

BEHAVIOUR CENTRED DESIGN: FORMATIVE RESEARCH PROTOCOLS

Robert Aunger
Sian White
Jessie de Witt Huberts
Katie Greenland
Val Curtis

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Introduction

Behaviour Centred Design (BCD) is an innovative approach to behaviour change developed at the London School of Hygiene and Tropical Medicine (Aunger and Curtis, 2015). An important step in developing behaviour change strategies is to conduct formative research to answer remaining questions about the determinants of current practices and to test prototypes of candidate interventions.

Below, we describe various contexts of data collection (in terms of visits or meetings), together with the tools to be used in each context. Note that contexts 'close' to real-world settings of behaviour are preferred, in accordance with BCD principles. A description of the tools themselves follows. The tools are designed to be as interactive as possible, with respondents engaging in activities or producing outputs (e.g., drawings, rankings) that can be recorded/stored and then analysed.

NOTE:

Please note that some tool descriptions reflect their origins with respect to particular behaviours (often hygiene, nutrition or HIV), but they should be easily adaptable to the behaviours or contexts of relevance to your program.

CONTEXTS/VISITS

The first principle of BCD-based formative research is to collect data in contexts as close as possible to the actual settings in which behaviour normally takes place. This typically requires going to people's houses or places of work.

Household Visit

Household visits can make use of a wide variety of tools for eliciting information about the target behaviours. The actual exercises chosen for a given household will depend on which hypotheses are still 'live', given results from earlier fieldwork in the area. In no case will more than three hours be spent with particular individuals in a household, so exercises will be carefully selected to mirror data requirements and the kind of individual or household in question.

Conduct:

- Site Facilities Inventory
- Behaviour Demonstrations
- Scripting
- Product Life History
- Decision-making Games
- Changing Practices
- Motive Mapping
- Aspirational Figures
- Hypotheses/Concepts Prototype Tests
- Word Associations
- Choice Suites
- etc

Workplace Visit

Workplaces are another place where people spend a lot of time. Again, the tools used will depend both on the topical area of behaviour and the sorts of data collection allowed by the institution.

Conduct:

- Site Facilities Inventory
- Behaviour Demonstrations
- Decision-making Games
- Hypotheses/Concepts Prototype Tests
- Partnerships
- etc

Other Institutional Visit

Sometimes it is relevant to visit other institutional sites besides home and work (e.g., markets, religious sites, primary health-care facilities) to find out what influence behaviour enacted in these contexts might have.

Conduct:

- Site Facilities Inventory
- Behaviour Demonstrations
- Motivational Mapping
- Hypotheses/Concepts Prototype Tests
- Product Life History
- Partnerships
- etc

School Visit

Schools are often an important focus for behaviour change programs, as children are opportune learners of new habits.

Conduct:

- Official Interview (with headmaster)
- Site Facilities Inventory (with headmaster)
- Product Life History (with headmaster)
- Children's Experiences (with students)

Location Transect/Survey

This is designed to produce a representative but quick survey of conditions at a random selection of relevant locations. Team members should move in single direction through the community, beginning at one edge of the community, until reach the opposite edge. To begin this movement, the direction should be chosen at random (e.g., by spinning a bottle around on the ground and then following the direction it points in). At each household encountered along the transect line:

Conduct:

- Site Facilities Inventory
- Product Life History (if household member is available)

TOOLS

This section includes the actual tools used to probe various aspects of the lives of the target population. These tools can be said to have a particular orientation: either directed at learning about behaviour itself, behaviour sequences (routines), environmental aspects, or psychological factors associated with behavioural performance.

Behaviour-Oriented

Video Ethnography

Aim:

To learn about the setting of behaviour and its temporal order is to unobtrusively film people in action in their natural environment.

Approach:

Film long swathes of everyday behaviour by target audience members.

Instructions:

Videoing is most effectively done by people who are similar to those being filmed, and so preferably not by researchers themselves (in most cases). Often the videoers will need to be trained in the specific techniques that are necessary to capture the particular behaviours of interest (as in picture). Obviously, such a practice involves privacy issues which must be settled with the individual being filmed prior to taking any video.

The researcher can then feed back footage to respondents with the aim of eliciting their insights and understandings about the motivation behind each behaviour observed. In thin way, the method can rely upon respondents' knowledge, expertise, and insight into the dynamics of their own behavioural processes.

| HH# | | |
|------|-------------------|--------------|
| NAME | Rodiah | Video Girl |
| DATE | | PARSED BY |
| Clip | Activity | Time Elapsed |
| 01 | playing with baby | 00:00:00 |
| | dry laundry | 00:24:25 |
| | breast feeding | 00:35:38 |
| | baby bathing | 00:44:36 |
| | baby dress | 00:50:25 |
| | clean house | 01:00:16 |
| | breast feeding | 01:07:48 |
| | baby sleep | 01:22:49 |
| | eating | 01:46:41 |
| | washing dishes | 01:56:59 |
| 02 | washing dishes | 00:00:00 |
| | dry carpet | 00:23:46 |
| | clean house | 00:24:13 |

Participant Observation

Aim:

To learn about the setting of behaviour by living it.

Approach:

The researcher themselves participates to the maximum degree possible in the everyday life of target audience members.

Instructons:

Taking part in the activities that you wish to study is one of the best ways to learn what kinds of constraints and facilitators are associated with the target behaviour. This technique, developed in anthropology for the study of (at least partially) unknown practices, is called 'respondent observation'. It can involve interaction with 'experts' in the target population, including asking questions about the practice, but also constitutes a specialized form of 'learning by doing', feeling aspects of the behaviour that can only be acquired through one's own bodily performance.

Often, the objectives of respondent observation are fairly general, and involve living together with, and in the same context as, a community in the target population, often for an extended period, with intensive engagement, to become truly familiar with the practices in question, and their variability. Respondent observers can keep records of their activities, the words of those spoken to, as well as their own thoughts, feelings, and speculations.

Once one has immersed oneself in the field for some period, and recorded data and observations, then the information gathered can be consolidated into some set of principles or conclusions. A particular virtue of this method is that the researcher can come to see discrepancies between what people say they do, and what is commonly actually done.

Behaviour Monitoring

Aim:

To learn about behaviour by recording it unobtrusively.

Approach:

Use electronic sensors, often linked together through communication protocols, to form a network of devices. These systems can either be placed in the environment (e.g., in 'smart homes'), or be worn by study respondents, or both, such that performance of target behaviours can be monitored.

Instructions:

Install behaviour monitoring system in appropriate location, tagging both people and focal objects, to register people's interactions with those objects, thus monitoring sequences of specific behaviours over time.

Aim:

To get respondents to try-out behaviours in the way you wish them to be carried out and then questioning them about their experiences as a good way of understanding the challenges people face. This enables you to learn more about why they act in certain ways and how we can make it easier for them. Here, we are asking caregivers of *child* to **give commercial complementary food products to their child once a day (at a particular meal) and to reduce formula by half in terms of frequency.**

Capturing information: Make notes from all interviews, ensuring that the Respondent ID and the visit number are recorded on every sheet. Take photos as relevant and film any demos if permission is granted. Ensure that you transfer any photos / demos to a project computer at the end of each day and name each item with the respondent's ID. At the end of the trial ensure you have the General & Demographic Form, Environmental Inventory, and notes from all visits.

DAY 1: Entry Interview (in respondent's home)

*This visit will instruct the caretaker to **give commercial complementary food products to the child once a day (at a particular meal) and to reduce formula by half in terms of frequency for a period of 5 days.** The researcher must ensure (as far as possible) that the respondent will give the child a commercial complementary food (e.g., porridge) and that they will do so correctly. Spend time helping the respondent get into this position by helping them address any problems they might have.*

- Complete *General & Demographic Form* if not already done.
- Conduct the *Environmental Inventory* (toilet options may be sensitive, so do last).
- Find out what the child is currently being given to eat, so that you can give explicit instruction about the behaviour change required. This can be done by first asking to see the foods that have been given recently to the *child* (e.g., looking in the food cupboards to see what they have available for feeding the *child*). Ask the respondent to show you where she keeps any industrial milk and complementary foods. Put the list of *all* foods uncovered in this way into the relevant section of the *Environmental Inventory*.
- Complete the Daily Child Feeding Timeline. This will help identify the meal which will be replaced with the commercial complementary food. Negotiate with the mother which meal she will try to replace. Get the woman to repeat back to you what she is going to do (what she *pledges* to do ideally), so that you and her know here her new feeding rules. If you like, you can write the pledge up on her wall somewhere on a piece of paper that remains behind as reminder.
- Give the instructions as follows (which depends on the current feeding practices):
 - If the child is being given industrial milk, then give instruction that we want them to reduce the frequency by half (and if breastfeeding, to reduce industrial milk intake by increasing breastfeeding).
 - If the child is being given home-made porridge, ask them to replace one meal per day with the commercial porridge (that we will give to them) for 5 days.
 - If the child is already being given commercial porridge, then ask them to reduce the frequency of industrial milks by half.

If the child is due to eat while you are there:

- Ask the respondent to make up a complementary food in front of you and give it to the child. Give the caretaker a packet if she doesn't already have one.
 - Make notes on what she does, the water source, what other ingredients she uses and how much she gives the child. **If the respondent agrees, film what they do.**
 - If water is an issue discuss with the respondent what they can do to solve this problem.

If the child is not due to eat:

- Ask the respondent if she would be willing to make up some food for you and show you what she would do/use if she were to give it to the child. Give the caretaker a packet if she doesn't already have one.
 - Make notes on what she does, the water source, what other ingredients she uses and how much she gives the child
 - If water is an issue discuss with the respondent what they can do to solve this problem.
If the respondent agrees, film what they do.
-

- Ask the respondent again what the packet is for and when and how often she will give it to the child.
- Give these explicit instructions (*very important*): **Please give commercial complementary food product (that we will supply you with) to their child once a day (at a particular meal) and also reduce giving formula by half (in terms of frequency) per day (or similar, per the instructions above about what to say as a function of what is already being given to this child).**
- Ask the respondent if she thinks she will have any problems doing this. What are the problems and what could she do about them? Record her answers and try and help her find solutions. Will anyone else help her?

Before leaving:

- Make another appointment with the respondent for a follow-up visit 5 days later. Say that other family members are welcome to join.
- Ask if the respondent has any questions or concerns.
- If the respondent can read and write, ask her to keep a note of any questions she has or problems she has so that you can discuss them on the next visit.
- When you leave you should feel confident that the respondent knows what to do and can do it.

DAY 3: Follow-up visit (in respondent's home) [OPTIONAL]

If logistically feasible, make a short visit to the house to see if the respondents are experiencing any problems trying out the new behaviour. Try to sort out any problems encountered.

DAY 6: Follow-up interview (in respondent's home)

The respondent's priority is the child, so begin by asking how the child is:

1. Have you noticed any change in your child's health or feeding habits?
2. Ask the respondent if you can see whether they have any complementary food packets left. Make sure you see it. Pay attention to where they are kept, how much has been used, and

what other products might be present. *(May do this first if it interrupts the recording of the interview)*

3. What changes have you noticed, if any, in the child's behaviour or your own due to this change in feeding practice?

If the child has been given complementary food since the first visit, ask:

| | | | |
|--------------------------|------------------------|---------------------------------------|---|
| What was given and when? | What was easy ? | What do you like about CFs? | Will you continue to give CFs after this visit? |
| | What was hard ? | What don't you like about CFs? | |
| | | Why not? | |

If the child has not been given CFs since the first visit ask:

4. Have you given the child any other foods instead? What and why? e.g. time of day, given together with breastfeeding etc.
5. **If they are willing, record them doing another feeding demonstration.**

Before leaving:

1. Who has ever advised you on keeping your child healthy? Which one piece of advice did you find the most useful? Where did you hear it? Whose child care advice do you most listen to and why?
2. When do you tend to interact with a health worker / the health clinic? What for? How often?
3. What did you like / not like about being in this study?
4. Have you spoken about this study with anyone? Who? What did you say?

Behaviour Features/Functions Ranking

Aim:

To gain insight into which functions the target behaviour performs, from the perspective of the target audience.

Approach:

Ask people to list reasons to do the behaviour, and then prompt for ranking of known reasons. This exercise can be performed in lieu of the Motives Mapping exercise, or in conjunction with it. While the Motive Mapping exercise is good at producing unexpected mental associations to target behaviours, this exercise excels at giving more focused, reliable and replicable results about the existing 'drivers' of the target behaviour.

What are the most important reasons someone might want to perform the target behaviour (in this case getting a latrine)? [Let the respondent think of their own reasons first; add to stickie if novel]

Then show list. Which are important? Which can be ignored. Then, rank the important ones please.

- Don't make neighbours ill [Disgust/'Manners']
- Safe for children (don't fall in) [Nurture]

- Avoid sexual attack [Nurture]
- 'Durable' (lasts long time before filling up/needs repair) [Hoard]
- Low cost [Hoard]
- Be like everyone else (by having a latrine) [Affiliation/Justice]
- Have a place for guests [Affiliation]
- Contribute to 'Cultural village' [Affiliation]
- Show off to everyone [Status]
- Chance to increase (building/use) skills ('more experience') [Create/Play]

EXAMPLE: Handwashing with soap.

What are the most important reasons someone might want to wash their hands with soap? [Let the respondent think of their own reasons first; add to stickie if novel]

Then show list. Which are important? Which can be ignored. Then, rank the important ones please.

- Hands are dirty [Disgust]
- Hands are greasy [Disgust]
- To make hands smell good ('perfumed')
- Don't make neighbours ill [Disgust/'Manners']
- Protect children [Nurture]
- Be a model for children [Nurture]
- Be like everyone else in the village [Affiliation]
- Show off to everyone [Status]
- Chance to increase skills [Play]
- Fun to do [Play]
- Because it's the 'right thing to do' [Justice]

Behaviour Setting Oriented

Script/Routine-Oriented

Scripting

Aim:

To elicit the normal, prototypical order of events in the everyday life of a study respondent, with emphasis on practices related to the target behaviour.

Approach:

Ordering and discussion of activity cards.

Instructions:

1. Ask the respondent to describe what they did the previous day from the moment they woke up to the moment they went to bed. Begin by asking "What is the first thing you do when waking up?" This prompt can be followed by "What do you normally do next?"
2. As they speak, draw a simple picture and write a key word to represent the activity they describe (or lay pre-fabricated paper picture cards). Lay the picture cards out in front of them on an available surface in a row from left to right.

3. With this overview in hand, you can then ask them to describe in more detail the parts of the routine you are interested in (starting with the events immediately before to get some background). Respondents may need a bit of prompting to know what you are asking of them (e.g., walk to latrine, go in, close door, do business, clean up, get dressed etc.)
4. Events which might have been missed (e.g., because they are embarrassing or less often practiced) can also be prompted. Look at the cards and ask the respondent about anything that is obviously missing, e.g. did you go shopping, collect water, eat lunch, go to the toilet etc. Insert any additional cards into the daily routine.
5. Next, ask the respondent for more information about each activity/task of particular interest: *people* – who was there, what did they do, who visited the house and when, who did they meet and where, *products* – what did they buy, where and why. They may have already told you some things as you were putting the card down. Write this information on the A3 paper. Say out loud what you are writing if the respondent cannot read. What was the best moment during the day – why? The worst – why? The most boring – why? The most fun – why? The most rewarding – why?
6. If required, can look into clustering of events into chunks by asking which of the cards should be thought of as belonging together.
7. If the day described was a week day, ask the respondent what additional /different things they do on a typical weekend, and vice versa (if the day described was at the weekend, ask about a typical week day). Mark with an asterisk (*) the activities that only take place at the weekend.
8. Finally, ask what other things they do now and then e.g. attend kitchen parties, visit the health centre, travel to other towns etc. Write a list of these activities and events in a corner on the paper. Note down the frequency of these activities, particularly interactions with health workers and frequency of travel into town and to other places.
9. Once placed in a final order, the cards can be simply collected in a pile for notation later. Alternatively, the resulting order of events can be noted down on a printed version of the script form (see below for example).

In conclusion ask: "If you could change one thing about your normal schedule, what would it be? Why?"

HH#
Day
Ida 2

| NAME | | Meva | | INTERVIEWED BY: Yanti/Abby/Katie | |
|------|-----------|------------|---------------|----------------------------------|-----------------------|
| DATE | | 06/04/2011 | 10:45-11:45am | | |
| | Un-prompt | Inserted | Frequency | Simultaneous | BEHAVIOUR |
| | x | | | | wake up |
| | | x | S | | defecate |
| | | x | S | | Bathe |
| | x | | | | Wudhu |
| | x | | | | Pray |
| | x | | S | | Breastfeed |
| | x | | | | Baby sleeps |
| | x | | | | Food prep (breakfast) |
| | x | | | | Wake children |

Situational Constraints (Scenario Ranking Exercise)

Aim:

To gain insight into the kinds of situational factors that constrain performance of the target behaviour.

Approach:

Ranking exercise about different scenarios.

- 2a.** You are a nurse in Normal Hospital. You need to take the vitals for Mrs. Jones in room 2. You enter the room, say hello, explain the procedure, take Mrs. Jones' vitals, ask if she needs anything else, and then you head towards the door to leave.

How likely are you to practice hand hygiene upon exiting the room?

| | | | | |
|----------------------|--------------------|----------------------|----------------|---------------------|
| Not At All Likely | Slightly Likely | Moderately Likely | Very Likely | Extremely Likely |
| ▼ | ▼ | ▼ | ▼ | ▼ |

- 2b.** The unit is short-staffed today and you are busier than normal. You have to attend to two other patients, you need to debrief the attending physician, and fill out your shift report all before your shift ends in the next hour. This is on your mind as you are taking Mrs. Jones' vitals.

Upon finishing taking her vitals, how much more/less likely are you to do hand hygiene upon exiting the room than in the scenario above (2a)?

| | | | | |
|---------------------|-------------------------|------------------|-------------------------|---------------------|
| Much Less Likely | Somewhat Less Likely | No Difference | Somewhat More Likely | Much More Likely |
| ▼ | ▼ | ▼ | ▼ | ▼ |

- 2c.** As you are leaving Mrs. Jones' room, you take off the gloves you've been wearing.

How much more/less likely are you to do hand hygiene upon exiting the room than in the first scenario (2a)?

| | | | | |
|---------------------|-------------------------|------------------|-------------------------|---------------------|
| Much Less Likely | Somewhat Less Likely | No Difference | Somewhat More Likely | Much More Likely |
| ▼ | ▼ | ▼ | ▼ | ▼ |

- 2d.** As you are leaving Mrs. Jones' room you notice that a fellow nurse is standing outside the doorway. You both make eye contact.

How much more/less likely are you to do hand hygiene upon exiting the room than in the first scenario (2a)?

| | | | | |
|---------------------|-------------------------|------------------|-------------------------|---------------------|
| Much Less Likely | Somewhat Less Likely | No Difference | Somewhat More Likely | Much More Likely |
| ▼ | ▼ | ▼ | ▼ | ▼ |

- 2e.** As you are leaving Mrs. Jones' room you notice that the Infection Prevention director is standing outside the doorway.

How much more/less likely are you to do hand hygiene upon exiting the room than in the first scenario (2a)?

| | | | | |
|---------------------|-------------------------|------------------|-------------------------|---------------------|
| Much Less Likely | Somewhat Less Likely | No Difference | Somewhat More Likely | Much More Likely |
| ▼ | ▼ | ▼ | ▼ | ▼ |

- 2f. As you enter Mrs. Jones' room, you see your nurse manager. The manager is talking with you and Mrs. Jones as you take Mrs. Jones' vitals. Upon finishing, you and your nurse manager leave. The nurse manager does not practice hand hygiene.

How much more/less likely are you to do hand hygiene upon exiting the room than in the first scenario (2a)?

Much Less Likely Somewhat Less Likely No Difference Somewhat More Likely Much More Likely

- 2g. After taking Mrs. Jones' vitals you say goodbye and turn to leave the room. You go to use the hand sanitizer dispenser in the room, but the dispenser is empty. The closest dispenser is down the hallway.

How much more/less likely are you to do hand hygiene upon exiting the room than in the first scenario (2a)?

Much Less Likely Somewhat Less Likely No Difference Somewhat More Likely Much More Likely

- 2h. You have just finished taking Mrs. Jones' vitals when another nurse urgently comes into the room and asks for your immediate assistance with a procedure in another room.

How much more/less likely are you to do hand hygiene upon exiting the room than in the first scenario (2a)?

Much Less Likely Somewhat Less Likely No Difference Somewhat More Likely Much More Likely

- 2i. You are finishing taking Mrs. Jones' vitals when there is a code. One of the patients on the floor is going in to cardiac arrest. You immediately respond to the code.

How much more/less likely are you to do hand hygiene upon exiting the room than in the first scenario (2a)?

Much Less Likely Somewhat Less Likely No Difference Somewhat More Likely Much More Likely

Changing Practices

Aim:

To explore the history of investigate longer-term trends at local level with respect to common practices related to the program objectives.

Approach:

Discussion.

Generational Change

Ask mothers to think back to the life her mother led when the interviewee was a girl, and then compare it with the life the interviewee leads now. Ask about:

- a) **physical infrastructure:** type of house, location of bathroom, kitchen, storage, amount of space available, access to open spaces, electricity, water, sanitation, roof, floor material e.g. *in your Mum's time how was her house? How does that compare with you now? (look around and suggest features*
- b) **Objects:** furniture, cooking equipment, rice cooker, implements, baby bottles, food storage, stove, bed, sling, clothes, child feeding utensils, product landscape (again take examples from what you see)
- c) **Social infrastructure:** household composition, family relationships, wider family, neighbours, social institutions (schools, health services, political, women's organisations, banks, shops). *What is your social network? How was your mothers?*

- d) **Roles** played by men, women, children, relatives, neighbours, friends, health staff. *Eg: In your Mum's time, did her husband (your dad) help cook, do chores, look after the child? What about your husband? In your Mum's time did she have lots of friends around? What about you now? Did your mother work? Do you? What about comparing your dad's work role with your husband's? What about Dad playing a role in infant feeding choices?*
- e) **Identity** what did your mother classify herself as, what about you? (eg Javanese, Muslim, villager, housewife, age-group). *What skills did she have? What about you? Did she know more about child care/feeding. What were her aspirations? What about yours? What about cooking skills?*
- f) How has **parenting style** changed from your mum to you? Child centric vs parent centric?

Lifestyle Change

- *Since you had a baby, have you changed where you buy food? Why? How often you do food shopping?*
- *What new kinds of food have you had to buy?*
- *Where do you get the money to buy this food?*
- *Do you express breastmilk? Have you ever? Would you consider doing it? How complicated is it?*
- *Have you had to change what you do during the day since you had your baby? In what ways?*
- *Has anyone been added to/subtracted from the household since you gave birth (besides the baby)?*
- *Who helps you to take care of the child? In what ways do they help? Do your neighbours help in any way? Family members who aren't here in the household?*

Job-related

Aim:

To gain insight into the impact of having a job away from home on household practices.

Approach:

Simple questionnaire about possible impacts/implications of having a *child* on daily life.

Instructions: Ask respondent:

Do you work? If not now, did you in the past? If you did used to work, what made you stop working? What kinds of work have you done? What role did you play exactly? How did you get this job(s)? Do you enjoy working?

Do you get paid money/a salary?

Does this happen away from home? If so, where? How do you get there? How long does it take to get there? What hours do you work? What days of the week?

Do you plan to work in the future?

When you are away from home, who takes care of the child? How does the child get fed? Who does the feeding? What do they feed the child? When do they feed the child?

Is there any way to take the child to work with you?

Has having a child meant you have to be more careful with money? Do you worry more about money now than before you had children?

Identity/Role-Oriented

Identity Map

Aim:

To create 'identity maps' that identify an individual's self-perceived roles, qualities and attributes.

Approach:

Brainstorm roles and characteristics, using a large sheet of paper to represent the resulting conceptual map.

Instructions:

- Give the respondent (or each member of the group) a sheet of large drawing paper and a marker.
- Tell the respondent to use the marker to write his or her name in the center of the drawing paper in large bold letters. Put a circle around this name.

Brainstorming roles

- Next, encourage the respondent to consider all the roles they play in the different facets of their lives. Prompt for roles in
 - Family (Oldest sibling? Baby of the family?)
 - School (Teacher's pet? Nerd?)
 - Professional life (Writer? Scientist? Historian? Artist?)
 - Among friends (Hoopster? Gamer? Confidant?)
 - Clubs
 - Sports
 - on the Internet
- Direct students to draw a different line or ray on their identity maps for each role they wish to include. At the end of each line, they should write the word that identifies that particular role, and put this word inside a box. Students should include at least three or four of these roles.

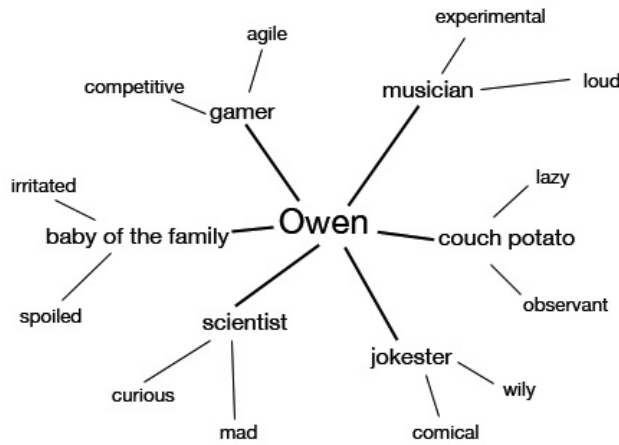
Other 'aspects'

- Finally, other boxes can be incorporated for:
 - Interests/hobbies/abilities (e.g., play an instrument or sport, collect stamps)
 - Special/personal possessions (e.g., pets, musical instrument)
 - Features of their appearance (e.g., red hair, wear glasses)
 - Things they have created (e.g., write poetry, built a porch for their house)

Incorporating characteristics

- The final step involves assigning adjectives to each role. These are words that describe each role.
- Adjectives can be written at the end of lines that originate at their names and branch out (if they are adjectives that generally apply to their identities), or they could be rays surrounding a particular role (e.g., the adjective "responsible" might be used to describe "big sister," or "prolific" may be used to describe "writer", while the set of items personally owned might include where got them, where keep them, why have them)
- Respondents should include at least five or six adjectives in their identity maps.

Here is an example identity map:



Role Analysis

Aim:
To get at perceived characteristics of role-playing.

Approach:
Get respondents to rank dimensions in various performance contexts.

Which of these qualities or traits did you wish you had exhibited more of during your last shift [as a nurse]? Choose **FIVE** from the following list.

- Empathy
- Respect
- Confidence
- Technical Competence
- Leadership
- Good Communication
- Skills
- Reliability
- Awareness
- Critical Thinking
- Stress Management
- Flexibility
- Physical Endurance
- Mental Endurance
- Friendliness
- Patience
- Good Judgement
- Patient Advocate
- Resourcefulness
- Responsiveness
- Cooperativeness

Which of the following statements would you LEAST like to hear said about you as a nurse? Choose *FIVE* from the following list.

- "You do not provide emotional support to your patients."
- "You are unsure of yourself as a nurse."
- "You do not handle stress well."
- "You are not as technically skilled as you should be."
- "You are curt and short with the patients."
- "You do not show leadership qualities."
- "You do not communicate well with others."
- "You neglected a patient."
- "You are not dependable."
- "You are not always aware of what is going on around you."
- "You hurt a patient."
- "You neglected a patient."
- "You do not know your patient's wants or needs."
- "You are not flexible and able to adapt."
- "You are not a team player."

Prop/Infrastructure-Oriented

Product Life History

Aim:

To gain insight into people's relationships with food, from the time the food enters the household until it leaves, either through being eaten or disposed of.

Approach:

Take householders through the entire life history of each food relevant to child feeding, filling out the Food Life History Module for each food for each stage of the life history.

- Acquire Stage (how the site managed to get the facility in place)
 - What was first action taken to get a toilet on site? Who did this?
 - What was second? Etc.
 - Stages of construction, etc
 - Household/school decision-making (stimulus for consideration of toilet: CLTS? based on seeing neighbour's toilet? etc)
 - Financing/Planning
 - Who contacted/contracted to help
- Use Stage
 - Who normally uses?
 - Who has ever used this toilet? Why/circumstances?
 - What kinds of purposes? Pee, poo, bathing, clothes washing, etc
- Maintain Stage
 - Clean (who, with what, how often, etc)

- Empty (who, when, how)
- Repair (who -- contract with anyone?)
- Dispose/replace Stage
 - What will happen when it gets old/full?
 - Plans for new one?

EXAMPLE: Foods

This exercise uses the Food Life History form below to be filled out for each stage of a food's life history. The following are guides to cover specific aspects of a setting relevant to each stage of the food life history.

Food Life History Form

| Foods (e.g., family foods, milks, CFs, snacks, drinks) | | | | | | | |
|--|--|--|--|--|--|--|--|
| Acquisition | | | | | | | |
| Preparation | | | | | | | |
| Storage | | | | | | | |
| Feeding | | | | | | | |
| Disposal | | | | | | | |

Acquisition

Source mapping exercise. The purpose of this exercise is to identify the physical environments in which food acquisition occurs for all types of food fed to *child* (family foods, milks, CFs, snacks, drinks):

- Purchase of ingredients to prepare food for *child*
- Purchase of ready-made foods for infants (specify foods)
- Baby-related equipment (bottles, thermos, nappies, etc)

Draw a (rough) map of the places where foods are acquired on a regular basis. Indicate where she (or other family members) go to purchase each of these. Discuss the characteristics and qualities of the various locations. How do they get there? Who goes? Who decides what to buy in each type of shop? How often?

Preparation

- *Who prepares (the food item)? Does anyone else ever prepare it?*
- *Where is it prepared?*
- *How is it usually prepared? Probe for cooking fuel, cooking time, whether boiled water is used. If it is purchased ready-made, ask what the informant thinks the cooking procedures are.*
- *How did you learn to cook?*

Storage

- *Note where each food item is stored. Container? Cupboard? Part used? Refrigerated? How long have you had this means of storage?*

Feeding/Eating

Procedure: Make *Child Feeding Routine Timeline* summarizing mum's idea of the daily feeding routine.

- *What time does child wake up? First breastfed? First thing child eats? Second thing... etc When? Where? Fed by whom? What about if mother is away?*
- *How is the food given to the baby? (e.g. spoon, bottle, mother's hand, pre-chewed by mother, given to child to hold by himself/herself.)*
- *What foods does your child like? What does s/he like? Any idea why? Have you tried any tricks to get them to eat these foods?*

Disposal

Is it a bad thing to throw away food? Why?

- *What typically happens to each of the foods the child does not eat?*
- *Is this food ever stored to be served a second time? Can you show me where/how you store it? How long might you store it for?*
- *Is it possible that other people might eat any left-overs?*
- *Do you do anything to avoid having any left-overs?*

Food challenges

"Many mothers have some challenges when it comes to food and feeding. Have you had any problems or worries about this?"

Elicit information on how she deals with the problem, types of social support and costs (if appropriate)- e.g.:

*i) "You said that your child is a **poor eater** and rejects many different foods. Is there anything you do to help this problem? Is there anyone who can help you with this type of problem?"*

*ii) "You said that you sometimes have **problems buying food** for your infant. Is it more to do with the price of the foods or how easy they are to get? What kinds of things do you do when you have this problem? Is there any place where you can get help?"*

*iii) "You mentioned that your child is often **sick** and this affects his/her eating. Can you tell me more about that? What kinds of things do you do when this happens? Is there any place to go or anyone to help with this problem?"*

*iv) "You said that sometimes you have **so much work** it is hard for you to feed your child. Why is this a problem? What can a mother do about this? Is there anything you do when you are very busy to make it easier?"*

'Day in the Life' of the Product/Facility

Aim:

To gain insight into use of a product by switching perspective to the 'life' of the object itself.

Approach:

From the product's perspective, conduct what is essentially the same as a scripting exercise for people.

Instructions:

- Have the respondent describe what happens to their product/facility first, early in the morning, until the next morning
- Ask who is interacting with the product at each event, what time of day it is, etc.

- Ask respondents to compare a good day to a bad day for the product.

Product 'Universe' (Attribute Ranking)

Aim:

To gain insight into the respondent's conceptualization of different products.

Approach:

Product comparison exercise that ranks products on different attributes and compares types along these dimensions.

EXAMPLE: Food Product Grouping

Get out a variety of types of foods, including formulas, snacks, drinks, adult foods. (Alternatively, use pictures of these foods.)

Please put these into as many or as few groups as you like.

[Once the products are grouped] Please explain each group:

Why the things in this group go together.

All the things they have in common, including what they are for.

Which is the odd one out in each group and why?

What name or label would you give each group? *[Create a label for each group and photograph them as a record.]*

What sort of people might use the different groups and why?

Which have you used in your household? For your children – when and why?

Have we missed any solutions you use at home out or have heard of and why?

Food Ranking Exercise

Place a card with the plus sign at one end of the board and the card with the minus sign at the other. (You can also use a happy face and a sad face if that seems better.) It is important to assure the caregiver at this point that there are no right or wrong answers and that she can change her mind about placement once she has all of them laid out. Record any comments she makes while she is doing the exercise.

Pull out a number of food items. *Where it's not possible to have the real thing, then use a picture, drawing and/or words on cards.* Ask the informant whether it is good or bad, where on the range. Pick another: better or worse than that one?

Once 10 foods or so have been ranked on overall goodness for baby, then determine the attributes associated with the foods as follows: Ask 'Which of these foods is the most natural? Which is next most natural?' Etc for each attribute.

Attributes:

- a) preservative content
- b) attractiveness
- c) homely-ness
- d) suitability for that age

- e) tasty for baby
- f) complete food
- g) vitamin-rich
- h) naturalness
- i) healthiness
- j) costliness
- k) normality (i.e., how commonly used)
- l) 'look'/exciting
- m) high status

Record the final rankings of each food for each dimension.

Micronutrients

- *More and more nowadays people are talking about vitamins. Have you heard this word before?*
- *What are vitamins and what do they do?*
- *Has anyone talked to you about giving your child vitamins?*
- *Have you ever given your child vitamins?*
- *[If so:] In what form did you/do you give them? (liquid, crushed pills, micronutrient packages, Sprinkles, LNS, etc.) What was your experience with giving them that way? Did you have any problems? Do you plan to continue giving them?*
- *Why did you decide (not) to give your baby vitamins?*

If she answers only by discussing vitamins in food or breastmilk ask her directly whether she has heard about other forms of supplements. If she mentions other forms of supplements, probe to find out how she has learned about them; what they consist of, etc.

For all respondents ask the following questions:

Have you heard that some foods you can buy in the store have extra vitamins added to them? [If yes, probe to find out what foods, whether she has ever purchased them or thought about purchasing them.]

[The reason it is important to ask the next question is that the caregiver may have heard about nutrient supplements but she does not think of them as "vitamins."]

Finally I'd like to ask if there is any thing else besides food and vitamins, that mothers can give their children to help them have good nutrition?

Do you know of anything that can be added to, on top of, food to help children grow? Things that can be sprinkled on top? Have you heard the word 'Taburia'? Do you know what it is?

Complementary foods

Go to the person's shelf that contains cereals and, if possible, pick out a fortified and a non-fortified product of the same grain (ingredient). Alternatively, show the commercial complementary food packets you have brought with you.

Which of these has she used? What was her experience? Would she buy them again?

“I can see that these two cereals are different. Can you tell me more about the ways they are different?”

If the informant doesn't mention that one has added nutrients (e.g., “vitamins”) you can say: *“Another way in which they are different is that this one has some extra vitamins and minerals added to it. What are vitamins? What are minerals? Are any specific nutrients missing from the commercial or home-made porridges?”*

Continue to probe about the informant's perceptions about the importance of fortification. *“Do you think the difference between these two foods makes any real difference or is it something companies do to try and sell their product? If the answer is yes, then ask, “Why do you say it is important?”*

Now check the shelf again to see whether there are any non-fortified, but legume enriched cereals for sale. Pick it up (or alternatively produce your own) and ask: *“Here is another cereal for babies and small children. How is this one different from this one (the fortified cereal)? And how is it different from this one?”*

Which of the products would you say families prefer to buy? Why is this so?

What qualities make for a good complementary food? Are these qualities present in the existing products? What could be done to make them better quality?

How do these products compare with home-made versions (e.g., of porridge)?

Reasons to Use Product

Aim:

To gain insight into the reasons for using a focal object.

Approach:

Ask respondents to rank reasons they produce or which are prompted for them (based on prior data collection).

Instructions:

What are the most important reasons someone might want to (continue to) use the product (in this case a latrine)? [Let the respondent think of their own reasons first; add to stickie if novel]

Then show list. Which are important? Which can be ignored. Then, rank the important ones please.

- Close to home [Comfort]
- Easy to clean [Comfort]
- Private (from superstructure) [Comfort]
- Protection from rain/sun [Comfort]
- No smell [Disgust]
- Not too many users [Disgust]
- Not exposed to snakes [Fear]

Notes:

- Durable = doesn't collapse, sturdy, can use long time without repair
- Not many users = don't have to wait, doesn't get dirty fast

- Not used: 'Convenient' (having own place, not bother others)

Evaluating Product Designs

Aim:

To use standard consumer marketing techniques to get responses concerning the preferred qualities of latrines as products.

Approach:

Ask respondents to rank pictures of alternative designs.

Instructions:

- Present pictures of a range of different kinds of toilets (or toilet parts)
- Have respondent rank the pictures along various dimensions:
 - Affordability
 - Desirability
 - Life-span
 - Ease of use/cleaning
 - Reliability
 - Aspirational quality
 - Willingness to pay

Designing the Ideal Product

Aim:

To get community members from different age, sex and sociocultural groups to design their ideal product, as a way of gauging how close existing options are to aspirational ones and what particular features might be lacking from current designs.

Approach:

Ask respondents to draw pictures of ideal design.

Instructions:

- Ask respondents to present in freeform fashion (e.g., via drawing, or description of the components and how they work) a description/picture of their ideal sanitation solution. Make sure they show the superstructure, understructure etc.
- Ask what they like about this kind of toilet. Why is this ideal?
- In a second round, respondents can 'build' their own ideal toilet using specific toilet attributes such as location, materials, setting, utilities, as depicted on picture cards and maps.
- Repeat with respect to handwashing station (rather than sanitation).

Ranking of Product Parts

Instructions: You are given 5 million Dong to spend; you must buy a whole latrine for your household. A whole latrine has three parts: superstructure, slab and under-ground. You are given a choice between two types for each part, basic and luxury (show pictures of what each option looks like).

The basic version of each part costs 1 million, the luxury version of each part costs 2 million. So essentially you can get luxury for one part of your latrine, which one do you choose? Why?

Now I offer you an additional 1 million Dong. Which part do you get luxury now? Why?

Why do you not want to spend money on the third part?

Norm Testing (Bicchieri version)

Aim:

To determine the social status of a particular set of beliefs (i.e., whether social or personal, and if social, whether sanctionable or not).

Approach:

A short interrogation with vignette choices.

[NOTE: This tool is heavily based on Bicchieri's field-test techniques and experiments for determining the social status of particular beliefs while minimizing social desirability bias. (Bicchieri, 2014) The key to Bicchieri's approach is that social beliefs are considered a system involving behaviour, expectations of various kinds and constituent values or preferences. All are necessary to support the system. This means that asking a suite of questions allows one to determine the ontological status of a belief – whether it is a:

- *Personal belief*: some value held purely for individual reasons
- *Custom*: a common practice that everyone follows because it makes individual-level sense (e.g., is economically rational).
- *Moral norm*: personally held belief about the 'rightness' of a behaviour (with willingness to punish others for non-practice), regardless of what others think
- *Descriptive norm*: a belief about how common a practice is in some reference group
- *Social norm*: a belief that some practice is followed in some reference group because of mutual expectations that it be practiced (i.e., practice is contingent on others doing it, and punishing non-practice in at least some cases)]

Direct questioning

For example, a diagnostic for the normative status of child marriage in a group requires the following questions:

- BEHAVIOR: "At what age did your daughter(s) get married?"
- PRUDENTIAL REASONS: "If you think about a girl marrying early rather than late, what are the advantages and disadvantages of that for the father of the girl?"
- EMPIRICAL EXPECTATION: "Think about married women between 18 and 25 years old in your community. Out of 100 such women, how many do you think got married before they were 18 years old?"
- PERSONAL NORMATIVE BELIEF: "Some girls get married before they are 18 years old. Is this good?"
- NORMATIVE EXPECTATION: "Out of 100 men in your community who are at least 40 years old, how many think that it is good that girls get married before they are 18 years old?"

The diagnostic works as follows. If fathers have strong prudential reasons for their daughters to marry—like having to pay a smaller dowry—then child marriage could be a *rational choice* or a *custom* followed because it is in fathers' own interest. If fathers have strong personal normative beliefs, then child marriage could be a *moral rule*. If there are no strong prudential reasons or personal normative beliefs, but if people consistently hold the empirical expectation that most other fathers are marrying their daughters off early, then child marriage is probably a *norm*. If people also hold the normative expectation that others think girls should marry early, then child marriage is probably a *social norm*—otherwise it is probably a *descriptive norm*.

Vignette version

Vignettes tell short stories about imaginary characters in specific scenarios (Alexander and Becker, 1978; Finch, 1987). They are particularly useful when the questions being asked are socially sensitive and subject to social desirability biases (Finch, 1987). In these stories, respondents will not feel the same obligatory pressures to respond in a particular way. These hypothetical scenarios provide an unthreatening and impersonal avenue for exploring respondents' attitudes or beliefs about a sensitive topic. When respondents think about what the protagonist would do, they imagine what they would do if they were in the position of the protagonist. Thus, vignettes indirectly teach us something about how the respondent would react. Similarly, by manipulating the protagonist's social expectations, it is as if we were manipulating the respondent's social expectations. In that sense, vignettes are quasi-experiments. Moreover, the indirectness of vignettes helps eliminate the social desirability bias, since we ask people what they think some other individual in another community will think and do instead of posing the questions directly about themselves.

Empirical expectations

Marry early: "Mr. Badji has been visited by a very respectable family who want their son to marry Mr. Badji's daughter. It is a very good opportunity, but Mr. Badji's daughter is 15 years old and still going to school. **Most girls in the village marry before they are 16 years old.**"

Marry late: "Mr. Badji has been visited by a very respectable family who want their son to marry Mr. Badji's daughter. It is a very good opportunity, but Mr. Badji's daughter is 15 years old and still going to school. **Most girls in the village marry after finishing high school, at 18 years old or later.**"

Normative expectations

Marry early: "Mr. Badji has been visited by a very respectable family who want their son to marry Mr. Badji's daughter. It is a very good opportunity, but Mr. Badji's daughter is 15 years old and still going to school. **People in the village say a good father arranges a good marriage as soon as a good opportunity arises.**"

Marry late: "Mr. Badji has been visited by a very respectable family who want their son to marry Mr. Badji's daughter. It is a very good opportunity, but Mr. Badji's daughter is 15 years old and still going to school. **People in the village say a good father arranges a good education first, and only after that he arranges a good marriage.**"

[The part of the story that differs in each case is in bold.]

Questions to be asked about these vignettes are:

- In your opinion, will Mr. Badji ultimately agree to the marriage of his daughter [behavior]?
- Why [preferences]?

- What (if anything) might drive Mr. Badji to agree to the marriage [preferences]?
- What (if anything) might drive Mr. Badji to say no to the marriage [preferences]?
- Do you think Mr. Badji should agree to the marriage [personal normative belief]?

A similar logic to that used in the direct questioning case should be followed here to determine the status of the beliefs under investigation.

[Reference: Bicchieri, C., Lindemans, J. W., and Jiang, T. (2014), 'A structured approach to a diagnostic of collective practices', *Front Psychol*, 5, 1418.]

Norms (BCD approach)

- **Aim:** To get an overview of both the perceived and empirical norms as well as the value they place on those norms and the referent group.
- **Approach:** Building on the social network drawing, present hypothetical cases and ask how various people in the social network would respond, how the respondent would value that response, and if they think other people in and outside the social network would exhibit that behaviour.
- **Duration:** 15 mins
- **Materials:** paper and pencil

Instructions:

Empirical Expectations: Behaviours

Out of 100 girls in X your age, how many:

- Have a job?
- Boyfriend?
- Baby?
- HIV?
- Use contraception?
- Take Tik?
- Have had an abortion?
- Been raped?

Empirical Expectations: Beliefs

Do you

- Believe that MOST PEOPLE AROUND HERE THINK that it's OK for young girls to have sex with boys for money.
- Believe that MOST PEOPLE AROUND HERE THINK its OK to have HIV.
- Believe that MOST PEOPLE AROUND HERE THINK its OK to take contraception.
- Believe that MOST PEOPLE AROUND HERE THINK its OK to get drunk.

Facebook Exercise

Part 1: Ostensible norm violations

You post a picture of yourself in a nice dress on your Facebook Wall (personal page). A number of people comment as follows:

- 'Oh, you look so beautiful!'
- 'She only gets clothes like that by sleeping around!'

- 'She just wants to steal our boyfriends!'
- 'She always thinks she's better than us'
- 'She looks drunk again in that photo!'
- 'She stole those clothes!'
- 'But she doesn't have a job'
- 'But I hear she has HIV'
- 'But I hear she's had an abortion'

[If not on Facebook say 'Imagine that these are things people around here are saying about you']

Any other kinds of negative posts you have received?

Any that you would be afraid of getting (like these)

Any positive things you wish people would say about you?

What is worst thing that can *actually happen* to you:

- Lose boyfriend
- Get HIV
- Lose job
- Get pregnant
- Parent die
- Get robbed
- Get raped
- Lose girlfriend
- Be slipped some Tik
- Become infertile
- Lose all savings

Is X a good or bad place to live? Why?

Part 2: 'Anti-network' [not working]

Have you ever refused a friend request?

What kinds of friend requests would you refuse?

Who would you tell you're taking PrEP?

Normative Expectations: Sanctionable?

- How would people listed in your network react if you took PrEP?
- Would you care if they react that way?
- Would your best friend take PrEP; Would other girls like you take PrEP?

How would X react/what would X do if:

- You were pregnant now
- You would receive a gift for having sex with a man
- Would have sex with someone who is not your boyfriend
- Saw you at the youth clinic
- Knew you were taking PrEP
- You got so drunk that you don't remember what happened

If you knew a fellow young girl did not take PrEP, what would you do?

Counterfactual dependence: causal consequences

Does the belief that EVERYONE AROUND HERE will think the girl is bad if

- She sleeps around influence young girls' choices?

If PEOPLE AROUND HERE did not penalize a girl for sleeping around, would the girl continue to do it?
[Y/N]

Moral norm status

- Would you take PrEP even if no one else does? Even if your friends didn't want you to, would you still do it?

Body-oriented (Traits of target population)

Superpowers Game

- **Aim:** To elicit people's relative valuation of acquiring/retaining various capabilities/capacities, based on the Evo-Eco motives.
- **Approach:** Ask participant to demonstrate 'willingness to pay' for 'superpowers'
- **Duration:** 15 mins
- **Materials:** Superpower Board and fake money

Show participant the Superpower Board (3x5, with one motive-based 'superpower' in each cell; see below). Read the phrases out in each cell.

- **Disgust:** To never catch a disease from anyone [for the rest of my life]
- **Justice:** To make others always be honest and fair; [to ensure I can always live in a just society]
- **Love:** To always be loved by the (wo)man of my dreams
- **Status:** To always be esteemed and respected by others
- **Fear:** To always be safe from attacks or accidents
- **Hunger:** To never feel hungry or thirsty again
- **Attract:** To always be beautiful; able to attract the same/opposite sex
- **Nurture:** [Adult] To ensure my children will always be happy, safe and successful; [Child] To ensure I am always protected and safe
- **Comfort:** To never feel physical discomfort
- **Hoard:** To always have all the stuff I need to be prepared for any situation
- **Play:** To always be able to learn new skills easily
- **Create:** To always be able to create a good physical environment to live in
- **Lust:** To always be able to perform sexually with (wo)men
- **Curiosity:** To always be well-informed about what's going on in the world
- **Affiliation:** To make others like me and want me in their group

Give the participant 10 units of fake 100-valued money, and proceed as follows:

Achieved powers (Current Abilities): First play the game to see what 'powers' individuals believe they already have achieved (either through birth or mastery). 'These are various 'powers' that a person might have. Place the money; the more money you put down means the more true it is of you now.' When the participant is finished, ask how they achieved these powers, and what they do with them.

Desired powers: ‘Now we’d like to know what powers you would like to *gain* or *acquire*. Put your money where it matters to you, and put more money on a power to make sure it comes true for you, if it’s really important. You can put all your money on just one power, or spread it around on several, if they are ones that you want to have.’

Once they have laid out the money to their satisfaction, ask them why they have spent money on each power, why so much, and finally why they have *not* been interested in acquiring other superpowers. Record all responses.

Figure: Superpowers Board: Current Abilities

| | | |
|---------------------------------------|---|--|
| I never get any disease or infection | I never feel hungry or thirsty | I can learn new skills easily |
| I’m prepared for any situation | I’m beautiful and am able to attract the same/opposite sex | I can create a good physical environment to live in |
| I’m loved by the (wo)man of my dreams | I can make sure my children are always happy, safe and successful | I’m well-informed about what’s going on in the world |
| I’m esteemed and respected by others | I never feel physical discomfort | I have an active sex life |
| I feel safe from attacks or accidents | Others are honest and fair to me | Others like me and want me in their group |

Figure: Superpowers Board: Desired Powers

| | | |
|--------------------------------------|---------------------------------------|--|
| To never catch a disease from anyone | To never feel hungry or thirsty again | To always be able to learn new skills easily |
|--------------------------------------|---------------------------------------|--|

| | | |
|--|---|--|
| To always have all the stuff I need to be prepared for any situation | To always be beautiful; able to attract the same/opposite sex | To always be able to create a good physical environment to live in |
| To always be loved by the (wo)man of my dreams | To ensure my children will always be happy, safe and successful | To always be well-informed about what's going on in the world |
| To always be esteemed and respected by others | To never feel physical discomfort | To always have an active sex life |
| To always be safe from attacks or accidents | To make others always be honest and fair | To make others like me and want me in their group |

Personal Traits Analysis

Aim:

To determine the respondent's score on various psychometric scales.

Approach:

Get respondents to complete well-established scales that measure various personality dimensions.

- Have respondents complete
 - the personal need for structure/routinization scale
 - openness to new experiences scale
 - hygiene/fastidiousness scale
 - etc.

as appropriate.

Physical Environment-Oriented

Site Observation

Aims:

- Examine role of location/site with respect to the project's central focus.
- Understand clinic as a touch point for our behaviour change intervention.

Approach:

Arrive at the location early. If consultations are observed then consent should be taken. Spend time both inside and outside, particularly where people congregate. Spend at least half the time observing and eavesdropping (via your translator).

Capturing information:

Note down observations, then organise them under the headings provided. Try to avoid writing your own opinions concentrating instead on what you see, hear, read, are told, etc. Wear a time-lapse camera. Take photos to document things you, or those around you, find interesting.

General Prompts

Environment

- Draw a plan of the location (or take pictures/video): what facilities are there? How is space organized/divided? Who can do what in different parts of the location?

Activities

- List all the things that you observe/overhear happening – both formal (e.g. doctor-patient consultations at a clinic) and informal (e.g. eating, chatting, buying/selling, etc.).
- List all the things you are told (or can intimate, e.g. through reading signs, etc.) happen at the site.
- Are there any activities everyone does – what, when, how?
- What are the least expected things you see happening – when, what, involving who?

People (Adults, Children, Babies)

- What types of people are present? Who is in charge of who?
- What different types of people come to the clinic/vendor/warung during the day? Who stands out as most untypical of the type of people present?
- What do they do there? Where do they go/not go? Where do they wait?
- What do they spend the biggest part of their time doing and where?
- List the different types of conversations you hear/overhear among these different people.

Messaging

- What are all the messages being disseminated at the location – verbally, written, images, labels, other. [photograph as much of these as you can]
- What messages are being shared that bear on the target behaviours?
- What attention is paid to these by different groups at the location?
- What captures people's attention most (this could be anything – e.g. two people arguing or waiting to get a chair or a poster, anything!).

Interactions & Reactions

- What types of interaction take place between people? When & where do these happen? Which groups don't appear to interact with each other?
- What do you observe happening that appears to generate emotion, what emotions?
- What interactions happen again and again in relatively set ways? What patterns do you spot?
- What types of interactions take more time and less time – what sorts of time are involved?

Stuff: [take as many photos as you can]

- What do people bring with them to the location? What surprises you most that someone has brought with them?
- What objects are interacted with most and least and by whom and when?

Analysis

Please write 10 "insights". Using prompt (like the following) to prompt conversation may be useful:

- What roles do you see people playing out?
- Where are the biggest tensions and frustrations? The biggest moments of enjoyment?
- What or who grabs most attention during the time at the location and how?
- What was the biggest surprise for you during your time at the location and why? Etc..

EXAMPLE: Soap Use in the Household:

- Ask the respondent to show the location of all kinds of soap in the household, as well as water sources and water storage facilities.
- Ask to see the site of the latrine (if any). Document its appearance (e.g., through photographs, and filling in the Site Facilities Inventory Form – see below). Be particular about to document cleanliness.
- If an explicit handwash stand is available, that too should be photographed. Failing a handwash stand, household members will be asked if there is any particular place in which they perform this behaviour. If so, this will be visually documented by the researcher.

Belongings Inventory

Girl's stuff: the things they own. Where get it? What use it for? How long had it?

Social Environment-Oriented

Community Map

- **Aim:**
- To get individuals perceptions of the topography of their local community and of social activities that an individual engages in outside the home.
- **Approach:**
- Prompt respondent to draw a map of the various places they frequent or know about and then list the kinds of activities that can take place at each location.

Instructions:

- Have informants draw a map of their local community/town, beginning with placement of their house at the centre.
- Prompt with the location of various types of facilities/services/locations
- With the map complete, ask what types of activity they have participated in at each location drawn on the map.
- Finally, ask what other sorts of activities can take place at each location (which the respondent has not participated in).

Social Activity Analysis

- **Aim:**
- To Investigate types of social activities that an individual engages in outside the home.
- **Approach:**

- Prompt individual with particular types of activities, and get names of those with whom they might engage in those activities.

Instructions:

- Ask informant 'With whom and in what locations would you do X?', where 'X' is
 - 'hang out'
 - go to movies
 - go out to eat
 - go clothes shopping
 - be alone with in your room
 - introduce to your parents
 - have sex
 - be with during school breaks
 - etc.

Social Network Analysis

- **Aim:**
- To Investigate types of social relationships that an individual has with particular others.
- **Approach:**
- Prompt individual with particular types of relationships, and get names of those with whom they might engage in those activities.

Instructions:

(This discussion will be limited to egocentric network elicitation as full networks (everyone's relationships to everyone else in the target population) are beyond the scope of standard formative research.)

A personal network survey can be administered by interviewers, or given to respondents to fill out, either on paper or via online methods.

Name generation

The first step in developing a personal network is to generate an exhaustive list of alters (i.e., other individuals) with whom the respondent has some type of relationship. Termed a *name generator*, the respondent might be asked to list individuals who occupy certain social roles (e.g., neighbors, kin, friends, coworker), those with whom he shares interactions (e.g., discuss important matters with, has sex with, etc.), or those with whom he exchanges flows (e.g., borrowed money from, provide emotional support to).

The open-ended nature of name generators can result in lengthy surveys so researchers should be aware of order-effects, fatigue, satisficing, non-redundancy, as well as interviewer effects. If faced with time constraints the researcher might limit the number of alters that each ego can nominate: "If you look back over the last six months, who are the four or five people with whom you discussed matters important to you?" (Burt 1984). Or, the researcher might focus the name generator question to best match the specific line of research: "Among the people with whom you work, who has provided you with emotional support in the past six months?"

To make sure that data are comparable, ask the questions in the same way so that similar lists are generated. Probing questions can be used once the initial list of names has been given.

Sample probing questions:

- Is there anyone else who lives close to you?
- Any other family members?
- Anyone you work with or know well at the market that you talk to about this?
- Any professionals? E.g. Teachers, health staff, NHCs?

Name elaboration

After obtaining a list of names using name generator questions, the researcher then typically asks the respondent *name elaboration* questions. These questions elicit additional information about ego's perceptions of the attributes of each alter (e.g., sex, race, income, etc.) and the shared relationship (e.g., duration, intensity, frequency, etc.). See the table below for an example of a name interpreter grid. Typically, it is ego (not the alters) who provides information about the attributes of each alter. Researchers using a pure personal network method do not contact nominated alters to confirm alter attribute and relationship data and frequently use an alter-naming typology that allows ego to differentiate among alters without identifying them too closely (e.g., initials, code names, first three initials of first name and last name, etc.). This reduces privacy issues such as the lack of anonymity of alters in the full network approach and can be more favorable for respondents. In addition, the key focus of personal network research is the ego-centered world of each respondent and how she views her alters (i.e., the number of alters, alter attributes, relationship attributes, the presence of relationships among alters, etc.).

One limitation of the personal network approach, then, is that the accuracy of ego's view of his network (e.g., whether ego actually has ties with the nominated alters) is not checked. In addition, we cannot fully determine the availability of all possible alters in ego's world.

Name Elaborator Grid

| ID | Age | Gender | Relationship | Income | Frequency of contact |
|-----------|------------|---------------|---------------------|---------------|-----------------------------|
| RP | 32 | Male | Friend | 55000 | 4 |
| CC | 18 | Female | Friend | 23000 | 1 |
| OA | 28 | Female | Friend | 64000 | 4 |
| TC | 56 | Male | Neighbour | 43000 | 2 |
| KP | 31 | Male | Neighbour | 17000 | 2 |

Name interrelation grid

Depending on the research goals, the researcher might also ask *name interrelator* questions that require the respondent to indicate whether the nominated individuals are themselves connected. Due to time constraints and to avoid respondent fatigue, name interrelators typically use a reduced set of individuals from the name generator (e.g., 10) and one specific alter-alter relationship such as whether or not the alters know each other. Thus, for each person in turn, ask if they know the other people on the list and put a 0 in the relevant cell of the matrix if they don't know them and a 1 if they do (9 if they

don't know). The matrix below is an example of a name interrelator matrix.

Name Interrelator Matrix

| | R P | C C | O A | T C | K P |
|--------|--------|--------|--------|--------|--------|
| R P | | | | | |
| C C | 0 | | | | |
| O A | 0 | 0 | | | |
| T C | 0 | 0 | 0 | | |
| K P | 0 | 1 | 1 | 0 | 1 |

This exercise should allow the elicitation of complete social networks of the following kinds (as relevant):

- school clique membership (where appropriate)
- friend network
- sex network

[Reference: This presentation is taken almost wholesale from Borgatti, Stephen P and Halgin, Daniel S (2012), 'An introduction to personal network analysis and Tie Churn statistics using E-NET', *Connections*, 32 (1), 37-48.]

Partnerships

Aims:

- To categorize and characterize the possible types of (sexual) relationships.

Approach:

Ask about stories that describe how sexual encounters/relationships can begin/be sustained/end.

Classification

A first task is classification of different kinds of relationships.

For this task, ask informants to tell stories, either from their own past, or others that they have heard, about different types or examples of sexual relationships, from their beginning, to their end (if the relationship in question has ended). Ask:

- What kind of relationship would you call that example?
- What characteristics of that story make it an example of that type of relationship?

Characteristics

Get respondents to nominate, and then rank, the characteristics of a good relationship. A list of some pre-defined characteristics (which can be included) are:

- **Rapport:** where you feel comfortable or at ease with the other person.
- **Empathy:** refers to the ability to see the world through another person's eyes, understanding his/her feelings and actions.
- **Trust:** means that you can depend on the other person. When you trust another person you expect acceptance and support from him/her.
- **Respect:** involves accepting and appreciating the other person for who he/she is.
- **Consistent Expectations:** partners should have the same mutual expectations for the relationship; it should be headed toward the same purpose or goals for both people.
- **Flexibility:** good relationships are flexible and can adapt to change. Circumstances change and you can't always carry through on plans you have made together. You sometimes have to make compromises and reassess your goals.
- **Uniqueness:** the relationship stands out or is in some way special or different.
- **Irreplaceability:** each interpersonal relationship is as unique as the people in them and can never be recreated.
- **Interdependence:** the other person's life concerns effects you.
- **Self Disclosure:** in an interpersonal relationship people share and entrust private information about themselves
- **Honesty:** communicating openly and truthfully
- **Accountability:** admitting mistakes or being wrong, and accepting responsibility for one's self.
- **Fidelity:** don't have the same relationship with others (important for sexual relationships)
- **Non-violence:** don't engage in physical abuse of the other

Stage

Finally, you can ask (not required) which stage current relationships are at, using Knapp's Model of Relational Stages [Mark Knapp, 1998]:

1. **Initiating:** expressing interest in making contact and showing that you are the kind of person worth getting to know.
2. **Experimenting:** the process of getting to know others and gaining more information about them.
3. **Intensifying:** an interpersonal relationship is now beginning to emerge. Feelings about the other person are now openly expressed, forms of address become more familiar, commitment is now openly expressed, and the parties begin to see themselves as "we" instead of separate individuals.
4. **Integrating:** identification as a social unit. Social circles merge. Partners develop unique, ritualistic ways of behaving. Obligation to the other person increases. Some personal characteristics are replaced and we become different people.
5. **Bonding:** the two people make symbolic public gestures to show society that their relationship exists (rings, friendship bracelets, gifts, commitment).
6. **Differentiating:** the need to re-establish separate identities begins to emerge. The key to successful differentiation is maintaining a commitment to the relationship while creating the space for autonomy and individuality.
7. **Circumscribing:** communication between the partners decreases in quantity and quality. It involves a certain amount of shrinking of interest and commitment.

8. Stagnating: no growth occurs. Partners behave toward each other in old, familiar ways without much feeling.

9. Avoiding: the creation of physical, mental, and emotional distance between the partners.

10. Termination: in romantic relationships the best predictor of whether the two people will now become friends is whether they were friends before their emotional involvement.

[Reference: based on Knapp, Mark L and Vangelisti, AL (2005), 'Relationship stages: A communication perspective', *Interpersonal communication and human relationships*, 36-49.]

Decision-Making-Oriented (Executive/Planning)

'Worry Box'

Instructions:

- Ask respondent to write down all her worries on different stickies
- When she's done, prompt for worries for each eco-evo domain (have separate colour stickies for them)
- Stick all of them on a large piece of paper: 'the worry box'
- If she would be granted one wish to make one of her worries go away, which one would she chose?
- Ok, another wish, until top 3?

Worry List:

- Lose parent
- Lose/not get job
- Lose relationship
- Losing house
- Fail school
- Getting pregnant
- Getting raped
- Getting fat/thin
- Getting disease (HIV)
- Getting robbed/mugged
- Getting bad reputation
- Lack of money
- Not get out of Masi
- Dream not come true

Financial Life

Temporal Discounting

Aim:

To gain insight into the process of making one-off decisions within the context of household social structures.

Approach:

Using forced choices between options that reveal particular mental mechanisms or preferences.

Tell respondent: You have a choice between

- 1) Getting a basic latrine now with money you have (same as you have now?)
- 2) Getting a good quality (e.g., no-smell – quality from ranking exercise) latrine in one year with extra money you save

Which do you choose? Why?

Financial obligations

You are given choice between

- 1) Getting a latrine built now, but at cost of getting a loan from the bank, and having to pay more money back (the cost plus interest)
- 2) Buying the same latrine later, at lower overall cost

Which do you choose? Why?

Subsidy/dependence

You are given choice between

- 1) Getting a latrine built now (with own money)
- 2) Getting the same latrine later, but with 20% government subsidy (dependency option)

Which do you choose? Why?

'Windfall' Exercise (Investment Option Ranking)

Aim:

To gain insight into the relative importance of investment in the target behaviour compared to other options available to the individual or household.

Approach:

Use offers of fake money to see which things would be invested in, and in which order.

Determine what investments a household is likely to make in future by giving the head of household fake amounts of money to determine what the household's planned expenditures are. This ranking is based on knowledge of what they have already invested in.

- 1) Ask for inventory of capital goods in household. Do they have:
 - a. Motorbike
 - b. Fridge
 - c. Mobile phone
 - d. TV
 - e. Radio
 - f. Anything else?
- 2) Now I give you 20m VND. What would you spend it on?
- 3) I give you an extra 10m VND. What would you spend it on?
- 4) I give you an extra 10m VND. What would you spend it on?
- 5) Etc.

Assume that the choices in the earlier rounds have higher priority.

'Wallet' Game

Aim:

To determine how people view, and spend, money.

Approach:

A short exercise with game format.

People often have several mental/physical 'wallets' for budgets of various kinds. This exercise determines how people manage their financial resources, and potential windfalls. People might have a number of 'wallets' into which they funnel (at least conceptually), their resources:

- **Salary:** how do they regularly spend any household income from wage employment, entrepreneurship or marketing of assets (e.g., sales of crops/animals)?
- **Savings:** for what projects do they save money (for consumption later)?
- **Windfall:** how they would spend a sudden influx of ready cash

For each 'wallet', proceed through an unprompted, then prompted (i.e., with 'Expenditure Grid') phase. In the unprompted phase, simply ask: Assume you have amount X of money [should be roughly a years' worth of money in local currency terms for that family. How would you distribute it/spend it on what projects? Note all responses/rationales. Ask for the sources of any monies going into that 'wallet'.

[Several iterations of this exercise should produce the 'Expenditure Grid' of types of items/services on which a HH in that target population might want to expend resources, such as mobile phone, childrens' education, purchase of animals, health insurance, etc, each possibility constituting a cell in the grid – which can be represented as a phrase, or pictorially.]

Next, present the 'Expenditure Grid'. Give the respondent 20 fake money notes. Ask how they would distribute the funds across these options. (For the windfall 'wallet', give 10 notes first, then give extra, how spend that?)

Then ask if there are any other 'wallets' that they have (e.g., 'holiday fund' or 'food expenditures'). If so, discuss its purpose, what sources of money go into it, etc.

Can be done as individual or group exercise. In group, can record disagreements about priorities.

Food Choices

Aim:

To determine the time-line of infant feeding practices and some of its causes.

Approach:

Preparation of a time-line and milestone graph with scenario discussion.

Milestones Timeline

- Draw a timeline on a large piece of paper from 0 to 1 year with 1 month intervals
- Ask for key milestones and events in the child's life. Mark these on the timeline (*if necessary prompt them, e.g. first teething, crawling and ceremonies etc.*)
- Take a history of what the child has been fed from birth until now.
- Each time something different is mentioned ask the mother why.
- Are there any milestones in a child's development that mark a change in feeding practices?

- Do her friends/neighbours feed their children in the same way?
- What would she say to them to encourage them to feed their children in the same way?

Child Diet Timeline

- Ask what you can feed a newborn / 1 month-old, 2, 3, 4, 5 and 6 month-old child?
- When are other foods introduced (e.g., at 9 months, one year, two years, etc)
- If not mentioned, ask about drinks. Are there any rituals associated with giving the child their first food? What? When does this take place?
- Can the introduction of new foods be related back to the developmental milestones we just discussed?

Child feeding scenarios

Show mothers two out of four pictures and ask the questions, then compare another two.

- *Picture A:* Mother breastfeeds her child, but does not give the child anything else to eat or drink.
- *Picture B:* A mother bottle feeds her child
- *Picture C:* A mother breastfeeds her child, but the child is also given food that the rest of the family is eating.
- *Picture D:* A mother gives commercial porridge
- *Picture E:* A mother gives child a snack

What types of people are these women?

Why do they do this? How old might the child be? How does it impact the child?

What is good and bad about each of these scenarios?

Probe about whether the child in each scenario can get enough nutrition and until what age.

Decision Tree

Aim:

To provide evidence for sequence dependencies in choices made.

Approach:

Filling out a decision-tree form based on both the actual history, as well as hypothetical situations.

[The basic logic of this exercise is to draw a line which traces the history of changes in a sequence of binary choices – for example, adding or removing elements from someone’s diet. Movements to the right indicate a new food being added to the diet; a line drawn toward the left indicates a food that has been removed. In each case, the origin of the line is the age at which the food was introduced; its end is the age at which it was no longer being eaten. Thus at any point, a person’s diet can be determined by the set of lines moving toward the right not followed by a line to the left. Items that have been tried/eaten for awhile are represented by lines moving right, then left. Analysis can look for sequence dependencies in dietary choice, and for patterns in the reasons for adoption/loss of foods – e.g., mum’s ideas about an ideal diet, or a child rejections.]

[On a piece of paper (which can be large), write down ‘birth, 3mo, 6mo, etc’ along one side, beginning at the bottom.]

Then ask

- 'After your child was born, what was the first thing/food that went into its mouth? When was this (i.e., first day)? Why did you choose this food?
- What was the second food your child had? How long was it/what age was your child when you introduced this second food type? Why did you think the child needed this food too?

[Draw a line from a point in the middle of the bottom of the page – across from the word 'birth' – at an 80 degree angle up to the age at which the second food was introduced. Write the name of the *first* food given underneath this line. Write the reason it was added to the diet on top of the line.]

A similar logic can be followed for other kinds of sequential choices, such as career options, household investments, etc.

Life History Q-sort

Aim:

To measure a respondent's relative emphasis on 'life now' as opposed to 'life later' – i.e., whether they are on the 'fast track' or 'slow track' in terms of achieving major life goals (e.g., life history Q-sorts have been shown to be a good predictor of age of sexual debut, number of sexual partners, frequency of intercourse, number of abortions, age at birth of first child, and likelihood of contracting venereal disease. [Dunkel, 2014])

Approach:

Have respondent complete a California Adult Q-sort, which is then analysed using standard Q-sort methods.

Instructions: Have the respondent sort the 100 cards associated with the California Adult Q-set (CAQ) (Block, 1978). The CAQ consists of short statements describing aspects of an individual's disposition (e.g., 'has a wide range of interests', 'tends to be self-defensive', 'initiates humor'). The items are designed to be Q-sorted – that is, arranged in piles based on the degree to which the statements describe a concept or an individual. Often these sorts are to be arranged in a normal distribution, based on how well they fulfill various criteria (i.e., a total of 7 cards might be allowed to be sorted into the 'very representative' column, 15 cards into the 'somewhat representative' and so on). For example, the respondent might be these personality traits and then asked to rank them according to how well they describe herself, her ideal self, her father, and her mother. Evaluation (typically using a special form of factor analysis) then produces a description of the individual as being relatively more or less on the 'fast track' of life, with consequent predictions about their likelihood of engaging in particular behaviours characteristic of that sort of life history choice (e.g., early engagement in sexual activity).

[Reference: Dunkel, C. S., et al. (2014), 'Using the California Q-sort Measure of Life History Strategy to Predict Sexual Behavioral Outcomes', *Arch Sex Behav.*]

Belief Elicitation

Aim:

To investigate the kind and strength of beliefs in a domain relevant to the study.

Approach:

Use 3, 5 or 7-point Likert scale style questions.

Instructions:

Present in verbal or written form simple valued statements that probe the domain of belief or values under investigation. See example below for an example of 7-point Likert scale questions. Questions can then be analysed independently using simple averages.

| | Question | Strongly disagree | | | Neither | | Strongly agree | |
|---|---|-------------------|---|---|---------|---|----------------|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | Overall I am satisfied working in this organisation | | | | | | | |
| 2 | People in senior management respect my personal rights | | | | | | | |
| 3 | I am often expected to do things that are not reasonable | | | | | | | |
| 4 | I have confidence in the judgement of senior management | | | | | | | |
| 5 | There is a friendly feeling between management and staff | | | | | | | |
| 6 | Management usually keeps us informed about things we want to know | | | | | | | |

The following is an example of a set of 5 point Likert scale questions that all address a single area of belief, and which can be analyzed as a unit to obtain a psychometric value.

Social Responsibility Scale (SRS)

1. It is no use worrying about current events or public affairs; I can't do anything about them anyway.
Strongly agree Agree Undecided *Disagree *Strongly disagree
2. Every person should give some of his time for the good of his town or country.
*Strongly agree *Agree Undecided Disagree Strongly disagree
3. Our country would be a lot better off if we didn't have so many elections and people didn't have to vote so often.
Strongly agree Agree Undecided *Disagree *Strongly disagree
4. Letting your friends down is not so bad because you can't do good all the time for everybody.
Strongly agree Agree Undecided *Disagree *Strongly disagree
5. It is the duty of each person to do his job the very best he can.
*Strongly agree *Agree Undecided Disagree Strongly disagree
6. People would be a lot better off if they could live far away from other people and never have to do anything for them.
Strongly agree Agree Undecided *Disagree *Strongly disagree
7. At school I usually volunteered for special projects.
*Strongly agree *Agree Undecided Disagree Strongly disagree
8. I feel very bad when I have failed to finish a job I promised I would do.
*Strongly agree *Agree Undecided Disagree Strongly disagree

*Asterisks indicate responsible replies. They did not appear on the scale given to the subjects.

Source: From L. Berkowitz and K. Lutterman (1968). The traditionally socially responsible personality. *Public Opinion Quarterly*, 32, pp. 169-185. Copyright by The University of Chicago Press.

Values-Oriented (Motivational)

Motive Mapping

Aim:

To gain insight into which BCD motives might encourage the behavior change we are interested in to happen and keep on happening.

Approach:

Show people 'comic strip' style stories of the target behaviors and then use motivator images to see which ones resonate best with people.

Behaviour-Motive Matching

- Present the Motives Scenarios. Each Scenario consists of a cartoon strip, which includes, first, a sequence of panels depicting performance of each primary desired behaviour. So, for example, a mother/woman breast feeds a baby, or feeds a child a healthy snack.
- Second, the presentation of each Scenario is completed by showing a final panel of the comic strip that varies to reflect each of the different motives. Each final panel represents a particular kind of reward that the individual can expect for engaging in the target behaviour. In each case, the final panel is just a picture of someone saying something, to increase the comparability between motives (in brackets below):
 - Mother/woman says 'Ah, that feels comfortable!' (Comfort)
 - Mother/woman says 'That was really fun!' (Play)
 - Mother/woman says 'Now I've cared for my child properly!' (Nurture)
 - Mother/woman says 'I wondered how that would feel!' (Curiosity)
 - Mother/woman says 'That made me feel hungry!' (Hunger)
 - Mother/woman says 'It's important to save things in case you need them another day!' (Hoard)
 - Mother/woman says 'That was disgusting!' (Disgust)
 - Mother/woman says 'That makes me feel attractive!' (Attract)
 - Mother/woman says 'That makes me feel sexy!' (Lust)
 - Mother/woman says 'That makes me feel like I've created something new!' (Create)
 - Husband appears, says 'My husband will love me for doing this!' (Love)
 - Neighbour appears, says 'All my friends will approve of me for doing this!' (Affiliation)
 - Neighbour appears, says 'That was just the right thing to do!' (Justice)
 - Person in authority (village chief, doctor) appears, says 'Well done, everyone will admire you for that!' (Status)
- After each presentation, ask: What's going on in these pictures? *[If they don't get it explain and make sure they do before you go any further.]* Is this a good story? How likely is this to happen? Would you do the behaviour for this reason?
- A random set of motives for the target behaviour can then be compared by asking 'What if the story ended like this instead?', followed by showing a different final panel, and repeating the procedure in the preceding paragraph.

Ranking the Motives

Get respondents to pick a couple of motives. Ask them to tell real stories about when they've been in a situation like that in their lives (i.e. for 'status' done something because it helped them look or feel smart in front of others or not done something because they were afraid of being judged, etc.)

Pick out other motives of interest and explore if these could be motivating in this situation – why, why not? When? How? Pick a couple of motives that they feel are unlikely to be persuasive and discuss why not. Rank the motives according to which fits best.

Repeat this process for other target behaviours. Alternate which behaviour comes first.

Forced Choice Dilemma 1: Choice between status and altruism (with potential 'spitefulness') (2-4-7-15 Game)

Setup: A donor says they will give every household in your village a latrine. They have two different plans:

- 1) Your household gets a toilet worth 7m VND, while everyone else in the village gets one worth 15m (Affiliation – signal that you care about members of your group [other-regarding preferences])
- 2) Your household gets a toilet worth 4m VND, while everyone else in the village gets one worth 2 (Status/Aspiration – indicator of desire to be better than other members of your group, even at cost to self)

You must choose which investment scheme the donor will implement. Which do you choose? Why?

If respondent chooses option 1: You do realize that this means that everyone else in the village will have a better toilet than you and that the fact that this was your choice will be known throughout the village? If chose 2: You do realize that this means that you will have a better toilet than everyone else in village and that the fact that this was your choice will be known throughout the village?

Forced Choice Dilemma 2: Choice between status and egalitarianism (with potential 'spitefulness') (10-10-15-7)

Setup: A donor says they will give every household in your village a latrine. They have two different plans:

- 1) Your household gets a toilet worth 15m VND [equal proportional difference to other contrast], while everyone else in the village gets one worth 7m (Status/Aspiration – indicator of desire to be better than other members of your group)
- 2) Everyone in the village (including your household) gets one worth 10m VND (Justice/Fairness/Equality)

You must choose which investment scheme the donor will implement. Which do you choose? Why?

If respondent chooses option 1: You do realize that this means that you will have a better toilet than everyone else in village and that the fact that this was your choice will be known throughout the village? If chose 2: You do realize that this means that everyone in village will have the same toilet and that the fact that this was your choice will be known throughout the village? [Emphasize the personal responsibility for the outcomes for everyone.]

Aspirational Figures

Aim:

To gain insight into what ideals and aspirations the target groups hold and what kind of hygiene and sanitation behaviour they associate with these ideals.

Approach:

Ask respondents to describe and rank alternative social exemplars.

Instructions:

- First, present several fictional characters (undesirable, average/plain and aspirational figures) and ask respondents to describe the characteristics of these figures. Note down the responses given.
- Ask what kind of sanitation each of these figures would use or have and why.
- Ask whether they would be likely to wash their hands with soap and why.

Vignettes

Purpose:

Can be useful for understanding norms and attitudes. This is the case because often people find it difficult to judge the behaviour of people they know (within an interview setting) where as it is perceived to be of less consequence to judge a made up character. You can also use vignettes as a way of testing potential narrative scenarios that could underpin a campaign.

Process:Norms and attitudes:

- 1) Create a set of characters of different socio-demographic characteristics (eg. variations of age, sex, wealth, rural/urban location). Introduce the participant to these characters, ideally by using images.
- 2) Create several scenarios about these characters, their individual behaviour or their interactions between each other. Ideally these should also be drawn, particularly in settings with low literacy. To measure attitudes it is useful to create two scenarios that are similar but slightly different. For example Scenario 1 might be that Sanskriti (young girl) invites Sandesh (old man) over to her house for dinner and he notices she does not wash her hands with soap before preparing the food. Scenario 2 might be Sanskriti (young girl) invites Anil (young boy) over to her house for dinner and he notices she does not wash her hands with soap before preparing the food.
- 3) This gives you the opportunity to explore both how bad it is to be judged based on not washing your hands but also gain an understanding of whose judgement (the older or younger man) results in more shame.

Narrative scenarios

- 1) Towards the end of formative research you may like to try out these short narratives or write some of your own that relate to findings in your particular context.
- 2) Read the story out to the group and as far as possible try to animate your story telling.
- 3) At the end of each story ask the participants what they liked about the story. Is it a story that they would tell others about? Did it make reference to things that were similar to their community? What didn't they like? If they could how would they change the story?

Sample 1:

Mary grew up in a village just like this one. Her father was a humble farmer but although he didn't have much money he made sure the family were well provided for and that there was always soap at home. Mary's mother was also well admired by everyone in the village for her politeness and manners. She was a hard worker and although she was poor she was polite and confident. 'Manners make a person', she would say, 'be polite, be respectful and always wash your hands with soap, especially before you eat and after the toilet. If you do this you feel confident take on the world.'

Every evening as Mary was about to fall asleep her mother wrapped her up in her arms and whispered 'Dream well my sweet daughter and dream big. One day I know you will be a great success and everyone in Nigeria will know your name.'

Mary wanted to become a doctor but knew she would need more than good grades to succeed. She needed to stand out and be admired like her mother.

Mary studied hard and was the top of her class. She applied to a medical university in Abjua and to her delight was accepted. On the night before she left a tear welled in her mother's eye, 'my daughter, I know I always encouraged you to be a success but when your name is big, don't forget me and your friends in the village – always carry your village manners in your heart, and don't forget to always wash your hands with soap.'

When Mary got to Abuja soon she began to feel like she didn't quite fit in. The other students had expensive clothes, the way they walked and talked was different and Mary found she wasn't welcome. One day she overheard the other girls laughing at her, saying 'she is just a village girl, why does she think she can become a doctor.'

That night she cried alone in her room and her mother's words came echoing back to her 'always carry your village manners in your heart, and don't forget always wash your hands with soap'. She walked over to the basin took the soap and washed her hands. Ahh, she sighed, 'that clean fresh, confident feeling again'. She looked in the mirror and said to herself 'I am Mary, I am from the village, but I will succeed in the city'.

The following morning she looked down at her clean hands with confidence. She extended her hand to each of her classmates and greeted them warmly. Some of the other girls called her over 'Mary, come here one minute, when you greeted us earlier it was as if we were meeting you for the first time, what has made you so confident all of a sudden?

Mary smiled 'I just remembered what I'd learned in my village. I grew up believing that manners are everything. To have good manners you must always wash your hands with soap because that's the only way they will be truly clean. My clean hands make me feel I can greet people with confidence, even though I am from the village it reminds me that I can achieve anything.' 'Mary you are absolutely right,' said one of her classmates, 'sorry we judged you so wrongly. You have taught us a valuable lesson!'

Sample 2:

Last night I had one of my favourite dreams. I was back in the village where I grew up and was a little boy at primary school again beginning another day

I opened my eyes and I was in my old bed. I looked around and everything was there just as it used to be. The sun was just beginning to come up. I could hear noises outside and I knew it was my mother sweeping the yard and getting everything ready for the day

How could she do all this? I wanted to stay in my bed and sleep but she was up and about being busy. How can she do all this? She can't be an ordinary mother I thought, she must be a Super Mamma!

I got up and dressed and went out to see her. She was beautiful, neat and very loving.

But then I had the sudden need to go to the toilet so I rushed off to the bush. When I came back I saw my brothers and sisters playing and I ran to join them but my mother caught up with me and made me wash my hands with soap

She said the words that I remember so well

'Just plain water won't do, it's only soap that can make your hands truly clean'

I played some games and then I began to feel really hungry and just at that very moment, would you believe it, I noticed the beautiful smell of the food she was cooking. Super Mamma was the greatest cook too!

It smelt and looked so good I wanted to eat it all up at once! But she looked at me and said 'You should always wash your hands with soap and water after you have gone to the toilet and before eating food'

Then, as I was getting ready to leave for school, she took my hands and made sure my nails were cut short, my hair was combed and my uniform was clean and tidy. She told me 'Be polite and remember your manners. Respect your teachers and study well'

I dreamt that I saw all my old friends at school and we played so many games in the playground! I was tired but I was excited. I was looking forward to seeing my mother again. Even though she had been working in the fields in the hot sun, she would always be at home to help me with my homework, ask me about what was going on at school and make sure I had a good meal before bed.

Just before I closed my eyes to sleep she said ' Good manners are very important and although don't realise it now , when you wash your hands with soap and study well one day you will go to college and have a good life in the city'

Some knocking at the door woke me up from this delightful dream. I opened the door and guess what? There stood my mother! Although she is now quite old, she is still very beautiful and loving. And you know, the strange thing is that what she used to tell me is not so far fetched after all. I am now a doctor, educated and have 2 children. And she really is a Super Mamma! What she used to tell me when I was growing up she now tells my children

'Remember that manners are important, work hard and always wash your hands with soap!'

Sample 3

Once in a community just like this there lived a man called Mr A. He was a cake maker

He worked all day making cakes - mixing the dough with his hands and adding the ingredients and mixing.

He put in the flour and the sugar, eggs, milk, and he mixed and mixed

Mrs B came by with her son to buy some cakes. But seeing they were not ready yet they sat down to wait and watch Mr A at work.

Presently Mr A felt an irritation in his nose – so he picked at it and blew it – and he put this green lump into the mixture and he mixed it some more.

Mrs B and her son were a little surprised when they saw this and they looked at each other but continued to watch. Soon Mr C and his wife also came by to buy some cakes. And seeing they were not yet ready they also sat down to wait and watch Mr A at work.

And as he mixed and mixed he felt some phlegm rise in his throat – so he hacked and he coughed and he spat this yellow slime into the mixture – and he mixed it some more.

And the people waiting looked at each other with some horror but they continued to watch with fascination. And presently they were joined by D and his sister E who had come to buy cakes for their mother. Seeing they were not yet ready they also sat down to watch Mr A at work.

And as the day grew hotter Mr A worked and worked and his sweat poured down his nose and into the mixture. As he sweated he felt the boil on his buttock begin to trouble him. So he reached down the back of his trousers and he scratched and he squeezed at the boil and as the puss and the blood oozed out he put this into the mixture also and he mixed and mixed.

Now the people watching were starting to feel quite uncomfortable with what they saw but they had seen nothing like it before and they could not bring themselves to leave and they continued to watch.

Then they saw Mr A scrape up dirt from his yard where his dogs and his chickens lived and to add more flavour he threw this in the bowl and mixed some more.

Mr A had a problem with his stomach and presently he had to run to the back of his house to defecate. The people gathered could hear the noises of his defecation. But immediately he returned to his work place, rubbing his hands on his shirt and began to mix once more.

Now the people watching could take no more. What are you doing they cried. We cannot eat this, we will never come back. And they began to leave.

Mr A looked at them. What is the problem he said? Every day here in this community I see people who neglect to use soap when they wash their hands before they eat or forget to use soap after they go to the bush. You know it is the soap that gets hands clean. You people are always eating your shit and feeding your shit to each other. How is that any different? I thought that must be the way you like to eat.

Prioritisation games

Purpose:

To understand priorities about limited resources (money, time, water etc) and how responsive these choices are to change.

Process:

Money prioritisation

- 1) Give people 30 units of fake money.
- 2) Ask the participant what her family normally spend money on each week and write these down.
- 3) Ask her to allocate money according to how much of their income is spent on each thing.
- 4) If it doesn't come up ask if she spends money on water.
- 5) Now explain that there has been a change in her circumstances and their family now find themselves in a position to be earning 10 more units of money per week.
- 6) Ask how she would spend this and whether there are different things she would buy that you should write down (saving money can also be written as an option).
- 7) Repeat step 5 and 6 by explaining their income increases by another 10 units of money.
- 8) Now explain that the reverse scenario has happened. Give the participant just 20 units of money and ask how this would affect her spending.
- 9) Is she the one who makes the decisions about what her family buys? How are these decisions made?
- 10) How much do the family currently spend on water? If the cost of water increased (e.g. 25% more, 50% more, 100% more) how would this effect the family and their decision making?

Time use prioritisation

- 1) Ask whether she feels she much free time?
- 2) If you had 10 minutes extra time per day what would you do?
- 3) If you had 20 minutes extra time per day what would you do?
- 4) If you had 30 minutes extra time per day what would you do?
- 5) If you had 60 minutes extra time per day what would you do?
- 6) If you had more free time would it be up to you how you use it? Would be the things that constrain your options?
- 7) If there were no constraints on how much money you had or your family obligations and you had an extra 1 hour per day spare, what would you do?
- 8) What activities in your day-to-day life currently takes up too much time in your opinion?

Water use prioritisation:




- 1) Have several plastic cups and some water available.
- 2) Ask the person how many jerry cans worth of water they would collect on a normal day.
- 3) Clarify how large the jerry cans are.
- 4) Lay out this many cups and fill each with water.
- 5) Ask the participant what different kinds of things the water would be used on. As they explain this, pour out the water that is used back into a central container.
- 6) If they haven't mentioned any obvious areas of water use explore this.
- 7) Do they ever collect more water than just shown? On what occasions? How is water used when more water is available? (fill more glasses as necessary) What prevents them from getting this much water every day?
- 8) Are there days when it is not possible to get their 'normal' amount of water? When does this occur? When there is less water (tip out glasses as appropriate) what do they use water on? What things do they not do?
- 9) If the time to the water point was reduced by X would they collect more water?
- 10) If water was more available but cost X amount would they collect more water?

PhotoVoice

Purpose:

This exercise is designed to understand how issues related to target behaviours are prioritised (if at all) by the participant and how they fit within the larger context of being a disabled person. This method aims to empower participants with photography skills so that they are able to share their personal perspectives and experiences of how WASH access challenges affect the lives of individuals with disability. This was considered particularly important for the exploration of this topic which tends to be difficult to talk about since it is very private.

Requirements:

-  Digital camera, SD card and spare battery
-  Photo printing facilities
-  Notebook and pen

Identifying participants

It may not be possible to do PhotoVoice with all individuals with disability. For this exercise it is important that participants are able to follow instructions and think critically about the task being given. Because of the nature of digital cameras motor skills are important. For individuals with severe intellectual impairments this task is likely to be difficult. However since it is also a very practical interactive exercise, it may be possible to undertake the activity with those who have mild intellectual impairments. Our experience indicates that not only does this task work well with those who have physical disabilities, but it can also be used effectively with individuals who have sensory impairments (including those who are totally blind) and could work well with those who have hand/arm impairments.

Consent and explanation of the process

The consent process must be done very thoroughly to ensure that the primary participant and immediate family members understand the purpose of the activity and what they are agreeing to. Key aspects that should be highlighted in the written consent form and explained to the primary participant and family members are:

Should you agree to participate the researcher will visit your house at a convenient time and spend 2-4 hours with you.

If you decide to participate you will be given a photographic camera and taught how to use it.

We will work with you to take several photos of your daily life over the course of the time we are there with you.

At the end of the day the researcher will take the camera back and develop the photos. The next day (or at an alternative arrange date) the researcher will return with the printed photos and they will discuss them with you and conduct a short interview.

You will get to keep copies of the photos you take. With your permission, the photos you take may be used in the report from this study or an exhibition to help others understand the perspectives of people with disability.

You will own the copyright on the digital images, this means that you have the right to determine how they will be used. It also means that when they are used you will be always acknowledged as the photographer.

They will not be shared with others without your permission.

Your name and identity will not be used or recorded as part of the study report, unless you give us permission to do so.

Your participation is voluntary, if you feel uncomfortable with the process at any time please tell us. You can also decide to end your involvement with the study at any time. Learning about photography may be something new to you and at times may seem frustrating or too difficult. Let us know if you are feeling like this so that we can try a different approach.

Note: The participant is not specifically informed about the nature of the study as this may affect what they choose to take photos of. Ask the participant if they have any questions and answer these as thoroughly as possible.

Child Aspiration: 'Three Wishes' Exercise

If you could have three wishes for your child, what would they be? (write them down, then discuss/do ranking/voting in group) If girl/boy, what sort of life would you like them to have? Write them down on a birthday card to the child.

In what ways can a mother influence how a child grows up?

'Thriving' Baby

Aim:

To gain insight into the perceptions and beliefs around what successful baby rearing looks like, and how it develops through feeding.

Approach:

Simple questionnaire, using pictures of relevant babies in various states and sizes as prompts.

Show the informant a variety of pictures of children of various ages, sizes and demeanours, in a random sequence.

- *What kind of 'personality' [this term may need translation] does this child have? Do mothers around here prefer to have children like this? Why? Does personality have anything to do with what a child has been fed?*
- *Is there anything in particular you can or should do if your child is in this state?*
- *Is this child healthy? How can you tell? (Prompt: size? skin? Facial expression?)*
- *Do you think a child like this is very active? How can you tell? Do mothers like active children around here?*
- *What kinds of things do mothers have to do to ensure their child is like this (if desirable) or not like this (if undesirable)?*
- **Food and 'Big Babies'**
 - *Any foods that make babies grow big? Why these foods? Is it worth buying them?*
 - *Anyone comment to you about the size of your baby? Who? What did they say?*

[Parenting style]

- *Are all mothers good mothers? If not, what makes a mother relatively bad?*
- *Are mothers and fathers who are responsive (i.e., put 'baby first') more likely to have a child like this? Is it important to listen to your baby? If mothers and fathers are quite strict with their baby, how is the baby likely to turn out?*
- *Do you find it hard to say no to your child when they ask for things? Do you ever punish your child? Do children ever make decisions about what the family will do?*

[If picture shows a baby crying, ask:]

- *What are the reasons that a child can cry? What do you do for each of these reasons? What if you're busy at the time? What if there is someone else in the house; can you ask them to help? Who? Will they do the same thing as you would?*

[If picture shows a child eating something ask:]

- *What is the child eating? Have you fed your child this food? Is that good for the child? Is it hard to prepare? Does it cost much? When do children start being fed this around here?*

[Those with mothers also in the picture, ask:]

- *Is this a good mum? If so, why? How can you tell?*
- *What kinds of words would you use to describe a good mum? Why? How does this kind of parenting lead to better babies?*
- *Is feeding certain foods important to being a good mum? Which foods? When should such foods be given (i.e., what age of child)? How do you know this?*
- *Do you sometimes find yourself watching what others feed their children? Do you try to be like other mothers in how you take care of your child?*
- *Do you spend a lot of time thinking about or planning your child's meals? Do you find it hard to find time to prepare your child's meals?*

[If mum is breastfeeding also ask:]

- *Is it good that this mother is breastfeeding? Why? How did you come to believe this kind of thing (i.e., hear it from someone; see it in own experience)? How long do mothers around here breastfeed exclusively? Why do they stop exclusively breastfeeding then?*
- *Can you tell if a child has been breastfed? If so, how? What features of the child can tell you this?*

[If is picture of baby being weighed at puskesmas, ask:]

- *What is happening here? Have you done this? What feedback did you get from the health care workers? Did you tell anyone what the health care workers said to you? Is this a stressful time for mothers? Why?*
- *What would you do if the health care worker said your child was too small for its age? Does the father have any role here?*

Reactivity-Oriented

Word Associations

Aim:

To use a simple technique to understand some of the mental associations between target concepts and other domains.

Approach:

Ask respondents to respond as quickly as possible with one word to a single word stimulus.

Instructions: *I'm going to say some words and I'd like you to tell me the first thing that comes to your mind in response. For example, I might say 'Food' and you think 'Rice'; if I say 'Husband' you think 'Wife'.*

Cow =

Honour =

Motorbike =

Latrine =

Festival =

Bank =

Soap =

Hygiene =

Father =

Dignity =

Open defecation =

Women's Union =

Market =

Handwashing =

Dog =

Hmong =

Neighbour =

Manners =

Wine =

Contagion =

Winter =

Farm =

Fun =

[Can also do sentence completion tasks to similar effect.]

Statement Agreement

Aim:

To determine whether respondents experience certain sentiments.

Approach:

Ask respondents to respond as quickly as possible with agreement or disagreement with a read statement. A simple yes/no response can suffice, or further explorations into reasons for agreement can be pursued. These statements have ideally been elicited earlier from the target population using other methods.

Instructions:

Read the respondent each statement below in random sequence. Say *'I'm going to read you some statements that express an opinion of some kind. I'd like you to tell me after each statement whether you agree with it or not and why.'*

- 'Being a good father includes ensuring that your children don't have to leave the compound to defecate.'
- 'Good manners includes handwashing with soap before eating meals.'
- 'People are different in various ways but we're all the same in what we think is moral.'
- ETC.

Cue Identification (TBD)

Intervention-Oriented

Touchpoints

Aims:

- *Understand how best to reach people with messaging.*

Approach:

Ask about exposure to various kinds of sources of information.

EXAMPLE

LEARNING:

- Where do you think you have learned most about [topic]? What did you learn this way? Was anyone else important?
- Have you read anything about [topic]? Book? Magazine? Newspaper? About what or how to feed them?
- Have you talked to anyone about [topic]? Who? When? What did you discuss? What advice were you given? Anyone outside the family? Neighbours? Health care workers? Shop owners? Did you change anything you do as a result?
- Who knows most about [topic] in [country]? Who is the top expert do you think?
- If you had a question now about [topic], where would you go to get the answer? Why would you go there?
- If you had a question about [topic], and your mother said one thing, and your doctor a different thing, which one would you listen to/follow? Why? Mother vs religious authority? Doctor vs religious authority? Mother vs TV show?

CHANNELS:

- Did you take any classes about [topic]? Attend any meetings where it has been discussed? What did you learn in this way? Did you change anything you do as a result?
- Do you have a TV, what channels/programmes do you like to watch? Do you watch alone or with others? Did you change anything you do as a result?
- Do you own a radio? Do you ever listen (to other people's)? What programmes?
- What ads can you remember? Any [topic] ads? Any programmes about [topic]? Can ads about [topic] be trusted?
- Ever used the internet? What for? Know about social media (e.g., Facebook, Twitter)?
- Own a mobile phone? Do what with it? Ever got a [topic] message on a mobile phone?
- Ever been given a free sample of [product]? Who from?
- Ever been to a promotional event? Promoting what?

SOCIAL INFLUENCES:

- Who comes to your house? Why do they come? What do you talk about?
- Where do you regularly go away from your house (e.g., market, family visit)? Who do you meet there? What do you talk about?
- What events do you regularly attend (e.g., religious service)? What do you do there?
- What is the furthest point from your house that you have ever visited? Why?
- How many times have you consulted primary health care service in the past 12 months? Who exactly? Did they give any advice? Can they be trusted?

Hypothesis/Concept Testing

Aim:

To conduct initial tests of any ideas we might have about intervention content or touchpoints.

Approach:

Story lines, campaign activities and communication concepts for potential campaigns will be trialled in FGDs and individual interviews by reading sample vignettes, showing story boards of potential campaigns and demonstrating campaign activities and communication concepts to gauge whether they are culturally appropriate and effective.

Instructions:

- Present the stimulus to the respondents in a calm, quiet atmosphere.
- Ask respondents to
 - repeat the content to the best of their ability (memorability)
 - say what they like/dislike about the content (likeability)
 - ask whether this would stimulate them to perform the relevant target behavior and why (changeability)

Example implementations to be included:

- SuperAmma film (handwashing)
- Ghana film (handwashing)
- Centre of Gravity 'responsible man' film (latrine acquisition)

Example concepts to be included:

- Getting people to recognize their responsibility not to be disgusting or to be vectors of disease can positively influence their hygiene practices

- Village-level ‘champions’ can help promote our target behaviours
- TV is an important channel
- School teachers can be used as authority figures to convey messages about the importance of the target behaviours
- Getting individuals to pledge to be role models can positively impact on target behaviours
- Convincing people that others in their social networks think the target behaviours are good and/or important could help promote performance of the target behaviours
- Etc.

Specific Interview/Group Guides

Point of Sale

Aim:

To gain insight into the practices and beliefs of those selling foods consumed by children.

Approach:

To understand the issues and challenges that sellers perceive with respect to selling milks and complementary foods and sellers’ perceptions about the families whom they serve; to examine food sellers’ understandings and interpretations of fortified or nutrient-enriched foods compared to non-fortified or non-enriched products.

NOTE:

If you want to do observations at this location, follow instructions given for observations in the Site Observation Guide.

Background

Depending on local regulations and their personal status in relation to these regulations, informal sector sellers may be reluctant to speak freely with a stranger about the organization of their activities. Thus, you will need to be particularly sensitive about obtaining informed consent and protecting their identity. Also, you may find that people will start the interview, but become uncomfortable before you finish. If this happens it is best to bring the interview to a close rather than trying to complete it. However, it is important to have sufficient data to get a good picture of the local situation.

Procedures

1. Introduce the interview as follows: *“We are trying to understand more about how families in this community feed their babies and young children. Since you make and sell foods, we would like to ask you about your views about feeding babies, and especially about the foods you make that are given to babies and small children. We have talked with mothers around here about what they do, but we would also like to understand it from the perspective of people like yourself who are making it easier for families to take care of children by making foods that they can buy without having to cook them first. As I already mentioned, we are not from the government and we are not checking up on you in any way. We are just trying to understand more about the situation here by talking with people such as yourself.”*

2. This is a suggested sequence, but you should feel free to deviate from it if the discussion flows in other directions. It is important to cover all the points by the end of the interview. As with all guided discussion, encourage the research respondent to fill in details and express her/his ideas.

1. *"Can you tell me how you got into this business? What was your motivation for deciding to (sell) or (make and sell) foods?"*
2. *Who are your clientele, and where are do they live?*
3. *What are the different kinds of foods you sell? Make?*
4. For the non-commercial, non- prepackaged foods, ask *"Do you prepare these foods yourself or does someone else make them?"*
5. *How are these foods prepared?*
6. *Where do you buy the ingredients you use to prepare these foods?"*
7. *How much do you usually buy at one time?*
8. *How much do people usually buy from you at one time? How much does this cost? How many people is this for?*
9. *Because we are interested in foods that families buy to give to their babies and small children, I would like to ask you specifically about these. Are any of the foods you make given to babies and young children? Which ones?"*
10. *Do you think that _____ (first food mentioned) is given only to babies or is it also eaten by other people in the family? (continue with other foods)*
- 11) *"Now, I would like to ask you about your own experiences as someone who makes and sells foods." Note: if the seller makes only one food to sell, questions a, b, and c below are not appropriate. Instead ask why the seller decided to make (the one food) and also why he/she decided to make only that one food, then continue with question d.*
 - a) *"Of the different foods you make to sell, are some of them easier to make than others? Which one(s)?"*
 - b) *"Why is _____ easier?"*
(Ask about other foods mentioned as easier)
 - c) *"Are some of the foods you make better business than others? Which ones?"*
 - d) *"If you were going to expand your business and sell more foods, what foods would they be?"*
 - e) *"Why would these be good foods to sell?"*
12. *"In your opinion, is there anything families in this community should be doing to be sure that their babies are healthy and get the foods they need to grow well?"*

Comparison of a fortified and non-fortified product

Procedures

1. Go to the shelf that contains cereals (or spreads) and, if possible, pick out a fortified and a non-fortified product of the same grain (ingredient). Make a point of reading the labels, even if you already know which one is fortified and which one is not. If there are no unfortified cereals on sale, skip to item 3. You can initiate the discussion by saying: *"I can see that these two cereals are different. Can you tell me more about the ways they are different?"*

If the store keeper doesn't mention that one has added nutrients (eg. "vitamins") you can say: *"Another way in which they are different is that this one has some extra vitamins and minerals added to it. Did you know that?"*

2. Continue to probe about the seller's perceptions about the importance of fortification. You can say: *"Do you think the difference between these two makes any real difference or is it something companies do to try and sell their product? If the answer is yes, then ask, "Why do you say it is important?"*

3. Now check the shelf again to see whether there are any non-fortified, but legume enriched cereals for sale. Pick it up and ask: *"Here is another cereal for babies and small children. How is this one different from this one (the fortified cereal)? And how is it different from this one?"*

4. *Which of the three (or two where applicable) products would you say families prefer to buy? Why is this so?*

Official Interview

Aim:

To get some basic information about the operation of the institution the respondent belongs to and their professional experience related to the domain of interest to the program.

Approach:

To understand the issues and challenges that the institution faces with respect to delivering products/services of interest.

Topic guide:

- How large is the organization (staff numbers)? What kind of organigram (i.e., could they draw out a diagram of the relationships among the different job types in the organization)?
- How long has the respondent been with the organization? In what roles?
- What is the most satisfying aspect of the job? Least satisfying? What would they most like to be able to do in their job?
- Which health promotional activities does their organisation typically engage in?
- Which activities have they recently done?
- The kinds of topics they've covered/promoted during these activities?
- Any successful campaigns, and why they were successful?
- What cultural events happen in villages?

EXAMPLE: MILK PRODUCER

Profile

- What is the profile of the market segments that buy their formula?
- What motivates people in this profile to buy their brand?
- What age range are the children who consume their products?

Psychology

- Do lots of babies within the profile refuse/not like formula? What do they (try to) do about it?
- What are the crucial features for product acceptance? Taste, texture, price-point, convenience of purchase?
- Do they know if their products are being used appropriately (e.g., dilution, frequency during day)?

Brand Positioning

- What do they see as the benefits their products deliver to mothers?
- What are the key brand values of their product range?

Packaging and Distribution

- How does the packaging help to sell their product?
- Do they have a deliberate strategy for distributing their product?
- Where do they prefer to sell their products (e.g., warung, Alfamart) and why?

Market Trends

- How is the market changing? (e.g., Do they see a trend toward more child-centric parenting where what the child wants, the child gets; parents having little control over what their children eat)
- How will the new code of practice affect their business?
- What do they see as the important challenges coming over the horizon?

EXAMPLE: Health Professional

Work: general

- *Tell me about your job; what's your position? Tasks?*
- *Tell me about a typical day – what did you do yesterday, for example?*
- *What are the most important parts of your job?*
- *What do you enjoy doing most and why?*
- *How much are you able to respond to the needs of people round here?*
- *Give me an example of one of your big achievements? Failures?*
- *What are your big challenges? Would you like to improve about your job? What would help you to be more effective?*
- *If someone wanted to become a nutritionist like you what would you advise them? What is the training?*

Advice about feeding

- *Do you ever give advice to people who come to you about what to eat? What advice do you give them? What is your worry that leads you to give this advice?*
- *How did you become convinced this was good advice (from where did you learn about it)?*
- *Do you consider giving this advice to be a normal part of your job?*
- *What kinds of people do you give such advice to? Do you think they listen to you and do what you suggest? Why (not)? How could you get more people to listen to this advice?*
- *Do you follow your own advice at home when feeding? Why (not)?*
- *How important is this advice, compared to other kinds of advice you give out regularly to people who come to the clinic? Why is it (not) more important than this other advice?]*

Perceptions

- *Do you think stunting is common among Indonesians? What about around here? What leads you to this opinion? Would you consider stunting to be a problem or not?*
- *Do you think many Indonesian children are underweight?*
- *Can you be stunted and overweight? How can that happen (or not)? What can cause this?*

Actions

- *What happens when someone comes to you with an underweight child?*
- *Whats the policy? What are the challenges of following the policy?*
- *Tell us about the last time you had to take emergency action with a very undernourished child? What happened next? Did it save the child?*

Clients

- *What do you think your mothers know about nutrition?*
- *How do you get your messages about nutrition across?*
- *Do you have simple ways of explaining things? How do you make mothers understand using their terms?*

Case studies

- *Give the characteristics of several of the child we have met as case studies and ask what they would do?*

Setting

- *Note equipment, waiting room, take pictures of posters, etc, draw map of office*

Children's Experiences

Aim:

To get as realistic a picture as possible of children's experiences at home and school in areas related to the program.

Approach:

Individual or focus group interview. Give them something to play with as they talk to reduce inhibitions.

Instructions:

- *Ask about teaching of hygiene and sanitation in their classes – are these topics ever brought up? What is said about them as part of lessons? What about outside of lessons?*

- Do they use the latrine at school? If not, why not? At home?
- Do they wash hands with soap at school? If not, why not? At home?
- Get children to talk about their own most recent experience with the school latrines (or if they don't use it, that of a friend), provide a narrative of this experience. What did they like about it? Dislike? Is this a typical experience?
- How do children clean themselves after use of a school latrine?
- Ask for stories of the most disgusting thing they have heard happen inside the school latrine. Does this happen often?
- What is the best thing that can happen inside a latrine?

Masterchef Event

Aim:

To get mums and kids sampling commercial porridges and trying them at home.

Approach:

Invite 10 mothers in our database with kids 6-12m and the baby to a location at the meeting hall.

Day 1: FGD

Setup: Have a stove set up, a table with samples, plates, spoons, labels, packets, prices on show

Explain what we are going to do. Make up a variety of commercial porridges in turn, ask mothers what they think. They can look, smell, test and offer to baby if they wish. One by one, discuss what they think of the product. Would they use it for their baby? Do they think their baby would like it? How would they use it?

Use the attributes module to rank the top 3 products by:

- preservative content
- attractiveness
- suitability for that age
- tasty for baby
- complete food
- vitamin-rich
- natural
- healthy
- costliness
- normality
- exciting
- high status

Ask mums to choose two products to take home with them and try as a replacement meal for the child the next day. Make an appointment to visit 24-48 hours later.

Day 2-3: Debrief Interview

The respondent's priority is the child, so begin by asking how the child is:

1. Have you noticed any change in your child's health or feeding habits?
2. Ask the respondent if you can see whether they have any complementary food packets left. Make sure you see it. Pay attention to where they are kept, how much has been used, and what other products might be present. *(May do this first if it interrupts the recording of the interview)*
3. What changes have you noticed, if any, in the child's behaviour or your own due to this change in feeding practice?

If the child has been given complementary food since the first visit, ask:

| | | | |
|--------------------------|------------------------|---------------------------------------|---|
| What was given and when? | What was easy ? | What do you like about CFs? | Will you continue to give CFs after this visit? |
| | What was hard ? | What don't you like about CFs? | |

If the child has not been given CFs since the first visit ask:

| |
|----------|
| Why not? |
|----------|

4. Have you given the child any other foods instead? What and why? e.g. time of day, given together with breastfeeding etc.
5. **If they are willing, record them doing another feeding demonstration.**

Focus Group

Aim:

This simply provides some instructions that can be used generally for initiating a focus group, whatever the group and whatever the topic. Later sections describe topic guides that can be used either in a group or individual interview context.

Capturing information:

All groups should be digitally recorded and notes should be made.

Introductions

- Explain that the purpose of the discussion (e.g., to discuss different infant feeding practices, what you and other people around here do and why when it comes to feeding babies and infants).
- We want to hear as many 'real' stories from you so forgive us if we keep asking the same question... *'Can you remember a real time where that or something similar happened to you or to someone you know?'*
- Ask each respondent to introduce themselves, record age, number of children
- One thing they did or that happened to them yesterday and how it made them feel. *[Encourage everyone to say something different. Aim is to practice drawing on real experiences not generalities.]*
- Begin with a brief, general discussion to help people feel at ease.
 - What are the biggest challenges of having a young baby?
 - What are the best things about it?

Closing

- Ask if any questions or comments.
- Thank the group for their time.
- Provide any compensation (if appropriate).