



Introduction

Social norms overlap with development outcomes throughout a woman's life-cycle: they will determine whether she has any opportunity to forge her own pathway to empowerment and to contribute to the empowerment of her community or not. Research on discriminatory social norms have shown the many ways in which discriminatory laws and practices may curtail her ability to break the cycle of poverty and access the resources and services she needs for her empowerment.

The social norms guidance document is a set of participatory exercises that help programme teams to identify and discuss the social norms, perceptions and expectations that shape, constrain or promote intimate partner violence, early marriage and women and girl's sexual and reproductive health within their context; and to develop initial ideas for change strategies.

These exercises are complementary to our strategies and interventions on gender justice and ending violence against women and girls, economic development, food security, care work, enterprise and markets development.

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Schedule

2-3 day workshop depending on thematic focus. As the tool diagnoses social norms impacting women and girl's sexual and reproductive health with a participatory action planning element, Activities 1, 2 and 5 are essential for each tool implementation.

Option 1: Gendered roles and responsibilities

1 day. Activities 1, 2 and 5

Option 2: Gendered roles & SRHR

2 days. Activities 1, 2, 3 and 5

Option 3: Gendered roles & GBV & Early Marriage

2 days. Activities 1, 2, 4 and 5

Option 4: Gendered roles & SRHR & GBV & Early Marriage

3 days. Activities 1, 2, 3, 4 and 5

Programme staff wanting to cover all thematic areas over 2 days may consider implementing Option 2 and Option 3 with different groups.

Structure

Activity 1: Getting Started

2 hours Introduction to social norms and the changing social norms in a specific context

Activity 2: Gendered roles, responsibilities and decision-making

2.5 hours: Identifying social norms relating to norms on a) characteristics related to ideal women/men b) gender roles and responsibility c)

Activity 3: Early marriage and pregnancy and Sexual and Reproductive Health (SRH)

2.5 hours: Identifying social norms relating to sexual and reproductive health

Activity 4: Gender-Based Violence and SRH

3 hours: Identifying social norms relating to gender-based violence and child early and forced marriage

Activity 5: SRH and Family Planning

2.5 hours Identifying norms on family planning decision making and access to sexual and reproductive health services

Activity 6: Strategies for Change

1h: Brainstorming and prioritising strategies according to feasibility and impact

Documentation

Each section offers some guiding questions for discussion. These are for guidance, and do not have to be followed strictly.

Refer to the documentation template to support with recording relevant points from discussions. Example tables are provided throughout. These tables should act as a guide only, and not all sections need to be filled out.

Alongside the tables, rapporteurs should take detailed notes of the discussions. This should include key quotations.

Who needs to be involved?

- **Oxfam project staff and local partners** support and coordinate alongside
- **Community-level facilitators:** two overall facilitators are needed – one woman and one man, preferably local partners. Partners should support community representatives to facilitate discussions and exercises where possible
- **Rapporteurs:** two rapporteurs are needed to document conversations – one woman and one man. Record conversations so that a transcript can be provided if needed. Ensure that Oxfam's informed consent procedures are followed.
- **Community members:** women, girls, men and boys; business leaders; community elders; religious leaders; parents; teachers. Consider doing separate sessions with men, women and community youth representatives to forefront their experience, and ensure that they can participate confidently.

For research undertaken with survivors of violence and young people, Oxfam's safeguarding adults and youth policy and guidelines for research with young people should be fully adhered to. Additional measures will be undertaken to do no harm, protect confidentiality, minimise participant distress and provide referrals for care and support where available.

Activity 1: Getting started

(Total: 2 hours)

Step 1: Preliminaries

(45 minutes)

Objective

- To introduce Oxfam and its research work
 - To outline the objectives of the two days
 - To let participants and research team introduce themselves
1. Welcoming remarks
 - a. Oxfam in the Philippines has been working in the country for over 25 years. Our vision is to contribute to the eradication of poverty by supporting women and other vulnerable groups in saving lives and building livelihoods, enhancing their resilience to crises, shocks and stresses, and making their voices heard to hold duty-bearers accountable.
 - b. The research is part of the Creating Spaces project of Oxfam Canada in the Philippines which aims to know about how you think peers in your community experience early marriage and other specific experiences such as sexual and reproductive health needs, and family planning (birth spacing) when they get married.
 2. Social Norms Diagnostic Tools
 - a. The Social Norms Diagnostic Tool—a 2-day participatory exercise, structured around 6 activities: 1) introduction to social norms; 2) gender norms around expected roles, responsibilities, and decision-making; 3) norms around early marriage and pregnancy and their link to SRH; 4) norms around IPV and its link to SRH; 5) norms around family planning; and 6) strategies for change. The exercise is a series of FGDs that introduce vignettes and prompt discussions around them
 3. Ask participants to divide into pairs. Each pair will share with each other their name, age, marital status, town, occupation. Each participant will share to the group what their partner shared with them afterwards.

Step 2: Introduction to Social Norms

Objective:

- To define what is meant by “social norms” compared to personal attitudes or behaviours themselves.
1. Talking about social norms can be uncomfortable for some participants. Your first job is to make them feel as comfortable as possible doing so. Reassure them that there is no right or wrong answer to give during the workshop, and that all opinions and ideas are equally valid.
 2. Explain and agree objectives of the session/day with participants.
 3. Play a short game to support participants’ understanding of social norms.

- Violate a minor social norm at the start of Activity 1, nothing that is culturally inappropriate/disrespectful or causes the participants harm but that can serve as a discussion starter:
- A couple holding hands enters the room, showing physical intimacy to each other in public.
- One of the research team members enters the room during the discussion. S/he answers the phone call and speak loud.
- Ask participants what they noticed/felt and their reactions to what they saw? What specific rule did they feel you were breaking, and how and when did they learn about that rule? How might it have originated?
- Working together based on the game that you have just played, define the terms that you will be using (norms, attitudes, behaviours). Ask for examples that illustrate differences between the three- when participants may have done something not because they wanted to /felt it was right but felt socially motivated to do so. What were the beliefs that underpinned this thinking? Write this up so it is visible throughout the workshop.

4. Provide the definition of the following terms:

- **Behaviour:** What people actually do. This is shaped by both personal attitudes and social norms.
- **Values:** a person's principles or standards of behavior; one's judgment of what is important in life
- **Personal attitudes:** People's individual preferences – what they would choose to do if there were no social context. These do not take into account what others do or what is seen as appropriate.
- **Social norms.** Shared beliefs about others. This includes:
 - a) beliefs about what others in a group **actually do** (i.e. what is typical behaviour) – descriptive norms
 - b) what others in a group think others **ought to do** (i.e. what is appropriate behaviour) – injunctive norms
 These beliefs shape the 'social expectations' within a group of people, and are often enforced by social sanctions
- **Social sanctions:** Positive or negative responses or reactions by others to the behaviour of an individual. Positive sanctions are e.g. smiling, patting on the shoulder or being granted higher status in the community. Negative sanctions are e.g. scolding, gossiping, threats or physical aggression. People's anticipation of positive and negative sanctions is believed to affect their behaviour.
- **Reference groups:** The "others" whose behaviour and opinions matter in maintaining social norms.

Behavior	Values	Personal Attitudes	Social Norm	Social Sanction	Reference Group
-blessing of the hands of elders when arriving and leaving home -saying <i>po</i> and <i>opo</i>	-Respect for Elders	-preference to bless the hands of elders or not -	-blessing of hands of elders as a sign of respect	-reward "you are respectful" -negative sanction "you are rude"	-parents, family, religious leaders

when replying to elders -honorifics such as <i>ate, kuya, nanay, tatay</i>					
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5. Present evidence relating to the social norms which will be discussed, that is relevant to the context. This is important for framing the discussions. For example, survey results on contraception prevalence rates, the unmet need for family planning, prevalence of gender-based violence or early marriage.

The social norms on fertility desire and having large family size can be seen in Maguindanao. The National Demographic Health Survey (NDHS) 2013 in the Philippines, conducted by the Philippine Statistics Authority (PSA) shows that while total fertility rates have declined from 6% in 1970 to 3% in 2013 in the Philippines, there are important regional variations with ARMM and Caraga having fertility rates above the national average (4.2 and 3.6%).

Activity 2: Gender Roles, Responsibilities and Decision-making

(2 hours)

Step 1: Definition of Sex and Gender

- To let the participants understand the difference between sex and gender and that gender can be changed

Method:

1. Split the group into girls/women and boys/men.
2. Give each group two flipchart papers to write and draw on – one group has a piece of paper with a woman drawn on it and a piece of paper with a girl drawn on it; the other group has a piece of paper with a man drawn on it and a piece of paper with a boy drawn on it
3. Ask them to discuss the question, how did they know they are a man and a woman?
4. Facilitator to identify whether the examples given is sex or gender
 - a. Sex-refers to biological physiological characteristics that define men and women
 - b. Gender- refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women

Step 2 : Identifying social norms relating to gender roles, responsibilities and decision-making

Objective:

- To identify gender norms about expected roles, responsibilities and household decision-making

Method:

1. Go back to the group and from the drawing, ask participants to think about someone who the community would say is a 'good' woman or a 'good' girl, and someone who the community would say is a 'good' man or a 'good' boy.
2. The men/boys should start by considering a good woman and a good girl, while the women/girls start by considering a good man and a good boy. Then swap so both groups consider both women/girls and men/boys.
3. Ask each group to list the characteristics of 'good' women/girls and 'good' men/boys; ask them to list the roles and responsibilities that 'good' women/girls and 'good' men/boys are expected to perform (this will be used in Activity 2, Step 2).
4. Fill in the tables, using the following discussion questions as a guide:
 - a. Descriptive and injunctive norms around the traits, roles and responsibilities that define good women/men, girls/ boys
 - What traits or characteristics define good women/men, girl/boys? Why should good women/men, girls/boys exhibit these traits? Who says?
 - Which roles and responsibilities are 'good' women/girls and men/boys expected to perform? Which roles and responsibilities should they not perform?
 - *Why* should they perform these roles and corresponding responsibilities, or not?
 - Looking across the drawings of a woman/girl and man/boy, which expected responsibilities are related to being a 'good' daughter/mother/wife or son/father/husband? Use three different colour pens to circle these (one responsibility can relate to more than one role).
 - Are there any other activities that a 'good' daughter/mother/wife or son/father/husband is expected to do that has not already been listed? Add them to the drawings now.
 - Are there any sayings about 'good' women/men, wives/husbands, mothers/fathers, daughters/sons who uphold certain characteristics? Who do/don't perform certain roles/responsibilities? What about 'bad' women/men?
 - How do you know that women/girls and men/boys should uphold these characteristics or fulfil these roles? Has anyone told you this? Who would agree and who would disagree?

- Looking at the characteristics and tasks, which do *you* think that 'good' women/girls, men/boys follow and not follow (irrespective of what others think)? Which are less important? Why?
- b. Rewards and sanctions
- What happens if they don't behave in a way that is expected of them?
 - Ask each participant to choose one characteristic and one task which they think is a critical expectation for a 'good' woman/girl, man/boy. What are the benefits of exhibiting these characteristics and doing this task (e.g. praise, respect in the community, sense of pride/self-worth)? What about if they are not followed? What would people say and what might they do to women/girls and men/boys who do not show these traits or do these tasks?
- c. Other factors that reinforce or weaken social norms
- Looking at the difference between the roles and responsibilities that a 'good' woman/girl is expected to fulfil, and those that a 'good' man/boy are expected to fulfil: Does this change according to age, marital status, life stage, income, ethnicity, conflict etc.? If age, how old?
 - Do any factors change expectation – e.g. social status, wealth, location, ethnicity?
 - Are there any other influences on what tasks good women/men are expected to do, e.g. laws, media, advert, celebrities, schools, information, employment?
- d. Positive deviance and pathways to norm change
- Are there any exceptional cases where women/girls and men/boys in the community are *not* fulfilling the expected roles? Why is this? (Tell participants not to identify people with names)
 - Are there any tasks that you would *like* your daughter/son, sister/brother, wife/husband to do that they are expected to not do?
- e. Understand positive deviance and how norms can be changed

5. Fill in the tables, using the following discussion questions as a guide

a. Descriptive and injunctive norms around household decision-making

- Who typically makes decisions in the household about the following (M/W/Men with someone else, women with someone else/men and women jointly):

Children’s schooling and health

- o Small daily purchases (food, toiletries)
 - o How many children to have
 - o Large purchases (land, cattle)
 - o What contraception method to use
 - o Which family members should do domestic tasks like sweeping, collecting water or caring for children
 - o How to obtain a family planning method
 - o Which family members should do paid/productive tasks such as agricultural work, farm animals or trading
 - o The spacing of children
- *Why* should or shouldn’t decisions be made this way? Who says?

b. Other factors that reinforce or weaken social norms

- Do any factors change how these decisions are made – e.g. social status, wealth, location, ethnicity?

c. Understand sanctions

- How would others in the family or community act if decisions were not made this way?

Table 1 Social norms- what traits/characteristics should good women/men girls/boys exhibit?

	Traits	Why?	Who says?	Benefits/ consequences
Women	Obedient	- She needs to listen to her husband-he knows best - This is how God ordained it	- Cultural tradition - Religious leaders and texts - Community leaders - Textbooks in schools - Parents, aunts, grandparents	praise from husband will feel proud she is a good wife wives may be beaten otherwise
Girls				

Men				
Boys				

Table 2 Social norms – who should play what role, perform which responsibilities and why?

Women & Girls							
Roles	Responsibilities	Girls / Women	Daughter/ mother/ wife	Change with age/ marriage/ motherhood?	Why?	Who says?	Benefits/ consequences
Nurturer	Child-bearing	G, W	M, W	Increased with marriage	- It's a woman's job	- Cultural tradition, songs, roles during funerals or weddings	- B: praise from husband
Caregivers	Cooking	G, W	D, W	Girls start doing at age 13	- Women do it better	- Religious leaders and texts	- B: will feel proud she is a good mother
Household caretaker	Water/Firewood collection	G	D	Women stop doing when married	- Women are better at listening	- Community leaders	- C: wives may be beaten if don't do tasks well
	Caring for children	G, W	D, M, W	More when become mother	- Women can't go away from the house too much	- Textbooks in schools	- C: the community call her lazy if not doing care tasks
	Moral support	W	M, W	Increased role upon marriage		- Parents, aunts, grandparents	

Men & boys							
Roles	Tasks	Boys/ men	Son/ father/ husband	Change with age/ marriage/ fatherhood?	Why?	Who says?	Benefits/ consequences
Provider	Looking after livestock	M	F, H	Stronger expectation when married	- Men are physically stronger	- Cultural tradition - Songs	- B: praise from wife
Protector	Paid work	M, B	S, F, H	Boys start doing at age 15		- Religious leaders and texts	- B: children say he's a good father

					- It's a man's job	- Community leaders	- C: mocked by neighbours for doing care work
Breadwinner	Building houses	M	F, H	Upon marriage and especially having children	- The task requires a lot of skill	- Billboards	- C: community calls him lazy if doesn't work
Decision-makers	Collecting children from school	M	F, H	Fatherhood	- Need to be away from home for long hours		
	Paying bills	M	F, H	Upon marriage	- Men have to provide for the family		

Table 3 Exceptions – women and men not fulfilling expected responsibilities

Women		Men	
Exceptions – still respected	Why?	Exceptions – still respected	Why?
Pregnant women	Most tasks are too strenuous for them	Professional men	- Away from home most of the day - Engaged in productive work
Women with disabilities	Not physically able	Men with disabilities	Not physically able
Elected women representatives	Considered exceptional, other women doing care	High-ranking community leaders	Have other community role
Women business leaders	Considered exceptional, other women doing care	Elderly men	Not physically able
		Men with sick wives and very young children Men who haven't paid dowry	No other option
Exceptions – not respected	Why?	Exceptions – not respected	Why?
Educated young women	- Lazy	Educated young men	- Lazy - Not properly cultured

	- Not properly cultured		
Women in paid jobs	Failing to balance responsibilities	Men in urban areas cleaning/washing	'Culture is different in cities'
Young/teenage mothers	- Lazy - Not properly cultured		

Table 4 Sayings/quotes about good women/men/girl/boys' traits, roles and responsibilities

	Women	Men	Girls	Boys
Traits	'Good women are obedient and listen to their husbands'	'Men are strong'	'Girls are soft spoken and meek'	Boys are brave and do not cry
Roles	'Women are nurturers. This is how God intended it to be'	'Men are providers, they aren't good at taking care of infants' - 'Care work is "petty work" and "beneath men" – they shouldn't do care work'		
Responsibilities	'Women have natural abilities', 'It's easy for women', 'it is their duty', 'if they don't do it who will' 'A woman who does not bear children is an incomplete woman' 'Women do paid work if they're on their own' 'Young women these days think they should earn their own money, but you can't be a good mother and have a job'	'This work is difficult, heavy, and requires men's strength' 'This work is skilled and therefore done by men' 'Men's roles are to provide for their families'	Girls help in domestic chores	

Table 5 Who makes these decisions in the HH and why

Decision-making areas	Who makes the decision	Why	Factors of influence	Exceptions
Children's schooling and health	Women +Men together		Increases when women start earning her own income, gets older	Woman, if single mother, sole earner
How many children to have	Men + mother in law		Increases when women start earning her own income, decreases if man hasn't paid dowry	
Etc.				

Step 3: How have norms changed?

(45 minutes)

Objectives:

- To strengthen the understanding that norms have changed and will continue to change, and to what extent changing norms are significant.
- To help participants think more creatively about norms, with more nuance, and respect each other's opinions.

Method:

1. Building on the first exercise, ask participants to reflect on a time period that has contributed to changing norms (e.g. 1-2 generations, a conflict).
2. Select 2-4 norms relating to gendered traits, roles, responsibilities and decision-making from Step 2 which participants think have changed over this period, e.g. women are now expected to do some income-generating activities such as sewing at home/ are now expected to have some say on the number of children they have; it is now acceptable for men to pick up children from school/ it is now acceptable for men to discuss contraception methods with their wives. Choose norms relating to both women/girls and men/boys.
3. Divide participants into small groups to work on one norm each.
4. For each norm, explore the following questions:
 - What would have been the expectation of women/girls and boys/men in the previous time period?
Have expectations and social acceptability changed? How?
 - What would your mother/father, grandmother/grandfather have said about this?
 - Was it different for different social classes, wealth, ethnicities, locations?
Were there any exceptions?

- What happened when people did and didn't adhere to norms – what were the benefits or sanctions?
5. Document when participants use sayings or expressions.
 6. Ask participants to leave discussing *why* this change happened until the next step.

Table 6 Changing norms

Norm	How has it changed?	Past exceptions?	Past benefits/sanctions?
Women in the labor force *although most of the work revolve on nurturing and care work such as in the case of nurses and domestic helper abroad	Economic challenges	Women stay at home	Wellness of the family

Step 3: Who and what influences social norms?

(45 minutes)

Objectives:

- To strengthen participants' understanding of the complexity of the process of changing social norms, perceptions, and expectations.
- To identify a range of "reference groups" and drivers of change.

Method:

1. Keep participants in the same groups. Write or draw the 2-4 norms selected in Step 3 in the middle of a large piece of paper.
2. Ask participants to draw a 'rich picture' of people, institutions or drivers that influence, change, promote or reinforce or that norm.
3. Start with family members in the first circle – children, siblings, spouses, parents, grandparents, in-laws etc.
4. For the second circle, go wider to other community members – e.g. friends, peers, teachers, religious/cultural/political leaders.
5. In the third circle, explore other influences – laws and policies; media, adverts or images; celebrities; evidence or information; school/training curricula and practices.
6. In the fourth circle, look at social changes – conflict, climate change, migration or new populations; new technology; new types of employment etc.

7. Finish by asking whether there are any other reasons why the norm has changed.
8. Ask participants to discuss and note by the picture whether this source/driver changed or reinforced the existing norm.
9. Who was a blocker, and who was an ally in bringing about change?
10. Ask how influential each source/driver was, rated 1-3.
11. Then ask participants what the family/community responses have been to this change in norms – has there been praise and approval of those exhibiting the new norm? Ignoring the change? Criticism? Backlash or violence? Acceptance and flexibility? What is the perception of the benefits or problems associated with the new norms?

Table 7 Rich picture

Changed norm	Influence	Changed/reinforced? How?	Blocker/ally?	How influential?	Current benefits/consequences/issues
Women working abroad	Family	Reinforced by the labor export policy of the government	Activist against migration policies/government	**	Address the economic challenges of the family/ children are left behind with solo parent, mainly, father (who are not used to nurture kids because of the gender roles)

				*	
				**	
				-	
				***	*positive consequence- men learn to do care work and nurturing

Activity 3: Early marriage/pregnancy

(2.5 hours)

Step 1: Identifying norms on early marriage/pregnancy

Objectives:

- To identify social norms relating to early marriage
 - To explore how these relate to sexual and reproductive health, building on Activities 1 and 2.
1. Split the group into girls/women and boys/men. You may want to further split the group according to age.
 2. Tell the two groups that you will describe a story to them:

[Note – facilitators should adapt the stories to the local context as appropriate in order for the stories to be as recognisable as possible]

Part A

Specific Objective:

To understand norms surrounding early marriage

I will tell you a story of a mother called Fatma, a father called Amer and their daughter Sitti, who is 14 years old. Fatma, Amer and Sitti live in a community like you. They live in a village in Maguindanao where a bombing just took place recently.

One day, Sophia, Fatma's cousin comes over to visit the family. Sophia announces that her daughter, Sarah, who is also 14, is engaged and getting married in a month's time. Sophia says that she believes that Fatma's daughter, Sitti, should also get married as she is becoming a woman and should have children soon.

Sophia reveals that she also knows a family from her village who is interested in marrying their son to Sitti.

3. Facilitate a discussion using the following questions as guidelines:
 - a. Descriptive and injunctive norms surrounding early marriage
 - What would most parents like Fatma and Amer do in this situation? What would Sitti do?

- What would people in the community expect Fatma and Amer to do in this situation? What would they expect Sitti to do?
 - Why would they expect this? Are any of these reasons related to how girls and women are expected to be a 'good' woman/wife/mother/daughter? Are any of these reasons related to issues discussed in Activity 2 about the types of responsibilities that women and men are expected to fulfil?
 - How is this different for boys who are expected to get married?
- b. Factors that reinforce or weaken social norms
- Are there any circumstances where it would be considered more or less acceptable for Sitti not to get married at her age, e.g. age, social status, wealth, location, ethnicity
- c. Factors that drive early marriage
- What factors are important for families like Sitti's when considering at what age girls should marry? What factors are important for families like Sitti's when considering at what age girls should have children?
 - Why do young women and men marry before the age of 18? Why do young women and men have children before the age of 18?
 - Are there also practical reasons, e.g. economic factors? What economic opportunities are open to girls and young women who marry earlier or later?

4. Continue the story (introduce a twist):

But Fatma and Amer don't want Sitti to marry and have children at this age. Sitti has told them that she wants to finish secondary school, and find paid work before getting married. Fatma and Amer announce to the visitors that they do not want Sitti to marry at this age.

5. Facilitate a discussion using the following questions as guidelines:

- a. Descriptive and injunctive norms surrounding early marriage
- What would people in the community think of parents who reacted like this? What would they think of Sitti for not wanting to marry? What would they think of her for wanting to do paid work before getting married?
 - How would people around Fatma, Amer and Sitti react towards the decision (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, religious leaders)? What would they say about the family?

b. Rewards and sanctions

- What other kind of behaviour or negative consequences might Fatma, Amer and Sitti experience as a result? Would there be any benefits?
- Would this be different for boys – why?
- Do other factors make a difference, e.g. age, social status, wealth, location, ethnicity?

c. Positive deviance

- Can you think of parents like Fatma and Amer who resisted community pressure to get their children married at an early age? What factors made this possible?

6. Tell the two groups that you will describe another story to them:

Part B

Specific objective:

To understand norms around fertility—pressure to produce children— and how they influence access to SRH of married girls

Sarah (14) gets married to Mohaimen who is 20 years old. Immediately after getting married, they begin to face pressure to have children. However, Sarah's dream is to finish her school and pursue a career. She feels that she doesn't want to have children yet. She asks her best friend, Nobaisa on what she can do. Nobaisa shares that she heard that there are some couples who use contraception but she is not fully aware of how it works and where to go to. Sarah thinks about it and is concerned about how her parents would react to it.

7. Facilitate a discussion using the following questions as guidelines:

a. Descriptive and injunctive norms surrounding procreation

- Is it common for girls/young married woman to want to wait before they have children? Is it considered appropriate?
- What would people in the community expect Sarah to do in this situation?

b. Access and availability to SRH information and services

- Would most girls like Sarah have access to SRH information from friends/family and know where to go?
- Where would most girls like Sarah get this information from? Would most girls like Sarah decide to see a health worker in this situation? What kinds of services would be available to her?

c. Norms around access to and availability of SRH information and services/Social sanctions

- What would people in the community think of Sarah if she sees a health worker about these issues? What would her husband think?
 - How would people around Sarah react if they found out she was thinking of delaying pregnancy and seeing a health worker (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, religious leaders)? What would they say about Sarah?
- d. Factors that reinforce/ weaken the norm
- What factors would influence her decision? Why might she decide to go or not to go?
- e. Parental or *wali* (guardian) consent
- Would Sarah's parents give their consent so that she may be able to access reproductive health services?
- f. Rewards/Sanctions
- What other kind of behaviour or negative consequences might Sarah experience as a result? Would there be any benefits?
 - Would this be different for men – why?
 - Would this be different if she was pregnant with her second or third child? Do other factors matter, e.g. age, social status, wealth, location, ethnicity?

8. Continue the story (introduce a twist):

Sarah gets her parent's consent and visits the local health worker (insert appropriate term here) who informs her of the risks of early pregnancy and the contraception methods available. Upon returning home, Sarah tells Mohaimen that she wants to wait a few years to have children, once she's finished school and is older. She also shares the type of contraception method she would like to use to avoid/delay pregnancy. Mohaimen agrees that they should wait to have children and use contraception.

- a. Descriptive and Injunctive norms around parental consent on contraception
- Would most parents give their daughter consent to visit the local female health worker? To use contraception to avoid early pregnancy? Why/why not? What would others in the family/community say if they found out?
- b. Positive deviance
- Can you think of parents like Sarah's who would give their consent and support their daughter's decision to wait? What factors made this possible?
- c. Descriptive and injunctive norms around contraception decision-making and use

- Would most women like Sarah discuss their fertility desires with their husbands? Would most women discuss their preferred contraceptive method with their husbands?
- Would most men respond like Mohaimen? Why/why not?
- What would his family, people in the community expect Mohaimen to do in this situation?
- Why would they expect this? Are these expectations related to how he is expected to be a 'good' man/husband/son?
- How would people around the couple (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, friends, religious leaders) react if they found out Mohaimen agreed? What would they say about him? What would they say about Sarah?
- Would their reaction be different if Sarah already had children? Do other factors matter, e.g. age, social status, wealth, location, ethnicity

d. Key Influencers

- Who are the most influential people and what are the most influential factors in Sarah's decision on whether to access information and on whether to visit a health worker?
- Who are the most influential people and what are the most influential factors in Mohaimen's decision on whether to agree with his wife to wait before having children and to agree to use her preferred method of contraception?

e. Rewards social sanctions

- What other kind of behaviour or negative consequences might Sarah or Mohaimen experience as a result? Would there be any benefits?
- Would this be different for men – why?

f. Social norms change

- How are expectations about whether young couples can delay having children different to one generation ago? What has changed? What hasn't changed? Why has this change come about?
- Are young couples today able to resist social pressures to have children immediately after getting married differently from a generation ago? If yes/no why/why not?

- How are expectations about whether girls should access this kind of information different to one generation ago? What has changed? What hasn't changed? Why has this change come about?

9. Tell the two groups that you will describe a final story to them:

Part C

Specific Objective:

To understand norms around pressures to have sex; early pregnancy among sexually active unmarried girls; To understand the institutional norms such as chastity that hinder access to SRH

Role Playing:

There are two friends, Rasmiya and Norhata who are talking about their future and aspirations. While speaking about their future, Rasmiya shared with Norhata about her aunt, Sitienor, who just got married abruptly, without announcement. Rasmiya shared the story below:

I am close to my aunt and we often share our experiences with each other. Aunt Sitienor shared that at 16, she got pregnant before she got married. She said that she was not yet ready by then. Before she got pregnant she tried to seek help from health workers but was denied to as she was still young and unmarried to go to clinics (to access SRH information and services).

10. Facilitate a discussion using the following questions as guidelines:

- a. Descriptive and Injunctive norms around pre-marital sex
Would most girls like Sitienor engage into Would most girls in Abby's situation entering a relationship face pressure to have sex? What would most people think about Sitienor, having sex before getting married?
- b. Social sanctions
 - How would people around Sitienor react if they found out that she was having pre-marital sex (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, religious leaders)? What would they say about Sitienor?
 - Why would they react this way? Are any of these factors related to how she is expected to be a 'good' woman/wife/mother/daughter?
 - How would people around Sitienor react if they found out that she was pregnant as a result of having pre-marital sex (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, religious leaders)? What would they say about Sitienor?

- Why would they react this way? Are any of these factors related to how she is expected to be a 'good' woman/wife/mother/daughter?
- c. Access to and availability of SRH services/information
- Where would most girls like Sitienor (who is unmarried) get advice on contraception from? Would most girls like Sitienor decide to see a health worker in this situation?
 - What would people in the community think of Sitienor for going to see a health worker about these issues?
- d. Diagnosing institutional norms
- Is Sitienor's experience of being refused contraception counselling and services from formal health service providers a common one for unmarried minors?
 - Would health workers react differently to Sitienor based on her (marital status, age, ethnicity, income, sex etc.)?
- e. Factors influencing social norms around access to SRH
- What factors would influence her decision to go see a health worker? Why might she decide to go or not to go?
 - Who are the most influential people and what are the most influential factors in Sitienor's decision on whether to access information and on whether to visit a health worker?

Table 8 Social norms on early marriage and access to SRH

	Part A	Part B	Part C
What would most parents/daughters do?	- Parents would agree to Sitti getting married - Sitti would agree to getting married	-Sarah will bear children -Parents won't allow Sarah to access SRH	-Sitienor won't access SRH services
Factors in decision?	- Becoming a woman - Respect in community - If waits won't find a husband - Religious teachings -Ethic beliefs - Families can't financially manage	-religious teachings/ethnic belief towards contraceptive use -parental consent	- -Parental consent Partner's pressure
Community expectations?	Parents and Sitti would be expected to go through with marriage	-Produce children	Sitienor shall not engage into sexual activities
Why expected?	- Should become a woman and assume responsibilities	-religious/ethic beliefs -children will help parents in the household or economic work	Preserve the chastity of women -pre-marital sex destroys the dignity of family and daughter

	- Support family by removing financial burden -Shall follow religious teachings	-parents need children when they grow old to take care of them	
Related to being a 'good' woman/ man and work roles?	Yes – expected to assume role as a wife and mother	Yes- child bearing makes a woman complete	Yes – a good girl doesn't engage into sexual activities outside marriage
Different for boys/ men? Why?	Yes – boys expected to marry later once they have a job	men and boys are also expected to reproduce	Yes – boys have more freedom to exercise their sexuality
Different for different work types?	N/A	N/A	N/A
Exceptions?	Some more educated and higher status families marry later	Educated women and girls who want to pursue career	None
Community reactions?	Sitti will be a <i>matandang dalaga</i> (old maid) and will not be happy living alone.	- -Sarah is a sexually deviant girl -Sarah's parents are "kunsintidor" (consent bad things)	Sitienor is sexually deviant
Benefits/ negative consequences?	Sitti can pursue her aspirations/ community gossips	Sarah can pursue her schooling and career/ community gossips towards her sexuality	Sitienor exercises her SRH rights/ sanctions towards girls who engage to sexual activities outside marriage, such as gossips that Sitienor is a sinner
Change over time? Why?	- More acceptable now to wait until girls are 18 - Change due to law change and community education programmes	Acceptance of contraceptive use change in urban areas over time	- Increase in teenage pregnancy(unmarried) and early sexual activities
Influencers	Religious leaders Family Community leaders	- Family -Friends - - Religious leaders	-religious leaders Family Community leaders
Other drivers	Conflict Code of Muslim Personal Laws	- Reproductive Health Law- Education programmes - Religious teachings	Religious teaching on the protection to zina and sunnah

Step 3: How have norms changed?

Objectives:

- To strengthen the understanding that norms have changed and will continue to change, and to what extent changing norms are significant.

- To help participants think more creatively about norms, with more nuance, and respect each other's opinions.

Method:

1. Write or draw 3-5 key norms relating to early marriage/pregnancy and SRH selected in Steps 1 and 2 in the middle of a large piece of paper.
2. Building on the previous exercises, ask participants in two groups to reflect on a time period that has contributed to changing norms (e.g. 1-2 generations, a conflict).
 - Select the norms relating to early marriage/pregnancy and SRH which participants think have changed over this period, e.g. Choose norms relating to both women/girls and men/boys.
3. For each norm, explore the following questions in each group:
 - What would have been the expectation of women/girls and boys/men in the previous time period?
 - Have expectations and social acceptability changed? How?
 - What would your mother/father, grandmother/grandfather have said about this?
 - Was it different for different social classes, wealth, ethnicities, locations? Were there any exceptions?
 - What happened when people did and didn't adhere to norms – what were the benefits or sanctions?
4. Document when participants use sayings or expressions.
5. Ask participants to leave discussing *why* this change happened until the next step.

Table 9 Changing norms

Norms	How changed?	Past exceptions?	Past benefits/sanctions?
Young couples expected to have children immediately after getting married			

Step 4: Who and what influences social norms?

Objectives:

- To identify a range of “reference groups” and drivers of change relating to norms around early marriage and pregnancy

Method:

1. Keep participants into two groups. Assign each group 2-3 norms identified in Step 3 and ask them to write down the key people whose opinions matter to those subscribing to the norms and other influences. Think about who would be key allies, and who would be blockers. Look back at the “rich picture” in Activity 1, Step 4 to identify the most important people and factors.
2. Ask participants to discuss and note by the picture whether this source/driver changed or reinforced the existing norm.
3. Who was a blocker, and who was an ally in bringing about change?
4. Ask how influential each source/driver was, rated 1-3.
5. Then ask participants what the family/community responses have been to this change in norms – has there been praise and approval of those exhibiting the new norm? Ignoring the change? Criticism? Backlash or violence? Acceptance and flexibility? What is the perception of the benefits or problems associated with the new norms?

Table 10 Rich picture

Changed norm	Influence	Changed/reinforced ? How?	Blocker/ally ?	How influential ?	Current benefits/ consequences / issues
Sexual engagement of young people	1. Internet media		Blocker	**	

Activity 4: Gender-based violence (IPV)

Step 1: Identifying norms on gender based violence

Objectives:

- To identify social norms relating to gender-based violence, particularly intimate partner violence.
- To explore how these relate to sexual and reproductive health, building on Activities 1 and 2

Method:

1. Split the group into two groups, one group of women/girls and one group of men/boys.
2. Read the stories aloud. The facilitator may ask the group to share story based on what happen in their community.

[Note – facilitators should adapt the stories to the local context as appropriate in order for the stories to be as recognizable as possible]

Group A

To understand norms around IPV and its consequences for women’s mental and physical health

Salma (16 years old), and Yasser, (25 years old) got married out of love with their parent’s approval. Before marriage, they had a good relationship, they (add a list of activities that couples would do together), he came across as caring towards Salma, bought her gifts, was sort of protective of her and looked out for her. After marriage he became more and more controlling and suspicious of her. One day he was waiting for her after school and saw her talking to a boy from her class. He got so angry that he pushed her, really hard so she fell over. And then started yelling at her “Why were you talking to him? What were you talking about?”. She had really had enough, so she said “Just be quiet”. Then he said “What did you say?”, and then he grabbed Salma’s hand and pull her. Other people standing outside the school who see this don’t say anything and Salma and Yasser go home.

The next day, Yasser yelled at Salma because the food wasn’t ready when he got home, “you do nothing around the house, you’re worthless” he said. He picked up the nearest pan and threw it at her, hitting her hard on the shoulder. His older sister used to see how he treated her, but she also made out like it was Salma’s fault. She’d say “you know what his temper is like, you don’t want to go and provoke him, why do you provoke him like that?”. Salma tells her friend that she’s severely depressed and suffers from long lasting injuries as a result of her husband’s behaviour.

- a. Diagnosing descriptive and injunctive norms around IPV
 - Would most husbands become suspicious and controlling in Yasser’s position after marriage?
 - Would most husbands shout at Salma like Yasser– questioning why she is speaking to a male classmate, telling her that she does nothing around the house/is worthless if she doesn’t complete her chores to his liking. Would most people expect him to say these things?
 - Would most husbands get violent with Salma for talking to a boy and for responding in the way that she did? For not doing her domestic chores

well and responding in the way that she did? Would most people expect him to hit her in either situation?

b. Social sanctions

- If you are the one who witnessed what Yasser did to Salma, what would you do? Why?
- What are the expected reactions of people around Salma and her husband towards his behavior? What would they say about him if they found out that he had shouted at or hit her? What would they say about Salma? What kind of behavior might he and Salma experience as a result if they know?

c. Situations triggering domestic violence

- In your own knowledge and experiences, are there any other situations relating to women's roles, responsibilities where she may experience violence? Some examples:
 - If she refuses sex?
 - If she disagrees with him on how household finances are being spent?
 - If she visits a health worker without telling him?
 - If she starts spending money that she has earned without asking him?
 - If she asks for his help in specific types of household work or care work, e.g. washing, cooking, looking after elderly people?

d. Health impacts

- Are there any other impacts to Salma and Yasser's health as a result of experiencing/carrying out acts of violence?

e. Exceptions

- Are there any instances where people would not expect Yasser to yell at or hit Salma, according to her/his e.g. age, social status, wealth, location, ethnicity, pregnancy status?

f. Access to IPV and SRH support services/information

- Would most women in Salma's position seek help for her mental and physical health? Why/why not? Would they know where to go to? Who would most women in Salma's position go to? Would it be seen as acceptable or appropriate for her to reach out to a professional health worker about it?
- What kinds of support/services does someone in Salma's position need from her family, service providers? What kinds of support/services are available to her?

- Would most men in Yasser's position seek help for his anger and violent behaviour? Would they know where to go to? Who would most men in Yasser's position go to? Would it be seen as acceptable or appropriate for him to reach out to a professional health worker about it?
 - What kinds of support/services does someone in Yasser's position need from her family, service providers?
- g. Social norm change
- Are expectations on men to beat their wives different to one generation ago? [Choose the timeframe identified in Activity 1, Step 4] What has changed? What hasn't changed? Have negative reactions (e.g. censure, mocking, shouting, beating) to women's studying, new work roles changed compared to one generation ago?
- h. Key influencers
- Who might be able to influence Yasser or his sister to act differently?

Group B

To understand norms around fertility, IPV and the SRH consequences of violence during pregnancy

Asleah (20) and Mahid (21) were arranged to be married through their parents. Asleah started a practicum shortly before getting married and she wants to wait until she finishes it before having children. When she discusses this with Mahid, he yells at her and says "This is your responsibility as a wife. You are bringing shame to my family. Leave this apprenticeship immediately or I will leave you". When she says in response that she only has two years left before she'd done, he slaps her. Physically and mentally distraught, she calls her mother and tells her what happened. Her mother responds "now that you are married you need to listen to her husband and not do anything that displeases him. If he leaves you, you are not welcome back home". Asleah leaves her practicum, and soon after becomes pregnant.

Mahid yells at Asleah, when he's hungry and the food isn't ready and when other domestic chores aren't completed to his satisfaction. He yells at her again when he sees that she is relaxing because she is tired and not doing housework. One day she shouts back in exhaustion that she is 7 months pregnant, needs to rest and can't manage everything on her own and that he should help with the care work. He pushes her and she nearly falls over. He shares his and Ana's 's conversation with his mother who tells him angrily that he needs to start being a real man and bring her under control. He subsequently argues with Ana and kicks her in the stomach and she falls to the floor. She begins to bleed and gets rushed to the hospital. The doctor says that they have to operate her immediately as her and the baby's lives are at risk. Her baby is delivered two months premature and has to be admitted into the intensive care unit. Asleah suffers from post-natal depression after giving birth.

- a. Diagnosing descriptive and injunctive norms around fertility, child-bearing and unpaid care/paid work
- Would most husbands disapprove of their wives desire to wait to have children after marriage? To continue working after marriage? Would most people expect him to disapprove?
 - Would most husbands react like Mahid yelling at his wife saying that child-bearing is her responsibility and she is bringing shame to the family? Would most people expect him to say these things? What about hitting their wives? Would most people expect him to hit his wife?
 - Would most mothers react like Asleah's mother saying that Asleah needs to listen to whatever her husband says and that returning home is never an option? Would most people expect her to respond in this way? Why/why not?
 - Would most girls leave their jobs if their husbands disapproved like Asleah does?
- b. Diagnosing descriptive and injunctive norms around IPV during pregnancy
- Would most husbands expect Asleah to manage all the care work when she's pregnant? What about others in the family/community? Would most husbands react like Mahid yelling at his pregnant wife for not having the food ready? Would most people expect him to behave this way?
 - Would most mothers react like Mahid's mother saying that he needs to be a man and bring his wife under control?
 - Would most husbands hit their pregnant wives under similar circumstances? What are the benefits of Mahid and Asleah's mother acting in this way?
 - Are the expectations on Asleah's husband to discipline his wife related to how they should be a 'good' woman/man, wife/husband? Are they related to issues discussed in Activity 2 about the roles and responsibilities of 'good' men/women?
- c. Social sanctions/rewards
- How would specific people (peers, fathers, mothers, uncles, extended family, neighbours, elders, community leaders, religious leaders) around Mahid react towards his behaviour. What would they say about him if they found out that he had shouted at or hit her? That Asleah had a premature

pregnancy as a result? What would they say about Asleah? What kind of behaviour might he and Asleah experience as a result if they know?

- Would there be any negative consequences if they did not act in this way? What might people say?

d. Situations triggering domestic violence

- This play looks at one example of domestic violence experienced by a young woman before and during pregnancy by her husband in response to her wanting to wait to have children and not completing domestic chores to his satisfaction. Are there any other situations relating to women's roles, responsibilities where she may experience violence during pregnancy? Please draw on your own knowledge or experiences. Some examples:
 - If she refuses sex?
 - If she disagrees with him on how household finances are being spent?
 - If she visits a health worker without telling him?
 - If she starts spending money that she has earned without asking him?
 - If she asks for his help in specific types of household work or care work, e.g. washing, cooking, looking after elderly people?

e. Exceptions

- Are there any instances where people would not expect Mahid to yell at or hit Asleah or Asleah to leave her apprenticeship, according to her/his e.g. age, social status, wealth, location, ethnicity, pregnancy status ?

f. Access to IPV and SRH support services

- Would most women in Asleah's position seek help for her pregnancy complications? Why/why not? Who would they go to?
- Would most women in Asleah's position seek help for post-natal depression? Why/why not? Would they know where to go to? Who would most women in Asleah's position go to? Would it be seen as acceptable or appropriate for her to reach out to a professional health worker about it?
- What kinds of support/services does someone in Asleah's position need from her family, service providers? What kinds of support/services are available?
- Would most men in Mahid's position seek help for his anger and violent behaviour? Would they know where to go to? Who would most men in

Mahid's position go to? Would it be seen as acceptable or appropriate for him to reach out to a professional health worker about it?

- What kinds of support/services does someone in Mahid's position need from her family, service providers?
- g. SRH impacts
- Are there any other potential impacts to Asleah and Mahid's health as a result of experiencing/carrying out acts of violence?
- h. Social norm changes
- Are expectations on men to beat their wives different to one generation ago? [Choose the timeframe identified in Activity 1, Step 4] What has changed? What hasn't changed? Have negative reactions (e.g. censure, mocking, shouting, beating) to women's studying, new work roles changed compared to one generation ago?
- i. Key influencers
- Who might be able to influence Mahid or Asleah to act differently?
 - Ask both groups to write down the key factors and people whose opinions matter concerning whether her husband shouting at or beating her is acceptable. Who would be the most influential? Think about who would be key allies, and who would be blockers. Look back at the "rich picture" in Activity 1, Step 4 for ideas.

Step 2: Achieving alternative outcomes

Objectives:

- To identify how changes in social norms about gender-based violence can be achieved – particularly relating to sexual and reproductive health.
- To explore "reference groups", drivers of change, and social sanctions.

Method:

1. Ask each group to perform the plays again, explaining that this time, members of the audience should replace characters in the play at different stages to try to bring about a different ending to the play. They can either replace one of the actors, or choose to play a new character based on one of the influential people identified in Step 1.

2. As the play is shown again, support audience members to identify moments in the play where things could have been different, prompting “does anyone want to come in here?”, “could anything happen differently here?” Once one scenario has been acted out, move to a different moment in the play and encourage new people to come forward and influence the play.
 3. If the play gets “stuck” after a new actor has come in, with no resolution to the issue, encourage another audience member to replace one of the characters or join as a new character.
 4. After each play, facilitate a discussion on some of the new issues which have emerged, based on the previous discussion questions.
 5. Ask the group to reflect on the changes in the plays. Why did the outcome change, or not change? What were the obstacles to change? Was there any other way that the outcome could have changed?
-
6. Ask audience members to reflect on what else may have made a difference to the outcome apart from influential people at the local level. E.g. laws, media, adverts, celebrities, schools, information, technology, employment? What has brought about changes to norms on gender-based violence in the past (as identified in Step 1)? Encourage people to think in the long as well as short term.
 7. Facilitator to write down the 3-4 key norms that emerge from the discussions

Table 11 Social norms on domestic violence

	Yasser’s Action (Verbal abuse in public)	Mahid’s Action (Hitting pregnant woman)
Most people act like this?	Not most but many	
Expected/ acceptable to act like this?	Not expected but acceptable	
How would people react – if did/didn’t do?	Most would not intervene. People may tell Salma that she has to follow her husband	
Benefits/ negative consequences?	If men behave like this, women won’t leave their husbands for too long	
Related to being a ‘good’ woman/ man and	Yes – good wives and daughters should be submissive to their husband	

work roles?		
Exceptions	Women who are empowered and know their rights	
Changes over time? Why?		
Influencers	- Religious leaders -Men's friends -Media -Government Leaders -	
Other drivers	- -conflict - lack of education	
Why did the outcome change/ not change in the play? What were the obstacles?		
Other ways to bring about change?	Training with men in the community	

Table 12 Social norms on domestic violence during pregnancy

	Say Mahid shall be a real man	Shout at Ashlea	Hit Ashlea
Most people act like this?	Most people would say this	Most husbands would shout at her	Some husbands would hit her
Expected/ acceptable to act like this?	Expected and acceptable	Expected and acceptable	Not expected but acceptable
How would people react – if did/didn't do?	Most people would tell Mahid's family, would not intervene	People would not intervene, shouting is expected and private between spouses	Most people would not intervene, this is a private issue Ashlea's family may talk to Mahid privately

Benefits/ negative consequences?	Men won't be mocked themselves if they mock	Husbands are considered weak if they don't shout	Husbands are considered weak if they don't hit
Related to being a 'good' woman/ man and work roles?	Yes – good husbands should be the head of the household and tell off their wives	Yes – good husbands need to tell their wives when they are shaming the family	In some ways. Men should control their wives but not always good to hit them
Exceptions	No	Some educated families do not accept shouting between husbands and wives	Some men went to training on violence in the family and do not hit their wives
Changes over time? Why?	Not much change	Some change in some families due to education	Hitting is becoming less acceptable due to men's training
Influencers	- Religious leaders - Mothers-in-law - Men's friends	- Religious leaders - Men's friends - Men's parents	- Religious leaders - Men's friends - Men's parents
Other drivers	- Teaching in school on men doing care work	- Religious teachings	- Laws on violence - Education in school - Religious teachings
Why did the outcome change/ not change in the play? What were the obstacles?	No change – family didn't listen to neighbour who was also helping wife with domestic tasks	Change – religious leader gave a sermon to the community	Change – religious leader gave a sermon to the community
Other ways to bring about change?	Involve religious leaders and teachers	Training with men and mothers-in-law	Training with men and mothers-in-law

Activity 5: Sexual and Reproductive Health and Family Planning

(2.5 hours)

Step 1: Identifying norms on family planning decision making and access to sexual and reproductive health services

Objectives:

- To identify social norms related to family planning decision-making, birth spacing, family size
- To identify how norms interact with religious beliefs and laws
- To identify “reference groups”, drivers of change and social sanctions

Method:

1. Split the group into girls/women and boys/men. You may want to further split the group according to age.
2. Tell the two groups that you will describe a story to them:

[Note – facilitators should adapt the stories to the local context as appropriate in order for the stories to be as recognisable as possible]

Explain to participants that you will now be sharing a story of a 22 year old woman Karima and her 25 year old husband Ali.

Part A

To understand social norms around birth spacing, family planning decision-making and family size

Karima and Ali have been married for 3 years and have 3 children, 1 boy and 2 girls. Karima feels that with each child her body feels weaker and weaker as she has not had enough time to recover.

3. Facilitate a discussion using the following questions as guidelines:
 - a. Descriptive and Injunctive norms around birth spacing
 - What would most women in Karima’s position do?
 - What would people in the community expect Karima to do in this situation? Why? Are any of these factors related to how she is expected to be a ‘good’ woman/wife/mother/daughter?
 - Do most couples in your community have children without spacing? Why/why not? Do others in the family/community expect this of them?
 - b. Social sanctions
 - Should someone like Karima tell her husband she wishes to wait 2 years before having her next child, how would he react?
 - If he disagreed, who would make the final decision of whether to wait and use contraception or not? What would happen if he found out that she had visited the health worker without his permission? What would happen if he found out that she was using contraception without his consent?
 - What other kind of behaviour or negative consequences might Karima experience as a result of wanting to give a 2 year gap before having another child? Would there be any benefits?

- c. Factors of influence
 - Would this be different for men-why?
 - Would this be different if all 3 of her children were girls? Do other factors matter, e.g. if she earned her own income, age, social status, wealth, location, ethnicity?
- d. Access to SRH information/services
 - Where would most girls like Karima go to find out more information about birth spacing and contraception? Would most girls like Karima decide to see a health worker in this situation? Why/why not?
- e. Social norm change
 - How are expectations about whether women can choose to wait to have their next child different to one generation ago? How are expectations about whether women can access this kind of information different to one generation ago?
- f. Reference group
 - Who are the most influential people and what are the most influential factors in Karima and Ali's decision to space the births of their children?

Continue the story...

Karima visits the local health facility from where she learns about the benefits of birth spacing and the different contraception methods available. She tells Ali that she has been to a health worker who has recommended they wait before having her next child. He agrees but refuses to wear condoms and says that she must consider another way. As implants are not available, Karima starts taking oral contraceptive pills. After a few months she begins experiencing really bad nausea, headaches and migraines and stops taking the contraceptive pills. Soon after she gets pregnant again.

- a. Access to SRH services/information
 - Would most women like Karima decide to see a health worker in this situation?
 - What factors would influence her decision? Why might she decide to go or not to go?
- b. Descriptive and injunctive norms around access to SRH services/information
 - What would people in the community think of Karima for going to see a health worker about these issues? What would her husband think?
 - Would most women like Karima discuss birth spacing or contraceptive methods with their husbands? Why/why not? What would others in her family/community expect her to do?

- c. Factors of influence
 - Would this be different if she were earning her own income? Do other factors matter, e.g. age, social status, wealth, location, ethnicity?
- d. Descriptive and injunctive norms around family planning decision-making
 - Would most husbands refuse to wear condoms like Ali? Why/why not? What would others in the family/community expect him to do in this situation?
 - What would others in the family/community think of Ali if they found out he had agreed to birth spacing and his wife taking contraception?
- e. Positive deviance
 - Can you think of husbands who would listen to their wives on contraceptive methods? What makes them different?
- f. Social sanctions
 - How would people around Karima react if they found out she was taking contraceptive pills (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, religious leaders)? What would they say about Karima?
 - What other kind of behaviour or negative consequences might Karima experience as a result? Would there be any benefits?
- g. Factors of influence
 - Would this be different for men – why?
 - Would this be different if she were earning her own income? Do other factors matter, e.g. age, social status, wealth, location, ethnicity?
- h. Social norm change
 - How are expectations about whether women choose their preferred type of contraception different from one generation ago? How are expectations about whether women should discuss birth spacing and contraceptive methods with their husbands different to one generation ago? What has changed? What hasn't changed? Why has this change come about?
- i. Reference group
 - Who are the most influential people and what are the most influential factors in Karima's decision on whether to visit a health worker about this? On taking contraceptive pills or not? Looking back at the 'rich picture' in Activity 1, Step 4, consider family members; community members, other factors (e.g. laws, media, adverts, celebrities, school/training); and social changes (e.g. migration, employment).
 - Who are the most influential people and what are the most influential factors in Ali's decision on agreeing to birth spacing; agreeing to wear

condoms? Looking back at the 'rich picture' in Activity 1, Step 4, consider family members; community members, other factors (e.g. laws, media, adverts, celebrities, school/training); and social changes (e.g. migration, employment).

4. Continue the story..

Three years later, Karima and Ali have six children. They cannot afford to send their children to school and need their support on the farm and in the house- the girl's help with the housework while the boys work on the farms with their father. Karima feels her body has become weak overtime, especially after her last child, and wishes not to have any more children. When she tells Ali he says "My mother had eleven children, what's your excuse? We need more children so that they can help out with the farm work, earn income and take care of us when we get old- we need them to survive".

5. Facilitate a discussion using the following questions as guidelines:

a. Descriptive and injunctive norms around family size

- Do you recognize this story from practices in your community? Is it common for couples to have large families? Why/why not?
- Would most men respond to their wife's desire to stop having children in the same way Ali did? Why/why not?
- How would others in his family, people in the community expect him to respond?
- Why would they expect this? Are these expectations related to how he is expected to be a 'good' man/husband/son?

b. Factors of influence

- What factors would influence his decision?
- Would Ali's response be different if the family's economic situation were different? Do other factors matter, e.g. age, number of boys, location, ethnicity?

c. Positive deviance

- Do you know of men who, under similar circumstances, responded differently?

d. Family planning decision-making

- Who typically makes the decision about the number of children? I.e. husband alone, husband and another family/community member, wife, wife and another family/community member, both partners jointly? Who

apart from husbands/wives are involved in the decision-making process?
Rank from the greatest to least influence on decision-making.

e. Social sanctions

- How would people around Karima react if they found out (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, friends, religious leaders) she wants to stop having children? What would they say about Karima?
- What other kind of behaviour or negative consequences might Karima experience as a result? Would there be any benefits?
- Would this be different for men – why?
- What if Karima decided to take contraceptive pills without her husband's knowledge? What would happen if he found out? If others in her family or community found out? If a health worker she visits for advice finds out?

f. Social norm change

- How are expectations about whether girls can access this kind of information different to one generation ago? What has changed? What hasn't changed? Why has this change come about?

Table 15 Social norms on sexual & reproductive health

	Activity 5-Part A
What would most girls do?	Most girls would not ask simply go to health workers to access SRH services
Factors in decision?	- Too embarrassed - Worried about reputation in the community -
Expected to do?	-Ali will decide on family planning method
Why?	- - Couples do not talk and decide about family planning together, its only men who decide
Related to being a 'good' woman/ man and work roles?	- Yes – good men are decision makers
Community reactions?	- Ali is not a strong man and cannot control her wife
Benefits/ negative consequences?	B – The couple, especially Karima will be healthier C – gossips in the community about the use of family planning method

Different for boys/ men? Why?	-
Exceptions?	It is more acceptable for women who work to access family planning Educated men and boys who discuss family planning to their wives
Change over time? Why?	Not much change
Influencers	- Religious leaders - Community leaders -Family -
Other drivers	- Education -Work

Step 3: How have norms changed?

(45 minutes)

Objectives:

- To strengthen the understanding that norms have changed and will continue to change, and to what extent changing norms are significant.
- To help participants think more creatively about norms, with more nuance, and respect each other's opinions.

Method:

6. Keep participants in the same groups. Write or draw the 4-5 key norms relating to birth spacing, family size, family planning decision making, contraceptive use identified in Steps 1 in the middle of a large piece of paper.
7. Ask participants to reflect on a time period that has contributed to changing norms (e.g. 1-2 generations, a conflict).
8. Select the norms which participants think have changed over this period, e.g. Choose norms relating to both women/girls and men/boys.
9. Divide participants into small groups to work on one norm each.
10. For each norm, explore the following questions:
 - What would have been the expectation of women/girls and boys/men in the previous time period?
 - Have expectations and social acceptability changed? How?
 - What would your mother/father, grandmother/grandfather have said about this?
 - Was it different for different social classes, wealth, ethnicities, locations? Were there any exceptions?
 - What happened when people did and didn't adhere to norms – what were the benefits or sanctions?

11. Document when participants use sayings or expressions.
12. Ask participants to leave discussing *why* this change happened until the next step.

Table 16 Changing norms

Norms	How changed?	Past exceptions?	Past benefits/sanctions?
Working women access family planning	Becoming acceptable for women who work to access FP		Same as today

Step 4: Who and what influences social norms?

(45 minutes)

Objectives:

- To strengthen participants' understanding of the complexity of the process of changing social norms, perceptions, and expectations.
- To identify a range of "reference groups" and drivers of change.

Method:

1. Keep participants in the same groups.
2. Assign each group 2-3 norms identified in Step 3 and ask them to write down the key people whose opinions matter to those subscribing to the norms and other influences. Think about who would be key allies, and who would be blockers. Look back at the "rich picture" in Activity 1, Step 4 to identify the most important people and factors. Urge them to be as specific as possible (i.e. which aunts, which religious leaders)
3. Ask participants to discuss and note by the picture whether this source/driver changed or reinforced the existing norm.
4. Who was a blocker, and who was an ally in bringing about change?
5. Ask how influential each source/driver was, rated 1-3.
6. Then ask participants what the family/community responses have been to this change in norms – has there been praise and approval of those exhibiting the new norm? Ignoring the change? Criticism? Backlash or violence? Acceptance and flexibility? What is the perception of the benefits or problems associated with the new norms?

Activity 6: Strategies for Change

Step 1: Strategies for norm change on early marriage, early pregnancy and SRH (45 minutes)

Objectives:

- To brainstorm potential strategies for change, building on earlier outcomes

Method:

1. Split the group in three and support each group to choose 2-3 of the norms related to early marriage, pregnancy and SRH identified in Activity 3.
2. For each norm, ask participants to brainstorm potential activities and strategies to change the norm. Drawing on the benefits, consequences, obstacles and influencers identified in Activity 1,2 and 3, Steps 1 and 2, ask them to consider:
3.
 - How might this change happen in your context? What activities and strategies could be used to bring about change?
 - What could happen at different levels – individual, household, community, regional, national?
 - What strategies would mean that benefits are reinforced, consequences are negated, and obstacles are overcome?
 - How might the important influencers and drivers be included? Who are the allies, and who are the blockers?
 - Who can be involved in bringing about the change – girls/women, boys/men, school pupils, teachers, religious/community leaders?
 - How could activities build on or cooperate with existing activities in this programme?
 - Reflect on the positive values and beliefs in existing cultural narratives. What new norms could be developed based on these? E.g. good husbands take care of their wives
4. It is critical that discussion concludes with creative and inspiring ways for communities to address domestic violence as it relates to sexual and reproductive health rather than ending with a 'problem statement'.

Table 18 Strategies for change on gender-based violence

Husbands not hitting wives when they			
Individual	Household	Community	Regional/ National
Training with men on domestic violence	Sessions with parents and mothers-in-law on benefits of violence-free homes	Religious leaders denounce domestic violence in weekly sermons	School curriculum outlining negative consequences of domestic violence
		Training with community members on acceptability of violence	New laws on domestic violence – and training for enforcement
New norms	<ul style="list-style-type: none"> - Good husbands support their wives to do paid work - Real men don't hit their wives 		

Step 2: Prioritising strategies for norm change on early marriage, early pregnancy and SRH

(45 minutes)

Objectives:

- To prioritise proposed change strategies according to how feasible they are and their potential impact;

Method:

1. Explain to the group that they will now rank the proposed change strategies according to how feasible they are, and the impact that they will have.
2. Start by discussing criteria for ranking the potential strategies identified. Explore what constitutes a 'good strategy' for achieving changes in social norms.
3. Use the following criteria for ideas to start off the discussion:
 - Is it possible to carry out this activity?
 - Is there enough money to do it?
 - Will people in the community like it?
 - Will it have a big impact and result in change?
 - Are there any negative consequences that might result from the activity?

Support participants to come up with additional criteria.

4. Once criteria have been established, ask the group to choose up to four of their favourite change strategies. Enter the chosen change strategies into the matrix.

Look at each strategy and see how far it matches the chosen criteria to assess feasibility and impact.

5. Use dots to rank each proposed change strategy on a scale of 0-3.
6. Fill in the matrix collectively – always ask why when people rank the options. Additional categories may be added if necessary, depending on their relevance to the feasibility assessment.

Table 15 Prioritising strategies for change

	1 Cooking classes for boys and men	2 Training with mothers-in-law on women's paid work roles	3 Religious leaders giving out sermons on early marriage	4 Campaign for law change on domestic violence
Achievable?	***	**	*	*
Financially feasible?	**	**	***	*
Likely to gain community support?	***	*	*	**
Strong effect on identified norm?	**	***	***	**
Unintended negative consequences?	*	**	**	**

