



PASSAGES PROJECT

Passages Theory of Change:

Changing Social Norms
for Family Planning and
Reproductive Health

SOCIAL NORMS AND BEHAVIOR: A THEORY OF CHANGE

Understanding how theories of norms change underlies the pathway to behavior change in the real world is key for norms-shifting projects. Norms change theory considers the complexity and interlinked nature of norms shifting and behaviors change in the context of social relationships and community realities. We illustrate how the Passages Project conceptualized this process with our theory of change, drawing upon relevant social and behavior change theories.

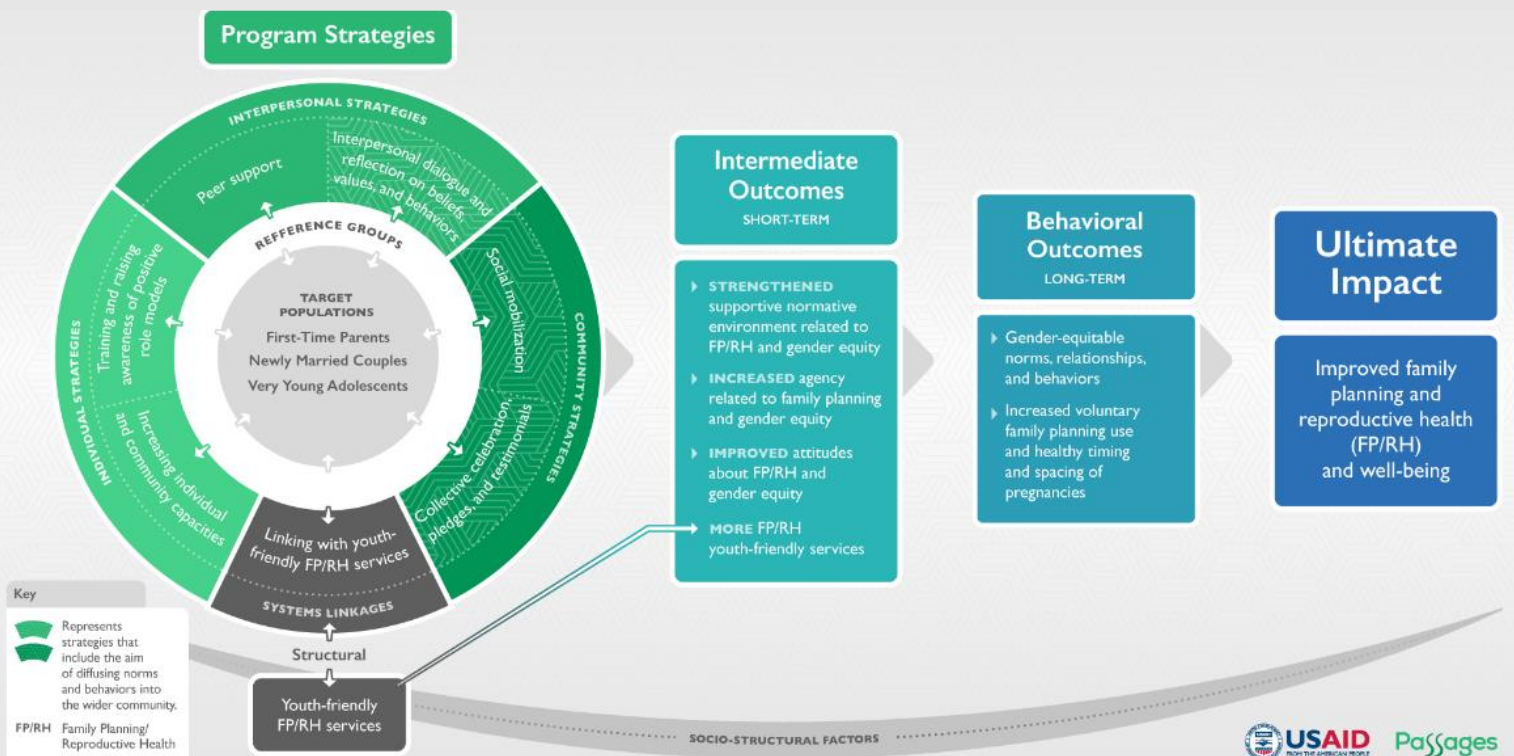
Emerging consensus suggests that addressing social norms enforced by young people's peers, families, and communities is key to enhancing young people's ability to forge healthy relationships and behaviors¹⁻⁴. The [Passages Project](#) aimed to address a broad range of social norms, at scale, to achieve sustained improvements in reproductive health and gender equality, and reduction of intimate partner and other forms of violence for very young adolescents, newly married couples, and first-time parents. Capitalizing on formative life transition points, Passages tested and scaled up a suite of interventions in several countries that promoted collective change and fostered an enabling environment for new (and changed) behaviors and norms. Passages defines social norms as community-level perceptions of typical and appropriate behavior⁵.

Our Theory of Change offers a theoretically-grounded and practical programming tool that illustrates **how** Passages interventions were designed to work towards intended outcomes. As shown in Figure 1, **this Theory of Change uses a social ecological perspective, beginning with seven broad, interconnected program strategies aimed at fostering change at the individual, interpersonal, and community levels.** These strategies represent approaches used across each individual Passages intervention, and are based in social norm theories. This wide lens stems from a **growing consensus that for sustainable, community-driven interventions, individual-centered approaches are key but insufficient alone.**

The Passages interventions were built on the theories of social and behavior change that are the foundation of our Theory of Change. Six program strategies, which cut across the Passages interventions, were designed to lead to norms-shifting in communities, and reflect common attributes of norms-shifting interventions, including engaging multiple levels of a community, seeking change at the community level, creating spaces for critical reflection, and using organized diffusion as a tool to spread messaging throughout communities⁶. Passages applied the social ecological model, situating individuals in environments where they are influenced at multiple levels – many of which were addressed by Passages programming. The Theory of Change drew from other social and behavior change theories – including these two key models:

- **Theory of Normative Social Behavior:** This theory holds that descriptive norms, or community-level perceptions of how prevalent a behavior is, directly influence behavior, as

Figure I: Passages Project Theory of Change



people are more likely to engage in a behavior they perceive to be common. Injunctive norms, or community perceptions of negative and positive consequences of engaging in a behavior, moderate the influence of descriptive norms – for example, if a behavior is seen as having negative social consequences, people may be less likely to engage in it even if it’s perceived as common. Individuals’ perceived ability and resources to choose and engaged in a behavior, or agency, is also a driver of behavior^{7,8}.

- **Integrated Behavior Model:** This model looks at intention to engage in a behavior as having multiple components, many of which are included in the Passages Theory of Change – including personal attitudes, the normative environment, and personal agency related to the behavior of interest. This model also considers the role of resources as a factor in behavior change, and is reflected in the Passages Theory of Change in its acknowledgement of socio-structural factors, and the service linkages between program strategies and intermediate outcomes^{9,10}.

The influence of these theoretical perspectives to the Passages Theory of Change is evident in each project’s hypothesized pathways of change from activities to norms shifting to behavior change, as well as the other factors recognized as necessary for behavior change, and the contribution of each activity to one or multiple outcomes. We theorized that the six program strategies would result in intermediate outcomes at individual and normative levels, which in turn led to a cascade of behavioral outcomes, from gender-equal relationships, increased family planning use, to the ultimate outcome of healthy timing and spacing of pregnancies. Passages strategies were designed to influence groups beyond intervention participants, diffusing throughout community networks. Ultimately, these changes will create a positive impact on RH and well-being among target populations and their reference groups – and beyond. This brief will touch on these program strategies, intermediate outcomes, behavioral outcomes, and ultimate impact – to discuss and provide examples of how change in norms and behaviors comes about.

THE PASSAGES INTERVENTIONS

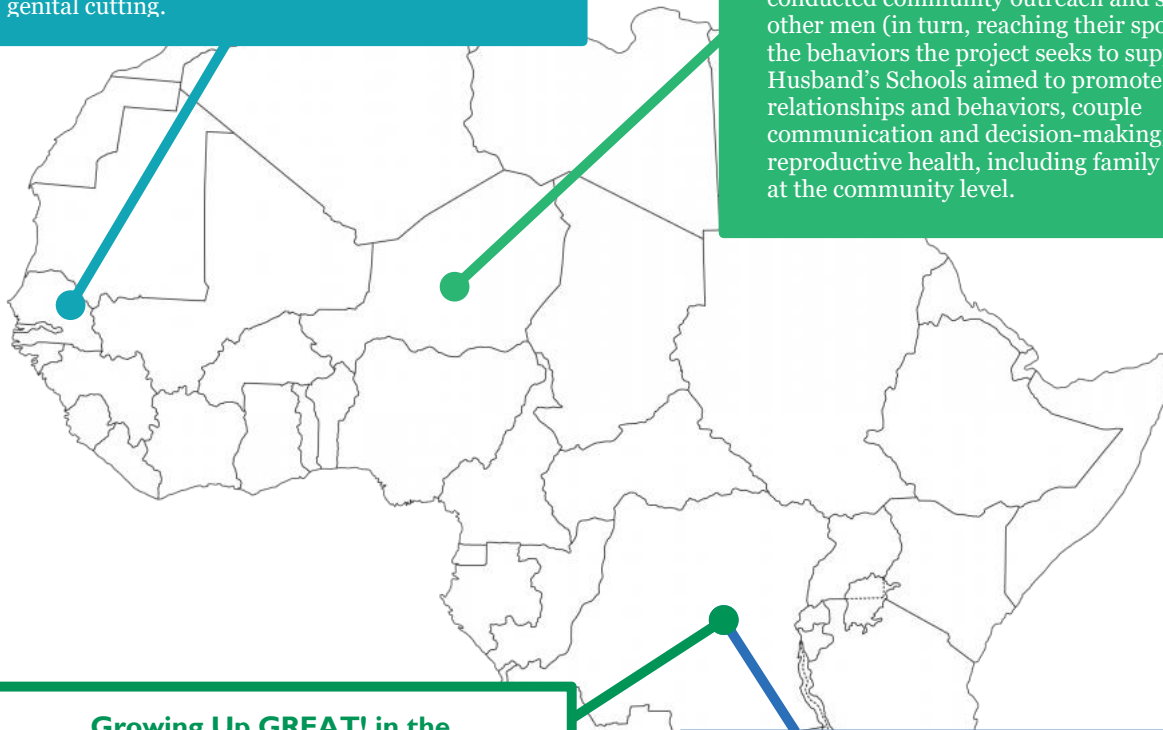
The Passages Project studied a suite of interventions. Implemented in different countries, with diverse populations and outcomes of interest, these interventions nonetheless had common hypothesized change pathways. In this brief, we focus on four interventions:

Girls' Holistic Development in Senegal

Implemented by the Grandmothers Project – Change Through Culture, this program worked with young girls and grandmothers using a participatory approach that aims to shift the social norms that underpin harmful behaviors and practices. By recognizing and valuing the role of “grandmothers” (elder women) and increasing community capacity and cohesion to promote the health and well-being of young girls, Girls' Holistic Development aimed to reduce early marriage, adolescent pregnancy, and female genital cutting.

Husbands' Schools in Niger

This project was implemented by SongES and UNFPA and worked with young married men in Niger to promote community-wide norms shifting and behavior change related to reproductive health decision-making. Programming revolved around Husbands Schools comprised of 'Model Husbands' who conducted community outreach and sensitized other men (in turn, reaching their spouses) to the behaviors the project seeks to support. Husband's Schools aimed to promote equitable relationships and behaviors, couple communication and decision-making, and reproductive health, including family planning, at the community level.



Growing Up GREAT! in the Democratic Republic of the Congo

Implemented by Save the Children, this program worked with in- and out-of-school boys and girls and their communities. The project used a toolkit of age-tailored, gender inclusive materials to explore reproductive health, gender-based violence, and gender equality through interactive learning among young adolescents, and encouraged reflection and dialogue among parents and caregivers in support of more equitable gender norms. Through these activities, the program sought to build more equitable gender norms that support adolescent development and well-being.

Masculinité, Famille et Foi in the Democratic Republic of the Congo

An adaptation of the Transforming Masculinities approach, this program, implemented by Tearfund and Eglise de Christ au Congo, worked with newly married couples and first-time parents. Working through trained community 'Gender Champions' and faith leaders, the program fostered community dialogue and reflection and promoted sermons in support of social change. By promoting gender equality and positive masculinities within faith communities, the program aimed to reduce intimate partner violence and increase voluntary use of family planning.

REFERENCE GROUPS: KEY TO BEHAVIOR CHANGE

The primary population groups for interventions are at the center of our Theory of Change – groups that included very young adolescents, for Growing Up GREAT! and Girls Holistic Development, and newly-married couples and first-time parents for Masculinit , Famille et Foi and Husbands’ Schools. However, as a norms-shifting project, Passages considers the reference groups for these primary population groups as key to change. Reference groups - the people whose opinions, beliefs, and behaviors matter shape those of the target primary population - often have the power to enforce compliance with social norms by rewarding or sanctioning behavior⁵. Within Passages interventions, reference groups identified include peers, faith and community leaders, teachers, parents, and grandmothers.

PASSAGES PROGRAM STRATEGIES TO SHIFT NORMS AND CHANGE BEHAVIOR

The Passages program strategies (Figure 2), are the activities that interventions undertook to foster change. These strategies occur at the individual, interpersonal, community, and structural levels.

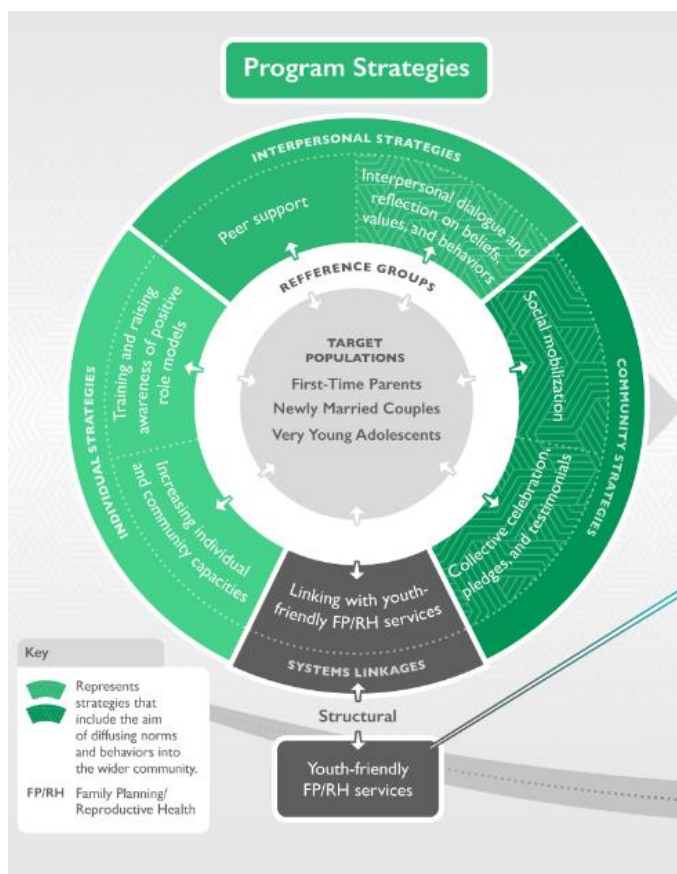


Figure 2: Passages Project Theory of Change Program Strategies

INDIVIDUAL STRATEGIES

TRAINING AND RAISING AWARENESS OF POSITIVE ROLE MODELS, or individuals within a community who demonstrate attitudes and behaviors consistent with intervention goals. They could be opinion leaders, reference group members, or occupy positions of social influence¹¹. In the Husbands’ Schools intervention, ‘model husbands’ served as positive role models who support their wives’ seeking reproductive health care and using family planning.

INCREASING INDIVIDUAL AND COMMUNITY CAPACITIES consists of activities to enhance individuals’ knowledge, skills, self-efficacy, and resources to achieve their goals. At the community level, capacity-building focuses on strengthening community resources (such as social cohesion) so that communities can overcome obstacles and achieve their health and development goals. Improving individual and community capacity is important to creating and sustaining a supportive normative environment for maintaining healthy behaviors. In the Growing Up GREAT! intervention, a toolkit of educational materials and activities included puberty books, activity cards, games; health exchange visits were designed to strengthen young adolescent capacities.

INTERPERSONAL STRATEGIES

INTERPERSONAL DIALOGUE AND REFLECTION ON BELIEFS, VALUES AND BEHAVIORS offer a space for both individuals to reflect on their beliefs, values, and behaviors, particularly in relation to prevailing social norms. Critical reflection occurs through dialogue with others facing similar experiences and challenges, and by learning and reinforcing new attitudes and behaviors^{12,13}. This strategy is a key component of all Passages interventions; an example was the reflective dialogues in the Girls' Holistic Development project between girls and grandmothers in an intergenerational forum.

PEER SUPPORT entails people providing support to their peers, which can be social or emotional, offering knowledge, sharing experiences, or providing practical assistance¹¹. Peer support activities can shift perceptions of social norms by bringing young people together to discuss and offer support for new, healthy behaviors. Peer support can also minimize barriers to behavior change through emotional, social, and practical support to those adopting new behaviors. In the Masculinité, Famille et Foi intervention, peer support was an element of the group-based learning sessions – and this strategy also took a group-based approach in the other Passages interventions.

COMMUNITY STRATEGIES

SOCIAL MOBILIZATION is the process by which 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 toward a specific aim or behavior¹⁴. In the Masculinité, Famille et Foi intervention, social mobilization included sermons incorporating scripture supportive of healthy norms and special events and campaigns, leading to a more supportive normative environment for individuals to achieve healthier behaviors.

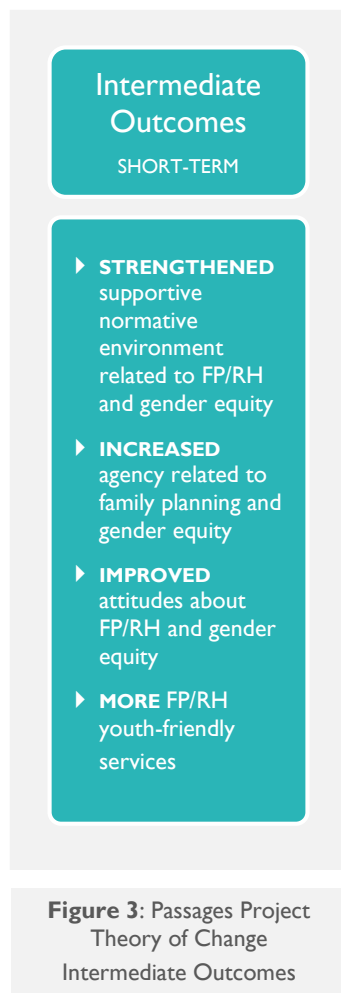
COLLECTIVE CELEBRATION, PLEDGES AND TESTIMONIALS are designed to publicly demonstrate the commitment to and acceptance of positive attitudes and behaviors. Such activities increase the visibility of attitudes and behaviors previously hidden due to perceived disapproval, exposing more young people to alternative norms and behaviors. Collective celebrations were key aspects of the Girls' Holistic Development intervention, and involved celebration of social mobilization activities, including special Days of Solidarity and Days of Praise of Grandmothers.

STRUCTURAL STRATEGIES

FOSTERING AND LINKING WITH YOUTH-FRIENDLY FP/RH CARE. The intention to seek health services alone is not sufficient. High-quality, youth-friendly reproductive health and family planning care must be accessible for youth to practice key reproductive health behaviors. In the Husbands' School intervention, model husbands were linked with local providers and facilities to familiarize themselves with available services and address challenges related to access and utilization, often working in constructive dialogue with reproductive health providers.

DIFFUSION

Three program strategies are explicitly designed for diffusion: collective celebration, pledges, and testimonials; social mobilization; and interpersonal dialogue and reflection. This reflects the Theory of Change's theoretical roots in Roger's Diffusion of Innovations Model, which posits that intervention messages – in this example, those communicated through each of the strategies – are communicated through various channels into the wider social ecological environment, including geographic, congregational, or other forms of community. In this model, diffusion is a type of communication through which messages about new concepts and social transformation are disseminated¹⁵.



INTERMEDIATE OUTCOMES ON THE PATHWAY TO SHIFT NORMS AND CHANGE BEHAVIORS

The Passages strategies were designed to work in complement with one another, diffusing throughout intervention communities, and creating supportive normative environments for new behaviors. While Passages sought broader changes than those at the individual level, we recognized that individual attitudes and agency both impact and are impacted by normative and structural environments – and even without a supportive normative or structural environment, improved attitudes and increased agency make behavior change more likely. With this in mind, the Theory of Change next details the immediate or shorter-term outcomes at the individual, interpersonal, community, and structural levels (Figure 3) expected to result from implementation of these strategies.

IMPROVED ATTITUDES ABOUT FP/RH AND GENDER EQUITY

The Passages interventions aimed to shift attitudes of target populations and their key reference groups – those with the power to support or discourage shifting behaviors, attitudes, and norms. Strategies included activities that promote diffusion of new attitudes into broader communities: the Theory of Change draws upon thinking that a higher prevalence of positive attitudes toward certain behaviors can lead to a greater group-wide disposition to perform those behaviors – and, ultimately, shift group norms^{8,16}.

INCREASED AGENCY

Young people’s agency in forging healthy relationships and seeking reproductive health care is influenced by factors operating on multiple levels: family, community, socio-institutional, and environmental¹⁷. Individual agency is affected by the normative environment, but can exist independently from it^{10,18}. Through the intervention strategies, which spanned activities including reflective discussions, identifying positive role models and community leaders, and public-facing diffusion and mobilization events, Passages improved youth agency while simultaneously bolstering supportive environments, strengthening their ability to take healthy actions¹⁶.

ENHANCED NORMATIVE ENVIRONMENT AROUND FP/RH AND GENDER

The interventions tested under Passages consist of strategies to create a supportive normative environment, which our foundational behavior change theories suggest facilitates the adoption and continuation of healthy behavior. Passages interventions were multidimensional and addressed the nexus of norms and behaviors related to gender equality, roles, and opportunities; reproductive health and family planning use; gender-based violence; and couple or intergenerational communication and decision-making, depending on the specific intervention.

MORE FP/RH CARE SETTINGS HAVE YOUTH-FRIENDLY SERVICES

The Passages Theory of Change, and the theories it’s based upon, 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. This combination of improved intention to engage in a behavior, and increased access to resources to do so, supports individuals to achieve desired behavioral outcomes. Passages interventions provided linkages – formal and informal – and sometimes service improvement efforts to youth-friendly reproductive health care, recognizing the need for an enabling structural environment as well as an enabling normative environment.

LONG-TERM BEHAVIORAL OUTCOMES FROM NORMS-SHIFTING STRATEGIES

In the Passages Theory of Change, the shorter-term intermediate outcomes lead to longer-term behavioral outcomes (Figure 4) of gender-equitable behaviors and healthy timing and spacing of pregnancy – and make these healthy behaviors more *visible* and *acceptable* within communities. The Theory of Change hypothesizes that young people with changed attitudes about what it means to be men and women, increased agency to enact behaviors in line with these attitudes, and who are living in supportive normative environments will be more likely to engage in gender-equitable relationships and behaviors. These include, for example, shared couple decision-making about seeking reproductive health care and reduced perpetration of intimate partner violence – and for these behaviors to be bolstered by shifted norms within their communities.

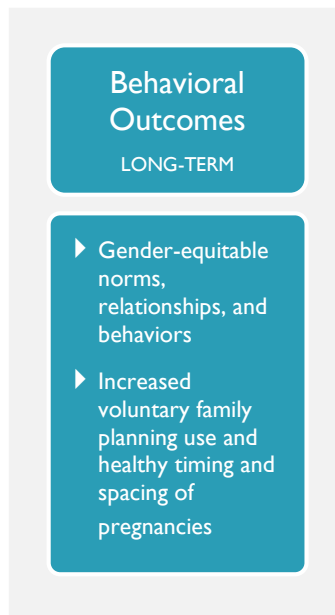


Figure 4: Passages Project Theory of Change Behavioral Outcomes

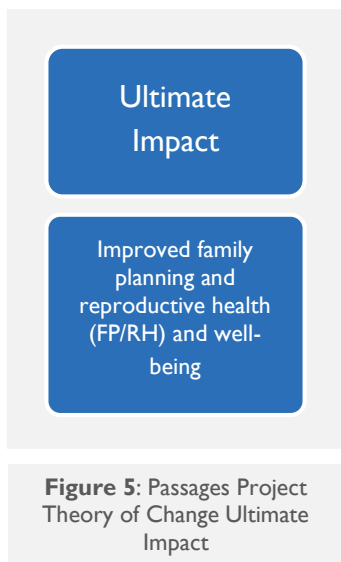


Figure 5: Passages Project Theory of Change Ultimate Impact

IMPACT: IMPROVED REPRODUCTIVE AND WELL-BEING

Finally, we postulate that this sequence of changes leads to the ultimate impact (Figure 5) of improved reproductive health and wellbeing in intervention communities. Social norms are complex and often ‘hide in plain sight;’ our Theory of Change operates through multiple strategies and at multiple levels to define a pathway through which norms and behaviors may shift. By shining some light on this sometimes-unarticulated process, we hope to make social norms programming more accessible to a range of behavior change practitioners.

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