

PASSAGES PROJECT

# Theory of Change:

Transforming Social Norms  
for Family Planning and  
Reproductive Health



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PREPARED BY  
BRYAN SHAW, JAMIE GREENBERG,  
AND SUSAN IGRAS



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**Passages**

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This document was guided by work done by Kim Ashburn, Naira Kalra, Bryan Shaw, and the Passages team. It was written by Bryan Shaw, Jamie Greenberg, and Susan Igras. All authors and Anjalee Kohli, Rebecka Lundgren, and Catherine Tier reviewed, edited, and finalized this report. Design was done by Catherine Tier and Nicole Maalouf.

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**Passages Project**

Institute for Reproductive Health | Georgetown University  
3300 Whitehaven Street NW, Suite 1200  
Washington, DC 20007 USA

[info@passagesproject.org](mailto:info@passagesproject.org)

[www.irh.org/projects/Passages](http://www.irh.org/projects/Passages)

Twitter: @PassagesProject #PassagesProject

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## LIST OF ACRONYMS AND KEY PHRASES

ASF	<i>Association de Santé Familiale</i>
DRC	Democratic Republic of Congo
FGC	Female Genital Cutting
FP	Family Planning
FTP	First-Time Parent
GBV	Gender-Based Violence
GHD/DHF	Girls' Holistic Development/ <i>Développement Holistique des Filles</i>
GUG!/BG!	Growing up Great!/ <i>Bien Grandir!</i>
HS/EM	Husbands' Schools/ <i>École des Maris</i>
IPV	Intimate Partner Violence
IRH	Institute for Reproductive Health
NMC	Newly Married Couple
RH	Reproductive Health
ToC	Theory of Change
TM/MFF	Transforming Masculinities/ <i>Masculinité, Famille et Foi</i>
UNFPA-Niger	United Nations Population Fund - Niger
VYA	Very Young Adolescent

# INTRODUCTION

*Enabling young women and men to live gender-equitable lives free of violence, coerced sex, and unintended pregnancy is a critical global challenge.*

For millions of young women worldwide, social expectations may curtail educational and vocational opportunities, contribute to suboptimal family planning and reproductive health (FP/RH) outcomes, and further the intergenerational cycle of poverty <sup>1</sup>. A growing body of evidence suggests that addressing the social norms enforced by peers, families, and communities is a key leverage point for enhancing young people’s ability to forge healthy sexual relationships and behaviors <sup>2</sup>. Social norms shape behaviors such as those related to sexual debut, intimate partner violence (IPV) and sexual violence, and early marriage, as well as access to education, health care, and information young people need to protect their health, among others <sup>3</sup>. The Passages Project (“Passages”) aims to address a broad range of social norms, at scale, to achieve sustained improvements in RH, IPV and sexual violence, and early marriage. Research from Passages builds the evidence base and contributes to the capacity of the global community to strengthen normative environments that support FP/RH.

*Passages defines social norms as perceptions of social expectations of typical and appropriate behavior within a valued reference group <sup>4</sup>*

Passages believed that to achieve improvement in these behaviors, a focus on individual change is important, but ultimately insufficient; rather, social norms interventions with an integrated, multi-level approach to change are more likely to address the multiple drivers of healthy behaviors among young people. Norms-shifting interventions work to address existing social norms, including gender norms, create positive new norms, and engage a wide range of people at multiple levels <sup>5</sup>. Passages capitalizes on formative life-course

transitions — especially among very young adolescents (VYAs), newly married couples (NMCs), and first-time parents (FTPs) — to test and scale up interventions that promote collective change and foster an environment that decreases violence and enables healthy timing and spacing of pregnancies and FP <sup>6</sup>.

In order to achieve the goals of Passages, working with social norms are critical intervention levers. In many contexts, norms act as powerful influences on an individual’s behavior as social expectations

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<sup>1</sup> Williamson and United Nations Fund for Population Activities, *Motherhood in Childhood : Facing the Challenge of Adolescent Pregnancy*.

<sup>2</sup> Mmari and Sabherwal, “A Review of Risk and Protective Factors for Adolescent Sexual and Reproductive Health in Developing Countries: An Update”; Barker, Ricardo, and Nascimento, “Engaging Men and Boys in Changing Gender-Based Inequity in Health: Evidence from Programme Interventions”; Svanemyr et al., “Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches”; Institute for Reproductive Health, “Social Norms and AYSRH: Building a Bridge from Theory to Program Design,” 2019.

<sup>3</sup> Barker et al., “Questions Gender Norms with Men to Improve Health Outcomes: Evidence of Impact.”; Hartmann et al., “Changes in Couples’ Communication as a Result of a Male-Involvement Family Planning Intervention”; Miller, Severy, and Pasta, “A Framework for Modelling Fertility Motivation in Couples.”

<sup>4</sup> Mackie et al., “What Are Social Norms? How Are They Measured?”

<sup>5</sup> Institute for Reproductive Health, “Social Norms and AYSRH: Building a Bridge from Theory to Program Design,” 2019.

<sup>6</sup> Igras et al., “Investing in Very Young Adolescents’ Sexual and Reproductive Health”; Mccleary-Sills, Mcgonagle, and Malhotra, “Women’s Demand for Reproductive Control Understanding and Addressing Gender Barriers.”

are reinforced through socialization, group identity, and rewards and punishments. For example, a young woman’s perception that most women her age in her community have children, that her religious leader stipulates she should not question her husband, and that her in-laws would value her more for having many sons could all interact to severely constrain her ability to obtain and use modern FP. Research demonstrates such relationships between social norms and behavior. However, the degree of influence can vary considerably depending on the context and the features of the social norms at play in a specific setting <sup>7</sup>. Social norms are only one of many factors shaping behavior <sup>8</sup>. Therefore, the Passages Theory of Change (ToC) includes a range of elements that have been shown to influence FP use and healthy timing and spacing of pregnancy, such as personal attitudes, social norms, agency, and availability of youth- and adolescent-friendly FP/RH care <sup>9</sup>.

## OVERVIEW

This document presents the ToC guiding the norms-shifting interventions encompassed by Passages. The Passages ToC reflects core elements and mechanisms across Passages interventions and studies, including: Transforming Masculinities/Masculinité, Famille et Foi (TM/MFF) in the Democratic Republic of the Congo (DRC); Growing Up Great!/Bien Grandir! (GUG!/BG!) in the DRC; Husbands’ Schools/École des Maris (HS/EM) in Niger; and Girls’ Holistic Development/Développement Holistique des Filles (GHD/DHF) in Senegal. The Passages ToC was designed through a review of the literature and reflection on individual Passages intervention ToCs. Design was informed by consultations with the Passages Learning Team, comprised of individuals from partners including FHI 360, JHU/Johns Hopkins Global Early Adolescent Study, Population Services International, Save the Children, and Tearfund.

The Passages ToC provides a comprehensive illustration of how and why the project goal of improved FP/RH and well-being among young people is expected to result from the interventions. The Passages ToC can assist Passages partners and other program designers and implementers across sectors and disciplines to make more informed and targeted decisions about intervention strategy and tactics. The ToC offers a practical programming tool that charts how and why Passages interventions produce intended outcomes. This narrative presents an overview of each Passages intervention, explains the hypothesized causal mechanisms leading from program strategies to improved FP/RH and well-being among young people, and discusses key considerations for planning norms-shifting interventions. A conceptualization of the pathways of change portrayed in the Passages ToC can assist in understanding the effect these interventions can feasibly make with the time and resources available. Finally, the Passages ToC supports linkage of outcomes to indicators for evaluation purposes, encouraging evaluation that is embedded in programming from the beginning. Once results from the research conducted on each of the Passages interventions is available, the Passages ToC may be refined.

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<sup>7</sup> Institute for Reproductive Health, “Social Norms and AYSRH: Building a Bridge from Theory to Program Design,” 2019.

<sup>8</sup> Institute for Reproductive Health, “The Flower for Sustained Health: An Integrated Socio-Ecological Framework for Normative Influence and Change.”

<sup>9</sup> Kaida et al., “Male Participation in Family Planning: Results from a Qualitative Study in Mpigi District, Uganda”; Nalwadda et al., “Persistent High Fertility in Uganda: Young People Recount Obstacles and Enabling Factors to Use of Contraceptives”; Nanda, Schuler, and Lenzi, “The Influence of Gender Attitudes on Contraceptive Use in Tanzania: New Evidence Using Husbands’ and Wives’ Survey Data”; Shattuck et al., “Encouraging Contraceptive Uptake by Motivating Men to Communicate about Family Planning: The Malawi Male Motivator Project”; Stephenson, Bartel, and Rubardt, “Constructs of Power and Equity and Their Association with Contraceptive Use among Men and Women in Rural Ethiopia and Kenya”; Marcus et al., “How Do Gender Norms Change?”

# BRIEF DESCRIPTION OF PASSAGES INTERVENTIONS

Husbands' School (HS)	École des Maris (EM)
<b>Implementing Organizations:</b>	SongES, United Nations Population Fund - Niger (UNFPA –Niger)
<b>Setting:</b>	Over 2000 schools are reaching communities in all regions of Niger
<b>Target Populations:</b>	24+ year old married men ('model husbands')
<b>Secondary Populations:</b>	Young married men and their wives
<b>Behaviors/ Social Norms:</b>	Gender equitable relationships and behaviors, couple communication and decision-making, FP/RH, and service use
<b>Summary:</b>	The intervention is a community-based, social and behavior change intervention designed to improve FP/RH and address gender barriers that contribute to poor health outcomes. It revolves around Husbands Schools, comprised of 'Model Husbands' who are selected based on their status as respected community members as well as their attitudes and actions being supportive of RH services use by their wives. After orientation, Model Husbands with support from NGO coaches begin community outreach and sensitization to other men (in turn, reaching women). The goal is community-wide norms shifting and behavior change, including community belief in the value of women using RH/FP services, of couples sharing RH-related decision-making, and of male engagement in RH issues.

Girls' Holistic Development (GHD)	Développement Holistique des Filles (DHF)
<b>Implementing Organizations:</b>	The Grandmother Project
<b>Setting:</b>	Némataba Commune, Senegal
<b>Target Populations:</b>	10-14 year-old girls, grandmothers
<b>Secondary Populations:</b>	Parents of VYA girls, teachers, community
<b>Behaviors/ Social Norms:</b>	Early marriage, adolescent pregnancy, adolescent girls' education, female genital cutting (FGC)
<b>Summary:</b>	The intervention adopts a 'change through culture,' participatory approach that aims to change harmful social norms (21) by recognizing and valuing the role of "grandmothers" (elder women) and increasing community capacity and cohesion to promote the health and well-being of VYA girls. The intervention engages with existing positive values and traditions in communities, including the value of elder women as advisors to young girls and adults and community discussion and resolution. The intervention works at multiple levels within the community. Specifically, it works to strengthen cultural values, traditions, and communication in the community, followed by a series of intergenerational fora and special events, such as "Days of Praise of Grandmothers" involving VYA girls, grandmothers, and communities. The intervention fosters community capacity, social cohesion, and holistic development and new norms supportive of positive health and social outcomes for VYA girls.

## Transforming Masculinities (TM)

## Masculinité, Famille et Foi (MFF)

<b>Implementing Organizations:</b>	Tearfund, Association de Santé Familiale (ASF), Eglise de Christ au Congo
<b>Research Partners:</b>	Institute for Reproductive Health (IRH), FHI 360
<b>Setting:</b>	Kinshasa, DRC
<b>Target Populations:</b>	18-35 year-old newly married couples and first time parents (men and women) from congregations
<b>Secondary Populations:</b>	Faith leaders, Protestant congregations
<b>Behaviors/Social Norms:</b>	Gender equitable relationships and behaviors, couple communication and decision-making, IPV, FP
<b>Summary:</b>	The intervention is adapted from an evidence-based approach to promote gender equality and positive masculinities within faith communities. The main component of the intervention is a series of group discussions, conducted over eight weeks, facilitated by trained “gender champions.” These discussions, called “community dialogues,” encourage critical reflection among newly married couples and first time parents. Community dialogues are made possible through a series of trainings and workshops that guide faith leaders and congregation members through a process of participatory reflection to identify, create, disseminate, and embrace new, positive masculinities and gender equality. The goal is community-wide norms shifting and behavior change that embodies gender-equity in the household and puts into practice a positive masculine identity that encompasses reduced IPV, shared decision-making within couples, and increased FP use.

## Growing Up GREAT! (GUG!)

## Bien Grandir! (BG!)

<b>Implementing Organizations:</b>	Save the Children
<b>Setting:</b>	Kinshasa, DRC
<b>Target Populations:</b>	In-school and out-of-school 10-14 year-old boys and girls
<b>Secondary Populations:</b>	Parents of VYA boys and girls, teachers, community
<b>Behaviors/Social Norms:</b>	Gender equality and roles, gender-based violence (GBV), FP/RH
<b>Summary:</b>	The intervention applies an ecological perspective addressing multiple spheres of influence—individual, family, school, community— that most affect VYA life experiences (9,21). It consists of a toolkit of age-tailored, gender inclusive materials exploring FP/RH, GBV, and gender equality through interactive learning among VYAs delivered in weekly club sessions. The intervention encourages reflection and dialogue among parents through video testimonials and group discussions around model behaviors, as well as communication with their children. It fosters community engagement through community discussion to build more equitable gender norms that support adolescent development and well-being.

# PASSAGES THEORY OF CHANGE OVERVIEW

The Passages ToC illustrates seven broad, interconnected categories of implementation activities aimed at multiple levels of the ecological system (e.g. individual- and community-based) <sup>10</sup>. These crosscutting strategies represent approaches used throughout individual Passages interventions, and are consistent with emerging social norm theory. It is important to note that not all implementation strategies are used in every Passages intervention, but each intervention uses multiple strategies to address different levels of the ecological system. Passages strategies are explicitly designed to not only influence intervention participants, but also to diffuse ideation, relationships and behaviors throughout community networks, reaching even those not directly involved in the intervention <sup>11</sup>. Through these activities and diffusion, Passages expects to achieve these intermediate outcomes: shifts in social norms and attitudes, including those around gender equality, which create a normative environment supportive of improved FP/RH; improved agency; and more FP/RH providers offering youth- and adolescent-friendly health care. We posit that these shifts in intermediate outcomes will lead to a cascade of behavioral outcomes, from gender-equitable relationships and behaviors to increased modern FP use and healthy timing and spacing of pregnancy. Ultimately, we expect that these outcomes will lead to the Passages goal of improved FP, RH, and well-being among target communities.

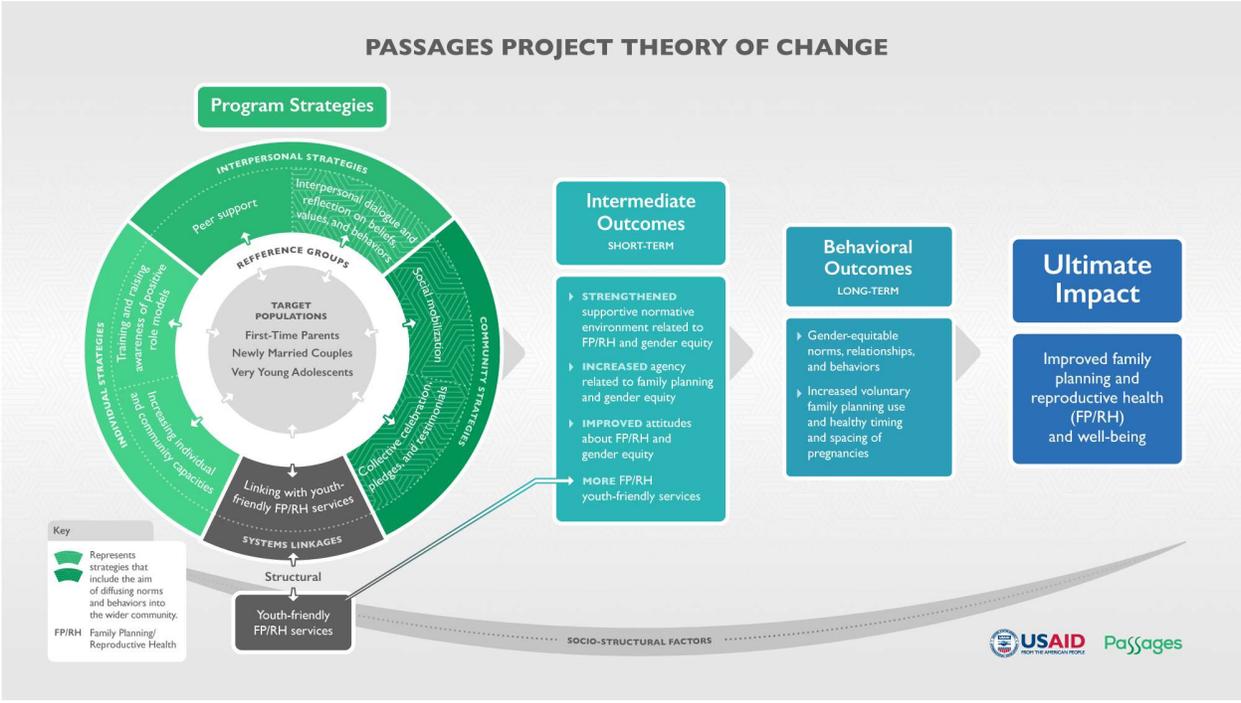


Figure 1 | Passages Project Theory of Change

<sup>10</sup> Mcleroy et al., “An Ecological Perspective on Health Promotion Programs.”  
<sup>11</sup> Rogers, *Diffusion of Innovations*.

# PASSAGES PROGRAM STRATEGIES

## THEORETICAL FOUNDATION

The interventions under Passages are grounded in social and behavior change models and theories, which support a unified ToC across Passages interventions that shows pathways to norms-shifting that facilitate improved RH and well-being. The six program strategies utilized in Passages interventions are specifically designed to lead to norms shifting, and tie directly to some of the common attributes of norms-shifting interventions, including: (1) engaging people at multiple levels; (2) seeking community-level change; (3) creating safe space for critical reflection by community members; (4) using organized diffusion; (5) rooting the issue within community's own value systems and; (6) correcting misperceptions around harmful behaviors <sup>12</sup>. For example, numerous Passages strategies align with the attribute of engaging people at multiple levels, including peer support, increasing individual and community capacities, collective celebration, pledges and testimonials, and fostering and linking with youth-friendly, FP/RH services. Additionally, training and raising awareness of positive role models and interpersonal dialogue on reflection and beliefs both align with the attribute to root issues in the community's own value system, and social mobilization works to create community-level change.

Passages interventions draw foundationally from the social ecological model, which stipulates that individuals are embedded in environments with multiple levels of influence. Interventions aim to influence intrapersonal factors, including an individual's behavior, attitudes, and agency; interpersonal and group processes, including broad social networks as well as family units and schools; and community factors, which encompass relationships between both informal and formal networks within community structures <sup>13</sup>. Within this framework, interventions draw from other social and behavior change theories.

Key among these is the *Theory of Normative Social Behavior*, which lays out the ways that behavior is influenced by both descriptive social norms (perceptions about how other people behave) and by injunctive social norms (expectations about how people should behave) <sup>14</sup>. Under this theory, descriptive norms hold a direct influence over behavior, as people are more likely to engage in a behavior they perceive to be common. The theory also holds that injunctive norms, group identity, and the perceived benefits or detriments of engaging in a behavior (also called rewards or sanctions) moderate the influence of descriptive norms over behavior. Finally, agency, or people's perceived ability and resources to perform a behavior, plays a role in determining the uptake and continuation of a behavior. The Passages ToC draws on these concepts, with "increased agency" and "more FP/RH settings have youth-friendly services" both intermediate outcomes in the Passages ToC. When people believe a behavior is common, and that the behavior will lead to positive consequences, they gain self-efficacy to engage in this behavior <sup>15</sup>.

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<sup>12</sup> Yaker, "Identifying and Describing Approaches and Attributes of Normative Change Interventions: Background Paper."

<sup>13</sup> McIeroy et al., "An Ecological Perspective on Health Promotion Programs."

<sup>14</sup> Rimal and Real, "How Behaviors Are Influenced by Perceived Norms a Test of the Theory of Normative Social Behavior"; Rimal and Lapinski, "A Re-Explication of Social Norms, Ten Years Later."

<sup>15</sup> Institute for Reproductive Health, "Social Norms and AYSRH: Building a Bridge from Theory to Program Design," 2019.

Within the Passages ToC, the Theory of Normative Social Behavior is supplemented by the **Integrated Behavior Model**, which looks at intention to perform a behavior as deriving from multiple components. The Passages ToC draws from many of these components of intention, including the intermediate outcomes of “improved attitudes around FP/RH and gender,” “enhanced normative environment,” and “increased agency,” which in turn predict behavior change. The Integrated Behavior Model also acknowledges the role of resources as a constraint on behavior change, echoed in the Passages ToC intermediate outcomes <sup>16</sup>. Chung and Rimal <sup>17</sup> note that increasing self-efficacy can impact the effect of normative influence on individual behavior. As an individual gains self-efficacy and a sense of empowerment, they are more likely to be able to refuse to engage in undesirable group behaviors.

The Theory of Normative Social Behavior and the Integrated Behavior Model both hold that the broader socio-ecological environment is a key determinant of behavior <sup>18</sup>. Roger’s **Diffusion of Innovations Model** proposes the concept that interventions, including those aimed at individual behavior, are communicated along various channels into this wider socio-ecological environment, be it to members of a geographic, congregational, or other form of community <sup>19</sup>. In this model, diffusion is a type of communication, encompassing many types of information exchange, by which messages about new concepts are disseminated, as well as a type of social transformation. Rogers defines diffusion as comprising four key domains: the innovation; the types of communication; the element of time, which encompasses the rate at which the innovation is adopted; and the “social system” that forms the setting for diffusion. For example, in the MFF Passages intervention, the innovation may be couples communicating about seeking FP, the type of communication may be sermons, and the social system may be a congregation <sup>20</sup>.

## INTERVENTION TARGET AND REFERENCE GROUPS

The Passage model places the primary target groups for interventions at the center of the strategies column in the ToC. These groups include VYAs (in the GUG!/BG! and GHD/DHF interventions) and NMCs and FTPs (in the TM/MFF and HS/EM interventions). Reference groups, or those actors whose opinions on relevant behaviors matter to target individuals, are placed around the primary target groups <sup>21</sup>: they can circumscribe the behaviors of young people through their normative influence <sup>22</sup>. Reference groups often have the power to enforce behavioral compliance with social norms by positively or negatively sanctioning behavior <sup>23</sup>. Within Passages interventions, reference groups are identified locally and include peers, faith and community leaders, teachers, parents, and

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<sup>16</sup> “Integrated Behavior Model”; Yzer, “The Integrative Model of Behavioral Prediction as a Tool for Designing Health Messages”; Fishbein and Ajzen, *Predicting and Changing Behavior: The Reasoned Action Approach*.

<sup>17</sup> Chung and Rimal, “Social Norms: A Review.”

<sup>18</sup> Fishbein and Ajzen, *Predicting and Changing Behavior: The Reasoned Action Approach*; Rimal and Real, “How Behaviors Are Influenced by Perceived Norms a Test of the Theory of Normative Social Behavior”; Rimal and Lapinski, “A Re-Explication of Social Norms, Ten Years Later”; Bandura, *Social Foundations of Thought and Action*.

<sup>19</sup> Rogers, *Diffusion of Innovations*.

<sup>20</sup> Rogers.

<sup>21</sup> Mackie et al., “What Are Social Norms? How Are They Measured?”

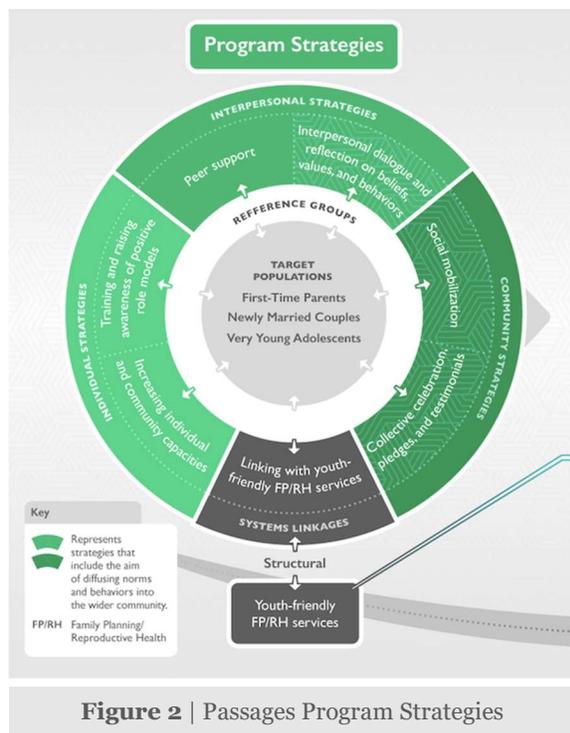
<sup>22</sup> Bicchieri and Mercier, “Norms and Beliefs: How Change Occurs.”

<sup>23</sup> Mackie et al., “What Are Social Norms? How Are They Measured?”

grandmothers. The ToC conceptualizes normative influence as bi-directional <sup>24</sup>, with young people able to influence their reference groups by introducing new behaviors and supportive messages within their networks and communities. Around these interactions, we place categorizations of the broad range of crosscutting Passages intervention strategies.

## DETAILED PROGRAM STRATEGIES

### Training and raising awareness of positive role models



**Figure 2** | Passages Program Strategies

Positive role models are individuals within a community selected for their demonstration of attitudes and behaviors consistent with intervention goals, such as a husband supporting his wife in her desire to use modern FP, or an adolescent who believes that men and women are created equal. These individuals may be positive deviants, opinion leaders, members of important reference groups for a given behavior, and/or occupy key positions of social influence within community social networks. Positive role models help to make healthy attitudes and behaviors acceptable and visible for young people and communities <sup>25</sup>. These individuals often receive additional sensitization and training for facilitating activities to shift harmful social norms.

Passages positive role models include faith leaders and gender champions in the TM/MFF intervention, who are trained to promote and model attitudes and behaviors related to gender, violence, and FP, often by employing scripture. Participating NMCs and

FTPs are primed to act as positive role models within their wider congregations and communities. In the HS/EM intervention, positive role models include model husbands who learn from one another and, in turn, model these attitudes and behaviors to other young husbands. Improved attitudes held by husbands include those related to their wives' voluntary utilization of FP/RH services within their communities. Passages interventions among VYAs include a less direct causal mechanism for role modeling. Grandmothers in the GHD/DHF intervention and parents in the GUG!/BG! intervention are sensitized toward modeling and supporting attitudes and behaviors for VYAs. In each intervention, individuals in primary target groups are prepared to model and diffuse positive attitudes and behaviors within their wider communities.

<sup>24</sup> Cialdini, Kallgren, and Reno, "A Focus Theory of Normative Conduct: A Theoretical Refinement and Reevaluation of the Role of Norms in Human Behavior."

<sup>25</sup> Marcus et al., "How Do Gender Norms Change?"

## Peer support

Peer support represents a strategy whereby young people provide a source of support (e.g., knowledge, experience, emotional, social, and/or practical assistance) for other young people on an equal and reciprocal basis <sup>26</sup>. Very often, peers are an important reference group for young people's attitudes and behaviors. Peer support activities can change perceptions of social norms by bringing young people together to demonstrate and accept new, healthy behaviors. Peer support can also help to minimize barriers to behavior change and empower target groups to adopt and maintain a new behavior by creating a system of emotional, social, and practical support <sup>27\*</sup>.

Each of the Passages interventions involves opportunities for peer support through group-based learning sessions of: young NMCs and FTPs in the TM/MFF intervention, young husbands in the HS/EM intervention, both in-school and out-of-school VYAs in the GUG!/BG! intervention, and VYA girls as well as grandmothers in the GHD/DHF intervention.

## Interpersonal dialogue and reflection on beliefs, values, and behaviors

Interpersonal dialogue and reflection refers to a space for young people to critically reflect on their own beliefs, values, and behaviors, particularly in relation to existing social norms within their reference groups and communities. It is a space that facilitates deeper processing of new information, allows for evaluation of what is desirable and possible, and where participants can develop new understandings to inform future behavior. Critical reflection is enhanced through dialogue with others facing similar experiences and challenges, and by learning and reinforcing new, positive attitudes and behaviors <sup>28</sup>.

Spaces for interpersonal dialogue and reflection are a key component of Passages interventions. In the TM/MFF intervention, NMCs and FTPs engage in dialogues centered on critical (re)examinations of scripture and social norms, as well as their own romantic relationships, attitudes, and behaviors related to gender and masculinity, violence, and FP. In the HS/EM intervention, model husbands reflect together on their attitudes and role in supporting FP/RH for their wives. In the GHD/DHF intervention, these spaces exist for the grandmothers and VYA girls involved in the intervention to engage in dialogue and activities with each other, reflect on and revalue culture, identity and the role of grandmothers through intra- and intergenerational forums. These act as a potential pathway toward addressing harmful social norms around gender, girls' education, FGC, and early marriage and pregnancy. For the GUG!/BG! intervention, these spaces are incorporated into interactive learning sessions among VYAs that focus on shifting norms around gender, puberty, teasing and harassment, and FP/RH.

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<sup>26</sup> Marcus et al.

<sup>27</sup> Adamchak, "Youth Peer Education in Reproductive Health and HIV/AIDS: Progress, Process and Programming for the Future."

\* Peer support, which involves social influence activities such as critical reflection, is broader in scope than peer education, which is limited to improving knowledge about a topic such as FP.

<sup>28</sup> Mackie et al., "What Are Social Norms? How Are They Measured?"; Mackie and Lejeune, "Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory."

## Increasing individual and community capacities

Capacity building consists of activities to enhance knowledge, skills, self-efficacy, and resources of target individuals, thereby strengthening the skills, competencies, and abilities needed to achieve their goals. At the community level, capacity building focuses on strengthening community resources (e.g. culture, social cohesion, organization, infrastructure) so that they can overcome obstacles and achieve their health and development goals. Individual capacity building is often necessary to enhance the ability of youth to engage in certain behaviors. For example, a woman without knowledge of FP methods, awareness of local services, or the confidence to advocate for her right to health care and obtain a FP method is unlikely to use a modern method of FP. Likewise, if a community conveys the expectation that a boy's education should be valued even at the expense of girl's education, and there is a lack of quality teachers and safe schools, it may be difficult to reduce dropout rates for young girls, even if communities want to prioritize girls' education. Improving individual, and, especially, community capacity, is a key consideration in sustaining an enabling normative environment, and maintaining healthy behaviors.

Capacity building activities within the TM/MFF intervention include, but are not limited to, trainings and guidance materials for faith leaders and gender champions, and guidance materials and facilitated linkages to health care for NMCs and FTPs. In the HS/EM intervention, coaches help to support model husbands to devise strategies to overcome community-identified challenges, including improved FP/RH outcomes for young men and women. Model husbands then conduct outreach activities to help guide other young men in the community to shift behaviors and attitudes, including supporting their wives' voluntary use of FP/RH services. In the GUG!/BG! intervention, a series of educational materials and activities including puberty books, activity cards, games, and health exchange visits are explicitly designed to promote and build VYA capacities. Likewise, trainings for teachers, games and videos for parents are also used to improve knowledge, skills, self-efficacy, and resources of these secondary target groups. The GHD/DHF intervention improves the capacity of teachers, VYA girls, and especially grandmothers through workshops, trainings, and educational curricula. In addition, it focuses on improving community cohesion and capacity by promoting intergenerational dialogue and reevaluation of the capacities of elder women by promoting them as important community cultural resources.

## Social mobilization

Social mobilization is a process whereby a range of civil society organizations, traditional and community leaders, and other actors raise awareness of and create viable solutions for a particular issue. It differs from community engagement, which furthers collective participation, but does not direct it towards a specific aim or behavior<sup>29</sup>. Social mobilization activities, designed to encourage community-wide dialogue and shared action around community concerns, are diverse and are broader in scope than interpersonal dialogues. They include holding public events, hosting discussions, or using local media to reach community members not directly participating in the intervention. Most importantly, they are designed to promote participatory, public discussion of and reflection on existing social norms, and allow for exploration of new social norms and behaviors communities would like to

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<sup>29</sup> UNICEF, "Community Engagement: Social Mobilisation."

work toward. Such events frequently involve community leaders, recognizing their role as both important gatekeepers and social influencers.

Social mobilization activities in Passages interventions include the community games and group discussions in the GUG!/BG! intervention communities. In the GHD/DHF intervention, they include public intergenerational forums, special Days of Solidarity, and Days of Praise of Grandmothers. In the TM/MFF intervention, they include sermons incorporating scripture supportive of healthy norms, special events and campaigns, and as well as community group discussions and public testimonials. In the HS/EM intervention, model husbands engage in outreach to other husbands to mobilize action, and facilitate public events at community and health service sites in the community. Across Passages interventions, participants are encouraged to engage community members in dialogue and action. Passages interventions all include social mobilization activities to engage the community leaders who often act as gatekeepers to their communities overall, and specifically the intervention target groups within their communities. In the GHD/DHF and the TM/MFF interventions, community leaders are actively engaged as secondary target groups throughout the intervention. This social mobilization includes fostering village elder participation in cultural activities in the GHD/DHF intervention, and the training, sensitization, and expectation of faith leaders to deliver sermons supportive of intervention messaging in the TM/MFF intervention.

## Collective celebration, pledges, and testimonials

Collective celebration, pledges, and testimonials are strategies designed to publicly demonstrate the commitment to and acceptance of positive attitudes and behaviors. Such activities increase the visibility of attitudes and behaviors previously hidden due to perceived disapproval, exposing more young people to alternative norms and behaviors. They may also demonstrate that sanctions, such as public approval or disapproval, are shifting for certain behaviors, increasing an individual's motivation to adopt healthy behaviors<sup>30</sup>.

Within Passages interventions, the TM/MFF intervention uses organized community events to support individual and collective change, including public testimonials to attitude and behavior change. The HS/EM intervention involves model husbands in public service events such as improving health center infrastructures, where they demonstrate men's engagement in the acceptability of FP/RH services. Collective celebrations are key aspects of the GHD/DHF intervention, involving celebration of social mobilization activities, including special Days of Solidarity and Days of Praise of Grandmothers. These occasions both honor elder women's sociocultural roles, and orient their attitudes and behaviors to support healthy outcomes for VYA girls.

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<sup>30</sup> Cialdini, Kallgren, and Reno, "A Focus Theory of Normative Conduct: A Theoretical Refinement and Reevaluation of the Role of Norms in Human Behavior."

## Fostering and linking with youth-friendly FP/RH care

In addition to enabling normative environments for target behaviors (particularly FP/RH care) in Passages, fostering an enabling healthcare environment where high-quality, youth-friendly FP/RH care is available and accessible was key for some Passages interventions. This is most directly addressed in the TM/MFF intervention. A service delivery partner, ASF, was engaged to train community health workers affiliated with their local network of franchised clinics to provide youth-friendly FP/RH and GBV care, conduct FP informational talks, and provide referrals for couples during community dialogues in the intervention period. In the HS/EM intervention, model husbands are linked with local healthcare providers and facilities to familiarize themselves with existing FP/RH care and address challenges related to access and utilization of FP/RH care, often working in constructive dialogue with FP/RH providers. In the GUG!/BG! and GHD/DHF interventions, health talks and exchange visits are included in intervention activities to familiarize VYAs, their parents, and other community members with locally-available resources.

## A SUMMARY OF PASSAGES PROGRAM STRATEGIES

The above sections detail the range of Passages activities or intervention strategies designed to shift social norms as well as change attitudes, agency, and the healthcare environment that lead to improved FP/RH and well-being of young people. Collectively the intervention strategies address gender equality, roles, and opportunities; behaviors related to decision-making on roles and opportunities for female versus male children; perpetration of GBV and IPV; and voluntary use of modern FP methods. These activities were selected based on evidence of their success, when it existed, and/or strong local understanding of the issues faced by target communities based on Passages consortium partners' experience. Each of these strategies was deployed to a greater or lesser degree depending on the particular behaviors, target groups, social norms, and geographies of interest for each Passages intervention. These interventions were designed by taking note of key life transition phases such as puberty, marriage, and childbirth, and each addresses multiple levels of influence, including individual, interpersonal, social, and environmental. Ultimately, the activities are expected to interact and reinforce each other leading to normative environments supporting behaviors conducive to improved RH and well-being among young men and women.

## DIFFUSION

Passages seeks to shift community norms and normative behaviors, as well to individuals' normative expectations and behaviors. In order to shift norms at the community level, new ones must be made visible and acceptable by an individual's reference groups and community<sup>31</sup>. Such community interventions often use organized diffusion, beginning with a strategically selected core group, who then engage others—either as part of intervention activities or organically— and so on throughout

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<sup>31</sup> Svanemyr et al., “Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches.”

the community<sup>32</sup>. The process of diffusion is important for the sustainability of norm shifting interventions—to reach a tipping point of normative change, that is, a critical mass of reference or community members begins to hold redefined norms and change their behavior<sup>33</sup>.

Strategies for Passages interventions explicitly incorporate and organize community-level diffusion. Organized diffusion within the community is most clearly demonstrated in the HS/EM intervention, whereby model husbands engage in outreach to other young husbands in their communities to demonstrate positive attitudes and behaviors. In the TM/MFF intervention, faith leaders incorporate supportive scriptural messages into their sermons to the wider congregation, as well as diffusing these messages through group discussions, public testimonials, and community mobilization activities. Gender champions, in addition to the NMCs and FTPs participating in the intervention, are also motivated to engage other peers and community members. In the GHD/DHF intervention, public ceremonies, such as Days of Solidarity and Days of Praise of Grandmothers are conducted in tandem to intergenerational forums that link the wider community to intervention messages and activities. While diffusion is not as explicitly organized in the GUG!/BG! ToC, in-school and out-of-school VYAs and their parents are empowered to engage the wider community in norm change. Through the process of diffusion, we expect to achieve the intermediate outcomes of enhanced normative environment, increased agency, and improved attitudes around FP/ RH and gender illustrated in Figure 1.

## INTERMEDIATE OUTCOMES AT INDIVIDUAL AND NORMATIVE LEVELS

The Passages strategies outlined above are designed to work together in synergy, diffusing through communities to cultivate a normative environment conducive to sustained gender-equitable relationships and behaviors, increased voluntary use of modern FP, and, ultimately, improved RH and well-being for young people. Passages seeks to go beyond individual behavior change, but recognizes that individual attitudes and agency both influence and are influenced by norms, and can enable individual behavior change, even in the absence of a supportive normative environment. Finally, even with a supportive normative environment, improved attitudes, and enhanced agency, behavior change is less likely without an enabling healthcare environment. Therefore, Passages strategies seek to bolster local health care by supporting and connecting participants with high-quality, youth-friendly FP/RH care to target groups and communities. Achieving progress in each of these intermediate outcomes is seen as



<sup>32</sup> Rogers, *Diffusion of Innovations*.

<sup>33</sup> Bicchieri and Mercier, “Norms and Beliefs: How Change Occurs.”

an effective means for reducing barriers toward community-level change goals of each intervention, and for Passages overall.

## Enhanced normative environment around FP/RH and gender

The interventions under Passages consist of strategies to encourage shifts in the beliefs of young people and their reference groups about what is typical and expected behavior. These shifts help to create a normative environment in which the adoption of healthy behavior is more likely and more sustainable. In the Passages ToC, the specific outcomes of this healthy environment include increased agency, improved attitudes about FP/RH and gender, and more FP/RH settings with youth-friendly services. There are often multiple, sometimes conflicting, social norms at play, and a specific norm related to an intervention's desired outcome is often reinforced or held in place by other norms. Consequently, Passages interventions are multidimensional and address a nexus of norms and behaviors related to gender equality, roles and opportunities, RH care and FP use, GBV/IPV, and couple or intergenerational communication and decision-making, depending on the specific intervention. The expectation is that norms shifting in one domain may catalyze change in other norms and behaviors. Passages interventions all share a common goal in shifting gendered social norms, based on evidence that shifting gender norms can lead to changes in multiple norms and behaviors, such as those relating to expectations of violence or FP use <sup>34</sup>.

## Increased agency

Young people's agency in forging healthy sexual relationships and seeking FP/RH care is influenced by factors operating on multiple ecological levels: family, community, socio-institutional, and environmental <sup>35</sup>. Individual agency is affected by the normative environment, but can exist to varying degrees independently from it <sup>36</sup>. Through the ToC's intervention strategies, which span activities including peer discussions, identifying positive role models and community leaders, and public-facing diffusion events, Passages expects to improve youth agency, strengthening their ability to take healthy actions <sup>37</sup>. Increased agency has been shown to influence behavior relating to FP/RH <sup>38</sup>. Passages interventions aim to increase agency in girls and boys, women and men. With increased agency and a supportive normative environment, individuals may be better able to take actions that increase RH care-seeking behavior, and increase voluntary modern FP use <sup>39</sup>. For example, newly-married women whose husbands were involved in HS/EM programming may have improved knowledge of FP services, and increased support from their husbands to seek such services, leading to increased agency by these women to seek FP and RH services.

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<sup>34</sup> "Gender Equality, Norms, and Health (Series)."

<sup>35</sup> Mcleroy et al., "An Ecological Perspective on Health Promotion Programs."

<sup>36</sup> Rimal et al., "Moving toward a Theory of Normative Influences: How Perceived Benefits and Similarity Moderate the Impact of Descriptive Norms on Behaviors"; Chung and Rimal, "Social Norms: A Review."

<sup>37</sup> Fishbein and Ajzen, *Predicting and Changing Behavior: The Reasoned Action Approach*.

<sup>38</sup> Marcus et al., "How Do Gender Norms Change?"

<sup>39</sup> Barker et al., "Questions Gender Norms with Men to Improve Health Outcomes: Evidence of Impact."; Hartmann et al., "Changes in Couples' Communication as a Result of a Male-Involvement Family Planning Intervention."

## Improved attitudes about FP/RH and gender equity

As with improved agency, the intermediate outcome of improved attitudes about FP/RH and gender equity often results from larger environment change. As a result, interventions that focus on individual attitudes exclusively may not be sufficient to change behaviors. The Passages ToC draws on thinking that posits for group-oriented communities (often called collectivist communities), a higher prevalence of positive attitudes towards certain behaviors can lead to a greater group-wide disposition to perform those behaviors <sup>40</sup>. Accordingly, Passages interventions include activities that, in addition to other mechanisms, aim to shift the attitudes of key reference groups that possess the power to encourage or discourage changed attitudes. These interventions include components that work synergistically towards an improved normative environment and facilitate shifts in attitudes in key RH and gender constructs, such as the appropriate age of marriage and first pregnancy, gender roles and responsibilities, and the appropriateness of seeking RH care, using modern FP, and spacing pregnancies. The Passages ToC conceptualizes attitude change as bidirectional between target and reference groups, and includes intervention activities that encourage diffusion of target group attitudes into broader communities. This is facilitated by engaging with reference groups including role models, faith leaders, and community leaders, and conducting diffusion activities, leading to increased communication about positive attitudes, and allowing for a more supportive environment for individuals to consider and change their attitudes.

## More FP/RH care settings have youth-friendly services

The Passages ToC recognizes that for social norms interventions to increase agency and improve attitudes, they must be complemented by efforts to increase access to good-quality, audience-appropriate services in order to achieve desired behavioral outcomes. For the populations reached by Passages interventions, without the material provision of youth-friendly FP/RH care, social norms programming can only go so far. Passages interventions provide linkages – formal and informal – and sometimes services improvement efforts to youth-friendly RH and FP care, recognizing the need for an enabling structural environment as well as an enabling normative environment. That said, more work is needed to shift the structural environment in many places. Concurrent efforts are needed to create youth-friendly FP/RH care <sup>41\*</sup>.

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<sup>40</sup> Rimal and Lapinski, “A Re-Explication of Social Norms, Ten Years Later”; Fishbein and Ajzen, *Predicting and Changing Behavior: The Reasoned Action Approach*.

<sup>41</sup> Salam et al., “Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions”; “High-Impact Practices in Family Planning (HIPs). Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements into Existing Contraceptive Services.”

\* For more on youth- and adolescent-friendly care, please see “High-Impact Practices in Family Planning (HIPs). Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements into Existing Contraceptive Services.” Washington, D.C., 2015. <https://www.fphighimpactpractices.org/briefs/adolescent-friendly-contraceptive-services>.

## **A SUMMARY OF PASSAGES INTERMEDIATE OUTCOMES**

The Passages strategies outlined are designed to shift norms that uphold unhealthy behaviors, primarily through (re)-evaluations of typical and approved behaviors, and by making healthy behaviors more visible and acceptable within groups and communities. This is achieved through the intermediate outcomes discussed above. Interventions are directed towards VYAs and young couples, at moments of social transition when norms— and consequently behavior— may not yet be firmly established. Within this space, young people and their reference group reflect on and develop alternative norms and they are introduced to redefined norms by role models, peers and other reference groups, education, and capacity building. At these developmental transition periods, there is scope to amplify healthy and shift problematic norms, building towards the intermediate outcomes of an enhanced normative environment, increased individual agency, and improved attitudes, which, in turn, lead to engagement in healthier behaviors. We expect these normative shifts to reduce barriers to healthy timing and spacing of pregnancy.

# BEHAVIORAL OUTCOMES

The Passages ToC holds that these improved intermediate outcomes – an enhanced normative and structural environment, improved attitudes and increased agency related to gender equity and FP/RH – will lead to the longer-term outcome of healthy timing and spacing of pregnancy among young people. Specifically, the Passages ToC theorizes that the intermediate outcomes will lead to a number of behavioral outcomes directly linked to the stated goals of Passages, which include improved FP/RH and well-being among young people.

With changed attitudes and enhanced agency, young people will be more likely to espouse norms, engage in relationships, and enact behaviors that are healthy and gender-equitable. The ToC hypothesizes that young people with changed attitudes about what it means to be male and female, increased agency to seek RH care, an enabling normative environment supporting adolescents and a healthcare environment are better able to prevent IPV, share couple decision-making about FP/RH care, and increase voluntary modern FP use. With an increased use of voluntary modern FP, women may experience healthier timing and spacing of pregnancies. VYA girls, with more positive attitudes about gender roles held by both themselves and their families, may be more likely to stay in school for longer and delay marriage and childbearing.



Figure 4 | Behavioral Outcomes

## IMPACT: IMPROVED FP/RH AND WELL-BEING



Figure 5 | Ultimate Impact

Social norms are fluid, and the aim of the Passages norms-shifting interventions is to channel this change to shift norms to promote sustained improvements in overall health and well-being among adolescents and youth at a population level. This includes the healthy timing and spacing of pregnancy, which in turn leads to a reduction in premature infant and maternal mortality<sup>42</sup>. In addition, this shift in norms is posited to lead to improved quality of life for targeted populations, including healthier relationships and more equitable power dynamics between couples.

Through activities such as interpersonal and public dialogue, adolescents and youth are encouraged to critically reflect on existing norms, which are often hidden and unexamined, to make conscious deliberations about their own attitudes and behaviors. Within peer groups, young people are introduced to social and group identities committed to establishing new norms, which are reinforced by social mobilization and public celebrations. Passages interventions also work with and through reference groups such as peers, community and faith leaders, teachers, and parents to re-orient their enforcement of unhealthy norms through sanctions, instead encouraging

<sup>42</sup> Institute for Reproductive Health, “Social Norms and AYSRH: Building a Bridge from Theory to Program Design,” 2019.

support of young people adopting healthy behaviors. The Passages interventions are diverse, focusing on differing behaviors, norms, target populations and secondary populations, and geographies. Nevertheless, they share common strategies and tactics to shift social norms, each with a growing evidence base. Finally, the intervention strategies work across multiple levels (individual, interpersonal, community), addressing the multidimensional nature of social norms and behavior change <sup>43</sup>. Ultimately, we expect that working with target populations and their reference groups— at critical life transitions and across multiple socio-ecological levels— new ideation will diffuse through the community to achieve a tipping point of norms shifts, leading to sustained community-wide behavior changes <sup>44</sup>.

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<sup>43</sup> Mcleroy et al., “An Ecological Perspective on Health Promotion Programs.”

<sup>44</sup> Bicchieri and Mercier, “Norms and Beliefs: How Change Occurs.”

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