

PASSAGES PROJECT

Toward Shared Meaning

A Challenge Paper on SBC and Social Norms



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PREPARED BY
THE PASSAGES PROJECT



USAID
FROM THE AMERICAN PEOPLE

Passages

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Prologue

The Spirit in Which We Entered a Community-Wide Dialogue on Social Norms Approaches

In 2020, the Passages Project called for a challenge dialogue to grapple with a perceived lack of community consensus regarding what is needed to ensure that social norms are adequately addressed in social and behavior change (SBC) programming and research. Gathering with colleagues including SBC and social norms implementers, researchers, and donors, we set out to reckon together with this challenge: How do we best apply social norms approaches and measurement to SBC programming to facilitate and achieve sustained behavior change?

In late 2020 and early 2021, we convened virtually amid the COVID-19 pandemic. The pandemic itself has given many of us the chance to see more clearly that our worldviews and positions in society inform what we see, how we see it, what we communicate, and how we hear. As we entered the challenge dialogue process, we recognized that the world of social norms and SBC is diverse and expanding. We took the opportunity to deepen our knowledge about what social norms are, how they operate, and how we can develop, elevate, and support norms that allow for healthy outcomes. We think of norms as operating at multiple levels in a relationship with the community, social systems, and structures.

We sought to have this dialogue this in a participatory, reflective, engaging, and ethical way, recognizing that norms exist in a system. The system in which norms develop and exist includes present-day structures, interactions, policies, and programs, as well as history, hierarchy, power dynamics, and cultures. Through these discussions, it was apparent that many of the challenges and opportunities that are present in social norms work manifest in SBC as well. The discussions identified places where our unspoken worldviews guide both social norms and SBC. We know the social norms field exists within this space as well. For example, there is tension on how our different theoretical backgrounds—including psychology, sociology, anthropology, social marketing, public health—and geographic, culture, and work positions inform what we think norms are, how they operate, and how we engage with them programmatically.

We were clear upfront that we did not seek to resolve these debates, nor did we expect that a series of brief consultations held on five days in the span of a month would allow for that. Instead, we wanted to offer space for all of these views. We welcomed different perspectives, demonstrating how our differences enrich the field—and challenge our path forward.

We began each dialogue session by recognizing that dialogue is both a kind of conversation and a way of relating. A dialogue-based approach emphasizes sharing ideas, information, experiences, and assumptions to draw out learnings and recommendations for our collective challenge. We encouraged participants to share their perspectives, raise questions, and offer a way forward.

For these virtual dialogues, conducted across the globe, we set up multiple ways of engaging our colleagues through conversation and by taking advantage of a number of creative online tools that allowed us to replicate some of the participatory methods we are accustomed to using when we gather in person. We encouraged participants to talk further with the facilitators following the events. Many did, allowing the conversations to continue through email and phone as we listened to one another and worked together with the intention of bringing many points of view into the paper.

Far from achieving consensus, the dialogue has helped us amplify many voices and capture the state of our progress. Our hope is that this paper's recommendations for next steps will help chart the future of our ongoing collaboration.

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Executive summary

In 2019, discussions between USAID and the USAID-funded Passages Project identified a lack of community consensus on matters related to social norms work. With USAID guidance, Passages began a process of engaging “traditional social and behavior change (SBC) practitioners” in a discourse on social norms, and in late 2020 and early 2021, invited a broad array of people who work in SBC and in social norms to join in the dialogue. The aim of this ‘challenge dialogue’ was to draw together implementers, researchers, and donors to consider the best ways to apply social norms approaches to SBC programs.

Embarked upon, the challenge dialogue began to elucidate to understand areas that spark debate and those where there is consensus. It brought together leaders in social norms and SBC to debate and respond to this challenge: *How do we best apply social norms approaches and measurement to SBC programming to facilitate and achieve sustained social and behavior change?* From the earliest meetings, the need for dialogue with the SBC community—and the fault lines—were clear. The first debate allowed the group to shift from a narrow look at programs that aim for behavior change, expanding to include programs with social change goals. One person observed that even in programs that intend to address social norms, norms may not be systematically targeted and are rarely measured well. One stakeholder, noting that Passages has focused on *community-based* norms shifting interventions, asked that the conversation consider a broad range of SBC programs. A researcher suggested a debate on whether social norms are culturally embedded or “in the mind,” and a colleague jumped in with, “Yes, that is the psychology/social science split!” Someone opined that behavioral sciences have dominated in social norms work, leaving many unfamiliar with the sociology and anthropology literature. The invitation to be part of a dialogue that would pull together players with diverse experiences to coordinate efforts was universally embraced. At least one person cautioned against rushing to an agreement: “There is a lot to be discussed...don’t skimp on the dialogue.”

The Passages Project itself represents USAID’s effort to offer a deep dive into this one aspect of change, exploring what happens when programs address a broad range of social norms, especially in large-scale interventions. Six years in to the seven-year Passages Project, this was a good time to convene a diverse group to embark on a challenge dialogue to consider how to apply social norms approaches and measurement to SBC programming.

Over 100 individuals representing diverse academic traditions and roles (implementer, researcher, donor) participated in the dialogue sessions; more than 20 people had a hand in writing or reviewing drafts of this paper. This challenge paper, which began as a draft that set the direction for the challenge dialogue sessions, now serves as the culmination of that endeavor, documenting progress made to date.

The debate continues. Our expectation of reaching an agreement on shared language and frameworks proved unrealistic—and unnecessary. The academic traditions from which participants come have distinct terminology and worldviews regarding social norms, and that diversity enriches the field. Coming up short of consensus, we propose instead that SBC implementers and researchers explicitly identify the source of the theoretical frameworks they are applying, allowing for collaboration, understanding, and evidence generation across differences. While it captures the state of the debate at one moment in time, the paper calls for ongoing conversations to capitalize on this opening to encourage continued collaboration across fields.

We agree on many points. Despite differences, participants identified many points of agreement, even on some basic social norms definitions and constructs. While recognizing a need for more data, people acknowledged a growing body of evidence that explicitly links social norm programming to successful SBC efforts; at the same time, they agreed that shifting norms is rarely sufficient to shift behavior. All spoke of social norms work as complex and requiring locally-grounded models in order to accurately reflect drivers of behavior. Changing a norm is likely more complicated than addressing some other behavioral determinants—and not always needed, since programs may successfully turn program participants' attention to an existing norm that could support a desired behavior; or may help them accommodate or work around other norms. Still, being attentive to ways that social norms may influence program implementation and outcomes can transform the work of social and behavior change.

There was a broad recognition that social norms ought to be addressed at many levels of the socio-ecological model, and that community dialogue is certainly not the only way to engage with social norms: advocacy for policy change, mass media, interpersonal communication, use of technology, and changes in the physical environment may all offer opportunities to deal with norms. People agreed that it is possible to name some circumstances under which addressing social norms is advisable—and when it is not. Specifics are laid out in the paper.

Those focusing on measurement pointed out that an absence of quantitative evidence does not necessarily mean that change is not happening and that randomized control trials (RCTs) and outcome evaluations with an eye to proving attribution may not provide a complete story.

Finally, and importantly, there was broad agreement on the value of bringing in many voices and ensuring that community members and local academics are at the table—early, often, and substantially—for the design, implementation, and evaluation of SBC programs. While useful for any SBC work, this was especially important for programs seeking to understand and work with social norms.

Program application. The paper offers suggestions that could strengthen the sound application of social norms approaches for SBC, beginning with encouraging more SBC implementers to utilize the many existing resources. These tools lead practitioners through methods for identifying the relevant social norms, designing and implementing programs that acknowledge and address those norms, and monitoring and evaluating these efforts.

Participants stressed the value of clearly identifying the theoretical or academic framework that informs a given social norms effort and explicitly naming the social norms a program seeks to change. They suggested building on programs developed by and in conjunction with leaders in the global South; and grounding work in shared values. This may help practitioners recognize any hidden biases that may impede their understanding of local norms, bolster a focus on equity and ethics, and ensure careful attention to potential

harm. The paper recommends an investment in exploring what types of programs can demonstrate change and ways to program for scale and to learn how scale itself may affect change.

Measurement. Participants in the challenge dialogue raised questions about measuring and monitoring social norms, including how collective norms can be measured. They inquired too on the best ways: to validate what is being measured with those affected, recognizing that some changes may not be visible to observers outside the community/population; to monitor unintended consequences of norms shifting interventions; and to measure norms in real time to see if shifts are happening. They suggested seeking some new indicators for social constructs that include social norms. To avoid having to measure perceived norms for all possible reference groups, they asked whether it is sufficient to measure *sanctions* associated with norm compliance or transgression over time. Finally, and in line with the spirit of dialogue, they asked: How is it possible to achieve consensus on measurement approaches and indicators?

Recommended next steps. The paper lays out specific recommendations for action:

- Expand on the clear guidance that aids practitioners on how to determine if, when, and how to address norms as part of a more comprehensive SBC approach
- Create realistic expectations for social norms programming, including reasonable timeframes
- Engage players from the global South and from diverse disciplines in the decision making
- Promote existing tools and resources to increase attention to social norms
- Explicitly identify the source of the theoretical frameworks that programmers and researchers are applying
- Encourage inclusion of clear, measurable objectives for social norms change in SBC
- Broaden the acceptance of qualitative methods when exploring complex situations and problems, and identify new indicators that provide crucial information
- Develop a common research agenda among partners and stakeholders to synthesize key questions and build the evidence base for how to design norms-focused SBC
- Keep the door open for ongoing dialogue about how to apply social norms approaches for SBC

Toward shared meaning

A challenge paper on SBC and social norms

1 Our challenge and the dialogue process

Through decades of programming for social and behavior change (SBC), social norms have been considered one of several factors that prompt and sustain change, yet little evidence existed to guide practitioners on whether, when, or how to address norms. Through the Passages Project, USAID has invested in a deep dive into this one aspect of change, exploring what happens when programs address a broad range of social norms, especially in large-scale interventions.

Passages' existence has revealed tensions within the behavior change field, as players come together from disciplines as distinct as anthropology and social marketing. In the 2019 mid-term Passages evaluation, the team identified a lack of community consensus as a challenge to integrating social norms, and SBC approaches. They suggested that Passages engage 'traditional SBC practitioners' in a discourse on social norms.

In response, Passages embarked on a 'challenge dialogue' to understand areas that spark debate and those where there is consensus. A challenge dialogue is a method to help diverse groups collaborate and innovate to accomplish complex tasks for change and transformation (see Item 1 for steps in this dialogue process). This challenge dialogue brought together leaders in social norms and SBC, including implementers, researchers, and donors, to debate and respond to this challenge: How do we best apply social norms approaches and measurement to SBC programming to facilitate and achieve sustained social and behavior change?

The dialogue process

In late 2020 and early 2021, Passages invited a broad array of people who work in SBC and in social norms to join in the dialogue. Over 100 individuals, representing diverse academic traditions and roles (implementer, researcher, donor), participated in the dialogue sessions; more than 20 people had a hand in writing or reviewing drafts of this challenge paper. This paper is the culmination of that endeavor, documenting progress made to date. This challenge paper builds on existing Passages tools and the guide

BOX I. THE PASSAGES PROJECT

The Passages Project is a USAID-funded seven-year implementation research project that aims to address a broad range of social norms, at scale, to achieve sustained improvements in family planning, reproductive health, and gender-based violence. Passages seeks to build the evidence base and contribute to the global community's capacity to strengthen normative environments that support reproductive health and wellbeing, especially among young people at life course transition points, including very young adolescents, newly married youth, and first-time parents.

Getting practical: Integrating social norms into social and behavior change programs¹ a 2020 program strategy design tool developed by the Learning Collaborative to Advance Normative Change and Breakthrough Action. It assists program planners and designers to design or modify SBC programs to be aware of, fortify, or shift norms that influences their program’s behavioral objectives, as well as monitor the effects of those programs on social norms.

BOX 2. STEPS IN THIS CHALLENGE DIALOGUE PROCESS:

1. During the mid-term Passages evaluation (2019), the evaluation team identified challenges and opportunities for collaboration and integration of approaches between social norms and SBC programs
2. A Passages team of technical contributors developed the activity
3. The Passages team held introductory meetings with three stakeholder groups: implementers, researchers, and donors in response to those challenges and opportunities (2020)
4. A small group of experts representing the stakeholder groups co-created the first draft of the challenge paper
5. Passages shared the draft challenge paper with a broad group of stakeholders, and on consecutive days in January 2021, conducted a series of three 90-minute challenge dialogue sessions, each building on the other
6. To broaden representation, the team conducted two additional 90-minute dialogue sessions with regional Social Norms Learning Collaboratives, one with participants from Nigeria and Eastern Africa and the other with stakeholders in South Asia, in February 2021
7. With results from the challenge dialogue sessions and follow-up conversations with smaller groups, the writers revised the challenge paper to incorporate ideas from the dialogues

From the earliest meetings, the need for dialogue with the SBC community—and the fault lines—were clear. The first debate allowed the group to shift from a narrow look at programs that aim for behavior change, expanding to include programs with social change goals. (See Item 2 for distinctions between behavior change and social change.)

One person observed that even in programs that intend to address social norms, norms may not be systematically targeted and are rarely measured well. One stakeholder, noting that Passages has focused on *community-based* norms shifting interventions, asked that the conversation consider a broad range of SBC programs. A researcher suggested a debate on whether social norms are culturally embedded or “in the mind,” and a colleague jumped in with, “Yes, that is the psychology/social science split!” Someone opined that behavioral sciences have dominated in social norms work, leaving many unfamiliar with the sociology and anthropology literature.

¹ *Getting practical: Integrating social norms into social and behavior change programs.* (2021). Breakthrough ACTION and the Learning Collaborative to Advance Normative Change. Retrieved from: <https://www.alignplatform.org/resources/getting-practical-integrating-social-norms-social-and-behaviour-change-programs>

BOX 3. HOW DO SBC PLAYERS DISTINGUISH BETWEEN BEHAVIOR CHANGE AND SOCIAL CHANGE?

Behavior Change. When the aim of a program is “behavior change,” success is measured by change in the proportion of people who practice a clearly-defined behavior that has been identified as improving health or well-being. In the public health arena, behavior change practitioners use a broad range of activities and approaches which focus on the individual, community, and structural influences on behavior.^{2, 3, 4, 5}

Social Change. Social change is a core concept within the sociological and anthropological perspectives that refers to “large-scale processes of change, in which there is some definite type of institutional reorganization.”⁶ Many avenues can lead to social change, including technological innovations, changes in the ecosystem, and social and political movements. In each of these avenues, social norms are involved. Social norms create social order—by giving us guidelines for behavior, most of which we follow most of the time. Social order, through social norms, builds society and social structure (i.e., patterned relationships between social groups and institutions). Thus, social change refers to alterations in social roles, relationships, and influence in the social environment that surrounds individuals, whereas social norms provide rules that define acceptable, appropriate, and obligatory actions within a given group or community. Often, entrenched norms are an obstacle to social change.

Research on social norms originated in the study of group processes.⁷ There is well-developed literature on social norms and their role in facilitating and inhibiting social change; however, there is much less literature on how to use social norms in behavioral interventions.⁸ Simple, individually tailored messages containing normative information remain the dominant approach in terms of behavior change approaches.

Aiming for better alignment, not necessarily consensus

The plan for this challenge dialogue was to bring diverse players together to co-create shared language, concepts, and priorities, leading to consistent use of social norms measurement and programming approaches in SBC programs. The process led to a recognition that agreement on even some of the basic terminology is unlikely—and not necessarily needed—and to an acknowledgment that regardless of which conceptual frameworks are used, many SBC programmers do explore and address factors such as the collectivist nature of a community and the societal levels that influence individuals and families.

Multiple participants in this dialogue pointed out that there is a “dominant view” in the field, derived mainly from a psychological perspective that is often assumed as the default worldview for many working in SBC. No matter which theoretical constructs are applied, SBC practitioners may explore aspects of culture and tradition as they seek to root the issues within the community’s own value systems. Rather than suggesting

² Storey, J. D., K. Lee, C. Blake, H. Lee, P., & DePasquale, N. (2011). *Social and behavior change interventions landscaping study: A global review*. Baltimore, MD. Johns Hopkins Bloomberg School of Public Health. Center for Communication Programs.

³ A special supplement of the Journal of Adolescent Health, *Advancing social norms practice for adolescent and youth sexual and reproductive health: The why and the how*, offers evidence. Volume 64, Issue 4, Supplement S1-S66. Retrieved from: [https://www.jahonline.org/issue/S1054-139X\(19\)X0002-6](https://www.jahonline.org/issue/S1054-139X(19)X0002-6)

⁴ Ashburn, K., Costenbader, E., Igras, S., Pirzadeh, M., & Homan, R. (2016, December). Social Norms Background Reader. Institute for Reproductive Health at Georgetown University and FHI 360. Retrieved from: <https://irh.org/resource-library/social-norms-background-reader/>

⁵ Rosen, J.E., Bellows, N., Bollinger, L., Plosky, W.D., & Weinberger, M. (2019). *The business case for investing in social and behavior change for family planning*. Breakthrough RESEARCH. Population Council. Washington DC. Retrieved from: <https://reports.prb.org/breakthrough-research/social-behavior-change-impact/>

⁶ Giddens, A. (1984). *The constitution of society: Outline of the theory of structuration*. University of California Press.

⁷ See the following foundational work of Asch and the Sherifs. Asch, S.E. (1951). Effects of group pressure upon the modification and distortion of judgments. *Organizational Influence Process*, 295-303; Asch S.E. (1955). Opinions and social pressure. *Science American*, 193, 31-35; Sherif, M., & Sherif, C.W. (1964). *Reference Groups; Exploration into Conformity and Deviation of Adolescents*. Harper and Row.

⁸ Prentice, D., & Paluck, E. L. (2020). Engineering social change using social norms: Lessons from the study of collective action. *Current Opinion in Psychology*, 35,138–142

that all SBC practitioners adopt the same organizing constructs, participants proposed that implementers and researchers explicitly identify the source of the theoretical frameworks they are applying, allowing for collaboration, understanding, and evidence generation across differences.

This paper uses key terms as they are defined in Passages' Social Norms Lexicon,⁹ developed with the intention of fostering a common language to improve collaboration among researchers, practitioners, policymakers, and donors. Please see Item 3, Key Terms, with several definitions from the lexicon. Two widely used tools, the Social Norms Analysis Plot (SNAP)¹⁰ developed by CARE and the Social Norms Exploration Tool (SNET)¹¹ developed by Passages, also offer practitioners shared definitions of key terms. This paper's aim, then, is to acknowledge and clarify the distinctions among the academic fields represented and to call for continuing conversations among diverse voices. These conversations may continue to enrich and strengthen the work of all. Item 4, a table, lays out some of the distinctions in how various academic schools of thought describe social norms.

BOX 4. KEY TERMS

This paper uses the following terms as defined in the "Social Norms Lexicon":

Social Norms

What I think people do and should or should not do in my community. My perceptions of typical and appropriate behavior within my social network. Social norms are the perceived informal, mostly unwritten, rules that define acceptable, appropriate, and obligatory actions within a given group or community.

Descriptive Norm (also known as Empirical Expectations)

What I think/believe others do. Descriptive norms are what individuals believe is typical behavior in a group, regardless of whether that behavior is actually common.

Injunctive Norm (also known as Normative Expectations)

What (I believe) others think I should do. Injunctive norms are individuals' perceptions of acceptable or unacceptable behavior within a group.

Meta-Norms

Foundational norms that are broadly shared across settings and regions. Meta-norms describe social expectations that are deeply rooted and closely tied with beliefs, values, and attitudes and that are foundational to many other norms and behaviors.

Norms-Shifting Interventions

Interventions that aim to facilitate shifts in some existing norms or foster new norms to promote health and well-being.

Socio-Ecological Model

A framework to explain the how human health, behavior, and related norms are influenced by factors at multiple levels of society that interact with one another.

Drawn from: Social Norms Lexicon. February, 2021. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

⁹ *Social norms lexicon.* (2021). Institute for Reproductive Health, Georgetown University. Washington, DC/ Retrieved from: <https://irh.org/resource-library/social-norms-lexicon/>

¹⁰ *Applying theory to practice: CARE's journey piloting social norms measures for gender programming.* (2017). Cooperative for Assistance and Relief Everywhere, Inc. (CARE). Retrieved from: https://insights.careinternational.org.uk/images/in-practice/GBV/GBV_care-social-norms-paper-web-final_2017.pdf

¹¹ *Social norms exploration tool.* (2020). Institute for Reproductive Health, Georgetown University and the Learning Collaborative to Advance Normative Change. Retrieved from: <https://irh.org/social-norms-exploration/>

TABLE 1. How do different theoretical perspectives conceptualize social norms?(Table inspired by work by Edberg and Krieger¹²)

ACADEMIC FIELDS	DEFINITION OF SOCIAL NORMS
Behavioral economics ¹³	Social norms are behavioral regularities. They are practices shared across individuals that emerge through repetition of behaviors.
Communication for behavior change	Social norms are clusters of attitudes. They are attitudes that people share in a given group.
Social psychology ¹⁴	Social norms are social beliefs. They are beliefs about what others typically do in a situation (descriptive norm) and beliefs about what actions other people approve and disapprove of in a situation (injunctive norms). Another approach considers norms a function of empirical expectations (what I think others do) and normative expectations (what I think others think I should do).
Psychology	Frameworks such as the theory of triadic influence state that the “drivers” of behavior include: (1) cultural -environmental influences on knowledge and values; (2) social, situational, and contextual influences on social bonding and social learning, influencing social normative beliefs; and (3) interpersonal influences on self-determination/control and social skills, leading to self-efficacy. ¹⁵
Sociology	Social norms develop, are internalized and shared by members of a given society. They are learned, internalized, and enforced through socialization in relationships and with institutions. Social norms reflect group identity and membership and are a form of social control. ¹⁶
Anthropology	Social norms are formed from interactions between underlying structures and rationales expressed through regularized social behaviors known to most members of a social or cultural group at a particular point in time. They can generate expectations, serve as social scripts, act as surface manifestations of underlying characteristics, and operate as social tools. ¹⁷

¹² Edberg, M, & Krieger, L. (2020). Recontextualizing the social norms construct as applied to health promotion. *SSM - population health, 10*, 100560. Retrieved from: <https://doi.org/10.1016/j.ssmph.2020.100560>

¹³ Learning Collaborative to Advance Normative Change. (2017). *The flower for sustained health: An integrated socioecological framework for normative influence and change: A working paper*. Institute for Reproductive Health, Georgetown University. Retrieved from: <https://www.alignplatform.org/resources/flower-sustained-health-integrated-socio-ecological-framework-normative-influence-and>

¹⁴ *The flower for sustained health: An integrated socioecological framework for normative influence and change: A working paper*. (2017). Learning Collaborative to Advance Normative Change & Institute for Reproductive Health, Georgetown University. Retrieved from: <https://www.alignplatform.org/resources/flower-sustained-health-integrated-socio-ecological-framework-normative-influence-and>

¹⁵ Bell, C. C., Flay, B., & R. Paikoff (2002). Strategies for health behavior change. In J. Chunn (Ed.), *The Health Behavioral Change Imperative: Theory, Education, and Practice in Diverse Populations* (pp. 17–40). Kluwer Academic/Plenum Publishers.

¹⁶ Edberg, M, & Krieger, L. (2020). Recontextualizing the social norms construct as applied to health promotion. *SSM - population health, 10*, 100560. Retrieved from: <https://doi.org/10.1016/j.ssmph.2020.100560>

¹⁷ Edberg, M, & Krieger, L. (2020). Recontextualizing the social norms construct as applied to health promotion. *SSM - population health, 10*, 100560. Retrieved from: <https://doi.org/10.1016/j.ssmph.2020.100560>

The latest science: Key opportunities and challenges

Practitioners applying social norms approaches within SBC strategies offer lessons, which are captured below, in the areas of program application and measurement.

PROGRAM APPLICATION

SBC programs that address social norms may vary on several dimensions, starting with the program’s overarching goal. Some are strongly focused on behavior change outcomes (e.g., interventions focused on changing the opinions and behaviors of the social referents), while others seek broader social change (e.g., interventions that target group processes)¹⁸. It might be argued that any SBC effort that addresses social norms is, by definition, seeking behavior change *and* broader social changes, knowing that social norms change is facilitated by a change in multiple spaces—institutions, projects, and communities. Donor priorities significantly impact these different but interrelated “entry points,” influencing SBC programs’ objectives, their design, what is measured, and ultimately, the vision of success.

SBC practitioners recognize that social norms comprise only one of the many factors that their programs need to address to spark change. They use theory and evidence to identify which factors are relevant. They then rank the potential determinants of the change they seek, choosing priority determinants to address—which may or may not include social norms. Many SBC programs that deal with norms do so as part of a mix of approaches; in fact, their designers may not describe them as “norms-shifting interventions,” since that is only one focus among many.

What types of SBC programs may address social norms?

Social norms may be addressed by any type of SBC interventions, including those programs which: have behavior change or social change or any combination as an end goal; address a single behavior or multiple behaviors; and operate at any level in the socioecological model, from national to community-based. Norms work can figure in several components of an SBC program, including advocacy for policy change, mass media, interpersonal communication, technology use, and changes to the physical environment. Many types of SBC techniques may be useful in addressing social norms, including modeling a new behavior, correcting over-estimations of practice, promoting community dialogue, creating safe spaces for norms to be questioned, addressing power dynamics, and others.

Recent experiences, many documented in peer-reviewed articles or published tools and resources, offer a base of evidence about how social norms approaches are applied to SBC programming, summarized here.

How are norms addressed within SBC, and when is a norms focus appropriate?

Social norms constitute one of many social determinants of health. According to the WHO, the major social determinants include income, education, occupation, social class, gender, and race/ethnicity.¹⁹ The authors note that the health system itself is also a social determinant. These social determinants of health operate through intermediary determinants, including psychosocial factors, such as social norms, and behavioral and biological factors to influence health outcomes. Social norms, therefore, are one of many factors that influence health outcomes. It is important to assess the relative weight of social-structural and intermediary

¹⁸ Durlak, J.A., Taylor, R.D., Kawashima, K., Pachan, M.K., DuPre, E.P., Celio, C.I., Berger, S.R., Dymnicki, A.B., Weissberg, R.P. (2007). Effects of positive youth development programs on school, family, and community systems. *American Journal of Community Psychology*, 39(3-4):269-86.

¹⁹ Solar, O., & Irwin, A. (2010). A conceptual framework for action on the social determinants of health. WHO Document Production Services.

determinants in programs designed to improve health. Likewise, along with norms, SBC practitioners routinely explore the influence of determinants such as knowledge; beliefs about the outcomes of behavior and/or risk; motivation (attitudes and beliefs); skills or self-efficacy; the quality of health services (including service availability and access); and community capacity (including effective leadership and social capital. “Emphasizing norms to the exclusion of other factors might ultimately discredit norms-based strategies, not because they are flawed but because they alone are not sufficient to shift behaviour.”²⁰

Program planners use theory and evidence, not guesswork, to identify the determinants of a given behavior.²¹ Strategists then apply a range of methods (e.g., the PRECEDE-PROCEDE model²², the Social Norms Exploration Tool/SNET, other qualitative research approaches, doer/non-doer analyses, barrier analysis, etc.) to rank these determinants from the most-to-least promising to address. It is this kind of ranking that allows a handwashing program, for example, to de-emphasize addressing social norms around cleanliness when the greater obstacle—and the simpler one to address—may be a lack of sinks or potable water, which reflects a lack of access to essential resources.

As individual behavior is directly related to the norms that govern society, program planners should, at a minimum, understand norms’ influence on priority behaviors. Programs may benefit from explicitly addressing social norms in the following situations:

- **When a major determinant to the adoption of a behavior is a social norm.**
- **When sustaining change over time is a goal.** A shift in a social norm may help a community reach the tipping point at which the behavior change is sustained.
- **When harmful norms are strongly enforced via negative sanctions.** Sanctions for practicing a behavior that contradicts a norm may heavily influence people’s behavior.
- **When it is easy to align an existing social norm with the desired behavior or to safely correct misperceptions of the prevalence of the norm.**
- **Any time there are social change objectives.** Social change refers to alterations in social roles, relationships, and influence in the social environment that surrounds individuals.
- **When other approaches have failed to shift the behavior,** at which point they may explore which social norms are operating to maintain the undesired behavior or inhibit the desired behavior.

Within what domains should norms be addressed?

Edberg and Krieger offer an anthropological view of social norms, noting that program planners may miss important determinants of behavior if they fail to understand the cultural embeddedness of norms and the context.²³ Norms are often linked to cultural values, ideologies, social practices, and underlying power structures and hierarchies; therefore, it is difficult to treat social norms like an independent variable in social

²⁰ Cislighi, B, Heise, L. (2019). Using social norms theory for health promotion in low-income countries. *Health Promotion International*, 34(3), 616–623.

²¹ Determining which factors are the determinants of a given behavior in a given context is accomplished through a mix of formative research methods, both qualitative and quantitative, which may include cognitive elicitation, ethnographic approaches, participatory methods, focus groups, and others.

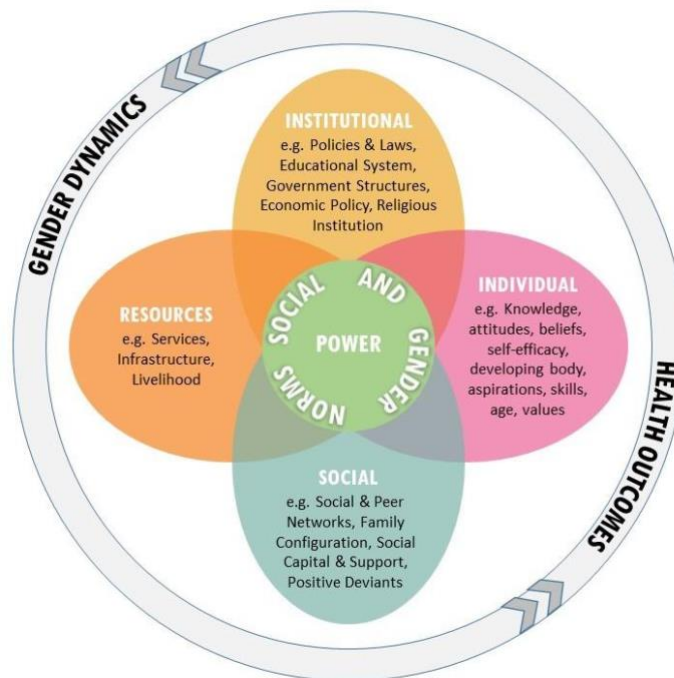
²² *Theory at a glance: A guide for health promotion practice (second edition)*. (2005). National Institutes of Health. Washington, DC. 39-42. Retrieved from: <https://www.sbccimplementationkits.org/demandrnmch/wp-content/uploads/2014/02/Theory-at-a-Glance-A-Guide-For-Health-Promotion-Practice.pdf>

²³ Edberg, M, & Krieger, L. (2020). Recontextualizing the social norms construct as applied to health promotion. *SSM - population health*, 10, 100560. <https://doi.org/10.1016/j.ssmph.2020.100560>

science.²⁴ In addition, values and their normative practices are part of the cultural elements that are transferred across generations through socialization processes and within family systems.^{25, 26}

Social norms are formed and continuously reinforced throughout a community and must be addressed at multiple levels. The commonly used socio-ecological model²⁷ has been further refined by Cislaghi and Heise, and adapted by the Social Norms Learning Collaborative (shown in Item 5^{28, 29}) to include institutional, individual, social, and material aspects—all of which have in common meta-norms of power and gender. Social norms play a role at each of these overlapping layers: for instance, “embedded within local institutions and practices, social norms influence the distribution of material resources, as well as individual aspirations, and institutional laws and policies.”^{30, 31} Some participants in this challenge dialogue noted that this model could be further improved by explicitly including culture in its social domain.

FIGURE I. The Flower for Sustained Health: An integrated socio-ecological framework for normative influence and change (Adapted from Cislaghi and Heise (2017) by the Learning Collaborative)



²⁴ Bell, C. C., Bhana, A., McKay, M. M., & Petersen, I. (2007). A commentary on the triadic theory of influence as a guide for adapting HIV prevention programs for new contexts and populations: the CHAMP-South Africa story. *Social Work in Mental Health*, 5(3-4), 243-267.

²⁵ Iwelunmor, J., Newsome, V., & Airhihenbuwa, C. O. (2014). Framing the impact of culture on health: a systematic review of the PEN-3 cultural model and its application in public health research and interventions. *Ethnicity & Health*, 19(1), 20-46.

²⁶ Kagawa-Singer, M., Dressler, W. W., George, S. M., & Elwood, W. N. (2014). *The cultural framework for health: An integrative approach for research and program design and evaluation*. National Institutes of Health, Office of Behavioral and Social Sciences Research.

²⁷ C-Change. (2012). CModules: A learning package for social and behavior change communication (SBCC). C-Change/FHI 360.

²⁸ Cislaghi, B., & Heise, L. (2019). Using social norms theory for health promotion in low-income countries. *Health Promotion International*, 34(3), 616-623.

²⁹ Learning Collaborative to Advance Normative Change. (2017). *The flower for sustained health: An integrated socioecological framework for normative influence and change: A working paper*. Institute for Reproductive Health, Georgetown University. Retrieved from: <https://www.alignplatform.org/resources/flower-sustained-health-integrated-socio-ecological-framework-normative-influence-and>

³⁰ Cislaghi, B., & Heise, L. (2019). Using social norms theory for health promotion in low-income countries. *Health promotion international*, 34(3), 616-623.

³¹ Pulerwitz, J., Blum, R., Cislaghi, B., Costenbader, E., Harper, C., Heise, L., Kohli, A., & Lundgren, R. (2019). Proposing a conceptual framework to address social norms that influence adolescent sexual and reproductive health. *Journal of Adolescent Health*, 64(4), S7-S9. Retrieved from: <https://doi.org/10.1016/j.jadohealth.2019.01.014>

Evidence of effectiveness of social norms in SBC programming

A growing body of evidence explicitly links social norm programming to successful SBC programs. Large-scale interventions may, by their very nature, shift norms and beliefs about norms. Attention to a topic in the content relayed by mass communication—whether in news reporting, documentary, social media, or entertainment—has been shown to speed up behavior change, mediated by changes in determinants of behavior, including beliefs about social norms.^{32, 33} Similarly, changes in policies or practices that are implemented at, say, the national level may be more likely to shift norms and beliefs than are more geographically limited efforts.³⁴

Social norm programming at the community level has proven effective in shifting key health behaviors as well. Several programs addressing norms related to family planning, reproductive health, gender-based violence, gender-based violence, girls education, violence against children and other programs have been shown to shift norms and have a behavioral impact.^{35,36,37,38,39,40,41} Across programs seeking to a sustained change in gender norms, evidence points to the need to work in interconnected ways across levels of the socio-ecological model, recognize and work with issues of intersectionality, change is not linear or even, and power dynamics underlie norms and are therefore critical to norms change.⁴²

Challenges to addressing social norms in SBC programming and the way forward

Even with recent progress to build knowledge and tools to promote and guide effective social norm theory, measurement, and practice, challenges remain in including a social norms focus in SBC programming, as noted here:

- **Few SBC programs have demonstrated sustained change in social norms or in the behaviors they influence.** Limited evidence exists to demonstrate the impact of social norms interventions on behavior change, beyond changes in intermediary outcomes; and less still on sustained change over time.
- **Short project cycles can make it hard to demonstrate measurable norm change.** Sometimes social norms change very slowly- longer than the typical project cycle of three to five years.

³² Fox, E., & Obregón, R. (2014). Population-level behavior change to enhance child survival and development in low- and middle-income countries. *Journal of Health Communication*, 19 Suppl 1(sup1), 3–9.

³³ Nguyen, T. T., Alayón, S., Jimerson, A., Naugle, D., Nguyen, P. H., Hajeebhoy, N., Baker, J., Baume, C., & Frongillo, E. A. (2017). The association of a large-scale television campaign with exclusive breastfeeding prevalence in Vietnam. *American Journal of Public Health*, 107(2), 312–318.

³⁴ Malhotra, A., Amin, A., & Nanda, P. (2019). Catalyzing gender norm change for adolescent sexual and reproductive health: investing in interventions for structural change. *Journal of Adolescent Health*, 64(4), S13-S15.

³⁵ Institute for Reproductive Health at Georgetown University (IRH). Effects of a Social Network Diffusion Intervention on Key Family Planning Indicators, Unmet Need and Use of Modern Contraception: Household Survey Report on the Effectiveness of the Tékonpon Jikuagou Intervention. 2016. Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

³⁶ Shakya, H. B., Challa, S., Nouhou, A. M., Vera-Monroy, R., Carter, N., & Silverman, J. (2020). Social network and social normative characteristics of married female adolescents in Dosso, Niger: Associations with modern contraceptive use. *Global Public Health*, 1-17. <https://doi.org/10.1080/17441692.2020.1836245>

³⁷ Institute for Reproductive Health at Georgetown University (IRH) and FHI 360. Transforming Masculinities/Masculinité, Famille, et Foi Intervention; Endline Quantitative Research Report. September 2020. Washington, D.C.: Institute for Reproductive Health (IRH) and Center for Child and Human Development, Georgetown University with the United States Agency for International Development (USAID).

³⁸ Institute for Reproductive Health at Georgetown University (IRH). GREAT Project Results Brief. 2015. Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

³⁹ Ashburn, K., Kerner, B., Ojajume, D., and Lundgren, R. (2017). Evaluation of the Responsible, Engaged, and Loving (REAL) Fathers Initiative on Physical Child Punishment and Intimate Partner Violence in Northern Uganda. *Prevention Science*, 18, 854–864.

⁴⁰ Growing Up GREAT! Shows Promise in Skills Development and Norms Shifting After One Year. January 2021. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID) and the Bill and Melinda Gates Foundation.

⁴¹ Banker, S., Collumbien, M., Das, M., Verma, R.K., Cislighi, B., Heise, L. (2018). Contesting restrictive mobility norms among female mentors implementing a sports based programme for young girls in a Mumbai slum. *BMC Public Health*, 18.

⁴² Harper, C., Marcus, R., George, R., D'Angelo, S., Samman, E. (2020). Gender, power and progress: How norms change. London: ALIGN/ODI (www.alignplatform.org/gender-power-progress)

In order to capture norm change, it is important to plan for and strategically use rapid assessment tools that can shed light on the process of change (e.g., measuring people's beliefs about others, their social expectations; who they believe the reference group is; and the anticipated reactions of others to compliance or noncompliance with the norm).

- **Recent trends to fund SBC programs that are tasked with shifting the needle on several behaviors simultaneously are challenging**, since a variety of social norms and meta-norms may be at play.
- **Initiatives that seek social change, via social norms and other coordinated components, cannot be accomplished without partnership, resourcing, and allyship**, principally with local stakeholders (individuals and organizations) doing this work.
- **Locally grounded models of addressing and framing social norms are essential in order to accurately reflect drivers of behavior.**⁴³ Some participants in this dialogue contend that frameworks used in SBC work are dominated by Western cultural values and practices and may overlook the concept of culture or inadequately consider the notion of collective norms. Ensuring the inclusion of research participant groups and local scholars may strengthen programming.⁴⁴ Models that explain the influence of culture on health include the PEN-3 cultural model developed by Airhihenbuwa (1989⁴⁵, 1990⁴⁶, 1995, 2007⁴⁷) and the Triadic Theory of Influence.⁴⁸
- **Changing norms can have intended and unintended effects on behaviors and other norms.** SBC programmers should be alert to possible backlash or resistance once deep-seated norms or existing power dynamics are threatened.⁴⁹ Implementers, donors, and researchers must pay explicit attention to the power and privilege they wield and ensure program objectives do not override communities' self-determination.⁵⁰

⁴³ Airhihenbuwa, Collins. (2007). 2007 SOPHE Presidential Address: On Being Comfortable With Being Uncomfortable: Centering an Africanist Vision in Our Gateway to Global Health. *Health education & behavior: the official publication of the Society for Public Health Education*, 34, 31-42. Retrieved from: <https://doi.org/10.1177/1090198106291377>.

https://www.researchgate.net/publication/6600972_2007_SOPHE_Presidential_Address_On_Being_Comfortable_With_Being_Uncomfortable_Centering_an_Africanist_Vision_in_Our_Gateway_to_Global_Health

⁴⁴ Singer, M. K., Dressler, W., George, S., & Elwood, W. N. (2015). *The cultural framework for health: An integrative approach for research and program design and evaluation*. National Institutes for Health Office of Behavioral and Social Sciences Research. Retrieved from: https://www.researchgate.net/publication/273970021_The_cultural_framework_for_health_An_integrative_approach_for_research_and_program_design_and_evaluation

⁴⁵ Airhihenbuwa, C. O. (1989). Perspectives on AIDS in Africa: strategies for prevention and control. *AIDS Education and Prevention*, 1(1), 57-69. Retrieved from: <https://psycnet.apa.org/record/1990-10593-001>

⁴⁶ Airhihenbuwa, C. O. (1990). A conceptual model for culturally appropriate health education programs in developing countries. *International Quarterly of Community Health Education*, 11(1), 53-62. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/20841220/>

⁴⁷ Airhihenbuwa, C. O. (2007). 2007 SOPHE presidential address: On being comfortable with being uncomfortable: Centering an Africanist vision in our gateway to global health. *Health Education & Behavior*, 34(1), 31-42. Retrieved from: <https://doi.org/10.1177/1090198106291377>

⁴⁸ Bell, C. C., Flay, B., & R. Paikoff (2002). Strategies for health behavior change. In J. Chunn (Ed.), *The Health Behavioral Change Imperative: Theory, Education, and Practice in Diverse Populations* (pp. 17-40). Kluwer Academic/Plenum Publishers.

⁴⁹ Community for Understanding Scale Up (CUSP). (2017). *On the cusp of change: Effective scaling of social norms programming for gender equality*. CUSP. Retrieved from: https://raisingvoices.org/wp-content/uploads/2013/02/CUSP.SVRIpaper.Final_6sept2017.forWeb.pdf

⁵⁰ Igras, S., Kohli, A., Bukuluki, P., Cislighi, B., Khan, S., & Tier, C. (2020). Bringing ethical thinking to social change initiatives: Why it matters. *Global Public Health*, 1-13. Retrieved from: <https://doi.org/10.1080/17441692.2020.1820550>

Suggestions on how to integrate a social norms perspective into SBC programming:

- Encourage implementers to use existing programming tools for social norms work
- Understand how social norms fit in the social determinants of health
- State the theoretical/academic framework that informs any social norms effort
- Explicitly name the social norms a program seeks to change
- Build on programs developed by and working with leaders in the Global South
- Examine what types of interventions can demonstrate social norm change
- Focus on equity and ethics; paying careful attention to potential harms
- Ground work in shared values as part of partnerships, design, and implementation
- Explore ways to program for scale; learning how scale itself may affect change
- Coach staff who originate from Western cultures to become aware of their own cultural biases and assumptions and to learn methods to sidestep those
- Allocate adequate resources toward flexible and responsive monitoring and evaluation to capture short-term or incremental changes in social norms
- Learn from the nuances that emerge during implementation and share results to inform future SBC work
- Continue to make the case to donors regarding the value of alternative methods for monitoring and evaluating shifts in norms, longitudinal research, and longer funding periods

MEASUREMENT

Although there was less discussion about measurement in the challenge dialogues, there are ongoing discussions and work in the field. Measuring social norms is challenging given their complex nature and the fact that they are highly context-specific. As noted in a recent guide developed by the Learning Collaborative to Advance Normative Change:

“Measuring social norms is uniquely challenging. They are invisible, typically unspoken and unwritten; we absorb them, uncritically, from the earliest age as ‘the way things are.’ Social norms are not defined by individuals alone but exist at a larger communal or societal level. To detect, measure and assess changes in social norms, researchers and programmers must understand many aspects of this intangible phenomenon: what they are, what behaviors are influenced by them, how common they are, how strong or influential they are under what conditions, who in a social group maintains them, and what are the rewards (or penalties) for following (or not following) them. Measuring knowledge and behavior is comparatively straightforward: simple questions elicit a yes/no or correct/incorrect response.”⁵¹

Measurement of social norms has lagged behind programming.⁵² While it can be difficult to identify social norms and measure change in them, measurement approaches that are sensitive enough to capture nuances exist. The fields of anthropology, sociology, psychology, and social marketing offer diverse methods to studying social norms, including a broad range of flexible and responsive approaches. This section offers a brief overview of existing guidance for measuring and monitoring social norms within SBC programs, which are mainly grounded in social psychology.

⁵¹ Learning Collaborative to Advance Normative Change. (2019b). *Resources for measuring social norms: A practical guide for program implementers*. Institute for Reproductive Health, Georgetown University. Retrieved from: <https://irh.org/resource-library/resources-for-measuring-social-norms/>

⁵² Costenbader, E., Cislighi, B., Clark, C. J., Hinson, L., Lenzi, R., McCarragher, D. R., McLarnon-Silk, C., Pulerwitz, J., Shaw, B., & Stefanik, L. (2019). Social Norms Measurement: Catching up With Programs and Moving the Field Forward. *The Journal of Adolescent Health: Official publication of the Society for Adolescent Medicine*, 64(4S), S4–S6. Retrieved from: <https://doi.org/10.1016/j.jadohealth.2019.01.001>

Social norms measures are valuable at several phases of monitoring and evaluating SBC programs, whether used for formative research, program adaptation, or learning. Generally, guidance specifies that these measures should:

- Measure the **descriptive norm** (perceptions of what is the typical behavior) or the injunctive norm (perceptions of what is appropriate behavior), or ideally both
- Refer to one specific behavior
- Refer to a clearly defined **reference group(s)**
- Refer to a **target population for the program** (that is, an identified group that the program reasonably expects to be able to reach and influence)
- Determine **what rewards** people anticipate for complying with the norm and **what penalties** they expect for noncompliance

It is important to note that programs that aim to shift social norms should seek to prevent, respond to, and measure social pushback and negative unintended consequences. It is critical to detect and respond to pushback to the norm change, which is distinct from the sanctions resulting from noncompliance to norms. A review of social norm measurement tools conducted by the Learning Collaborative to Advance Normative Change found that most current tools being used by sexual and reproductive health programs focus on 1) identifying groups of people who influence behaviors and attitudes; and 2) assessing perceptions of what people in a group do and approve of (descriptive and injunctive norms)—measurement principles grounded in social psychology.

Other indicators (beyond social norms such as those described above) may provide additional insight into shifts in norms, including change in social support and networks, contextual factors, or other social changes. In Item 8, the table outlines other factors and indicators that may be useful for monitoring norm change.

TABLE 2. Illustrative Indicators for Monitoring Norm Change			
NORMATIVE FACTORS	SOCIAL SUPPORT AND NETWORKS	CONTEXTUAL FACTORS	OTHER SOCIAL CHANGE
<ul style="list-style-type: none"> • Perceived prevalence of behavior (descriptive norm) • Approval of behavior by self and others (injunctive norm) • Individuals’ identification of rewards and penalties related to practice • Individuals’ intention to give rewards and impose penalties related to behavior 	<ul style="list-style-type: none"> • Peer communication about behavior • Spousal communication about behavior • Social support for behavior change 	<ul style="list-style-type: none"> • Gender and age of target group • Decision-making power of target group • Politico-Economic situation of households & community • Capacity of community to absorb social change 	<ul style="list-style-type: none"> • Evidence of diffusion (i.e., behavior and attitude change in the non-exposed/control communities) • Evidence of collective action supporting change in behavior

Source: Adapted from: The ACT Framework: Toward a New M&E Model for Measuring Social Norms Change around FGM. 2020. UNFPA, Drexel University, UNICEF

Several guides are available to support SBC programs with measurement of social norms, including:

- Resources for measuring social norms: A practical guide for program implementers⁵³
- The Social Norms Exploration Tool (SNET)⁵⁴
- Quantitative measurement of gendered social norms⁵⁵
- Participatory research toolkit for social norms measurement⁵⁶
- The ACT Framework⁵⁷
- Measuring Social and Behavioural Drivers of Child Protection Issues Guidance Tool⁵⁸
- The Social Norms Analysis Plot (SNAP) Framework⁵⁹
- The Social Norms Diagnostic Tool⁶⁰
- Getting Practical: Integrating social norms into social and behavior change programs.⁶¹

Challenges to measuring social norms for SBC programs and the way forward

Norm-shifting is not likely to be a simple process. Instead, it is often context-dependent, highly variable, and usually impossible to predict with any precision. For instance, the environment and implementation process itself shapes how an intervention operates (i.e., contextual complexity). Multiple norms, and other factors, may be shifting together, in opposition, or in complex ways where norms and practices shift to accommodate social dynamics. Additionally, normative change can take time and may be visible outside of project timelines. As circumstances change over time, stakeholders and program participants react to those changes (i.e., temporal complexity). Additionally, there are most likely differences in how individuals or groups perceive their environment and how each views and reacts to project implementation (i.e., interruptive complexity).⁶² Therefore, the use of randomized control trials and outcome evaluations that focus on attribution might not provide a complete story of whether and how shifts in social norms happen. Another challenge to measuring social norms is that the indicators and methods used may be inadequate or inappropriate. By far, the biggest problem is that very few SBC interventions measure social norms in any way. Meanwhile, other programs might not measure norms that refer to the correct or relevant reference groups or miss an underlying, indirect, and important norm driving a behavior. Or programs may revert to

⁵³ Learning Collaborative to Advance Normative Change. (2019b). *Resources for measuring social norms: A practical guide for program implementers*. Institute for Reproductive Health, Georgetown University. <https://irh.org/resource-library/resources-for-measuring-social-norms/>

⁵⁴ Social Norms Exploration Tool. (2020). Institute for Reproductive Health, Georgetown University and the Learning Collaborative to Advance Normative Change. Washington, DC. Retrieved from: <https://irh.org/social-norms-exploration/>

⁵⁵ Samman, E. (2019, January). *Quantitative measurement of gendered social norms*. ALIGN - Advancing Learning and Innovation on Gender Norms. Retrieved from: https://www.alignplatform.org/sites/default/files/2019-02/social_norms_for_align_1.pdf

⁵⁶ Sood, S., Kostizak, K., & Stevens, S. (2020, December). *Participatory research toolkit for social norms measurement*. United Nations Children's Fund (UNICEF), UNFPA. Retrieved from: <https://www.unfpa.org/resources/participatory-research-toolkit-social-norms-measurement#:~:text=This%20toolkit%20is%20a%20practical.%2Dnorms%2Drelated%20programme%20efforts>

⁵⁷ UNFPA & UNICEF, with Dornsife School of Public Health at Drexel University. (2020). *The Act Framework: Towards a new M&E model for measuring social norms change around FGM*. UNFPA, UNICEF. Retrieved from: <https://www.unfpa.org/resources/act-framework-towards-new-me-model-measuring-social-norms-change-around-fgm>

⁵⁸ C4D & Child protection, UNICEF MENA. (2018a, January). *Measuring social and behavioral drivers of child protection issues—a guidance tool*. UNICEF. Retrieved from: https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/SBC_Monitoring_Guidance_final.pdf

⁵⁹ Stefanik, L., & Hwang, T. (2017). *Applying theory to practice: CARE's journey piloting social norms measures for gender programming*. CARE. Retrieved from: https://prevention-collaborative.org/wp-content/uploads/2018/04/applying_social_norms_theory_to_practice_cares_journey.pdf

⁶⁰ Parvez Butt, A., Valerio, K., & Davies, I. (2020). "Social Norms Diagnostic Tool: Sexual and Reproductive Health and Rights & Gender-Based Violence." Oxfam. Retrieved from: <https://giwps.georgetown.edu/resource/social-norms-diagnostic-tool-sexual-and-reproductive-health-and-rights-gender-based-violence>

⁶¹ *Getting practical: Integrating social norms into social and behavior change programs*. (2021). Breakthrough ACTION and the Learning Collaborative to Advance Normative Change. Retrieved from: <https://www.alignplatform.org/resources/getting-practical-integrating-social-norms-social-and-behaviour-change-programs>

⁶² Golding, L., & Petraglia, J. (2016). Call to action: Complexity matters: Aligning the monitoring and evaluation of social and behavior change with the realities of implementation. CORE Group. Retrieved from: <https://coregroup.org/wp-content/uploads/2020/04/Call-to-Action-Complexity-Matters-April-1-2020-new.pdf>

measuring attitudes due to the limited number of validated norms measures and because the distinction between norms and attitudes is generally not understood.

There is a need to apply methods that can tease out the relationship between various factors, when social norm change leads to behavior change, and vice versa, or when social norm change leads to social change. However, donors and implementers will need to commit to this to make it happen since it requires longitudinal research and longer funding periods. All must embrace learning about the change process with all of its complexity. Moreover, donors and implementers should acknowledge that the absence of quantitative evidence does not mean that change is not happening. Context-sensitive and complexity-aware measures suitable for exploring multifaceted situations (e.g., feedback loops, sentinel indicators, the Most Significant Change method) exist.⁶³ They can be adapted to indicate if a change is occurring. However, monitoring and evaluation staff do not always have the skill set needed to apply participatory, ethnographic methods, systems thinking, narrative, mixed methods, and learning-based approaches. Nor are the methods always appreciated. These methods are often the first to be cut or sidelined, particularly when questions of impact and scale, such as cost-per-participant, reign as central.

Participants of the challenge dialogues raised many questions related to measuring and monitoring social norms within programs where guidance is lacking, including:

- How can collective norms be measured?
- What is the best way to validate what is being measured with communities/or those affected, recognizing that some changes may not be visible to those outside the community/population?
- What is the best way to monitor unintended consequences of norms shifting interventions?
- What is the best way to measure norms in real-time to see if shifts are happening?
- Is it possible to garner greater acceptance of participatory and mixed methods approaches to monitor and measure norms change?
- What are some proxy indicators for social constructs, including social norms?
- To avoid having to measure perceived norms for all possible relevant reference groups, is it possible and sufficient to measure sanctions associated with norm compliance or transgression over time?
- What would be needed to gain consensus around measurement approaches and indicators by topic area?

Select programming examples

Please see the annex of case studies of SBC programs that address social norms. These case studies showcase a range of approaches to working with norms, informed by different theoretical frameworks. They are intended to inspire and encourage programming which uses norm shifting interventions. They cannot, however, be replicated directly and must be adapted to the context, in partnership with the founding organizations and based on the results of formative research. The case studies include:

- Case Study A: The Young Men Initiative (YMI)
- Case Study B: USAID Tulonge Afya

⁶³ See, A guide to complexity-aware monitoring approaches for MOMENTUM projects. (2020), Population Reference Bureau, Washington, DC.

- Case Study C: The Uplifting Women’s Participation in Water-Related Decision-Making (UPWARD)
- Case Study D: The Community Care Programme in Somalia
- Case Study E: Girls’ Holistic Development: Grandmother Project—Change through Culture

Recommendations and next steps

This challenge dialogue has identified several recommendations and steps to incorporate social-norms approaches in SBC programming more systematically, consistently, and fruitfully.

- Provide practitioners with **clear guidance on how to determine when and if to address norms** as part of a more comprehensive SBC approach. This may require a deeper understanding of factors that cause program planners to ignore social norms approaches. For instance, social norms may be seen as too complicated, too expensive, or too hard to measure. Or implementers may find it challenging deciding whether a social norms approach will be appropriate, or how social norms interact with other potential determinants of behavior.
- **Create realistic expectations for social norms programming.** To be effective, social norm change requires intensive resources to address players at multiple levels of the socio-ecological model, engage all levels of staff in reflective, transformative training to ensure their commitment to the change process, conduct complexity-aware monitoring and evaluation, and engage in deep community work to understand the cultural embeddedness of social norms. Programmers and donors must recognize that these things cannot be done with quality in compressed timelines or with ‘light touch’ interventions. Understanding what is achievable in what time frame will help guide programs and donors in setting realistic expectations and building an evidence base.
- **Engage players from the Global South and from diverse disciplines in the decision-making.** Identify local experts and academics to take lead positions on social norms efforts—in formative research, program design and implementation, and evaluation; work with local organizations and allow room for their insights and inputs; and through participatory research and community-led programming, ensure that community members represent their cultures and play active roles in shaping social norms initiatives. This is critical to building leadership teams with people from diverse disciplines, who bring a variety of perspectives and worldviews to the planning table. Additionally, staff who originate from Western cultures may need coaching to become aware of their own cultural biases and learn methods to sidestep those.
- **Actively promote existing tools and resources, and add new targeted tools, as needed.** A plethora of practical guides have been developed in recent years, and their widespread use could increase and improve social norms-focused SBC programming. New tools could be useful for programmers, for example, a checklist for inclusion of social norms-thinking in the program proposal phase and other phases. Guidance on measurement tools, indicators, or standard measures would bring greater consistency and comparability across programs and sectors. Within this guidance, specific examples and case studies would help measurement experts adapt and apply best practices to their own programs. Guidelines for scaling up normative interventions are also needed, building on a recent literature review on adolescent and youth reproductive health.⁶⁴ It is also important to note

⁶⁴ Nguyen, G., Costenbader, E., Plourde, K. F., Kerner, B., & Igras, S. (2019). Scaling-up normative change interventions for adolescent and youth reproductive health: An examination of the evidence. *Journal of Adolescent Health, 64*(4S), S16–S30. Retrieved from: <https://doi.org/10.1016/j.jadohealth.2019.01.004>

that cultures interpret, express, and experience norms in different ways, and while we have a number of existing tools, we must ensure that the tools reflect the cultural nuances of the target population and develop new tools from low- and middle-income country settings.

- **Explicitly identify the source of the theoretical frameworks** that programmers and researchers are applying, allowing for collaboration, understanding, and evidence generation across differences.
- **Seek ways to encourage SBC programmers to include clear, measurable objectives for social norms change.** Following formative research that identifies relevant social norms, SBC program objectives should state, with specificity, which social norms will be addressed by the program, which groups will be the focus of norms-shifting interventions, and during what period of time these are expected to change. Including specific social norms information in a program's theory of change can be a first step toward ensuring that participatory, qualitative, and quantitative measures are included in M&E plans and program evaluations to learn from whether and how programs are working to achieve change.
- **Broaden the acceptance of qualitative methods** that by their nature are flexible and responsive when exploring complex situations and problems such as norm shifting; and identify new indicators that provide crucial information to interpret a variety of social constructs. Using qualitative methods to understand opportunities for and processes of change can help build more learning into programs to improve their effect and future adaptation.
- **Develop a common research agenda** among partners and stakeholders who will synthesize key questions and focus efforts as they build the evidence base for how to design effective SBC. Even in the area of adolescent reproductive health and prevention of child marriage, where rigorous research has been done, additional studies are needed to cast light on social norms at different stages in the life cycle, sex differences in normative effects, and ways to avoid unintended negative consequences of social norms interventions. More research is needed to explore ways that social norms are embedded in the cultural values, beliefs, and practices that are the foundations of communities. Research could strengthen program design, answering questions about how to engage communities and how to scale up SBC programs. A critical first step is to identify who should be involved in developing the agenda.
- **Keep the door open for ongoing dialogue** about how to apply social norms approaches for SBC.

The Social Norms Learning Collaborative (previously the Learning Collaborative to Advance Normative Change),⁶⁵ an initiative for identifying, sharing, and discussing norms-shifting interventions focused on improving health and well-being, is well-positioned to carry forward some of these recommendations. We call for expanding this existing community of practice, bringing together implementers, researchers, and donors from multiple sectors and academic disciplines

⁶⁵ ALIGN: Advancing Learning and Innovation on Gender Norms. (n.d.). *Learning Collaborative to Advance Normative Change*. The Learning Collaborative | Align Platform. Retrieved from <https://www.alignplatform.org/learning-collaborative>

Annex of case studies

This annex contains a set of short examples from around the world. These case studies are intended to inspire and encourage programming which uses norm shifting interventions. However, they cannot be replicated directly and must be adapted to the context in partnership with the founding organizations and based on the results of formative research.

CASE STUDY A: The Young Men's Initiative (YMI)^{66, 67}

Objective: The Young Men's Initiative (YMI) aimed to improve young men's attitudes and promote behaviors that support more gender-equitable social norms and discourage violent behavior against women and peers. The guiding philosophy for YMI was that boys should be understood not as obstacles to peace and gender equality but as critical allies in promoting nonviolent, healthy relationships and communities.⁶⁸

Approach:

- Gave young men an opportunity to recognize and challenge prevailing attitudes and behaviors that impact their lives in a negative way and to take leadership roles in gender equality and violence reduction.
- Promoted healthy concepts of masculinity.

Target behaviors: YMI aimed to promote alternatives to violence, especially against women and peers, condom use, and health care seeking among young men.

Types of norms addressed:

- Descriptive norms about expectations about how young men act toward women and peers
- Injunctive norms about masculinity

⁶⁶ CARE Balkans. (2020, June). Men and boys as partners in promoting gender equality and prevention of youth extremism and violence in the Balkans: Endline evaluation report. CARE. Retrieved from: <https://www.careevaluations.org/wp-content/uploads/ENDLINE-REPORT-SUMMARY-REGIONAL-YMI-II-2020.pdf>

⁶⁷ International Center for Research on Women (ICRW), Namy, S., Heilman, B., Stich, S., & Edmeades, J. (2014, January). *Be a man, change the rules! Findings and lessons from seven years of CARE International Balkans' Young Men Initiative*. CARE. Retrieved from: https://www.care.org/wp-content/uploads/2020/05/YMI_Synthesis20Report_2014-Final-One20Page20Format.pdf

⁶⁸ Learning Collaborative to Advance Normative Change. (2019b). *Considerations for scaling up Norms-Shifting interventions for adolescent and youth sexual and reproductive health*. Institute for Reproductive Health, Georgetown University. Retrieved from: <https://www.alignplatform.org/resources/considerations-scaling-norms-shifting-interventions-adolescent-and-youth-sexual-and>

Interventions: Participatory action research with boys from across Albania, Bosnia and Herzegovina, Kosovo, and Serbia informed the project design. YMI used a gender-transformative curriculum adapted from Instituto Promundo’s Program H. Implemented in vocational high schools with boys ages 14 to 18, YMI used several attributes of norms-shifting interventions:

- YMI created **safe space for critical reflection** by young men during class sessions and interactive “Be a Man” clubs, as well as an optional residential retreat where the facilitators lead additional session and team-building activities in a more immersive setting.
- Participants **confronted power imbalance** related to gender by experiencing power and inequality from a new perspective, learned during educational workshop activities, and applied this learning as change agents in their schools.
- YMI **engaged community members at multiple levels**, from individuals, to classrooms, to supportive social networks, to schools in order to create school-level change. YMI also engages adults by training teachers and sports coaches and involving parents through information packages, parent-teacher meetings, and out-of-school “Be a Man” activities. At the institutional level, the initiative works with schools and with local and state institutions. Each country’s Ministry of Education obtained accreditation for the curriculum and facilitated teacher training as a professional development opportunity.
- YMI **enabled community-level change** through “Be a Man” lifestyle campaign to reinforce key YMI messages and foster change. The campaign, implemented by club members, includes the interactive pazisex.net website to documentary theater, flash mobs, and production of songs, documentaries, and drama.

Evaluation: The evaluation measured attitudes about gender and masculinities among young men. The results showed a reduction in acceptance of injunctive norms around men’s roles in the household, violence, and other dimensions of what it means to be a man. The evaluation also found an increase in intervention to stop a fight.⁶⁹

Implemented by: Coordinated by CARE International Balkans, implemented by collaborating institutions in four countries.

Evaluated by: International Center for Research on Women (ICRW).

⁶⁹ CARE Balkans. (2020, June). Men and boys as partners in promoting gender equality and prevention of youth extremism and violence in the Balkans: Endline evaluation report. CARE. Retrieved from: <https://www.careevaluations.org/wp-content/uploads/ENDLINE-REPORT-SUMMARY-REGIONAL-YMI-II-2020.pdf>

CASE STUDY B: USAID Tulonge Afya

Objective: USAID Tulonge Afya, managed by FHI 360, works to promote a range of positive health behaviors using an integrated social and behavior change strategy. It supports the Ministry of Health, Community Development, Gender, Elderly, and Children, and international and local implementing partners to implement evidence-based SBC programs that improve health status and transform social and gender norms.

Approach: Use of a Life Stage Framework to integrate multiple behavioral objectives across reproductive, maternal, newborn, and child health, and HIV/TB health areas, with a focus on Accelerator and Gateway behaviors. Strong focus on shifting cross-cutting norms that underlie multiple health needs

- Design and implementation of two long-running integrated health, multi-channel platforms—NAWEZA, or “I can” for adult audiences, and Sitetereki, or “Unshakeable” for youth audiences—and campaign—Furaha Yangu, or “My Happiness” for those at risk and people living with HIV.

TABLE 3. Tulonge Afya Target behaviors




PLATFORM	LIFE STAGE	HEALTH BEHAVIOR
NAWEZA 	Pregnancy	<ul style="list-style-type: none"> • Go early, attend, and complete more than 4 antenatal care visits (8 contacts are desired) • Take intermittent preventative therapy-3 during ANC visits • Sleep under an insecticide-treated net (ITN) every night, including pregnant women • Attend Prevention of Mother-to-Child Transmission (PMTCT) services and take antiretroviral therapy (ART) as prescribed if HIV+ • Attend a health facility for delivery • Initiate breastfeeding within the first hour of birth • Talk with your health care provider about post-partum family planning options • Attend postnatal care visits and seek prompt and appropriate care at the health facility upon the first sight of post-partum danger signs • Bring your infant to the facility for an early visit at 4-6 weeks and for HIV testing if the mother is positive or status unknown
	Caregiving of a child under five	<ul style="list-style-type: none"> • Sleep under an ITN every night, including children under five • After a live birth, use a modern contraceptive method to avoid pregnancy for at least 24 months • Exclusively breastfeed your infant for six months after birth • Seek and receive prompt and appropriate care at the first sign of newborn and childhood illness • For malaria, seek and receive prompt and appropriate care at the health facility for yourself or a child under five with a high fever, including the use of a rapid diagnostic test to confirm malaria • Seek and receive a full course of timely vaccinations for infants and children

TABLE 3. Tulonge Afya Target behaviors

PLATFORM	LIFE STAGE	HEALTH BEHAVIOR
Furaha Yangu 	Those at risk for and people living with HIV	<ul style="list-style-type: none"> • If at risk, test for HIV and receive results • For HIV+ people, bring your children and disclose sexual partners for HIV testing • If HIV positive, enroll in care, initiate antiretroviral therapy, and follow health care worker guidance • Ask to be started on TLD (an antiretroviral) when enrolling on ART • Take ART regularly, as prescribed, and go for routine viral load monitoring • For HIV+ women, go for cervical cancer screening • Seek care from a qualified TB provider for a cough that persists for more than two weeks • For PLHIV, test for TB and ask to be started on TB preventative therapy
Sitetereki 	Youth	<ul style="list-style-type: none"> • Delay first sex • Go for voluntary male medical circumcision • Use a modern contraceptive method to delay first birth • Use a modern contraceptive to delay future pregnancies • Use condoms correctly and consistently to avoid HIV/STI • Get an HIV test (if at risk) • Adhere to HIV treatment (if living with HIV)

Types of norms addressed: The project has focused on norms that underlie multiple NAWEZA, SITETEREKI, and Furaha Yangu behaviors. These include:

- Supporting norms related to prevention of household and community violence
- Reducing stigma and discrimination related to HIV and respectful care more broadly
- Encouraging norms that support couples’ decision-making and dialogue
- Overcoming norms around masculinity that inhibit health care seeking among men and directly affect women and children’s health and well-being.

Program: USAID Tulonge Afya operates at multiple levels:

- Nationally, through national mass media and overarching technical assistance and support provided to the Government of Tanzania, United States Government, and local implementing partners.
- Regionally, through tailored media and other support (e.g., community theater and other mid-media) in 19 regions where USG implementing partners are also supporting improved services.
- Within 29 districts, through national and regional support, as well as intensified community-based activities including small group dialogue, household visits, provider behavior change, and other interpersonal communication and community engagement support.

Interventions:

- NAWEZA: an integrated SBC platform for adults during pregnancy or caregiving of a child under five (see <https://reports.prb.org/breakthrough-research/usaaid-tulonge-afya/> for an in-depth case study detailing the NAWEZA SBC platform). NAWEZA is implemented through a national, long-running anchor show that showcases true life stories of individuals, families, and communities who have overcome barriers in achieving pregnancy and caregiving-related behaviors. It includes national and

regional radio spots, interactive community radio, mid-media, and small group and interpersonal communication (IPC)-focused programming, including provider behavior change (PBC).

- Furaha Yangu: an HIV/TB-focused campaign, falling under NAWWEZA, that aims to transform norms around an HIV diagnosis and treatment using national mass media, community group dialogue and interpersonal communication, use of PLHIV Treatment Advocates, and faith-based strategies.
- SITETEREKI: USAID Tulonge Afya’s youth platform that seeks to transform family planning and reproductive health (FP/RH) and HIV behaviors and norms through strategic use of mass media and small group sessions led by peer leaders.

The project employed a range of formative research techniques, including a household level baseline, participatory insights gathering consultations with audience members, the Social Norms Exploration Tool (SNET), and stakeholder engagements to inform the design of the project’s SBC strategies. The project also employs a strong adaptive management approach and integrates learning from feedback loops to strengthen its programming.⁷⁰

Key principles employed by FHI 360’s programming under USAID Tulonge Afya include:

- Use of the ADDED (Audience-driven Demand, Design, and Delivery) approach to ensure that audiences **co-design** and **co-deliver** interventions (delivery of program interventions by and through audiences, themselves)
- Sharp focus on gender transformative programming and equity
- Emphasis on community engagement and empowerment
- Capacity and institution strengthening with the Government of Tanzania and civil society partners to lead—as well as design, implement, and evaluate SBC programming
- Strong integration of participatory and experiential activities using adult learning, such as games, into small group sessions
- Deep engagement of community, faith, and government leaders and other community platforms

Evaluation: The mid-term evaluation, conducted by Breakthrough Research, concluded that USAID Tulonge Afya improved the ability of individuals to practice healthy behaviors across its five health areas and noted improvements in attitudes and perceptions of behaviors related to HIV, FHP/RH, and MCH (with an emphasis on pregnancy and antenatal care), as well as descriptive norms. The evaluation cites the project’s use of audience insights to inform: emotional drivers among targeted audiences; the look and feel of the program’s platforms; how they engaged with audiences; and use of multiple channels to deliver interventions and participatory approaches. It also noted that the project’s activities were successful in empowering and engaging the government and civil society structures at district and regional levels to support and facilitate delivery of quality SBC and “agreement that significant improvements were made in coordination, collaboration, and co-investment in the SBCC programming in Tanzania as a result of the USAID Tulonge Afya project.”

Implemented by: FHI 360, with partners TMARC, Tanzania Communication and Development Center (TCDC), KRM, and National Council of People Living with HIV (NACOPHA)

⁷⁰ *Adaptive management improves and enables effective social and behavior change programming.* (2021, January). FHI 360. Retrieved from: <https://www.fhi360.org/news/adaptive-management-improves-and-enables-effective-social-and-behavior-change-programming>

CASE STUDY C:

The Uplifting Women's Participation in Water-Related Decision-Making (UPWARD)

Objective: The Uplifting Women's Participation in Water-Related Decision-Making (UPWARD) aimed to increase women's participation in household and community life within the Water Resources Integration Development Initiative (WARIDI) water basins areas, with the ultimate goal of improving water resources management in rural Tanzania from 2018-2019.^{71, 72}

Approach: UPWARD used transformational training and community discussions that fostered critical reflection, and community-wide events.

Target behaviors: UPWARD aimed to improve behaviors related to WASH participation and decision-making such as women's leadership in Community Water Supply Organizations and Community Groups as well as private household behaviors (e.g., women negotiating with husbands over water fetching responsibilities), recognizing that public and private behaviors are linked.

Types of norms addressed:

- Descriptive norms about women's participation in village life and men's participation in home life.
- Injunctive norms about women's participation in village life.

Interventions: Norms shifting attributes of the approach included:

- **Engaging people at multiple levels**, including women members of Village Community Banking groups, men, traditional, religious, and influential leaders, as well as government leaders.
- Creating **safe space for critical reflection** by community members during trainings.
- Reflection on **power imbalances and gender** led to participants actively confronting the barriers that women face in communicating their needs and opinions and accessing decision-making positions. Community members felt this was a critical "turning point" in understanding how increased engagement of women could improve community well-being.
- Drawing on **organized diffusion** to form and strengthen supportive gender norms among a critical mass of community members who could, in turn, catalyze outward diffusion of supportive norms. Facilitators shared their personal transformation with others through spontaneous diffusion. They reached beyond project participants to include individuals who pass on and enforce social norms.

Evaluation: The program conducted a norms assessment at baseline and end line to assess program effects, each with a control arm, using vignette-based focus group discussions and in-depth interviews. Findings in participating communities suggested shifts in descriptive and injunctive norms toward women's participation in village life. Participating communities noted less ridicule toward women who take an active role in village life and shared examples of male leaders opening spaces for women to run for office, women holding leaders accountable, and governing structures responding to women's needs and preferences.

⁷¹ Passages Project. (n.d.). *Case Study: Uplifting Women's Participation in Water-related Decision-making Project*. Institute for Reproductive Health, Georgetown University. Retrieved from <https://irh.org/wp-content/uploads/2020/11/Passages-UPWARD-Case-Study.pdf>

⁷² USAID Water Resources Integration Development Initiative, Tetra Tech, Iris Group, Eaton, J., Sudi, C., George, J., Krishna, A., Houck, F., & Taubong, H. (2019, July). *USAID/Tanzania water resources integration development initiative: UPWARD gendered social norms change intervention evaluation report*. USAID. Retrieved from: https://pdf.usaid.gov/pdf_docs/PA00W656.pdf

Women have been recognized as positive advocates for water systems. In addition, more men shared household activities, such as fetching wood or water in participating communities. In conclusion, UPWARD helped to establish an enabling environment for women’s meaningful participation in community-based water-related decision-making.

Implemented by: USAID’s Tanzania WARIDI designed and implemented UPWARD as a pilot activity. WARIDI was implemented by: TetraTech, Winrock International, Resonance IRIS Group Water for Life Solutions.

Evaluated by: USAID’s WARIDI Project 2016-2020



Community Facilitation Team Members and UPWARD Program Staff. Credit: IRH 2019

CASE STUDY D:

The Communities Care Programme in Somalia

Objectives: The Communities Care Programme (CC Programme) in Somalia, is guided by two objectives: (1) to improve timely, coordinated and compassionate care and support for survivors of sexual violence by strengthening community-based response; and (2) to reduce the tolerance for gender-based violence (GBV) within the community by catalyzing community-led action to prevent it by transforming harmful practices and social norms that perpetuate gender inequality and related violence.

Approach: In the Somali emergency context, diverse groups of community members of all ages and representing different sectors are brought together over a 19-week period by trained local facilitators to discuss and reflect on their shared values, beliefs, and aspirations. As the program progresses, groups build on these discussions and explore the social norms in their community that tolerate GBV and silence those who experience it.

Target behaviors: The CC Programme aims to address GBV by targeting behaviors both at the community level and within the household that limit the access of women and girls to resources and services and that value men and women differently. Examples of such behaviors include the use of violence by a husband towards his wife, stigmatization of survivors of violence, and not accessing services when violence is experienced.

Types of norms addressed: The CC Programme addresses social norms related to:

- Acceptance of violence, such as response to sexual violence
- Protecting family honor
- Gender, such as husband's right to use violence
- Stigma associated with survivors of gender-based violence

Interventions: Norms shifting attributes of this approach include:

- The CC Programme **engages people at multiple levels** by bringing together diverse groups of community members of all ages and genders across multiple sectors, such as health and education.
- It **roots the issues in the community's own value systems and creates a safe space for critical reflection**, by grounding dialogue in everyday realities of women and girls in the community and stimulating discussion about what is relevant and important in their particular context.
- It seeks **community-level change** by localizing the issues through opinion leaders such as Imams and community elders to guide groups and support the community to undertake culturally and contextually appropriate preventive actions.
- It **corrects misperceptions around some harmful practices** by stimulating reflection on human rights principles and shared community values and beliefs.
- It **accurately assesses norms and promotes new norms** by encouraging debate about the norms that are allowing harm to women and girls; and by deliberating alternatives.

Evaluation: An evaluation of the impact of the CC Programme in four districts in Mogadishu found that men and women participating in the intervention had statistically significant improvements in perceptions and expectations that support the prevention of GBV and sexual violence-related social norms compared to the control district. Participants reported a 14% reduction in norms that support husbands' right to use violence against their wives, a 22% reduction in the acceptance of violence as a means of protecting family honor, and an 11% reduction in social norms that support negative responses among family and community members towards those who had experienced sexual violence. Moreover, because the program focuses on community-led dialogues and the local identification of needs, priorities, and solutions, the approaches taken were demonstrated to be contextually appropriate and locally owned, resulting in high levels of engagement and commitment to share learning and change.

Implemented by: UNICEF and NGO CISP

Evaluated by: Johns Hopkins University



Overview Brief for Communities Care Model. Credit: UNICEF

CASE STUDY E:

Girls' Holistic Development: Grandmother Project – Change through Culture

Objectives: To increase community capacity to take collective action to promote all aspects of girls' rights, development and well-being.

Approach: Girls' Holistic Development (GHD) builds on concepts and methods from anthropology, community development, community psychology, adult education, and systems science.

Culturally-grounded approach:

- Promotes change in culturally-embedded social norms related to GHD
- Identifies and involves culturally-designated authorities who transmit and reinforce social norms related to GHD, namely the elders
- Recognizes grandmothers' culturally-assigned role in the socialization of young girls

Systems approach:

- Girls are embedded in family, community, and cultural systems that perpetuate social norms related to GHD
- To change the systems in which girls are embedded, empowering them is important but not sufficient
- Involving key family and community actors contributes to building collective efficacy for change for girls

Assets-based approach:

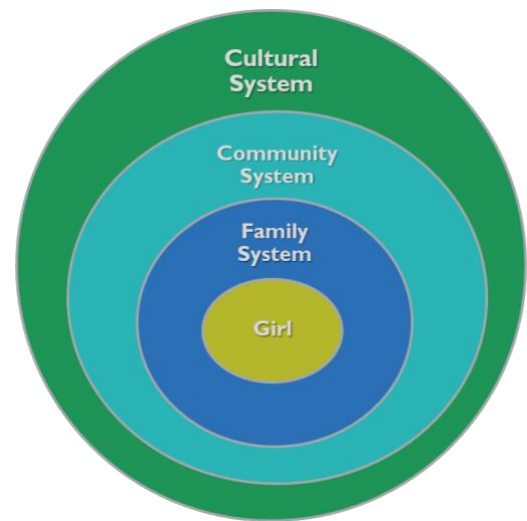
- Recognizes and strengthens the knowledge and capacity of natural leaders (elders, adults, and adolescents) to catalyze change for girls
- Recognizes grandmothers' status and authority to promote change for girls in families and communities and further increases their sense of empowerment for GHD

Empowerment approach:

- Communication activities elicit dialogue, critical thinking, and problem-solving to encourage community actors to draw their own conclusions regarding beneficial norms and practices
- Communities are empowered to analyze alternative attitudes and practices and to make their own decisions on norms and practices to be preserved or abandoned

Target behaviors: The focus is on changing collective norms and attitudes that have a direct impact on behavior. When harmful social norms affecting girls are changed, that in turn contributes to change in behaviors related to girls' education, child marriage, teen pregnancy, and Female Genital Mutilation/Cutting (FGM/C).

FIGURE 2: The Girls' Holistic Development Onion Model



Aubel & Rychtarik, 2015

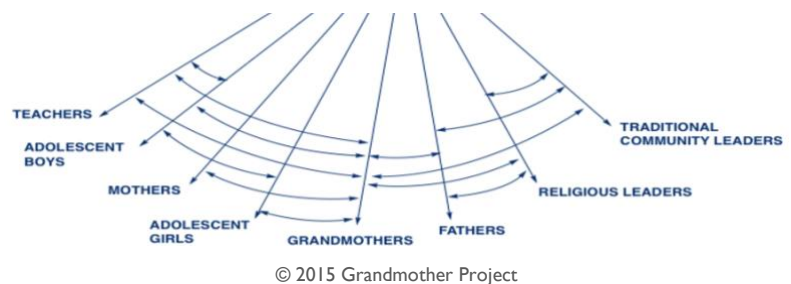
Types of norms addressed:

- Challenges the norm that gives preference to boys' education
- Discourages the norm for marrying girls at puberty, i.e., under 18 years of age
- Discourages normative practice of FGM/C with baby girls
- Reinforces grandmothers' traditional role in socialization and support to adolescent girls
- Strengthens norms about communication between generations

Interventions: Two key aspects of the GHD program are that it is intergenerational and grandmother-inclusive in light of the structure and dynamics of family systems in Senegal, similar to the structure of other non-western collectivist cultures. There is widespread breakdown in communication between generations, and GMP believes that intergenerational communication is a prerequisite for community consensus for change for girls. Based on grandmothers' age, status, and role in socializing and protecting adolescent girls, GMP realized that they are an underutilized resource both: to support girls to promote their education and to protect them from child marriage, teen pregnancy and FGM/C; and to promote change in families' and communities' attitudes toward GHD.

In order to bring about community-wide change in social norms related to GHD, there needs to be discussion between different categories of community members. For this reason, GHD activities both strengthen existing communication relationships, for example, between girls and grandmothers, and create new relationships, for example, between teachers and grandmothers. Based on adult education principles of participation and collective reflection, a series of intergenerational and grandmother-inclusive activities were designed to catalyze dialogue between community actors to build consensus for change. (See the diagram to the right)

FIGURE 3: The Girls' Holistic Development Community Dialogue for Building Consensus



Most of these activities are carried out occasionally, while others (the last two) are conducted frequently.

- Intergenerational forums
- Days of Praise of Grandmothers
- Grandmother Leadership Training
- All women forums
- Grandmother-Teacher Workshops
- Days of Dialogue and Solidarity
- Under-the-tree participatory learning sessions with girls, mothers & grandmothers:
- Discussion groups with boys and men

Evaluation: Between 2017 and 2019, the Institute of Reproductive Health (IRH) at Georgetown University with Cheikh Anta Diop University's Institute for Training and Research in Population, Development, and Reproductive Health (IPDSR) conducted an extensive quantitative and qualitative evaluation of the GHD

program, comparing attitudes and behavior in communities within the GHD program area to those outside of it.^{73, 74} IRH researchers concluded that GHD has contributed to shifting deep-rooted social norms related to girls' education, child marriage, teen pregnancy, and FGM/C. IRH aimed to identify the pathway to change and concluded that "the main outcome of this intervention is that it has brought community members together, strengthening community ties; a vital accomplishment in a rural context where collectivist values are highly valued."

Changes have been observed at several levels by IRH and in several other studies conducted between 2015 and 2020:

- **Community-level changes.** Strengthened relationships and communication between community members across the generations, between the sexes, and with leaders.
- **Family-level changes.** Families have adopted more intergenerational and open communication and reconsidered traditional attitudes and practices.
- **Changes in adolescent girls.** The creation of an enabling environment protects girls and promotes their well-being and has positive effects on girls' knowledge, confidence and collective efficacy.

Additional studies documented these outcomes:

- **Community-school relationships.** Relationships between teachers and communities have been reinforced, and families now have greater confidence in schools and are more motivated to keep children in school, especially their girls.⁷⁵
- **Intergenerational communication.** GHD has contributed to increased and more open communication between generations and between the sexes.⁷⁶
- **The process of abandonment of FGM/C.** Grandmothers have played the leading role in catalyzing the process of abandonment in their communities.⁷⁷
- **Family decision-making on child marriage.** Through grandmothers' involvement in GHD they have become more influential in families and communities, discouraging and often blocking child marriages.⁷⁸
- **Changes in gender relationships.** Significant change in male-female relationships with men now giving more importance to the voice and ideas of women of all ages, including those of adolescent girls.⁷⁹
- **The cultural adaptation of GHD and its effects on community engagement.** All communities demonstrate strong engagement in GHD with no financial incentives involved.⁸⁰

⁷³ Passages Project, Shaw, B., Kohli, A., & Igras, S. (2020, May). *Grandmother Project – Change through Culture: Girls' Holistic Development program: Quantitative research report*. Institute for Reproductive Health, Georgetown University with the United States Agency for International Development (USAID). Retrieved from: <https://irh.org/resource-library/ghd-quant-report/>

⁷⁴ Passages Project, Guntzberger, M., Sall, M., & Kohli, A. (2019, August). *Grandmothers Project - Change through Culture: Program for Girls' Holistic Development: Qualitative research report*. Institute for Reproductive Health, Georgetown University with the United States Agency for International Development (USAID). Retrieved from: https://irh.org/wp-content/uploads/2020/08/GMP_GHD_Qual_Study_Report_ENG_FINAL_10_14_20.pdf

⁷⁵ Newman, A. & Soukouna, H. (2017). Review of the strategy for integrating cultural values into schools: A promising experience. Kandia Commune, Vélingara Dept., Rockdale Foundation, Senegal.

⁷⁶ Lulli, F. (2018). Intergenerational Communication: the foundation for change in community norms and practices. Grandmother Project, Velingara, Senegal.

⁷⁷ Diallo, K. (2018). Role of grandmothers in the process of abandonment of female genital mutilation in Kandia Commune. Grandmother Project, Velingara, Senegal.

⁷⁸ Diallo, K. (2019). Child Marriage: Family dynamics related to child marriage. Grandmother Project, Velingara.

⁷⁹ Lulli, F. (2020). *Changes in gender relationships in families and communities*. Grandmother Project, Velingara, Senegal.

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Girls and Grandmothers Participating in the Girls Holistic Development Program. Photo credit: IRH