DECEMBER 2017

Guiding Conceptual Framework

WORKING PAPER

Learning Collaborative to Advance Research and Practice on Normative Change for Adolescent Sexual and Reproductive Health

This document presents the work of members of the Theory Community (Ben Cislaghi, Theresa Hwang, Rebecka Lundgren) tasked with developing a first draft of the framework to discuss with broader membership. Representatives of the Scale-Up and Measurement communities (Susan Igras, Caroline Harper, Lori Heise, Betsy Costenbrader) also participated in the development of this working paper. This framework was developed during a two-day brainstorming meeting at the London School of Tropical Health and Hygiene in November 2016 and revised based on comments made during workshops with normative change practitioners in Uganda at the African Evaluation Association Conference and the Southeast Asia Regional Community of Practice. Members of the Learning Community also reviewed and provided substantive inputs, in particular Anjalee Kohli, Bob Blum and Julie Pulerwitz.

Working Paper | December 2017

Recommended Citation:
Institute for Reproductive Health. 2017. Guiding Conceptual Framework. Learning Collaborative to Advance Research and Practice on Normative Change on Adolescent Sexual and Reproductive Health. Washington, D.C.: Georgetown University.

I. BACKGROUND

Social norms—the often unspoken rules that govern behavior—can shape the trajectories of young people in consequential ways. The impact of *harmful* social norms, such as expectations related to male use of power to control women, girl's education, early marriage, and early parenthood, is receiving increasing attention from policy makers, program implementers and researchers around the globe. As programs seek to foster norms that support healthy behaviors over the life course, there is an opportunity to advance understanding of social norms: what they are, how to measure them, how they influence behavior, and how to scale up normative interventions that show promise. Yet the social norms literature is vast, and consists of multiple disciplinary perspectives, including gender studies, which makes it difficult to advance consensus around a theoretical vision and validated measures.

The Learning Collaborative to Advance Normative Change seeks to advance knowledge and practice related to transforming the social norms that influence the ability of adolescents to reach their full potential. With funding from the Bill and Melinda Gates Foundation, this network seeks to facilitate coordination and collaboration between donors, organizations, and projects working on normative change initiatives aimed at improving adolescent sexual and reproductive health outcomes, ultimately enhancing collective efforts to build and share evidence to promote effective practice at scale. It is a platform for coordinated identification of normative interventions and evidence, and sharing and discussion of emerging evidence, promising practices, and lessons learned. The Learning Collaborative is organized according to three focused Learning Communities – Measurement, Theory and Scale-Up. The behavioral outcomes of interest addressed by the Learning Collaborative encompass timing of sexual debut, coerced sex and perpetration, multiple sexual partners, intimate partner violence, use of condom at first sex, early pregnancy, contraceptive use (married & unmarried), spacing and repeat pregnancies. Theory community members are working together to develop and share practical theoretical tools to advance clarity and congruence in the design, monitoring and evaluation of normative interventions. These tools will also facilitate learning by providing a common language and set of concepts to use when comparing and contrasting program experiences and results. This document represents its key task for this first year; build on work by members and others to propose a conceptual framework of the influence of social norms on adolescent sexual and reproductive health behavior. Based on this understanding, the community is now beginning to reach out to practitioners on the ground to develop theories of change for normative interventions. This working paper is designed to provide to the LC community, program implementers and donors with a brief overview of social norms theory and the relationship between social norms and adolescent sexual and reproductive health (SRH). To guide the work of the learning communities, in particular the development of practical theories of change for normative interventions, proposed here is a conceptual framework *of the influence of social norms on adolescent SRH behavior.*

Members of the Learning Collaborative envision 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. Made up of a network of experts committed to facilitating collaboration between organizations and individuals working on adolescent sexual and reproductive health norm change initiatives, the Learning Collaborative is working to enhance collective efforts, build knowledge, and develop shared tools to promote and guide effective social norm theory, measurement and practice at scale.

II. A CONCEPTUAL FRAMEWORK FOR NORMATIVE CHANGE: WHAT HAS ALREADY BEEN DONE AND WHY DO WE NEED ONE?

A conceptual framework can add clarity to the design, monitoring and evaluation of normative interventions, and facilitate learning by providing a common language and set of concepts to compare and contrast program experiences and results. We aim to develop a framework that takes into account the entire system and relative contributions of a range of factors (including norms) on specific outcomes. The proposed framework can guide reflection on questions such as when do norms matter? Under what conditions? What are the moderators of norms? The subsequent theory(ies) of change will seek to explain the mechanisms by which interventions shift norms and influence behaviors and will be informed by sociological and cultural as well as socio-cognitive theories.

A conceptual framework is a theoretical road map that, in either diagram or narrative form, defines a phenomenon as a series of concepts, constructs, or variables and the hypothesized relationships between them. Conceptual frameworks can identify key dimensions of change and facilitate identification of assumptions underlying the relationships depicted in the framework. We reviewed conceptual approaches relevant to social norms interventions and found that they fell into two broad camps: 1) social norms as the sole focus of work largely to the exclusion of other mediating factors; or 2) social norms positioned within a larger framework reflecting an interplay between norms and other individual and/or structural variables. While social norms are perhaps better explained and defined in the former, attempts to change harmful social norms likely require an understanding of how norms interact with, and are influenced by, other individual and social structural factors. The challenge, however, is in determining which additional concepts to include in a conceptual framework. While an argument could be made that any and all facets of social, economic, and cultural life influence social norms and subsequent health outcomes, conceptual frameworks that attempt to depict this process may be overly complicated and lack practical utility. The diagnostic approaches that the Measurement Community is working on may be helpful to define the most influential predictors of any given health outcome, and to elucidate the interplay between those predictors and social norms. Indeed, social norms may not be a predictive factor of the behavior of interest at all.

Bronfenbrenner's ecological model of human development (Bronfenbrennur 1994) provides additional insight into the complex relationships between different variables, including social norms, and outcomes. The model describes multi-level factors that influence on individual outcomes. Typically depicted as a series of overlapping concentric circles demonstrating the relationship between levels, the model supposes that individual, multiple and multi-level factors interact to yield outcomes. The socio-ecological model has been used widely to advance understanding of and develop global interventions including for violence prevention, HIV/AIDS prevention and reproductive health. Despite the model's emphasis on the interaction between each of the levels (e.g., individual, interpersonal), efforts to apply it have been challenged to conceptualize or represent the interaction between levels in intervention design (Tudge 2009). For social norms, Bronfenbrennur's model places norms in context – demonstrating the role they have in yielding behavioral outcomes and the importance of other factors to these same outcomes.

Our review of relevant conceptual frameworks (Institute for Reproductive Health 2017) suggests that a holistic approach that situates social norms within a social ecological model may be the most useful approach. Work by the Overseas Development Institute stands out as a clear explication of what social norms are and their role within the greater social and cultural system of any given harmful practice. It is worth noting that several considerations were largely absent from the frameworks we reviewed, as follows:

- An understanding of **"Power,"** what is power, how is it defined, and how it influences social norms. Analyses that draw on feminist theories might be most useful in understanding power.

- **Economics.** When and how does income status of an individual or a community influence social norms? Feminist economics could increase understanding of how social norms may be the result of centuries-long economic transactions.
- The **life course** approach was rarely mentioned in the frameworks we found. However, when considering transitions from childhood to adolescence to adulthood, an appreciation of a person's trajectory and the role of social norms within that trajectory is both useful and important.
- The **agency-structure intersection** is considered in a handful of papers and conceptual frameworks included in our review. While this is an important theoretical point – that individuals can both shape and by shaped by social norms – the practical application for interventions is less clear.

III. APPLYING SOCIAL NORMS THEORY: THEORETICAL ASSUMPTIONS[1]

> Social norms are context-dependent, externally-derived rules of obligatory, appropriate, and acceptable behavior shared by people in the same group or society.

Social norms, a powerful "lever of social influence" (Goldstein & Cialdini, 2007), are among the most widely studied drivers of human behavior. Given the amount of literature on the topic, it is not surprising that scholars who studied social norms disagree on what they are, how they sustain behavior, and how they can be changed. Most theoretical studies that look at social norms acknowledge that complexity to the point that they have titles such as: "Norms: the problem of definition and classification" (Gibbs, 1965); "What is a social norm?" (Shaffer, 1983); "An Explanation of Social Norms" (Lapinski & Rimal, 2005); "Explaining Norms" (Brennan, Eriksson, Goodin, & Southwood, 2013); and so on. This great variety of approaches and theoretical standpoints can generate confusion among those who want to apply social norms theory to real-life problems. To inform the work of the Learning Collaborative on Social Norms and Adolescents' Sexual and Reproductive Health and Rights, we position our understanding of social norms in the wide archipelago of theories that define what social norms are and how they influence behavior.

An important introductory distinction is that between legal, moral, and social norms. Legal norms are mostly written rules – laws and regulations, for instance – enforced by formal organisms (such as the State) with the authority to prosecute non-compliers. Moral norms are instead internally-driven, value-based motivators of behavior, that push individuals to behave in compliance with ideal states for self and the world. Even though these three types of norms are often presented as different theoretical constructs, in practice many connections exist between them. Legal and social norms can influence each other, both positively (when one causes the shift and realignment of the other) and negatively (when one "crowds out" the other). While the law, if enforced, might over time contribute to a shift in the norm (think of the change in smoking at restaurant), laws that are too far from the norm might not be respected (Stuntz, 2000). That is because respect of the law requires a social norm of legal obedience (Mackie, 2015). If I believe nobody respects a given law in my country, I might not respect it either.

THREE MAIN THEORETICAL PERSPECTIVES ON SOCIAL NORMS

In the literature, there exist three main perspectives on social norms: norms as behavioral regularities, norms as clusters of attitudes, and norms as social beliefs. We position our work in the last of these approaches, but look briefly at the first two.

[1] This section was prepared by Ben Cislaghi, ben.cislaghi@lshtm.ac.uk

Social Norms as behavioral regularities. Early work on social norms (mostly emerging from the fields of sociology and economics) defined them as practices shared across individuals, that emerge through repetition of behaviors (e.g. Bettenhausen & Murnighan, 1985). However, as several commentators have observed, behavioral regularities might be due to factors other than normative. In certain parts of the world, for instance, most marriages might happen in June not because there is a norm that people should do so, but because that's when the weather is at its best (Labovitz & Hagedorn, 1973).

Social Norms as clusters of attitudes. Another school of thought in social norms theory defines social norms as the attitudes that people share in a given group (e.g. Brennan et al., 2013). However, the idea that norms can be understood as clusters of attitudes has limited applicability when people act against their own individual attitude, under the false belief they are aligning their actions with the attitudes of others. This dynamic (in which people falsely believe others have attitudes different from their own) is a well-studied phenomenon in social psychology called *pluralistic ignorance* (Allport, 1933; Katz & Allport, 1931; Miller & McFarland, 1987; Prentice & Miller, 1993). The norms as attitudes school doesn't assist practitioners dealing with cases of pluralistic ignorance and, for both measurement and programmatic purposes, is less complete than those approaches that explain why people behave against their own and (unwittingly) other people's individual attitudes.

Social norms as social beliefs. A third school of thought on social norms emerged from empirical findings primarily originating from studies in social psychology. In this school of thought, the work by Cialdini and colleagues has been path-breaking (Cialdini & Goldstein, 2004; Cialdini, Kallgren, & Reno, 1991; Cialdini & Trost, 1998; Schultz, Nolan, Cialdini, Goldstein, & Griskevicius, 2007). Their work drew on a long line of research (that originated from Plato, was strong in Kant, eventually affecting the work of many modern scholars) suggesting that human beings are influenced by their beliefs of: 1) what the world *is;* and 2) what the world *should be*. Cialdini and colleagues identified two types of beliefs that people have about others that influence their own behaviors: 1) the belief about what others typically do in a situation X (*the "is" norm*); and 2) the belief about what actions other people approve and disapprove in a situation X (*the "ought" norm*). These scholars called beliefs of the first type *descriptive* norms, and beliefs of the second type *injunctive* norms (Cialdini et al., 1991). Some commentators have suggested that social norms only exist when both beliefs are active. Bicchieri (2006), for instance, spoke of social norms as a function of both empirical expectations (what I think others do) and normative expectations (what I think others think I should do). For outcomes such as adolescent SRH, the empirical evidence suggests instead that studying descriptive and injunctive norms in both their independent and coordinated influence might bear more helpful insights (van de Bongardt, Reitz, Sandfort, & Dekovic, 2015). **We thus adopted Cialdini's theory and definitions, using the language of descriptive and injunctive norms.**

DESCRIPTIVE AND INJUNCTIVE NORMS AS BEHAVIORAL DRIVERS

Descriptive and injunctive norms can be powerful drivers of behavior when they work both independently and together. Experts in public advertisement have used for years the influence of descriptive norms: when people believe that many others are doing something, they will be more favourably oriented towards doing the same (Figure 1). Much empirical evidence on the influence of descriptive norms comes from studies conducted in high-income countries, many of which carried out by researchers interested in: 1) increasing pro-environmental behavior (de Groot & Schuitema, 2012; Griskevicius, Cialdini, & Goldstein, 2008; Hamann, Reese, Seewald, & Loeschinger, 2015; Priolo et al., 2016); and 2) reducing consumption of alcohol in university campuses (Borsari & Carey, 2003; Dams-O'Connor, Martin, & Martens, 2007; H Wesley Perkins, 2002; H. Wesley Perkins & Berkowitz, 1986; Prestwich et al., 2016; Reilly & Wood, 2008).

Figure 1 | Social proof on a McDonalds sign

Figure 2 | Injunctive advertisement about how "appropriate" women look

Injunctive norms have also been studied in isolation as powerful drivers of behavior. Injunctive norms are also found in advertisements; very often injunctive advertisements are linked to gender roles (Figure 2). Injunctive messages tend to shape ideas of what it's like to be an approved person: using the right product will make you popular, likeable, or accepted. Studies with injunctive norms do exist (e.g. Prince & Carey, 2010; Taylor & Sorenson, 2004), although researchers more commonly integrated in their empirical studies analysis of both injunctive and descriptive norms. Most studies have looked at the combined and relative effect of descriptive and injunctive norm. The evidence is mixed about which of the two norms is stronger, suggesting that the difference in the strength of their influence might be due to the behavior being influenced, as well as the characteristics of the population influenced by the norm (age, gender, or economic status), the relation between the influencers and the influenced (perceived social distance or proximity), or the characteristics of the context in which the influenced live (urban or rural, familiar or unfamiliar, for instance) (Bosson, Parrott, Swan, Kuchynka, & Schramm, 2015; Hamann et al., 2015; Smith et al., 2012).

THE ROLE OF THE REFERENCE GROUP

Sociologists and social scientists at large have been familiar with the concept of reference group for more than half a century (Hyman, 1960; Merton & Kitt, 1950; Nelson, 1961; Saxena, 1971; Sherif & Cantrill, 1947). Before social norms theory developed into an organized field of research, some had started to push forward a "reference group theory" based on the belief that an individual's behavior is influenced by the behavior of the group. In its earlier definition, a reference group was understood as the specific group of people that influence how individuals "think, feel, and see things"(Saxena, 1971).

Often (though not always), the feeling of being in the group is a strong pre-condition for following group behavior. In other words, the group is likely to exert a strong influence on behavior when the individual identifies with it (Terry, Hogg, & McKimmie, 2000; Terry, Hogg, & White, 1999). For this reason, some theorists have argued that social norms are always in relation to a given reference group of people that matter to the individual conforming with the behavior of interest (e.g. Bicchieri, 2006; Park & Smith, 2007). However, as Reid, Cialdini, and Aiken (2010) observed, the behavior of others can be normative also when the group is not particularly meaningful, as, for instance, in the street, where we might align our behavior to what we believe is appropriate in front of complete strangers (Cialdini, Reno, & Kallgren, 1990; Munger & Harris, 1989).

MECHANISMS OF NORM COMPLIANCE

There is no widely shared agreement on why exactly people do comply with social norms, although most likely the answer is not to be found in one reason or mechanism alone. There are six main mechanisms that we identify as providing convincing explanations for people to comply with norms. The theories behind each of these mechanisms are varied and often contrasting. We offer here an extremely simplified version as introduction to the debate.

Why Do People Comply with Norms?

1. Socialization, Internalization and Automaticity

Psychological theories of social learning posit that social norms are learnt in the day-to-day interactions that humans have as children and adolescents. As they are learnt in developmental stages, norms become connected to feelings of shame and guilt that become triggers of appropriate behavior. In most of these cases, compliance with norms becomes automatic, rather than the result of internal rational deliberation.

2. Enforcement

Norm compliance can be enforced by powerholders who are invested in maintaining the social status quo. Others might not have the resources required to challenge the norm (authority, credibility, visibility, money, or relational network, for instance) and choose compliance over the risk of being sanctioned for non-compliance.

3. Punishments and rewards

As argued in behavioral economics and social psychology, social norms can be followed because people anticipate negative sanctions (punishment) for non-compliers and positive sanctions (rewards) for compliers. Social rewards might include praising, promotions, being recognised as a member of an elite group, and social punishment might include gossip, disapproval, isolation, and potentially even death.

4. Social Identity

Norm compliance can signify adherence to the rules of a specific group as a way to manifest group membership. For instance, a group of adolescents might dress, talk, and behave in ways that are connected to their sense of group belonging.

5. Solving Social Dilemmas

Game theory approaches argue that social norms solve social dilemmas, meaning that people comply with norms to achieve coordinated or cooperative outcomes. Coordination allows people to achieve their individual goals that require synchronising with the behavior of others. A classic example is driving (where each driver wants to get home and needs to coordinate with others). Cooperation allows people to achieve collective goals which benefit the group (even if their individual interests conflict). Take, for instance, a group of fishermen who fish in the same lake. It's in their individual interest to overfish (they earn more money) but if everyone does it there will be no more fish in the lake. A norm against overfishing will allow them to carry on their activity sustainably.

While it is likely that none of these mechanisms act in isolation, it might be important to understand what motivates compliance with a given norm, to inform both program and measurement efforts.

RECENT ADVANCEMENTS IN THE "NORMS AS BELIEF" APPROACH

Norms are on a spectrum of influence. Cislaghi and Heise (under review) recently proposed that the approach to norms used in programs to eliminate Female Genital Cutting might not be appropriate to other health outcomes. They suggested that, in the case of FGC, the relation to norms is uniquely strong because the practice of FGC is: 1) highly detectable; 2) highly interdependent; 3) held in place by proximal norms; and 4) linked to strong positive and negative sanctions. They suggest considering the influence of norms not as an "on/off" switch, but rather a spectrum of strength, with variable effects. They mention that norms can influence behavior in four ways. Norms can make a practice: 1) obligatory (as in the case of FGC); 2) appropriate (as in the case of a person trying to impress a group by

adopting their behavior); 3) acceptable or tolerated (as in the case of somebody harassing a woman in the street); or 4) possible and accessible (as in the case of a woman who comes from a country were women do not practice family planning who takes up oral contraception).

Effective change requires embedding norms within an integrated framework of influence. As mentioned above, the influence of norms is not the same for every practice, nor do norms exert exclusive influence, rather norms interact with other factors (material, structural, social, and individual) to affect the persistence of a practice or a behavior (Cislaghi & Heise, 2017; Heise & Cislaghi, under review).

The influence of social norms is often underestimated by actors. Social influence is generally underestimated (Cialdini, 2005); often people are unaware that they behave as they do because of the influence of others. More specifically, the influence of social norms is often unrecognised by actors (Griskevicius et al., 2008). When asked about the reasons (the *whys*) they do something, not many would admit (or even realise) that they are under the influence of norms. That obviously has major implications for social norms measurement and diagnosis.

SOCIAL NORMS AND GENDER NORMS

Particularly relevant for adolescent sexual and reproductive health and rights are gender norms. Heise and Cislaghi (under review) recently completed a historical exploration of the two terms (gender norms and social norms). Their work uncovered the need to harmonise language, approaches and perspectives of scholars and practitioners traditionally coming from the "gender theory" approach and the nascent "social norms approach". On the one hand are practitioners interested in challenging patriarchy, for whom 'transforming gender norms' has become substitute language for the larger project of achieving equality between men and women. On the other hand, there are those less focused on gender who apply social norm theory to gender-related harmful practices. Even though the two fields of theory and practice are now intersecting, much work remains to develop a common vocabulary that would allow greater collaboration across disciplines.

SOCIAL NORMS AND SEXUAL AND REPRODUCTIVE HEALTH

Not much is known yet about the role that social norms play in influencing adolescents' sexual and reproductive health and rights. The adolescent period is a significant developmental stage where adolescents' brain, body, thinking, relationships and sexuality undergo significant change. The two most comprehensive papers in the literature are a systematic review and a meta-analysis. Van de Bongardt et al. (2015) investigated the associations between descriptive and injunctive norms and sexual activity. They found that adolescent sexual activity was more strongly associated with descriptive norms than with injunctive norms. However, gender, age, and the socio-cultural context had a significant moderating effect. In their qualitative synthesis, Templeton et al. (2016) found that adolescents focus more on the social rewards that sex brings to them, and less on health risks. They also found that adolescents reproduce dominant gender norms in their discourse related to sexual behavior and decision-making. Further, more information is needed to understand how social norms and relationships with family, peers and others influence adolescent behaviors, including SRH decision making. For example, some studies indicate that the capacity to resist peer influence varies by age (Steinberg 2007, Albert 2013) and that adolescents may be influenced differently by peers, who model acceptable behaviors, compared to parents, who insist on normative standards (Biddle 1980).

IV. PROPOSED CONCEPTUAL FRAMEWORK

We reviewed a number of frameworks, looking for visual representations of the synergistic influence of elements of the ecological system and models which place power as a central driver of social norms and behavior. The group juggled competing preferences –a linear model which would resonate with implementers accustomed to logic models versus a more holistic, systems depiction of the role of social norms in behavior.

Our proposed model, "*The Flower for Sustained Health: An integrated, socio-ecological framework for normative influence and change"*, (Figure 3) is an adaptation of the "flower model" developed by Cislaghi and Heise (2017, p. 9) to illustrate the interplay of factors that drive behavior. A few key points are central to this model.

First, this framework acknowledges the central role of power as underlying gender and social norms, socio-ecological domains and gender dynamics and health outcomes. By placing power in the center of the framework, this model highlights its absence in most current norms discourse, despite the fact that power relations influence whether group members decide to comply with a norm and that some norms persist because individuals who benefit from them enforce their compliance (Cislaghi and Heise 2017, p. 9).

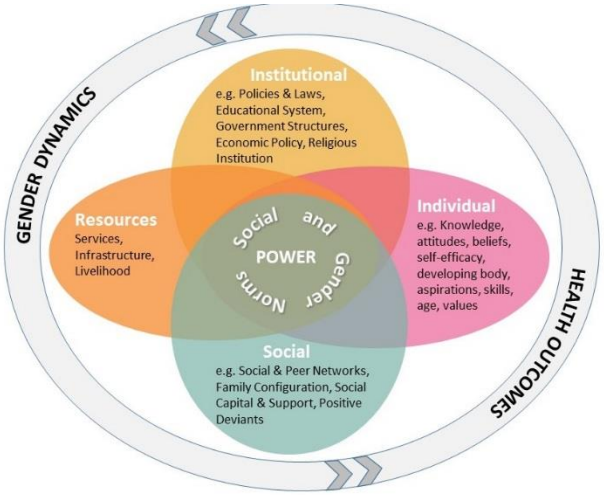

Figure 1 | The Flower for Sustained Health: An integrated socio-ecological framework for normative influence and change. *Adapted from Cislaghi and Heise (2017) by the Learning Collaborative.*

Second, gender norms, as a particular type of social norm, are essential to understanding the drivers of health outcomes and gender dynamics. Third, the interaction of levels is central to this framework as this intersection is where there is potential for change.

Fourth, the focus of this framework on social norms does not diminish or supersede the importance of structural factors to power, gender dynamics and health outcomes.

The *Flower for Sustained Health* framework modifies the traditional image of the ecological system of concentric circles starting with the individual and expanding out to the macro level to emphasize that these domains interact in a synergistic manner influencing each other as well as behaviors and outcomes. It calls attention to the fact that while multi-level interventions are likely to be most effective in changing behavior, these domains are best conceptualized as interlocking elements of a system, rather than static components. In the "flower" depiction of a systems perspective, each petal represents a socio-ecological domain, distributing influential factors into individual, social, material and structural categories. The individual domain includes age, sex, race and ethnicity, the developing body, knowledge, attitudes, values, beliefs, self-efficacy, skills, and aspirations. The social domain includes social and peer networks, family configuration, social capital and support, and positive deviants. Services, infrastructure and livelihood are captured by the resources domain. Finally, the domain labeled structural encompasses polices and laws; educational systems; governance structures; economic policy; and religious institutions.

This framework is designed to highlight the understanding that social norms are embedded in the social ecology. Power is at the center, interacting within and between each of the four domains to form, enforce and transform social norms—illustrated by the inner flower. This inner flower is labeled social and gender norms, rather than simply social norms, to emphasize the importance of gender norms to sexual and reproductive health outcomes. Gendered social norms are beliefs and rules, in a given community or institution, about the proper behavior for individuals, within relationships and at all levels of society based on gender differences. These rules define how people should interact in various social settings and at various stages of their lives. The inner flower represents the way that social and gender norms are shaped by elements of the social system, and in turn shape those systems. Gendered social norms define inequalities in power, prescribing different status, power and opportunities to girls and boys according to culturally appropriate versions of masculinities. Importantly, norms are "the means by which gender inequitable ideologies, relationships and social institutions are maintained" (Marcus & Harper, 2014).

The arrows in the outer ring encircling the flower image make explicit the interconnectedness of health and gender outcomes, representing the understanding that social and gender norms influence health and gender outcomes, which in turn influence each other.

COMMUNICATING ABOUT SOCIAL NORMS: KEY DEFINITIONS

In this working paper we present an overview of essential theoretical assumptions and definitions which ground our conceptual framework for situating social norms within the broader system and theorizing the role of power in behavior and gender and health outcomes. Applying sophisticated and nuanced understanding to social and behavior change programs is critical for success and learning, yet the language we use need not be complex. Oftentimes, the terms we use to talk about social norms form a barrier to communication and application of knowledge. Drawing from work by CARE, in the hope of advancing more democratic dialogue and practice, we offer a table of simple definitions of key concepts related to normative theory and action.

Practical Definitions for Social Norms Related Concepts	
Agency	What I can do
Attitude	What I prefer *(outside of what others consider appropriate)*
Behavior	What I do
Belief	What I know
Gender norms	Expectations and perceived rules for how individuals should behave based on their gender identity
Intention	What I plan on doing
Power	I may have "power-over" others, "power to" influence others, and "power with" others.
Reference Groups:	People whose opinion matters to me *(for a particular behavior and context)*
Self-efficacy	What I think I can do
Social rewards and punishments	How others react to what I do
Sensitivity to social rewards and punishments	The degree to which I care about others' reactions
Social Norms	Unwritten rules of behavior shared by a group and held in place by social expectations, rewards and punishments.
Descriptive social norm	What I think others do
Injunctive social norm	What I think others expect me to do

WORKS CITED

Albert, D., Chein, J., Steinberg, L. (2013). The teenage brain: peer influence on adolescent decision making. *Current Directions in Psychological Science.*

Allport, F.H. (1993). *Institutional Behavior.* Chapel Hill: University of North Carolina Press.

Bettenhausen, K., & Murnighan, K. (1985). The Emergence of Norms in Competitive Decision-Making Groups. *Administrative Science Quarterly, 30*(1985), 350-372.

Biddle, B.J., Bank, B.J., Marlin, M.M. (1980). Parental and peer influence on adolescents. *Social Forces*, 58(4), 1057-1079.

Bicchieri, C. (2006). *The Grammar of Society*. Cambridge: Cambridge University Press.

Borsari, B., & Carey, K. B. (2003). Descriptive and Injunctive Norms in College Drinking: A Meta- Analytic Integration. *Journal of Studies on Alcohol, 64*(3), 331-341.

Bosson, J. K., Parrott, D. J., Swan, S. C., Kuchynka, S. L., & Schramm, A. T. (2015). A dangerous boomerang: Injunctive norms, hostile sexist attitudes, and male-to-female sexual aggression. *Aggress Behav, 41*(6), 580-593. doi:10.1002/ab.21597

Brennan, G., Eriksson, L., Goodin, R. E., & Southwood, N. (2013). *Explaining norms*. Oxford: Oxford University Press.

Bronfenbrenner, U. (1994). Ecological models of human development. In *International Encyclopedia of Education, Vol 3, 2nd. Ed.* Oxford: Elsevier. Reprinted in: Gauvin, M. & Cole, M. (Eds.), *Readings on the development of children, 2nd Ed.* (1993, pp. 37-43). NY: Freeman.

Cialdini, R. B. (2005). Basic Social Influence Is Underestimated. *Psychological Inquiry, 16*(4), 158-161.

Cialdini, R. B., & Goldstein, N. J. (2004). Social influence: compliance and conformity. *Annu Rev Psychol, 55*, 591-621. doi:10.1146/annurev.psych.55.090902.142015

Cialdini, R. B., Kallgren, C. A., & Reno, R. R. (1991). A focus theory of normative conduct: A theoretical refinement and reevaluation of the role of norms in human behavior. *Advances in experimental social psychology, 24*(20), 1-243.

Cialdini, R. B., Reno, R. R., & Kallgren, C. A. (1990). A Focus Theory of Normative Conduct: Recyvling the Concept of Norms to Reduce Littering in Public Places. *Journal of Personality and Social Psychology, 58*(6), 1015-1026.

Cialdini, R. B., & Trost, M. R. (1998). Social influence: Social norms, conformity and compliance.

Cislaghi, B., & Heise, L. (2017). *Measuring Gender-related Social Norms: Report of a Meeting, Baltimore Maryland, June 14-15, 2016*. London: LSHTM.

Dams-O'Connor, K., Martin, J. L., & Martens, M. P. (2007). Social norms and alcohol consumption among intercollegiate athletes: the role of athlete and nonathlete reference groups. *Addictive Behavior, 32*(11), 2657-2666. doi:10.1016/j.addbeh.2007.04.030

de Groot, J. I. M., & Schuitema, G. (2012). How to make the unpopular popular? Policy characteristics, social norms and the acceptability of environmental policies. *Environmental Science & Policy, 19-20*, 100-107. doi:10.1016/j.envsci.2012.03.004

Gibbs, J. P. (1965). Norms: The Problem of Definition and Classification. *American Journal of Sociology, 70*(5), 586-594.

Goldstein, N. J., & Cialdini, R. B. (2007). Using social norms as a lever of social influence. In A. Pratkanis (Ed.), *The Science of Social Influence: Advances and Future Progress* (pp. 167-192). Philadelphia: Psychology Press.

Griskevicius, V., Cialdini, R. B., & Goldstein, N. J. (2008). Social Norms: An Underestimated And Underemployed Lever For Managing Climate Change *International Journal for Sustainability Communication, 3*, 5-13.

Hamann, K. R. S., Reese, G., Seewald, D., & Loeschinger, D. C. (2015). Affixing the theory of normative conduct (to your mailbox): Injunctive and descriptive norms as predictors of anti-ads sticker use. *Journal of Environmental Psychology, 44*, 1-9. doi:10.1016/j.jenvp.2015.08.003

Heise, L., & Cislaghi, B. (Under Review). Transforming gender norms to achieve gender equity: What is the role of social norms theory?

Heise, L. (1998). Violence against women: an integrated, ecological framework. *Violence Against Women*, 4(3), 262-290.

Hyman, H. H. (1960). Relections on Reference Groups. *Public Opinion Quarterly, 24*, 383-396.

Institute for Reproductive Health & Palmer, L. (2017). A review of social normative change conceptual frameworks: Learning Collaborative to Advance Normative Change. Briefing Paper.

Katz, D., & Allport, F. H. (1931). *Student Attitudes*. Syracuse, N.Y: Craftsman.

Labovitz, S., & Hagedorn, R. (1973). Measuring Social Norms. *The Pacific Sociological Review, 16*(3), 283-303.

Lapinski, M. K., & Rimal, R. N. (2005). An Explication of Social Norms. *Communication Theory, 15*(2), 127-147.

Mackie, G. (2015). Effective Rule of Law Requires Construction of a Social Norm of Legal Obedience. In C. Tognato (Ed.), *Rethinking Cultural Agency: The Significance of Antanas Mockus*. Cambridge: Harvard University Press.

Merton, R. K., & Kitt, A. S. (1950). Reference Group. In R. K. Merton & P. F. Lazarsfeld (Eds.), *Continuities in Social Research*. Glencoe, Illinois: Free Press.

Miller, D. T., & McFarland, C. (1987). Pluralistic ignorance: When similarity is interpreted as dissimilarity. *Journal of Personality and Social Psychology, 53*, 298-305.

Munger, K., & Harris, s. J. (1989). Effects of an observer on handwashing in a public restroom. *Perceptual and Motor Skills, 69*, 733-734.

Nelson, H. A. (1961). A Tentative Foundation for Reference Group Theory. *Sociology and Social Research, 45*, 274-280.

Park, H. S., & Smith, S. W. (2007). Distinctiveness and Influence of Subjective Norms, Personal Descriptive and Injunctive Norms, and Societal Descriptive and Injunctive Norms on Behavioral Intent: A Case of Two Behaviors Critical to Organ Donation. *Human Communication Research, 33*(2), 194-218. doi:10.1111/j.1468-2958.2007.00296.x

Perkins, H. W. (2002). Social Norms and the Prevention of Alcohol Misuse in Collegiate Contexts. *Journal of Studies on Alcohol, 14*.

Perkins, H. W., & Berkowitz, A. (1986). Perceiving the community norms of alcohol use among students: Some research implications for campus alcohol education programming. *International Journal of the Addictions, 21*, 961–976.

Prentice, D. A., & Miller, D. T. (1993). Pluralistic ignorance and alcohol use on campus: Some consequences of misperceiving the social norm. *Journal of Personality and Social Psychology*(64), 243-256.

Prestwich, A., Kellar, I., Conner, M., Lawton, R., Gardner, P., & Turgut, L. (2016). Does changing social influence engender changes in alcohol intake? A meta-analysis. *social Influence on Alcohol Intake*.

Prince, M. A., & Carey, K. B. (2010). The malleability of injunctive norms among college students. *Addict Behav, 35*(11), 940-947. doi:10.1016/j.addbeh.2010.06.006

Priolo, D., Milhabet, I., Codou, O., Fointiat, V., Lebarbenchon, E., & Gabarrot, F. (2016). Encouraging ecological behaviour through induced hypocrisy and inconsistency. *Journal of Environmental Psychology*. doi:10.1016/j.jenvp.2016.06.001

Reid, A. E., Cialdini, R. B., & Aiken, L. S. (2010). Social Norms and Health Behavior. In A. Steptoe (Ed.), *Handbook of Behavioral Medicine* (pp. 263-271). New York: Springer.

Reilly, D. W., & Wood, M. D. (2008). A randomized test of a small-group interactive social norms intervention. *J Am Coll Health, 57*(1), 53-60. doi:10.3200/JACH.57.1.53-60

Saxena, D. P. (1971). The "Reference Group" Concept. *Social Science, 46*(3), 155-164.

Schultz, P. W., Nolan, J. M., Cialdini, R. B., Goldstein, N. J., & Griskevicius, V. (2007). The constructive, destructive, and reconstructive power of social norms. *Psychol Sci, 18*(5), 429-434. doi:10.1111/j.1467-9280.2007.01917.x

Shaffer, L. S. (1983). Toward Pepitone's Vision of a Normative Social Psychology: What is a Social Norm? *The Journal of Mind and Behavior, 4*(2), 275-293.

Sherif, M., & Cantrill, H. (1947). *The Psychology of Ego Involvements*. New York: Wiley.

Smith, J. R., Louis, W. R., Terry, D. J., Greenaway, K. H., Clarke, M. R., & Cheng, X. (2012). Congruent or conflicted? The impact of injunctive and descriptive norms on environmental intentions. *Journal of Environmental Psychology, 32*(4), 353-361. doi:10.1016/j.jenvp.2012.06.001

Steinberg, L. & Monahan, K.C. (2007). Age differences in resistance to peer influence. *Dev Psychol*, 43(6), 1531-1543.

Stuntz, W. (2000). Self-Defeating Crimes. *Virginia Law Review, 86*, 1871-1882.

Taylor, C. A., & Sorenson, S. B. (2004). Injunctive social norms of adults regarding teen dating violence. *J Adolesc Health, 34*(6), 468-479. doi:10.1016/j.jadohealth.2003.07.021

Templeton, M., Lohan, M., Kelly, C., & Lundy, L. (2016). A systematic review and qualitative synthesis of adolescents' views of sexual readiness. *Journal of Advanced Nursing*. doi:10.1111/jan.13207

Terry, D. J., Hogg, M. A., & McKimmie, B. M. (2000). Attitude-behaviour relations: the role of in-group norms and mode of behavioural decision-making. *British Journal of Social Psychology, 39*, 337-361.

Terry, D. J., Hogg, M. A., & White, K. M. (1999). The theory of planned behaviour: self-identity, social identity and group norms. *Br J Soc Psychol, 38 (Pt 3)*, 225-244.

Tudge, J.R., Mokrova, I., Hatfield, B.E., & Karnik, R.B. (2009). Uses and misuses of Bronfenbrenner's Bioecological Theory of Human Development. *Journal of Family Theory and Review*, 1, 198-210.

van de Bongardt, D., Reitz, E., Sandfort, T., & Dekovic, M. (2015). A Meta-Analysis of the Relations Between Three Types of Peer Norms and Adolescent Sexual Behavior. *Pers Soc Psychol Rev, 19*(3), 203-234. doi:10.1177/1088868314544223