

COMMUNITY-BASED NORMS FOCUSED INTERVENTIONS: DEFINITION & ATTRIBUTES

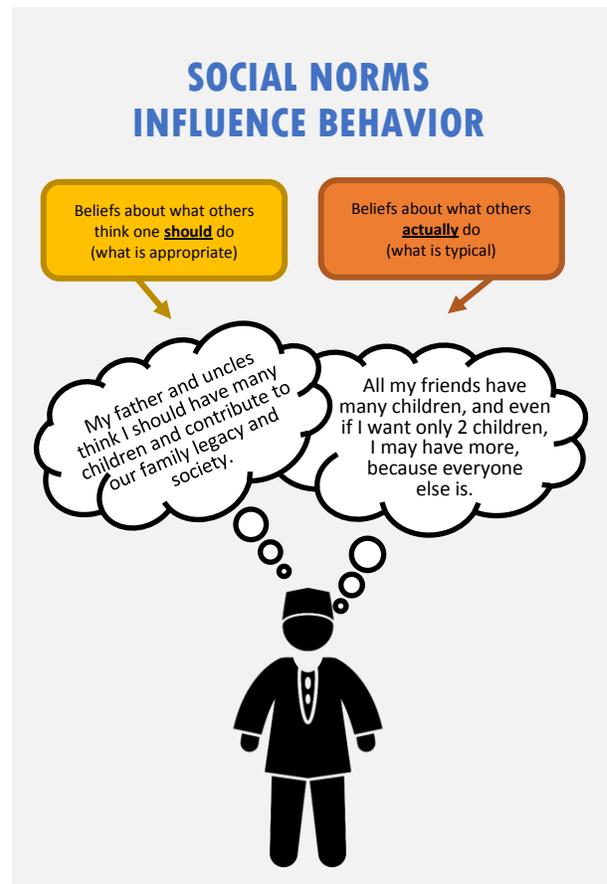
Social norms play a powerful role in shaping the behavior of young people and can have an enormous impact on their sexual and reproductive health. Underpinned by values such as honor, respect, conceptions of masculinity and femininity, harmful norms such as beliefs related to gender-based violence, early marriage and early parenthood are receiving increased attention and have been the focus of efforts to support healthy behaviors among youth and adolescents. Yet, even as interest has surged, there is no consensus about what constitutes a norms-focused approach and how this differs from other types of community-based programs. A lack of definitional clarity can create confusion when designing programs and poses a challenge to scaling up efforts to shift social norms within the field of adolescent and youth sexual and reproductive health (AYSRH).

This brief aims to address this challenge by outlining the key attributes of a norms-focused approach and offering an operational definition of what constitutes a normative change approach for AYSRH practitioners. It is based on a desk review and analysis of over thirty documents on social norms theory and programming.ⁱ

DEFINING SOCIAL NORMS

Social norms can be broadly defined as the “beliefs about which behaviors are appropriate or typical within a given groupⁱⁱ.” What an individual believes others do and what they expect of him/her can strongly influence how they act.

While what constitutes a social norm varies by behavior, there is general agreement that norms play an important role in shaping behavior, that they are meaningful in the context of groups/group identity, and that whether a person complies with a norm depends on multiple internal and external factors. Social norms refer to the unwritten and socially-shared rules governing a behavior, not the behavior itself.ⁱⁱⁱ **Therefore, normative-focused programs differ from individual behavior change ones in their emphasis on influencing social expectations around *rules* and *shared beliefs*.**



NOT ALL COMMUNITY-BASED PROGRAMS USE A NORMS-FOCUSED APPROACH

Many community-based programs work to influence behaviors but do not do so by tackling social norms, for example:

- Programs that target individuals' attitudes and behaviors but do not address community-held social norms that shape that behavior. *Example: A program may engage families in discussions of the harmful effects of female genital cutting (FGC) on girls but not tackle social norms that promote FGC as a prerequisite for marriage. In such instances, a family's personal attitudes about FGC may change while their behavior continues to be influenced by the prevailing community norm.*
- Programs that have a high level of community participation but do not engage communities in critical reflection or generate critical mass. *Example: A workshop or training may raise knowledge of HIV transmission and prevention, but does not include time for debate and reflection on why the situation exists, which would allow communities to establish new norms around sexual behavior.*
- Focus on other aspects of normative change such as policy reform or macro/environmental realities (e.g. poverty): *Example: A program may advocate for strengthened legislation around intimate partner violence but does not address norms that condone wife beating as a private or family matter, thereby undermining enforcement of the law.*

While it is important to understand what makes norms-focused approaches distinct, practitioners should keep in mind that many types of community-based programs are needed to facilitate social change. The aim is not to turn every community-based program into a social norms one, but rather to see how social norms influence behavior and to incorporate a norms-focused approach as needed.

MOVING TOWARDS A DEFINITION OF A NORMS-FOCUSED APPROACH WITHIN ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH

The Learning Collaborative suggests a definition of a community-based norms-focused intervention as: “An intervention that seeks to improve the sexual and reproductive health of women and girls and men and boys, at least in part by transforming the social norms that prop up harmful health-related behaviors. Such interventions utilize an analysis of social norms and are led by communities through a process of critical reflection, resulting in positive new norms rooted within the values of that group. Social norm change interventions complement other strategies to change behavior, such as transforming individual attitudes and addressing structural and material conditions (e.g. economic hardship).”

COMMON ATTRIBUTES OF NORMS-FOCUSED INTERVENTIONS

While no consensus exists on what defines a norms-focused approach, a review of the literature reveals a set of key attributes that are commonly associated with effective norms-focused interventions, including those designed to promote adolescent sexual and reproductive health and well-being. A caveat: We imagine that a norms-focused interventions will include some of these attributes, but not all! The list is also unweighted: we do not know if some attributes among the nine absolutely must be in place for norms-shifting to occur.

COMMON ATTRIBUTES OF NORMS-FOCUSED INTERVENTIONS

NB: The list is merely a list. An intervention will likely include multiple attributes but not necessarily all attributes.

SEEKS COMMUNITY-LEVEL CHANGE

Shifts social expectations, not just individual attitudes and behaviors, and clearly articulates social change outcomes at the community-level.

ENGAGES PEOPLE AT MULTIPLE LEVELS

(Ecological Model)

Uses multiple strategies to engage people at different levels: individual, family, community, and policy/legal

CORRECTS MISPERCEPTIONS AROUND HARMFUL BEHAVIORS

Sometimes individuals engage in a harmful behavior because they mistakenly think these behaviors are more common than they are.^{iv} For example, if binge drinking is driven by an incorrect belief that “everyone does it,” a social norms change approach might reveal that most people in fact drink in moderation. In such cases, correcting misperceptions with the actual, healthier norm can be effective.

CONFRONTS POWER IMBALANCES, PARTICULARLY RELATED TO GENDER & OTHER SOURCES OF MARGINALIZATION

Within sexual and reproductive health and within programs focused on adolescent and youth development, this is usually an important attribute of norms-change programming

CREATES SAFE SPACES FOR CRITICAL REFLECTION BY COMMUNITY MEMBERS

Deliberately promotes sustained, critical reflection that goes beyond trainings, one-off campaigns or ad-hoc outreach, often in small group settings.

ROOTS THE ISSUE WITHIN COMMUNITY’S OWN VALUE SYSTEMS

Identifies how a norm serves or contradicts a community’s own values, rather than labeling a practice within a given community as bad.

ACCURATELY ASSESSES NORMS

Identifies which norms shape a given behavior and which groups uphold the norm. Social norms exist within *reference groups* – the group of people that are important to an individual when they are making a decision. Engaging the proper reference group is critical for effectively changing a social norm.

USES “ORGANIZED DIFFUSION”

Sparks critical reflection to change norms first within a core group who then engage others to have community-level impact. This is a technique to generate and diffuse social norms that has successfully been used by Tostan around FGC and by Raising Voices and others with SASA!, an approach to reduce violence against women and HIV.

CREATES POSITIVE NEW NORMS

Creates new, shared beliefs when harmful norms have strong support within groups. While it is common to focus on negative consequences of a behavior, this can unintentionally reinforce that behavior by making it seem widespread.

WHAT YOU CAN DO TO ADVANCE LEARNING ABOUT NORMS-FOCUSED INTERVENTIONS

Norms-focused interventions hold tremendous potential to influence health-related behaviors. While this brief can help programmers to better articulate norms-focused approaches aiming to improve adolescent and youth sexual and reproductive health, on a practical level.

- Conduct formative research to clarify which norms influence behaviors the intervention is seeking to influence. Such social norms diagnoses seek to understand: what norms influence specific AYSRH behaviors (eg, delaying sexual initiation, having consensual sexual relationships, using contraceptives) and what strength these norms have in different contexts as they combine with other individual, structural and economic factors.
- When designing norms-focused interventions, be sure to articulate through what mechanisms the norms-focused intervention should change behaviors. Draw from experience of effective interventions have found positive changes.
- When norms-focused approaches are new, or have been part of multi-component programs but never explicitly addressed, bring together technical and field implementation staff to come to collective agreement, grounded in social and cultural realities, on a program change theory and implementation principles.
- Advocate with donors to fund longer inception periods for designing new interventions. Inception periods should bring together practitioners and specialists in norms change to review the evidence, theory and experience that can then inform innovative new programming and measurement of normative shifts.
- Advocate with donors to invest in collaborations with research groups to measure whether changing social norms actually translates into improved sexual and reproductive health outcomes.

The Learning Collaborative on Social Norm Change envisions a world where the powerful influence of social norms in shaping adolescents' lives is widely understood, and where projects and programs improve adolescent sexual and reproductive health by applying normative science at scale.

¹ Yaker, R. 2017. Background Paper: Identifying and Describing Approaches and Attributes of Normative Change Interventions. Learning Collaborative to Advance Research and Practice on Normative Change for Adolescent Sexual and Reproductive Health. Institute for Reproductive Health, Georgetown University.

² People form expectations in relation to a “reference group” – a group to which one compares oneself and sets the standard for an individual in terms of expected behavior.

³ Vaitla, Bapu, Alice Taylor, Julia Van Horn, and Ben Cislighi. 2017. Social Norms and Girls' Well-Being: Linking Theory and Practice. Washington, D.C.: Data2X, p. 28.

⁴ This is referred to as “pluralistic ignorance” refers to inconsistency between the actual behavior norm and what one perceives others to do or believe.