

MAY 2019

# **Social Norms and AYSRH: Building a Bridge from Theory to Program Design**

**WORKING PAPER**

---

Learning Collaborative to Advance Normative Change

© 2019 Institute for Reproductive Health, Georgetown University

Recommended Citation:

Institute for Reproductive Health. 2019. Social Norms and AYSRH: Building a Bridge from Theory to Program Design. Learning Collaborative to Advance Normative Change. Washington, D.C.: Georgetown University

## ACKNOWLEDGEMENTS

This document is the result of a participatory process of input and feedback organized by the team at Georgetown University's Institute for Reproductive Health that coordinates the Theory Community, a subgroup of the Learning Collaborative to Advance Normative Change. The document's focus and contents were developed through a series of conference calls and in-depth discussions with members of the Theory Community, and through workshops with normative change practitioners at international conferences in Brazil, India, Rwanda, Uganda, and Indonesia. In particular, Beniamino Cislighi and Lori Heise contributed critical guidance and thinking.

Overall coordination of document: Amy Bank, Anjalee Kohli, Rebecka Lundgren, Catherine Tier

Writing: Amy Bank, Anjalee Kohli, Rebecka Lundgren, Catherine Tier

IRH support to Theory Community: Cait Davin and Léa Satta

Technical Consultations Workshop facilitators: Amy Bank, Beniamino Cislighi, Susan Igras, Anjalee Kohli, Rebecka Lundgren, Courtney McLarnon-Silk, Bryan Shaw, Esther Spindler

In-depth, substantive discussions with: Alem Agazi, Clara Alemann, Paula Claycomb, Beniamino Cislighi, Diane Gardsbane, Caroline Harper, Lori Heise, Theresa Hwang, Naira Kalra, Betsy Laird, Siddhi Mankad, Sanyukta Mathur, Feven Mekuria, Vincent Petit, Erica Sedlander, Suruchi Sood, and Anne Sprinkel

Review and contributions to drafts: Clara Alemann, Beniamino Cislighi, Paula Claycomb, Olga de Biaggio, Diana Gardsbane, RS Goyal, Caroline Harper, Lori Heise, Susan Igras, Naira Kalra, Mat Lowe, Rachel Marcus, Sanyukta Mather, Courtney McLarnon-Silk, Rebecca Meiksin, Vincent Petit, Joseph Petraglia, Amy Riley, Erica Sedlander, Leigh Stefanik

Editing: Catherine Toth

Design: Briana Mulcare

# TABLE OF CONTENTS

INTRODUCTION .....	3
SECTION I   WHAT SOCIAL NORMS ARE, AND WHY THEY MATTER .....	7
Social norms and their importance.....	7
Beliefs about what is and what should be.....	8
Reference groups.....	9
Individual and social motivation.....	9
Why do we follow norms? .....	11
Shifting norms: easy or difficult? .....	12
SECTION II   SOCIAL NORMS WITHIN LARGER CONTEXT .....	14
Situating norms within other social structures.....	14
Taking stock of social norms within their structural context.....	16
The Flower for Sustained Health .....	17
SECTION III   EIGHT SOCIAL NORMS FEATURES THAT BRIDGE THEORY AND ACTION .....	19
Question assumptions and explore contextual nuances .....	20
Insights/observations to apply to norms-shifting interventions .....	22
SECTION IV   SOME SOCIAL BEHAVIOR CHANGE MODELS USEFUL TO DESIGNING SOCIAL NORMS SHIFTING PROGRAMS .....	29
Theory of Normative Social Behavior .....	29
Integrated Behavioral Model .....	31
Communications Theory .....	32
SECTION V   THEORIES OF CHANGE: A ROADMAP TO SHIFTING NORMS .....	35
The value of a theory of change .....	35
Characteristics of a good theory of change development process.....	36
Examples of AYSRH programs' theories of change .....	38
Section VI   Anticipating Implementation Challenges: Adaptation and Resistance .....	44
Adaptation .....	44
Monitoring and responding to resistance .....	45
Adaptive Management .....	46





## TABLE OF FIGURES

Figure 1. Norms: Weak or Strong.....	12
Figure 2. Understanding Context: 10 Assessment Questions for Norm Shifting Programs.....	16
Figure 3. The Flower for Sustained Health.....	17
Figure 4. The Eight Features of Social Norms.....	19
Figure 5. Theory of Normative Social Behavior.....	30
Figure 6. Integrated Behavioral Model.....	31
Figure 7. Ideation Model of Communication.....	32
Figure 8. Girl Effect Theory of Change.....	39
Figure 9. Tipping Point Theory of Change (Phase 1).....	41
Figure 10. MFF Theory of Change.....	43

## TABLE OF TABLES

Table 1. Summary of Social Norms and Definitions.....	10
Table 2. Social Norms Features: Case A.....	24
Table 3. Social Norms Features: Case B.....	25
Table 4. Social Norms Features: Case C.....	26
Table 5. Social Norms Features: Case D.....	27
Table 6. Stages of Adoption and Program Implications.....	33
Table 7. Approaches to understand and mitigate resistance to norms shifting programs.....	46

## ICON KEY FOR LINKS TO RELEVANT RESOURCES

			
Manual	Peer-reviewed Publication	Report/ Document	Web Resource

# INTRODUCTION

## THE CHALLENGE

A growing body of evidence demonstrates that, to achieve sustained and meaningful improvements in adolescent and youth sexual and reproductive health (AYSRH), programs must invest in addressing the expectations and unwritten rules surrounding *acceptable behavior for youth and adolescents* as they transition from childhood, through puberty and adolescence, into adulthood. In other words, programmers must understand *social norms*, both protective and harmful, and collaborate with communities to shift norms to promote positive AYSRH outcomes.

Thus, interest is growing in interventions that effectively and sensitively address the social norms surrounding AYSRH. Even as program designers and managers recognize the crucial role that norms play in social and behavior change, they also express the need for further guidance to translate social norms concepts and theory into effective interventions. The present document, *Social Norms and AYSRH: Building a Bridge from Theory to Program Design*, is written for program managers and designers and acts as a bridge between recent advances in social norms theory and evidence and effective program design. This is one of several guidance documents that the Learning Collaborative to Advance Normative Change has created to begin to fill that need.

## OUR VISION

The Learning Collaborative to Advance Normative Change (Learning Collaborative) is a global network of researchers, practitioners and donors who seek to build knowledge and develop shared tools to promote and guide effective social norm theory, measurement, and practice.

Collectively, we envision a world where the powerful influence of social norms on shaping adolescents' lives is widely understood, and where projects and programs improve AYSRH by applying normative science at scale. Our members engage in this work with a vision of people of all genders and ages having equal rights, opportunities and control over their bodies and lives. The outcomes of interest to the Learning Collaborative include but are not limited to: timing of sexual debut, consensual and safe sex, intimate partner violence, knowledge, access and use of contraception, use of condoms at first sex and healthy timing and spacing of pregnancy.

Central to our work, we recognize that the ways adolescents are taught to—and do—behave, relate to each other, and exercise (or not) their sexuality is a pillar of how society organizes itself and is key to overall social, economic and political development.

## FIRST THINGS FIRST: ETHICAL CONSIDERATIONS

Before going further, we want to emphasize the importance of ethical considerations to norms-shifting work. Programs that strive to shift norms often bring ethical matters to the forefront, because norms-shifting work engages with culture, tradition and social expectations, and involves negotiating individual and community rights,

priorities and well-being. Understanding individual rights and relational autonomy (that people are inherently social, political, and economic beings, who influence and are influenced by their social settings and interactions) includes making clear “the complex ways in which individuals are inseparable from communities and build on the fact that the interests of both are interrelated.”<sup>1</sup> For example, shifts in social norm(s) can cascade into unforeseen changes in other norms or behaviors that, in turn, affect individual behavior, opportunity and interpersonal relationships, dynamics and structures. An ethical approach to programming means understanding that those with lower socially construed status (however that is locally defined) and power generally face more disadvantage and increased vulnerability, including whether they interact with programs and the possible consequences they face as norms and behaviors change.<sup>1</sup>

Ethical matters arise throughout the community-based program cycle where much of the norms-shifting work is localized: from design and goal setting; to deciding who represents the intended target population on matters of trust, collaboration, and inclusion; to choosing communication channels and information content about health and its social determinants; to assessing outcomes.<sup>2</sup> We propose that norms-shifting programs undertake systematic, ethical analysis as a routine part of program design, implementation, and evaluation. We encourage programs to work closely with communities from the beginning and throughout the program cycle, and include ethics as part of their consideration of program strategies. As part of this, team members may scrutinize the messages, channels, and effects (intended and unintended) of their norms-shifting work. What might this look like? It could be a group of practitioners and community members who use reflection and dialogue to explore normative change, mutual collaboration, respect, and ethical approaches to programming.<sup>3,4</sup>

Programs can strategically plan for and monitor social norms shifts and their effects on individuals, relationships, community, and structures. For example, effective programs build monitoring systems to identify negative consequences that may arise as norms shift or people try new behaviors. Monitoring is thus a recurring opportunity for programs and communities to respond directly to such consequences (for example, by offering additional program supports and resources to individuals or groups who try new behaviors, or by exploring whether shifts in the programs are needed). Programs can also help community leadership structures expand their influence and mediate emerging problems, including where people feel social pressure to conform to norms. Ethically, such strategies are important and contribute to supporting and sustaining norm change.

## PURPOSE AND CONTENT

Many programmers recognize the crucial role that norms play in social and behavior change, but they also express the need for further guidance to translate complex social norms concepts and academic theory into effective interventions. Based on input from dozens of AYRSH practitioners, researchers and donors who participated in the Learning Collaborative discussions, the Theory Community developed this document to begin to bridge the theory-to-practice gap for program designers and managers. The insights here are culled from practice-based evidence, from the experience of Learning Collaborative members, and from empirical results of social norms research.

*Social Norms and AYSRH: Building a Bridge from Theory to Program Design* is written as a companion piece for programmers as they take steps to design programs that encompass norms-shifting approaches with an eye to improving AYSRH. The document distills academic information about social norms into readily-usable definitions

and concepts, and it offers multiple examples of how real-life programs have bridged the gap from academic research and theory on one side, to program design and application on the other. This document is not, itself, a how-to guide: where appropriate, it points programmers to guides and manuals (including some written by the Learning Collaborative) that are specifically designed for social norms programmers.

In [Section I](#), we summarize emerging consensus on social norms: what they are, why they matter, and the several key elements of social norms that programmers will want to understand prior to designing effective interventions.

In [Section II](#) we step back from a tight focus on social norms to discover how other drivers affect behaviors: these include but are not limited to social constructs such as political systems, economies, and power structures.

In [Section III](#) we define eight features of social norms, and present them as planks that begin to form a bridge between academic information on one side, and application and program design on the other. We then offer a handful of mini-cases that show how real-life programs used the features.

In [Section IV](#) we review several behavior change theories that are particularly useful to the design of social norms-shifting programs. These theories, combined with an understanding of the features of social norms, build a bridge to program design.

In [Section V](#) we prepare the reader to develop a theory of change as part of program design, and offer several examples of real-life AYSRH programs and the theories that guided their work.

Finally, in [Section VI](#), we discuss the importance of anticipating implementation challenges and designing programs to prevent or mitigate against these challenges, to the extent possible.

We end this introductory section with a handful of caveats for the reader. We wish to underscore that the body of evidence supporting social norm theory – especially in low and middle income countries – is still under development. Rigorous social norms measures are only now emerging, and organized efforts to construct and test normative pathways are still underway.<sup>5</sup> In these circumstances, *Social Norms and AYSRH: Building a Bridge from Theory to Program Design* is not meant to be definitive, nor do we intend it to be exhaustive. Where relevant, we provide links to additional resources to help readers delve more deeply into the aspects of norm shifts discussed, and to locate useful diagnostic and measurement tools.

Throughout this document, we use the words practice and behavior interchangeably, though we recognize that these terms are nuanced and do not represent the same thing. We do this for simplicity and because both practices and behaviors, from a program perspective, can be outcomes of norms-shifting programs.

## LEARN MORE AND JOIN US

Many Learning Collaborative member organizations, such as UNICEF, CARE, and the London School of Tropical Health and Hygiene, have published useful articles and reports on social norms and norms-shifting programs, and have developed comprehensive guides and courses for the design of social norm interventions. Throughout this document and in the references, we direct you to these resources.



In addition, The Learning Collaborative has developed a number of companion resources that provide information on theory, measurement, scale up and costing:

- *The Flower for Sustained Health: An integrated socio-ecological framework for normative influence and change*
- [The Social Norms Exploration Toolkit](#)
- [The Social Norms Measurement Compendium](#)
- [Identifying and Describing Approaches and Attributes of Normative Change Interventions - Background Paper](#)
- [Considerations for Scaling Up Norms-Shifting Interventions for Adolescent and Youth Sexual and Reproductive Health](#)

We invite you to visit the [Learning Collaborative home page](#) on the ALIGN platform for links to these materials. We also invite you to join the Learning Collaborative and its Communities by sending an e-mail to Cait Davin ([cait.davin@georgetown.edu](mailto:cait.davin@georgetown.edu)) with your interest to receive more information.

## SECTION I | WHAT SOCIAL NORMS ARE, AND WHY THEY MATTER

Those who seek to promote the positive development of adolescents and youth have long recognized that desired outcomes (such as *boys and girls complete their education* or *girls avoid unintended pregnancy*) are influenced not only by participants' knowledge (*condoms can protect from STIs*) and their attitudes (*I dislike wearing condoms*), but also by the contexts in which they live. An important part of that context is social norms, which are related to but different from knowledge and attitudes. The field of social norms provides language and structure for understanding social norms, their influence on human behavior alongside other behavioral drivers, and their relevance to programs that strive to improve AYSRH and well-being.

### SOCIAL NORMS AND THEIR IMPORTANCE

Put simply, social norms are beliefs about which behaviors are appropriate within a given group of people. They are informal rules, often unspoken and unwritten, that most people absorb, accept, and follow.

The Overseas Development Institute advances this more detailed definition of social norms: they are:

“...often implicit, informal rules that one assumes most people accept and abide by. They are influenced by belief systems, perceptions of what others expect and do, and sometimes by perceived rewards and sanctions. Norms are embedded in formal and informal institutions and produced and reproduced through social interaction.”<sup>6</sup>

#### BOX 1. EXAMPLES OF SOCIAL NORMS

- It is not appropriate to interfere in family disputes.
- Real men drink with their friends.
- No girls in my class use contraception.
- Other shoppers expect me to wait my turn in line.

It can be difficult to think of examples of social norms in our own lives: paradoxically, this demonstrates how pervasive they are (see Box 1 for some examples). Norms can exist around us even though we might not acknowledge or question them. We may notice norms only when someone challenges them, or when we encounter other groups who follow a different set of expectations from our own.

Social norms matter because they influence and uphold behavior, and because they reinforce social inequities, including gender inequities (see Box 2). When sustaining or changing behavior is a program goal, practitioners need to understand how, when, and under what conditions behavior is influenced by social norms. To what extent is a person rewarded or punished for behaving in a particular way? How do others believe she should behave? Are some social norms more important to achieving program outcomes than others? What other factors influence behavior? With a clear picture of the social norms that prevail in a given community, of who maintains (or is perceived to maintain) norms, and of how norms relate to behaviors, practitioners can implement more effective norms-shifting programs.

## BOX 2. GENDERED NORMS: A CRUCIAL SUBSET OF SOCIAL NORMS

Gender norms are an important category of social norms: they are the often-unspoken social rules that govern the attributes and behaviors that are valued and considered acceptable for males and for females within a given culture or social group. Gender norms, perhaps more than other social norms, are so taken for granted that they are invisible: we assume that gendered behavior is dictated by biology rather than by society. Gender norms often reflect and cement existing inequitable roles and relations. Like other social norms, they are shaped by (and in turn shape) power in relationships. They define the expected behavior of people who “identify as or are identified by others as male or female. They rarely if ever, accommodate non-binary or gender-fluid identities” (ODI, 2019).

Programmers who seek to improve AYSRH should understand that unequal power means different risks and opportunities among girls and boys, men and women. As we will discuss in Section II, programs that are not responsive to underlying gender norms and power relations can be ineffective, or even backfire and exacerbate harmful norms. For example, providing couple-based family planning counseling without considering underlying gender norms and power disparities could reinforce expectation of male dominance and even violence.

## BELIEFS ABOUT WHAT IS AND WHAT SHOULD BE

People’s choices and actions are influenced by multiple, interlocking factors, and one of these is what they believe.<sup>7</sup> Consider three kinds of factors:

- 1) **knowledge:** factual beliefs about the world;
- 2) **attitudes:** individual attitudes or personal normative beliefs about how the world should be; and
- 3) **social norms:** perceptions of what others expect and do; these perceptions can dictate what people in a group believe is typical (common) and appropriate (approved) behavior.

Note that social norms are divided into two subtypes: the behavior that people in a group believe is typical (common), and the behavior people in a group believe is appropriate (approved by most others). Practitioners use slightly different words to define social norms depending on their theoretical grounding, but for this document, we choose the language we find most practical to facilitate discussions about norms-shifting programs. Therefore, social norms that are perceptions of typical behavior, or expectations about *what people do*, are called **descriptive norms**.<sup>6</sup> Perceptions of what others consider appropriate, or expectations about *what people should do*, are called **injunctive norms**.<sup>8</sup>

The examples in the Box 3 titled, “Social Norms versus Attitudes” illustrate the difference between attitudes and social norms. Both may influence behavior, but in different ways. Likewise, research suggests that both types of social norm, descriptive and injunctive, can influence behavior, either alone or in combination with each other. Section III discusses the importance of exploring all these phenomena to inform effective program design.

## BOX 3. SOCIAL NORMS VERSUS ATTITUDES

Beliefs encompass knowledge, attitudes, and social norms. Social norms, in turn, are descriptive or injunctive. How do the two types of social norms differ from attitudes?

**Descriptive norm.** Adam thinks that most married men in his community hit their wives.

*This is the case whether the behavior is approved or disapproved of, and whether Adam thinks the behavior is right or wrong.*

**Injunctive norm.** Adam thinks older men in the community will consider him as not being the head of his family if he does not hit his wife. He thinks he will lose respect by others in the community.

**Attitude.** Adam does not think it is ok for a husband to hit his wife. His wife Ava believes that a man can hit his wife in order to correct her behavior.

## REFERENCE GROUPS

Many of our actions are influenced by the people around us—people whose opinion matters to us for a particular behavior or context. These people are called a **reference group**.<sup>9</sup> According to many experts, social norms inherently require a reference group, or a network of people with whom we identify and to whom we compare ourselves.<sup>10</sup> A reference group may be individuals who enforce behaviors through punishment or reward, and/or individuals after whom we model our behavior. Reference group members may include those individuals to whom we listen; to whom we turn for information and advice; who influence our attitudes, behaviors and decisions; and whose approval we desire and whose disapproval we fear. Examples of reference groups are friends, peers, family, romantic partners, teachers, healthcare providers, colleagues/co-workers, a religious community, or people posting on social media.

Keep in mind that, for any individual, several reference groups may influence a social norm. Moreover, these reference groups may have conflicting positions regarding a particular norm or behavior. For example, most adolescents' key reference groups are peers, siblings, parents, and teachers: peers may promote or encourage the same behaviors (such as alcohol use or sexual activity) that parents and teachers try to suppress or discourage. Because the influence of reference groups is so important for shifting or reinforcing social norms, programmers should consider them carefully when conducting formative research and designing and implementing norms-shifting interventions.

## INDIVIDUAL AND SOCIAL MOTIVATION

To effectively design and target program activities, it is helpful to recall the three types of beliefs that can influence human behavior, and to categorize two of them (knowledge and attitudes) as primarily *individually* motivated, and the third (social norms; perceptions of typical and appropriate behavior) as primarily *socially* motivated. That does not mean, however, that knowledge and attitudes are not influenced by social context. Attitudes, although individually held, are not formed in isolation: rather, they are socially constructed.

In real life, attitudes, knowledge and norms are interdependent strands in a complex web of interdependent behavioral drivers (some others of which we discuss in Section II) that may operate simultaneously. For example, a 15-year old girl might express her experience of social norms regarding marriage and education as a complex web of individual and socially motivated factors such as this: *"I am in love, but my mother expects me to graduate from school before I get married. My father thinks that 15 is the appropriate age to marry and wants me to marry my cousin, but I sort of want to stay in school like all my friends. The thing is, though, my teacher is flirting with me, so maybe I will leave school and marry, even though I've heard it might be against the law."*

Table 1: Summary of Social Norms Terms and Definitions				
PRIMARILY INDIVIDUALLY OR SOCIALLY DRIVEN	TERM		DEFINITION	EXAMPLE
INDIVIDUALLY DRIVEN	Attitude		What I believe is good or bad and what ought to be	<i>I value my education and want to stay in school.</i>
	Knowledge		What I believe is true	<i>According to the law, I cannot get married until age 18.</i>
SOCIALLY DRIVEN	Social Norms	Descriptive (also known as empirical expectations)	What I believe others do	<i>Most girls my age get married before finishing school.</i>
		Injunctive (also known as normative expectations)	What I believe others will approve/disapprove of me doing	<i>My family expects me to wait to marry until I graduate.</i>
	Reference Group		People whose opinions matter to me (for a particular behavior or context)  People who reward or punish me for my behavior	<i>My sisters all married before they finished secondary school and tell me I should also.</i>  <i>My mother would be disappointed in me if I leave school to marry.</i>
INDIVIDUALLY AND SOCIALLY DRIVEN	Behavior		What I do	<i>I am in love and am planning marry now, although I am 15.</i>

## WHY DO WE FOLLOW NORMS?

When designing norms-shifting programs, it is important to consider why people choose to follow (or not follow) social norms. Understanding what motivates people to comply with or violate norms can provide insights into potential levers for change. Below are six commonly cited reasons for this apparent disconnect.<sup>11</sup>

1. People absorb or learn norms, often from infancy. Norms are reinforced throughout life and appear to be ‘the way things are.’ Thus norms, embedded in cultural systems, are often *hidden and taken at face value*. They are rarely discussed, except when someone visibly challenges them. Norms can be difficult to examine because they are shaped from early childhood, reinforced throughout life, and embedded in cultural systems.
2. *Power holders may enforce social norms that uphold their power and privilege*. Power may be formal and acknowledged (such as an elected position), informal and acknowledged (traditional leaders in a social hierarchy), or it may be unspoken but pervasive (male privilege in virtually all societies; white privilege in the United States). Power holders may consider their power inherent and take norms to be natural rules.
3. Many individuals comply with a norm because they *do not have the wherewithal to challenge it*. People’s ability to not follow a norm, even when they disagree with it, depends on many factors, including their knowledge, attitudes, sense of self-efficacy and personal agency, social support system, and material resources to withstand possible sanctions.
4. Some people may follow a norm because they *fear negative sanctions* (punishment such as social disapproval or ostracism). Others may follow a norm because they *seek benefit or rewards* (such as social approval) for compliance.
5. Some may follow a social norm because they want to *demonstrate membership in a particular group*; for example, adolescents might dress in a way that connects them with their peer group.
6. People may comply with a norm *to achieve coordinated outcomes* that require them to behave in a certain way, even if they do not all agree with the specifics of the norm. Synchronized behavior may be needed to achieve a shared goal; for example, following traffic rules to avoid accidents or standing in line for service at a store or bank.

### BOX 4. ARE NORMS LOCATED IN THE MIND OR THE WORLD?

It is useful to know that various disciplines situate social norms differently, in one of two domains: in the mind or in the world.

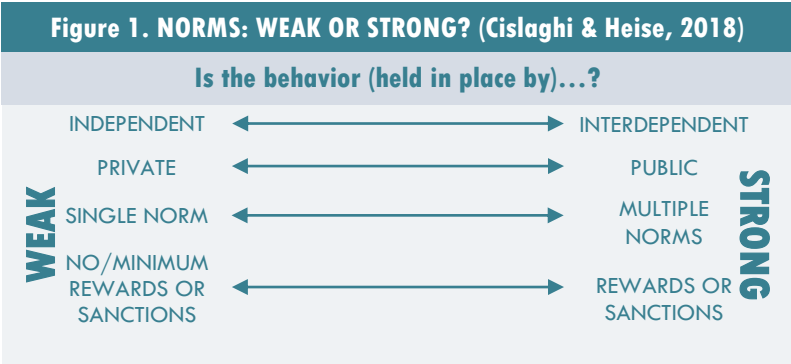
- Anthropologists and sociologists tend to conceptualize norms as rules of behavior working at the level of culture or society. Social norms exist in the world, including outside of the individual’s mind. Norms are learned, internalized, and enforced through socialization by the family, media, and other institutions such as schools and religious organizations.
- Other disciplines, such as social psychology, philosophy, and behavioral economics, tend to define social norms as people’s beliefs about what others expect of them. For them, norms exist primarily inside the mind.

Both perspectives have value, but their different starting points (world or mind) mean that they differ in how they go about shifting harmful norms or reinforcing positive norms. Today, the perspectives are converging, and practitioners are drawing from each to meet their needs. The Learning Collaborative brings both perspectives to this document (ODI, 2019).

### SHIFTING NORMS: EASY OR DIFFICULT?

People can disregard social norms if their knowledge, attitudes, or personal agency are strong, or if they perceive that the cost of observing the norm is too high. New research and theory on social norms suggest that norms operate on a *spectrum of influence* from weak to strong. (Figure 1).<sup>12</sup>

The direction and strength of norms may vary according to several factors: the behavior in question (for example whether it is public or private), the context, and whether it is held in place by other norms. The degree to which norms/behaviors must be coordinated with others also matters, as does the influence of the reference group. Social norms may also vary in strength across a person’s life course. We discuss some of these factors in Section III.



Some norms are harder to shift than others. For example, norms that regulate closely coordinated behaviors may be difficult to shift, even when some individuals agree that the norm may not benefit everyone. A classic example is driving on the left (or right) side of the road: changing this norm requires change among thousands and even millions of individuals. If only bus drivers tried to change the driving norm, the result would be chaos.

Another example is early marriage, which often relies on careful negotiation between the families of both the bride and the groom and sometimes community members. Change in age of marriage requires coordinated change among many actors in different age, gender, and social groups. Here the larger difficulty lies not in the coordination, but in the widely varying motivations of these actors to change, or to resist change. Among the motivations are power, privilege, wealth, social approval, and social sanctions.

In the realm of social norms, the adjective ‘sticky’ is sometimes used to describe norms that stick (are difficult to shift) because of the array of factors, many of them unspoken, that hold them in place. Members of various groups may have conflicting stakes in shifting or upholding existing norms. It is especially difficult to shift norms when one group perceives that it will lose economic benefits, power, privilege, control, social status, or political voice. Domestic violence, early marriage, barring women from inheriting, and paying women less than men: all are phenomena that people may attribute to ‘the way things are’ given ‘natural’ male-female differences, but they are, in fact, rooted in social norms of discrimination, inequity, and power. Their persistence illustrates quite clearly that the underlying norms are sticky, or difficult to shift. For social norms that are sticky, a multi-level approach that engages people within and cross groups is likely needed.<sup>13</sup>

In Section II, we turn our attention to factors other than social norms that drive human behavior, and that are important for programmers to acknowledge as they design interventions to shift social norms in favor of positive AYSRH outcomes.



## LINKS TO RELEVANT SOURCES



[Bicchieri, C. and Penn Social Norms Training and Consulting Group \(2015\). \*Why People Do What They Do?: A Social Norms Manual for Zimbabwe and Swaziland\*. Innocenti Toolkit Guide from the UNICEF Office of Research. Florence, Italy.](#)



“Frequently Asked Questions.” ALIGN: Advancing Learning and Innovation on Gender Norms. Overseas Development Institute, 2019. <https://www.alignplatform.org/FAQ>



[UNICEF. \*Everybody Wants to Belong: Practical Guide for Social Norms Programming\*, 2018.](#)



## SECTION II | SOCIAL NORMS WITHIN THEIR LARGER CONTEXT

Human action rarely originates from a single cause. Social norms shape behavior in important ways, as we saw in Section I, but they are only one of many intersecting influences on the behavior of individuals, groups, and societies. It is important to be aware of how social norms influence behavioral outcomes within the context of *other behavioral drivers*. In this section, we take a step back to gain this broader perspective: social norms are strands within a larger web of influences of behaviors.

Below we introduce other behavioral drivers, especially socially constructed phenomena or structures such as economies, political systems, historical contexts, education systems, and legal systems. Power, itself socially constructed, weaves through these structures and has an enormous influence on social norms.

A programmatic over-emphasis on social norms poses the risk of misidentifying or undervaluing other key behavioral drivers. It might lead to a focus on norms to the exclusion of one or more other crucial factors that sustain the practice or behavior. Effective programs often merge work on social norms with work on other behavioral drivers (or are implemented in places where work on other factors is underway).

### SITUATING NORMS WITHIN OTHER SOCIAL STRUCTURES

Norms develop and evolve over time, and are often unseen, transmitted, and upheld without questioning or even awareness. It is important to uncover and reflect on the historical context of social norms. How have changing economic, political, social, and other factors influenced social expectations and human behavior over time? Certain events, such as war, natural disaster, or political unrest, may contribute to abrupt changes in social norms, attitudes and behavior. Understanding this may reveal leverage points for shifting norms.

#### BOX 5. SOCIAL NORMS CONTINUOUSLY EVOLVE

Social norms are not static: they continually evolve. The aim of norms-shifting interventions is to harness their inherent mutability, and help people shift relevant norms in directions that promote the wellbeing of affected populations (in this case, adolescents and youth).

We still have much to learn about how norms shift. A behavior may change before a norm shifts. A behavior may change at the same time that a norm shifts, or it may change after the norm shifts. We don't always understand these pathways of change. That said, good program design strives to predict such pathways, monitors actual shifts on the ground, and renews its understanding of pathways. We further discuss this in Section IV.

In some cases, norms served a purpose in the past, and they persist even though they no longer reflect community values or desires. Similarly, behaviors or social practices may persist which are no longer linked with community expectations, values or desires.

Broad economic changes, positive or negative, may contribute directly to changing norms surrounding gender roles and education. For example, norms in India that have evolved toward supporting investment in girls' education and girls' participation in the work force have done so largely because of local recognition of economic benefits to the family.<sup>14</sup> Economic changes can also drive norm change indirectly. For example, in Eastern Uganda, increased wage labor opportunities on sugar plantations for boys and young men gave them access to money for the first time. This influenced social norms surrounding marriage: couples had the resources to elope instead of relying on their parents to negotiate matches, dowry, and marriage.<sup>15</sup>

Rising levels of education among children, adolescents, and adults often drive norm change. In countries where gender equality has become a formal part of the school curriculum, boys and girls are exposed to new knowledge and ideas. Education (particularly secondary education) is associated with reduced support for a number of discriminatory or harmful practices, including child marriage and gender-based violence.<sup>16</sup> Parents and girls' desire for education is an especially important driver of norm change. Increasingly, parents and girls are aware that education opens opportunities for a more secure life. This creates a virtuous feedback loop, as educated girls and boys are typically more accepting and supportive of expanded gender roles.

Social and political shifts have spurred many changes in gender norms. Typically, this has involved challenging people to reflect on and change their own behavior and attitudes while also mobilizing for legal or policy change. By contrast, legal reform and policies (and even development programs) can drive norm shifts by introducing or advancing new norms and practices, and can legitimize shifts in norms that are already occurring: by changing how people behave, they change the way people think.

Laws and policies can also sanction specific behaviors. For example, within the last five years, the Hmong communities in northern Viet Nam, through the incentive of reduced school fees and government awareness campaigns, have begun to educate girls. This has produced rapid transformation in a social norm: where early marriage used to be the norm for girls, held in place in part by limited funds to pay school fees, sending boys and girls to school up to ninth grade is now common practice.<sup>17</sup> Legal and policy reforms typically have the greatest effect in driving norm change when people are confident that the laws will be enforced, agree with or are consulted about the policy, and/or benefit from the legal or policy reform.

#### **BOX 6. POLICY, PUBLIC DISCOURSE, AND PRACTICE**

The relationship between policy, public discourse and social and individual practice is not always as expected. While policy can influence public discourse and practices for the better, it can also push harmful practices further from public view. Take, for example, a nation that has strengthened its laws to criminalize the practice of men's violence against women. At a policy level, agreement prevails that the practice is wrong, and this leads to greater availability of resources and recognition of the rights of those who seek support. But these changes can cause men to become more careful about hiding violence from public view, and to threaten their partners such that fewer women report violence and seek supportive services.

Political, social, and economic events—historical and current—may drive norm change, as we discuss above. It is often the case, however, that power holders resist change because they benefit from maintaining norms. Power holders may be invested in the status quo even when the existing norm or norms no longer reflect the community's expectations and values. Therefore, an analysis of power relations is valuable for any program that intends to address social norms.

Analysis of gender and power relations between adolescents and across age and gender groups is particularly useful for programs seeking to shift social norms related to AYSRH. This requires a holistic approach that engages diverse social connections and networks. One program that successfully did this was the Bandedereho intervention in Rwanda, which aimed to change norms around men's engagement in reproductive and maternal health and caregiving, among other outcomes.<sup>18</sup> The intervention trained male participants on sexual, reproductive, and maternal health through a series of educational sessions. An evaluation of Bandedereho revealed that it led to a reduction in male dominance in household decision making, a reduction in intimate partner violence and better experiences for women regarding antenatal care, and contraceptive use.<sup>18</sup>

## TAKING STOCK OF SOCIAL NORMS WITHIN THEIR STRUCTURAL CONTEXT

The social norms and other factors that relate to a behavior in one setting may be different in another setting. Understanding these contextual differences is crucial when designing or adapting program strategies and tools. Figure 2 presents a series of questions about the multiple drivers that contribute to the formation and maintenance of social norms, and to their dissolution. The questions touch on historical, political, religious, social, and economic factors; encourage analysis of power dynamics; and underscore the need to take power holders into account when attempting to shift social norms. Programmers may want to ask these questions of themselves and consider adapting and adding them to their planned formative research, social norms exploration, and community meetings as they move into program design.

**Figure 2. Understanding Your Context: 10 Assessment Questions for Norm Shifting Programs**

- 1** Who has a strong economic interest in changing certain norms, or in upholding them?
- 2** Whose power is directly threatened by changing certain norms?
- 3** Does a single factor or multiple factors underpin the norm?
- 4** Are behaviors or norms linked (or perceived to be linked) to a religious mandate?
- 5** Has a critical mass of people already changed their behavior, or only a small group?
- 6** Do role models and opinion leaders promote a different norm, or the status quo?
- 7** Do changes in social structures (economy, politics, other) provide opportunities for different practices, or is this an environment resistant to change?
- 8** Are programs or policies to shift norms underway? Are people able to safely try new behaviors?
- 9** Is change viewed as an opportunity, or experienced as a loss of power or tradition?
- 10** Is change happening in the wider society, or is this change isolated?

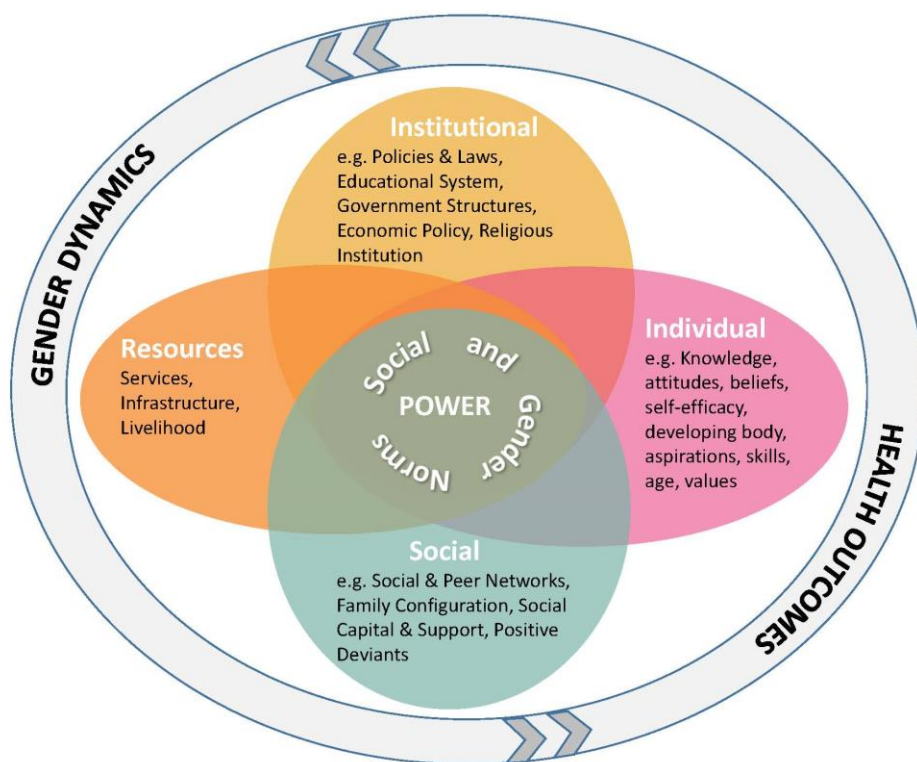
These questions may spark useful discussion of the drivers of social norms, and help programmers (and communities) to identify opportunities for change. The information collected could be used to improve program design and identify strategies to mitigate backlash. Reflecting on these questions will also gauge how well you understand the norms you seek to address, and what additional information you may need to gather.

## THE FLOWER FOR SUSTAINED HEALTH

Because any shift in norms will occur in a larger context, it is useful to bring together the discussion of social norms from Section I and the discussion of context in this Section. The conceptual framework presented here (Figure 3) describes the relationship between social and gender norms, power, and gender dynamics and health outcomes using a multi-level, socio-ecological model to ground the discussion. The Learning Collaborative calls the framework *The Flower for Sustained Health: An Integrated Socio-Ecological Framework for Normative Influence and Change*.<sup>19</sup>

The framework, which the Learning Collaborative adapted from Cislighi and Heise, illustrates how social norms exist within—and how they both shape and are shaped by—the context (or social system) in which they are embedded.<sup>20</sup> *Power* is intentionally located at the center of the flower, because hierarchies of power in groups and communities ensure that power holders benefit from the status quo: they therefore enforce compliance with existing norms and resist normative shifts. Benefits may include material, resource, social, political and other advantages, or may simply reinforce power holders' position in the current social hierarchy.

**Figure 3. The Flower for Sustained Health (IRH, 2017)**



The Flower locates norms within and across four petals or domains (individual, social, resource and institutional) that drive gender dynamics and health outcomes. Application of the framework to program design would include examination of the multi-level factors that drive behavior. When applying the Flower as a framework, programmers can analyze if opportunities are present at the *intersection* of domains (at the overlap of individual and social, for example, or of resources and social) to disrupt, develop or transform norms and address other factors for improved outcomes.

For example, in a community where adolescents do not seek reproductive health services or use contraception, the social norms that uphold the behavior may not be directly tied to contraceptive use. There may be a strong social norm that defines adolescent girls' sexuality as unacceptable (individual/social overlap), and this norm may be tied to religious teachings against premarital sex (institutional/social overlap). A girl in this context may be unwilling to visit a health center for fear of stigma or punishment (social/resources overlap), and unwilling to tell her boyfriend 'no' for fear of rejection (social/individual overlap). Even if norms and stigma do not hinder adolescents from obtaining contraception, they may lack knowledge, confidence, or communication skills (individual/social/resources overlap). Those who do want contraception and know where to find it may not have the resources to access the health center (individual/resources overlap). Programmers who wish to improve adolescent AYSRH in this context may find that the most effective entry points are at one or more of these overlaps.



#### LINKS TO RELEVANT SOURCES



[Marcus, R., and C. Harper. "How Do Gender Norms Change?". London, England: Overseas Development Institute, 2015.](#)



[Institute for Reproductive Health. \(2017\). \*The Flower for Sustained Health: An integrated socio-ecological framework for normative influence and change: A Working Paper\*. Learning Collaborative to Advance Normative Change. Washington, D.C.: Georgetown University.](#)

## SECTION III | EIGHT SOCIAL NORMS FEATURES THAT BRIDGE THEORY AND ACTION

We have drawn from research and theory to define social norms (Section I), and to examine other structural influences of behavior (Section II). We now turn more definitively toward program design.

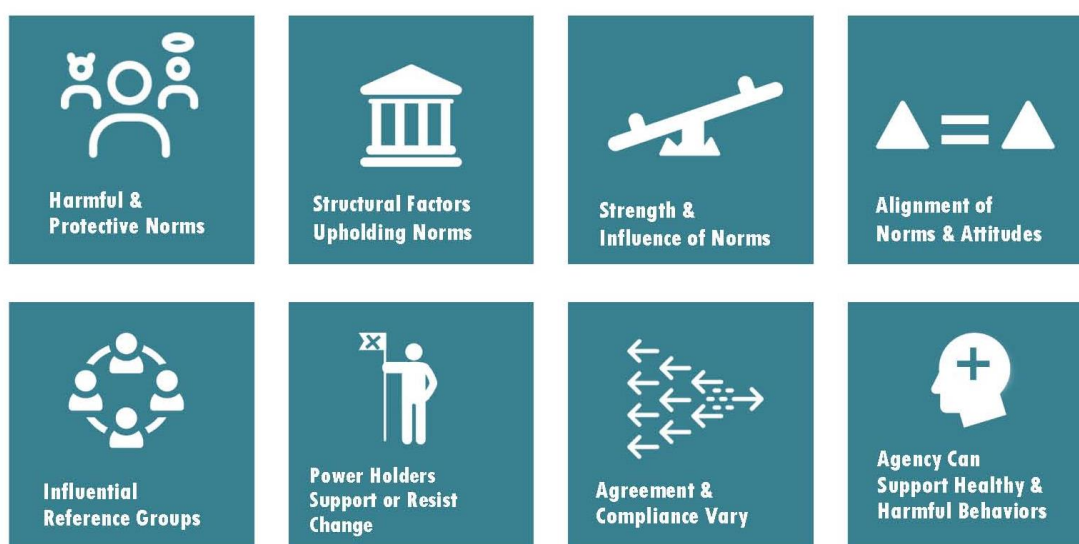
To help you identify social norms relevant to the behaviors or practices of interest, and to look at how the features below fit with the norms identified, the Learning Collaborative offers tools (<http://irh.org/social-norms-exploration>) that practitioners can use to investigate the universe of norms surrounding a behavior or behaviors of interest.

In this section, we define eight features of social norms that have relevance for program design. The eight features, which Learning Collaborative members derived from their recent work, are not exhaustive, but they are a good place to start as you explore norms and strategize for program design. The features are divided into two categories to help you:

1. **Question assumptions and explore contextual nuances:** this category explores your grasp of context and the role of norm(s) in influencing behaviors; and
2. **Apply insights to the design of a norms-shifting program:** this category focuses on concepts that inform norms shifting strategies.

Below we present and describe the eight features (Figure 4). We then use mini-cases to describe how their work embodied some or all of the features, successfully bridging from theory to action.

**Figure 4. The Eight Features of Social Norms**





## QUESTION ASSUMPTIONS AND EXPLORE CONTEXTUAL NUANCES



### Feature 1. Norms related to the behavior(s) of interest can be both harmful and protective

Norms can exert a harmful or protective influence over a given behavior. If we focus our attention exclusively on harmful norms, we risk overlooking opportunities to strengthen protective norms

Therefore, understanding the universe of relevant norms, specific to the behavior(s) of interest, may offer new or more acceptable entry points for change. Leveraging protective norms and shifting harmful norms are not mutually exclusive efforts. In fact, they are often complementary. Working with protective norms can be transformational for program staff and community members: creating space to build trust, elevate positive community values, and use appreciative language and content that resonate culturally. This elevation of protective norms can counteract norms that uphold oppressive or unhealthy practices.



### Feature 2. Norms are embedded in a system of structural drivers that intersect and sustain the behavior(s)

Social norms intersect with other individual, social, material, institutional and global factors in sustaining harmful behaviors. Diagnosing the universe of norms that sustain a given behavior is

necessary, but it is not sufficient to understand why a harmful practice persists. Effective intervention must be grounded in a holistic understanding of how these other factors interact to sustain a practice. Addressing a single factor as the explanatory cause for a behavior is a recipe for programmatic failure. On the other hand, no program can address all relevant factors. Programmers should remain aware of all behavioral drivers, even as your interventions directly address only some of them.



### Feature 3. Not all norms have the same strength

Even though data (from a survey, for example) suggest that many people *hold* a normative belief, it does not always follow that they *act* upon that norm. In other words, the prevalence of a norm does not guarantee its influence over a given behavior. In many societies, for example, the

prevailing norm is that ‘men should not hit their wives.’ Even though the norm exists, some husbands do hit their wives in the privacy of their homes. Despite the widespread norm that domestic violence is unacceptable, the practice itself might be undetectable outside the home: that is, other people will not know if a man beats his wife. In this example, the widespread norm that a man should not hit his wife does not influence perpetrators.

Cislaghi and Heise suggest that norms can have varying degrees of influence, ranging from the strongest in which the practice seems obligatory and almost impossible to change or resist (e.g., the norm of wearing clothes to work), to the much weaker influence in which an alternative practice seems acceptable or possible (e.g., norms of eating less sugar).<sup>12</sup> Think, for instance, of the norm that “people drive on the right side of the road,” and the norm that “many people use homeopathic remedies.” The first norm is stronger: you cannot drive on the left side of the road without incurring serious consequences. The second norm is weaker: you can do what you want in the privacy of your home.

The relative strength of norms has practical implications for program design. Where a norm is very strong, practitioners will need to create a core group of motivated actors who want to shift the norm, then help them to reach others in the community, until a critical mass exists and the shift can be accomplished. It is important, in these situations, to work with people, including power holders, who are already willing to reflect and change, rather than to focus on the most rigid or resistant groups.<sup>21</sup> Where a norm is weaker, it may suffice to create a media campaign demonstrating that norms surrounding acceptance of a harmful behavior have shifted, or that most people are engaging in other, more beneficial behaviors.



#### Feature 4. Norms can be aligned or misaligned with attitudes

Sometimes people's attitudes (their personal beliefs about how the world should be) differ from the social norm. Take, for instance, a father whose attitude is, 'I do not like it when children get married,' but who believes that others approve of child marriage. Despite his dislike of child marriage, this father may decide to marry his daughter at a young age to meet other people's approval. The alternative is that he will not be able to marry his daughter after she passes the socially acceptable age.

When most people are individually against something ('I do not want to marry my daughter when she is still a child') but incorrectly believe everyone else is in favor of it ('my friends want to marry their daughters as soon as possible'), a situation called pluralistic ignorance occurs. In cases of pluralistic ignorance, an intervention might achieve a shift by simply unveiling the contradiction, thus creating an opportunity for individuals to follow their own preference. For instance, a program might unveil the survey results that "95 percent of people in this community disapprove of child marriage," and this may suffice to shift in the norm. This strategy also carries risks, however, as described in Box 7.

However, attitudes and norms can also be aligned. To continue with the child marriage example, people in some places practice child marriage because they think/know it is what others are doing and because they think they will be disapproved of if they do not. *But they also practice child marriage because they believe it is a good practice.* In the earlier case of pluralistic ignorance, correcting people's misperception might be sufficient to generate a movement for change, but in the case where norms and attitudes are aligned, practitioners will need to address people's individual attitudes in addition to social norms. As people's attitudes shift, the shift will be witnessed by others in the group and will support shifts in norms change, and vice versa.

#### BOX 7. RISK OF REINFORCING A HARMFUL NORM BY PUBLICIZING THE PREVALENCE OF A BEHAVIOR

We often think that publicizing how common a harmful behavior is will make people want to change their behavior and thus reduce its prevalence. Messages that show the prevalence of a harmful behavior (such as 'one woman is raped every ten seconds') have been widely used in the past. While similar statistics have value for research and advocacy purposes, they might have a boomerang effect, leading some to think the behavior is more widespread and assuming that it is acceptable in their community. Women may understand that violence is so common that trying to prevent or avoid it is futile. People may understand that men commonly rape women and consider the status quo inevitable.





### Feature 5. Norms are sustained by several reference groups with different influence

Multiple reference groups can influence a norm, and it is important to understand the harmony (or discord) of their influence. Do the reference groups promote similar norms or conflicting norms? For example, adolescent boys may learn from their peers that having sex is common in their age group. The boys may learn from their parents that having sex at their age is unacceptable and will be punished. The same practice is influenced differently by the two reference groups.

Certain reference groups and the norms they promote may be more or less influential. The adolescent boys in the example above may decide to mirror what they believe their peers are doing (having sex) and hide their behavior from their parents. They thus avoid parental punishment, but they also hide their need for contraception and information on healthy sexual practices. We know that adolescents often contest parents' power and opinions, which is why they might be under greater peer influence when it comes to sexual debut. An AYSRH program may respond by targeting their strategies to specific reference groups.

## INSIGHTS/OBSERVATIONS TO APPLY TO NORMS-SHIFTING INTERVENTIONS



### Feature 6. Power holders may resist—or support—change

Power can be formal or informal, explicit or embedded. It may manifest in many ways – subtly and overtly – for example, in access to and/or control over resources, social networks, opportunities and benefits from community structures and government policies. Power can be seen in the advantages accrued and held by one group over time and across generations.

Power is rooted in socially constructed hierarchies that create and reinforce themselves, and that often give the appearance that the current order is natural and inherent, and thus immutable. Shifting social norms can challenge these hierarchies and may result in strong, negative responses by power holders. For example, power holders may individually and in groups use verbal or physical resistance and mobilize to lobby against change. They may act to engage others in their resistance movements even when these others do not benefit directly or indirectly from status quo.

Yet within a group of power holders, individual investment in maintaining the current order and willingness to shift social norms may not be evenly distributed. This can create an opportunity for interventions to focus more on certain power holders as potential allies, working with and through them to influence and shift others in the same group and to support acceptance of changes in behavior. Similarly, among those who do not benefit from a given status quo, some may wish to maintain the status quo. In other words, the powerless can sometimes be complicit with a harmful status quo.



### Feature 7. Holders of positive deviant attitudes almost always exist

A practice may be held in place by individual attitudes and social norms, yet agreement and compliance with the attitudes, norms and practice are rarely universal nor should we expect them to be. Programs thus have an opportunity to focus on those people who are more open to

reflection and change, and to create new ideas and practices. With the right support, some people may lead the creation of and more quickly embrace ideas and practices that differ from the existing social norm. The Diffusion of Innovation theory (discussed in Section IV) describes these people as early adopters: people who are willing to risk negative sanctions or lose the benefits associated with adhering to a normative practice. The personal values of early adopters may be stronger than their fear of sanctions, or they may have the resources to manage the negative consequences.

Early adopters may, on the other hand, experience benefits from leading change—for example, they may be considered role models or gain opportunities that others do not. Their actions may encourage others who hold similar thoughts on the norm and practice, but who were reluctant to lead the change. Over time, this creates space for others to come along and for the norm to shift.

Programs can identify and work with early adopters, role models or change makers, and create supports for these individuals and groups. Or a program could work with those who are near the edge of change—not the most progressive or conservative, but those in the middle—rather than attempt to force change on those who are not ready for it. Exposure to new ideas and practices can take place in a culturally relevant and acceptable manner: introducing ideas over time, elevating protective norms, and preserving community values. In other words, programs do not need to seek the most radical change, but can introduce change by gradually working with people who are open to shifts. This starts to create a movement for change, yielding a critical mass that eventually includes the most conservative.



### Feature 8. People can decide to do the ‘wrong’ thing

Agency is the capacity to act; some use the term ‘self-efficacy’ as a synonym of ‘agency.’<sup>22</sup> Often, agency is presented as a neutral or entirely positive phenomenon. Creating opportunity for people to live lives that matter to them, and to make decisions for their health and wellbeing, is beneficial and can yield positive outcomes. Yet it is important to consider how to build agency within the cultural context of a program. Externally defined agency can generate pushback, increase risk for harm, and poorly reflect the values or vision of a community. When agency is connected to community and cultural context, it creates space for people to reflect and define how shifts can take place and support implementation.

Sometimes increasing a group’s agency can yield desired program outcomes *and* generate unintended effects. As people increase their voice and choice, they may make decisions that do not align with program goals. They may experience conflict or resistance in their family or community. For example, as adolescent girls increase their capacity and ability to voice their opinion, they may begin to refuse their parents’ requests, even when those requests are protective.

### Feature Case Examples

In the **Feature Case Examples (Tables 2-5)** below, we demonstrate how the eight features of social norms provide relevant information to connect theory to program design. Not all features are relevant to all projects, so each case example contains only relevant features. The examples are drawn from real programs with some adaptation for these case examples.

**TABLE 2. SOCIAL NORMS FEATURES: CASE A**

A UNICEF program in Malawi that sought to reduce the education gap between girls and boys noted that girls often missed several days of primary school at a time, and eventually left school altogether.<sup>23</sup> The program designed media strategies to encourage parents and girls to value their educational achievements, but did not see much shift in girls' retention. The program conducted additional formative research, including a social norms exploration, to understand what was happening in the community.

FEATURE	FINDING	PROGRAMMATIC IMPLICATION
<b>1. HARMFUL AND PROTECTIVE NORMS</b>	Fathers and mothers described how much they valued girl's education. The community expected girls to stay in school, and also held the norm that 'respectable girls help the family' by farming and doing household labor.	The program realized that they assumed that families did not value girl's education. The media messages reinforced what the community already believed. They stopped these messages.
<b>2. STRUCTURAL FACTORS UPHOLDING NORMS</b>	Most households were quite poor, and relied on subsistence farming. During harvest season, girls were expected to help their mothers in the fields. Boys were expected to study so that they could support their parents in the future and to help their fathers with other physical labor that didn't take them from school. When deciding between relying on their daughters to help support the family, and keeping them in school, parents did not feel they had a realistic choice.	The program shifted the focus from messaging to identifying farming supports that could help mothers in the harvest. Some shifts the program sought were to delay the start of school during harvest season to allow girls (and boys) to help their mothers in the field.
<b>3. STRENGTH AND INFLUENCE OF NORMS</b>	The need to keep the family fed and the expectation that girls help the family had a stronger influence than the norm that girls stay in school. The program's initial messaging on the value of girl's education did not address this gap.	The program sought to expand and reinforce the norm of children helping their mothers harvest by including boys in this definition. By delaying the start of school, parents did not have to make an absolute decision on whether girls could be in school or not.
<b>4. ALIGNMENT OF NORMS AND ATTITUDES</b>	Parents' attitudes and norms on the value of girl's education were aligned. A norms-shifting strategy on the value of educating girls did not respond to the context: parents did value their daughters' education. However, they could not prioritize this value during harvest season.	The program explored material support to help mothers farm and feed their families. This allowed them to maintain and leverage parents attitudes and existing protective norms for education.

**TABLE 3. SOCIAL NORMS FEATURES: CASE B**

In one rural community in South America, most men earned money through daily wage labor, and women produced food for the family and cared for the home. Community and extended family supported each other in caring for children and problem solving. Survey data showed that intimate partner violence remained high in this community, despite previous prevention programs. Programmers wanted to design a violence prevention intervention, but needed to understand the setting-specific factors that allowed intimate partner violence to continue.

FEATURE	FINDING	PROGRAMMATIC IMPLICATION
<b>1. HARMFUL AND PROTECTIVE NORMS</b>	The program identified several relevant social norms: 'it is good to help someone in need' (protective norm), 'even if you hear your neighbors fight in the home, you should not intervene because it is a private matter' (harmful norm), and 'a real man hits his wife when she disobeys him' (harmful norm).	The program worked to strengthen the protective norm so that neighbors perceive intervention in family conflict as a helpful, neighborly act. As the norm shifts in the community, men and women may recognize their neighbors as sources of support in resolving their family conflict and seek their advice. Over time, this hypothesized that this shift could decrease acceptance of the harmful norm that real men hit their wives.
<b>2. STRUCTURAL FACTORS UPHOLDING NORMS</b>	Lack of employment opportunities increased stress and tension in the household. Men felt inadequate to meet the typical male role of family provider and worried that their spouse and family did not respect them.	The program linked the discussion sessions with a village savings and loan program to support men and women starting small business opportunities.
<b>3. STRENGTH AND INFLUENCE OF NORMS</b>	The practice of intimate partner violence in this community was associated with being a real man and necessary to have control over the household. The protective norm on 'it is good to help someone in need' was nearly universal.	Though the norm of violence as a sign of men having control in their household is strong, the program did not focus on this in their programmatic response. Instead they sought to uplift and expand the norm of helping someone in need.
<b>4. ALIGNMENT OF NORMS AND ATTITUDES</b>	Many women and men held attitudes that favored male use of violence: they thought there were situations where it was appropriate and an expression of his affection for his partner. But others described a social obligation to comply with the norm. Men worried that others in the community would perceive that their wives controlled them, and that programs that strengthened women would negatively affect family dynamics and couple relationship.	By uplifting positive norms of neighbors helping each other in situations of family conflict, the program created space for men and women who hold attitudes that do not favor intimate partner violence to align their action with their attitude – by helping others and voicing their disagreement with violence.  The program also decided to engage men and their partners in discussion to strengthen couple relationship skills, including communication, and to help couples jointly define their family goals.
<b>5. INFLUENTIAL REFERENCE GROUPS</b>	Male partners sought advice for marital conflict from their elder siblings and parents. Female partners went to their in-laws for support.	The program saw that it could engage siblings and in-laws to increase support for alternative conflict mediation strategies and prevent violence.
<b>6. POWER HOLDERS SUPPORT OR RESIST CHANGE</b>	Elder men and women were invested in maintaining traditional couple and family relationships. They worried about outsider influence and held meetings to uplift traditional family values. Still, some elder women who held leadership roles displayed an openness to establishing healthier and stronger families, especially as the economic conditions in the community were so difficult.	The program engaged those elder women who held leadership roles and favored strong and healthy families. Elder women were involved in dialogue sessions and their skills were built to advocate for change and healthy families. Other elders in the community were aware of the program, but were not engaged as lead supports or advocates.
<b>7. AGREEMENT AND COMPLIANCE VARY</b>	Not everyone in the community thought intimate partner violence was good.	Couples with nonviolent conflict management skills and good communication were held up as models.
<b>8. AGENCY CAN SUPPORT HEALTHY &amp; HARMFUL BEHAVIORS</b>	Elders were concerned that men would lose control of their families without an option to use violence. They expressed concern that women would not complete their duties and families would break apart.	The program engaged elders and couples on how the well-being of individuals supports the well-being of the family. This helped reduce fears of 'too much agency' and strengthened the family towards common goals.

**TABLE 4. SOCIAL NORMS FEATURES: CASE C**

A program in West Africa wanted to prevent female genital cutting (FGC), and embarked on formative research to understand where to best focus its work.

FEATURE	FINDING	PROGRAMMATIC IMPLICATION
<b>1. HARMFUL AND PROTECTIVE NORMS</b>	The program identified norms such as ‘clean and beautiful girls are cut girls,’ and ‘respectable and desirable girls are cut.’ These norms are directly related to the practice of cutting and to girls’ marriageability by young men in the community. The community also held norms that valued the girls’ wellbeing and future.	Because FGC is a practice that is directly tied to girl’s marriageability, it is difficult for one or a few families to change their behavior without shifting the norms at the same time. The program sought to engage the community in reflection and dialogue as they learned about health consequences of FGC and discussed the values and desires of families, girls and boys.
<b>2. STRUCTURAL FACTORS UPHOLDING NORMS</b>	FGC was a tradition that bound the community and its cultural identity together. As such, it was a deeply embedded practice, which the community described as a religious obligation.	The program could not simply work with early adopters, but had to seek simultaneous community change in order to shift the norm.
<b>4. ALIGNMENT OF NORMS AND ATTITUDES</b>	Though some families stated that they prefer not to cut their girls, they said that the social obligation was too strong. If they did not cut, their daughters would be disrespected and considered infertile, and unworthy of marriage.	The program could not simply work with early adopters, but had to seek simultaneous community change in order to shift the norm.
<b>5. INFLUENTIAL REFERENCE GROUPS</b>	Elder women made decisions on when girls should be cut. Mothers-in-law and aunts pressured families to take part in the tradition, and organized celebrations once the cutting process was complete.	The program engaged male and female elders in these reflections as well as women and men in the community. This was seen as important as these same people uphold and enforce the practice.
<b>6. POWER HOLDERS SUPPORT OR RESIST CHANGE</b>	<p>Elder women considered the tradition a symbol of their culture, and many felt their culture was under attack by outsiders who wanted to end FGC. Yet some elders, mothers, and older daughters who traditionally participated in the cutting ceremony also knew how painful it was, and understood the lifelong risks to women’s health. They considered other community rituals more important than the symbolism of cutting.</p> <p>Religious leaders, another group of power holders who influenced and upheld the practice of FGC, considered it a religious obligation and were resistant to contrary ideas. Some, however, were willing to at least engage in discussion.</p>	<p>The program worked at a community level, engaging different types of people in these reflections. They also offered leadership services to elders, mothers and older daughters who considered other rituals more important than the symbolism of cutting. These people were viewed as ones that could take a leadership role in shifting practices and norms.</p> <p>The program engaged the religious leaders who were open to discussion in open and respectful dialogue about religion (the Koran does not mention or prescribe cutting) and about the social and health consequences of the practice. Because male religious leaders were never present during the cutting ceremony, and because only women discussed the act of cutting and its health consequences, the leaders were unaware of girls’ and women’s actual experience and the lifelong consequences they endured. By focusing on this smaller group of power holders, the program worked from within the community, created space for a group of influential people to shift social acceptance of cutting, and eventually drew in other power holders who were resistant at the start of the program.</p>

**TABLE 5. SOCIAL NORMS FEATURES: CASE D**

The Parivatan program in India used girls' participation in sports and mentorship as a way to increase their confidence.<sup>24</sup> In the participating community, girls typically went to school, and spent much of their after-school time at home, with other family members, or at their neighbors' homes.

FEATURE	FINDING	PROGRAMMATIC IMPLICATION
<b>1. HARMFUL AND PROTECTIVE NORMS</b>	Community norms included 'sports are a boy's activity,' 'good and respectable girls spend time with their family,' and 'after puberty, girls who roam around outside of home are loose (sexually active).'	The program decided to work within existing norms that good and respectable girls spend time with their family. In offering the program activities, the staff engaged those families who were interested in sending their daughters to the program and offered the sports program on the enclosed school facility so that neighbors would not judge their girls for playing sports.
<b>4. ALIGNMENT OF NORMS AND ATTITUDES</b>	Mothers and fathers wanted their children to have good opportunities. Some mothers saw their daughters' participation in a sports club with mentorship as a way to learn skills, build confidence, and expose them to opportunities that the mothers did not have when they were young. These mothers also knew that their husbands and community members might not approve.	When the couple agreed, both made the decision to enroll their daughter in the program. Sometimes mothers alone decided to enroll their daughters. They supported their girls by helping with chores or redistributing the chores to others in the home. Community sports events built parents' pride in the achievements of their daughters and created community acceptance of girls playing sports.
<b>6. POWER HOLDERS SUPPORT OR RESIST CHANGE</b>	Neighbors were influential people in this community. They kept their eyes open and observed where girls were and what they were doing. Typically, neighbors visited each other when they saw something that concerned them, and they talked with each other about the girls they thought were misbehaving (for example, spending time outside the home).	The program avoided community judgement of girls going to participate in sports and leadership activities by ensuring that the girls left their homes and walked to the school grounds in a group. This visible movement of girls in the community assured others that she was not going out with boys, she was safe and respectable. Community members also started to view this movement as normal over time.
<b>7. AGREEMENT AND COMPLIANCE VARY</b>	Many parents did not like the idea of the program. Some did not think girls should participate in such activities. Other families were already less concerned about these social restrictions and their daughters had more opportunity.	Parivatan decided not to work with the most progressive or the most traditional parents. Instead, they worked with those in the middle: parents who could be swayed in their attitudes and practices. Sometimes both parents and sometimes just mothers decided whether to enroll their daughters in the program. Parivatan used culturally appropriate strategies in the design of the sports program. Several mothers who were unsure of their husbands' support only told their spouses after their daughters had participated for some time. The men could see the girls' positive transformation, and be reassured that participation was not affecting their reputation.



## LINKS TO RELEVANT SOURCES



[Applying Theory to Practice: CARE's Journey Piloting Social Norms Measures for Gender Programming. Cooperative Assistance and Relief Everywhere, Inc., 2017.](#)



[Cislaghi, B., and L. Heise. "Four Avenues of Normative Influence: A Research Agenda for Health Promotion in Low and Mid-Income Countries." \*Health Psychol\* 37, no. 6 \(2018\): 562-73.](#)



[Cislaghi, B., and L. Heise. "Theory and Practice of Social Norms Interventions: Eight Common Pitfalls." \*Global Health\* 14, no. 1 \(2018\): 83.](#)



## SECTION IV | SOME SOCIAL BEHAVIOR CHANGE MODELS USEFUL TO DESIGNING SOCIAL NORMS-SHIFTING PROGRAMS

When designing programs to shift social norms, it is important to understand the various facets of social norms (Section I), to situate norms within other structures that drive human behavior (Section II), and to understand the features of contextualized social norms that may support or facilitate norms-shifting work (Section III). In the next section, we will discuss how conceptual models, specifically social behavior change models and theories, can bring these elements together in theories of change that predict pathways of change for the groups, social norms, and behaviors of interest.

### BOX 8. MODEL OR THEORY?

Both share common elements. Theory is a set of generalized statements, while a model is a helpful tool to understand specific phenomena. A model is often used to describe application of a theory. For simplicity, we use the word ‘model’ as an umbrella term in this section.

Here in Section IV, we review a handful of models, all from the field of social norm and behavior change, that are particularly relevant for designing norms-shifting programs. Good theories of change are often guided by these models. As a note, many social and behavior change programs do not start with theory when designing their programs. Even if your program did not begin with a theory in mind, it can be brought in later based on implementation experience and program models. This may help clarify whether and how programs are working. For each model presented below, we describe its major elements, and illustrate how those elements might be applied to an AYSRH-related scenario.

Your aim, as you design your norm-shifting program, is not to find a model that perfectly matches your anticipated work, but to use a relevant model as a guide to (a) delve more deeply into the elements you should consider for your program, and (b) discover how the elements interact to lead to a desired outcome.

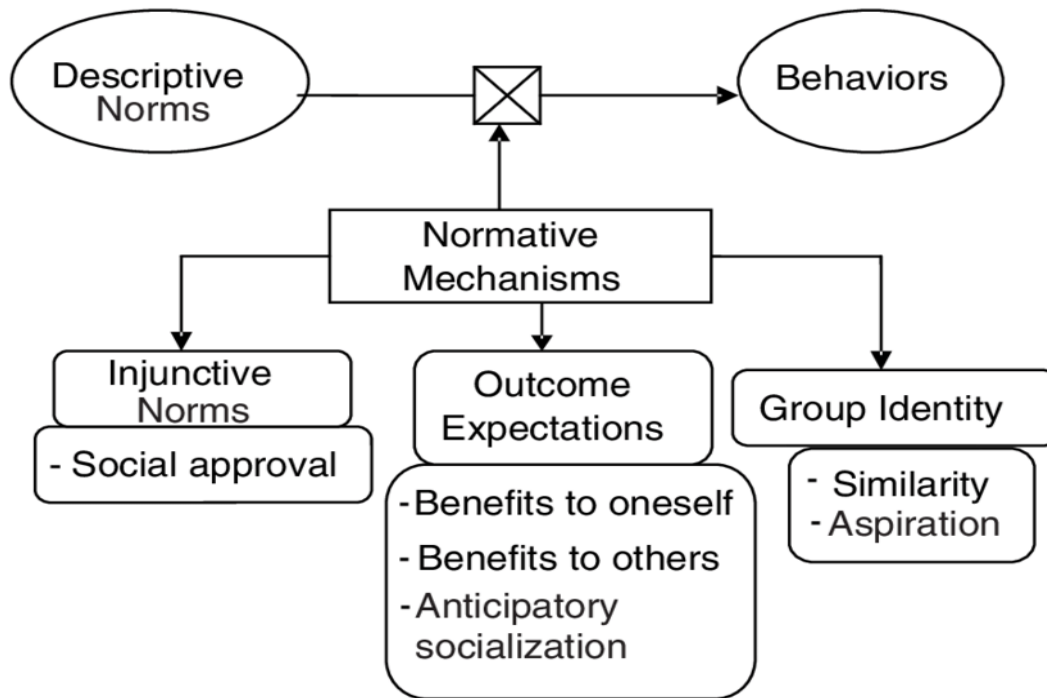
More information about these and other conceptual models is available at *Theory at a Glance*, at [K4health.org](http://K4health.org).

### THEORY OF NORMATIVE SOCIAL BEHAVIOR

The *Theory of Normative Social Behavior* describes how behavior is influenced by descriptive social norms (‘what I believe others do’) and by injunctive social norms (‘what I believe others will approve/disapprove of me doing’) (Figure 5).<sup>25,26</sup>

The Theory of Normative Social Behavior suggests that descriptive norms influence behavior directly: when people perceive that a behavior is common, they are more likely to engage in that behavior. It also proposes that injunctive norms, group identity, and the perceived benefits of engaging in a behavior (called *outcome expectations* in this model, but also known as rewards or sanctions) moderate the influence of descriptive norms. Individuals should be most likely to perform the behavior when they gain self-efficacy from believing that peers engage in the action and believe that the action will have positive consequences.





**Figure 5. Theory of Normative Social Behavior (Rimal & Real, 2005)**

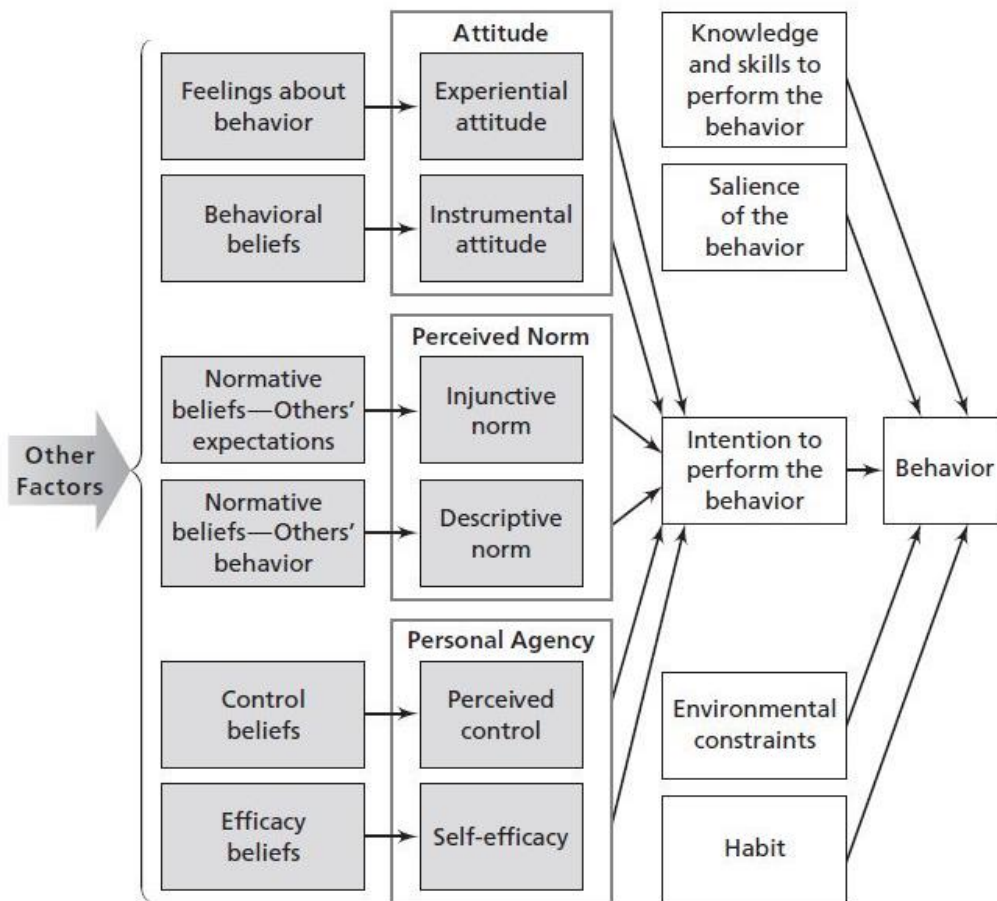
Programs that apply the Theory of Normative Social Behavior should consider:

- whether people perceive the behavior to be common (descriptive norm)
- people's perceived benefits of the behavior (outcome expectations)
- whether people might be rewarded or punished for adopting the behavior (outcome expectations)
- whether people want to perform the behavior to be included in a social group (group identity)
- whether people feel able to perform the behavior (agency or self-efficacy)
- whether people have the resources to perform the behavior (agency or self-efficacy)

In an AYSRH program that wants to improve the health of young parents and their infants through increasing consistent and exclusive breastfeeding, the Theory of Normative Social Behavior suggests that a new mother would be more likely to follow the example of others and breastfeed her child if she (a) thinks that exclusive breastfeeding will benefit her baby, (b) perceives that others expect her to breastfeed exclusively, and (c) wants to fit in with her friends who are giving only breastmilk to their infants. However, in a context where the norm is that 'modern women supplement their breastmilk,' a new mother is more likely to challenge that norm if she (a) feels confident in her ability produce enough milk (self-efficacy), and (b) has adequate time and opportunity to breastfeed (resources).

## INTEGRATED BEHAVIORAL MODEL

The Integrated Behavioral Model (Figure 6) argues that intentions predict behavior.<sup>27</sup> It considers the role of individual attitudes, social norms, and agency (self-efficacy) as the key factors that determine an individual's intentions. The model presents environmental constraints, such as lack of services, as limits on behavior change even when attitudes, norms, self-efficacy, and intention align with the behavior. The Integrated Behavioral Model acknowledges the importance of skills as a prerequisite to adopt a new behavior; therefore, skills are necessary for intention to lead to behavior change.<sup>28-30</sup>



**Figure 6. Integrated Behavioral Model (Montaño et al., 2008)**

To take the example of condom use, the Integrated Behavioral Model looks at how personal beliefs about a behavior (I don't like using a condom) and its importance (condoms are effective at preventing HIV and pregnancy), combined with perceived social expectations and agency influence intention to perform a behavior. The model suggests that an individual whose attitudes align with a particular behavior (condom use is good), who believes that social norms support condom use (condom use is common), and whose self-efficacy is adequate (I am able to buy and use condoms) will have greater intention to use condoms than an individual with only some or none of these attributes. The Integrated Behavioral Model argues that programs should address intention to act (via attitudes, norms, self-efficacy), habit, skills, visibility of a behavior, and environmental constraints to achieve change.

## COMMUNICATIONS THEORY

The field of communications and mass media has a long history of addressing social norms, and of viewing them as a social phenomenon transmitted within a social system through communication. Communication plays an important role in formulating perceptions about the prevalence of a given behavior (expectations about what people do, or descriptive norms) and it serves as a channel of influence. Several conceptual models within the communications field are relevant to social norms-shifting programs: we discuss three of them here.

### Ideation Model of Communication

Ideation refers to new ways of thinking and behaving, and their diffusion through social interaction. The *Ideation Model of Communication* (Figure 7) proposes that communication influences skills and knowledge, which lead to new cognitive, emotional and social ways of conceiving of behavior.<sup>31</sup> Combined with an enabling environment, this influences intention and leads to different behaviors.

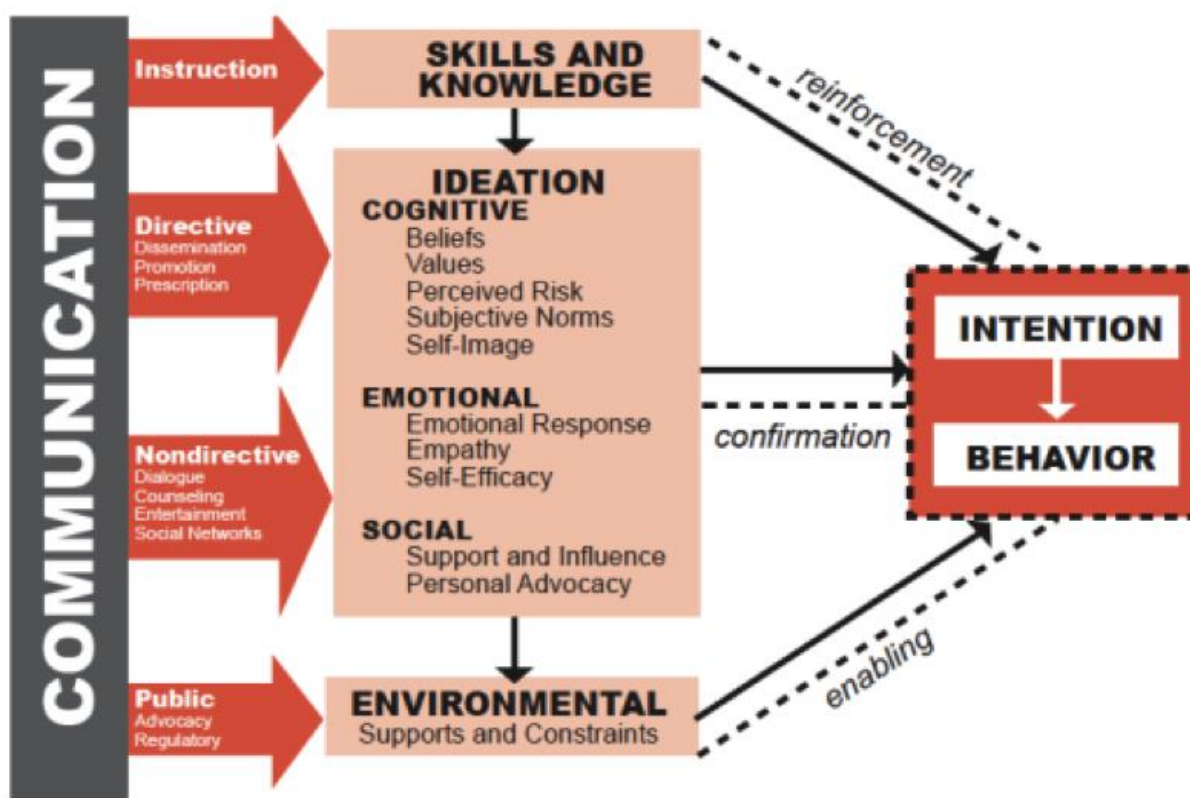


Figure 7. Ideation Model of Communication (HC3, 2014)

This model has been used to explain the fertility transition, contraceptive use, and HIV prevention, among other phenomena. The *Ideation Model of Communication* proposes variables that determine the likelihood of a person adopting a behavior: these variables include skills, ideation (which includes cognitive, emotional and social factors) and environmental constraints.<sup>32-36</sup> Social norms fit within ideation; they influence the uptake and spread influence of specific behaviors.

## Diffusion of Innovation Theory

The Diffusion of Innovation theory, developed by Rogers (1962), describes how a behavior (or an idea or product) spreads from a small group to a larger group.<sup>37</sup> The theory is often applied to norms-shifting programs to understand how program outcomes can move from a smaller group to a wider population, thus developing a new behavior or sustaining a new norm. Many programs explicitly include diffusion strategies in their theories of change. Many also adopt the Diffusion of Innovation's categorization of people into stages of readiness to adopt a new behavior, as shown in Table 6.

Table 6. Stages of Adoption and Program Implications		
STAGE OF ADOPTION	DEFINITION	PROGRAM IMPLICATION
<b>INNOVATORS</b>	Innovators are the first to try a new behavior or norm. They tend to experiment with new ideas or behaviors sooner than others do and are willing to take risks.	Gaining the involvement of Innovators is often easier than those in other stages.
<b>EARLY ADOPTERS</b>	People who embrace change, agree with change, and are open to new ideas and ways of thinking.	Guidance on how to try a new behavior can encourage Early Adopters to try it.
<b>EARLY MAJORITY</b>	These individuals adopt behaviors before the average person, but generally after they have some assurance that the behavior or ideas work, are useful, and may be accepted.	The Early Majority may respond well to evidence, champions of behavior and role models.
<b>LATE MAJORITY</b>	This group takes on a behavior after most people are already doing it. In other words, they do not change or uptake new behaviors easily.	Program strategies may need to convince them of the successful uptake of a behavior by others in the community or social group.
<b>LAGGARDS</b>	Laggards are very skeptical of change. They tend to hold tightly to existing models of behavior and ideas and resist change.	Strategies to gain laggards' support include social support or pressure for the new behavior, evidence for the behavior, and marketing the behavior.

When a program involves individuals who are at different stages of adoption, the Diffusion of Innovation theory highlights the need to consider the *degree of influence* individuals have in their social network. Those who are better networked may be more influential and able to push a behavior into the early majority stage. The Diffusion of Innovation theory also states that *characteristics of the innovation* influence uptake and diffusion. Examples of characteristics are: the cost and benefit to uptake (or non-uptake), and the private or public consequences of adopting a behavior.<sup>38</sup> Contextual factors such as gender (in)equality, war or peace, and economic systems may also wield a strong influence on uptake of an innovation.

## Theory of Bounded Normative Influence

The Theory of Bounded Normative Influence is linked to the Diffusion of Innovation theory, and suggests that every innovation begins as a *deviation* from an existing norm.<sup>33</sup> This theory answers the question of how, given the influence of social norms, any innovation can diffuse to the point that it becomes a new norm, by explaining how social networks function, such as how a minority influences the social system.

The Theory of Bounded Normative Influence states that social norms influence behavior within bounded (that is, they have boundaries or definable limits), local subgroups of a social system.<sup>39,40</sup> As long as a minority maintains majority within its own bounded portion of the network, the bounded minority can survive and grow, and eventually establish its behavior as the norm for the entire network. A well-known example of this is the Jigasha program in Bangladesh, in which government field workers were trained to organize group discussions with women in the homes of opinion leaders located at central points in each village's social network. Research found the effect on modern contraceptive use was almost double that of conventional field worker visits.<sup>32</sup>



### LINKS TO RELEVANT SOURCES



[National Cancer Institute. \*Theory at a Glance: A Guide for Health Promotion Practice\*. U.S. Department of Health and Human Services, 2005](#)

## SECTION V | THEORIES OF CHANGE: A ROADMAP TO SHIFTING NORMS

A theory of change is a tool that makes your program's pathways to change explicit, clear and testable. Based on knowledge of the prevailing social norms in your programming context, a theory of change is your road map of how you expect to travel from here (current situation and current social norms) to your desired destination (new, healthy behaviors supported by social norms). A theory of change for norms-shifting programs requires basic knowledge of what social norms are and how they operate (Section I) and of other structural drivers of behaviors of interest (Section II). It also requires specific knowledge of relevant social norms in a program context ([The Social Norms Measurement Compendium](#), [Social Norms Exploration Toolkit](#), [Social Norms Analysis Plot](#) can help you design and carry out formative research into prevailing social norms), and is usually informed by one or more conceptual models such as those presented in Section IV.

Programmers typically create theories of change as part of the program design process, but it is never too late for you and your team to consider how your program activities lead to change, in light of your evolving understanding of context and effects of implementation. Indeed, it is important to periodically revisit and update your theory of change.

In this section, we discuss the value of a good theory of change, and the benefits it brings to your program, then present several characteristics of a good theory of change development process. We refer you to several guides to developing theories of change. Finally, we describe how three real-world programs drew on behavior change models to design theories of change that, in turn, supported successful AYSRH norms shifting programs.

### THE VALUE OF A THEORY OF CHANGE

A theory of change is a practical tool for program and evaluation. It lays out, step by step, how and why an intervention produces intended outcomes, and the pre-conditions required to do so, in a specific context. Theories of change are particularly useful for programs that include norms-shifting elements because they can help to clarify how activities shift norms, and how these norms, in turn, influence program goals.

Creating a theory of change usually begins with articulating a vision and goals, then working backwards to identify objectives and program components. A diagram can demonstrate how the components work together to create the anticipated change. It can include references, where applicable, to literature that supports the proposed theory of change.

#### BOX 9. CONCEPTUAL MODEL VS THEORIES OF CHANGE VS LOG FRAME

*Conceptual models* illustrate established theoretical understandings of factors including social norms and their influence on behavior. They can be in a diagram or narrative form, and often take a wider view of the factors that relate to outcomes than just one program. A conceptual model can inform the development of a program and a theory of change.

*Theories of change* are practical tools that describe how and why an intervention produces an outcome. It shows hypothesized pathways and relationships between program activities and expected change and program impact. It is intended to capture the complicated and real-world nature of programs.

A *log frame* is a linear map of objectives, goals, and project activities that contribute to the achievement of those goals.

A theory of change is often confused with other program tools, such as a conceptual model or logic framework (also called a log frame). Box 9 describes how these tools differ, but relate to one another. A theory of change is almost always founded on one or more conceptual models and it may, in turn, form the basis of a log frame (or similar framework). It may also help to identify SMART (Specific, Measurable, Achievable, Relevant and Time-based) goals and objectives in an open and transparent way.

The process of developing a theory of change allows programmers to:

- use a common language to discuss, understand, train, implement, and monitor program activities
- systematically consider how each program element contributes to change and the assumed change pathways of an intervention
- identify gaps in programs, add or adjust program elements to improve or enhance impact
- detect potential blockages or risky pathways, weigh the potential impact of those risks, and identify alternative change pathways as a contingency plan
- Identify issues that must be addressed when adapting or scaling the program
- Identify important aspects that the program does not address, but that could be covered via collaboration with others

#### **BOX 10. IS A THEORY OF CHANGE REALLY NECESSARY?**

A project in Sub Saharan Africa conceived of a multi-factor, community based project to support AYSRH services, including reducing unmet need for contraception. The project activities included clinic-based service provision, capacity building for providers and community members, SRH education, and other activities. The project had been in place for several months.

In an exercise to develop a theory of change, program staff created pathways of change from activities to stepwise changes leading to outcomes. As a result of this exercise, they realized that an essential program element was missing: a component to build social cohesion to provide an enabling environment for AYSRH.

By creating a shared understanding of program elements and change pathways, a theory of change translates theory into program design, and informs monitoring and evaluation. It is a living tool: this means that you should revisit and update your theory of change regularly, for example, every six or twelve months depending on the program life cycle. Pathways that cannot be explored through monitoring data may be understood through targeted studies using data collected through diverse approaches (survey research, qualitative methods, participatory activities, interaction with community members).

### **CHARACTERISTICS OF A GOOD THEORY OF CHANGE DEVELOPMENT PROCESS**

Developing a theory of change for a norms-shifting program does not have to be a complicated endeavor. Below are five characteristics of a good process that should result in a useful road map for the implementation, monitoring, course correction, and evaluation of a norms-shifting program.

#### **Characteristic 1. It is participatory**

Developing a theory of change in a participatory manner creates shared understanding, expectations, and ownership of the program. Gather staff, community leaders, and other major stakeholders to capitalize on their wide range of knowledge and experience to lay out the program activities, outcomes, and change pathways you believe will result in your desired outcomes.



### Characteristic 2. It is based on what is known

Basing your theory of change, and the resulting program, on a careful diagnosis of social norms and an existing conceptual model (like those presented in Section IV) will increase the probability that your work will adequately address the identified problems. For a new program, the development process is an opportunity to dig into existing data, possible program elements, staff skills, organizational capacity and outcomes of interest. For ongoing programs, it is an opportunity to discuss program implementation, identify assumptions, and understand how program elements work.

### Characteristic 3. It achieves a helpful level of detail

It is common to begin the theory of change development process by defining the program goal, then working backwards to identify objectives and program elements. Work together to reach a common understanding of each element, and make each element as simple as possible.

A program element that has multiple components may be broken into its component parts or kept as a whole, depending on how each component contributes to the outcomes your program seeks to achieve. For example, a clinic program may include counseling services for adolescents, health checkups, and adolescent safe spaces for discussing sexual and reproductive health challenges. If the safe spaces have a different pathway to the intended outcome(s) than counseling services and health checkups, you may decide to create two elements (one element is safe spaces, the other is counseling services plus health checkups) even though they all occur at the same site (the clinic).

Aim for the right level of detail for your needs. If the theory of change contains insufficient detail, staff will struggle to apply it to programming and management. If it contains too much detail, its appearance can be overwhelming. Great detail, however, might help you develop learning questions to understand how the program works and identify opportunities for adjustments to improve implementation, adaptation and scale.

### Characteristic 4. It is diagrammed

It is important to be able to visualize the theory as it is created. The team can draw the theory of change on a flip chart, chalkboard, whiteboard or other surface using a vertical or horizontal lay out. On one side, list the program elements, and leave space between each one. On the other side, write the program outcomes, again leaving space between each one. On another piece of paper, list your assumptions about resources, context, other services, funding, and other phenomena that could influence program success. For the purposes of brainstorming, it helps to have space to map and adjust the pathways.

You may want to use post-it notes or 3 x 5 cards while developing your theory of change so that key elements can be shifted as the group discusses and reviews existing data. Eventually you will merge the two documents into one.

### Characteristic 5. It is documented and revisited regularly over the life of the program

When the group agrees that the theory of change reflects the desired program design, transfer your work to a final visual format and share it with all concerned actors. Revisit the theory of change periodically during



implementation. When revisiting the theory of change, you'll want to engage different program staff, stakeholders and community members, explore existing monitoring and evaluation data, and discuss learning from program implementation. Review the pathways to verify that they continue to function as expected, highlight areas where there are gaps in knowledge, make adjustments to pathways that operate differently. This can help identify gaps in knowledge and opportunities to fine-tune activities or data collection.

## EXAMPLES OF AYSRH PROGRAMS' THEORIES OF CHANGE

Below we present theories of change from three programs that aimed to shift social norms related to AYSRH. We illustrate, through these examples, the diverse pathways used in programs that address social norms in their quest to promote better outcomes for young people.

Each theory of change is different in its style, but all illustrate the hypothesized connections between elements: the pathways of change that can be used for program monitoring, course changes, adaptation and evaluation. They also show differences in the types of groups engaged, assumptions and outcomes. Common across all of the theories of change is a multi-stranded approach to addressing the multiple, interdependent factors that influence human behavior.

### Example 1: Girl Effect: Girl's agency and empowerment as ends in themselves

In 2017, the NGO Girl Effect launched an organization-wide, theory of change development process by reviewing its existing programs, researching evidence and social and behavioral theories (including the Integrated Behavioral Model), and staff consultations. The theory presented here reflects Girl Effect's goal of creating opportunities for girls to realize their dreams and aspirations, and to make choices for their future. It focuses on building girls' agency as an end in itself, and on supporting girls' adoption of positive health, education, safety and economic empowerment behaviors. The organization's theory of change, which continues to evolve, now guides country-level program design and evaluation.

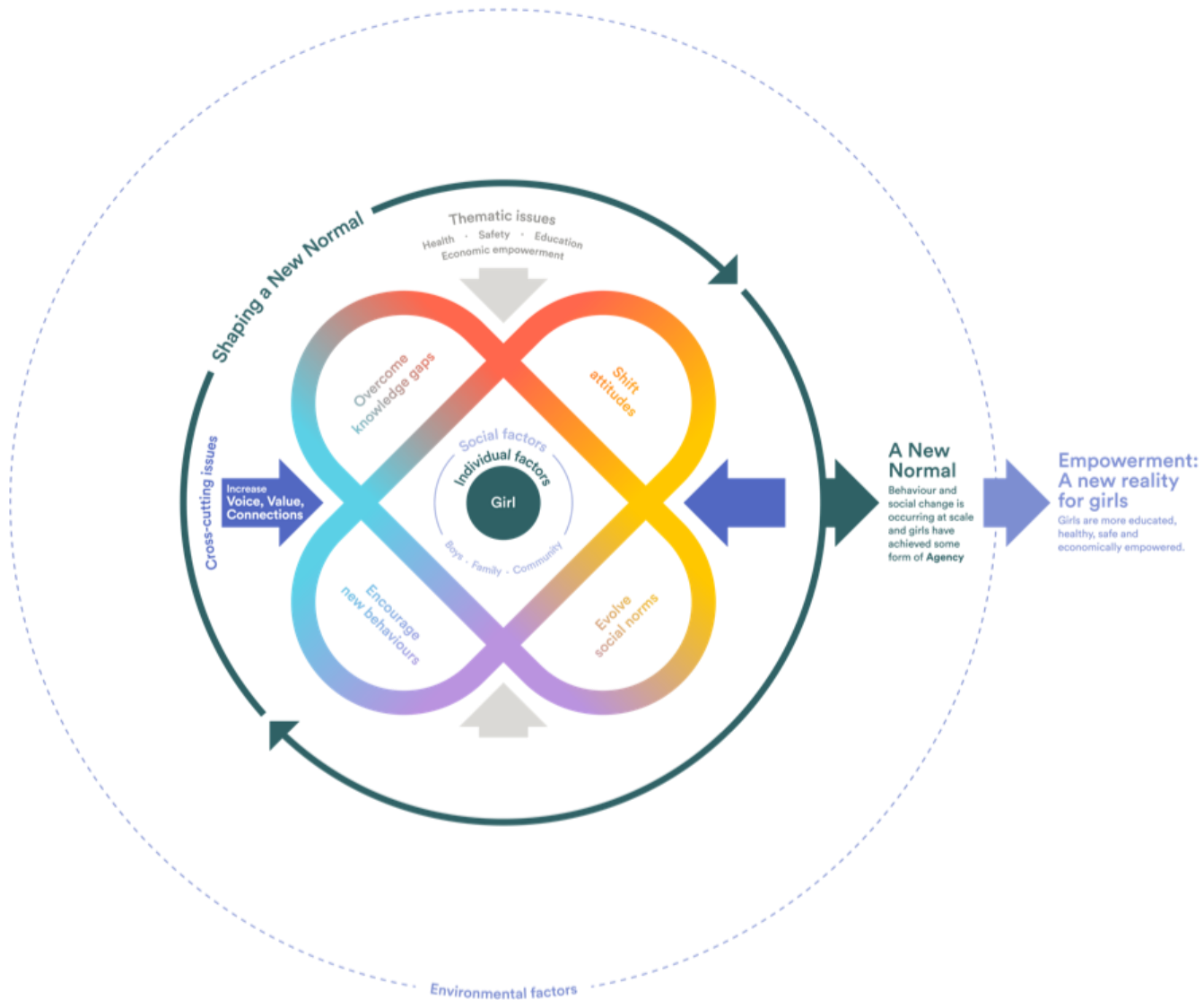
The theory of change (Figure 8) conceptualizes a cyclical relationship between agency and healthy behaviors.<sup>41</sup> It assumes change as nonlinear and dynamic: different program elements interact with four hypothesized pathways of empowerment. These pathways are: overcoming knowledge gaps, shifting attitudes, evolving social norms, and encouraging new behaviors (including supporting the power shifts needed to achieve this).<sup>41</sup> Cutting across the four empowerment pathways are thematic

### BOX 11. THEORY OF CHANGE IN ACTION: GIRL EFFECT IN MALAWI

Theresa is one of six members of Zathu, a band formed by Girl Effect. The band uses music and storytelling to encourage discussion of important topics affecting young people, from stereotypes and self-expression to relationships and sexual health. Theresa and her bandmates connect with millions of young Malawians through weekly radio shows. These are perfect channels to disseminate information about the HPV vaccine under a partnership between Girl Effect and the Vaccine Alliance (GAVI). Malawi has one of the highest incidences of cervical cancer and related deaths of women in their prime.

Zathu is also seeking to change how communities perceive and treat young women. Reversing social and cultural norms seems like a near-impossible task, but Girl Effect is seeing results. In 2017, 96 percent of consumers agreed that Zathu had taught them that girls should be treated equally to boys, and 91 percent thought that the band had made them feel more in control of decisions that affected their lives (Girl Effect, 2018)

issues, such as the critical assets and services that girls need, and issues of voice, value and connection. The theory of change also recognizes the importance of a supportive structural environment (infrastructure, policy, financing, service quality and availability), which Girl Effect addresses via its collaboration with partners.<sup>41</sup>



**Figure 8. Girl Effect Theory of Change (Girl Effect)**

At local levels, Girl Effect has deployed several interventions to address the factors identified in the theory of change. First, media created ‘youth brands’ to publicize, in girls’ own words, their experiences and challenges as they grow up. Each brand is grounded in the local culture and community for which it was developed, engages inspirational real-life or fictional characters as role models to expand girls’ vision for their future, and has large-scale reach to create social change.<sup>41</sup> Events and products developed by the youth brands include radio shows, concerts, television shows, and albums. Mobile platforms like Girls Connect, Springster and TEGA offer opportunities to share information, provide lessons aimed at developing agency and self-empowerment, and connect girls with each other to create space in which to express themselves.<sup>41</sup> Local programs have flexibility to

adapt the principles conveyed in the global theory of change for their context. Box 11 describes the Girl Effect theory of change in action in Malawi.<sup>42</sup> In the spirit of continuous learning from their experiences, Girl Effect is again reviewing its theory of change based on learning from their programs.

### Example 2: CARE: Reaching the tipping point in Nepal and Bangladesh

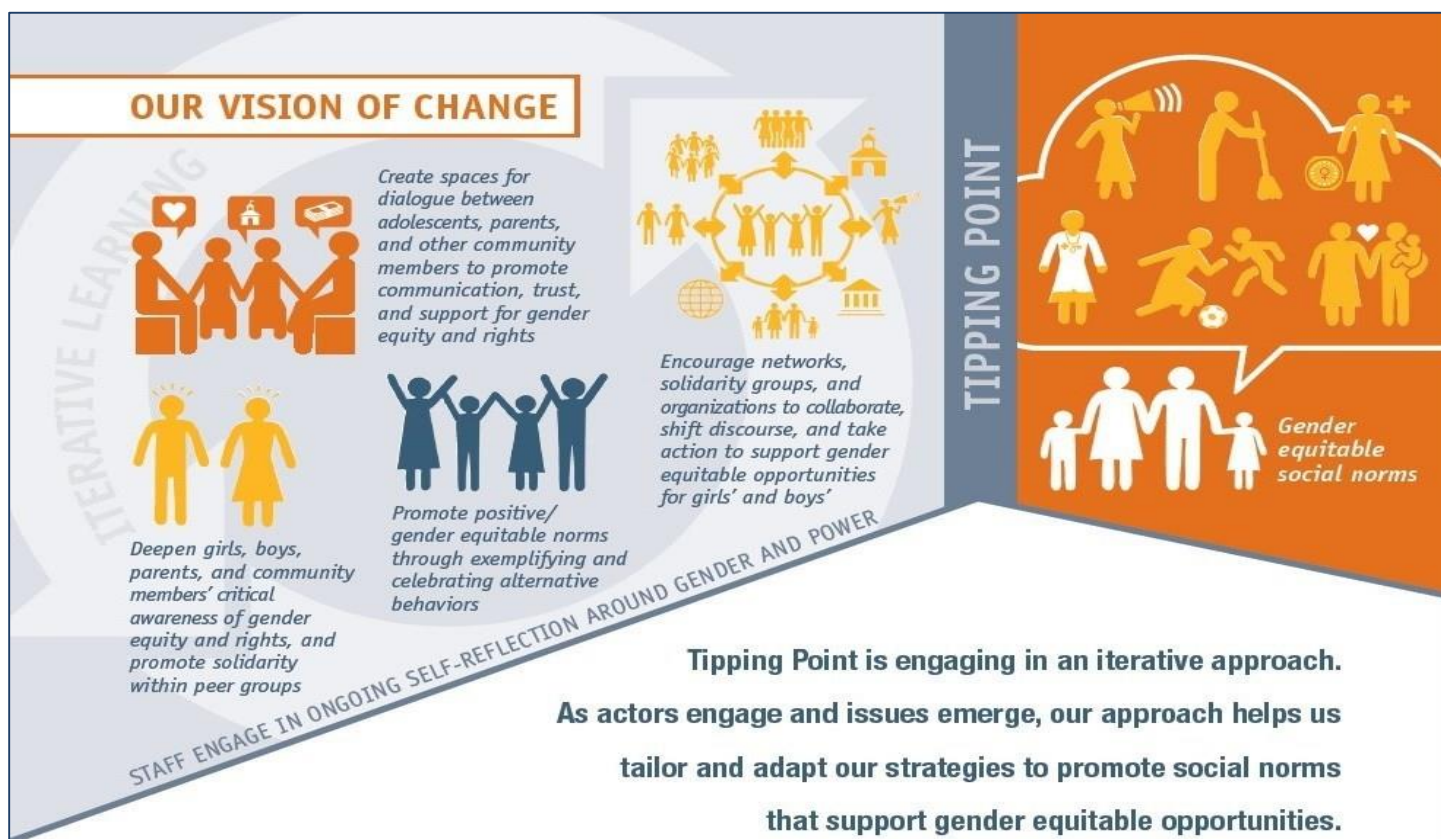
CARE's Tipping Point initiative addresses child, early, and forced marriage in Nepal and Bangladesh. The program engages community groups and individuals to think critically about social norms related to gender and equality, and it empowers adolescent girls to engage in activism and expand their opportunities for the future. The Tipping Point theory of change is an iterative approach to social norms change that allows programmers to modify interventions to very local contexts. Drawing upon Diffusion of Innovation theory, it delineates eight design principles to help staff guide the interventions, even as they tailor them to specific contexts.<sup>43</sup>

The eight principles are:

- |  |  |
|--|--|
| (1) find early adopters                    | (5) facilitate public debate                     |
| (2) build support groups of early adopters | (6) expect bystander action                      |
| (3) use future-oriented, positive messages | (7) show examples of positive behavior in public |
| (4) open space for dialogue                | (8) map allies and ask for their support         |

CARE staff used the Tipping Point theory of change (Figure 9) to guide the design of activities related to gender equality in Bangladesh.<sup>43 44</sup> Staff engaged men and boys in conversations at tea stalls, a common public gathering place for men and older boys, who significantly influence the lives of adolescent girls. The tea stalls' relaxed atmosphere provided opportunities to share and validate various perspectives. Staff members visited the tea stalls monthly to initiate discussions. With time, these conversations about gender and equality became normalized, as did men's ability to express varying viewpoints without fear of ridicule. This, in turn, led many men to express their support for women and girls to their peers.

CARE pinpointed several reasons that this intervention succeeded in engaging men and older boys in conversations about gender and equality and, in many cases, shifting the conversation to positive discussions regarding gender norms. The reasons align to the design principles, and include: creating a comfortable space for conversation (Principle 4), introducing perspectives that focused on positive futures (Principle 3), and normalizing discussion of topics not previously raised in public (Principle 4).<sup>43</sup>



**Figure 9. Tipping Point Theory of Change, Phase 1 (CARE, 2017)**

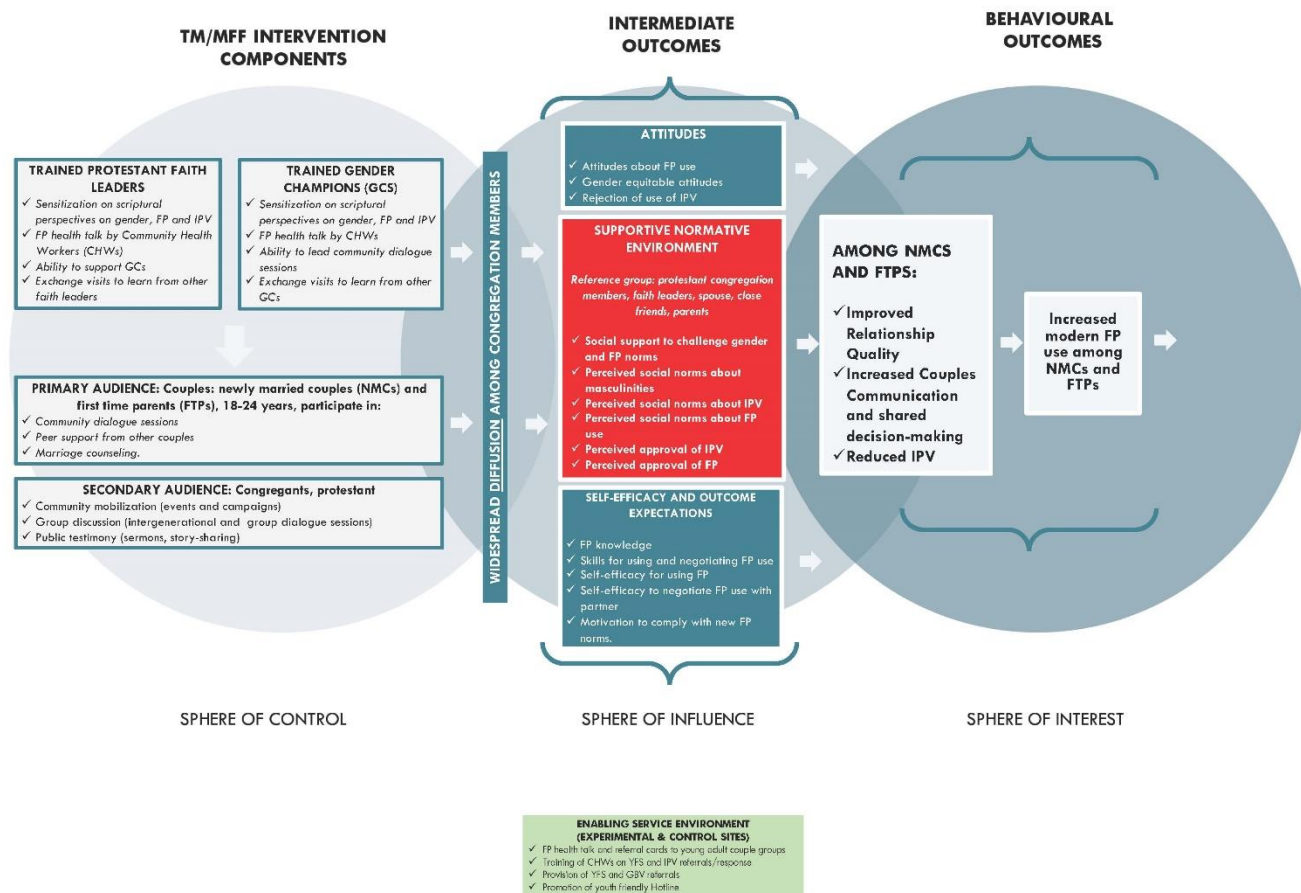
### Example 3: Tearfund's *Masculinité, Famille et Foi*: Working with faith-based communities for gender equity, reproductive health and violence prevention

Tearfund's *Masculinité, Famille et Foi* program is implemented in faith communities in Kinshasa, Democratic Republic of Congo, and adapted from the Transforming Masculinities program piloted in eastern DRC. The program's theory of change was developed through a participatory process drawing on prior experience and formative research conducted to adapt the intervention to an urban setting.

In Kinshasa, Tearfund used the [Social Norms Exploration Tool](#) to identify the social norms and corresponding reference groups relevant to the program goals of increasing gender equity, preventing intimate partner violence, and promoting healthy timing and spacing of pregnancy among young couples. The exploration identified multiple norms upholding each behavior of interest. For example, for family planning use, a relevant norm was *'It is appropriate for first-time parents and newly married couples to use modern methods of family planning.'* Another relevant norm was, *'As household decision maker, a man can decide a woman's ability to seek and use family planning.'* The Social Norms Exploration Tool also identified distinct reference groups for intimate partner violence and for contraception. Women identified their friends, other couples, mothers, mothers-in-law, neighbors, and spouse as reference groups for contraception; men identified their wives and pastors.

Using Diffusion of Innovation principles and the Theory of Normative Social Behavior for guidance, TearFund, its partners, and stakeholders then used the theory of change development process to map the interplay of social norms, structural factors, and reproductive health outcomes in the new setting, and to hypothesize pathways for change.<sup>45</sup> The primary audience for *Masculinité, Famille et Foi* are newly married couples and first-time parents because both groups are experiencing important life transitions and may be open to forging new norms related to violence and family planning. The secondary audience is congregation members.

The program engages faith leaders and peers, both key reference groups, to promote gender equity, non-violent relationships, and family planning use.<sup>45</sup> Pastors and lay leaders do this via sermons, marital counseling and regular interactions with parishioners. Select peers and family members, also key reference groups, are engaged as gender champions: they lead discussion groups for couples. Gender champions engage in discussions that support sermons and lead to couples giving public testimony on the changes in their relationships. Finally, health workers give talks at couples' discussion groups to increase knowledge and confidence to obtain and use contraception. All elements were designed, following diffusion principles, to stimulate dialogue that would diffuse new ideas and behaviors throughout the congregation, beyond direct participants. An enabling environment was established by strengthening service quality and linkages.



**Figure 10. Masculinité, Famille et Foi Theory of Change**

The program team hypothesized immediate outcomes including changes in attitudes, norms, self-efficacy and outcome expectations related to partner violence, gender equity and family planning use (per the Theory of Normative Social Behavior) resulting in improved relationship quality and reduced violence, leading to increased family planning use and healthy timing and spacing of pregnancies.



## LINKS TO RELEVANT SOURCES



Chasteen, S. "Helping Clients Develop Theories of Change as an External Evaluator, Part 1." AEA365, 2019. <https://aea365.org/blog/helping-clients-develop-theories-of-change-as-an-external-evaluator-part-1-by-stephanie-chasteen/>



Chasteen, S. "Helping Clients Develop Theories of Change as an External Evaluator, Part 2." AEA 365., 2019. <https://aea365.org/blog/helping-clients-develop-theories-of-change-as-an-external-evaluator-part-2-by-stephanie-chasteen/>



## SECTION VI | ANTICIPATING IMPLEMENTATION CHALLENGES: ADAPTATION AND RESISTANCE

In the previous section, we discussed the value of theories of change to the design and implementation of norms-shifting programs. Here, in this final section, we discuss the importance of anticipating implementation challenges during program design, and designing your interventions to prevent or mitigate these challenges to the extent possible. We introduce these principles here because they inform program design and management, including how programs develop, adapt and revise theories of change as discussed in Section V. In other words, when developing a theory of change and in consultation with program staff, stakeholders and community members, you may be able to foresee potential challenges and plan monitoring and response strategies from the beginning.

This section briefly discusses two common challenges (adaptation and resistance) and one solution to these challenges (adaptive management).

### ADAPTATION

As you design your program, you may want to create a wholly new intervention. Or you may wish to adapt an existing intervention to your setting, learning from strategies that have worked elsewhere.<sup>6,46</sup> Programs may consider adaptation of a successful intervention, rather than a new design, where problems are similar, where the drivers of behavior are similar, and/or where the cultural context is similar.

Transferring an effective program to a new setting almost always involves some adaptation to account for new populations and environments on one hand, and for resource/organizational constraints or altered programmatic conditions on the other. Programs that move from one setting to another without careful attention to adaptation risk losing important components of the intervention: essential intervention elements, such as gender equity considerations, may be simplified, deprioritized, or dropped. Adaptation should be an intentional process that allows for simplification, and assessment of whether (and how) the simplified interventions work, before moving them to a new setting.

#### BOX 12. SCALE-UP OF PROGRAMS

Though we do not describe scale-up in this document, we encourage programmers to think of scale from the beginning of the program. The LC has developed *Considerations for scale-up of norms-shifting interventions* which can guide interested readers. The ExpandNet project (<http://expandnet.net/>) has several useful and practical resources on how to understand and approach scale-up.

When adapting a program to a new setting, it is useful to consider whether the behavioral drivers are the same, whether resources are adequate, and how local culture and values may influence how people engage with the program. Positive outcomes in one setting do not preclude unintended consequences in another. The key to adaptation is careful consideration of the core values, change mechanisms, and essential elements of the program.

- *Core values* define the program's principles and approaches. It is important to maintain these even when the content of the intervention shifts. Examples of core values include positive messaging, cultural grounding, and gender transformation.



- *Change mechanisms* describe how programs maintain fidelity to the program approach. For example, programs that rely on public testimony to validate and sustain participant behavior change through community support must maintain this change mechanism to sustain the new behavior over time.
- *Essential elements* describe the program activities, such as clinic visits, group counseling, peer education.

Explicitly defining core values, change mechanisms, and essential elements allows programs to maintain fidelity while adapting to a new context. The adaptation process should be consultative, engaging the community and intended participants. It can increase program reach and engagement, ensure fit with new communities and participants, improve effectiveness and feasibility, thus increasing the likelihood of sustaining and expanding behavior change.

## MONITORING AND RESPONDING TO RESISTANCE

Resistance to social norms shifts and to new practices should be expected: change often involves a redistribution of power, and alterations to social, gender, and other hierarchies. People who perceive a loss of status or power, and even some people who stand to gain from the proposed shifts, may balk. Programmers refer to this as pushback, backlash, or resistance. Resistance may be *directed at* individuals, groups, or organizations, and it may be *perpetrated by* individuals, groups, or organizations.<sup>1</sup> Box 13 describes when resistance may or may not occur in response to norms-shifting interventions.

Individuals who are actively engaged in reflecting on and advocating for change, or who are experimenting with new practices (innovators, early adopters), may become targets for others' resistance. Their uptake and possible promotion of new ideas and practices could be perceived as a threat by others. As a result, they may experience, for example, social sanctions, revoking of rewards, exclusion from group identity, limiting access to resources, or reprimands. Innovators and early adopters may be harmed by these consequences, and others may be deterred from taking up new practices. If not addressed, resistance can reinforce and deepen some people's and groups' commitment to harmful norms, and halt or reverse progress towards desired outcomes.

Where groups of people advocate for norm shifts, engage in new practices, and promote new ideas, they face risks similar to those described for individuals. When power holders feel threatened, they may band together to mobilize others against norm shifts. Such mobilization may lead, for example, to use of new language or vocabulary to label and stigmatize those seeking change; public discussion of how they threaten the community and its 'traditions;' or lobbying to restrict change-seekers' access to resources. Power holders may try to sow division among advocates for change so they no longer support each other. These acts of resistance can affect the spread of normative shifts and of practices. They can affect people's willingness to adopt new ideas and practices—even members of the early majority who support the norms shifts or new practices in question.

### BOX 13. RESISTANCE TO NORM SHIFTS

Not all programs will experience resistance to norms-shifting efforts. Resistance may have to do with how rapidly norms are shifting, whether the norm and behavior is shifting simultaneously and whether anyone or any group has a vested interest in maintaining the norm or behavior. Sometimes when the norm and behavior shift simultaneously and there is no loss of power, resistance is not an issue.

Lack of resistance may also have to do with how visible the harm associated with the norm and behavior is, whether communities have initiated change themselves, how embedded a norm is in people's lives, the extent to which communities own, design and implement programs, and the detectability of the associated behavior (i.e. private vs. public), among other factors. Resistance to norms change, and when, how and why resistance happens is an area for ongoing research.

Resistance to norms-shifting interventions can lead to an implementing organization's stigmatization, isolation, or even expulsion from communities. Staff of the organization, and stakeholders, may be accused of undermining cultural values and practices. Groups of power holders who feel directly threatened by the organization's work may claim that the tone of the intervention is not inclusive, that the organization does not (adequately) engage the community in co-designing and implementing the intervention, or that the approach is inadequately focused on valuing the culture or protective norms.

Often the reason for resistance is described as a desire to preserve culture, religion, or tradition. Underlying this desire may be economics, status, or ideology. Program staff should consider whether resistance is an attempt to maintain unequal status quo and harmful behaviors or reflects a communities or groups alienation from program or strategies that do not reflect local values even when they support(ed) the overall goal. If programmers are to prevent or minimize resistance, and monitor for it and respond to it, they need nuanced understanding of its causes. They can gain this understanding *and* mitigate resistance by using tactics including those shown in Table 7.

<b>Table 7. Approaches to understand and mitigate resistance to norms shifting programs</b>
<b>Ground programming in cultural values</b> , involving different types of people/groups and embedding protective norms and practices.
<b>Invest in building trust with communities</b> to be sure that program design and monitoring reflect local realities and identify problems before they escalate.
<b>Focus efforts on those most open to exploring change.</b> This initial focus may tip more people into desired behaviors and allow the behaviors to diffuse throughout the community. Programs do not need to work with the most conservative or most progressive individuals initially (See Section III for additional discussion).
<b>Support innovators and early adopters as they model change.</b> Introduce strategies to maintain their safety and limit negative consequences. By working within and across groups and supporting innovators, programs may create more acceptance of behavior change and norms shifting than if they work with only one group.
<b>Engage power holders and others who may resist change early and often</b> to gain their buy-in, include their perspectives, and reduce their perception that change is imposed on them by external actors.
<b>Segment power holders</b> , and work initially with those most open to change. Encourage them to persuade others.
<b>Engage opinion leaders</b> to influence opinions and practices and set new standards
<b>Seek incremental, culturally acceptable achievements</b> to yield significant shifts in practice and create space to explore other changes over time. Programs need not seek the most progressive form of change at the beginning of a project. By working incrementally, programs may ease groups across the community into accepting change and working together to achieve change rather than imposing it.

In supporting innovators early adopters, programs can bring people within groups (such as adolescent girls of different religions) and across groups (such as fathers and adolescent girls) together to reflect on their experiences and create space for understanding and communication.

## ADAPTIVE MANAGEMENT

Adaptive management is a program management approach that embraces the complexity of implementation (including shifting priorities, needs and context), and recognizes that behavior change is not entirely linear or predictable. Adaptive management differs from standard program management approaches, which are set in advance and then implemented without making time and space for reflection, learning, and adjustments to changing conditions. Adaptive management makes initial assumptions clear, but considers projects to be in a state of perpetual adaptation: it adjusts assumptions and actions to meet on-the-ground realities of implementation. Adaptive management:

- Builds space for regular reflection, discussion, and creativity among stakeholders;
- Is participatory at all levels including field workers;
- Flattens the hierarchal culture of programs/organizations, thus opening space for more communication and better programming;
- Is responsive to new information;
- Uses flexible monitoring systems that support iterative learning, course corrections, and freedom to fail;
- Allows for tweaks, shifts, and changes to programming to build on success and failure;
- Rewards experimentation and learning; and
- Encourages decisions and actions based on rapid, iterative learning.

Adaptive management is particularly helpful for norms-shifting programs, because shifting norms is often a gradual, non-linear process. Working from the program theory of change, programmers can use adaptive management to identify and respond to some influences on norms that will start to shift even before the norm or behavior changes. By monitoring these incremental shifts, adaptive management can strengthen the program, and ensure that it is moving in the right direction.

Adaptive management can be used to improve programming, using a theory of change as a grounding tool for discussion and adjustment. As all levels of staff engage in reflection and adjustment, the theory of change shifts and reflects actual program implementation more closely, highlighting strategies that are essential for success. Programmers may examine monitoring data and learning with their teams to determine if the causal links described in the theory of change are adequate or require expansion, contraction, or qualification. Discussions can reveal if activities intended to nudge influences on norms are being implemented as planned and if they are yielding the results expected. Programs may consider incorporating repeated measures of perceptions of norms to monitor the effectiveness of the intervention. They may examine, through program learning, whether reference groups are more fragmented than expected or if any community groups resist program strategies or messages.

Ongoing use of an adaptive management approach can help complex programs meet their challenges by ensuring a constant flow of information and—equally importantly—that the program is *responding* to that information.

Base your adaptive management approach on your theory of change, and use the theory of change to inform monitoring and evaluation. Some data may be collected through routine monitoring systems, adjusting existing questions or developing simple tools to examine incremental shifts over time and engage with services. Other

tools may be used less often and focus on understanding changes in norms or behavior over time. Data can be quantitative or qualitative, depending on what makes the most sense for the program, and can be quickly summarized for group discussion and decision making.



## LINKS TO RELEVANT SOURCES



[Chambers, David. A., and Wynne. E. Norton. "The Adaptome: Advancing the Science of Intervention Adaptation." \*Am J Prev Med\* 51, no. 4 Suppl 2 \(2016\): S124-31.](#)



[Institute for Reproductive Health. 2019. "Considerations for Scaling Up Norms-Shifting Interventions for Adolescent and Youth Sexual and Reproductive Health." Learning Collaborative to Advance Normative Change. Washington, D.C.: Georgetown University](#)



["Managing Complexity: Adaptive Management at Mercy Corps." June 17, 2015.](#)



[Stirman, Shannon W., Christopher J. Miller, Katherine Toder, and Amber Calloway. "Development of a Framework and Coding System for Modifications and Adaptations of Evidence-Based Interventions." \*Implement Sci\* 8 \(2013\): 65.](#)



[Viswanath, K., Christina Synowiec, and Sohail Agha. Responsive Feedback: Towards a New Paradigm to Enhance Intervention Effectiveness. Vol. 3, 2019.](#)

## References

1. Baylis F, Kenny NP, Sherwin S. A Relational Account of Public Health Ethics. *Public Health Ethics* 2008;1:196-209.
2. Guttman N. Ethical Issues in Health Promotion and Communication Interventions. In: Oxford University Press; 2017.
3. Ermine W, Sinclair R, Jeffery B. The Ethics of Research Involving Indigenous Peoples; 2004.
4. Cislighi B, Bukuluki P, Chowdhury M, et al. Global Health Is Political; Can It Also Be Compassionate; 2019.
5. Bell DC, Cox ML. Social Norms: Do We Love Norms Too Much? *J Fam Theory Rev* 2015;7:28-46.
6. Frequently Asked Questions. 2019. (Accessed at <http://www.alignplatform.org/FAQ>.)
7. UNICEF. Everybody wants to belong: practical guide for social norms programming; 2018.
8. Cialdini R, C.A. Kallgren, and R.R. Reno. A focus theory of normative conduct: A theoretical refinement and reevaluation of the role of norms in human behavior. *Advances in Experimental Social Psychology* 1991;24:201-34.
9. Bicchieri C, Group. PSNTaC. Why People Do What They Do?: A Social Norms Manual for Zimbabwe and Swaziland. Florence, Italy; 2015.
10. Lapinski MK, Rimal RN. An Explication of Social Norms. *Communication Theory* 2005;15:127-47.
11. Marcus R, Harper C, Brodbeck S, Page E. Social Norms, Gender Norms, and Adolescent Girls: A Brief Guide. London, England: Overseas Development Institute; 2015.
12. Cislighi B, Heise L. Four avenues of normative influence: A research agenda for health promotion in low and mid-income countries. *Health Psychol* 2018;37:562-73.
13. Bicchieri C, Mercier H. Norms and Beliefs: How Change Occurs. In: *The Complexity of Social Norms*; 2014:37-54.
14. Jensen R. Do Labor Market Opportunities Affect Young Women's Work and Family Decisions? Experimental Evidence from India. *The Quarterly Journal of Economics* 2012;127:753-92.
15. Bantebya GK, Kyoheirwe FM, Watson C. This Is Not the Work of a Day: Communications for Social Norm Change around Early Marriage and Education for Adolescent Girls in Uganda. London, England: Overseas Development Institute; 2015.
16. McCleary-Sills J, Hanmer L, Parsons J, Klugman J. Child Marriage: A Critical Barrier to Girls' Schooling and Gender Equality in Education. *The Review of Faith & International Affairs* 2015;13:69-80.
17. Jones N, Presler-Marshall E, Thi Van Ahn T. Early marriage among Viet Nam's Hmong: How unevenly changing gender norms limit Hmong adolescent girls' options in marriage and life. London, England: Overseas Development Institute; 2014.
18. Doyle K, Levto RG, Barker G, et al. Gender-transformative Bandedereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS One* 2018;13:e0192756.
19. Institute for Reproductive Health. The Flower for Sustained Health: An integrated socio-ecological framework for normative influence and change: A Working Paper. Washington, DC: Georgetown University; 2017.
20. Cislighi B, Heise L. Using social norms theory for health promotion in low-income countries. *Health Promot Int* 2018.
21. Cislighi B, Mackie G, Nkwi P, Shakya H. Social norms and child marriage in Cameroon: An application of the theory of normative spectrum. *Global Public Health* 2019;1-16.
22. Ahearn LM. Language and Agency. *Annual Review of Anthropology* 2001;30:109-37.
23. UNICEF Malawi. Communication for Development girls' education operational research study report. In. 2017; Unpublished.

24. Ramanaik S, Collumbien M, Prakash R, et al. Education, poverty and "purity" in the context of adolescent girls' secondary school retention and dropout: A qualitative study from Karnataka, southern India. *PLoS One* 2018;13:e0202470.
25. Rimal R, Real K. How Behaviors are Influenced by Perceived Norms A Test of the Theory of Normative Social Behavior; 2005.
26. Rimal RN, Lapinski MK, Cook RJ, Real K. Moving toward a theory of normative influences: how perceived benefits and similarity moderate the impact of descriptive norms on behaviors. *J Health Commun* 2005;10:433-50.
27. Montano D, Kasprzyk D, Glanz K, Rimer B, Viswanath K. Theory of reasoned action, theory of planned behavior, and the integrated behavior model. In; 2008:67-96.
28. Fishbein M, Ajzen I. Predicting and Changing Behavior: The Reasoned Action Approach; 2010.
29. Yzer M. The Integrative Model of Behavior Prediction as a Tool for Designing Health Messages. In; 2012:21-40.
30. Montaño DE, Kasprzyk D. Theory of reasoned action, theory of planned behavior, and the integrated behavioral model. In: *Health behavior: Theory, research, and practice*, 5th ed. San Francisco, CA, US: Jossey-Bass; 2015:95-124.
31. HC3 Completes Series of Eight SBCC Research Primers Health Community Capacity Collaborative Website, 2014. (Accessed at <https://healthcommcapacity.org/hc3-completes-series-eight-sbcc-research-primers/>.)
32. Kincaid DL. Social networks, ideation, and contraceptive behavior in Bangladesh: a longitudinal analysis. *Soc Sci Med* 2000;50:215-31.
33. Kincaid DL. From innovation to social norm: bounded normative influence. *J Health Commun* 2004;9 Suppl 1:37-57.
34. Kincaid DL, Figueroa ME, Storey D, Underwood C. Attitude, ideation, and contraceptive behavior: The relationships observed in five countries. In: *Proceedings: World Bank Congress on Communication for Development*; 2006; Rome, Italy; 2006.
35. Babalola S, Vonnahme C. Communication, ideation and contraceptive use in Burkina Faso: an application of the propensity score matching method. *J Fam Plann Reprod Health Care* 2005;31:207-12.
36. Cleland J, Wilson C. Demand Theories of the Fertility Transition: An Iconoclastic View. *Population Studies* 1987;41:5-30.
37. Rogers EM. Diffusion of innovations. New York: Free Press of Glencoe; 1962.
38. Wejnert B. Integrating Models of Diffusion of Innovations: A Conceptual Framework. *Annual Review of Sociology* 2002;28:297-326.
39. Rogers EM, Kincaid DL. *Communication Networks: Toward a New Paradigm for Research*. New York: The Free Press; 1981.
40. Rogers EM. *Diffusion of Innovations*. Fifth ed. New York: Simon and Schuster; 2003.
41. Girl Effect. Our Approach to Unlocking Change. In: *Theory of Change Digital Booklet*.
42. Zathu: Uniting Boys and Girls for a More Equal Malawi. Girl Effect Website. (Accessed at <https://www.girleffect.org/what-we-do/youth-brands/zathu/>.)
43. CARE. Series Brief 4: Tea Stall Conversations Bangladesh; 2017.
44. Phase 1: Theory of Change. CARE: Tipping Point Project. (Accessed at <https://caretippingpoint.org/innovation/theory-of-change-2/>.)
45. Institute for Reproductive Health. Working with Faith-Based Communities: Baseline Findings from the Masculinit , Famille et Foi Study in Kinshasa, DRC Results Brief.
46. Frequently Asked Questions. Overseas Development Institute, 2019. (Accessed at <http://www.alignplatform.org/FAQ/>.)