

INTERVENTION SNAPSHOTS

A 2020 Rapid Review of Social Norms Approaches in Community-Based Programs: Breastfeeding, School Bullying Prevention, and Menstrual Hygiene Management Interventions



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Why did we undertake this review?

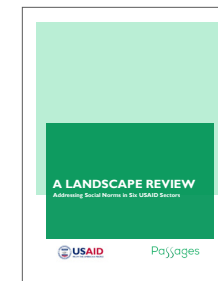
Understanding how social norms* influence behavior has gained importance globally as development interventions across sectors seek sustained improvements in the health and wellbeing of populations. Community-based, norms-shifting interventions:

- Promote critical reflection on norms and values in relation to new ideas and healthy behaviors,
- Uplift existing positive norms and catalyze new ones that encourage desired behaviors, and
- Support collective action for norm change.

The Passages Project, with support from the USAID’s Office of Gender Equality and Women’s Empowerment, has been at the forefront of efforts to understand and strengthen social norms programming across sectors. This document presents findings from a rapid desk review that examined interventions seeking to shift social norms in relation to breastfeeding, school bullying prevention, and menstrual hygiene management.

*By norms, we mean “beliefs about which behaviors are appropriate within a given group.” Babu Vaitla, Alice Taylor, Julie Van Horn, and Ben Cislighi. Social Norms and Girls’ Well-Being: Linking Theory and Practice. (2017) Washington, D.C.: Data2X, 28.

THE REVIEW BUILDS ON TWO EARLIER PIECES OF WORK:



A 2019 landscape review of USAID-supported norms-shifting interventions across six sectors and three case studies of norms-shifting interventions within three of these sectors.



A 2017 Learning Collaborative to Advance Normative Change literature review, “Identifying and Describing Approaches and Attributes of Norms-Shifting Interventions.”

What did we seek to learn?

THIS RAPID DESK REVIEW SOUGHT TO:

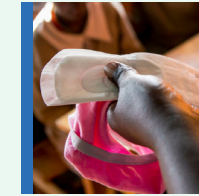
1. Assess the relevance of the social norms attributes of norms-shifting interventions identified in the Learning Collaborative literature review [see Table 1] to interventions in three additional health areas**:



Breastfeeding



School bullying prevention



Menstrual hygiene management (MHM)

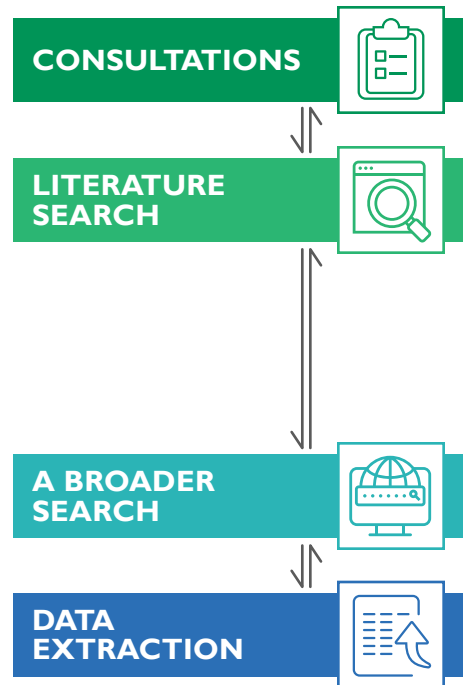
2. Describe how these intervention attributes contribute to norms-shifting; and
3. Highlight three interventions—one in each area—as examples for donors and implementers looking to integrate social norms approaches into their programming.

Overall we found that that the attributes identified by the Learning Collaborative review had applicability for breastfeeding, school bullying, and MHM interventions—indicating to us that some behavior change interventions not explicitly labeled as ‘norms-shifting’ are still using norms-shifting approaches.

**These health areas were chosen after consultations with colleagues asked to identify health domains with growing engagement in norms-shifting approaches.

How did we conduct this rapid desk review?

WE USED A NON-SYSTEMATIC, ITERATIVE, AND CONSULTATIVE PROCESS TO CONDUCT THE REVIEW.



We surveyed IRH professional networks (including Passages consortium members and Learning Collaborative Members) to identify specific interventions within the selected health areas—breastfeeding, school bullying, and MHM—with a focus on social norms.

We searched the websites of organizations and interventions identified in our consultations. Using key words, we identified interventions worldwide implemented between 2009 and 2018 that included a social norms component. For example, for breastfeeding interventions, we used the key words: Breastfeeding + Social Norms, Breastfeeding + Normative Change, and Breastfeeding + Gender Norms.

Where possible, we emailed key contacts for additional documents or information. Our team examined the results, looking for interventions that addressed social norms related to behavior change or incorporated strategies to shift social norms.

We conducted a Google search using the same key words to identify relevant grey and peer-reviewed literature, as well as interventions that were not identified earlier.

We reviewed documents (including project reports, strategic plans, and peer-reviewed articles) associated with social norms interventions aiming to improve breastfeeding, school bullying, and MHM outcomes. Our team identified 12 interventions that substantively address social norms: three on breastfeeding, four on bullying, and five on MHM. We used a matrix to extract intervention’s objectives and activities from the materials on each of the 12 interventions. Intervention strategies were classified according to the attributes of norms-shifting interventions identified in the Learning Collaborative literature review¹. See Table 1 for a full list of these attributes and their brief definitions; more detailed definitions are [available](#) in the Learning Collaborative paper.

COMMON ATTRIBUTES OF NORMS-SHIFTING INTERVENTIONS

DEFINITION¹ *All definitions are from the Learning Collaborative*

- 1 Engages Wide Range of People at Multiple Levels:** “Working with multiple types of people at different levels of the ecological system”
- 2 Seeks Community-level Change:** An intervention that “seeks to achieve change at community, rather than individual, level”
- 3 Emphasizes Creation of Positive New Norms:** Community discusses and explores “new norms that they want to work toward and positive practices that are already taking place”
- 4 Based upon Accurate Assessment of Social Norms:** When interventions “understand clearly the norms they are trying to address in order to determine the most effective way to create change”
- 5 Addresses Power Imbalance/Inequality:** Addresses inequality “particularly related to gender and marginalized groups”
- 6 Creates Safe Space for Critical Community Reflection:** A “space [for community members] to think critically about their own ideas and behaviors, and to reflect upon both old and new norms”
- 7 Community-led:** “A community’s active participation in norms-shifting activities, versus community as a static recipient of project-led activities”
- 8 Organized Diffusion:** Planned dissemination of new ideas, norms and behaviors and “change [that] begins with a core group, who then engage others”
- 9 Presents the Actual Behavior Norm:** “[Interventions] that focus on correcting the misperception of others’ behaviors and highlighting the actual behavior norm”
- 10 Roots the Issue Within Community’s Own Values:** “Communities [that] root new norms within their own value systems” by using reflection led by trusted, credible sources who help people explore whether their values, norms and behaviors are aligned
- 11 Builds on Existing Networks:** Engaging with already established institutions and mobilized groups and/or building on already existing social capital or networks.
- 12 Uses Multiple Strategies/Multiple Components:** The use of multiple intervention inputs or activities in an intervention, which complement and build off each other. These strategies often utilize an ecological framework (Attribute 1) to reach a high number of people and organizations within a community. Some strategies may include media, outreach, and community programming.

What did we find?

The 12 attributes of norms-shifting interventions identified by the Learning Collaborative were found across the 12 breastfeeding, school bullying, and MHM interventions included in this review.

Examining the distribution of the 12 attributes provided insight into the key norms-shifting elements of these 12 interventions.

To get a better sense of how these attributes play out in individual interventions, we chose three — one from each area to describe in more detail. Together, our three case studies include all of the 12 attributes listed in Table 1, showing how each one can serve as a building block for intervention design.

All the interventions **engaged people at multiple levels (Attribute 1)**, the only ‘unanimous’ attribute. Almost all, ten out of 12, **sought community-level change**, in addition to individual behavior change (**Attribute 2**). Six out of 12 were **community-led (Attribute 7)**, and one rooted the issues of interest **within communities own values’ (Attribute 10)**.

Most interventions, ten out of 12, were based upon an **accurate assessment of social norms (Attribute 4)**, and employed the **creation of positive new norms (Attribute 3)** in programming. Only one intervention presented the **actual behavioral (Attribute 9)** to correct misperceptions of others behaviors as part of its norms-shifting strategies. A quarter (three out of 12) used **organized diffusion (Attribute 8)** to further spread norms-shifting messaging into the community.

A majority of interventions (nine out of 12) **addressed power imbalances (Attribute 5)** as part of their approach to shifting norms—this included all five MHM interventions, two out of three of the breastfeeding interventions, and half of the school bullying interventions (two out of four). Slightly fewer interventions (eight of 12) created a **safe space for critical community reflection (Attribute 6)**.

Two new attributes were identified in these three health areas. Seven out of 12, interventions **built on existing networks (Attribute 11)** and used **multiple strategies in programming (Attribute 12)**.

TABLE I

Tally of Attributes of Norms-Shifting Interventions Across Identified Breastfeeding, School Bullying Prevention, and MHM Interventions

Attribute	Number of interventions with attribute			Total times attribute identified across all 12 interventions
	Breastfeeding (n=3)	School Bullying (n=4)	MHM (n=5)	
COMMON ATTRIBUTES OF NORMS SHIFTING INTERVENTIONS				
1. Engages Wide Range of People at Multiple Levels	● ● ●	● ● ● ●	● ● ● ● ●	12
2. Seeks Community-level Change	● ● ●	● ● ● ●	● ● ● ● ●	10
3. Emphasizes Creation of Positive New Norms	● ● ●	● ● ● ●	● ● ● ● ●	10
4. Based upon Accurate Assessment of Social Norms	● ● ●	● ● ● ●	● ● ● ● ●	10
5. Addresses Power Imbalance/Inequality	● ● ●	● ● ● ●	● ● ● ● ●	9
6. Creates Safe Space for Critical Community Reflection	● ● ●	● ● ● ●	● ● ● ● ●	8
7. Community-led	● ● ●	● ● ● ●	● ● ● ● ●	6
8. Organized Diffusion	● ● ●	● ● ● ●	● ● ● ● ●	3
9. Presents the Actual Behavior Norm	● ● ●	● ● ● ●	● ● ● ● ●	1
10. Roots the Issue Within Community's Own Values	● ● ●	● ● ● ●	● ● ● ● ●	1
11. Builds on Existing Networks	● ● ●	● ● ● ●	● ● ● ● ●	7
12. Uses Multiple Strategies/Multiple Components	● ● ●	● ● ● ●	● ● ● ● ●	7

Three Breastfeeding Interventions with a Norms Focus

What we found in our review:

- Empowering Parents Campaign, an ongoing global campaign through the World Alliance for Breastfeeding Advocacy that empowers parents with information to enable them to make the best choice in infant feeding;
- Kokwo Model, a intervention implemented in Kenya in 2018, which aims to improve nutrition by addressing gender norms around child care and feeding, and
- **Infant and Young Child Nutrition (IYCN) Project**, our illustrative example.



SPOTLIGHT ON:

USAID’s Infant and Young Child Nutrition (IYCN) Project²

PROJECT OVERVIEW

- Duration:** 2006 – 2012
- Location:** 14 countries in Africa, the Caribbean, and Southeast Asia.
- Aims:**
- Prevent malnutrition during the 1000-day period from pregnancy through a child’s second year of life.
 - Shift norms related to maternal nutrition and child and infant feeding practices, including exclusive breastfeeding, adequate diet with nutrient-dense food, and complementary feeding.

6 Attributes Identified in the IYCN Project

- Attribute 1** Engages Wide Range of People at Multiple Levels
- Attribute 2** Seeks Community-level Change
- Attribute 3** Emphasizes Creation of Positive New Norms
- Attribute 4** Based upon Accurate Assessment of Social Norms
- Attribute 6** Creates Safe Space for Critical Community Reflection
- Attribute 12** Uses Multiple Strategies/ Multiple Components

Breastfeeding Interventions: Infant and Young Child Nutrition

INTERVENTION DESIGN

Prior to implementing project activities, **accurate assessments (Attribute 4)** were conducted through formative research in each country, providing information on relevant knowledge of and attitudes toward mothers' nutrition and feeding practices. This assessment also identified key groups influential to these practices.

IYCN was designed using the socio-ecological model, with an emphasis on **engaging a wide range of people at multiple levels (Attribute 1)**. Project objectives spanned the individual, household, and community levels through complementary activities and messaging on maternal nutrition and infant and child feeding practices that engaged mothers, families, influential community leaders, health structures and governments. The IYCN Project also provided a link between local and national interventions, connecting government organizations to local communities.

MECHANISMS OF CHANGE



IYCN sought **community-level change (Attribute 2)** in norms that prevent optimal maternal nutrition and infant and child feeding behaviors, including breastfeeding. To achieve this, the intervention employed **multiple strategies/components (Attribute 12)** to reach people at different levels and promote

acceptance of new behaviors. These included:

- Create an enabling environment for **positive new norms (Attribute 3)** and associated behaviors around infant and maternal nutrition within the first 1000 days of life.
- Provide individual, group, and system-level supports to adopt and maintain those new norms and behaviors, including a SBCC campaign with media and edutainment programming, materials exploring gender norms related to infant feeding, and educational brochures. The intervention also undertook policy advocacy, home visits with one-on-one counseling for mothers, support groups for mothers, fathers and grandmothers, cooking demonstrations, training for male leaders on maternal and child nutrition, and training health workers.
- Create **safe spaces for community reflection (Attribute 6)** by hosting discussion groups for influencers like fathers and grandmothers to explore maternal nutrition and child and infant feeding topics, aiming to change perceptions of acceptable and healthy behaviors.

Four Bullying Interventions with a Norms Focus

What we found in our review:

- The Journeys component of the Literacy Achievement and Retention Activity (LARA), implemented from 2015-2020 in Uganda, which aimed to address power and gender norms that lead to bullying;
- The Connect with Respect project, implemented starting in 2016 in several Asian and Pacific countries, which aims to shift the social norms that underlie school-related gender based violence and other forms of gender inequality;
- The Social Norms Project Toolkit, implemented from 2005-2010 in the United States, which aimed to support group norms that promote student behavior to prevent harassment, intimidation, and bullying; and
- **The Olweus Bullying Prevention Program, our illustrative example.**



SPOTLIGHT ON:

The Olweus Bullying Prevention Program (OBPP)³

PROJECT OVERVIEW

- Duration:** 1983 – present
- Location:** Developed in Norway. Continues to be implemented widely, largely in higher-income countries.
- Aim:** Tackle school bullying in primary and secondary schools by shifting the norms that underpin a “passive acceptance of bullying”⁴ by engaging the entire school community, including teachers, administrators, counselors, parents, and students in intervention activities.

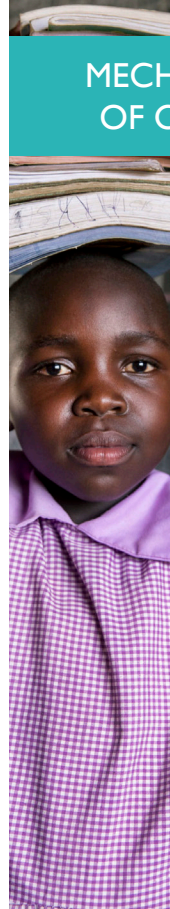
8 Attributes Identified in the OBPP Project

- Attribute 1** Engages Wide Range of People at Multiple Levels
- Attribute 2** Seeks Community-level Change
- Attribute 3** Emphasizes Creation of Positive New Norms
- Attribute 4** Based upon Accurate Assessment of Social Norms
- Attribute 6** Creates Safe Space for Critical Community Reflection
- Attribute 8** Uses Organized Diffusion
- Attribute 11** Builds on Existing Networks
- Attribute 12** Uses Multiple Strategies/ Multiple Components

Bullying Interventions: The Olweus Bullying Prevention Program

INTERVENTION DESIGN

The intervention is based upon an **accurate assessment of social norms (Attribute 4)**—administering a questionnaire before implementation to assess the extent of bullying in the school, common “hot spots” where the bullying happens, and the school norms that underpin bullying—for example, ‘students should not report each other for bullying.’ This assessment sheds light on implementing the OBPP for specific school contexts, asking participants to create a vision of how they want their community to change.



MECHANISMS OF CHANGE

The intervention **seeks community-level change (Attribute 2)** by working with a **wide range of people at multiple levels (Attribute 1)** including school community members, school reference groups, and power holders who might influence whether bullying occurs and stop it when it does. With these people engaged, OBPP uses **multiple program components (Attribute 12)**. These included:

- Form ‘Bullying Prevention Coordinating Committees,’ with school community members including parent and community representatives. The committee is ‘certified’ as change agents and trainers through a course on bullying prevention, plan school activities, and train the school staff on bullying prevention and intervention - especially in the “hot spots” identified by students.
- Provide students **safe spaces for critical reflection (Attribute 6)** on their perceptions and experiences of bullying. Teachers are encouraged to continue to make these spaces available in the classroom after the OBPP.
- **Emphasize the creation of positive new norms (Attribute 3)** by shifting normative responses to bullying and fostering a positive school environment.
- Use **organized diffusion (Attribute 8)** to communicate bullying-prevention messages and conduct trainings with the wider school community. This includes building **on existing networks (Attribute 11)** to spread messages to engage community members in the intervention, encourage teachers to integrate new ideas into their classrooms, and motivate schools to sustain intervention activities.⁴

Five Menstrual Hygiene Management Interventions with a Norms Focus

What we found in our review:

- FACT Pragati, a participatory fertility awareness intervention in Nepal that included a ‘Menstrual Cycle Game’ which challenged the social norms that inhibit communication about menstruation;
- Toolkit for Integrating MHM into Humanitarian Response, which provides streamlined guidance to support humanitarian organizations and agencies seeking to integrate MHM into their intervention;
- WASH UP! Girl Talk, an intervention piloted in Zimbabwe that provides puberty and menstrual education to empower young girls;
- EU SCALING project, implemented in Laos, a nutrition intervention with a component on shifting gender norms which provides peer support for improved MHM and other WASH practices; and
- The **GARIMA Project**, our illustrative example.



SPOTLIGHT ON: The GARIMA Project⁵

PROJECT OVERVIEW

Duration: 2013 – 2016

Location: Uttar Pradesh, India

- Aims:**
- Empower adolescent girls by shifting the culture of silence around MHM through dialogue about menstrual hygiene practices with adolescent girls, their families, and their communities.
 - Change negative perceptions of menstruation, including those that underpin stigma, silence, embarrassment, and incorrect information to promote an environment supportive of MHM.
 - Increase knowledge of menstruation, confidence in discussing menstruation, and positive attitudes toward discussions on menstruation among girls, families, and communities.
 - Improve infrastructure for MHM.

8 Attributes Identified in the GARIMA Project

- Attribute 1** Engages Wide Range of People at Multiple Levels
- Attribute 2** Seeks Community-level Change
- Attribute 3** Emphasizes Creation of Positive New Norms
- Attribute 4** Based upon Accurate Assessment of Social Norms
- Attribute 5** Addresses Power Imbalance/Inequality
- Attribute 6** Creates Safe Space for Critical Community Reflection
- Attribute 11** Builds on Existing Networks
- Attribute 12** Uses Multiple Strategies/ Multiple Components

Menstrual Hygiene Management Interventions: GARIMA

INTERVENTION DESIGN

The GARIMA Project was based upon an **accurate assessment of social norms (Attribute 4)** in Uttar Pradesh that found:

- Harmful social norms related to menstruation at baseline, including community-held norms about the ‘impurity’ and shame’ of menstruating girls,
- A ‘culture of silence’ that prevented healthy MHM in adolescent girls.
- Inadequate access to facilities and products inhibit MHM.

The intervention sought **community-level change (Attribute 2)** by engaging a **wide range of people at multiple levels (Attribute 1)**: these as parents, teachers, and frontline workers, with a focus on individuals resistant to change, such as the fathers of adolescent girls.

MECHANISMS OF CHANGE



The GARIMA Project used **multiple strategies (Attribute 12)** to decrease stigma related to menstruation and promote MHM, in part by shifting norms that restrict the mobility and diet of menstruating girls and label them as ‘impure.’ These included:

- Construct structures at schools for girls to change their clothes and address MHM needs.
- Provide **safe spaces for critical community reflection (Attribute 6)**, including meetings with adolescent girls and their mothers to discuss menstruation and MHM, and home visits with trained facilitators to allow other family members (particularly fathers), to discuss MHM in a private setting.
- Include fathers and community power holders in discussions to acknowledge and engage with **power imbalances (Attribute 5)** around the gender norms related to menstruation and MHM in adolescent girls that drive household behaviors. For example, power and gender dynamics within households that determine how much menstruating adolescent girls may eat.
- **Emphasize the creation of positive new norms (Attribute 3)** through community-based dialogue about MHM, shifting away from a culture of silence and stigma surrounding MHM and menstruation. These positive new norms and behaviors were reiterated through media and edutainment strategies including films, radio programs, and street plays
- **Build on existing networks (Attribute 11)**—by recruiting participants from villages that had participated in a Child Rights Project, programmers used existing connections and social capital with community members involved in the earlier project. The engagement of female teachers and frontline workers from existing school and health networks allowed them to be important advocates for girls’ healthy hygiene practices and proper facilities.

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RECOMMENDED CITATION: Intervention Snapshots: A 2020 Rapid Review of Social Norms Approaches in Community-Based Breastfeeding, School Bullying, and Menstrual Hygiene Management Intervention. March 2021. Washington, D.C.: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID).

This slide doc was prepared by the Institute for Reproductive Health under the Passages Project, written by Jamie Greenberg, Anjalee Kohli, and Catherine Tier, with contributions and review from Courtney McLarnon-Silk, Susan Igras, and Rebecka Lundgren. This slide doc and the Passages Project are made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. AID-OAA-A-15-00042. The contents are the responsibility of the Institute for Reproductive Health under the Passages Project and do not necessarily reflect the views of Georgetown University, USAID, or the United States Government.



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