A 2020 Rapid Review of Social Norms Approaches in Community-Based Programs: Breastfeeding, School Bullying Prevention, and Menstrual Hygiene Management Interventions
3 Why did we undertake this review?
4 What did we seek to learn through this review?
5 How did we conduct this review?
6 Common attributes of norms-shifting interventions
7 What did we find from this review?
8 Table 1: Tally of Attributes of Norms-Shifting Interventions Across Identified Breastfeeding, School Bullying Prevention, and MHM Interventions
9 A Closer Look: Three Breastfeeding Interventions with a Norms Focus
10 A Closer Look: The Infant and Young Child Nutrition Breastfeeding Intervention
11 A Closer Look: Four Bullying Interventions with a Norms Focus
12 A Closer Look: The Olweus Bullying Prevention Program Intervention
13 A Closer Look: Five Menstrual Hygiene Management Interventions with a Norms Focus
14 A Closer Look: The GARIMA Intervention
15 References
Understanding how social norms influence behavior has gained importance globally as development interventions across sectors seek sustained improvements in the health and wellbeing of populations. Community-based, norms-shifting interventions:

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

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

---

What did we seek to learn?

THIS RAPID DESK REVIEW SOUGHT TO:

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

   - Breastfeeding
   - School bullying prevention
   - Menstrual hygiene management (MHM)

2. Describe how these intervention attributes contribute to norms-shifting; and

3. Highlight three interventions—one in each area—as examples for donors and implementers looking to integrate social norms approaches into their programming.

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

**These health areas were chosen after consultations with colleagues asked to identify health domains with growing engagement in norms-shifting approaches.
We surveyed IRH professional networks (including Passages consortium members and Learning Collaborative Members) to identify specific interventions within the selected health areas—breastfeeding, school bullying, and MHM—with a focus on social norms.

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

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

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

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

DEFINITION: All definitions are from the Learning Collaborative

1. **Engages Wide Range of People at Multiple Levels**: “Working with multiple types of people at different levels of the ecological system”

2. **Seeks Community-level Change**: An intervention that “seeks to achieve change at community, rather than individual, level”

3. **Emphasizes Creation of Positive New Norms**: Community discusses and explores “new norms that they want to work toward and positive practices that are already taking place”

4. **Based upon Accurate Assessment of Social Norms**: When interventions “understand clearly the norms they are trying to address in order to determine the most effective way to create change”

5. **Addresses Power Imbalance/Inequality**: Addresses inequality “particularly related to gender and marginalized groups”

6. **Creates Safe Space for Critical Community Reflection**: A “space [for community members] to think critically about their own ideas and behaviors, and to reflect upon both old and new norms”

7. **Community-led**: “A community’s active participation in norms-shifting activities, versus community as a static recipient of project-led activities”

8. **Organized Diffusion**: Planned dissemination of new ideas, norms and behaviors and “change [that] begins with a core group, who then engage others”

9. **Presents the Actual Behavior Norm**: “[Interventions] that focus on correcting the misperception of others’ behaviors and highlighting the actual behavior norm”

10. **Roots the Issue Within Community’s Own Values**: “Communities [that] root new norms within their own value systems” by using reflection led by trusted, credible sources who help people explore whether their values, norms and behaviors are aligned

11. **Builds on Existing Networks**: Engaging with already established institutions and mobilized groups and/or building on already existing social capital or networks.

12. **Uses Multiple Strategies/Multiple Components**: The use of multiple intervention inputs or activities in an intervention, which complement and build off each other. These strategies often utilize an ecological framework (Attribute 1) to reach a high number of people and organizations within a community. Some strategies may include media, outreach, and community programming.
What did we find?

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

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

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

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

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

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

Two new attributes were identified in these three health areas. Seven out of 12, interventions built on existing networks (Attribute 11) and used multiple strategies in programming (Attribute 12).
### Tally of Attributes of Norms-Shifting Interventions Across Identified Breastfeeding, School Bullying Prevention, and MHM Interventions

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

Three Breastfeeding Interventions with a Norms Focus

What we found in our review:

• Empowering Parents Campaign, an ongoing global campaign through the World Alliance for Breastfeeding Advocacy that empowers parents with information to enable them to make the best choice in infant feeding;

• Kokwo Model, a intervention implemented in Kenya in 2018, which aims to improve nutrition by addressing gender norms around child care and feeding, and

• Infant and Young Child Nutrition (IYCN) Project, our illustrative example.

SPOTLIGHT ON: USAID’s Infant and Young Child Nutrition (IYCN) Project

PROJECT OVERVIEW

Duration: 2006 – 2012

Location: 14 countries in Africa, the Caribbean, and Southeast Asia.

Aims:

• Prevent malnutrition during the 1000-day period from pregnancy through a child’s second year of life.

• Shift norms related to maternal nutrition and child and infant feeding practices, including exclusive breastfeeding, adequate diet with nutrient-dense food, and complementary feeding.

Attributes Identified in the IYCN Project

- Attribute 1: Engages Wide Range of People at Multiple Levels
- Attribute 2: Seeks Community-level Change
- Attribute 3: Emphasizes Creation of Positive New Norms
- Attribute 4: Based upon Accurate Assessment of Social Norms
- Attribute 6: Creates Safe Space for Critical Community Reflection
- Attribute 12: Uses Multiple Strategies/Multiple Components
IYCN sought community-level change (Attribute 2) in norms that prevent optimal maternal nutrition and infant and child feeding behaviors, including breastfeeding. To achieve this, the intervention employed multiple strategies/components (Attribute 12) to reach people at different levels and promote acceptance of new behaviors. These included:

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

Four Bullying Interventions with a Norms Focus

What we found in our review:

• The Journeys component of the Literacy Achievement and Retention Activity (LARA), implemented from 2015-2020 in Uganda, which aimed to address power and gender norms that lead to bullying;

• The Connect with Respect project, implemented starting in 2016 in several Asian and Pacific countries, which aims to shift the social norms that underlie school-related gender based violence and other forms of gender inequality;

• The Social Norms Project Toolkit, implemented from 2005-2010 in the United States, which aimed to support group norms that promote student behavior to prevent harassment, intimidation, and bullying; and

• The Olweus Bullying Prevention Program, our illustrative example.

SPOTLIGHT ON: The Olweus Bullying Prevention Program (OBPP)

PROJECT OVERVIEW

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

Attributes Identified in the OBPP Project

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

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

- Form ‘Bullying Prevention Coordinating Committees,’ with school community members including parent and community representatives. The committee is ‘certified’ as change agents and trainers through a course on bullying prevention, plan school activities, and train the school staff on bullying prevention and intervention - especially in the “hot spots” identified by students.

- Provide students safe spaces for critical reflection (Attribute 6) on their perceptions and experiences of bullying. Teachers are encouraged to continue to make these spaces available in the classroom after the OBPP.

- Emphasize the creation of positive new norms (Attribute 3) by shifting normative responses to bullying and fostering a positive school environment.

- Use organized diffusion (Attribute 8) to communicate bullying-prevention messages and conduct trainings with the wider school community. This includes building on existing networks (Attribute 11) to spread messages to engage community members in the intervention, encourage teachers to integrate new ideas into their classrooms, and motivate schools to sustain intervention activities.
Five Menstrual Hygiene Management Interventions with a Norms Focus

What we found in our review:

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

A CLOSER LOOK

SPOTLIGHT ON: The GARIMA Project

PROJECT OVERVIEW
Duration: 2013 – 2016
Location: Uttar Pradesh, India
Aims:
- Empower adolescent girls by shifting the culture of silence around MHM through dialogue about menstrual hygiene practices with adolescent girls, their families, and their communities.
- Change negative perceptions of menstruation, including those that underpin stigma, silence, embarrassment, and incorrect information to promote an environment supportive of MHM.
- Increase knowledge of menstruation, confidence in discussing menstruation, and positive attitudes toward discussions on menstruation among girls, families, and communities.
- Improve infrastructure for MHM.

Attributes Identified in the GARIMA Project

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

INTERVENTION DESIGN

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

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

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

MECHANISMS OF CHANGE

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

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


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