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SOCIAL NORMS ATLAS

Understanding global social
norms and related concepts



THE SOCIAL NORMS
LEARNING COLLABORATIVE



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INTRODUCTION TO THE SOCIAL NORMS ATLAS



The Social Norms Atlas

is a collective effort led by the Social Norms Learning Collaborative to foster awareness, understanding, and the ability to address a variety of social norms as they relate to development outcomes and thereby to enhance efficacy of behavior change programs in achieving targeted outcomes.

The Learning Collaborative is a global network of experts working together to build the evidence base around social norms and promote practices at scale that improve the health and wellbeing of adolescents and young people through social norms transformation.



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PURPOSE OF THE SOCIAL NORMS ATLAS

There is increasing global awareness of the importance of context in shaping human behavior and the role that social norms play in social and behavior change. Thus, a surge of interest and funding has been directed towards exploring the potential of social norms concepts and theory to inform the design of effective and sensitive interventions aimed at facilitating social norms change. Despite this interest, the ability of program designers and managers to apply social norms concepts and theory is inconsistent (Cislaghi & Heise, 2018), and their work may not fulfill its promise. For example, differentiating social norms from attitudes and behaviors still presents challenges for practitioners and programmers working in norms-shifting interventions. Yet this distinction has practical implications for identifying which strategies to use to change behavior and for selecting appropriate measures to evaluate program effect. The present

document—the Social Norms Atlas—aims to provide guidance and further understanding of social norms and related concepts. It is written for program planners, implementers, evaluators, and researchers interested in building their social norms vocabulary and knowledge and strengthening their understanding of the social norms relevant to particular sectors. This document provides a high-level overview of illustrative social norms and related behaviors and attitudes in specific sectors and contexts and is meant to be used as a starting point for users to further consider norms particular to their sector(s) of interest. It also highlights how social norms may cut across development sectors. The Social Norms Atlas is one of several guidance documents that the Learning Collaborative has developed to contribute knowledge and advance the field of social norms and behavior change programming.

WHAT IS THE SOCIAL NORMS ATLAS?

The Social Norms Atlas contains three main sections:

1 A broad introduction to the Social Norms Atlas and social norms concepts.

2 Examples of social norms, behaviors, and attitudes across 10 sectors:

1	COVID-19
2	EDUCATION
3	HARMFUL TRADITIONAL PRACTICES
4	INTIMATE PARTNER VIOLENCE
5	NUTRITION
6	PROVIDER BEHAVIOR
7	SEXUAL & REPRODUCTIVE HEALTH
8	TECHNOLOGY
9	VIOLENCE AGAINST CHILDREN
10	WOMEN'S ECONOMIC EMPOWERMENT

3 A cross-sector analysis highlighting meta-norms that cut across different sectors.

WHAT ARE SOCIAL NORMS? WHY DO SOCIAL NORMS MATTER FOR DEVELOPMENT OUTCOMES?

Social norms are the perceived informal, mostly unwritten, rules that define acceptable, appropriate, and obligatory actions within a given group or community (Cialdini, Reno, & Kallgren, 1990; Cislighi & Heise, 2018). Simply, social norms are perceptions of what others are expected to do and actually do. Most people absorb, learn, accept, and follow, both consciously and unconsciously, these norms from very early life stages, often from infancy (Institute for Reproductive Health, 2019). Social norms can encourage or discourage behavior and, as a result, influence individual and community well-being. Social norms are a set of social expectations shared by a group of valued individuals with whom individuals compare themselves, also known as a reference group (Bicchieri, 2014). These reference groups may enforce behaviors through associated sanctions or rewards.

Importantly, people's perceptions of social norms within their community may or may not reflect actual realities. Social norms operate at multiple levels, ranging from friend groups to schools or workplaces, to state- and national-level communities (Passages, 2020).

Norms are held in place by a combination of sanctions and rewards including structural, social, individual, and material factors to influence behavior (Heise & Manji, 2016). Social norms are central to how social order is produced and reproduced in society and, as such, reinforce power status. Those who are in positions of power—power-holders (often defined by gender, age or ethnic group)—may enforce social norms that maintain their power and privilege (Institute for Reproductive Health, 2019). In many cases, following or challenging a norm depends on one's social capital—the

THERE ARE TWO PRIMARY TYPES OF SOCIAL NORMS

1. DESCRIPTIVE NORMS

Perceptions about what people in the community typically do (e.g., get married after age 18).

2. INJUNCTIVE NORMS

Perceptions of what other community members typically approve or disapprove of (e.g., are against child marriage).

resources available to an individual through personal relationships and networks, derived primarily from that individual's social position and status (Bourdieu, 1986).

Social norms are not uniform or immutable; social norms can bend, shift, change over time (Cislighi & Heise, 2017), and sometimes even disappear (Mackie & Moneti, 2014; Marcus, 2014). Social norms matter because they influence behavior and often reinforce discrimination and social inequities, including gender inequities (Learning Collaborative to Advance Normative Change, 2019). When sustaining or shifting behavior is a program goal, experts and practitioners need to understand how norms relate to behaviors in order to develop and implement effective programs. The Social Norms Atlas provides a set of illustrative social norms pertaining to 10 sectors to assist users in translating social norms-related concepts into practical applications.

GENDER NORMS AS A SUBSET OF SOCIAL NORMS

Gender norms are a subset of social norms that are part of the gender system. Like social norms, there are expectations and perceived rules that dictate how to behave based on an individual's biological sex and social perceptions of their gender. Communities and societies create collective beliefs about what behaviors are appropriate for women and men and the relations between them, which are known as “gender norms.” Gender norms are socially constructed. Nevertheless, biological differences between women and men are often used to artificially justify social differences. Individuals who adhere to these norms may be rewarded by social acceptance and inclusion while those who do not conform to these norms may face consequences of social exclusion, violence, or even death. Gender norms set socially held standards for a range of important decisions individuals make throughout their lifespans.

Gender norms often reflect and cement existing inequitable roles and relations. Gender norms are shaped by (and in turn shape) power dynamics. Gender norms most typically define the expected behavior of people who “identify as or are identified by others as male or female and rarely... accommodate non-binary or gender-fluid identities.”

(Advancing Learning and Innovation on Gender Norms (ALiGN), 2020; Institute for Reproductive Health, 2019)

Gender norms collectively ascribed to men are referred to as “masculinities,” while gender norms collectively ascribed to women are referred to as “femininities.” Gender norms are a sub-set of social norms but have some epistemological considerations that are unique (Passages, 2020).



HOW THE SOCIAL NORMS ATLAS DIFFERENTIATES SOCIAL NORMS, ATTITUDES, AND BEHAVIORS

Behaviors describe what individuals do—the actions that individuals perform (Passages, 2020). Individual and social forces, including attitudes and social norms (Ajzen, 1991), heavily influence behaviors. Programmers often aim to shift attitudes and social norms to support individual and collective behavior, which leads to improved health and well-being. The first step towards shifting behavior is learning how to identify and describe what social norms are operating in a specific context and how they differ from individual attitudes. Attitudes are primarily individually motivated—what I think to be true or untrue (e.g., I think masks can prevent the spread of COVID-19, the disease caused by the coronavirus.) and what I judge favorably or unfavorably (e.g., I do not like wearing a mask). Social norms, however, are primarily socially motivated—what other people in my community expect and what most people in my community do (e.g.,

people in my community wear masks and they expect me to wear a mask). Social norms address the beliefs and rules of groups of people and larger communities, while attitudes focus on the beliefs of the individual. To be sure, attitudes are not formed in isolation: They are socially constructed and contextually formed, but unlike norms, which represent the perceived will of the group, they can be in opposition to or in line with prevailing norms. As noted in [Social Norms and AYSRH: Building a Bridge from Theory to Program Design \(2019\)](#), “attitudes . . . and norms are interdependent strands in a complex web of interdependent behavioral drivers.” This distinction is especially useful for practitioners looking for practical ways to identify the social norms that are influencing specific behaviors. It is also critical when measuring whether norms have shifted as a result of an intervention (Cislaghi & Heise, 2018).

ADDRESSING CONTEXT IN THE SOCIAL NORMS ATLAS

Context matters in the formation, maintenance, and dissolution of social norms. Social, cultural, and historical context shapes behaviors and the role of social norms. As such, context is referenced in each sector because social norms vary considerably across cultural groups. When designing a program that seeks to shift norms, it is therefore recommended to conduct a [social norms exploration](#) when considering the cultural context in which norms have evolved (Learning Collaborative to Advance Normative Change, 2020).



AN IMPORTANT NOTE ABOUT THE LIMITATIONS OF THE SOCIAL NORMS ATLAS

As norms are constantly evolving, this Social Norms Atlas should not be considered a static resource. It is illustrative rather than exhaustive and by no means generalizable. The Social Norms Atlas reflects the expertise and experiences of practitioners and researchers engaged in social norms research and practice. Many of the case studies presented here have not been rigorously evaluated. They are offered as examples for consideration of promising strategies in norms-shifting interventions.

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SECTOR ONE

COVID-19

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Social norms are one important factor determining whether people will follow state and health official recommendations to limit the spread of COVID-19 (Goldberg et al., 2020). Examining social norms related to COVID-19 preventive behaviors during this historic moment presents an opportunity to learn about how norms shift in changing environments and relationships in real time. For example, in some settings, wearing or not wearing a mask may indicate affiliation with a certain identity group, political group, or community. Norms may amplify the spread of behaviors during a pandemic such as COVID-19 that are both harmful (e.g., hosting gatherings or sharing food) or beneficial (e.g., physical distancing) (van Bavel et al., 2020). In fact, emerging research suggests that cultures with stricter norms and sanctions for deviating from these norms have fewer cases and deaths from COVID-19 (Gelfand et al., 2021). Further, changed behaviors and norms related to COVID-19 can exacerbate harmful behaviors, such as gender-based violence and health disparities (UNFPA, 2020). Program and government leadership must pay special attention to understand and address these social norms, working closely with respected community leaders and organizations to promote prevention behaviors.

This **Social Norms Atlas Section on COVID-19** provides real-world examples, primarily from the United States, of social norms that have positively or negatively influenced COVID-preventive behaviors to date.

INTRODUCTION

C COVID-19 is an infectious respiratory disease caused by the coronavirus 2 (SARS-CoV-2). COVID-19, primarily transmitted via respiratory droplets, is highly contagious in humans and causes high rates of both morbidity and mortality (Lipsitch et al., 2020). Since its discovery in December 2019, COVID-19 has become a pandemic that has infected over 113 million individuals with over 2.5 million deaths worldwide at the time of writing in March 2021 (WHO, 2021). While safe and reliable vaccine distribution has begun, there are estimates that it will take months, and in some

regions years, to reach those most affected (Dyer, 2020). To mitigate health and economic impacts of the virus, governments around the world have issued population level recommendations to reduce transmission such as social distancing, mask wearing, self-quarantine, closing indoor public gathering spots, and frequent hand washing or use of hand sanitizer (Lyu & Whenby, 2020). These recommendations are based on robust epidemiological evidence to reduce the transmission of infectious respiratory diseases including COVID-19 (Anderson et al., 2020; Pakpour & Griffiths, 2020).

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



People wear a mask when they go outside.



People maintain a physical distance of at least six feet from others when they go outside.



People wash or sanitize their hands each time they enter a public space.



People stay home if they experience COVID-19-related symptoms.



People greet one another with a foot or elbow tap instead of a handshake.

ATTITUDES

In my opinion, being asked to wear a face mask infringes on my personal freedom.

I think that social distancing is a good practice to reduce the spread of COVID-19.

I think that it is important to wash my hands after I touch any surface to avoid getting COVID-19.

In my opinion, people who do not have symptoms should be able to go about their normal business without being inconvenienced by COVID-19 stay-at-home orders.

In my opinion, it is rude to greet someone without giving them a hug or a handshake.

INFLUENTIAL SOCIAL NORMS

In my community, men think that other men who wear masks are weak.¹

United States

Most young people in my community disregard physical distancing guidelines.²

United States

People in my community expect others to sanitize their hands each time they enter a public space, such as a grocery store, or utilize an essential service, such as public transportation.³

United States

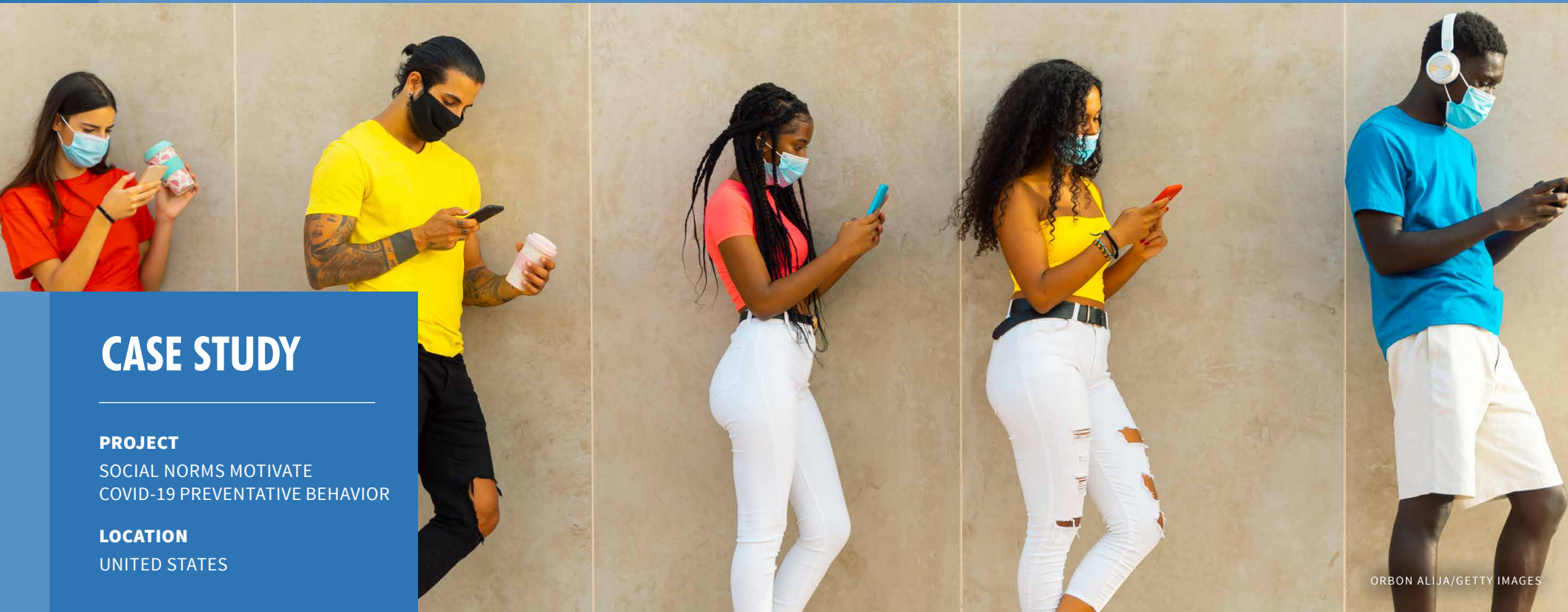
Most people in my community expect other people to self-isolate regardless of whether they have symptoms to reduce the spread of COVID-19.⁴

Spain, Vietnam, France, Brazil, Mexico, Russia, United States, India

In my school, students expect each other to tap feet as a greeting instead of hugging or shaking hands.⁵

United States

1. Tschorn, 2020; Glick, 2020 | 2. Gordon, 2020 | 3. Andres, 2020
4. Ipsos, 2020 | 5. Mishagina, 2020



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CASE STUDY

PROJECT

SOCIAL NORMS MOTIVATE
COVID-19 PREVENTATIVE BEHAVIOR

LOCATION

UNITED STATES

In a recent working paper by Goldberg et al. (2020), researchers sought to understand the factors that motivate or inhibit adoption of COVID-19 preventive behaviors among a national survey with the United States. One conventional and widely used approach aimed at promoting preventive behavior is “top down”—communication led by authority figures, opinion leaders, and mainstream media outlets. Often, these communication sources are not trusted by the general population because they are perceived as partisan. However, a different strategy

that shows promise in effectively promoting preventive behaviors, but that has been less frequently appraised, is a “horizontal” approach—communication through personal and trusted relationships, social networks, and communities.

Focusing on the influence of social norms, the authors conducted a national survey of American adults (N=3,933) to estimate the effect of perceived social norms on COVID-19 preventive behaviors among friends and family. Authors measured participant

perceptions about how often their family and friends engaged in preventative behaviors and how acceptable these behaviors were, and compared this participants’ own self-practice of preventative behaviors to limit the spread of COVID-19.

Goldberg et al. (2020) found that within close relationships such as friends and family, perceived norms are often strongly associated with adherence to preventive behaviors—with increased perceived social norms in these close groups supportive of COVID-19 doubling

the odds an individual would perform different preventative behaviors. The authors concluded that observation and communication between friends and family has the potential to strengthen social norms that will in turn influence adoption of preventive behavior in the context of COVID-19. This rapid study is promising in building the evidence base on understanding the role of norms in communicable disease prevention.

Source: Goldberg, Matthew H. et al. 2020. “Social norms motivate COVID-19 preventative behaviors,” *PsyArXiv*, <https://psyarxiv.com/9whp4/>.

PROMISING PRACTICES FOR ADDRESSING NORMS AROUND COVID-19



1. Link COVID-19 prevention behaviors to people's identities or to their values.

[LEARN MORE](#)



2. Appeal to individuals' sense of collective cooperation in working together for the common good.

[LEARN MORE](#)



3. Engage well-known and respected individuals to promote new norms and behaviors.

[LEARN MORE](#)



4. Make the behavior rewarding to facilitate easy adoption and repetition.

[LEARN MORE](#)



5. Work closely with organizations that have relationships and are trusted within local communities to encourage adoption of preventive measures.

[LEARN MORE](#)

ADDITIONAL RESOURCES

- [Can Preventive Measures Become Social Norms? A Study of the 2009 H1N1 Flu Outbreak Offers Lessons for Public Health Messaging.](#)
- [Changes in Risk Perception and Protective Behavior During the First Week of the COVID-19 Pandemic in the United States.](#)
- [COVID-19 and Changing Social Norms.](#)
- [Google Searches for the Keywords of "Wash Hands" Predict the Speed of National Spread of COVID-19 Outbreak Among 21 Countries.](#)
- [Hand Hygiene Intervention Strategies to Reduce Diarrhea and Respiratory Infections Among Schoolchildren in Developing Countries: A Systematic Review.](#)
- [How Behavioral Science Data Helps Mitigate the COVID-19 Crisis.](#)
- [Masks and Emasculation: Why Some Men Refuse to Take Safety Precautions.](#)
- [Masks Reveal New Social Norms: What a Difference a Plague Makes](#)
- [Personality Differences and COVID-19: Are Extroversion and Conscientiousness Personality Traits Associated With Engagement With Containment Measures?](#)
- [Social Norms Can Spread Like a Virus.](#)
- [Social Values Are Significant Factors in Control of COVID-19 Pandemic—Preliminary Results.](#)
- [The Effects of Perceived Social Norms on Handwashing Behavior in Students.](#)
- [Using Social and Behavioural Science to Support COVID-19 Pandemic Response.](#)
- [Wearing Face Masks in the Community During the COVID-19 Pandemic: Altruism and Solidarity.](#)
- [Why More Men Aren't Wearing Masks—And How to Change That.](#)

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SECTOR TWO

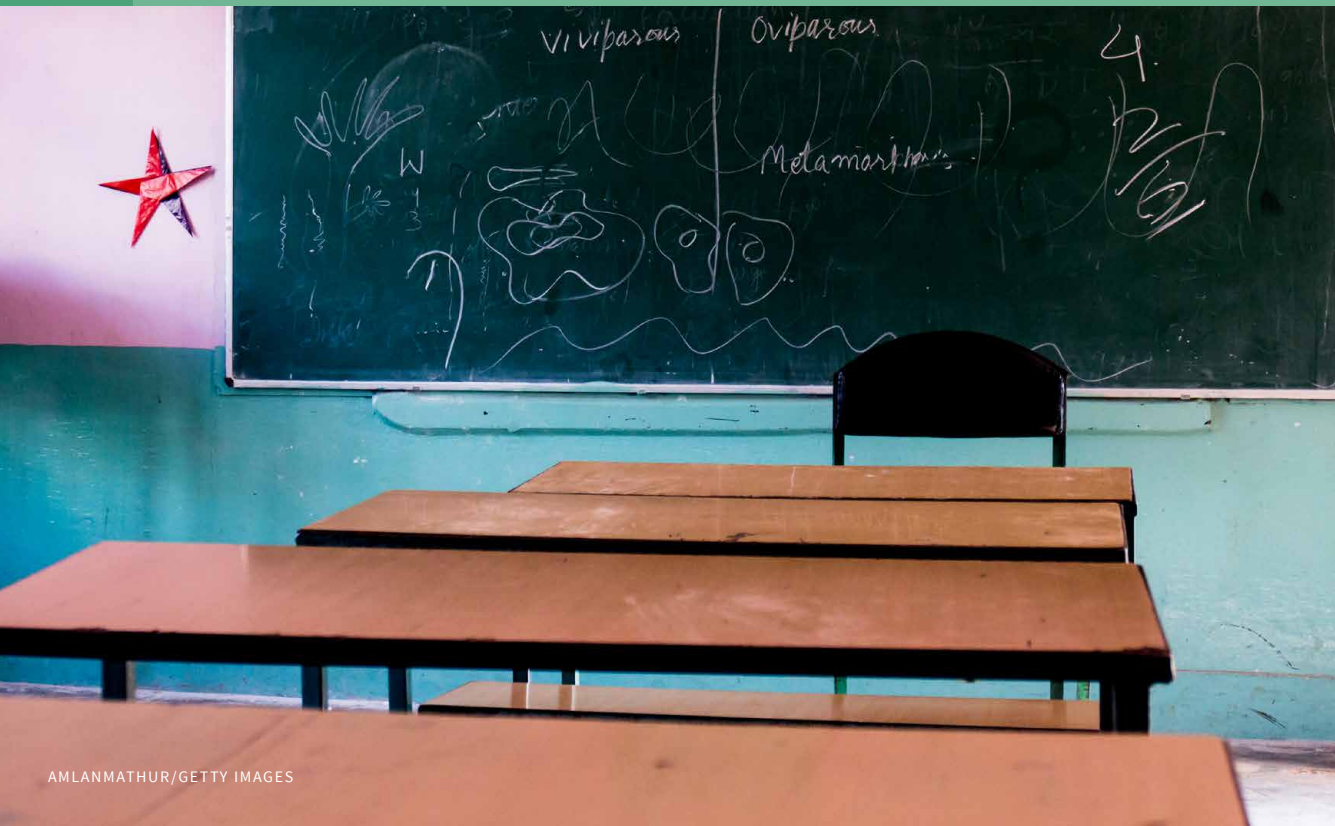
EDUCATION

SECTOR LEADS

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AMLANMATHUR/GETTY IMAGES

INTRODUCTION

Education is defined broadly as a process of “learning that is deliberate, intentional, purposeful and organized” (United Nations Educational, Scientific and Cultural Organization, 2015). Within this sector, socio-cultural, economic, and political factors intersect to influence educational outcomes for children (Marcus, 2018). Evidence highlights the role of social norms, particularly gender norms, in influencing educational outcomes for students across different levels of the education system, formal

and informal provision, and geographical contexts (Marcus, 2018). The school workforce (including teachers, staff, and administration), students, parents, and the wider community are considered key groups within initiatives designed to shift harmful social norms and form positive and protective social norms. For example, social norms influence the priority that parents give to different children’s education (in terms of enrolling them, allowing them to complete homework instead of doing chores, and paying for educational

needs), the behavior of teachers (for example, in their approach to teaching or discipline), and student behavior (e.g., active participation in learning or bullying of other students).

Applying a “norms lens” to research and programming in education is a relatively recent phenomenon, although the issues of concern within programming areas are not. Efforts to address these issues have tended to focus on changing stereotypes and biases or training the school workforce in new approaches, rather than tackling social norms (Marcus, 2018). Evidence on social norms’ impact on education varies by context. For example, research and programming on social norms regarding bullying and LGBTQI students is often found primarily in upper-middle-income and high-income contexts whereas a growing body of research and programming on gender norms and their effects on educational outcomes exists for many low- and middle-income countries (LMICs). We identify three main areas of education programming where social norms are particularly influential: access (including attendance and enrollment), teacher practices (including use of active learning methods) and school-based violence (including bullying, corporal punishment, and gender-based violence).

The Social Norms Atlas section on Education

focuses on social norms related to formal primary and secondary education of children, paying particular attention to gender and disability. Our evidence originates from three main areas of programming (access, teacher practices, school-based violence) and from low-, middle-, and high-income country contexts, depending on where evidence was available.

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



Parents prioritize sending their sons to school over their daughters.



Teachers use corporal punishment to discipline students.



Teachers often ignore students with disabilities.



Students stand-up for other students they see being bullied.



Teachers encourage participation of male students more than female students.

ATTITUDES

In my opinion, it is equally important to invest in education for my daughter and my son.

I believe that it is acceptable for teachers to ignore children who can't keep up with the lesson plan.

I think it is appropriate for teachers to use corporal punishment to maintain order in their classrooms.

I believe that children bullying each other is natural and hard to stop.

I think that boys are naturally better than girls in math and science.

INFLUENTIAL SOCIAL NORMS

People in my community expect that parents will prioritize their sons' education over their daughters'.¹

India, Pakistan

Almost all of the teachers in my school use physical punishment to discipline students.²

Kenya, Ghana, Mozambique, India

Most students who identify as LGBTQI+ in my school are bullied.⁴

United States, Australia, Thailand

Teachers in my school expect boys to participate and excel more than girls in subjects of math and science.⁵

New Zealand, Germany

Teachers in my school think it is acceptable to ignore students with disabilities or to pay them minimum attention.³

Bangladesh, Ethiopia, Gaza, West Bank, Jordan, Zambia

1. Unterhalter et al., 2014; Azam & Kingdon, 2013; Purewal & Hashmi, 2014 | 2. Matofari, 2019; Parkes & Heslop, 2011; Tiwari, 2018 | 3. Hunt, 2020; Malungo et al., 2018 | 4. Kann et al., 2016; Hillier et al., 2010; Mahidol University et al., 2014 | 5. Watson et al., 2016; Gentrup & Rjosok, 2018

JONATHAN TORGOVNIK/
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EMPOWERMENT



CASE STUDY

PROJECT

THE SAFE AND NURTURING
SCHOOLS PROJECT

LOCATION

MALAWI

The Safe and Nurturing Schools Project, implemented by World Vision in Sanga, Nkhata Bay, Malawi seeks to reduce gender-related inequities that drive school-related gender-based violence (SRGBV). Within this program, the SRGBV took the form of bullying and other non-sexual forms of intimidation, corporal punishment, and sexual violence. The Safe and Nurturing Schools Project framework aims to achieve the following outcomes:

1. Girls and boys have improved gender-equitable and positive attitudes.
2. Teachers practice gender-sensitive pedagogy and positive discipline for

students to experience a safe and nurturing classroom.

3. Parents and community members practice equitable gender norms and positive discipline within the home and hold schools accountable to make them safer and more nurturing for all students.

These outcomes are expected to achieve the goal of children learning in an equitable, safe, non-violent, inclusive, and nurturing school environment.

The Safe and Nurturing Schools Project applies a gender transformative and whole-school approach to prevent and respond to SRGBV, focusing on improving

gender-related behaviors by shifting attitudes and norms among teachers, students, and communities. The strategy considers the interconnectedness of schools, communities, and families in order to improve the school environment for students, staff, and community members. Using a whole-school approach, the program:

1. Employs effective school leadership and community engagement to enable safe learning environments.
2. Establishes a code of conduct.
3. Builds capacity of teachers and educational staff.
4. Empowers children on child rights, participation, and equality.

5. Reinforces reporting, monitoring, and accountability.
6. Strengthens physical learning environments.
7. Engages parents and caregivers.

Underpinned by these crosscutting activities are group educational sessions to promote ongoing dialogue with students, teachers, parents, and community members (e.g., faith leaders) on topics such as gender, violence, gender equality, power, rights, positive discipline, and positive relationships.

Baseline findings point to several potential normative drivers of SRGBV, such as community acceptance of violence, reluctance to report violence, cultural and societal beliefs about the appropriate (traditional) roles of boys and girls in society and in educational contexts, and early marriage. Informed by baseline findings, the Safe and Nurturing Schools Project adjusted the program, for example by strengthening community engagement activities to shift norms related to gender roles. The endline evaluation, which will take place in 2022, will further inform the effectiveness of this approach.

Source: World Vision. April 2020. Baseline Survey for Safe and Nurturing Schools Project in Sanga Program Area. You can find more information on World Vision's work in Education [here](#).

PROMISING PRACTICES FOR ADDRESSING SOCIAL NORMS IN EDUCATION PROGRAMMING



1. Build teachers' knowledge and skills on issues of gender, equality, disability, and learning challenges to create inclusive classrooms, schools and communities.

[LEARN MORE](#)



2. Promote positive discipline approaches (to prevent corporal punishment) in teacher training, with refresher training for experienced teachers.

[LEARN MORE](#)



3. Conduct community dialogue sessions on the value of education for all children in communities.

[LEARN MORE](#)



4. Apply whole-community approaches to education initiatives (engaging students, teachers and other school staff, parents, family, and community members).

[LEARN MORE](#)



5. Address norms about bullying with teachers and community members to increase rates of bystander intervention and shift norms to be less accepting of peer-to-peer bullying.

[LEARN MORE](#)

ADDITIONAL RESOURCES

■ [ALIGN Guide: Education and Gender Norms.](#)

■ [Behind the Numbers: Ending School Violence and Bullying.](#)

■ [Connect With Respect: Preventing Gender-Based Violence in Schools.](#)

■ [Creating Supportive Learning Environments for Girls and Boys.](#)

■ [Ending School-Related Gender-Based Violence: A Series of Thematic Briefs.](#)

■ [Ending Violence in Childhood.](#)

■ [Girls' Learning and Empowerment: The Role of School Environments.](#)

■ [Inclusive Education: Children With Disabilities.](#)

■ [Out in the Open: Education Sector Responses to Violence Based on Sexual Orientation and Gender Identity/Expression.](#)

■ [Promoting Gender Equality Through UNICEF-Supported Programming in Basic Education.](#)

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SECTOR THREE

HARMFUL TRADITIONAL PRACTICES

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PER-ANDERS PETTERSSON/GETTY IMAGES



GABRIEL BOUYS/GETTY IMAGES

HTPs affect women, girls, men, and boys differently but women and girls are the most at risk of and vulnerable to HTP's negative effects (YOUTH DO IT, 2020). Long-practiced HTPs are considered part of the cultural fabric and critical to an individual's group identity and acceptance in a community, often marking passage from one social status to another (Mackie, 2009). Social norms theory provides a helpful basis for understanding why people practice HTPs and how to shift towards abandonment of HTPs or replacement of HTPs. In the latter case, the cultural rites and ceremony are retained or adapted but the harmful act is, for example, delayed in the case of CEFMU or ended in the case of FGM/C. Social norms theory suggests that HTPs may persist because the majority of people in a community believe that others practice HTPs and that they are expected to behave accordingly in order to maintain social cohesion (Ruiz & Garrido, 2018; Mackie, 2009; Cislighi et al., 2018; IRH, 2019). Broadly, the evidence around social norms and their influence on HTPs has been building since the mid-2000s. Studies largely began in sub-Saharan Africa and Asia, but evidence has recently been growing in the Middle East.

INTRODUCTION

Harmful traditional practices (HTPs) are behaviors and practices that are harmful to people's physical and mental health but are generally defended on the basis of tradition, culture, religion, or superstition (GADN, 2013). HTPs come in many forms, including female genital mutilation/cutting (FGM/C)¹; child, early, and forced

marriage and union (CEFMU)²; polygamy; and honor crimes. HTPs are largely carried out without the consent of the individual involved and thus constitute a violation of human rights (IPPF, 2013). HTPs often result from, and are perpetuated by, social norms that reinforce gender inequalities, including unequal power relations between women and men and strict gender roles and hierarchies.

In this Social Norms Atlas section on HTPs, we present examples primarily from Central and South Asia, East and West Africa, and the Middle East.

1. Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 2020). The use of the term FGM versus FGM/C is debated. Since 2019, the UNICEF-UNFPA Joint Programme has agreed to remove "cutting" from FGM to position the practice as an extreme human rights violation. However, others prefer the more neutral term FGM/C to avoid moral judgments and prevent stigmatizing those who have undergone the practice. (For further reading on this topic, see Duivenbode, Rosie and Asim I. Padela. 2019. "Female Genital Cutting (FGC) and the Cultural Boundaries of Medical Practice," *American Journal of Bioethics* 19(3): 3-6, <https://doi.org/10.1080/15265161.2018.1554412>).
2. Child marriage is considered a form of forced marriage, including any marriage or union where one of the parties is under 18 years of age (UNFPA, 2020). Forced marriage describes a marriage that takes place without the free or valid consent of one or both of the partners and involves either physical or emotional duress (UNFPA, 2020).

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



Young girls undergo female genital mutilation/cutting (FGM/C).



Parents arrange marriage for daughters below the age of 18.



Widows marry their deceased husbands' brothers.¹



Parents prioritize sons over daughters.²



Men marry multiple wives.³

1. This behavior refers to “levirate marriage” which is a custom or law decreeing that a widow should, or in rare cases must, marry her dead husband’s brother (McKenna, 2020). **2.** Son preference or sex selection favors boys in many countries and refers to a range of values and attitudes manifested in different practices, the common feature of which is preference for the male child, often with concomitant daughter neglect (OHCHR, 2013). **3.** Polygamy refers to marriage between one person and two or more spouses simultaneously. There are two main forms: polygyny, where one man is married to several women, and polyandry, where one woman is married to several men (Zeitzen, 2018).

ATTITUDES

I think that girls who are cut are pure and chaste.¹

I believe that girls should get married when they reach puberty to protect the family honor.

In my opinion, a woman should marry her deceased husband’s brother because she will be financially protected.

I think that sons and daughters are equally valuable.

In my opinion, a respectable man should have several wives.

INFLUENTIAL SOCIAL NORMS

In my community, people expect girls to be cut to be suitable for marriage.¹

Uganda, Senegal, South Sudan, Yemen, Kenya

Most people in my community think that a girl should be married as soon as she reaches puberty to prevent premarital sex.²

Sub-Saharan Africa, Latin America

In my community, people expect a widow to marry her deceased husband’s brother.³

Pakistan, India, South Africa

In my community, parents who have sons have a higher social status than parents with daughters.⁴

South, East, and Central Asia

Most people in my community think that men who have multiple wives receive more respect than men who do not.⁵

Uganda, United States

1. PRB, 2018; Kimani et al., 2020 | **2.** Petroni et al., 2017; Steinhaus et al., 2019; Greene et al., 2019; Taylor et al., 2019 | **3.** Labuschagne & van den Heever, 1997; Chandrakantha, 2014 | **4.** Wang et al., 2020; Pande & Astone, 2007 | **5.** Bantebya et al., 2014; Faucon, 2014

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CASE STUDY

PROJECT

CARE TIPPING POINT

LOCATION

BANGLADESH AND NEPAL

CARE's Tipping Point initiative addresses the root causes of child, early, and forced marriage (CEFM), promoting the rights of adolescent girls through community-level programming and evidence generation in Nepal and Bangladesh and multi-level advocacy and cross-learning efforts across the globe. The [Tipping Point's theory of change](#) postulates that

expanding girls' agency, transforming the relationships that surround girls, and shifting harmful gender norms are all necessary to end CEFM. The [integrated implementation package](#) engages different groups of participants (e.g., girls, boys, parents, community leaders) around key programmatic topics and creates public-facing spaces for all community members to be

part of the dialogue. Tipping Point's synchronized approach is rooted in challenging social expectations and repressive norms while promoting girl-driven movement building and activism. These components are designed to help adolescent girls find and collectively step into spaces to engage with and tackle inequality. Phase 1 of the Tipping Point initiative,

from 2013 to 2017, involved formative research and development of a theory of change and project strategies. Phase 2 of the Tipping Point initiative, from 2017 to 2020, involved "harvesting, learning, developing, and testing packages linked to the theory of change to generate evidence" (CARE, 2020).

Beyond increasing girls' practical skills and knowledge of reproductive health to lead their own activism, Phase 1 of the project saw a notable expansion of girls' mobility, both in Bangladesh and Nepal. In Phase 1, support from parents and brothers also increased. Further, economic drivers of CEFM shifted as well; parents provided new justifications for delaying marriage related to their daughter's mobility and autonomy instead of delaying early marriage to save for the ceremonial costs or a reduced dowry price. [Baseline](#) findings from Phase 2 of the project reinforced the need to address normative drivers of CEFM, such as the control of adolescent girls' reproductive choices by curtailing their mobility and aspirations and facilitating their early marriage. This intervention holds promise for potential application to other contexts where child marriage is underpinned by social norms.

Source: CARE. 2020. *CARE: Tipping Point*, <https://caretippingpoint.org/>.

PROMISING PRACTICES FOR ADDRESSING NORMS FOR HARMFUL TRADITIONAL PRACTICES



1. Focus on grandmothers as the entry point to preventing FGM/C.

[LEARN MORE](#)



2. Include child marriage in school curriculum for adolescents to educate them about the health and social disadvantages of child marriage.

[LEARN MORE](#)



3. Combine a public health information approach with a theological/scriptural approach and engagement of faith leaders to combat acceptance of HTPs.

[LEARN MORE](#)



4. Focus on reinforcing and developing positive norms to avoid perpetuating harmful behaviors.

[LEARN MORE](#)



5. Take a social norms approach to HTPs interventions that targets both communities and individual households.

[LEARN MORE](#)

ADDITIONAL RESOURCES

■ [A More Equal Future: A MenCare Manual to Engage Fathers to Prevent Child Marriage in India.](#)

■ [Changes in Family-Level Attitudes and Norms and Association With Secondary School Completion and Child Marriage Among Adolescent Girls: Results From an Exploratory Study Nested Within a Cluster-Randomised Controlled Trial in India.](#)

■ [Gender and Development Networks: Harmful Traditional Practices: Your Questions, Our Answers.](#)

■ [Harmful Practices: Child Marriage and Female Genital Mutilation Are Internationally Recognized Human Rights Violations.](#)

■ [Harmful Traditional Practices Affecting the Health of Women and Children.](#)

■ [Living Free From Child Marriage in Girls Champions of Change: Curriculum for Gender Equality and Girls Rights.](#)

■ [Preventing Gender-Biased Sex Selection: An Interagency Statement.](#)

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SECTOR FOUR

INTIMATE PARTNER VIOLENCE

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CHRIS MCGRATH/GETTY IMAGES

IPV is associated with morbidity, mortality, and a range of outcomes, including poor mental health, HIV and sexually transmitted infections, and alcohol use, among others (WHO, 2013; WHO & PAHO, 2012). Children growing up in homes where IPV takes place are also impacted, with some children sustaining severe and long-lasting effects. Effects on children include higher risks of experiencing child abuse; behavioral, psychological, social, and learning challenges; and experiencing or perpetrating violence in future relationships (UNICEF, 2006).

In addition to other multi-level factors that uphold IPV, social norms can both promote and discourage violence and define what type of violence is acceptable and under what circumstances. These include gender norms that define acceptable gendered behaviors and the sanctions that enforce compliance with these behaviors (The Equality Institute, 2017). IPV is used by men to assert control and dominance when their partners transgress gendered expectations (Weber et al., 2019). Norms also impact whether people have safe access to high quality services and whether others intervene or provide support to women and girls when they witness or suspect IPV. Policies and programs aimed at preventing IPV have increasingly incorporated approaches to address social norms related to violence.

While this Social Norms Atlas section on IPV

focuses on IPV perpetrated by men and rooted in gender inequalities and assertion of male control, it is important to note that some of these norms may operate similarly for other forms of IPV. Although IPV is prevalent worldwide, examples shared in this sector come from North America, Southern Africa, and South Asia.

INTRODUCTION

Intimate partner violence (IPV) includes a range of behaviors that occur in intimate relationships that cause physical, sexual, or psychological harm, including controlling behaviors by current and former spouses and partners (WHO, 2017; WHO, 2013). These behaviors may occur individually or in combination, with a range of frequency and severity. IPV can be perpetrated by people of any gender or

sexual identity and includes violence by women against men, although women are disproportionately at risk. Globally, almost one-third of women and girls have experienced physical or sexual IPV (WHO, 2013), however, the prevalence varies greatly by setting, both between and within countries. Intersecting factors of disadvantage (poverty, displacement, disability, etc.) compound women's risk.

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



Men perpetrate sexual violence, including forcing or coercing their partners to have unwanted sex or sexual contact.



Men slap, beat, choke, and use other forms of physical violence against their partners.



Men use verbal and non-verbal communication intended to harm or control their partners (such as threats, abusive language, name calling).



Neighbors intervene when they witness or hear men hitting their partners.



Survivors of violence disclose abuse to family or friends or seek help from the health care system.

ATTITUDES

I think women need permission from their partners to work outside the home.

I believe that men cannot control their sexual urges.

In my opinion, men need to demonstrate their authority in the home.

I believe that a woman should tolerate violence to keep her family together.

I think when women report violence it brings shame to their families.

INFLUENTIAL SOCIAL NORMS

Most men in my community think they should be able to have sex with their wife or partner whenever they want to.¹

Zimbabwe

My friends agree that a girl who makes her boyfriend jealous on purpose deserves to be hit.²

Haiti

In my community, men are expected to be the head of the household, making decisions and maintaining order.³

Tanzania, Colombia

Others in my community expect me not to intervene in another family's private affairs.⁴

Nepal, Uganda

In my neighborhood, a woman who is being abused feels comfortable talking to her neighbors about it.⁵

United States

1. McCarthy et al., 2018; Mugweni et al., 2012 | 2. Gage, 2015 | 3. Manji, 2020; Hynes et al., 2016 | 4. Clark et al., 2018; Abramsky et al., 2018 | 5. McDonnell et al., 2011

RWANDA WOMEN'S NETWORK

CASE STUDY

PROJECT

INDASHYIKIRWA PROJECT

LOCATION

RWANDA



The **Indashyikirwa** (“Champions of Change”) project, funded by the Department for International Development (DFID) and implemented by CARE with the Rwanda Women’s Network and Rwanda Men’s Resource Centre, ran from 2015 to 2019 in seven districts in Rwanda. The program sought to reduce IPV, shift beliefs and social norms that sustain IPV, encourage equitable, non-violent relationships, and support empowering responses to survivors of IPV who seek assistance. Indashyikirwa established women’s safe spaces and implemented a gender transformative couples’ curriculum that

created space for critical reflection and confronted power imbalances with both families and communities. Additionally, the program trained and mobilized community activists with the goal of diffusing messages and norms change beyond participants in the couples’ curriculum sessions and engaged opinion leaders to seek community-level change.

An evaluation of the couples’ curriculum found female partners had reduced experiences of physical, sexual, and economic IPV, and male partners reported less perpetration of physical and sexual IPV. The project demonstrated

improved relationship quality, communication, trust, and conflict management and less acceptance of various reasons to support IPV (Dunkle et al., 2019). Qualitative endline evaluation at 18 months indicated that men and women were “bending or resisting dominant norms” in their relationships without fully transforming norms related to male providership, male authority over economic decisionmaking, and men as head of household (Stern et al., 2018).

Indashyikirwa demonstrated the feasibility of preventing IPV within two years through a couples’ curriculum.

While qualitative data indicated a shift in behaviors and beliefs, changes in norms were not fully transformational. CARE expects that 3 to 5 years of activist activities are necessary to affect behavior change at a population level (McLean et al., 2019). Evaluation findings identified several key lessons for norms programming to prevent IPV. These include the participatory training approach, which helped ensure facilitators were equipped to adapt the program for critical reflection while maintaining the thematic and content focus. Linking program elements, such as safe spaces and work with opinion leaders, was important to support community activists in their work to shift norms, facilitate referrals, and ensure program credibility. Finally, the program focused on positive messaging, reflection, and skill building. This was found to be more effective for motivating behavior change than focusing solely on the consequences of IPV.

Sources: CARE, Rwanda Women’s Network, and Rwanda Men’s Resource Centre. 2018. Indashyikirwa: Reducing Intimate Partner Violence Within Couples and Communities, <https://insights.careinternational.org.uk/publications/indashyikirwa-reducing-intimate-partner-violence-infographic>; Dunkle, Kristin et al. 2019. *Impact of Indashyikirwa: An Innovative Programme to Reduce Partner Violence in Rural Rwanda*. Pretoria: What Works to Prevent Violence, <https://www.whatworks.co.za/resources/policy-briefs/item/651-impact-of-indashyikirwa>.

PROMISING PRACTICES FOR ADDRESSING NORMS FOR INTIMATE PARTNER VIOLENCE



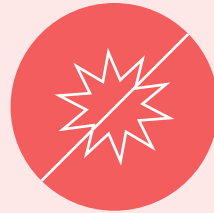
1. Identify trusted, low-cost, and high-quality gender-based violence services and ensure referral mechanisms are accessible and in place before programming.

[LEARN MORE](#)



2. Invest time before and during the program to ensure “do no harm” principles and standards are upheld in programs seeking to shift gender norms to prevent violence against women.

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3. Avoid emphasizing descriptive norms about how common violence is, which convey the idea that violence is acceptable.

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4. Analyze the context of the local normative drivers of IPV to inform programs, making sure to center the voices and safety of women and girls.

[LEARN MORE](#)



5. Invest in staff capacity and gender transformation to ensure the intervention is implemented safely and with fidelity.

[LEARN MORE](#)

ADDITIONAL RESOURCES

- [Associations Between Peer Network Gender Norms and the Perpetration of Intimate Partner Violence Among Urban Tanzanian Men: A Multilevel Analysis.](#)
- [DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls \(VAWG\).](#)
- [Evaluation of a Social Norms Sexual Violence Prevention Marketing Campaign Targeted Toward College Men: Attitudes, Beliefs, and Behaviors Over 5 Years.](#)
- [Intimate Partner Violence Norms Cluster Within Households: An Observational Social Network Study in Rural Honduras.](#)
- [Piecing Together the Evidence on Social Norms and Violence Against Women.](#)
- [RESPECT Women: Preventing Violence Against Women.](#)
- [Social Norms and AYSRH: Building a Bridge From Theory to Program Design.](#)
- [What Works Evidence Review: Social Norms and Violence Against Women and Girls.](#)

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SECTOR FIVE

NUTRITION

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INTRODUCTION

Nutrition, “the process of providing or obtaining the food necessary for health and growth,” is essential for health and well-being (Lea & Bradbery, 2020). Malnutrition negatively affects social, economic, health, and development outcomes with nearly half of all deaths in children under five attributable to undernutrition (UNICEF, 2020).¹ Undernutrition puts children at greater risk of dying from common infections, in part by increasing the frequency and severity of and delaying the recovery from such infections (UNICEF,

2020). It also increases risk for a range of outcomes including developmental delays, disease, and death (UNICEF, 2020). Meanwhile, obesity and overweight are associated with poor outcomes including diabetes, heart disease, and stroke (Global Nutrition Report, 2020; WHO, 2020).²

Nutrition requires several behaviors related to the immediate determinants of nutrition—good diets, childcare, support for women during pregnancy—as well as the underlying determinants of nutrition,

namely adequate food, feeding, and a healthy environment (UNICEF, 2019). Nutrition behaviors vary throughout the life course and involve primary actors, often women, in addition to those who can create an enabling environment for good nutrition, such as family members, health workers, and community leaders (UNICEF, 2020). Programming in the nutrition sector has recently started to examine the importance of norms on nutrition-related behaviors, including purchasing foods, breastfeeding, feeding young children, and intra-household food distribution patterns.

In order to improve nutrition behaviors, it is important to know which social norms influence key behaviors and how they influence behaviors. A recent literature review points to the importance of descriptive norms in the home and among peers, for example, in decisions about what to eat or feed children, as well as the underlying role of injunctive norms in care and support for pregnant women and other caregivers (Dickin et al., 2021). Other types of norms that influence nutrition behaviors include food norms, cultural or religious norms, parenting norms, and norms related to roles and responsibilities in family. In addition, many nutrition behaviors are underpinned by gender- and age-related expectations that, for example, influence girls’ and women’s time, choices, and decisionmaking (Dickin et al., 2021).

This **Social Norms Atlas section on Nutrition** provides examples across the life course and includes a sampling from South and East Asia, South America, and East and West Africa.

1. Malnutrition refers to deficiencies, excesses, or imbalances in a person’s intake of energy and nutrients (WHO, 2016). Undernutrition is defined as insufficient intake of energy and nutrients to meet an individual’s needs to maintain good health (Maleta, 2006).

2. Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health (WHO, 2020).

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



Caregivers exclusively feed infants breastmilk for six months after birth.



Caregivers use a variety of nutrient-rich foods each day in the preparation of meals and snacks for their children during early childhood development.¹



Adolescent girls eat adequate quantities of nutrient-rich food at appropriate frequencies for healthy growth.



Pregnant women eat a variety of nutrient-rich foods daily, for both meals and snacks.



Adults eat and drink foods and beverages with added sugars or that are high in saturated fats.

¹. Nutrient-rich foods are classified by the Nutrient Rich Food Index (NRF) which profiles foods to balance nutrients and limit saturated fats, sugars, and sodium, using 100kcal as the basis of calculation. The NRF score can be applied to individual foods and to total diets. Nutritional needs may differ during stages of development, such as during pregnancy and early childhood development (Drewnowski, 2010).

ATTITUDES

In my opinion, my elders know best when infants are ready to stop breastfeeding.

I think it is dangerous to feed children eggs as they will become thieves.

I think heavier girls are more desirable for marriage than girls lighter in weight.

I believe that men and children need more food than women to stay healthy.

I think buying fast food is more convenient than cooking food for my family.

INFLUENTIAL SOCIAL NORMS

In my community, older women (i.e., grandmothers and mothers-in-law) decide when new mothers will stop exclusively feeding their infants breastmilk and introduce complementary food.¹

Bangladesh, Kenya, and additional countries in Africa, Asia, and Latin America

In my community, no mothers feed their children eggs.²

Nigeria

In my community, parents expect their daughters to gain weight to be desirable for marriage.³

Mauritania

Most people in my community expect women, including pregnant women, to sacrifice their own nutrition and feed children and husbands before themselves.⁴

Ethiopia

In my community, most people regularly eat “fast” food and drink sugar-sweetened beverages.⁵

United States

¹. Baker et al., 2013; Aubeil, 2012; Thuita et al., 2015 | ². Ekwochi et al., 2016 | ³. Rachidi, 2019 | ⁴. Saldanha et al., 2012 | ⁵. Pelletier et al., 2014

PAULA BRONSTEIN/GETTY IMAGES



CASE STUDY

PROJECT

ALIVE & THRIVE

LOCATION

BANGLADESH

In Bangladesh, Alive & Thrive, which ran from 2010 to 2014, aimed to improve nutrition at scale to enhance health outcomes related to core infant and young child feeding (IYCF) practices, including: initiation of breastfeeding within one hour of birth, giving children from birth to six months only breastmilk (i.e., exclusive breastfeeding), continued complementary breastfeeding up to at least one year, introduction of foods at six months, feeding children from six months to two years a variety of food groups (i.e., a diverse diet), and feeding children the right number of times per day based on

their age to ensure that children do not become malnourished. For each behavior, the program aimed to shift the proportion of mothers who felt that most people in their community practice the respective behavior (descriptive norm) and who believed that those people important to them approve of the practice (injunctive norm).

The intervention was designed based on formative research with caregivers of young children and their families. It sought to reach all families with pregnant women or young children and their communities

in the intervention area. Strategies to shift norms were integrated in the program and included community dialogues and forums with husbands, religious leaders, health committee members, and other community leaders and community theater shows. In addition, to also reach mothers and other key groups, seven television mini-dramas were televised nationally 12 to 24 times a day, three times per week, during prime viewing slots to spread the perception of recommended behaviors as normative. Additional cartoon films were shown in areas where TV reach is lower.

In the endline survey, a significantly higher proportion of mothers in the intervention area compared to the non-intensive comparison area knew other mothers who had adopted optimal IYCF behaviors (descriptive norms) and who expected most people in their community to practice the recommended IYCF behaviors (injunctive norms). The mothers who participated in at least three of the interventions were more likely to report social approval and support for the recommended childcare and feeding behaviors. A two-year follow-up survey found that changes in social norms, mothers' social networks, and increased diffusion of information explained between 34% and 78% of the total effects on behaviors. Therefore, this study showed the effectiveness and sustained change in childcare and feeding behaviors from Alive & Thrive Bangladesh's initiative that included strategies to shift social norms and women's social networks.

Sources: Nguyen, Phuong H. et al. 2019. "Information diffusion and social norms are associated with infant and young child feeding practices in Bangladesh," *The Journal of Nutrition* 149(11): 2034–2045, <https://doi.org/10.1093/jn/nxz167>; Kim, Sunny S. et al. 2018. "Large-scale social and behavior change communication interventions have sustained impacts on infant and young child feeding knowledge and practices: Results of a 2-year follow-up study in Bangladesh," *The Journal of Nutrition* 148(10): 1605–1614, <https://doi.org/10.1093/jn/nxy147>.

PROMISING PRACTICES FOR ADDRESSING NORMS FOR NUTRITION



1. Engage family members, including grandmothers, from the formative stage for good nutrition.

[LEARN MORE](#)



2. Use a family systems approach to support improved nutrition in settings where mothers or parents are not sole decisionmakers for children.

[LEARN MORE](#) | [LEARN MORE](#)



3. Utilize creative mass media campaigns coupled with community-based and interpersonal communication to enhance shifts in norms for improved nutrition outcomes.

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4. Engage entire communities to shift norms related to child feeding.

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5. Employ women's groups to help support and foster shifts in norms for improved nutrition.

[LEARN MORE](#)

ADDITIONAL RESOURCES

■ [Alive & Thrive Bangladesh Program Evaluations.](#)

■ [Alive & Thrive Inspire Blog: How Trendsetters and Soap Operas Can Help Us Change Child Feeding Behaviors.](#)

■ [Passages Project Landscape Review: Addressing Social Norms in Six USAID Sectors.](#)

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A woman with short dark hair, wearing a white lab coat over a blue collared shirt and a pink scarf, sits at a desk in a clinic. She has her hands clasped and is looking towards the camera with a slight smile. Behind her, the wall is covered with various posters and notices, including one with the USAID logo. To her right, there is a blue bin and some medical equipment. The overall setting appears to be a busy healthcare facility.

SECTOR SIX

PROVIDER BEHAVIOR

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BRENT STIRTON/GETTY IMAGES

INTRODUCTION

Health care providers, defined broadly as both public and private providers based in health facilities or communities, are influenced by social and institutional expectations related to their multiple roles as family and community members (Rowe et al., 2005). Like all people, they hold values and beliefs informed by their context, as well as their individual histories and knowledge. The health systems within which they work influence their behavior through policies,

training, supervision, social norms, and working conditions (Camber Collective, 2018). Provider behavior change (PBC) has evolved “beyond a provider’s technical knowledge and physical environment” to focus broadly on “the role a healthcare worker’s motivations, attitudes, and sociocultural norms play in their interactions with clients” (JHCCP & Breakthrough ACTION, 2018). PBC seeks to shift provider behavior by addressing these factors to improve high-quality care for all.

Social norms associated with religion, the role of youth in society, and adolescent reproductive health play out in provider-client interactions. Providers can sometimes enforce negative norms, for example, through judgment and disrespect of their clients (Camber Collective, 2018) or disrupt norms by going against prevailing social expectations to provide their clients appropriate care (Boyce et al., 2020). Providers may feel compelled to follow norms, such as those governing women’s decisionmaking, to protect their own reputations (Calhoun et al., 2013). This can affect clients’ future health care choices, such as when to seek care from a provider and whether to ask providers specific questions (Manning et al., 2018). Providers may be constrained by their normative environment, fearing disapproval from spouses, parents, community leaders, and other providers for providing certain types of care to clients. Interestingly, pressure to conform to norms may also encourage providers to offer high-quality care to win approval of their colleagues or supervisors. For example, a proven quality-improvement strategy for providers to offer adolescent-friendly care includes training in group settings with other providers and pairing biased providers with well-performing providers (Camber Collective, 2018).

This Social Norms Atlas section on Provider Behavior presents examples of social norms from South and East Asia; West, East, and Southern Africa; and North, Central, and South America, though social norms affect the behaviors of providers globally.

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



Providers deliver care based on their experiences, despite established quality of care protocols and guidelines.



Providers advocate for policies that promote equitable male engagement.



Providers treat clients with respect and dignity including ensuring privacy and confidentiality.



Providers deliver balanced and informed counseling regardless of age, parity, or marital status.



Providers offer clients the contraceptive method the provider prefers rather than the method the client desires.

ATTITUDES

I believe that providers should make the final decision about their clients' care.

In my opinion, both parents should be equally responsible for their children's health.

I believe a good provider closely follows established clinical counseling guidelines.

I think that it is a woman's duty to be strong and not complain during labor and delivery.

In my opinion, I should not provide a contraceptive method to an unmarried woman because she will be promiscuous.

INFLUENTIAL SOCIAL NORMS

Clients and providers expect that providers will have the final word in important health decisions for their clients.¹

Botswana, Nepal, Indonesia

Providers expect women to be responsible for their children's health even though their husbands usually have the final say over when and how to seek care.²

Tanzania

Ministry of Health supervisors expect providers to see as many clients as possible, regardless of whether or not they are able to follow established counseling (or quality of care) guidelines.³

India, Peru

Most women in my community are mistreated by providers during childbirth.⁴

Ethiopia, Tanzania, Argentina, Dominican Republic, Mexico, Sierra Leone, South Africa

Providers in my community expect that other providers will not provide contraception to unmarried women because it promotes promiscuity.⁵

Nigeria, Uganda, India, Kenya, Ghana

1. Dolan et al., 2019; Setlhare et al., 2014; Moore, 2008 | 2. Montgomery et al., 2006 | 3. León et al., 2007 | 4. Betron, et al., 2018 | 5. Schwandt et al., 2017; Hebert et al., 2013; Starling et al., 2017

BREAKTHROUGH ACTION

CASE STUDY

PROJECT

BREAKTHROUGH ACTION

LOCATION

NIGERIA



Providers in Nigerian health facilities frequently base treatment of suspected malaria on their own clinical diagnosis, and their peers feel pressured to do the same (NPC & ICF, 2019). The national guidelines, however, require parasitological testing for all fever suspected to be malaria and medication given only to positive cases (Nigeria Federal MoH, 2020). Non-adherence to this protocol leads to wastage of malaria medication and failure to detect and treat other serious non-malaria causes of fever. The Breakthrough ACTION project

addressed this issue in their fever case management project in Nigeria.

To understand providers' behavioral barriers to malaria case management, Breakthrough ACTION conducted a formative assessment consisting of interviews with providers and patients and observation of interactions at health facilities. They found that providers deviate from guidelines not because they are unaware of them but because of the social and structural context in which they work and make decisions. Findings suggested that it is a norm

for providers in Nigeria to rely on their clinical judgement as “experts” rather than depending on a test. Providers are also commonly overwhelmed with client volume and perceive a trade-off between seeing all clients and testing all fever cases. They also face logistical challenges as they must see patients a second time when they return with their test results.

This contextual understanding informed programmatic solutions that sought to get around this norm. In a pilot program, Breakthrough ACTION implemented “Testing Before Consultation,” a process

change that required clients with fever to be tested for malaria before seeing the prescribing provider. Providers no longer needed to decide whether to test a client for malaria. Instead, they could spend their time exploring other possible diagnoses for clients with negative malaria test results, thus improving client care and reducing malaria medication wastage. This process removed fever-testing decisions from providers while providing them the information they needed to make better clinical decisions right away, without additional costs. During the assessment of the pilot program, through focus group discussions and key informant interviews, facility providers and supervisors rated “Testing Before Consultation” as their favorite design, citing improved organization and client flow. This system made it easier for providers to rely on malaria testing before treatment, thus achieving the desired behavior change and addressing the entrenched norm by changing the system without needing to first shift the norm. This same process of seeking to understand norms that constrain provider behavior and then finding solutions to address those norms specifically instead of solely educating providers has strong applications to other country and service contexts.

Source: Breakthrough ACTION Nigeria. 2020. *Draft Pilot Report: Applying Behavioral Economics to Improve Malaria Case Management in Nigeria*. Abuja, Nigeria: Breakthrough ACTION Nigeria.

PROMISING PRACTICES FOR ADDRESSING NORMS FOR PROVIDER BEHAVIOR



1. Identify and implement appropriate interventions for different levels of the socio-ecological model (i.e., individual, interpersonal, institutional, community), as provider behavior is influenced by many factors within and across these levels.

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2. Offer providers the opportunity and a “safe space” to reflect on their personal values as well as professional and community expectations and to consider how these influence their performance.

[LEARN MORE](#)



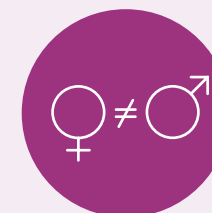
3. Establish mechanisms that enable providers to maintain confidentiality and build trust with their clients, especially with adolescents.

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4. Adapt proven peer learning and support approaches for quality improvement (e.g., quality improvement collaboratives, supportive supervision) to address provider norms.

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5. Address gendered health disparities that affect access and quality of care in provider training, (e.g., work with providers to address their own biases, engage with power dynamics, and ensure providers have the knowledge, skills, and tools to support meaningful client-provider interaction).

[LEARN MORE](#)

ADDITIONAL RESOURCES

■ [Advancing Provider Behavior Change Programming.](#)

■ [Am I Doing the Wrong Thing? How Social Norms Influence Provider Provision of Contraceptive Services to Adolescents.](#)

■ [Beyond Bias. Literature Review and Expert Interviews on Provider Bias in the Provision of Youth Contraceptive Services: Research Summary and Synthesis.](#)

■ [Beyond Bias Project, Research Spotlight.](#)

■ [Beyond Bias. Provider Survey and Segmentation Findings.](#)

■ [Breakthrough ACTION: Social and Behavior Change for Service Delivery Community of Practice: Spearheading Progress Through a Shared Agenda.](#)

■ [Categorizing and Assessing Comprehensive Drivers of Provider Behavior for Optimizing Quality of Healthcare.](#)

ADDITIONAL RESOURCES

- [Changing Provider Behavior: An Overview of Systematic Reviews of Interventions.](#)
- [Evidence Review and Analysis of Provider Behavior Change Opportunities.](#)
- [Gender Integration in Social and Behavior Change: What Does It Take?](#)
- [Provider Behavior Change Approaches to Improve Family Planning Services in the Ouagadougou Partnership Countries: A Landscaping Review.](#)
- [Provider Behavior Change Implementation Kit.](#)
- [Provider Behavior Change Toolkit.](#)
- [Provider Behavior Ecosystem Map.](#)
- [Social and Behavior Change Communication in Integrated Health Programs: A Scoping and Rapid Review.](#)
- [Strategies for Changing the Behavior of Private Providers.](#)
- [Using the Health Workers for Change Curriculum to Improve the Quality of Gender-Sensitive Health Care in Nigeria.](#)

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SECTOR SEVEN

SEXUAL & REPRODUCTIVE HEALTH

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JONATHAN TORGOVNIK/GETTY IMAGES/
IMAGES OF EMPOWERMENT

community systems, and health care providers as part of social and behavior change strategies (The Social Norms Learning Collaborative, 2017).

Many SRH norms are rooted in prevailing gender inequalities and inequities (Adams et al, 2013). Most are also influenced by gender- and age-related expectations that can, for example, limit women’s autonomy or influence adolescent communication and decisionmaking (Schuler et al., 2011). An array of SRH-related behaviors are presented here, from interpersonal communication to health care seeking. The relevance and influence of social norms on these behaviors is influenced by age (very young adolescents, ages 10 to 14; older adolescents, ages 15 to 19; youth, ages 20 to 24; adults, ages 25+), reproductive life stage (menarche, sexual initiation, pregnancy, childbirth, menopause), life course, and partner status (married, dating, single, cohabitating), among other factors. We note that individuals will experience their reproductive journeys and related social pressures differently depending on their sex and gender identity, among other factors (Munshi & Myaux, 2006).

INTRODUCTION

Reproductive health (RH) is a state of “complete physical, mental and social wellbeing in all matters relating to the reproductive system” (UNFPA, 2020). Research has shown that investing in social norm change at the community as well as the individual

level, while ensuring supportive policies and access to good quality services, can bring about significant improvements in reproductive health and well-being. Interventions seeking to foster norms that support sexual and reproductive health (SRH) behaviors typically work simultaneously with women, men,

This Social Norms Atlas section on SRH provides examples primarily from various regions of sub-Saharan Africa as well as South Asia, though they often have global application.

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



Young people talk about SRH with trusted adults.



People choose when to have first sex (sexual debut).



People use a modern family planning method to space or prevent pregnancy.



People seek RH care from community health workers, clinics, or traditional healers.



Women and girls advocate for their rights to access and use SRH services.

ATTITUDES

I believe young people who discuss sex and sexuality are promiscuous.¹

I think women should make decisions concerning their RH.

I believe unmarried women should not use family planning until after they have had a child.

In my opinion, adolescents and youth should not seek out SRH information or care.

I think it is important for women and girls to demand their rights to access and use SRH services.

INFLUENTIAL SOCIAL NORMS

If young people in my community openly discuss SRH, they will be perceived as promiscuous.¹

Burkina Faso, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, India, Kenya, Malawi (M), Nigeria, Nepal, Pakistan, South Africa, Thailand, Uganda, Vanuatu, Zimbabwe

Most people in my community think that young women should abstain from sex until they are married.²

South Asia, Niger, Uganda, global

People in my community believe that women have the responsibility to bear as many children as possible in order to protect the marriage.³

Niger, Uganda, Democratic Republic of the Congo

Most people in my community seek family planning from traditional healers.⁴

Mozambique, Nigeria

In my community, women believe they should control decisions about their own reproductive health.⁵

Mali

1. Costenbader et al., 2019; Newton-Levinson et al., 2016 | 2. Munshi, K. & Myaux, J., 2006; Kågesten et al., 2016; Adams et al., 2013 | 3. Adams et al., 2013; Mayaki & Kouabenan, 2015; Kwete et al., 2018 | 4. Capurchande et al., 2016; Obisesan et al., 1997 | 5. Coulibaly A., 2014



CASE STUDY

PROJECT

NIGERIA URBAN REPRODUCTIVE HEALTH INITIATIVE

LOCATION

NIGERIA

NIGERIA URBAN REPRODUCTIVE HEALTH INITIATIVE

The Nigeria Urban Reproductive Health Initiative (NURHI), founded in 2009 and led by the Johns Hopkins Center for Communication Programs, was guided by a vision of Nigeria where demand and supply barriers to voluntary family planning (FP) use were eliminated and community and social support for using FP flourished. The NURHI

pilot took place in six Nigerian cities and was subsequently scaled to three states (Kaduna, Lagos, and Oyo) in 2015 after proving effective at increasing the contraceptive prevalence rate among women of reproductive age by 10.9% in comparison to the rest of the country. A defining feature of the NURHI model is the “comprehensive package” that simultaneously addresses advocacy,

demand generation, access to care, and quality FP care.

Specific approaches included transformative training, transmedia programming, and social mobilization to influence men and women, community and religious leaders and health care providers in communities to see FP as socially and religiously acceptable,

typical, and supported. The theory of change proposed that shifting FP-related social norms at the community and individual levels would result in increased and sustained FP uptake among women in the project states.

As part of the effort to assess progress towards a shift in social norms, NURHI compared perceptions of social approval for FP among women of reproductive age between 2016 and 2018. The results of the analysis showed that the likelihood of reporting perceived social approval for FP increased significantly and consistently in all three states. Women in later survey rounds (March 2017, September 2017, and September 2018) were increasingly (24%, 42%, and 94%, respectively) likely to report social approval for FP compared to women in the first survey round (September 2016). Nigerian Demographic and Health Survey results of modern voluntary FP use in Lagos State (one of the project states) showed a significant increase in modern voluntary FP use among women of reproductive age, from 26% in 2013 to 29% in 2018. These results combined suggest that an investment in shifting social norms to create environments supportive of FP use can be important to achieving FP use.

Source: Johns Hopkins Center for Communications Programs. 2020. Nigerian Urban Reproductive Health Initiative (NURHI). You can find more information on NURHI [here](#).

PROMISING PRACTICES FOR ADDRESSING SOCIAL NORMS IN SEXUAL & REPRODUCTIVE HEALTH PROGRAMMING



1. Consider an individual's reproductive life course and norms at each phase of the life course within SRH programs.

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2. Explicitly and actively engage key reference groups and power holders in activities and strategies that address SRH-related norms.

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3. Consider and address social norms that facilitate or constrain providers' behavior to help individuals make autonomous decisions about and access their desired SRH care.

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4. Identify positive norms, such as peer support for FP activism or parental support for adolescents seeking RH care, that can be leveraged for program outcomes.

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5. Examine and take into consideration the gender- and age-related expectations that may underpin social norms influencing SRH behavior.

[LEARN MORE](#)

ADDITIONAL RESOURCES

- [20 Essential Resources on Social Norms and Family Planning.](#)
- [Community Group Engagement: Changing Norms to Improve Reproductive Health.](#)
- [Gender Norms and Youth-Friendly Sexual and Reproductive Health Services.](#)
- [Social Norms and AYRH: Building a Bridge From Theory to Program Design.](#)
- [A Taxonomy for Social Norms Which Influence Family Planning in Francophone West Africa.](#)
- [Considerations for Scaling Up Norms-Shifting Interventions for Adolescent and Youth Reproductive Health.](#)
- [Linking Community-Based Norms-Shifting Interventions to AYRH Services: A Guide for Program Managers.](#)
- [Social Norms, Contraception, and Family Planning.](#)

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SECTOR EIGHT

TECHNOLOGY

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RAWPIXEL/GETTY IMAGES

INTRODUCTION

In the international development context, technology often refers to the use of internet and computing, digital platforms, and mobile phones (OECD, 2018). These technologies have the power to promote beneficial outcomes for individuals and communities, including improved access to economic, political, and educational opportunities; increased income; and flexibility of time and work. Advancements in technology, however, do not equally benefit all, often resulting in further divisions within and across race, educational attainment, economic status, ability, gender, etc. (OECD, 2018). These divisions are distinctly enabled by social norms, which dictate at least in part who is able to access and use, and ultimately benefit from, these technologies (OECD, 2018). Yet evidence on

social norms and their relation to technology remains nascent. The “digital gender divide” describes the profound, differential impact that digital transformation has had on society as related to gender (OECD, 2018). Evidence is rapidly emerging on the impact of social norms, in particular gender norms, on technological outcomes in this divide. Worldwide, women experience less access to, use of, and understanding of technology than men, which ultimately affects their ability to reap its benefits (OECD, 2018). Global research indicates that gender norms are particularly influential in promoting the digital gender divide as they mediate how women and men interact with technology (OECD, 2018; UNESCO, 2017). Gender norms guide restrictions around accessing and using technology, which determine how successful

(or not) technology will be in achieving target health and development outcomes. These technologies can also amplify existing problematic social behaviors, for example, harassment of women online and bullying of youth by peers on social media.

In this Social Norms Atlas section on Technology we reflect on a sampling of social norms related to access to and use of technology, focusing on the digital gender divide. Evidence and examples below are largely from West and East Africa and South Asia.

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



Women have individual, private ownership of a mobile phone.



Girls use the internet to seek information.



Women use social media to express opinions or connect with others.



Fathers purchase phones or tablets for their daughters.



Young women spend time on their phones on social media.

ATTITUDES

I believe that men should make household decisions on phone purchases and internet use.

I believe that fathers should support their daughters' access to and use of the internet.

I believe that girls who use technology or have social media accounts (or express themselves online) are promiscuous and otherwise immoral.

I think that women should focus on childcare and domestic responsibilities rather than learning how to use the internet or other technologies.

In my opinion, women who run for political office should be able to use social media without being sexually harassed.

INFLUENTIAL SOCIAL NORMS

Most men in my community make the final decision about mobile phone ownership and use for women in their family.¹

Nigeria, Pakistan, India, Bangladesh, Sri Lanka

Families in my community expect husbands to facilitate their spouses' access to and use of technology.²

Nigeria

People in my community think women or girls who use technology (e.g., the internet, mobile phones) are immoral or promiscuous.³

Pakistan, Northern Nigeria, India

People in my community expect women and girls to spend more time doing housework and childcare instead of using technology.⁴

Pakistan, India, Bangladesh, Sri Lanka

Female politicians in my community who use social media experience online sexual harassment.⁵

India, United States, United Kingdom

1. Tech4Families, 2019 ab; Ibtasam et al., 2019; Lewis, 2016; GSMA, 2017 | 2. Tech4Families, 2019 ab | 3. Ibtasam et al., 2019; Tech4Families, 2019a; Lewis, 2016 | 4. Ibtasam et al., 2019; Croxson and Rowntree, 2017; UNESCO, 2017 | 5. Oppenheim, 2020; Amnesty International, 2019; Di Meo, 2019



COMMERCE AND CULTURE STOCK/GETTY IMAGES

CASE STUDY

PROJECT
TECH4FAMILIES

LOCATION
NIGERIA

Tech4Families, implemented by Equal Access International in Northern Nigeria in 2019, aimed to reduce the gender digital divide via a combination of mass media, digital literacy skill building, and curriculum-based family sessions. The main objectives of the intervention were to:

1. Reduce cultural and normative barriers to women's and girls' access to technology.
2. Increase digital literacy within the family.
3. Generate community awareness of the benefits of women's and girls' access to technology.
4. Provide evidence on a norms-centered approach to reduce the gender digital divide.

Baseline findings showed inequitable gender norms contribute to women's and girls' low levels of access to digital technology in Northern Nigeria, including

the expectation that men should control the behavior of women and girls and that women are too pure and fragile to resist immoral vices online. Endline results showed a nearly universal positive shift in attitudes in favor of technology access for all and more gender equitable norms and behaviors within the families. At endline 95% of male participants agreed that the internet was beneficial for women and girls, and 90% of girls reported that they felt supported to use digital technology at home.

Follow-up focus group discussions revealed that the group sessions within a family had resulted in new norms and behaviors being adopted, such as expectations that fathers would facilitate girls' access to technology and that women would use technology to support the family income, which encouraged equitable use of technology in the household. Other positive changes included improvements in family dynamics (including decreased quarrelling between spouses and increased positive communication between fathers and children) and increases in personal capacity and confidence (particularly of young girls, who felt more confident speaking up in front of others). There was also anecdotal evidence of early diffusion to the wider community, both through Tech4Families participants being approached by others in their community to share experiences and learnings and Tech4Families participants actively sharing content and information with others. This also included participants persuading local religious leaders to promote technology for all through Friday prayers and encouraging phone usage and ownership for other women and girls in the community.

Source: Equal Access International. 2020. TECH4FAMILIES: Addressing the Gender Digital Divide, <https://www.equalaccess.org/our-work/projects/closing-the-gender-digital-divide-tech4families/>.

PROMISING PRACTICES FOR ADDRESSING SOCIAL NORMS IN TECHNOLOGY



1. Examine and address how existing social norms will differentially influence women's and girls' access to and use of the various technological tools.

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2. Identify the gatekeepers of women's and girls' access to technology, such as male heads of households, and engage them in programming to shift norms and personal beliefs around female technology use.

[LEARN MORE](#)



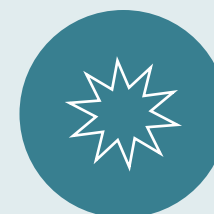
3. Offer digital literacy training, alongside programming activities, that directly addresses norms with both women and men as an approach to ensure male engagement and upskilling of women.

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4. Amplify the voices of role models and stakeholders, such as religious leaders, within communities who support technology use for women and girls.

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5. Conduct contextual and linguistic analysis of specific forms of online violence and how they are accepted and perceived within each context.

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ADDITIONAL RESOURCES

■ [Bridging the Digital Gender Divide: Include, Upskill, Innovate.](#)

■ [Bridging the Gender Divide in Technology: How Technology Can Advance Women Economically.](#)

■ [Cracking the Code: Girls' and Women's Education in Science, Technology, Engineering and Mathematics \(STEM\).](#)

■ [Equal Access International - Programs on Media and Technology.](#)

■ [Tweets That Chill: Analyzing Online Violence Against Women in Politics.](#)

■ [Women's Global Development and Prosperity WomenConnect Challenge.](#)

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SECTOR NINE

VIOLENCE AGAINST CHILDREN

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VASILY PINDYURIN/GETTY IMAGES

INTRODUCTION

Violence against children (VAC) includes all forms of violence against people under the age of 18 (WHO, 2020). At younger ages, VAC is primarily perpetrated by parents, caregivers, and other authority figures (WHO, 2020). As children grow older, VAC takes additional forms such as maltreatment by peers, community members

(e.g., teachers), and intimate partners (WHO, 2020). In 2014 alone, at least 1 billion children between ages of 2 and 18 experienced physical, sexual, or emotional violence or bullying, or witnessed violence in the past year (Hillis et al., 2016). In addition, VAC behaviors include forced labor, child trafficking, sexual exploitation, and recruitment as child

soldiers. Experiencing and witnessing violence in childhood has lifelong health, social, and economic consequences (Moffitt & Grawe, 2013).

Evidence demonstrates that VAC is preventable. Programs seeking to reduce and eliminate VAC are now guided by [INSPIRE: Seven strategies for ending violence against children](#) (WHO, 2016). The accompanying [INSPIRE handbook](#), developed by VAC prevention experts and the World Health Organization, provides guidance on how to select and implement evidence-based VAC-prevention interventions across contexts (WHO, 2018). Strengthening norms and values that support non-violent, respectful, nurturing, positive, and gender-equitable relationships for all children and adolescents is seen as paramount in INSPIRE in preventing all forms of VAC (Crewe, 2010). Social norms are recognized as one of the underlying factors that allow violence to be used against children as a form of discipline and abuse (WHO, 2016; Crewe, 2010). Norms also limit violence reporting, access to support services, and accessibility of interventions to prevent violence. Due in part to social norms, children and their families may be stigmatized when others learn of violence; such stigma can silence children and affect their health, safety, and well-being.

In this Social Norms Atlas section on VAC, we share examples from North America; West, East, and Southern Africa; Europe; and Australia. As VAC occurs in all settings, a local effort to identify norms and behaviors relevant to the specific setting is needed for programming (Lilleston et al., 2017).

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



Family members sexually abuse young children.



Teachers use physical discipline (e.g., slapping, hitting with a stick, pushing) with their students.



Children report their experience of physical, verbal, or sexual abuse to a caregiver, family member, or community member.



Students physically and verbally harass, abuse, and socially isolate other students in school.



Children are sent to work instead of school.

ATTITUDES

I think it is important for children to obey adults.¹

I think girls lure or tempt men into having sex with them.²

In my opinion, letting others know about being subject to violence is more shameful than experiencing violence.³

I believe peers, teachers, and community members should speak up to help a child who is being bullied.⁴

I think it is good for children to work for economic contribution for the family, even during the school year.⁵

INFLUENTIAL SOCIAL NORMS

My close family and friends think spanking is a normal part of parenting.¹

Southern United States

People in my community expect men and boys to aggressively pursue girls, even after they refuse them.²

Nigeria, Tanzania, Mozambique

People in my community do not report violence to authorities.³

Ireland, UK, Mozambique

My peers and my teachers expect me to report bullying when I see it.⁴

France, England, United States, Canada, Australia

Most people in my community think children working is a normal part of growing up.⁵

Mozambique, Ghana

1. Taylor et al., 2011 | 2. Buller et al., 2020; José, 2016; McCleary-Sills et al., 2013; WHO & LSHTM, 2010 | 3. Connolly et al., 2014; Osório et al., 2008 | 4. Cortes & Kochenderfer-Ladd, 2014; Perkins et al., 2011; Kubiszewski et al., 2019 | 5. Colonna, 2018; Krauss, 2016

XAVIERARNAU/GETTY IMAGES

CASE STUDY

PROJECT

PARENTING WITHOUT VIOLENCE

LOCATION

HONG KONG



The [Parenting Without Violence common approach](#) by Save the Children is a set of evidence-based recommendations and best practices on how to solve the problem of abusive punishment against children. The approach is based on the belief that the home should be a respectful, loving, nurturing, and non-violent environment for girls and boys. Parenting Without Violence addresses social norms that uphold VAC including that parents and community consider violent and harsh punishment of children acceptable, necessary, and normal. In addition, the approach develops community norms, attitudes, and behaviors to protect all children from violence. Improving relationships and communications

between parents/caregivers and children and between fathers, mothers, and other family members and transforming gender and power dynamics within families is fundamental to efforts to end VAC and to the Parenting Without Violence common approach. The Parenting Without Violence common approach recognizes that social norms are deeply entrenched in families and communities and that we all need to work together to shift norms and change behaviors.

In March 2019, Save the Children Hong Kong launched the Parenting Without Violence approach with children's groups in kindergartens, primary schools, and secondary schools. They conducted 40 sessions over the year with hundreds of

children and worked with parents and caregivers to promote discipline and parenting strategies that do not rely on violence. Project strategies included community dialogues, household sessions, workshops with youth, and public engagement campaigns in communities. These activities were designed to encourage reflection on community and parenting values and behaviors, share experiences, shift parenting and community norms that uphold VAC, develop skills to positively parent, and build confidence and collective responsibility for violence prevention. While further studies may be needed to illustrate what the long-term changes are, the expectation is that these activities positively impacted shifts in community norms.

Using qualitative methodology, namely interviews with children, results from the project illustrate that children thought they were better able to advocate for themselves and to stand up to violence. By the end of the project, children demonstrated increased resilience and confidence to express their views. Children described how safe they were feeling within the home. For instance, some children reported feeling more comfortable expressing their opinions, even if they were different than their parents' opinions or thoughts. Some activities seemed to have more resonance with the children than others, for example it was found that having children and youth learn to advocate for themselves in front of their parents was particularly useful. Though the approach did not measure social norms change, monitoring data and children's reports of increased safety in the home indicate that the project is moving towards VAC prevention and parental acceptance of non-violence. This is a promising intervention that similar projects in the future may be able to replicate to see social norm change reflected in the data.

Source: Selleck, Kristen, Jeannie Newman, and Debra Gilmore. 2018. *Child Protection in Families Experiencing Domestic Violence* (2nd ed.). Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, <https://resourcecentre.savethechildren.net/library/child-protection-families-experiencing-domestic-violence-2nd-ed>.

PROMISING PRACTICES FOR ADDRESSING NORMS FOR VIOLENCE AGAINST CHILDREN



1. Actively work to reduce the risk of violence for children and adolescents who experience perpetual violence at school and in the community.

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2. Use a rights-based approach in interventions to show families, educators, community members, and governments the importance of a child's right to live without violence.

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3. Work with community leaders, including religious and cultural leaders, to shift social norms around VAC.

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4. Use storytelling approaches (e.g., radio and TV programs, community theater, community dialogues) to promote conversation, reflection, and help shift or create new positive norms for children and families.

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5. Consider using a survivor-centered approach to overcome stigma around mental health and promote well-being for any VAC intervention, including a focus on supporting survivor disclosure and ensuring strong repercussions against those who commit VAC.

[LEARN MORE](#)

ADDITIONAL RESOURCES

■ [Centers for Disease Control and Prevention: Violence Against Children Surveys.](#)

■ [Child Rights Programming: How to Apply Rights-Based Approaches to Programming: A Handbook for International Save the Children Alliance Members.](#)

■ [Getting It Right for Children: A Practitioner's Guide to Child Rights Programming.](#)

■ [Global Guidance on Addressing School-Related Gender-Based Violence.](#)

■ [How to Talk to Your Children About Bullying.](#)

■ [INSPIRE Indicator Guidance and Results Framework.](#)

■ [International Labour Organization: What Is Child Labour?](#)

■ [Rainn: What Is Child Sexual Abuse?](#)

■ [REAL Fathers Implementation Guide.](#)

■ [Violence Against Adolescent Girls: Falling Through the Cracks?](#)

■ [What Works to Prevent Sexual Violence Against Children.](#)

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SECTOR TEN

WOMEN'S ECONOMIC EMPOWERMENT

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FOTOGRAFIXX/GETTY IMAGES

and responsibilities in the home and beyond it, delineate their access to and control over resources, and constrain their ability to influence decisionmaking within these domains (Sen, 1999; Nussbaum, 2003; Donald et al., 2017). Global evidence demonstrates that social norms shape whether women can choose to earn or to learn, to enter and speak in public and business fora, and to control finances and expenditures, access bank accounts and markets, and influence decisions about what to purchase and for whom (Jayachandran, 2015; Jayachandran, 2019). Further, social norms shape decisions that people make on behalf of or for women and girls that influence their life trajectories and economic empowerment including whether to hire and promote women, equity in salary structures, and support structures in the family and workplace (Ortiz-Ospina, 2018).

INTRODUCTION

Women's economic empowerment is defined by the Swedish International Development and Cooperation Agency (SIDA) as "the process which increases women's real power over economic decisions that influence their lives and priorities in society," building on earlier work by Kabeer (1999, 2001). Women's economic empowerment can be achieved through equal access to and control

over critical economic resources and opportunities and the elimination of structural gender inequalities in the labor market, including a better sharing of unpaid care work (Tornqvist & Schmitz, 2009).

Enabling women's economic empowerment means engaging directly with those social norms, particularly gender norms, that prescribe their roles

In this Social Norms Atlas section on Women's Economic Empowerment we focus on social norms regarding women's economic empowerment relevant to South Asia, North America, the Middle East, and West, East, and Southern Africa, where gender inequality in economic outcomes is prevalent, in part due to high levels of acceptance of gender differentiation and gender hierarchy¹ (Buvinic & Furst-Nichols, 2014). Social norms affect women's economic participation across multiple settings; in this section we provide examples on social norms and power in action within the household.

1. Gender differentiation refers to the social process of assigning different social roles based on gender (Kent, 2006)—also called masculinities and femininities. These roles often afford greater value, power, and resources to men, causing gender inequity for women, girls, and those not conforming to their socially prescribed gender roles (Omadjohwoefe, 2011). Gender hierarchy describes the generally lower value, resources, and power afforded to women and girls and those who do not conform to their socially prescriptive gender roles as compared to men and boys as represented in daily life, relationships, institutions, and societies (Sen et al., 2007).

ILLUSTRATIVE LISTS OF BEHAVIORS, ATTITUDES, AND INFLUENTIAL SOCIAL NORMS

BEHAVIORS



Women perform a disproportionate amount of unpaid care work.



Men go to work outside the home as the primary income earner for the family (i.e., breadwinner).



Women make decisions on how to spend money in the home.



Women have access to and control over their income and assets (property, money, valuables).



Women conduct business and errands outside the home.

ATTITUDES

I believe that women who care for their families are good wives and mothers.

In my opinion, it is the man's responsibility to generate income for the household.

I believe that men and women should have equal decisionmaking power in household purchases.

I believe that women should be able to have control over their income.

In my opinion, women should not go outside the home without being accompanied by a man.

INFLUENTIAL SOCIAL NORMS

People in my community expect that women will stay at home to care for children.¹

India, Afghanistan

People in my community expect that men will be the sole income earners for their families.²

Burkina Faso, Ghana

People in my community think that men should make the final decisions about household purchases.³

India, South Africa

People in my community think that women should not have control over income and assets (e.g., earnings from work, access to a bank account).⁴

Bangladesh, Uganda, Kenya

Women who leave the home without approval in my community are punished.⁵

Haiti, India, Afghanistan

1. Dhar et al., 2018; Field et al., 2019; Echavez, 2012 | 2. Elson, 2002; Poeze, 2019; OECD, 2018 | 3. Agarwal, 1997; Dhar et al., 2018; Duflo, 2003 | 4. Buchmann et al., 2018; Cherchi et al., 2018; Schaner, 2017 | 5. Rodella et al., 2015; Jejeebhoy et al., 2017; Echavez, 2012

SEAN GALLUP/GETTY IMAGES

CASE STUDY

PROJECT

FEMALE LABOR FORCE
PARTICIPATION IN SAUDI ARABIA

LOCATION

SAUDI ARABIA



In 2019, only 15.8% of the total labor force in Saudi Arabia were women (World Bank, 2020). Lack of female labor force participation (FLFP) in Saudi Arabia is driven, at least partially, by restrictive gender norms and laws—for example, that women should not work outside the home, and if they do women must obtain a male guardian's permission and work in spaces segregated from men (World Economic Forum, 2020). These laws and related norms, however, are rapidly shifting. For example, in 2019 women were finally released from legal restrictions mandating that they have permission from a male guardian to travel and work outside the home (Equality Now, 2020).

Individuals' personal attitudes and resulting behaviors are informed by their perceptions of prevailing social norms among peers in their community. However, these perceptions are not always accurate, especially during times of rapid social and legal change (Dempsey et al., 2018). Thus, in Saudi Arabia, men may have personal attitudes that support FLFP but incorrectly believe that most other men in their community do not support FLFP. As a result, they do not support their wives' participation in the labor force, fearing social sanctions if they were to deviate from what they misperceive as the prevailing norm.

One study conducted in Saudi Arabia in 2018 by Bursztyn et al. tested this

hypothesis, finding that a vast majority of young married men in Saudi Arabia privately support FLFP (approximately 82%) but substantially underestimate the level of support for FLFP by other similar men in their social network. In a randomized controlled trial of young married men in Riyadh, half of participants changed their perception of low support for FLFP when they learned the true proportion of men in their community that deviated from these norms. To do this, research assistants were trained in “belief correction,” where they followed up with participants in person to educate them on the findings of attitudes of other men in their community and discuss the implications on prevailing gender norms. The participants who received this “belief

correction” were more supportive of their wives joining the labor force than the control group, as measured by the number of participants who, when offered the choice between two incentives, chose a job-matching service for their wives rather than a gift card. Three to five months after the intervention, wives of participants whose beliefs about acceptability of FLFP had been corrected were more likely to have applied and interviewed for a job outside the home than wives of young men from the control group.

This evidence revealed the role of misperceived social norms on FLFP in Saudi Arabia and offered a simple strategy to correct men's perceptions of FLFP norms, supporting shifts in the behaviors among married men to be more supportive of FLFP and in resulting labor force participation from their wives.¹ This strategy of “belief correction” shows promise for application to other norm transformative studies and interventions promoting women's economic empowerment and other socio-behavioral outcomes.

Source: Bursztyn, Leonardo, Alessandra L. González, and David Yanagizawa-Drott. 2018. *Misperceived Social Norms: Female Labor Force Participation in Saudi Arabia*. (Working Paper No. 2018-042). Chicago: Human Capital and Economic Opportunity Working Group, https://home.uchicago.edu/bursztyn/Misperceived_Norms_2018_06_20.pdf.

1. The misperception of social norms is called “pluralistic ignorance” in social norms theory.

PROMISING PRACTICES FOR ADDRESSING NORMS FOR WOMEN'S ECONOMIC EMPOWERMENT



1. Conduct household dialogues with both men and women to address household inequality and promote equitable gender relations and dynamics.

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2. Engage men and boys in household programming to shift gender norms that constrain women's economic empowerment and reduce backlash to these shifts.

[LEARN MORE](#)



3. Hold community dialogues to address women's economic empowerment and shift norms about women's division of labor in the household and labor market.

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4. Implement care facilities for children and elderly people, reducing care burdens and inequalities, which disproportionately affect women.

[LEARN MORE](#)



5. Work with savings groups to increase women's financial inclusion and financial literacy and shift norms around women and girls earning and controlling income and accessing financial services.

[LEARN MORE](#)

ADDITIONAL RESOURCES

- [Boys and Men as Partners for Gender Equality.](#)
- [Gender and Financial Inclusion.](#)
- [Gender and Land Titling.](#)
- [Gender Awareness in Modeling Structural Adjustment.](#)
- [“Holding Hands at Midnight”: The Paradox of Caring Labor.](#)
- [Labor Markets as Gendered Institutions: Equality, Efficiency and Empowerment Issues.](#)
- [MenCare Program.](#)
- [Shifting Social Norms in the Economy for Women's Economic Empowerment.](#)
- [Social Norms Change for Women's Financial Inclusion.](#)
- [The Road Ahead: Why Child Care Matters for Women's Economic Empowerment.](#)
- [The Roots of Gender Inequality in Developing Countries.](#)
- [WEE and Care \(We-Care\).](#)
- [Women's Economic Empowerment: What Works.](#)

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EXAMINING NORMS & BEHAVIOR ACROSS SECTORS



SUMMARY

The Social Norms Atlas presents an opportunity to look across sectors and explore whether patterns exist that can guide global knowledge and practice to address social norms. As noted earlier, the Social Norms Atlas presents a subset rather than a comprehensive review of norms and behaviors relevant to each sector. Sector Learning Collaborative leads and contributors brainstormed a sampling of behaviors and norms that they identified as influential to their sector in one or more contexts rather than systematically ranking behaviors and norms important to each sector.



YAGAZIE EMEZI/GETTY IMAGES/IMAGES OF EMPOWERMENT

This cross-sector analysis identifies particularly influential norms, known as meta-norms, and suggests opportunities to improve programming within and across sectors. Meta-norms “connect with deeply rooted determinants, operate at a more profound level of society and influence multiple behaviors” (Heise & Manji, 2016). Meta-norms underlie proximal norms, that is, the norms more directly driving a behavior. The existence of meta-norms may be taken for granted as a natural way of being and behaving; they may be considered a community rule that is firmly identified with social structures and hierarchies.

Understanding of what meta-norms are, how they operate, and effective strategies to change them is nascent. Meta-norms may be assumed to represent the natural order; shifting them is likely to require innovative and intensive strategies that require more time and effort, accompanied by adaptive responses to prevent and mitigate resistance, than is needed to shift proximal norms. For example, it is possible that shifting deeply rooted norms such as the expectation

that men are the ultimate decisionmakers, may require longer investment than shifting norms related to the expectation that women can make specific decisions about household purchases. Some have proposed that coordinating efforts to shift meta-norms across sectors may have a ripple effect on other behavior, but evidence is lacking. This analysis examines key insights on meta-norms gleaned from analysis of the social norms identified across the 10 development sectors featured in the Social Norms Atlas.

META-NORMS

Connect with deeply rooted determinants, operate at a more profound level of society, and influence multiple behaviors.

PROXIMAL NORMS

Act directly or close to directly on a behavior or outcome.

ANALYSIS OF NORMS WITHIN AND ACROSS SECTORS

This analysis of social norms across the 10 sectors looked for commonalities to identify meta-norms and uncover insights into underlying drivers of behavior. First, all the norms were listed and tagged with a sector label. Thematic analysis, including reading each norm to identify one or more meta-norms that could be driving these proximal norms, was conducted. Each sector norm could be assigned to more than one meta-norm and not all norms needed to be assigned to a meta-norm. As groupings of meta-norms emerged, the two leads, Rebecka Lundgren and Anjalee Kohli, jointly developed definitions for each meta-norm to explain the classification criteria and then reviewed and revised categorization of each of the proximal norms to ensure they were appropriately categorized. Once agreement in categories of meta-norms and groupings of proximal norms was achieved between the two leads, detailed discussions were held to unpack learnings from this analysis. This analysis reveals patterns of social norms within and across sectors based on norms identified in the 10 sectors of this Social Norms Atlas. This analysis may inform work on meta-norms but should not be considered a comprehensive list of meta-norms.

FINDINGS

META-NORMS: DEFINITIONS

A review of the norms featured across the 10 Social Norms Atlas sections revealed six meta-norms that spanned multiple sectors, most relating in some way to power. Definitions of these norms are included in Table 1. Many involve power over others; even protection and privacy norms entail use of power to protect others or make decisions about information sharing. Other potential meta-norms were indicated in analysis, but with insufficient frequency across sectors to be highlighted as a meta-norm in this analysis.

TABLE 1. META-NORM DEFINITIONS

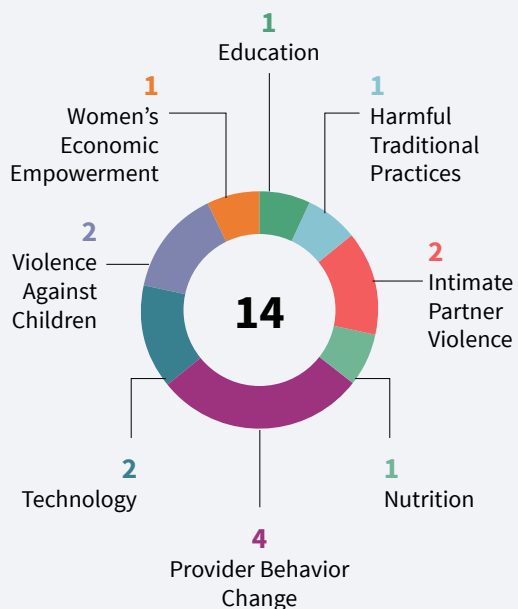
META-NORMS	DEFINITIONS
Authority Norms	Norms that allow for the use of individual or group power and authority over individuals or groups.
Control and Violence Norms	Norms that relate to individual and social acceptance of the use of strategies of control and violence in relationships and interactions.
Gender Ideology Norms	Masculinity and femininity norms that relate to appropriate roles, rights, and responsibilities of women and men in society.
Protection Norms	Norms that encourage protection of people for a range of reasons (e.g., protection from abuse, from possible harassment, from poor health outcomes).
Privacy Norms	Norms related to the type of personal information that is acceptable to share with others.
Social Status Norms	Norms that enhance or reduce social status (e.g., respect) of a person, couple, or family.

This analysis showed that the behaviors within a sector were held in place by one or more meta-norms (next page). A detailed table of the specific norms in each sector assigned to the meta-norms can be found in Appendix 1.

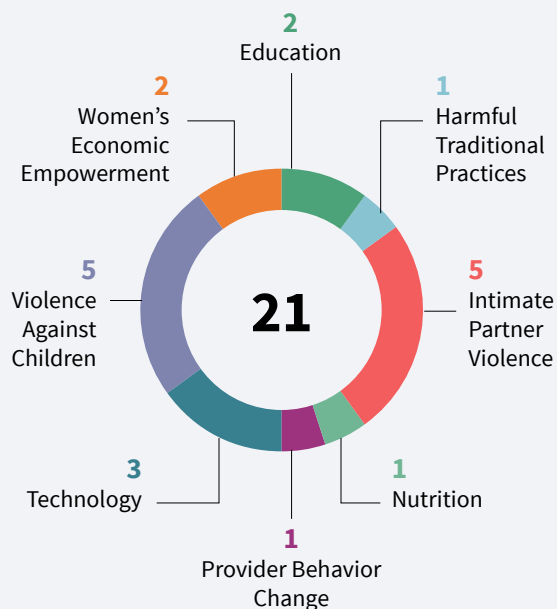
DISTRIBUTION OF META-NORMS, BY SECTOR

In the figures below, the six different meta-norms identified are shown and subdivided by the number of norms within each sector that adhered to that meta-norm. The size of the circle and the number inside the circle represents the total of norms identified for that meta-norm.

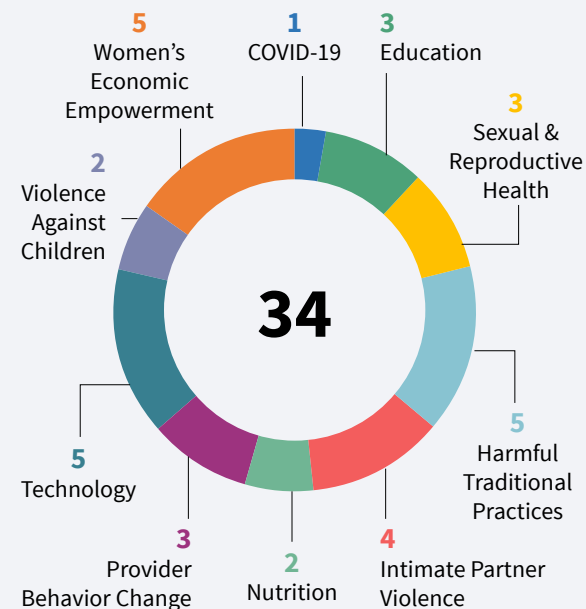
AUTHORITY



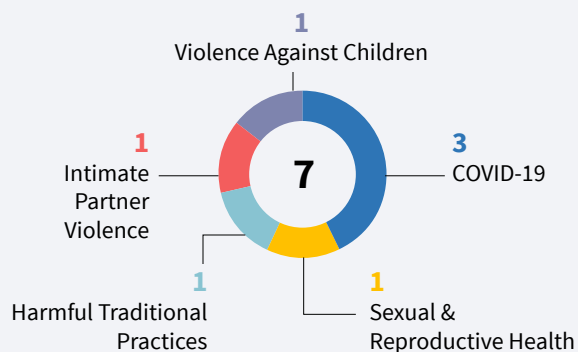
CONTROL & VIOLENCE



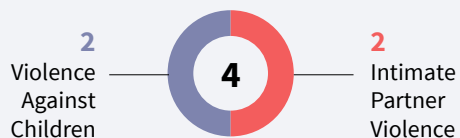
GENDER IDEOLOGY



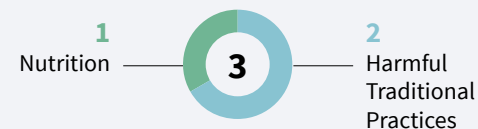
PROTECTION



PRIVACY



SOCIAL STATUS



This cross-sector analysis sets out to identify a broad set of meta-norms, encompassing both gendered and non-gendered social norms. Among the 50 norms included in the Social Norms Atlas (five per sector), the majority relate to gender ideology (34), and many relate to control and violence (21) and authority (14). This is noteworthy given that the meta-norms emerged from analysis across diverse sectors not specifically focused on gender. In other words, not all proximal norms were driven by gender or power, but a large majority were. This demonstrates the importance of gender and power across development sectors, even when they may not be immediately visible to the outcome of interest. The cross-cutting influence of both gender and power guides social rules on how people express themselves; which roles and responsibilities they fulfill in their family, community, and across institutions; and whether and how they seek support and services. Gender and power may define who has access to services and how services are provided. Gender and power define access to finances, property, and inheritance. Finally, gender and power guide participation in family, social, and community meetings, events, and decisions. Finally, without critical thinking, programs risk reinforcing inequitable norms and power dynamics in program design and delivery. This sampling of the ways in which gender and power affect proximal norms and behaviors demonstrates the large reach of power dynamics and gender inequities.

THE INFLUENCE OF PROXIMAL AND META-NORMS ON BEHAVIOR IS COMPLEX AND IMPORTANT FOR PROGRAMS TO UNDERSTAND

The analysis of proximal and meta-norms reveals the complex relationship between norms and behaviors. It illustrates and supports existing knowledge that the relationship between norms and behavior is not one-to-one. Specifically we learned the following:

- 1 Multiple norms, some more proximal than others, influence behavior. The influence of norms on behavior is complex. Norms may act individually or in combination with other norms and may interact with other factors to influence behaviors. This insight aligns with social norms theory and evidence that indicates that people are making decisions, not always consciously, around which norm to follow, when to follow the norm, and how to demonstrate alignment with the norm.
- 2 A single proximal norm might be rooted in more than one meta-norm. This is evident in the norm “in my neighborhood, a woman who is being abused feels

comfortable talking to her neighbors,” which is upheld by four meta-norms: control and violence, gender ideology, protection, and privacy. This insight has important programmatic implications. Programming to shift any single proximal norm may touch on one or more meta-norms. Challenges to meta-norms could be perceived as more threatening to existing dynamics, hierarchies, and relationships, risking resistance.

These two insights indicate the importance of carefully identifying the social norms influencing behavior; understanding how they influence behavior, sanctions, and rewards for deviating from or adhering to a norm; and possible resistance to changing norms. To do this well, programs should work closely with community members and organizations to design program strategies that are feasible and acceptable to the community and to develop resistance mitigation, monitoring, and response plans.

LEARNINGS FOR BEHAVIOR CHANGE PROGRAMMING

An important takeaway from this analysis is that effective behavior change programs must tackle issues of gender inequity, gender norms, and power, even when gender equity is not a primary outcome of the project. This journey through the social norms of 10 sectors suggests that careful consideration of the ways that programs and the communities engage with gender norms is paramount. This may include identifying what norms are at play and getting to know their features and what holds them in place (Learning Collaborative, 2019). It also may encompass designing and implementing norms-shifting programs and anticipating and mitigating backlash. Future research may explore whether focusing on meta-norms, rather than or in addition to proximate norms, is possible and whether it yields sustainable change at scale.

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ANALYSIS OF META-NORMS, BY SECTOR

DESCRIPTION OF IDENTIFIED META-NORMS



Authority

Norms that allow for the use of individual or group power and authority over another.



Privacy

Norms related to what information should be shared with other individuals or groups.



Control & Violence

Norms that relate to the individual and social acceptance or use of control and violence.



Gender Ideology

Gender ideology and gender role ideology refers to the norms regarding the appropriate roles, rights, and responsibilities of women and men in society (i.e., masculinities and femininities).



Protection

Norms that encourage protection of people for a range of reasons (e.g., from abuse, poor health outcomes).



Social Status

Norms that give or remove social status (e.g., respect) from a person, couple, or family.



Other

Anything that does not fit into the above categories.

COVID-19

In my community, men think that other men who wear masks are weak.



Most young people in my community disregard physical distancing guidelines.



People in my community expect others to sanitize their hands each time they enter a public space, such as a grocery store, or utilize an essential service, such as public transportation.



Most people in my community expect other people to self-isolate regardless of whether they have symptoms to reduce the spread of COVID-19.



In my school, students expect each other to tap feet as a greeting instead of hugging or shaking hands.



EDUCATION

People in my community expect that parents will prioritize their sons' education over their daughters'.



Almost all of the teachers in my school use physical punishment to discipline students.



Teachers in my school think it is acceptable to ignore students with disabilities or to pay them minimal attention.



Most students who identify as LGBTQI+ in my school are bullied.



Teachers in my school expect boys to participate and excel more than girls in subjects of math and science.



HARMFUL TRADITIONAL PRACTICES

In my community, people expect girls to be cut to be suitable for marriage.



Most people in my community think that a girl should be married as soon as she reaches puberty to prevent premarital pregnancy.



In my community, people expect a widow to marry her deceased husband's brother.



In my community, parents who have sons have a better social status than parents with daughters.



Most people in my community think that men who have multiple wives receive more respect than men who do not.



INTIMATE PARTNER VIOLENCE

Most men in my community think they should be able to have sex with their wife or partner whenever they want to.



My friends agree that a girl who makes her boyfriend jealous on purpose deserves to be hit.



In my community, men are expected to be the head of the household, making decisions and maintaining order.



Others in my community expect me not to intervene in another family's private affairs.



In my neighborhood, a woman who is being abused feels comfortable talking to her neighbors about it.



NUTRITION

In my community, older women (i.e., grandmothers and mothers-in-law) decide when new mothers will stop exclusively feeding their infant breastmilk and introduce complementary food.



In my community, no mothers feed their children eggs.



In my community, parents expect their daughters to gain weight to be desirable for marriage.



Most people in my community expect women, including pregnant women, to sacrifice their own food and feed children and husbands before themselves.



In my community, most people regularly eat "fast" food and drink sugar-sweetened beverages.



PROVIDER BEHAVIOR

Clients and providers expect that providers will have the final word in important health decisions for their clients.



Providers expect women to be responsible for their children's health even though their husbands usually have the final say over when and how to seek care.



Ministry of Health supervisors expect providers to see as many clients as possible, regardless of whether or not they are able to follow established counseling (or quality of care) guidelines.



Most women in this community are mistreated by providers during childbirth.



Providers in my community expect that other providers will not provide contraception to unmarried women because it promotes promiscuity.



SEXUAL & REPRODUCTIVE HEALTH

If young people in my community openly discuss SRH, they will be perceived as promiscuous.



Most people in my community think that young women should abstain from sex until they are married.



People in my community believe that women have the responsibility to bear many children to protect the marriage.



Most people in my community seek family planning from traditional healers.



In my community, almost all of my peers encourage each other to speak out to support the rights of women and girls to access and use FP.



TECHNOLOGY

Most men in this community make the final decision about mobile phone ownership and use for women in their family.



Families in this community expect husbands to facilitate their spouses' access to technology to support family income.



People in my community think women or girls who use technology (e.g., the internet, mobile phones, etc.) are immoral or promiscuous.



Those in my community expect women and girls to spend more time doing housework and childcare instead of using technology.



Female politicians in my community who use social media experience online sexual harassment.



VIOLENCE AGAINST CHILDREN

My close family and friends think spanking is a normal part of parenting.



People in my community expect men and boys to aggressively pursue girls, even after they refuse them.



People in my community do not report violence to authorities.



My peers and my teachers expect me to report bullying when I see it.



Most people in my community think children working is a normal part of growing up.



WOMEN'S ECONOMIC EMPOWERMENT

People in this community expect that women will stay at home to care for children.



People in this community expect that men will be the sole income earners for the family.



People in this community think that men should make the final decisions about household purchases.



People in this community think that women should not have control over income and assets (e.g., earnings from work, access to a bank account).



Women who leave the home without approval in my community are punished.





THE SOCIAL NORMS
LEARNING COLLABORATIVE

E-MAIL: irhinfo@georgetown.edu

WEB: www.alignplatform.org/learning-collaborative

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