

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

SOCIAL NORMS DESK REVIEW

December 2020





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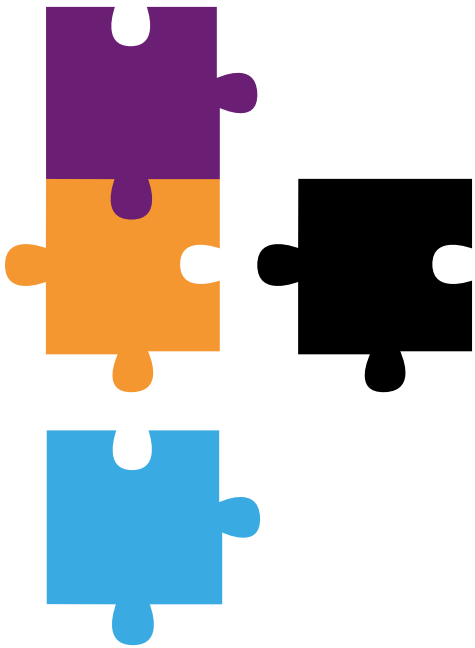
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STRUCTURE OF THE DESK REVIEW

This desk review has been broken down into four sections to enhance readability:

- **Section 1: Background** offers some background on the UNFPA–UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change (the Joint Programme).
- **Section 2: Social norms theories and constructs** provides an overview of what social norms are, including the key constructs that constitute norms and theories about social norms
- **Section 3: Applying social norms theories to FGM** provides an overview of FGM and describes how social norms theories have been applied to FGM.
- **Section 4: The ACT Framework** introduces the ACT Framework for measuring social norms change around FGM, which is informed by the findings of the desk review.

The document concludes with appendices containing supplemental information.



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SECTION 1

BACKGROUND



Since 2008, the United Nations Population Fund (UNFPA) and UNICEF have implemented the Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change, with the goal of eliminating FGM by 2030. The Joint Programme operates through the provision of financial and technical support to 17 countries¹ and the use of human rights-based and culturally sensitive approaches to address the social and cultural norms that hold the practice of FGM in place. Under the leadership of national actors and in partnership with civil society, religious leaders, communities and other key stakeholders, the Joint Programme has contributed to the acceleration of the elimination of FGM.

The close monitoring and evaluation (M&E) of the Joint Programme's efforts to eradicate FGM have been a key priority from the start, M&E is also a global priority, given that the elimination of FGM by 2030 is included in target 5.3 of the Sustainable Development Goals (SDGs): Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation, to be measured and monitored over time as proportion of girls and women aged 15–49 years who have undergone FGM, by age.

Rigorous M&E provides crucial insights and valuable feedback on programme implementation, what works, what refinements are needed, what challenges persist and what impact the work is having. The Joint Programme's efforts to eliminate FGM recognize the crucial role that social norms play in upholding FGM and, despite different approaches having been tested in different countries, there is still no commonly tested methodology to monitor and track change towards FGM elimination that can be scaled up in all the Joint Programme countries.

To respond to this need, the Joint Programme has embarked on a project to develop a macro-level M&E framework for social norms change, specifically for FGM, which can be adapted to local country contexts. This global framework will be accompanied by conceptual definitions of key constructs that comprise social norms, the operationalization of the key constructs, and means of verification through qualitative, quantitative and participatory tools to measure social norms change. This framework should be linked with current and planned social norms measurement efforts under the Joint Programme. It is anticipated that country efforts under the Joint Programme will use the data to monitor and evaluate the effectiveness of communication interventions designed to change local and national social norms around FGM. In addition, this framework could serve as a reference for work on other harmful practices, most notably child marriage and violence against children.

This document contains key findings from a desk review of social norms measurement, specifically in the context of FGM. This desk review is not meant to be exhaustive; instead it draws heavily from documents provided by experts working in this field in order to provide a common understanding upon which to build.

SECTION 2

SOCIAL NORMS THEORIES AND CONSTRUCTS



This section provides an overview of how social norms are defined and theories about social norms, as well as social norms constructs and their measurement.

2.1 WHAT ARE SOCIAL NORMS?

Social scientists have wrestled with the concept of social norms for quite some time: What are they? How do they shape behaviour? and, How do they influence individuals and groups? While sociologists tend to emphasize the role of norms in defining society and in dictating social behaviours, social psychologists have focused more on why individuals follow social norms.² It is not surprising that there is great diversity in how social norms have been conceptualized (see *Appendix A*) and how they continue to be understood.

Broadly speaking, social norms are the unwritten rules that guide human behaviour; they are what we do, what we believe others do, and what we believe others think we should do.³

Social norms exist at the interplay between behaviours, beliefs and expectations. To exist, social norms inherently require a reference group. 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. 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 to have FGM performed on her daughters.⁴ The influence of the reference group may predict whether or not individuals and communities will adopt a new behaviour.⁵

Over the past several years, UNICEF has played a lead role in applying a social norms perspective to behaviour and social change. Much of this work has been based on collaboration with theoreticians, including philosopher Cristina Bicchieri (2006)⁶, political theorist Gerry Mackie (2000, 2009, 2015)⁷, and economist Ernst Fehr (1998, 2004, 2014)⁸. Within UNICEF, social norms perspectives have been applied across a variety of domains, such as the work focused on changing apparently stable social norms associated with the practice of FGM.⁹ Beyond UNICEF, applying social norms perspectives to interventions for behavioural change has a longer historical pedigree. This approach has gained some currency in public health promotion over the past 20 years, primarily in the United States of America and some other developed countries, on issues such as alcohol abuse, sexual violence and smoking.¹⁰ According to WHO (2010), social norms approaches are one of “seven main strategies for preventing interpersonal and self-directed violence.”¹¹

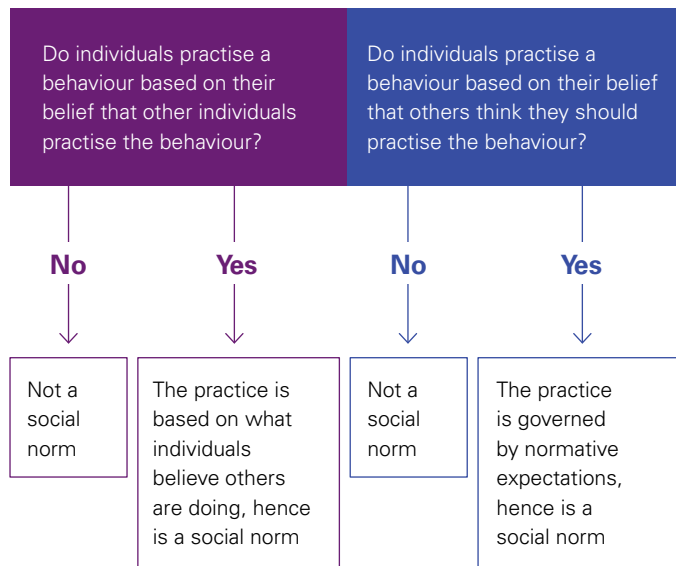


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There is not yet a thorough understanding of the methodological differences between programmes taking a social norms perspective and other behavioural and social change interventions. However, some researchers have suggested the explanation illustrated in *Figure 1*, which essentially indicates that it is a social norm if individuals practise a behaviour based on their beliefs about other people practising that behaviour, or based on their belief that other individuals think they should practise that behaviour.

While the application of a social norms perspective is promising in ending the practice of FGM, it is critical to remember that not all determinants influencing the practice of FGM are governed by social norms. Taking the necessary steps to understand which factors contributing to the continuation of FGM are normative and which are not is essential for change to be made and sustained.

Figure 1: Determining if a behaviour is normative¹²



2.2 THEORIES ABOUT SOCIAL NORMS

There is a rich theoretical body of literature on social norms, which can be consolidated around two predominant approaches. The first approach emphasizes social norms as inherent characteristics of individuals who are embedded within a larger social system. The second approach situates ‘norms’ as one aspect of a larger framework within a social-ecological perspective.

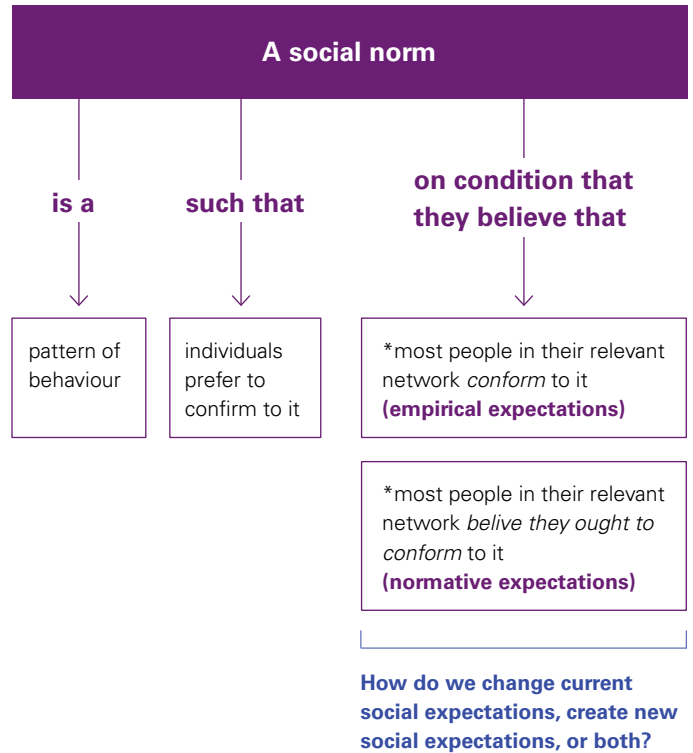
Norms as an inherent individual characteristic

If social norms are considered an inherent characteristic of individuals embedded within a larger social system, they guide individual thoughts and behaviours and can be conceptualized as expectations held by social groups that guide or even dictate appropriate behaviours.¹³ They are thought of as rules or standards that guide the social system within which they operate.¹⁴ People in general prefer to conform, given the expectation that others will conform too.¹⁵ This definition is close to that applied by UNICEF and based on the theoretical work of Bicchieri (2006)¹⁶ as well as Mackie, et al. (2015).¹⁵ These scholars provide a nuanced yet precise operational definition based on game theory and psychological approaches wherein a social norm is a behavioural rule that members of a group expect and are expected to follow. They are also motivated to follow this behavioural rule because of the expectation of social sanctions (punishments) for non-adherence and social benefits (rewards) for adherence. If individuals conform to the norm, they expect to be socially accepted or rewarded. If they do not conform, they expect to be socially punished or excluded. Two conditions have to be satisfied for a social norm to exist. First, individuals have to be aware of the norm and that it applies to them. Second, individuals must conform to the norm if both of the following conditions are satisfied:

- They expect a majority of their social network to conform to the norm (empirical expectations).
- They believe that a sufficiently large part of their social network think that they ought to conform to the norm and may sanction them if they do not (normative expectations).

Operational definitions of the approach described above are graphically displayed in *Figure 2*.¹⁸ According to this definition, when a social norm is in place, individuals will expect others to behave in accordance with that norm and they will be conditioned by what they believe others expect of them (reciprocal expectations). Concerns about what others will think and how they may react keeps people from ‘cheating’ the norm. Within this first approach to social norms, reciprocal expectations (norm of reciprocity) – in which rewards and benefits received should

Figure 2: Operationalization of social norms



Source: Created by Guillot (2012), reproduced here from Mackie, et al. (2012)

also be returned – establish an interdependence impacting the behaviour of individuals within a social system. Personal preferences and views subsequently have a relatively minor effect on behaviours, which are now governed by the thought of what others believe and expect.¹⁹

Related to the conceptualization of subjective norms is Robert Cialdini’s research (1990, 2001),²⁰ which has shown the importance of distinguishing between a descriptive norm (doing what one believes other people do) and an injunctive norm (doing what one believes other people think one should do). Descriptive norms are defined as an attitude or behaviour that is prevalent among members of a group, regardless of approval, and are similar to the idea of empirical expectations in Bicchieri’s work (2006). Injunctive norms encourage conformity due to the perception or belief that a certain attitude or behaviour is either approved or disapproved of by a social group. Injunctive norms are defined in terms of a population’s perceptions that their important referents expect them to comply with a behaviour, similar to normative expectations in Bicchieri’s work (2006).

This approach, in the context of UNICEF-supported FGM interventions, has resulted in work at the community level to promote participatory deliberation on values and social justice. The idea behind this is that community deliberations on FGM can lead to increased understanding, collective decision-making and public commitments to abandon the practice.²¹ The underlying philosophy is that people need to

see each other committing to change in order for change to occur. What people actually do is more effectively predicted by understanding what they think or believe others do and/or expect them to do; the process may not be particularly conscious and people may have little idea or give little thought as to why they follow a certain practice. In the absence of direct interpersonal communication, they do not truly know what others think – they can only infer this from observing their actions or based on hearsay. As such, norms are essentially a communication phenomenon,²² and normative behaviours may therefore continue to prosper due to pluralistic ignorance – a social phenomenon where although most members of a group privately reject the perceived social norms, they go along with them anyway because they incorrectly assume that most others accept those norms.^{23, 24}

Social norms may support each other and be supported by associated beliefs. For example, in the case of FGM, an associated belief might be that FGM is required by religious doctrine. Similarly, the practice of FGM is closely intertwined with gender dynamics and indicative of societal discrimination against (and male control of) girls and women. Therefore, action to rethink the supporting beliefs individually and collectively is needed for change to be achieved.

For more information on the theories relevant to this approach, see *Appendix B* describing the Theory of Planned Behaviour and the Theory of Normative Social Behaviour.

Norms as part of an overall framework

A second set of theories based on the second approach to social norms – which conceptualizes them as one construct in a larger framework within a social-ecological perspective – has been central in the field of communication. Communication scholars have long assumed that norms are, by definition, social phenomena, transmitted within a social system through communication. Communication is critical for formulating perceptions about prevalence of a given behaviour (therefore making it an empirical expectation) but also acts as a conduit of influence (when people act in a situation based on the perceived support or rejection of their actions by others in their social system). Several key theories within communication include social norms as part of a larger equation of behaviour and social change. Three such theories are the Ideational Model of Communication, the Theory of Bounded Normative Influence and the Social-Ecological Model (for further descriptions of each, see *Appendix B*). In these theories, norms are considered to be an intermediate step, which has to change in order to accomplish behaviour change outcomes. The use of a broader social-ecological perspective situates individuals within their broader environment

(interpersonal, community, institutional, societal, etc.) and allows for analysis at different levels of influence and the development of strategies to impact norms. UNICEF's human rights-based approach to programming is grounded within larger social, political and cultural systems. This approach encourages a focus on intersectional issues such as gender and religion. It is critical to consider such models when examining norms from a practical standpoint of applied research to design, monitor and evaluate the effectiveness of specific interventions that aim for long-term and sustainable change in normative behaviours.

The underlying premise across social norms theories is that social norms influence behaviour and vice versa.

If normative beliefs can be changed, behavioural change will ensue and if behaviour change occurs then social norms will change.



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2.3 SOCIAL NORMS CONSTRUCTS

There are overlaps among the conceptual terms used to describe social norms. At the risk of oversimplification, drawing upon the work of various scholars (see *Table 1*), for the purposes of this review, we have consolidated these terms into four overlapping social norms constructs (see *Figure 3*).

Table 1 summarizes these overlapping social norms constructs and provides key citations containing further information on each construct.

Figure 3: Four major social norms constructs

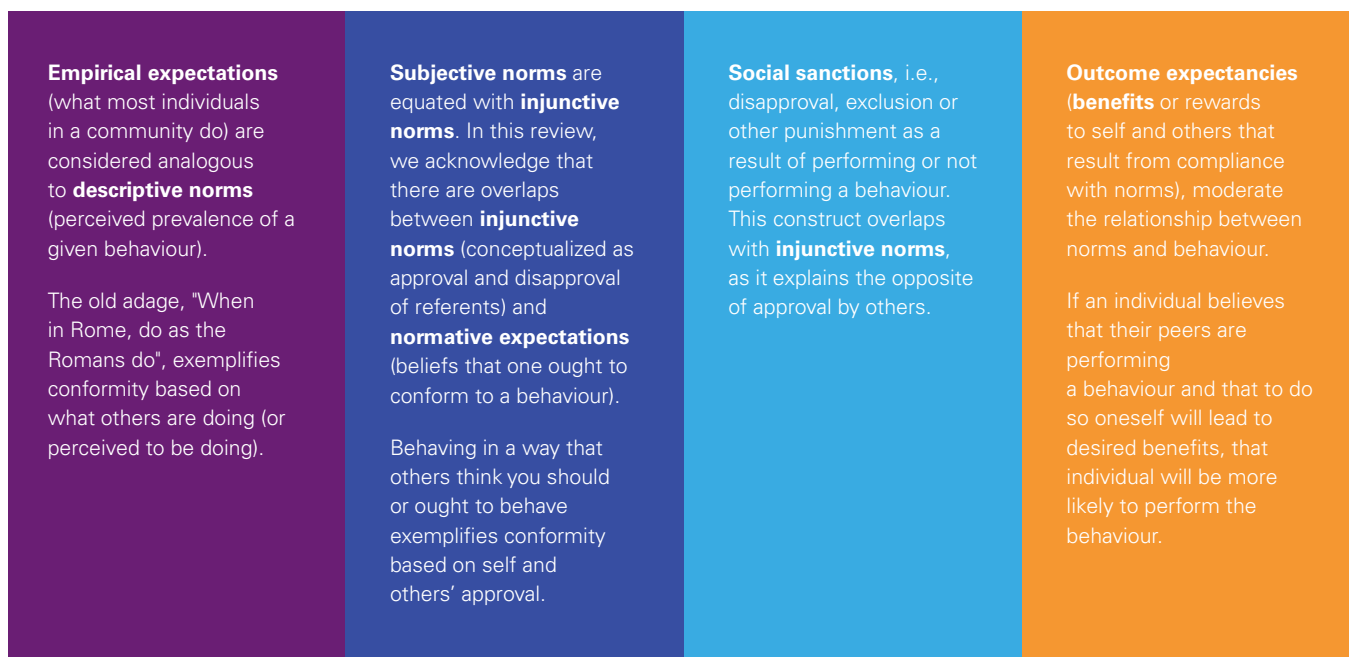


Table 1: Summary of social norms constructs

Construct	Definition	Theorists and key publications
Descriptive norms/ Empirical expectations	Beliefs about what other people do	Cialdini, Reno, & Kallgren (1990) Bicchieri (2006) Mackie, et al. (2015)
Injunctive norms/ Subjective norms/ Normative expectations	Beliefs about what other people approve of/think people should do	Cialdini, Reno, & Kallgren (1990) Ajzen & Fishbein (1980) Bicchieri (2006)
Outcome expectancies: Benefits	Beliefs about the perceived benefits/ rewards	Rosenstock (1974) Bandura (1977) Rimal & Real (2005) Rimal (2008)
Outcome expectancies: Sanctions	Beliefs about the perceived sanctions/ punishments	Bendor & Swistak (2001) Rimal & Real (2005) Rimal (2008) Mackie, et al. (2015)

Key for publications referenced in the table 1:

- Ajzen, I., and M. Fishbein, *Understanding Attitudes and Predicting Social Behaviour*, Prentice Hall, Englewood Cliffs, N.J., 1980.
- Bandura, A., *Social Learning Theory*, Prentice Hall, Englewood Cliffs, N.J., 1977.
- Bendor, J., and P. Swistak, 'The Evolution of Norms', *American Journal of Sociology*, vol. 106, no. 6, 2001, pp. 1493–1545. doi: 10.1086/321298.
- Bicchieri, C., *The Grammar of Society: The nature and dynamics of social norms*, Cambridge University Press, New York, N.Y., 2006.
- Cialdini, R.B., R.R. Reno, and C.A. Kallgren, 'A Focus Theory of Normative Conduct: Recycling the concept of norms to reduce littering in public places', *Journal of Personality and Social Psychology*, vol. 58, no. 6, 1990, pp. 1015–1026.
- Mackie, G., et al., What are social norms? How are they measured?, Working Paper, United Nations Children's Fund and University of California San Diego, Center on Global Justice, 2015.
- Rimal, R., 'Modeling the Relationship Between Descriptive Norms and Behaviours: A test and extension of the Theory of Normative Social Behaviour (TNSB)', *Health Communication*, vol. 2, no. 3, 2008, pp. 103–116.
- Rimal, R., and K. Real, 'How Behaviours are Affected by Perceived Norms: A test of the theory of normative social behaviour', *Communication Research*, vol. 32, 2005, pp. 389–414.
- Rosenstock, I.M., The Health Belief Model: Origins and correlates, *Health Education Monographs*, vol. 2, no. 4, 1974, pp. 328–335.

A social norm entails both positive and negative outcomes for members of groups. Compliance with a norm may yield simultaneous positive and negative payoffs for an individual, which may be aligned with or contrary to the positive and negative outcomes for communities. The roles of social benefits and sanctions (rewards and punishments) as they relate to individual and community outcomes are summarized in *Table 2*, with reference to the practice of FGM.

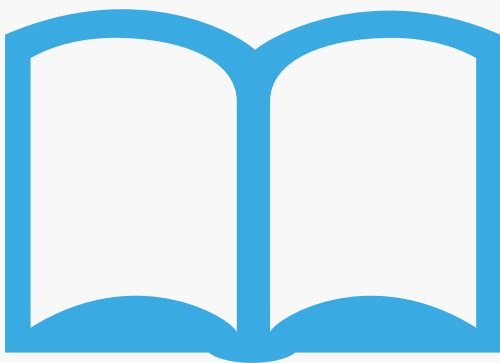
As *Table 2* highlights, harmonization of personal and community-based outcomes is necessary for norms change, provided that such harmonization is accompanied with the presence of an enabling environment. An enabling environment is one that promotes equitable gender norms, has policy measures in place, and includes formal and informal laws against FGM.

Table 2: Benefits and sanctions²⁵

		Personal outcomes	
		Negative	Positive
Community outcomes	Negative	FGM norm change: When individuals and communities experience negative outcomes of FGM	Political correctness – driven underground "Cutting without ritual" ²⁶
	Positive	Limited personal change – aware and willing but collective action is lacking	Change is possible provided the presence of 'enabling environment', including policy measures

SECTION 3

APPLYING SOCIAL NORMS THEORIES TO FGM



This section provides an overview of FGM, followed by a summary of how social norms theories have been applied to FGM.

3.1 OVERVIEW OF FGM

Female genital mutilation (FGM) is a practice involving the partial or complete removal of the external female genitalia. FGM is prevalent throughout much of Africa and in parts of the Middle East and Asia and is also an emerging public health issue in the United States, the United Kingdom and other developed countries where diaspora populations continue the practice.²⁷ There are four types of FGM:

- **Type I – Clitoridectomy:** partial or total removal of the clitoris (in some Muslim countries, this is referred to as *sunna* or *sunnah*)²⁸ and/or in very rare cases only, the prepuce;
- **Type II – Excision:** partial or total removal of the clitoris and labia minora, with or without excision of the labia majora;
- **Type III – Infibulation:** narrowing of the vaginal opening through the creation of a covering seal, formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris; and
- **Type IV – Other:** all other harmful procedures to the female genitalia for non-medical purposes, including pricking, piercing, incising, scraping and cauterization.²⁹

Most often, FGM is performed on girls between birth and 15 years of age, although this varies widely and there are reports of the procedure being done on women during adulthood.³⁰ Traditionally, the procedure was carried out in 'the bush', accompanied in many cases by periods of seclusion, rituals and ceremony. Research conducted in Senegal, the Gambia and other African countries suggests that the practice of FGM has been changing: the communal and ceremonial aspects of the practice are fading away in favour of private procedures in the family or circumcizer's home.³¹ It is also increasingly common for FGM to be done on younger girls instead of pre-adolescent girls between the ages of 9 and 13 years, as was formerly common practice. Hernlund (2000) suggests that this "cutting without ritual" (in effect, moving 'underground') could in part be an unintended consequence of the last few decades of anti-FGM campaigns.³²

3.2 ADDRESSING FGM THROUGH A SOCIAL NORMS LENS

The FGM literature is diverse in its theories about social norms. Three specific approaches stand out when examining this literature: Social Convention Theory, a theory focused on economic and social benefits of FGM, and a theory that views FGM as a complex and persistent issue.

1. **First, Social Convention Theory** emerges as the dominant approach to understanding FGM within a social norms perspective.³³ Mackie argues that when sufficient numbers of people support and perform FGM, the practice becomes locked in place; those who do not practise FGM fail to marry or reproduce. Shifting the convention (and sustaining that change) requires a critical mass of people to not only abandon the practice for their daughters, but also to allow and encourage their sons to marry women who have not undergone FGM. Research conducted by Shell-Duncan, et al. (2011) expands upon Mackie's work and suggests that FGM in Senegal and the Gambia operates as an intergenerational and peer convention, more so than a marriage convention.³⁴ In this line of thinking, FGM is a convention that facilitates entry into a social network, which in turn grants individuals access to social support, social capital and power. Efforts to promote the abandonment and elimination of FGM would then need to work across generations and actively involve many members of women and men's social networks. Regardless of the type of convention (marriage, intergenerational or peer), understanding the convention (which may initially be poorly articulated and thus poorly understood) is a key precondition to achieving social norm change.

2. **As for the second approach, this focuses on identifying the economic and social benefits that families attribute to FGM.**³⁵ These theorists argue that factors other than conventions are influential when it comes to norms associated with FGM. They state that for the social convention theory to hold true in the context of FGM, rates of FGM in particular communities would be expected to be either very high (if the convention was pro-FGM) or very low (if the convention was anti-FGM), i.e., each community would be relatively homogeneous in this regard. If FGM practices and attitudes vary widely, then communities that do and don't practise FGM should be clearly different from one another (Efferson, et al., 2015). Recent data based on work conducted

by these authors in the Sudan reveal that estimated rates of FGM vary substantially within and across communities. Additional data from a representative survey of adults in the Sudan indicated that families would not refuse marriage with other families based on FGM status.³⁶ Together, these findings suggest that there is unlikely to be a single critical threshold beyond which the convention of practising FGM is simply abandoned or replaced by an alternative practice or convention. Considering that public declarations – which aim to address FGM as a convention through a collective agreement within a community to abandon FGM – have mixed results in terms of success, it is possible to hypothesize that the limited progress to reduce FGM in those communities signals a need to focus efforts elsewhere, such as identifying the benefits families attribute to FGM, and the sanctions they associate with not performing FGM. Meaningful social norms change requires honing in on the exchange of incentives/disincentives, transaction costs, and social welfare benefits.



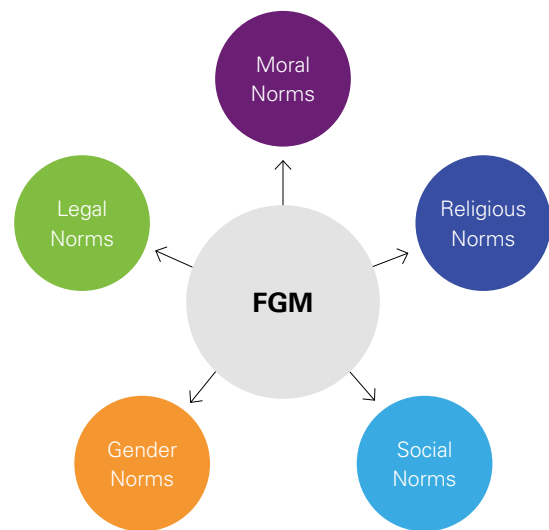
3.

Third, FGM can be construed as a complex and intractable issue that persists in the face of contradictory and complementary legal, moral, religious, gender and social norms (see Figure 4). Government institutions may issue and enforce legal norms. As of 2012, in Africa, 24 countries have legislation in place banning FGM, with penalties ranging from a minimum of six months to a maximum of life in prison for perpetrators; some penalties also impose monetary fines.³⁷ Limited knowledge and poor enforcement of laws and policies make it difficult for legal norms to be used as effective tools to shift norms. Shell-Duncan, et al. (2013) found that knowledge of the law banning FGM in Senegal was high but understanding of it was superficial, and few knew about cases where the ban had been enforced.³⁸ Legislation criminalizing FGM alone does not appear to be a sufficient deterrent to the practice. However, for communities that abandon the practice, such legislation can provide support for the development of a new social norm of keeping girls whole and intact, and provide ammunition and guidance as communities change their attitudes and behaviours. It is in these instances that legal norms and social norms find themselves to be in harmony.

Moral norms (inner convictions about whether specific behaviours are right or wrong) are motivated by conscience rather than by social expectations. Those who have more deeply internalized information about the potential health risks linked to FGM are more likely to support ending the practice.³⁹ As research by Cislighi, Gillespie, & Mackie (2015) shows, discussions around values have the potential to establish new understandings of peace, security and equality within a community that could in turn help to flip the “moral norm” from one that used to accept and support FGM to one that rejects the practice.⁴⁰

Religious norms “are distinctive because of their reference to divine command, but otherwise they function as social, legal, or moral norms.”⁴¹ Some supporters of FGM abide by the practice on religious grounds, believing it to be a religious requirement. Many Muslim people in countries where FGM is practised believe FGM is *sunna* (a customary practice of the Islamic community) or even that it is required by Islam. Although FGM is not required by the Qur’an or other major religious texts, many see it as a practice that is in keeping with the cleanliness and purity required for prayer and religious participation.⁴² In other communities, FGM is thought to be supported by Christian beliefs. In these cases, FGM as a religious norm functions more as a social norm than a legal one.

Figure 4: Harmonizing legal, moral, gender, religious and social norms



In some places, FGM persists in the presence of legal sanctions (though weakly enforced) and/or unsupportive moral norms and hence can be construed as something that a population feels is a social obligation, i.e., it continues to exist due to social norms supportive of FGM. Therefore, it is essential to keep a broader perspective of social stratification in mind, i.e., to focus on issues of gender and power that in many ways result in the codification of social norms around FGM practices. Gender norms refer to informal rules and shared social expectations that distinguish expected behaviour on the basis of sex and gender.⁴³ Discriminatory gender norms cut across all domains of the Social-Ecological Model (see *Appendix B*). For example, they manifest themselves as negative attitudes towards girls and women at the individual level, restrictions on mobility and educational opportunities at the family and community levels, and social control such as age of marriage and emphasis on virginity and sexual fidelity among women at the societal level. Pervasive negative gender norms across all the levels are likely to function to support existing FGM practices in that society. Therefore, attempts to address FGM must account for the individual, social and structural silencing of women’s voices. As such, any measurement of social norm change associated with FGM has to specifically consider gender normative determinants.⁴⁴

From a theoretical perspective, FGM practices can generally be construed to exist and persist due to a myriad of factors, including conventions associated with future marital prospects, adherence to age-old cultural traditions that have lasted for many generations and have become part of cultural identity, and behaviours that reinforce power structures and afford social capital (e.g., peer pressure). FGM practices also provide economic and social benefits.



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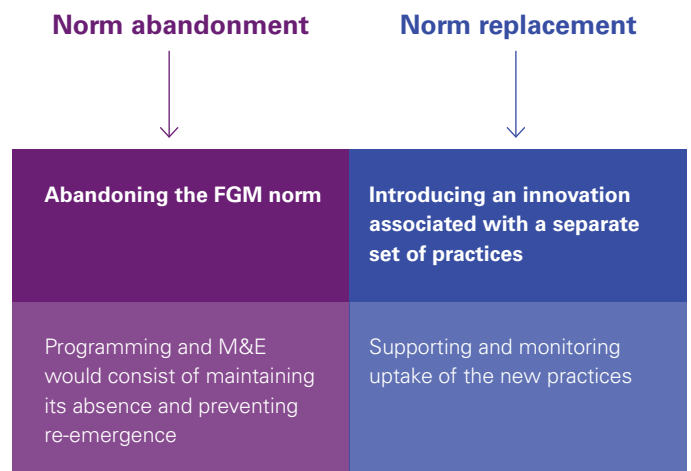
The mechanisms by which FGM operates as a social norm are likely to vary from context to context, further underscoring the importance of tailoring programmatic thinking and efforts to the local realities. Regardless of the framing, changing social norms can be achieved in one of two ways (see Figure 5):

- 1. Norm abandonment:** The abandonment of the FGM norm, where programming efforts and M&E would consist of maintaining and monitoring its absence and preventing re-emergence.
- 2. Norm replacement: Introducing an innovation associated with a separate set of practices** (i.e., replacing the norm with a new practice), which over time becomes the 'new norm'. This approach then requires supporting and monitoring of the uptake of the new practice(s).

The concept of norm replacement is grounded in the idea that "every innovation begins as a deviation from existing social norms."⁴⁶ Introducing a new set of practices to replace FGM is a strategy that has yet to be fully explored. Some work has been done to create alternative rituals that retain familiar aspects of the associated ceremony but remove the FGM; this event allows families to publicly announce their daughter's transition into adulthood even though FGM has not been performed.

However, promoting alternative initiation rituals that abandon FGM is likely to be a feasible strategy only in contexts where FGM is part of an existing initiation ritual or ceremony.⁴⁷ In contexts where FGM is not linked to a ceremony or where the ceremonial aspects of FGM

Figure 5: Two ways of achieving social norms change



are already fading away, a norms-replacement approach focusing on alternative rituals will not work. Rather, an innovation comprising a new set of practices to replace the practice of FGM will be required as a way forward. Regardless of the approach taken, the importance of promoting viable alternatives to FGM cannot be overstated. A clear understanding of the specific communication⁴⁸ approaches being utilized by planned interventions is critical in designing an evidence-based mixed-methods evaluation framework, including periodic data collection to examine the effectiveness of social norms change in addressing FGM.

SECTION 4

THE ACT

FRAMEWORK



Concrete data on the operationalization and testing of the effectiveness of social norms approaches, especially those using communication approaches, is limited. A WHO (2010) report concluded that approaches taking a social norms perspective in public health (specifically, violence prevention) have rarely been evaluated and so the evidence base for their effectiveness is weak.⁴⁹ A meta-evaluation of FGM programmes, including interventions using social norms perspective, also came to a similar conclusion.⁵⁰ Mackie, et al. (2015) found that only 14 per cent of published essays on norms and global development mentioned measurement methods of any kind.⁵¹

Based on this desk review, the following macro-level model for measuring social norms change has been developed (see *Figure 6*). Named using the acronym ACT, the ACT Framework includes steps that are necessary to measure social norms change with regard to FGM, as elaborated in *Figure 6*.

The foundation of this global M&E model has several components. The elements under 'A' and 'C' describe specific constructs that need to be measured in order to examine social norms change, including: cognitive and affective factors, FGM practices, descriptive norms, injunctive norms, outcome expectancies in the form of social sanctions and benefits, gender, power, social support, and social networks. The 'T' of the ACT Framework links to the overall M&E process that this framework is developed within and takes into consideration opportunities to ensure the adaptability of this macro-level framework to unique contexts.

A separate report focusing on the ACT Framework goes into more detail on the specific elements of the Framework. It provides conceptual definitions and operationalizes the individual constructs within the ACT Framework, as well as offering readers potential indicators and means of verification for each of the constructs. Finally, the report also lays out a possible road map for implementing the ACT Framework on the ground.

Figure 6: Model for measuring social norms change

A	<ul style="list-style-type: none"> ◦ Assess what people know, feel and do ◦ Ascertain 'normative' factors: descriptive norms, injunctive norms and outcome expectancies
B	<ul style="list-style-type: none"> ◦ Consider context, specifically gender and power ◦ Collect information on social networks and support
C	<ul style="list-style-type: none"> ◦ Track individual and social change over time ◦ Test and retest this framework

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- ²⁸ An Arabic word that refers to a set of good or pious deeds customarily practised by the Islamic community, following the example set by the Prophet Muhammad in his lifetime. When used to refer to a form of FGM in a Muslim country, this implies a link with Islam and may be interpreted as a religious obligation. FGM is not supported in any major religious texts, and it is variously considered to be a requirement, optional or forbidden by different religious leaders/scholars and schools of thought.
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⁴⁵ Diffusion of innovations theory suggests that diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system. The theory details the characteristics of the innovation, the adopters of the innovation, types of communication and social systems that help and hinder the diffusion process. (Rogers, E.M. *Diffusion of Innovations*, 5th ed., Simon & Schuster, New York, N.Y., 2003.) See Appendix C for an overview of diffusion of innovations theory.

⁴⁶ Kincaid, D.L., 'From Innovation to Social Norm: Bounded normative influence', *Journal of Health Communication: International Perspectives*, vol. 9, Suppl. 1, 2004, pp. 37–57, doi: 10.1080/10810730490271511 (see p. 37).

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⁴⁸ This document uses the broader term 'communication' to refer to Communication for Development (C4D), which can be defined as a systematic, planned and evidence-based process to promote positive and measurable individual behaviour and social changes that are integral to development programmes, policy advocacy, humanitarian work and the creation of a culture that respects and helps realize

human rights (UNICEF, 2009). C4D is a United Nations term, with various United Nations agencies being responsible for organizing a C4D round table every two years. UNICEF has the longest history of using C4D in support of programmes and goals for children. (United Nations Children's Fund, [Communication for Development \(C4D\): Realizing strategic shifts and accelerating results for children](#), Policy and Practice, Position Paper, UNICEF, New York, N.Y., 2009).

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APPENDIX A: OVERVIEW OF SOCIAL NORMS CONCEPTS

The following table presents a summary of the many ways in which social norms have been conceptualized over the years within the fields of sociology and social psychology.

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Table 3: Overview of Social Norms

Analyst/tradition	Theoretical position	Social norms...
Comte	Positivism	Are the influence of individuals over each other
Marx	Dialectical materialism	Are outcomes of property relationships
Durkheim	Positivism	Have strong causal status, coercing individual behaviour
Simmel	Anti-positivism	Are behaviour patterns agents can conform to or deviate from
Weber	Anti-positivism	Are causes of social actions
Parsons	Functionalism	Are the regulatory patterns that ensure social order
Giddens	Structuration	Are both motivation for and consequence of individual action
Bourdieu	Theory of practice	Are part of the 'habitus' into which people are socialized and become 'doxa' (beyond the limits of what can be challenged)
Developmental psychology	Socialization theory	Are inculcated through socialization in childhood and adolescence
Elster	Rational choice	Work through shame and guilt rather than reward and punishment
Coleman	Individualism	Are the result of iterated interactions of individuals
Ullmann-Margalit	Game theory	Are Nash equilibria* in coordination game
Bicchieri	Game theory	Are situation frames triggering scripts of behaviour
Mackie	Social convention theory	Are held in place by rewards and sanctions
Social psychology	Conformity studies	Individuals comply with norms because they wish to fit in with their group

* A situation where moving to better outcomes for anyone will require that both (or all) parties change: no one can improve their position unless others change strategy too.

Source: Reproduced from Marcus and Harper (2014), who adapted this from Elsenbroich and Gilbert (2014).

APPENDIX B: OVERVIEW OF SOCIAL NORMS THEORIES

As discussed in *section 2.2* of this Desk Review, two strands of theories emerge in relation to social norms.

1. Norms are considered an inherent characteristic of individuals embedded within a larger social system.
2. Norms are situated as one component within a larger framework.

This appendix provides an overview of theories about social norms from each of these perspectives.

NORMS AS AN INHERENT INDIVIDUAL CHARACTERISTIC

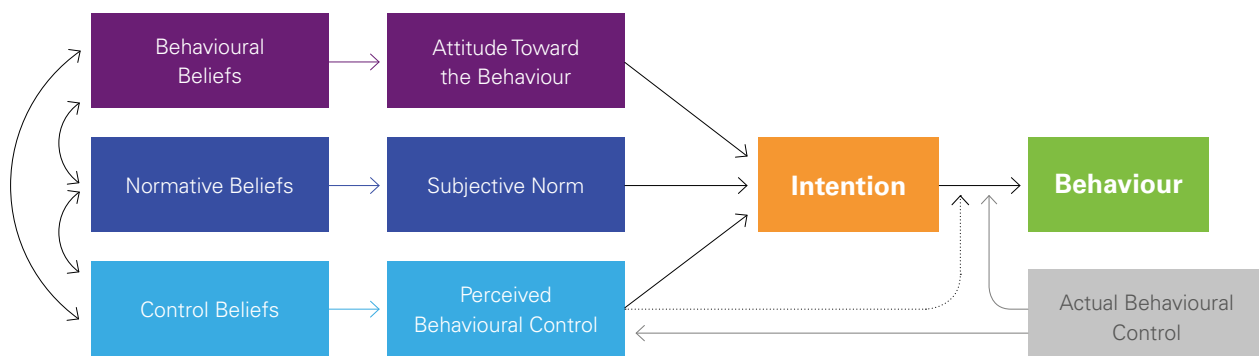
If social norms are considered as inherent characteristics of individuals embedded within a larger social system, they guide individual thoughts and behaviours and can be conceptualized as expectations held by social groups that dictate appropriate behaviours. Two key theories that reflect this perspective are described here – the Theory of Planned Behaviour and the Theory of Normative Social Behaviour.

The theory of planned behaviour

From an individual change perspective, norms are part of the Theory of Planned Behaviour (Ajzen, 1991), which is an extension of the Theory of Reasoned Action. According to the Theory of Planned Behaviour, and as illustrated in *Figure 7*, norms are viewed in this perspective as patterns of behaviour occurring through individual beliefs, and conformity to such norms is dependent mainly on individual beliefs and perceptions about what others around them are doing. This theory provides a way to predict intentions and subsequently behaviour from an individual's attitudes, perceived behavioural control and perceived subjective norms. The Theory of Planned Behaviour, while accounting for the definition of norms provided above, further extends the notion of normative beliefs by indicating that such beliefs also have to take into consideration the subjective analyses of the strength of a norm and whether or not to comply with it (Montano & Kasprzyk, 2008).

Injunctive norms are analogous to the concept of subjective norms in the Theory of Planned Behaviour. Both concepts share the common element of pressures that individuals experience to conform to a norm. The key difference between them lies in the mechanisms by which social sanctions are thought to affect the normative process. Bendor and Swistak (2001) note, for example, that it is meaningless to talk about normative influences without also acknowledging that defiance of norms incurs some sort of social sanction. Thus, to the extent that injunctive norms are based on individuals' perceptions about social approval, an underlying assumption in the influence of injunctive norms is that behaviours are guided, in part, by a desire to do the appropriate thing. However, the Theory of Planned Behaviour does not account for the threat of social sanctions, as a necessary element for subjective norms to exert their influence. Therefore, subjective norms can exist simply because others in ones' social network practise a behaviour and not because of fear of being punished or sanctioned if the norm is not adhered to.

Figure 7: Theory of planned behaviour



Source: Created by Ajzen (2006)

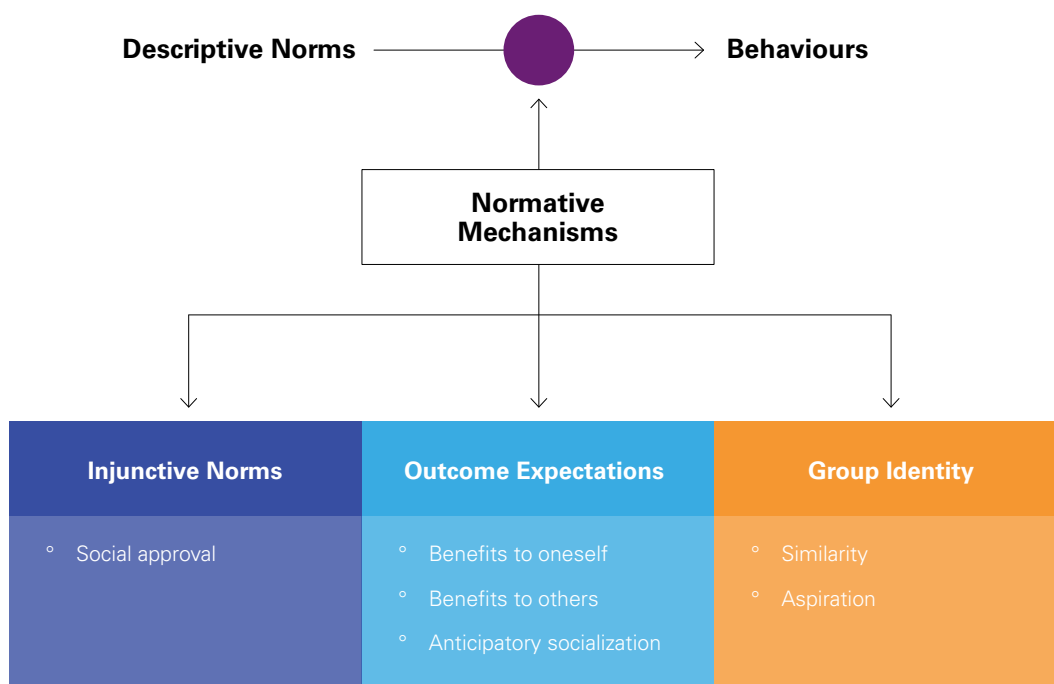
The theory of normative social behaviour

The Theory of Normative Social Behaviour models the underlying relationship between normative perceptions and behaviour change by differentiating descriptive norms from injunctive ones. It is based on the premise that descriptive norms affect individual behaviour through interaction with three normative mechanisms that act as moderators: injunctive norms, outcome expectations and group identity (Rimal and Lapinski, 2015; Rimal and Real, 2005; Lapinski and Rimal, 2005; Rimal, et al., 2005). As illustrated in *Figure 8*, in addition to descriptive and injunctive norms, this theory also incorporates outcome expectations. This notion is important because it relates the prevalence of norms to the idea of social sanctions, i.e., norms can result from expectations of benefits for oneself and/or others. This idea of benefits is critical when designing behaviour and social change interventions based on motivating their intended beneficiaries.

There are at least two additional social science theories that also touch upon the idea of norms: Social Influence Theory and Social Judgment Theory. These two theories are not described here since the main ideas included in these theoretical perspectives are already covered in the models described above.



Figure 8: Components of the theory of normative social behaviour



Source: Reproduced from Rimal and Real (2005)

NORMS AS PART OF AN OVERALL FRAMEWORK

A second set of theories about social norms situates them as one construct within larger frameworks. Three overarching models included here are the Ideational Model of Communication (see *Figure 9*), the Theory of Bounded Normative Influence, and the Social-Ecological Model (see *Figure 10*).

The ideational model of communication

Ideation refers to new ways of thinking and the diffusion of those ways of thinking by means of social interaction in local, culturally homogeneous communities. The concept of ideation originated with demographers in the mid-1980s, who used it to describe social cognitive and social interaction factors that explain the historical process of fertility transition (Cleland and Wilson, 1987). The ideation approach has since been used to assess the behavioural impact of FGM, youth reproductive health, HIV/AIDS, household water treatment and hygiene programmes (Kincaid, 2000; Babalola and Vondrasek, 2005; Kincaid, et al., 2007). The Theory of Ideation suggests that ‘ideation variables’ determine the likelihood that a person will adopt a particular behaviour. The more favourable the ideation variables related to a particular behaviour, the more likely a person is to adopt and practise the behaviour. Ideation variables include cognitive (beliefs, values, perceived risk, subjective norms, self-image), emotional (emotional response, empathy, self-efficacy) and social (support and influence, personal

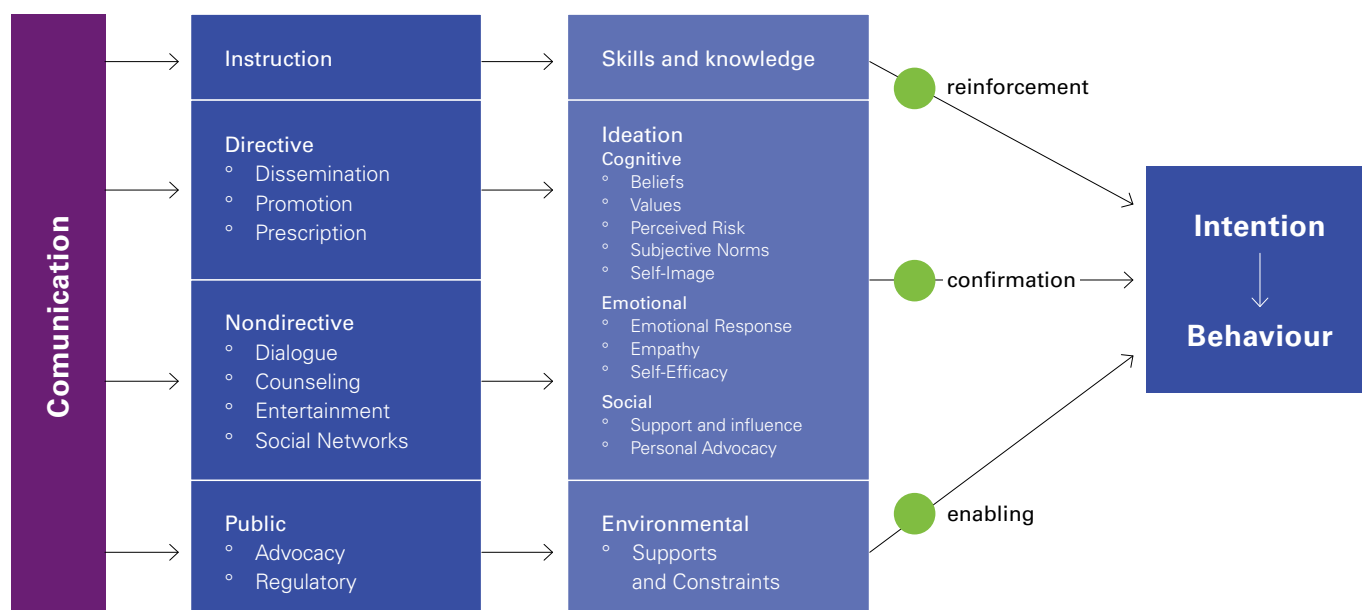
advocacy) factors (see *Figure 9*). The theory describes the interplay between cognitive elements, emotional elements, and the social and structural environment, with social norms fitting within the ideation approach.

The theory of bounded normative influence

Another systems-level approach on theories about norms is the Theory of Bounded Normative Influence (Kincaid, 2004). This theory derives from the diffusion of innovations approach (Rogers, 2003; see *Appendix C*), by postulating that every innovation¹ begins as a deviation from existing social norms. The Theory of Bounded Normative Influence then asks the fundamental question, “Given the strong effect of social norms and pressure, how can any innovation ever diffuse to the point where it becomes a new social norm?” This seeming paradox of diffusion is answered by using Social Network Theory (Rogers and Kincaid, 1981) to explain how a minority can influence the majority within a social system. According to the Theory of Bounded Normative Influence, social norms influence behaviour within relatively bounded, local subgroups of a social system rather than the system as a whole. As long as a minority maintains its majority status within its own, locally bounded portion of the network, then it can not only survive but also grow and establish its behaviour as the norm for the network as whole. This process is accelerated when the minority subgroup is centrally located in the network and communicates more frequently and persuasively than the majority.

¹ An innovation has been defined by Rogers (1995) as “An idea, practice or object that is perceived as new by an individual or other unit of adoption.”

Figure 9: Ideation model



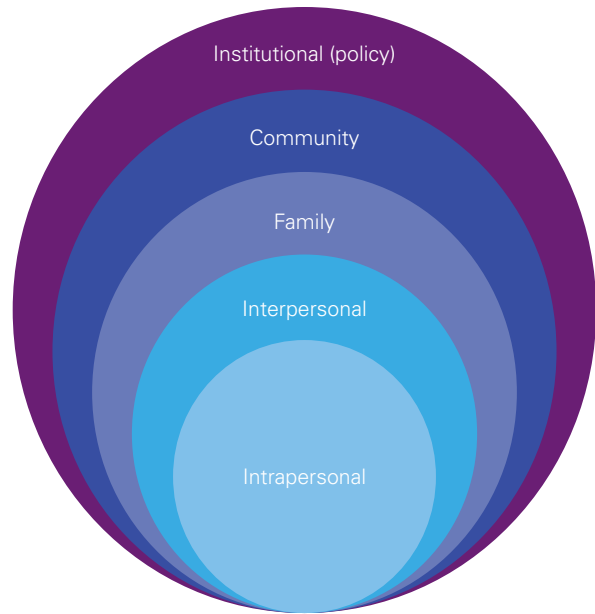
Source: Adapted from Kincaid, et al. (2006)

The social-ecological model

The Social-Ecological Model (SEM) posits that social and behaviour change are best understood within a social-ecological framework that takes into account the interconnected influences of family, peers, community and society on behaviour (see *Figure 10*). Sallis and Owen (2002) describe social ecology as “the study of the influence of the social context on behaviour, including institutional and cultural variables.” The SEM can be construed as a meta-model or meta-theory in the sense that each level shown in the model encompasses theories of change for that particular level. The main contribution of the SEM is to emphasize how higher levels facilitate or constrain change at lower levels of analysis, suggesting that interventions for planned change should address all levels to be effective. There are qualities of individuals that cannot be understood without knowledge of their peer networks, family relationships, partner relationships, community relationships and societal norms.

Application of the social-ecological model to communication (see *Figure 11*) indicates that social norms are often misconstrued and various channels of communication (mass, community and interpersonal) can help overcome pluralistic ignorance about actual attitudes and behaviours in society. Communication helps cultivate or shift perceptions about what is normative, thereby

Figure 10: The social ecological model



motivating change. According to Storey and Figueroa (2012), the systems rather than the reductionist approach of the social-ecological model describe the complexity, interrelatedness and wholeness of the components of a complex adaptive system where each level is ‘greater than the sum of its parts’.

Figure 11: Social ecological model applied to communication

Types of Communication

Instruction with practice and reinforcement

Directive

- Dissemination
- Persuasion
- Compliance

Nondirective

- Dialogue
- Counseling
- Entertainment-Education

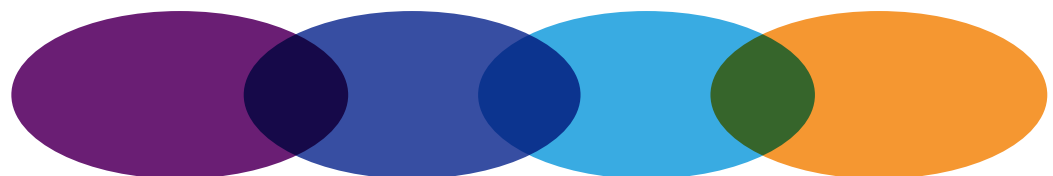
- Social Influence
- Communication for participatory development

Public

- Advocacy
- Regulation

Physical Environment and Infrastructure

Burden of disease; climate and seasonality; transportation and communication networks, access to health care facilities, access to water, sanitation, and household technologies; etc.



Individual

Behaviour and intention; knowledge & skills; beliefs & Values; emotion; perceived risk; self-efficacy; self-image; subjective norms

Social Networks

Partner and family relationships (communication, trust, understanding, agreement, & power), peer influence, gender equity, bounded normative influence

Community

Leadership; level of participation; information equity; access to resources; shared ownership; collective efficacy; social capital; value for continual improvement

Societal

National leadership; per capita income; income inequality; health policy and infrastructure; mass media; religious and cultural values; gender norms

Source: Reproduced from Storey and Figueroa (2012)

References for Appendix B

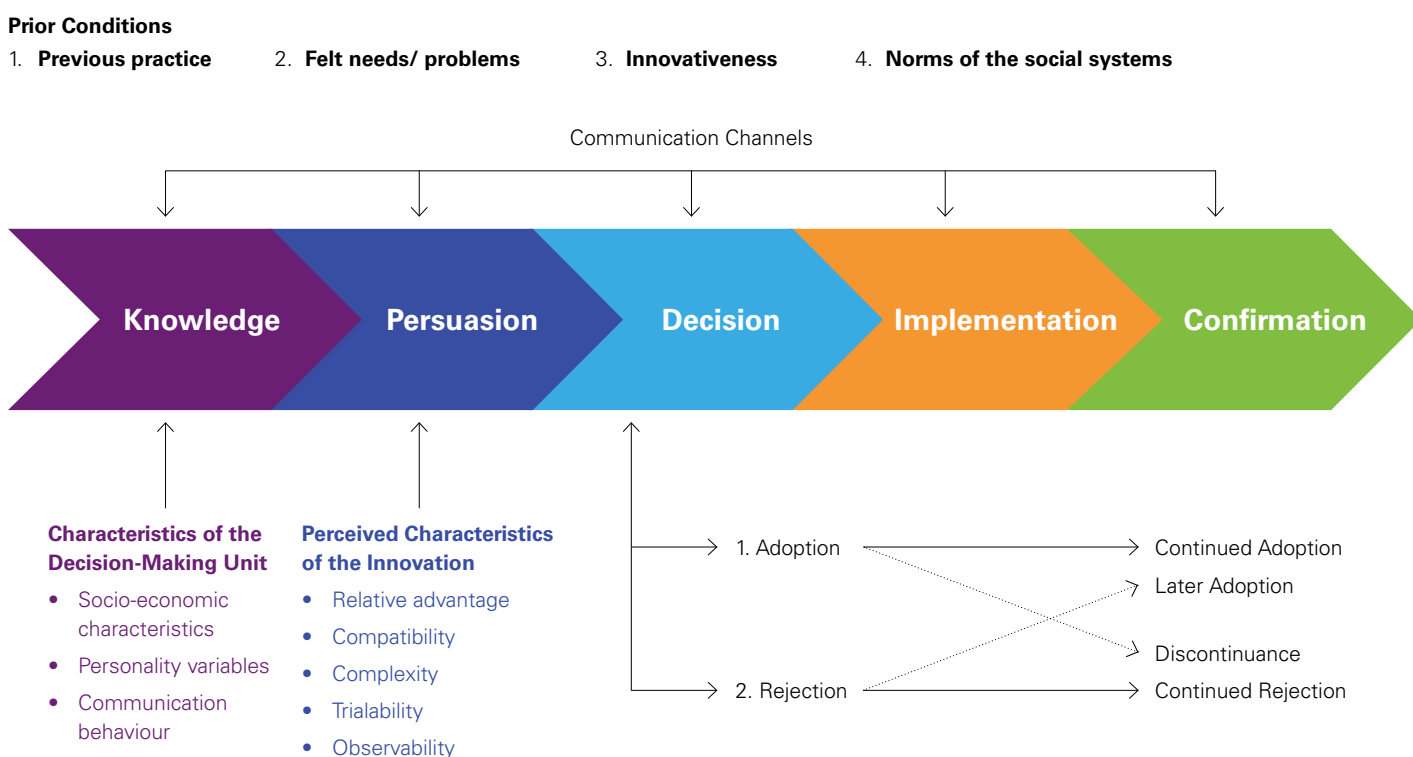
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APPENDIX C: OVERVIEW OF DIFFUSION OF INNOVATIONS

Diffusion of Innovations is the process by which an innovation is communicated through certain channels over time among members of a social system. An innovation is defined as any idea, attitude, object or behaviour that is new to the members of a social system (Rogers, 2003). The theory describes an innovation–decision process, shown in *Figure 12*, which is “the process through which an individual (or other decision-making unit) passes from first knowledge of an innovation, to forming an attitude toward the innovation, to a decision to adopt or reject, to implementation of the new idea, and to confirmation of this decision” (Rogers, 2003).

Figure 12: Diffusion of innovations – stages in the innovation-decision process



Source: Rogers (2003).

In the innovation–decision process, the rate of diffusion of an innovation typically follows an S-curve. The rate of adoption for any innovation is determined by several factors, including attributes of the innovation (i.e., relative advantage, compatibility, complexity, trialability and observability), attributes of the audience and environmental constraints/facilitators (the latter two are external factors).

Based on demographic, economic and psychographic profiles of the ‘audience’, there are some individuals who are likely to adopt innovations first (innovators), while others are likely to delay adoption (characterized as laggards in the model). In between these two extremes are the

early adopters, early majority and late majority. Audience attributes include, among others: education, literacy, social mobility, size and connectedness of networks, degree of social participation, attitude towards change, tolerance for ambiguity and risk, exposure to media, exposure to interpersonal channels, and information-seeking behaviour.

Meanwhile, environmental constraints/facilitators also play a role in adoption of an innovation. For example, access to the innovation is a key issue and can be related to access to education, information and means of communication.

Other important issues related to innovation are the pressure to conform and the identification of a social system. Kincaid (2004) extended this idea to theories about bounded normative influence (see *Appendix B*). Innovations diffuse through social networks where like-minded individuals (homophily) and people who think differently (heterophily) both play a role. Also important is the identification of opinion leaders (external influencers) and change agents (internal influencers). Even 'weak ties', i.e., individuals who serve as conduits for diffusion by inhabiting roles in multiple smaller, bounded networks, contribute to the diffusion of innovation.

References for Appendix C

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