



Social norms and corruption



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What is a social norm?

Like many abstract concepts it is slippery, but a good definition is that of Church and Chigas (2019): social norms are "*mutual expectations held by members of a group about the right way to behave in a particular situation.*"

For an everyday example, think of your workplace. You and your colleagues expect each other to behave in a certain way in shared office spaces, at meetings, during joint projects, etc. These unspoken expectations are social norms, and you may not even realise that they exist – until somebody breaks them.

How do social norms drive and perpetuate corrupt behaviour?

If most people believe acts of corruption are accepted and expected by those around them, it is not difficult to see why corruption persists.

Say you grew up and live in a community where public officials routinely demand bribes and your family and friends routinely pay them without questioning whether it is right or wrong to do so.

You would probably find it hard to even recognise that this behaviour might be corrupt and unfair, never mind stand up against it.

The case of health facilities in East Africa

In a recent research project in East Africa, we found that users of public health facilities often offer unsolicited bribes and gifts in order to create a relationship with the provider. The expectation is that having a "provider friend" helps facilitate access to treatment.

This is perhaps no surprise when you think about the queues, waiting times and shortage of essential medicines and medical supplies at many of these public health facilities.

Now comes the first interesting question: is a social norm underpinning this behaviour?

How to identify social norms that drive corrupt behaviour

First, let's distinguish between four related concepts:

- 1. **Personal attitudes**: What an individual believes is appropriate behaviour in a particular situation, e.g. a health worker believes that it is wrong to accept a gift from a patient.
- 2. **Descriptive social norms**: Beliefs about what others do, e.g. the health worker believes that her colleagues routinely accept gifts from patients.
- 3. **Injunctive social norms**: Beliefs about what behaviours others approve or disapprove of, e.g. the health worker believes that most of her colleagues think it is fine to accept gifts from patients.
- 4. **Behaviours**: What people actually do when confronted with that situation, e.g. the health worker accepts or rejects a gift from a patient.

You can see that social norms (2 and 3) are different from both personal attitudes (1) and from actual behaviours (4). Which makes them difficult to measure.

The trick is to look for an informal *enforcement component* – i.e. when people who behave in a particular way are rewarded (e.g. reputation, friendships, smiles) and those who break the norm are punished (e.g. social isolation, gossiping, frowns).

Back to our research project in East Africa: during field research in Tanzania, we found that bribery and gift-giving is widespread, expected and accepted in public health facilities by both patients and providers. Those who refuse to give or accept bribes and gifts suffer social costs such as gossiping and bad-mouthing.

The exchange of gifts and bribes at public health facilities in Tanzania is therefore a social norm.

What are the implications for anti-corruption practice?

If social norms are driving corrupt behaviour, then anti-corruption measures that only target individual incentives and behaviours are unlikely to work.

They ignore the overpowering social pressures generated by these collective beliefs. And they ignore the fact that social norms are often unconscious and not a result of deliberate cost-benefit calculations.

The implications for anti-corruption practice are therefore huge.

The million-dollar question

... is of course, how to design anti-corruption interventions to identify social norms that fuel and perpetuate corruption, measure them and tackle them.

This is exactly what we are doing in the GI-ACE-funded project, Addressing Bribery in the Tanzanian Health Sector: A Behavioural Approach, together with co-investigators Dr. Richard Sambaiga (University of Dar es Salaam), Prof. Tobias Stark (University of Utrecht) and Ms Ruth Persian (UK Behavioural Insights Team).

We hope that the results of our pilot intervention in Tanzania will be valuable in informing anti-corruption interventions in public health sectors worldwide. As well as - why not! - all cases of corrupt behaviour where social norms have a major role to play.

This quick guide draws on a more comprehensive blog by Claudia Baez Camargo published on the website of the Global Integrity Anti-Corruption Evidence (GI-ACE) research programme.

baselgovernance.org/blog/claudia-baez-camargos-quick-guide-social-norms-and-corruption

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Published on 4 September 2019