is important to start with the self and then move through each level with increasing social distance; ask the questions in the order presented.
- It is critical to gather data on the types of people and not specific people's names, as shown in the example below (Box 2). If they give a name, ask what that person's relationship or position is and record that instead.
- It is not necessary to go around one by one and ask every participant, e.g., if 'mother' is already written, do not record that response again, but have the note-taker indicate if a response was given multiple times.
- Note that caring about someone's thoughts and opinions does not necessarily mean they have or would talk to the person about FGM.
- What we really want to know is the people whose opinions they care about or would care about when making decisions about FGM for their daughter. For example, they may not have talked to community leaders about FGM, but they care what community leaders think when it comes to FGM among girls in their area.



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Box 2: Social network mapping example



PROCEED TO THE 2×2 TABLES: WHAT AND WHY?

In this activity, you will ask participants about their own and others' approval and behaviour relating to the practice of FGM. You will record their pairs of answers (about themselves and about others) in each of the two prepared 2×2 tables (one for 'approval' and one for 'behaviour'). Each 2×2 table is made up of four quadrants (see *Figures 4 and 5 below*).

Completing the pair of 2×2 tables with the participants' responses allows us to measure injunctive and descriptive norms. The first table collects data on injunctive norms ('approval') while the second collects data on descriptive norms ('behaviour'). After completing both tables, you will have participants think through the reasons for their answers in each quadrant. Through this activity, comparisons between injunctive and descriptive norms can be made.

On an individual level, alignment and discrepancies between approval and behaviour provide insight into whether and how norms influence the attitudes and behaviours of the individual. The same alignment and discrepancies on a population level can suggest to what extent social norms are pervasive in society and affect the population as a whole. If the population falls into the same quadrant, it signifies that homogeneous norms are at play, i.e., the same norms are shared among the entire population. Homogeneous norms tend to be very strongly held. On the other hand, if norms are heterogeneous – which would be indicated by the responses falling across some or all of the quadrants – this means that norms differ among different groups of people in the same population.

In some countries FGM is a homogeneous norm because prevalence is over 90 per cent nationally in spite of demographic differences (e.g., age, socioeconomic status, education level, religion), whereas in other countries FGM prevalence is high among those practising Islam but low or variable among Christians. Likewise, even among populations practising the same religion, FGM rates might be high among certain ethnic groups practising that religion, and low in others. These are examples of heterogeneous norms. In places where norms are more heterogeneous, norms may be easier to shift. It is important to understand whether norms are homogeneous or heterogeneous in your country context because this has implications for programming. In addition to mapping injunctive and descriptive norms and outcome expectancies, the ability to document and monitor such discrepancies in norms is one of the major benefits of the 2×2 table activity.

Probing questions allow respondents to reflect on their answers and why they fall into particular quadrants of the 2×2 tables, which can highlight awareness of the norms that are at play. Their responses relate to the perceived rewards and punishments associated with continuing or not practising

FGM. Through these discussions, you will find that some respondents can articulate reasons for their responses in terms of rewards and punishments, which signifies awareness of norms on a conscious level. In contrast, if respondents cannot describe these things then norms may be operating on a subconscious level, which means raising awareness is a good first step towards behaviour change.

2×2 TABLES ACTIVITY

Now that you know what the 2×2 tables activity consists of and why we use it, this section explains how the activity is actually run. Below are the exact instructions and questions from the focus group discussion guide (see ACT Instruments). Along with the stated questions, there are guidance notes here for facilitators, which elaborate on what we are asking and how to complete this activity correctly.

- Guidance notes are in **orange text**.
- Instructions are in **black plain text**;
- and the things you will say out loud to participants are in **blue text**.

2X2 TABLES INSTRUCTIONS AND GUIDANCE NOTES

- **Purpose:** To measure the extent to which FGM behaviours are governed by descriptive and/or injunctive social norms and what the outcome expectations for abandoning or not abandoning FGM are.
- **Materials:** Activity 3 templates (shown in Figure 4 and 5; use the full-size templates attached at the end of the FGD guide), writing implement and tape.
- **Suggested time:** 30 minutes

Make sure the social network map from Activity 2 is visible to participants during this activity.



- The social network map completed during the previous activity illustrates the reference groups at the family, peers and community levels, which respondents will be asked about in this activity. Therefore, keep the map visible and refer participants back to it throughout the 2x2 tables activity.



Say: Now I'd like to know: In your *community* as a whole, out of 10 girls aged 10–14 years, how many do you believe have or will undergo FGM?

Say: In your *community* as a whole, out of 10 girls aged 15–19 years, how many do you believe have or will undergo FGM?

Say: In your *community* as a whole, out of 10 women aged 20 or over, how many do you believe have undergone FGM?

Say: Next, I want to know what you think about the practice of FGM. I'm going to ask you two questions, but I don't want you to answer until I've asked both of the questions.

- Start with the 1st table (see *Figure 4*)

Say: Do you personally approve of the continuation of FGM? Answer yes or no in your head.

Say: Now I want you to think about the people whose thoughts and opinions about FGM matter to you, the people that we just identified in the social network map in the previous activity. Do you think that those people personally approve of the continuation of FGM? Yes or no?



Note that the 'people whose thoughts and opinions about FGM matter' is referring to the reference group. It is important to remind respondents of the people they identified in the social network map in the previous activity to get them thinking about these people and what they would approve of.



- We ask these questions to measure perceived prevalence of FGM.
- Prevalence can vary by age, so we have split it into three age groups.
- Make sure it is clear you are referring to their community, not the country as a whole.

Now go around to participants one by one and ask them to share their pair of answers (yes/yes; yes/no; no/yes; no/no). Tally their answers in the appropriate quadrant on the prepared 'approval' chart (see *Figure 4*).



Sudan
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- For each question, participants must choose yes or no (or opt out of responding); there can be no ‘maybe’ or ‘in such and such a case’ responses for this activity to work.
- Pairs of responses (responses to both questions from each participant) will fit into one of the four quadrants (i.e., one of the squares) of the 2x2 ‘approval’ table (see *Figure 4*), and should be tallied there.
 - If they say they approve and that they believe others also approve, their response is tallied in the top left ‘yes/yes’ quadrant.
 - If they say they do not approve but that others do approve, their response is tallied in the bottom left ‘no/yes’ quadrant.
 - If they say they approve but they do not believe others approve, their response is tallied in the top right ‘yes/no’ quadrant.
 - If they say they do not approve and that others also do not approve, their response is tallied in the bottom right ‘no/no’ quadrant.
- As you can see, this first table facilitates the measurement of attitudes (what the person thinks) and injunctive norms (what the person believes others think they should do, i.e., what they believe others approve of).

Move to the 2nd table (see *Figure 5*)

Figure 4: Approval table outline

		Others: Approval	
		Yes	No
Self: Approval	Yes	(YES I approve of continuing, YES others approve)	(YES I approve of continuing, NO others approve)
	No	(NO I do not approve of continuing, YES others approve)	(NO I do not approve of continuing, NO others approve)



Say: Moving on, I want you to imagine that it is up to you to make a decision about FGM. Again, I’m going to ask you two questions, but don’t share your answer with me until I’ve asked both questions. Do you think other people expect you to continue FGM? Yes or no?

Say: Now, what about those people whose thoughts and opinions matter to you regarding FGM – the ones identified on the map? [Point to the map] Would those people choose to continue FGM? Yes or no?





- As for the first table, for each question, participants must choose either yes or no (or opt out of responding); there can be no 'maybe' or 'in such and such a case' responses for this activity to work.
- Pairs of responses (responses to both questions from each participant) will fit into one of the four quadrants (i.e., one of the four squares) of the 2x2 behavioural expectation table (see Figure 5), and should be tallied there.
 - If they say they are expected to continue and they believe others are continuing FGM, their response is tallied in the top left 'yes/yes' quadrant.
 - If they say they are not expected to continue but they believe others are continuing FGM, their response is tallied in the bottom left 'no/yes' quadrant.
 - If they say they are expected to continue but they do not believe others are continuing FGM, their response is tallied in the top right 'yes/no' quadrant.
 - If they say they are not expected to continue and they believe others also are not continuing FGM, their response is tallied in the bottom right 'no/no' quadrant.
- In this way, we are able to measure descriptive norms (what the person thinks others do) and behavioural expectation and injunctive norms (what the person believes others think they should do, i.e., what they believe they are expected to do).

After each participant's responses have been recorded, count the number of responses in each quadrant on each chart. Display the two charts side by side.

Each participant's combination of responses is recorded as a single tally mark. Therefore, the number of responses in the four quadrants together (per table) should be the same as the number of FGD participants (unless someone refused to respond for one or both of the 2x2 tables).

Figure 5: Behavioural expectation table outline

		Others: Behaviour	
		Yes	No
Self: Behaviour	Yes	(YES others expect me to continue, YES others continue)	(YES others expect me to continue, NO others do not continue)
	No	(NO others do not expect me to continue, YES others continue)	(NO others do not expect me to continue, NO others do not continue)

Following completion of both 2x2 tables, facilitators ask a series of probing questions. Probing questions are additional questions about the activity that allow participants to explain their responses and help the facilitator gather additional information.



Beginning with the quadrant containing the most responses on the behaviour table, ask for explanations of the differences between the two tables. For example, you might ask:

- There are X answers in this quadrant on the 'approval' table, but Y answers here on the 'behaviour' table. Why do you think the number of answers differs?
- Are your answers in the same quadrant in both charts? If not, why not?
- If a quadrant is empty, you can ask: Why do you think no one's answers are in this quadrant – [enter quadrant description]?



- For the next questions, special attention should be given to the word choice for 'social benefits' and 'social sanctions'. See the guidance notes below.

Say: What are some of the [SOCIAL BENEFITS] associated with continuing FGM?

- The following phrases can be used/should be tested to see which brings the most clarity in your context. Whatever you choose, make sure it is consistent with the word choice used in the Structured Interview and the In-Depth Interview (IDI) Guide.
- Social benefits, social rewards, positive social consequences, social advantages, social gain, social recognition, social accolades

Say: What are some of the [SOCIAL SANCTIONS] associated with continuing FGM?

- The following phrases can be used/should be tested to see which brings the most clarity in your context. Whatever you choose, make sure it is consistent with the word choice used in the Structured Interview and the IDI Guide.
- Social sanctions, social punishments, negative social consequences, social disadvantages, social censure, social rebuke, social reprimand, social condemnation.



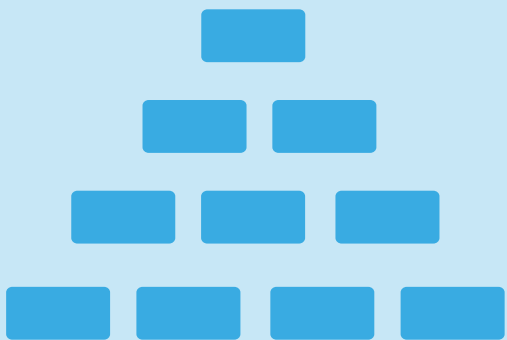
Note: If it has been decided that this would be useful to your programme, the following additional questions will be included in the FGD guide for this activity to elicit information about the relative impact of different social benefits and sanctions.

Of the [SOCIAL BENEFITS] you've listed, which do you think have the most impact on behaviour?

Of the [SOCIAL SANCTIONS] you've listed, which do you think have the most impact on behaviour?

SECTION 3

POTENTIAL ISSUES AND HOW TO OVERCOME THEM



This 2x2 table activity has been used in many different contexts to collect information on social norms around many different topics. In these various situations, common challenges have arisen in facilitation, not specific to location, language or topic. These issues can all be overcome, especially if you are trained to recognize them and prepared to intervene. In this section, we will introduce these issues, how to recognize them, and what to do to complete the 2x2 table activity successfully.

RESPONDENTS SAY “NO ONE’S THOUGHTS OR OPINIONS MATTER”

What it is

During social network mapping, participants are asked whose thoughts and opinions matter with regard to FGM. Participants may say that no one’s thoughts or opinions matter other than their own.

How to recognize it

Participants will usually express this verbally, or may refuse to answer the questions about this at all.

What to do

Ask them to reflect on whose thoughts and opinions they think could matter to other people. If that does not work, ask them whose thoughts and opinions matter regarding a similar topic, like child marriage. Then try to steer the discussion back to FGM. You can also provide some examples (‘mother’ and ‘father’ are good ones to use) but be sure to note which terms you suggested vs. those freely given by respondents.

RESPONDENTS ARE NAMING PEOPLE GENERALLY NOT SPECIFIC TO THE BEHAVIOUR

What it is

It is important that participants understand we want the types of people whose thoughts and opinions they think matter specifically with regard to the behaviour of interest – FGM in this case – not just their thoughts and opinions in general. Depending on how they respond, you may get the impression they are mentioning types of people generally without thinking specifically about FGM.

How to recognize it

Discussion among participants may get off topic. Participants might also seem to mention people without understanding the nature of what is being asked.

What to do

As participants mention people, periodically confirm with them they care about their opinions with regard to FGM. For example, if they say “Mother”, you can say, “Your mother’s thoughts and opinions about FGM are important to you, is that correct?” You can alternatively check at the end by reading each type of person out loud and verifying that at least one participant think their thoughts and opinions about FGM matter. At this time, the facilitator can erase or cross out any people from the map who were named incorrectly, and also probe for additional responses.

COPYING OTHERS' ANSWERS

What it is

Some participants do or say what other participants do or say instead of reflecting and giving their own answers.

How to recognize it

Usually you can tell because respondents will look around before giving their answer, such that there will be a delay before they answer. Sometimes it is very obvious, but other times they may be more discrete.

What to do

In addition to collecting data, make sure that you are watching the participants for copying. If you feel like there is a delay between the question and the responses, with some participants waiting and then copying the responses of their fellow respondents, you should intervene. The best way to alleviate this issue is first to explain that they should give their own answers and not base them on others' responses. If it continues, ask the respondent to answer first before others answer.

PRIVACY ISSUES

What it is

Respondents are uncomfortable saying "Yes" and "No" out loud in response to the pairs of questions for each 2x2 table. It may be better to have a nonverbal way to get their responses.

How to recognize it

If privacy is an issue, this should have been determined during pretesting, and it may have been decided that a nonverbal method of collecting data should be used (see below). However, even if this has not been noted during pretesting, you may notice discomfort, hesitation and other signs that participants are uncomfortable responding out loud. A large proportion of the participants may also refuse to answer or may seem to copy other participants' answers without really saying what they think.

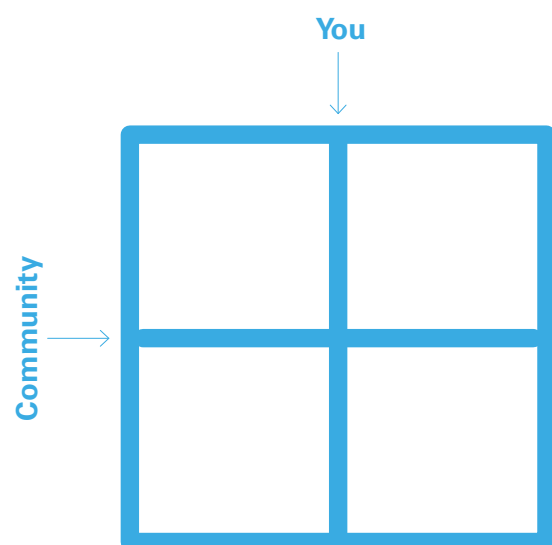
What to do

Following are some strategies for nonverbal methods of data collection:

- Stickers or sticky notes (one colour for 'yes', one colour for 'no'). Have participants stick the stickers onto divided sheets of paper (one side for approval and the other for behaviour). It is helpful to use an arrow to divide the paper, so that you can be sure which sticker represents self and which represents others.

Participants can keep their papers to themselves and then the facilitator will collect the papers and tally where the stickers were placed onto the 2x2 table diagrams. Participants would need two divided sheets of paper, one for the 'approval' table, and one for the 'behaviour' table.

- Holding up fingers: one for 'yes', two for 'no'. This must be done sequentially for each question, rather than for pairs of questions, with the facilitator or note-taker noting down each participant's response to each question in order to obtain pairs of responses for each of them, to be entered into the quadrants of the 2x2 table. This is then repeated for the other 2x2 table. Participants can also be asked to close their eyes and hold up their fingers to provide even more privacy for everyone. It is important that participants understand that one finger means 'yes' and two mean 'no', so the data will be accurate.
- Raising hands: keep hand down for 'no' and raise hand for 'yes'. As for 'holding up fingers' above, this must be done sequentially for each question, rather than for pairs of questions. Participants can also be asked to close their eyes and raise their hands to provide even more privacy for everyone. It is important that participants understand that keeping their hand down means 'no' and raising their hand means 'yes', so the data will be accurate.
- Writing 'yes' or 'no' on paper. Have participants write their pairs of responses onto divided sheets of paper (one side for responses about 'approval' and the other for responses about 'behaviour'). Respondents must be able to write for this method to work. Respondents keep their papers to themselves and then the facilitator will collect the papers and tally the responses onto the 2x2 table diagrams.



AFTER THESE SUGGESTIONS, RESPONDENTS ARE STILL STRUGGLING WITH THE ACTIVITY

If you try to implement these suggestions and respondents are still struggling, then you can opt to run through an example with them. Note that this is time consuming so should only be done with groups that do not understand the activity in spite of continued explanations and trying different methods.

You need to choose an example that is not related to the behaviour (FGM) and preferably something that is not sensitive. The example should also be something that respondents know about and can relate to. Here are some examples:

- **Having a pet dog**
- **Taking the bus alone**
- **Eating a sweet or snack before mealtime.**

Once you decide on the example behaviour, you will run through both 2x2 tables with that behaviour. Allow respondents to ask questions so they understand the activity. You do not need to ask the probing questions. After you have finished the example, move onto the actual behaviour of interest – FGM.

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