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SOCIAL NORMS BACKGROUND READER

LEARNING COLLABORATIVE TO ADVANCE NORMATIVE CHANGE

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Institute for Reproductive Health at Georgetown University and FHI 360

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INTRODUCTION

The Learning Collaborative to Advance Normative Change is a two-year initiative funded by the Bill & Melinda Gates Foundation. The Learning Collaborative seeks to build the evidence base and promote practices at scale that improve the health and well-being of adolescents and young people through social norm transformation –fostering social norms that support healthy behavior and addressing harmful social norms that negatively impact their sexual and reproductive health and overall well-being.

This work could not be timelier; currently, there are 1.8 billion young people in the world between the ages of 10-24 and in several low and middle income countries, young people comprise half or more of the population. Sexual and reproductive health issues are well-documented and particularly challenging during this life stage, including high rates of unmet need for contraception, unintended pregnancy, and unsafe safe abortion, which translate into high rates of maternal and child mortality. The consequences of unintended pregnancy and child bearing are far reaching, affecting both education and employment opportunities for young people.

Social norms – the often unspoken rules that govern behavior- shape the trajectories of young people. The impact on young people of harmful social norms, such as expectations related to gender-based violence, early marriage and early parenthood, is receiving increasing attention and programmatic efforts are underway to shift these norms. These efforts present an opportunity to advance collective knowledge of social norms; what they are, how to measure them, how they influence behavior, and how to scale-up normative interventions that show promise. To date, the social norm literature is fragmented, lacks theoretical clarity and validated measures, and has poorly documented the scale-up process and system changes of social norm interventions that have been taken to scale.

This reader contains three sections, providing a broad overview of social norm theory, measurement, and scale-up and costing, respectively. Each section provides information on what we know, identifies gaps in our knowledge, and poses questions that we believe should be considered to move the field forward. The reader was designed to inform the deliberations at the Learning Collaborative Convening Meeting, being held on 5-6 December in Washington DC, and to set the stage for the work the collaborative will undertake over the next two years.

The reader was authored by FHI360 and the Institute for Reproductive Health, Georgetown University.

SECTION 1: SOCIAL NORM THEORY

The study of social norms has a long history in sociological thought, and conceptualizations of social norms have been developed across multiple disciplines in the social sciences and fields of thought — primarily sociology, social psychology, and economics. In sociology, the early work of Emile Durkheim in distinguishing social factors from psychological factors influencing individual behavior formed the foundation of sociology as a field of inquiry. Later, Talcott Parsons highlighted the central importance of social roles in maintaining social order. Marxist theory proposed other determinants of behavior, focusing on power and social coercion to maintain social order. Anthony Giddens developed the structuration theory, which considered social norms as both motivation for, and consequences of, individual behavior. Social psychological thought emphasizes the idea of conforming to valued practices because of a desire to conform. Gender socialization theory offers understanding of the process of how gender is acquired and the influence of various institutions in teaching and reinforcing gender. The idea of equilibrium from Game Theory in economics has been used in explaining the emergence and maintenance of social norms. Game theory helps to explain support for harmful practices through adherence to norms because others do so, and because there is no incentive to change.

This multi-disciplinary generation of theories has led to varied understandings of how social norms are created and upheld, and how norms influence behavior, with little consensus on any single theory. Theory is critical to the success of social norm interventions because it guides thinking regarding what we expect to happen and why we expect it to happen. In this section, we highlight some critical gaps in existing conceptualization and theories related to social norms.

1.1 IDENTIFIED CONCEPTUAL GAPS IN SOCIAL NORMS THEORIZATION

1.1.1. ATTITUDES, NORMS, AND BEHAVIOR CHANGE MODELS

In public health, some of the most frequently used and well-tested theories of behavior change — the *Theory of Reasoned Action*, (Fishbein and Azjen, 1975), the *Theory of Planned Behavior* (Azjen, 1985), and the *Integrated Behavior Model* (Fishbein and Azjen, 2010) — all include norms as one of the three main constructs influencing behavior. According to the Theory of Reasoned Action, behavior is predicted by three main factors: attitudes, norms, and perceived control. The Theory of Reasoned Action was later modified to add behavioral intention to fill a gap in evidence of the direct effects of these three constructs on behavior. The Integrated Behavior Model builds on these, recognizing that intentions predict behavior, but adding skills and knowledge (in addition to intention) as necessary for performing a behavior. Studies using these theoretical frameworks have generated a substantial amount of evidence showing that attitudes affect behavior, including many practices related to sexual and reproductive health as well as intimate partner violence. Attitudes may be useful in explaining behavior but are generally accepted as insufficient in telling the whole story.

Norms are also included in these models, but the extent to which norms, as opposed to attitudes, have been measured using these models is limited. In fact, very few of these studies measure beliefs about others' expectations, which is considered a critical component of a social norm; in many of the studies, norms as measured do not predict behavior.

Building on existing behavior change models that provide rigorous evidence of the important role of attitudes in behavior change could benefit conceptualization of the relationship between norms and behaviors.

1.1.2 BEHAVIOR OR POWER?

Much of the conceptualization of social norms has considered the influence of norms on behavior. A somewhat more philosophical question has been raised, namely what is the outcome of focus? Is it behavior, equality, or empowerment? This query should be clarified as we refine theoretical underpinnings. Social norms play a role in maintaining social organization, stratification, and power differentials among groups. Power relationships, particularly related to the confluence of gender and age, represent an important element influencing adolescent and youth behavior. Despite its importance, the issue of power has not been fully developed in social norm theory.

Social norm theories may benefit from *Feminist and Gender Socialization Theories* that emphasize power relationships and conceptualize gender learning as a social process. Marcus and Harper (2014) acknowledge that feminists generally view gender norms as "the means by which gender-inequitable ideologies, relationships, and social institutions are maintained." Gender inequalities are normalized by the process of gender socialization, in which gender roles and ideologies are reinforced across social institutions at home and in the market place (via politics, media, and religion) and through educational or other institutions. These practices and ideologies become normal and expected, and we adhere to them without examination or question, or known alternative. Gender norms can, however, be challenged by institutions. Because norms are reinforced throughout many different institutions and through socialization processes, the conceptualization of norms would ideally include multiple institutions and would provide some understanding of how these institutions work together to manifest and maintain norms.

Social norms are powerful in maintaining inequitable power relationships. Consideration of the role of power relationships in upholding social stratification would likely illuminate how to more effectively address harmful norms related to gender and economic inequality. As Marcus and Harper (2014) point out, these relationships are maintained through the repetition and reinforcement of norms. However, having power is contingent on the powerless to comply with the norms maintaining this power imbalance. For example, a man has status in the family only if younger men in the household, and women, defer to his authority.

1.1.3 CONSIDERATIONS OF SOCIAL NETWORKS

Some theorize that working at the periphery of a social network, among those who have some level of power and influence, would be most effective in rejecting existing norms and replacing them with new, positive norms. This could include building the capacity of those who are disadvantaged by existing norms to re-negotiate or resist these norms (Marcus and Harper, 2014). *Bounded Normative Theory* (Kincaid, 2004) similarly proposes that a minority view or norm can be promoted and maintained, "as long as the minority maintains its majority status within its own, locally-bounded portion of the network. As such, this minority view of a smaller majority can maintain and survive." Functioning as innovators who bridge these new ideas outside the minority bounded network, the minority can diffuse this norm to others and eventually influence the whole network. Theories are needed that take into account *social network structures,* as this may inform understanding of power differentials and help identify influential innovators.

One of the more widely used social network theories is the *Diffusion of Innovations Theory* (Rogers, 1962), which seeks to explain how innovations spread across a group or social system and why. According to this theory, new ideas are communicated, or spread, through different channels in a social system, and individuals make decisions about whether or not to adopt the new behavior or innovation. This theory contributes to our understanding of how change occurs across social systems by highlighting the role of communication and networks. This and other social network theories could provide useful insights to social norm theories by adding considerations of the position of individuals within their personal social network, and within a social system of multiple networks, to explain the process of behavior change as well as who will be early adopters of a new behavior, the threshold or "critical mass" required for social norm change to occur, and the rate of change across networks.

1.1.4 LACK OF LIFE COURSE THEORY

In observing norm change, theorists propose that reducing existing harmful norms can be more difficult than establishing new, positive norms (Cialdini and Trost, 1998). Norms are more malleable when behaviors are new and there is little experience or no firm expectations established in practicing the behavior, or when norms only weakly influence the behavior. The ambiguity of new practices is particularly poignant for adolescents and youth as they navigate interpersonal relationships and decisions about their sexual and reproductive health for the first time during this stage of their lives. The relative importance of norms in influencing behavior varies by situation, group, and type of behavior, including whether public or private. As such, viewing norms and behaviors across the life course is an important consideration in sexual and reproductive health behavior, particularly among young people. Yet, theories of social norms affecting adolescent and youth sexual and reproductive health (AYSRH) that incorporate a *life course perspective* are currently lacking and seem warranted.

1.1.5 NEED FOR ECOLOGICAL AND MULTI-LEVEL FRAMEWORKS

Created and maintained by human interaction, social norms function at both individual and collective levels. Integral to understanding norms, attitudes are held by individuals, whereas norms are socially manifested and maintained. Indeed, a complex web of individual attitudes and perceptions, values, and gender scripts or schema operate in a system of social structural factors, and power relationships are held in place through the reinforcement of norms. Despite the fact that norms are a social phenomenon occurring at a group or community level, the majority of theories utilized in the field of AYSRH that consider the influence of social norms were developed to describe behavior change at the individual or interpersonal level, rather than at a social level. This is largely understandable because the outcomes of interest are typically individual or interpersonal behaviors, and the interest is in how social norms influence personal behavior, rather than in how behaviors become social norms (which is the purview of theories such as Diffusion of Innovations).

That said, theorists have recognized that social norms can manifest and be maintained by multiple factors. As an example, in the *Theory of Normative Social Behavior* developed by Rimal and Real (2005), the influence of social norms on behavior is proposed to be moderated by three types of factors: behavioral, individual, and contextual. Behavioral attributes include various factors, chiefly outcome expectations — beliefs that engaging in a particular behavior will lead to positive or negative consequences. Individual factors cover self-efficacy and ego involvement — how much the behavior aligns

with a person's own self-perception (e.g. a college student identifies as a "drinker"). Contextual factors include norms. Describing these multi-level factors is useful in guiding the design of interventions that involve multi-level strategies. The field would likely further benefit from the development of a more nuanced social-level behavior change theory that looks at the reciprocal relationship between individual behavior and environmental factors, such as social norms, to guide and explain social norms research.

In addition, adolescent girls face a range of structural constraints that affect their health and well-being, and social norms can manifest and be maintained by structural drivers such as globalization, conflict, migration, and economic or material advantage. These drivers may be keeping norms in place even as individual attitudes have fallen out of favor with a practice. As an example, Mackie and LeJeune (2009) applied *Social Convention Theory* from social psychology to the harmful practice of female genital mutilation (FGM). This theory was useful in explaining how a harmful practice such as FGM exists and is reinforced by many factors, including adherence to a tradition, material or social factors, and adherence to religious standards. Individuals are motivated to continue to adhere to the FGM conventions because upholding FGM infers social status, marriageability of their daughters, and respect from their community; when they do not conform to these norms, individuals face social exclusion and ostracism, which puts the marriageability of their daughters at risk.

In another example from Uganda, older women circumcisers agreed with the new norm of not practicing girls' circumcision, but they continued the practice because Uganda had no pension system and, therefore, the circumcisers had no income (Calder, 2012). Increased relaxing and acceptance of gender roles for women and girls working outside the home has been observed in many settings. As described by Marcus and Harper (2014), these changes can bring economic advantage to families and communities, but norms related to women's property and inheritance rights have changed very incrementally. Women staking a claim to property could mean male relatives will inherit a smaller proportion for themselves, and women's claims are often disputed in some settings. Better theories are needed to integrate these drivers and social norms and to further elucidate the causal pathways and feedback mechanisms occurring between them. Incorporating a social-ecological framework into a social norm theory could comprehensively explain the complexity of influences on the emergence and maintenance of social norms.

1.1.6 EXPAND RESEARCH TO REFINE SOCIAL NORMS THEORIES

Research on social norms has been fairly limited, with many remaining questions that would help to further refine social norms theorization. Social norms theories for AYSRH could likely be advanced by establishing a common research agenda for refining the theoretical underpinnings of social norms in sexual and reproductive health, and identifying ways to address these questions using practical research methods.

Which Norms: Practical research methods, both qualitative and quantitative, could be used to understand why some norms are more susceptible to change than others, why some norms change quickly and others very slowly, which norms may be challenged by resistance and which are relatively easy to shift, what types of incentives are most effective for which types of people, and the key dimensions of norm change that should be included in a "minimum package" of activities that address norms. In addition, social norms theory and practice would benefit from additional research to examine when mass media, legal, or policy strategies are most appropriate and when they are likely to be most effective, in combination with other strategies or alone.

Which Behaviors/Outcomes: Most programs focused on social norms affecting adolescent girls and young women have targeted modifying harmful traditional practices such as FGM, child marriage, and gender-based violence. Although there may be numerous social norms that influence AYSRH outcomes, the complete collection of socially normative behaviors that would be useful to monitor or try to change is unknown. Furthermore, consideration and research is needed to determine whether these behaviors should be addressed as outcomes of interest or included in the causal pathway.

Use of Existing Data: It may be possible to use existing data, such as demographic and health survey data, to refine or develop new theories, such as Storey and colleagues (2006) did in describing collective normative attitudes.

Testing Norm-Shifting Strategies: Primarily, quantitative methods have been used to test theories on social norms. Some theorists have suggested that more qualitative research could be useful in illuminating the process of social norm change in different situations (Chung and Rimal, 2016). For instance, theorists (Mackie et al., 2015) describe three different ways beliefs are formulated and provide three potential strategies for shifting norms:

1. Group reflection and values clarification to identify the misalignment between what is valued in a community or reference group and the typical practices in that group.
2. Social proof (i.e., the direct observation of an alternative practice, hearing of an alternative practice from a credible authority, personal experience in actually practicing the alternative behavior).
3. Testimonials given in public to reinforce the endorsement of positive norms.

These strategies provide useful ideas for a potential research agenda to strengthen theories focused on explaining the process of social norm change, or the emergence of new positive norms.

The role of mass media in modeling alternative behaviors or introducing new information or other mechanisms to shift norms is not well understood (Chung and Rimal, 2016). Additional research could illuminate the role, not only of mass media in norm change, but also of how legal norms can be shifted in response to creating or reformulating laws or policies. Whether these strategies are used with other components in combined normative intervention or as single component strategies and under what conditions, and for which norms they work best, are all useful research questions.

1.2 KEY QUESTIONS FOR THE LEARNING COLLABORATIVE ON CONCEPTUALIZATION AND THEORIES OF SOCIAL NORMS

One Unified Theory or Multiple Theories:

- To increase the conceptual clarity for practitioners working to transform social norms, should we be aiming to develop one unified social norm theory applicable to all types of behaviors and situations or multiple theories for different health concerns or different populations or life stages?
- Should we be advocating for the development of a new social norm theory specific to AYSRH outcomes? If so, should we be starting from and trying to expand existing theoretical frameworks or starting from scratch? If the former, which theories should we use as a starting point? Is there value in trying to further integrate social norms theory within existing behavioral change theories?
- Should we develop a theoretical framework or place more emphasis on development of a theory of change?

- How should we prioritize what additional elements are needed in a social norm theory (i.e., multiple levels of influence, life-course perspective, considerations of power and social stratification)?

Which Conceptual Gaps:

- Are distinctions in different types of norms required theoretically, or can these concepts be consolidated into overarching constructs?
- Can we conceptualize different situations where the norms will be more or less susceptible to change, or where the types of conditions that need to be in place for new norms to emerge are in place, across different contexts?

What Additional Research & Tools:

- Should our collaborative work on developing a research agenda to help refine the theoretical underpinnings of social norms as they relate to AYSRH outcomes?
- What practical and easily digestible tools and guidelines should we seek to develop to enable theoretical approaches to be applied within the context of normative approaches, particularly in low-resources settings?

SECTION 2: SOCIAL NORMS MEASUREMENT

In the social sciences, there is a long and extensive history of analysis of what social norms are and how they govern behavior, and there is considerable literature on theoretical ways to measure norms. However, there are far fewer examples of social norm measures that have been utilized and shown valid in multiple contexts.

In the area of AYSRH, there is currently considerable interest in the measurement of social norms, but no standardized or validated measures exist. Georgetown University's Institute for Reproductive Health and other institutions are currently working to develop, collect, and promote indicators of AYSRH including norm measures. Most notably, as detailed in Appendix 1, initiatives being led by the University of California at San Diego's Center for Gender Equity and Health, London School of Hygiene and Tropical Medicine, Population Council, International Center for Research on Women, and MEASURE Evaluation are developing or offer databases of measures related to reproductive health and gender equity. Below we outline some crucial factors related to the measurement of social norms.

2.1 IDENTIFIED ISSUES IN OPERATIONALIZING SOCIAL NORM MEASUREMENTS

2.1.1. WHAT NEEDS TO BE INCLUDED IN A MEASURE

Text Box A.
Three Categories of Social Influence

1. ***Most girls in my village have their first baby before the age of 15.*** If a person does something because he or she believes many other people in their social group also do it, it is called a ***DESCRIPTIVE social norm.***
2. ***If I don't have a baby by age 15, my husband will think I am infertile and will take another wife.*** If a person believes doing something will gain approval from other people in his or her social group, or if not doing something will result in disapproval or a sanction, it is called an ***INJUNCTIVE social norm.***
3. ***My parents expect me to have a baby by age 15:*** If a person does something because influential others in his or her life expect it, it is called a ***SUBJECTIVE social norm.***

Standard Terminology: Conceptualizations of social norms across a range of disciplines has led to a lack of uniformity in terminology and contributes to a limited ability to translate these ideas into the programming and evaluation required to compare and test practical solutions. This varied terminology has led to similar concepts being defined in different ways, conceptual overlap in terms, and a lack of standardization in the measurement of norms. For instance, many theorists distinguish between *three categories of socially-influenced beliefs or attitudes*: **descriptive**, **injunctive**, and **subjective** social norms (see Text Box A). Still other literature refers to the potential existence of additional personal, moral, religious, and legal norms. Notably, moral and injunctive norms and moral and personal norms are sometimes conflated, and there is conceptual overlap in subjective and injunctive norms as some theorists consider both to be influenced by social pressure.

In comparison, Cristina Bicchieri uses the terminology of **empirical expectations** and **normative expectations**. These concepts are similar to descriptive (empirical expectations) and injunctive (normative expectations) norms, but whether an individual conforms to a norm is conditional on both empirical expectations and normative expectations. According to Bicchieri, this provides a more accurate way to test the influence of norms on behavior.

Multiple Norm Components: When reference is made to the existence of a social norm, typically the reference is to a common or generally accepted practice or behavior. Yet, social norms and their change processes are not indicated by common behaviors alone. They also require both that these *common practices are shared among a particular set of*

people typically referred to as the **reference group** and that they are held in place by commonly shared beliefs or attitudes. Although much of the empirical literature on social norms focuses on just one type of belief or attitude, as noted above across the conceptual literature on social norms, theorists distinguish between different categories of social influence, each of which requires distinct phrasing. Some theorists believe that all three categories of social influence have to be present to determine the existence of a social norm that people follow, and some assert that the three categories may work together to strengthen their influence on a behavior (Chung and Rimal, 2016). Another factor that some theorists argue needs to be measured in order to assess that a social norm exists is **conditional preference** (Bicchieri, 2010). Conditional preference means that the *members of the community prefer or don't prefer to engage in the behavior depending on whether they have the social expectations to do so*.

2.1.2 DETERMINING CAUSALITY AND MEASURING CHANGE

Social Sanctions and Behavioral Privacy: Even if a norm exists, how do we measure the evidence that it causes or has significant influence at the group level on the behavior of interest? Some theorists maintain that an understanding of injunctive social norms and, more specifically, the social sanctions that would be incurred if one did not comply with the behavior, is essential to establishing causality. Indeed, one approach to measuring norms that has been suggested and adopted by some organizations (e.g., London School of Hygiene and Tropical Medicine) is just to measure sanctions as a shortcut to measuring the existence of a norm that matters.

That said, social sanctions are unlikely to be attached to the performance (or nonperformance) of behaviors conducted in private, such as sexual behavior, because no one can observe their enactment. Theorists have raised concerns about this issue of "behavioral privacy," and posited that normative influences may have differential effects depending on whether the behavior is enacted privately or in the presence of a visible other (Lapinski and Rimal, 2005).

Conditional Preference: Some theorists assert that to show that social expectations have causal power, we must be able to demonstrate the existence of conditional preference (see definition above). Conditional preference is assessed by posing questions in hypothetical and counterfactual terms, such as *if it was clear that other women were not using contraception, would a woman use it?* Counterfactuals, however, are not easily integrated into self-administered surveys. Even when they are administered by skilled field staff, they may be challenging for populations with low levels of literacy and may result in participant fatigue.

Tipping Point and Diffusion: A further empirical question with regards to establishing the causal links between social norms and individuals' behavior has to do with exactly how much collective conformity is necessary to influence individuals' behavior or to diffuse a social norm. It is highly unlikely that everybody in an individual's reference network will behave and think in the same way on an issue, but the questions become *is it enough that many people behave or think in a similar way for this to be considered an influential social norm, and is there a tipping point or threshold level of collective conformity that we are seeking or a pace or rate of diffusion we are seeking to achieve?*

2.1.3 BEHAVIORAL MEASUREMENT CHALLENGES

Self-Reported Behavior: Accurately measuring the behavioral component of a social norm comes with the same challenges and concerns about biases that come with any measure of sensitive behavior. Although data on some behaviors can be collected through direct observation of the behavior, many sexual and reproductive health behaviors are typically enacted in complete or almost complete privacy (e.g., condom use). These behaviors cannot be observed by others and, thus, reports rely largely, if not solely, on self-reporting. When asked directly for self-reports of behavior, people are often not forthcoming for a variety of reasons (e.g., embarrassment, self-image, coercion), even including concerns about moral sanctions or criminalization in contexts where behaviors may be condemned by religious leaders or illegal (i.e., child marriage, drug use).

Social-Desirability Bias: Techniques have been proposed for trying to minimize social desirability self-report biases. Some of these include incentivizing or giving rewards for correctly guessing the behavior of others and a randomized response technique (Greenberg et al., 1969), in which respondents are randomized to conditions not known to the researcher and are instructed to respond truthfully if assigned to that condition. Since anonymity is guaranteed, it is assumed that those who are assigned to do so will tell the truth. When studying norms in the field, however, experiments would be hard to implement systematically.

Use of Vignettes: Similar to experiments, the use of vignettes has been proposed and shown promise in providing an unthreatening and impersonal avenue for exploring respondents' attitudes or beliefs about a sensitive topic (e.g., Johns Hopkins and CARE). The vignette technique develops short stories about imaginary characters in specific scenarios (Alexander and Becker, 1978; Finch, 1987) and then asks respondents for reactions to the stories in order to elicit beliefs and expectations. The drawback to vignettes is that they typically entail considerable time to develop, tailor to the local context, and administer.

2.1.4 REFERENCE GROUP ISSUES

Bounding a Reference Group: Who exactly belongs to the reference group is an empirical question that is critical to both accurate measurement and to effective interventions. In the literature review undertaken by the Passages Metrics and Assessment task team last year (Costenbader et al., 2016), we found numerous articles that asked survey participants about the practice of a behavior, but then failed to clarify what the boundaries were of the population within which the specific behavior was thought to be normative. We also found substantial variability in who was chosen as a reference group, even within the same behavior, and that in the majority of studies the authors selected the reference group for the respondents, rather than allowing participants to individually enumerate the individuals who influence their behavior.

Those Who Practice Versus Influence: Typically, in the empirical literature, the term reference group is simultaneously employed to refer to the group of people who practice a behavior, as well as the group of people who influence social approval for that behavior. This practice seems problematic, however, in as much as it would seem the behavioral reference group or the group of people practicing a certain behavior may, in fact, be quite different than the individuals

influencing that behavior. Take, for example, the use of contraception, which may be practiced by young women of childbearing age, but influenced by mothers-in-law, partners, or even social media figures.

Distinguishing between reference groups may be useful to researchers and practitioners for several reasons. Principally, making an accurate determination of who is influencing a behavior seems critical to the success of interventions. Furthermore, who influences a behavior may vary substantially across and within social contexts (e.g., religious leaders in one community versus club members in another); however, there may be significantly less variability across locations and populations in terms of who practices a behavior (e.g., young women who use a contraceptive method). Reaching consensus across contexts on who engages in a behavior seems much more achievable than reaching consensus on who influences that behavior. Therefore, questions regarding the behavioral influencers could be posed in a more flexible manner, such as egocentric enumeration (i.e., allowing survey participants to individually enumerate the individuals who influence their behavior). Egocentric enumeration is likely to provide greater insight for interventions than assuming that partners or religious leaders are a substantial source of influence for all individuals engaging in a normative behavior.

2.1.5 MOVING BEYOND GENDER

As noted above, the majority of efforts focused on shifting social norms to promote healthy sexual and reproductive health behaviors among adolescents have focused on gender norms and, relatedly, violence against women. There seems to be consensus across environments that these norms are critical to the improved status of women's health and to the socialization of men and boys. It seems logical that attitudes and beliefs about gender roles may, in fact, underlie all other collective practices that have a negative impact on adolescent girls and young women, such as girls marrying early, and on adolescent boys, such as encouraging violent forms of manhood.

That said, there are two important issues that arise with the emphasis that has been placed on measuring gender norms. For one, the majority of measures of gender norms (albeit labeled norm measures) are questions regarding personal beliefs and attitudes about gender, rather than multi-faceted measures that take into account the relevant reference groups, the prevalence of behaviors in those reference groups, conditional preference, and different categories of influence (i.e., types of norms) on those behaviors. The other issue with emphasizing the measurement of gender norms is the possibility that we may overlook other commonly held beliefs and attitudes that could be more amenable to change, or that we may fail to identify broader, higher-level norms. For instance, there may be commonly held beliefs about going to a health care facility that keep women from seeking services. Alternately, by focusing on one type of norm we may be overlooking higher-level or **mega norms**. The mega norm concept — first introduced by Lori Heise — refers to those broad, foundational social norms that are associated with specific behaviors across a range of settings and regions. Many mega norms may, in fact, be gender norms, such as girls being possessions or the scripted role of a "good wife." That said, menstruation as pollution is an example of a mega norm that is a foundational social norm across a range of settings and that could potentially be altered without having to address gender norms.

2.1.6 BALANCE BETWEEN RIGOR AND REALITY

Development of Scale Measures: To the extent that social norms are multidimensional in nature, it would seem that development of a scale measure would be warranted and encouraged. The use of scales for social norm measurements also seem justified in as much as the hypothetical phrasing of many of the questions can be taxing and misconstrued. By taking the average response across a variety of questions, noise is reduced in both the question chosen and the participant response. Use of Likert scale responses also allows for more nuanced heterogeneity in the data. Nonetheless, despite the obvious significant benefits of scale measures, developing a scale for social norm measures needs to be undertaken carefully, as several challenges have been identified with use, such as difficulty in understanding the nuances between options, participants being clear they are being asked their opinion on issues (not what is the case), and ambiguity regarding to whom the norm applies. For instance, the GEM scale, which is the most well-known and highly utilized scale for the measurement of attitudes toward gender norms, largely asks questions about personal attitudes and beliefs and, thus, requires aggregation at the group level; furthermore, its applicability in different cultural settings and life phases is questionable. In addition, the range of questions needed for scales can substantially increase data collection efforts and costs and may also require larger sample sizes in as much as analytic techniques for multiple-item scales frequently require statistical procedures inappropriate for small samples.

Text Box B.
Passages Social Norms Exploration Tool

The Social Norms Exploration Tool is for health program practitioners, evaluators, and researchers to explore the social norms driving target behaviors. The tool provides a definition of social norms and different types of norms, as well as concepts important to understanding norms and their relation to program impact. It uses participatory activities and assessment methods to explore social norms with the community members of interest. The tool is ideally used as part of intervention design, before implementation begins. The resulting information can be used for two main purposes: 1) to design interventions that seek to transform social norms from harmful to health-promoting and 2) to design research and evaluation instruments that accurately capture and measure social norms. The Social Norms Exploration Tool was applied in the Democratic Republic of the Congo to support the Transforming Masculinities pilot study and has been adapted for use by the Growing Up GREAT Intervention, also in Kinshasa. Further piloting and refinement is under way.

Need for Formative Work: Currently, much of the empirical work done on social norms makes assumptions about the existence of social norms based on work in similar communities or contexts. However, to the extent that social norms are inherently arising from and specific to a certain social context, formative work is almost always needed to determine what are the most relevant and malleable social norms affecting the behavior of interest in a specific setting, and to assess the psychometric properties of measures to be utilized. For instance, in one context what may be most relevant to contraceptive use are norms around partner communication, whereas in another context it may be social norms around girls going to school. Formative diagnostic approaches, such as norm exploration tools developed by CARE and the Passages project, are also needed to determine when and under what conditions social norms affect behavior, whether there are sanctions involved with engaging in the behavior, what those sanctions are, who are the relevant reference groups, how strong or weak are the norms, and which norms are most amenable to change. When piloted in the Democratic Republic of the Congo, the Passages Social Norms Exploration Tool (see Text Box B) was able to identify several social norms related to the low use of modern family planning methods and different influence reference groups for each (see Table 1). To the extent that some social norms may be more entrenched or encumbered by religious edicts or specific influential individuals or beliefs, formative research can facilitate informed decisions regarding which social norms can and should

be the intervention focus; subsequently, measures will be needed that can accurately measure and monitor changes in those norms among the most relevant reference groups and influential individuals.

Table 1.

Social Norm Identified	Key Influencers Identified
• Unfaithfulness/ debauchery/ sin or trespass (injunctive and subjective norm)	• Pastors
• Wife's stigmatization/marginalization/ discrimination (injunctive norm)	• Pastors and husbands
• Sexual dissatisfaction between partners (subjective norm)	• Husbands and wives

Burden on Respondents and Staff: The rigor of social norm measures places a substantial burden on research and field staff and slows the process of social norm investigations and intervention considerably. Vignette scenarios, for instance, are time-consuming to develop, as they need to be carefully tailored to each community and sub-group in order to resonate and elicit useful data. In practice, there is often a demand for the social norms questions without the time or resources necessary to do the early qualitative and psychometric work (Heise, 2016). Similarly, the greater complexity of a survey instrument typically requires more time to develop and may require cognitive interviews or other pretesting to identify sources of response error. In addition, more complex survey instruments can add to the length of the survey instrument, which, in turn, often mitigates the possibility of a self-administered or ACASI-administered survey, contributes to respondent fatigue, and requires substantial training of field staff to administer correctly and, thus, are not likely to be practical for program evaluation. Indeed, in the case of social norm measurement, prior to undertaking any data collection, research staff need to be trained not only in good research and data elicitation techniques, but also in the basics of social norms concepts, especially for any qualitative data collection, so they know how to probe and what information is needed. Clearly there is a need for the rigor of the data collection process to be balanced with the realities of conducting this work in the field.

Study Design Issues: It is clear that measuring a social norm and its effect on behavior is not a simple task. As outlined thus far, accurately measuring a social norm is a process that involves multiple steps that can range from formative work to diagnose the existence of the social norm and identify the relevant reference group, to collection and triangulation of multiple items including indicators to assess the existence of conditional preferences and descriptive, subjective, and injunctive norms. To the extent that normative change is not expected to occur in a short time period, more longitudinal studies are needed to measure incremental changes in social norms over time. Few longitudinal studies have been conducted and, thus, few measures exist that deliberately measure norm change over time. In addition, more studies are needed with sufficiently large and statistically sound samples to ensure validity and replicability of measures, and randomized controlled trials of social norms interventions would reduce biases and noise in norms measurement.

2.2 KEY QUESTIONS FOR THE LEARNING COLLABORATIVE ON SOCIAL NORMS MEASUREMENT

Which Norms:

- The majority of measures that currently exist measure gender norms that affect AYSRH. Should we focus on building on this existing area of work?
- Alternatively, should we investigate what other proximal social norms that influence AYSRH are amenable to change?

    - What could these other proximal social norms be?
    - Are they easy to monitor?
- Can we agree on one or more specific social norms that we would like to advocate are routinely measured in order to build evidence for the existence and influence of social norms?
- Is there value in trying to identify more mega norms and developing a theory incorporating these as influential factors on behavior?

What to Include and How to Measure:

- How do we improve our terminology in relation to social norms, within the context of AYSRH normative change? Should we work together on a common lexicon? Would a standard set of key concepts and definitions be useful in advancing our understanding of social norms?
- Do we need to collect data to identify the reference group, those who influence the behavior, the subjective norm, the descriptive norm, the injunctive norm, sanctions associated with the norm, the conditional preference, the tipping point, and diffusion?
- Are there components of norm measurement that must consistently be measured and others that can be selected on a context-specific, as-needed basis, and what would be the criteria for deciding this?
- Is it imperative to make distinctions between different types of norms? What is the practical benefit of this approach?
- Should we focus on measures that are life-course specific, or can we capture incremental changes over time?
- Are there certain conditions that we need to identify to see whether a norm is likely to shift quickly or respond to the intervention?
- Can we provide guidance on how to determine and define the boundaries of a reference group?

How to Balance:

- How essential is formative work, and can we discern or provide guidance about when it may and may not be necessary to undertake formative work prior to a social norm intervention?
- How can we encourage the field to move toward more longitudinal and rigorous study designs for measuring social norms and the effect on AYSRH behaviors?

SECTION 3: SCALE-UP AND COSTING

3.1 WHAT IS SCALE-UP?

To advance knowledge and increase utilization at scale of evidence-based normative interventions to improve AYSRH, we need a better understanding of what we know and don't know about scale-up, under what contexts. Scale-up is defined and interpreted in a variety of ways in the reproductive health literature, and implementers often bring their own assumptions to its understanding. As it is generally understood, "scale-up" can refer to the geographic expansion or replication of a service into new areas of a country, which is sometimes referred to as "horizontal" scale-up. Some people use the term scale-up in a broader way, to include also changes in national policies, guidelines, and other health systems issues. These changes, often referred to as "vertical" scale-up, are important because they are thought to ensure the sustainability of the product, service, or approach being scaled once resources dedicated to scale-up end. Scale-up does not occur in a vacuum, so one focus of scale-up is on the complex systems (e.g., political, social, economic) receiving the intervention. For example, scaling up social innovations, which involve people and processes, in a community social system means that intervention scale-up will automatically enter into "zones of complexity" that need to be navigated (Fixen et al., 2013).

The Passages scale-up task team conducted a literature review to identify social norm interventions that have been scaled up to improve AYSRH outcomes (Institute for Reproductive Health and Save the Children, 2016) (see summary of included interventions in Appendix 2). In this review, scaling up was defined as "expanding or replicating interventions that have been piloted or evaluated with the aim of covering a larger geographic region and/or reaching a larger or new population and sustaining effect at scale, thereby increasing the impact of the intervention." In simpler terms, *scale-up aims to increase the number of units the intervention reaches, with the definition of "unit" depending on the intervention and scale-up process. It also aims to include systems changes to ensure sustainability of the intervention once scale-up support ends.*

Although there is no set of scale-up strategies that will work in all situations, successful scale-up often relies on strategies that are similar to those used to facilitate other types of program implementation and research utilization, such as engaging stakeholders early in the research process, maintaining strong communication between researchers and decision makers, ensuring the relevance of an intervention to end users and policy makers, and collecting and sharing information on the process to help practitioners and program managers make decisions about whether and how to implement the intervention in their settings (FHI 360, 2011). However, scale-up theory places greater emphasis on understanding and managing the complex systems engaged in expanding an intervention, something not always highlighted in research-to-practice efforts.

As social norms interventions are scaled up, we need to understand how they are performing at scale. Implementation science — the study of how an evidence-based intervention is introduced and implemented within a health system — should be applied to understand how well interventions perform at scale and make adjustments as necessary. **Monitoring and evaluation efforts** can identify gaps in implementation, inform mid-course corrections, and assess the fidelity of the practice as it scales. Ideally, additional impact evaluation/implementation

science would be conducted to assess the adaptation to new contexts and continued effectiveness of the intervention.

3.2 SCALE-UP OF ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH SOCIAL NORM INTERVENTIONS

A literature review conducted by the Passages project and USAID's high impact practice (HIP) in family planning brief on community group engagement (CGE) provide information on social norm interventions that have been taken to scale. Below, we provide a brief overview of each of these documents in order to facilitate further discussion at the learning collaborative convening meeting on strategies for and challenges associated with scaling up normative change interventions that improve AYSRH.

3.2.1 PASSAGES LITERATURE REVIEW

A total of 42 AYSRH interventions were identified through a search of the peer-review and grey literature[1] that was conducted by the Passages project (2016) (Text Box C). The interventions identified had either an exclusive or a primary focus on normative change to prevent or improve poor health outcomes. All of the interventions identified had been evaluated during a pilot stage and were in the process of being scaled up. The majority of interventions targeted gender norms.

Text Box C.
Community-Based Approaches Identified in Passages Literature Review

- 35/42 were community-based
- 39/42 were scale-up efforts based on positive results at the pilot stage
- 23/42 included experimental quasi-experimental study designs
- 12/42 assessed changes in perceptions of community norms; only 4 presented results about norms change
- Other items measured included changes in knowledge (37), attitudes (39), and behaviors (41); relatively few assessed individual agency (14)

For each intervention identified, the review documented 1) entry point, 2) beneficiary population, 3) intervention type, 4) types of activities, 5) type of norm, and 6) scale-up strategy. Although some interventions had an impact on various outcomes, below we summarize each intervention by scale-up strategy and the primary outcome (see Table 2 below). Very few interventions were one-dimensional in relation to entry point, target population, type of norm addressed, or scale-up strategy.

Of the 42 interventions evaluated, only 13 were evaluations of scale-up, and only seven of the 13 discussed institutionalization efforts (versus expansion). Gaps in the reviewed literature highlight the need for more systematic documentation of the:

- Scale-up strategy employed.
- Process of scale-up.
- Sustainability of behavioral norm change during and after project scale-up.
- Cost of scaling-up.
- Evaluation of the scale-up effort.

[1] For more details on inclusion and exclusion criteria and specific intervention details, refer directly to the complete document here.

Table 2: Categorization of norms interventions by type and scale-up strategy				
Scale-Up Strategy	Type of Intervention			
	Family Planning	Gender Norms	Early Marriage	HIV/AIDS
Geographic expansion				
By resource org	2	21	1	5
By new-user org	0	1	0	0
Institutionalization				
Incorporation into public-sector programs	2	6	2	3
Institutionalization into country-wide/regional activities	2	4	0	1
Unclear on org driving expansion	1	2	0	2

The majority of interventions used geographic expansion by the resource organization as their scale-up strategy (i.e., they were scaled only by the organizations that piloted the innovation). Authors noted that the type of scale-up strategy and process were often not described well, leaving knowledge gaps in many cases.

3.2.2 USAID FAMILY PLANNING HIGH IMPACT PRACTICES BRIEF ON COMMUNITY GROUP ENGAGEMENT

USAID family planning high impact practices (HIP) are recognized service delivery and health systems interventions that, when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy. The HIP brief entitled *Community Group Engagement: Changing Norms to Improve Sexual and Reproductive Health* is another source of information on social norms that focuses on the important role of community group engagement (CGE) interventions as part of a package of interventions. The HIP brief on CGE emphasizes the importance of working with and through community groups to influence individual behaviors or social norms, rather than shifting behavior by targeting individuals alone. It describes the evidence on and experience with CGE interventions aimed to foster healthy sexual and reproductive health behaviors, with a strong focus on transforming social norms and engaging young people in the process, and key considerations for replication and scale-up. CGE is often used in combination with other social and behavioral change strategies and service delivery improvements, and the HIP brief provides some evidence that CGE is a critical component of comprehensive AYSRH programming. Finally, the brief provides tips from implementation experience, focusing on outcomes beyond individual behavior to those related to social norms, policies, culture, and the supporting environment.

3.2.3 A CASE STUDY: THE GREAT PROJECT: AN INTERVENTION DESIGNED WITH SCALE IN MIND

Text Box D.
CORRECT Guidelines:

- **Credible**- The intervention has been evaluated and evidence of its effectiveness is credible to key decision-makers and other stakeholders
- **Observable**- Observable intervention and results to ensure that potential users can see the results in practice
- **Relevant** – To users and policymaker goals
- **Relative advantage** - Has a relative advantage compared to existing practices so that potential users are convinced that the implementation costs are offset by the benefits;
- **Easy to install and understand** rather than complex and complicated; flexible enough to adapt to the realities of various circumstances.
- **Compatible** with the established values, standards and institutions of potential users; fits well with the practices of the national program;
- **Testable** in new contexts.

Resource: Nine Steps for Developing a Scaling-Up Strategy. WHO/ExpandNet, 2010

The Gender Roles, Equality, and Transformations (GREAT) Project model, a program example included in both the Passages literature review and the HIP brief, provides lessons for designing normative change interventions *with an eye to scalability*. The GREAT Project model promotes reflection, dialogue, and action on inequitable gender norms, sexual and reproductive health, and gender-based violence among adolescents, ages 10 to 19, in post-conflict communities in northern Uganda. Taking a multi-dimensional approach, some intervention components target the wider community, while others focus on a specific life stage of adolescence including very young adolescents, married and first-time parents, and unmarried adolescents. The complementary intervention components are designed to build upon each other to foster normative change, operating at individual, community, and health services levels. The intervention was designed to be scalable from the beginning of the pilot phase and easy for community members to use working with existing groups, using low-cost materials, and requiring limited training and supervision support. Based on the literature on diffusion of innovations, the CORRECT guidelines provide a roadmap for designing a scalable intervention (see Text Box D).

The GREAT consortium used the guidance in ExpandNet's "Beginning with the End in Mind" (2011) to analyze potential scalability of the intervention package during critical moments of the design phase, prompting reflection on additional considerations, such as environmental influences (e.g., policy and political factors), stakeholder engagement, and testing of the intervention in different socio-cultural contexts. These deliberations led to additional GREAT scale-up actions, such as creating an advisory group at district levels to foster ownership and active management of expansion.

3.3 MODELS OF SCALE-UP FOR SOCIAL NORM INTERVENTIONS

Scale-up frameworks are used to systematically plan and guide the scale-up process. Below, we describe three frameworks that have been used in the global health arena. These three approaches, although different in terms of background, purpose, and application, draw from shared theoretical perspectives and encompass many common elements. In terms of application, they are complementary. Although none were initially developed for scale-up of normative change interventions, they offer useful guidance that is reaffirmed in the scale-up literature. The principles of scale-up and sustainability are inextricably linked, and each of the following models were conceptualized to support the process of achieving these twin goals.

3.3.1 EXPAND NET/WORLD HEALTH

Organization Framework

This conceptual framework was devised in 2006 by ExpandNet/World Health Organization (WHO), based on management science and social diffusion theory and extensive experience testing the systems-oriented analysis and planning/implementation approaches with ministries of health/reproductive health units in many countries. As defined in the ExpandNet/WHO publication *Beginning with the End in Mind: Planning Pilot Projects and Programmatic Research for Successful Scaling Up*, scale-up is described as "deliberate efforts to increase the impact of successfully tested pilot, demonstration or experimental projects to benefit more people and to foster policy and program development on a lasting basis" (ExpandNet/WHO, 2011). The 2011 document presents 12 recommendations to consider when designing pilots and throughout the implementation process (see Text Box E). ExpandNet has a robust list of references (www.expandnet.net) that includes literature reviews, extensive field experience, and a conceptual framework that may prove useful to the Learning Collaborative. These resources can provide guidance to understand and support AYSRH normative change interventions as they strategically plan and manage the scaling-up process. The framework is well-suited for strategic planning for and implementation of new AYSRH services; it is increasingly being used outside of health service delivery settings (e.g., community-based interventions such as the Tékponon Jikuagou project in Benin and the Health of People and Environment in Lake Victoria Basin Project in Kenya and Uganda). As previously mentioned, ExpandNet rationale also guided the development of the scalable intervention design of the GREAT Project.

Text Box E.
ExpandNet's 12 recommendations to consider when taking pilots to scale:

1. Engage in a participatory process involving key stakeholders.
2. Ensure the relevance of the proposed innovation.
3. Reach consensus on expectations for scale-up.
4. Tailor the innovation to the socio-cultural and institutional settings.
5. Keep the innovation as simple as possible.
6. Test the innovation in the variety of socio-cultural and institutional settings where it will be scaled up.
7. Test the innovation under routine operating conditions and existing resource constraints of the health system.
8. Develop plans to assess and document the process.
9. Advocate with donors and other sources of funding for financial support beyond the pilot stage.
10. Prepare to advocate for necessary changes in policies, regulations, and other health systems components.
11. Develop plans for how to promote learning and disseminate information.
12. Plan on being cautious about initiating scale-up before the required evidence is available.

3.3.2 THE BROOKINGS INSTITUTION AND INTERNATIONAL FUND FOR AGRICULTURAL DEVELOPMENT FRAMEWORK

Initially developed in 2008 by The Brookings Institution, this approach was applied and developed in the context of an institutional scale-up review of — and in collaboration with — the International Fund for Agricultural Development (IFAD), and in advisory and research undertakings with various aid agencies. In keeping with the objective of developing an institutional-level framework for IFAD, the approach aimed to provide high-level policy and operational guidance on the scale-up challenge. IFAD's approach to scale-up is based on the notion that programs will strive to ensure that impact continues beyond project life and that the appropriate policy framework and financial resources are in place to bring results to scale in a sustainable manner. The IFAD framework is well-suited for developing a broad understanding of the scale-up agenda and the main factors involved, for a retrospective analysis of country and sectoral case experience, and for the broad design of scale-up approaches in the context of development programs. The IFAD approach is designed to ensure that institutional partners (often in agriculture, education, and health) along with the private sector and civil society are engaged and incentivized. As in many successful AYSRH interventions, multi-sectoral coordination is a key component to the success of this framework, and behavior change communication is recognized as a key element of project design.

Text Box F.
A Management Framework for Scaling Up

Step 1: Develop a Scaling Up Plan

- Task 1: Create a vision
- Task 2: Assess scalability
- Task 3: Fill information gaps
- Task 4: Prepare a scaling up plan

Step 2: Establish the Pre-Conditions for Scaling Up

- Task 5: Legitimize change
- Task 6: Build a constituency
- Task 7: Realign and mobilize the needed resources

Step 3: Implement the Scaling Up Process

- Task 8: Modify organizational structures
- Task 9: Coordinate action
- Task 10: Track performance and maintain momentum

3.3.3 MANAGEMENT SYSTEMS INTERNATIONAL FRAMEWORK

The Management Systems International (MSI) framework is a scale-up approach focused on designing a management framework for practitioners. Based on extensive experience applying this framework in different country and sectoral contexts in the mid-2000s, MSI issued two editions of the framework and an accompanying scale--up toolkit publication, which provides details and examples of application for 15 specific management tools referred to in the handbook. The essence of the MSI framework is embodied in a three-step, 10-task approach (see Text Box F) (Cooley and Kohl, 2016).

The MSI framework is centered on adoption into local systems, which requires local capacity building to implement, manage, and assure quality at scale over time. It focuses on translating the successful pilot projects into established systems and concentrates on local priorities, incentives, and capacity to adopt and maintain the new model or program. By engaging local stakeholders early in the process to increase the chances of success and by securing local financing, the model has a strong focus on sustainability. Although not established for normative change or AYSRH interventions, there may be potential to adapt lessons learned from initial fieldwork that included hands-on support

to scale up 22 pilot projects in Mexico, Nigeria, and India in the fields of rural health, maternal mortality, HIV/AIDS, micro-insurance, family planning, and early childhood education.

3.4 MONITORING PROGRAM PERFORMANCE

As social norms interventions go to scale, established indicators are needed to determine if they are achieving their program goals and to identify and track how well they are performing. Measurement of program performance is essential to improve social norms interventions implemented at multiple levels, by multiple partners, over multiple years. The use of standard indicators plays an important role in scale-up, assessing program performance and making it possible to monitor the results of integration efforts, as well as the response to challenges commonly encountered (Wilcher et al., 2013). The Promising Practices in Scale-Up Monitoring, Learning & Evaluation: A Compendium of Resources has valuable tools, guidance, and lessons learned for approaching monitoring and evaluation of scale-up (IRH, 2013). Implementation scientists have identified a set of variables to be monitored during scale-up, focused on the intervention itself (fidelity and quality of the intervention under scale-up conditions), its expansion and institutionalization, and the capacity of new user organizations to offer the intervention without external assistance (Paina and Peters, 2011). Monitoring and evaluation of the scale-up of social normative change interventions involves additional variables, such as exposure (direct versus indirect exposure via new idea diffusion), normative shifts/tipping points of normative change, and environmental monitoring for unexpected external changes that may influence scale-up of the intervention, including social push back by communities from intervention implementation that touches on sensitive issues. Monitoring sustainability of normative changes once scale-up ends is also a grey but critically important area for determining scale-up success.

The non-linearity of scale-up and the diversity and power dynamics at play in receiving communities also raises questions about appropriate indicators for different phases of scale-up. No scale or indicator will translate to all settings, genders, ages, or contexts. Processes also influence scale-up success; therefore, it is necessary to determine which processes are critical to document. For example, program participation is necessary at many levels, including an extensive vetting process through advocacy with key decision makers, technical consultations and training to ensure understanding, and uptake at the country and program levels. Moreover, as social norms interventions diffuse in the community, new indicators may be needed to capture these changes. Finally, field experiences are not as neat as indicated by the conceptual literature, so we must consider what level of measurement is feasible and useful.

3.5 COSTING

The cost to implement a social norm intervention and the cost of scaling up the intervention's reach are important concerns for policy makers, programmers, and donors. The costing primer developed by the Passages project (Passages Project, 2016) provides a guide to some of the challenges involved and recommended approaches to the costing of social norm interventions. The primer recommends the use of activity-based costing as a general approach to measuring the cost of social norm interventions. This approach has the benefit of being able to identify costs in sufficient detail for any single activity so that one can plan for resource mobilization overall or by specific activities,

and so that others can consider how an intervention or an activity can be replicated or adapted to a different context.

Activity-based costing is organized following a standard four-step process: resource identification, measurement of resource requirements in natural units, assignment of a unit value to each resource, and summation across resources and activities to obtain an intervention total cost. Resource identification and measurement can be conducted prospectively or retrospectively, and the program is left to decide which approach works best, given the operational and budget constraints for the analysis.

When thinking about the cost of scale-up, it is important to think carefully about what will stay the same and what will need to change within the intervention as it expands or is implemented in a new locale. Since costs are tied to resources, one needs to consider changes in the types of resources that will be required (i.e., what is already in place and what will need to be added to support the intervention), the quantity of resources that will be required (influenced by scale of intervention and whether or not there are economies of scale that require less than a simple multiplier of baseline costs), the source of the resources (which has implications for the cost of the resources), and whether the intervention will be adapted/modified to operate at a larger scale or in a new locale (which has implications for resources required). These are challenging issues, but to the extent they can be addressed during the planning process, this information can be reflected in a detailed activity-specific operational budget for the scaled-up intervention.

Organizing this cost information so that it is presented by specific activities and in an operational budget format will provide a template that others can use to adapt the cost estimate to changing contexts. Too often, an aggregate total cost estimate will be of little value beyond assuring that the planned scale-up or replication fits within a larger resource envelope. The activity-specific operational budget allows for planning the timing and sequencing of the activities, as well as the required flow of resources to support those activities. Ideally this information would have been prepared as part of the cost estimation for the parent intervention so the adaptation to the new larger or geographically expanded intervention will require modification of existing data formats and updated unit cost and quantity estimates.

Presenting cost results in an operational budget format has an added advantage of facilitating resource mobilization, as one can present to potential sponsors/donors detailed justifications of why the funds are being sought and how they will be used to implement the intervention or select activities in support of an intervention.

Cost-effectiveness analysis is often brought up in the same discussion as costing, as a desirable way to inform which interventions to scale up or transfer to another locale. However, conducting cost-effectiveness analysis necessitates comparison of interventions on cost *and* on effectiveness. The Learning Collaborative has the potential to contribute to a standardized process to collect and report data on costs. This is necessary but not sufficient for cost-effectiveness analysis. Documenting the effectiveness of an intervention presents several challenges that will need to be addressed in another context.

3.6 KEY QUESTIONS FOR THE LEARNING COLLABORATIVE ON SCALE-UP AND COSTING

Defining Scale-Up:

- What does scale-up mean for our sector?
- Are we aiming to sustain the intervention or the behavior change?
- How can we develop greater understanding of how to operationalize both horizontal and vertical scale-up within our work on scale-up of AYSRH normative interventions?

Scale-Up Model:

- Do we need a specialized scale-up framework for normative change interventions, or can we adapt existing frameworks sufficiently to address scale-up issues that are unique to community-based normative change interventions?
- What can we learn across the existing models of scale-up to apply to our work on AYSRH normative change?

Monitoring Program Performance:

- How can we strengthen our process documentation through the pilot to scale-up phases of AYSRH interventions so others may benefit from the learning?
- On one hand, we need better measures, but developing measures is often a time-consuming and rigorous process that can involve longitudinal and complex study designs. In the meantime, until we get better measures, what technical guidance should we provide programs implementing social norm change interventions? Given the realities of resources and time typically available in the field, what level of measurement is feasible and useful?
- After the pilot phase, should we evaluate only the process of scale-up, or also its outcomes in new contexts?
- At what point does integration into new contexts adjust the intervention to the point that it is no longer an evidence-based intervention (based on pilot studies)? For instance, often interventions that address AYSRH are multi-faceted. When taken to scale, implementers often cherry pick and only take one facet to scale.
- Before we scale up, what level of evidence do we need that a norm actually influences the behavior of interest?

Costing:

- To facilitate cross-project or cross-institution scale-up of social norm interventions, can we leverage the Learning Collaborative to introduce a standardized approach to the reporting and display of resource requirements for an intervention (excluding detailed unit cost information)?
- How can we support the development of practical and context-specific approaches and guidance for costing normative interventions for AYSRH?
- Can this costing work be generalized to other community-based behavior change interventions?

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APPENDIX 1: SUMMARY OF CROSS-ORGANIZATIONAL LEARNING INITIATIVES FOCUSED ON GENDER EQUALITY/SOCIAL NORMS AND ADOLESCENT AND YOUTH SEXUAL AND REPRODUCTIVE HEALTH MEASUREMENT, THEORY, OR SCALE-UP

(in alphabetical order of lead organization)

Comprehensive database of gender, agency, and power indicators, led by *Evidence Project/Population Council*

The Evidence Project/Population Council is **conducting a systematic review of indicators that have been used to measure gender attitudes, norms, agency, and power in the family planning, reproductive health, HIV, and AIDS fields.** Researchers have produced a comprehensive database of gender/agency/power indicators — including where they have been used, among what populations, and psychometric properties — drawn from more than 700 articles. Pop Council researchers are also conducting an analysis of how these scales perform in terms of explaining family planning and other sexual and reproductive health outcomes. The Evidence Project is in the process of cleaning and converting the database into a user-friendly format in order to make it accessible to the broader community working on gender-related programming. The Evidence Project will also be publishing in-depth analyses on selected aspects of the results.

Reproductive Empowerment Initiative, led by the *International Centre for Research on Women (ICRW) and MEASURE Evaluation*

The goal of this project, being coordinated by ICRW and MEASURE Evaluation, is to **develop a conceptual framework for Reproductive Empowerment, which we view as a distinct domain of overall empowerment, and to develop improved tools and approaches to better measure empowerment in the reproductive sphere**. In doing so, the project hopes to provide policy makers, donors, and programmers with a clear way of understanding what reproductive empowerment is, what the key factors that shape it are, and how it can be measured in the context of interventions. The conceptual framework will be finalized in early 2017, and new measures and tools will be developed and tested throughout the year, resulting in recommendations in late 2017.

Global Early Adolescent Study (GEAS), led by *Johns Hopkins Bloomberg School of Public Health*

The GEAS is the **first international study focused on gender norms and health among adolescents 10 to 14 years of age**. Specifically, it is the first to explore gender norms about relationships and their association with healthy, early adolescent sexuality. The study shifts the focus from downstream harm reduction to upstream antecedents that will enable targeted early intervention and prevention of those beliefs and behaviors that compromise the sexual health of young people, including gender violence, early marriage and pregnancy, sexually transmitted infection and HIV prevention, and the promotion of healthy relationships. For this study, we utilize a mixed-method approach to develop, test, and validate instruments assessing gender norms and healthy sexuality, as well as their influence on adolescents' interpersonal relationships, mental health, violence, and sexual and reproductive health. Although several instruments currently exist that assess gender norms and attitudes (i.e., the GEM scale, the Attitudes Toward Women Scale; Male Role Attitudes Scale, Sexual Assertiveness Scale for Women, Sexual Relationship Power Scale), most of these measures are not developmentally appropriate for this age, as many relate to situations/experiences (e.g., employment, sexual relationships) that a young person has never encountered. In addition, the existing instruments measure gender norms broadly, and do not incorporate relationship contexts or actual experiences of gender inequity in relationships. The set of newly developed GEAS instruments utilizes the strength of both quantitative and qualitative assessments to enable a complex and comprehensive assessment of gender norms about relationships that are proposed to be salient to the health and well-being of early adolescence. For further information, please refer to our website: *http://www.geastudy.org*.

Learning initiative on social norms and gender-based violence, led by the *London School of Hygiene and Tropical Medicine (LSHTM)*

The Gender, Health and Violence Centre at the LSHTM started a learning initiative on social norms and gender-based violence in mid-2016. The aim of this initiative is to respond to the challenges presented by the operationalization of social norms theory to reduce gender-based violence. In particular, its mission is to **translate and adapt insights and methods from social norm theory and research into practical guidance for development practitioners seeking to transform harmful gender-related practices in low- and middle-income countries**. Participants in the initiative share and discuss individual solutions to common dilemmas around measurement and practice. Together, this initiative is working on a program of research and practice to test strategies that can help people negotiate new positive norms or dismantle norms that keep harmful practices in place. Our collective experiences will inform the next wave of intervention evaluation and norms measurement.

As part of this initiative, in July 2016, the LSHTM convened an expert meeting on social norms measurement. This first meeting focused on identifying best strategies to diagnose and measure social norms. Participants were specifically drawn from those who already had quantitative data and research experience attempting to capture gender-related norms and practices in the field. The report of this meeting (available in December 2016) will put forward the group answer to the following key questions: 1) is the current focus on social norms helpful; 2) what tools can practitioners use to quickly and effectively diagnose social norms; 3) what simple, quick, "accurate-enough" measures of social norms can be used in the field; and 4) what pitfalls and opportunities exist in analyzing norms data?

Platform on social norms, led by the *Overseas Development Institute (ODI)*

The Bill & Melinda Gates Foundation has commissioned ODI's Social Development Programme to **establish a social norms platform focusing on convening a community of practice (CoP) centered on gendered social norms affecting adolescent girls and young women**. The CoP will be regularly convened via a virtual platform with interconnected sections and an online hub, as well as through annual convening in the Global North and Global South. This will allow for important relationship building, knowledge exchange on social norm change processes, identification of common research interests around social norms, refinement of the platform, and dissemination of learning to strategic regional and international audiences. ODI's approach will ensure that the CoP exerts primary influence over the platform's content and direction through virtual and real-time discussions and consultations, including webinars, participatory workshops, and meetings in both the inception phase and throughout the life of the project. This will be facilitated and arbitrated by senior technical advisors and evaluators leading and advising on the project. Users of the platform will also exert influence by their monitored uptake of the materials, indicating platform utility through the monitoring and evaluation functions.

We have proposed five sections or "entries" into the platform, interconnected by a central learning lounge, or online hub, which allows for shared dialogue between the different community groups: data / data sets, analytical / researchers / academics, civil society / program implementers, policy maker, and adolescent girls / young women. Each section of the website will contain tools, data, publications, expert commentary, and other public goods specific to the gendered social norms learning requirements of the different groups or interest areas. A key element of this project is the engagement of partners and experts in the Global South, including through development of a strategy for outreach and engagement of national or regional partners/leads in Africa and South Asia. These consultants and advisors will convene the local members of the CoP and provide on-the-ground insight into locally gathered data and tools on harmful gendered social norms.

Contraceptive Behavior and Norm Change amongst Married Youth initiative, led by *Pathfinder*

The one-year initiative, titled Momentum: Building on the Evidence around Contraceptive Behavior and Norm Change amongst Married Youth, is funded by the Bill & Melinda Gates Foundation and led by Pathfinder International. The purpose of the initiative is to **share the learning and evidence from social and behavior change-focused contraception programming with married youth in order to inform country-level programming and plans, as well as donor investments focused on contraceptive uptake among adolescents and youth.** In order to fulfill this mandate, Pathfinder will convene a series of technical meetings tailored to different participants in different countries and cities, develop a journal article, and create an online toolkit that makes the tools and resources used to implement these programs for married youth available to a wider audience.

Lancet Series on the future of gender equality, led by *Stanford University*

The Lancet Series on The Next Generation of Gender Equality **builds out the connections between gender norms, gender inequalities, ill health, and poverty and provides a roadmap for realizing the vision articulated by the Strategic Development Goals.** Led by Gary Darmstadt of Stanford University and a distinguished steering committee and writing team, this series reviews the global history of attention to gender inequality, offers a framework for understanding and addressing gender norms, analyzes existing survey data on associations between gender norms and health, synthesizes existing evidence on efforts to transform inequitable gender norms and improve health outcomes, lays out the costs of inaction and the costs of implementing solutions at scale, and offers an action plan for advancing gender equality for health and development worldwide. The series is scheduled to be completed in early 2018.

MEASURES initiative on Gender Equity/Empowerment, led by the *University of California, San Diego*

The University of California, San Diego, Center on Gender Equity and Health is initiating work within India focused on building the science of measurement. This work, led by Dr. Anita Raj, will support India's measurement and data quality as it relates to gender equity on a broad range of issues, including health, education, violence, and economic empowerment, with the goal of assessing and monitoring improvements in these domains at the population level. Much of the science that currently exists was developed in the Global North for use in the Global South. This proposed work **shifts the paradigm to support development of the science of measurement in, by, and with the Global South (specifically, India) from the onset and simultaneously aims to advance the science of the field of gender equity.** An initial meeting was held on November 3, 2016, to bring together experts on gender equity and empowerment measures/indicators with scientific expertise regarding the science of the measures (validity, development history) and practical knowledge of what is working in the field, to identify novel and scientifically sound measures, identify gaps or frustrations with existing measures, and build awareness across experts and fields regarding development of/promising measures to help push an agenda for their use, for cross-national understanding and monitoring of key issues. At this time, we do not plan to hold additional meetings in Washington, DC, although if future meetings were to be coordinated by the Learning Collaborative or others, we would be very happy to participate if available, and could provide updates on the status of our work.

APPENDIX 2: Intervention Reference List from Passages Literature Review: Scaling Up Normative Change Interventions for Adolescent and Youth Sexual and Reproductive Health

Family Planning

1. Geracao Biz Programme; Pathfinder International

Program aims to create a social environment for behavior development and change among in- and out-of-school youth and their social networks, as well as strengthen the capacities of institutional partners to plan and implement multi-sectoral AYSRH interventions. Geographic location: Mozambique

2. Male Motivator Project; Save the Children

Peer-delivered educational intervention for couple's contraception uptake. Geographic location: Malawi

3. Mobile for Reproductive Health (m4RH); FHI 360

This program uses text messaging to disseminate family planning information. Geographic Location: Kenya, Tanzania

4. PRACHAR; Pathfinder International

This program changed reproductive behaviors of young couples, including the social norms that pressure unmarried adolescents into early marriage, early child bearing, and inadequate child spacing in India. Geographic location: India

Gender Norms

5. Abriendo Oportunidades "Creating Opportunities"; Population Council

Program creates safe spaces and leadership opportunities for Mayan girls. Geographic location: Guatemala

6. African Transformation (AT)

A community development program that features video portraits of ordinary people in target countries who have overcome gender-based obstacles to better their lives. Geographic location: Tanzania, Uganda, Zambia

7. Bell Bajao! (Ring the Bell); Breakthrough

Multimedia campaign that calls on men and boys to act to bring an end to violence against women and girls. Geographic location: India

8. Better Life Options Program; Center for Development and Population Activities (CEDPA)

Program aims to break gender stereotypes through informal education. Geographic location: India

9. Born Saleema Initiative; NCCW, UNICEF

The initiative uses local traditions to highlight the importance of parental care and raises FGM/C within the broader framework of gender equality. Geographic location: Sudan

10. Chakruok; Population Council

This is a radio soap opera series revolving around the life of a married adolescent girl. The series addresses social norms. Geographic location: Kenya

11. Choices; Save the Children

A behavioral change curriculum aimed at stimulating discussion between boys and girls on gender and power. Geographic location: Nepal

12. EMERGE; CARE Sri Lanka

This program engages youth, establishes change agents, and engages married couples, looking at gender through the eyes of men. Geographic location: Sri Lanka

13. Equal Access

A social change program that combines media and community mobilization to empower women and girls and allow youth to develop healthy life skills. Geographic location: Nepal, Cambodia, Afghanistan, Pakistan, Chad, Niger, Burkina Faso, Yemen, Nigeria

14. Gender Equity Movement in Schools (GEMS); International Center for Research on Women, Committee of Resource Organizations for Literacy, and Tata Institute for Social Sciences

Program promotes gender equality by encouraging equal relationships between girls and boys, examining social norms that define gender roles, and questioning the violence. Geographic location: India

15. Gender Roles Equality and Transformation (GREAT); IRH, Pathfinder International, Save the Children

Program aims to improve gender-equitable norms and improve adolescent sexual and reproductive health by shifting social norms, focusing on life course transitions, and diffusing ideas through the community to support individual change. Geographic location: Uganda

16. Holistic Girls' Program; The Grandmother Project, World Vision

This program aims to change norms through norm-setters, like grandmothers and grandfathers. Geographic location: Senegal

17. Husband's Schools; UNFPA

This program involves men in the promotion of reproductive health and fostering behavior change at a community level. Geographic location: Niger

18. Intervention with Microfinance for AIDS & Gender Equity (IMAGE)

IMAGE is comprised of a gender and HIV training curriculum called "Sisters-for-Life." A microfinance program augments the curriculum, which is based on participatory learning and covers issues like gender roles, sexuality, gender-based violence, relationships, and HIV prevention. Geographic location: South Africa

19. Ishraq Program; Caritas, CEDPA, Population Council, Save the Children

The program responds to the health needs of out-of-school adolescent girls who can't receive services through formal schools. The program seeks to build girls' self-awareness and confidence, establishing knowledge and skills

related to reproductive health and attitudes. The program seeks to change gender norms about girls' roles in society and works to increase local and national policy makers' support for girl-friendly measures and policies. The program has three components: literacy, life skills, and sports. Geographic location: Egypt

20. Kembatti Mentti Gezzimma (KMG Ethiopia)

Program challenges the social acceptance of FGM/C for women and girls in an effort to reduce the practice. Seeks to transform gender inequalities and norms, and works with men and boys as agents of change.

21. Kenya Adolescent Reproductive Health Project (KARHP); Population Council

KARHP was designed to improve knowledge about reproductive health and encourage healthy attitudes towards sexuality among adolescents. It aimed to delay the onset of sexual activity among younger adolescents and decrease risky behaviors among sexually active adolescents. Geographic location: Kenya

22. MenCare; EMERGE

A global fatherhood and caregiving campaign. Geographic location: South Africa

23. One Youth Can (and One Man Can); Sonke Gender Justice

This program is adapted from the One Man Can (OMC) campaign, which encourages men to become actively involved in family planning, gender norms, and preventing gender-based violence. Geographic location: South Africa

24. Program H & M; Promundo

This program promotes group education sessions combined with youth-led campaigns and activism to transform stereotypical roles associated with gender. Geographic location: Brazil

25. SASA!; Raising Voices, Centre for Domestic Violence Prevention (CEDOVIP)

A community-led campaign to reduce intimate partner violence and HIV risk behaviors. Geographic location: Uganda, being replicated in 15 countries

26. Sexto Sentido; Puntos de Encuentro

Campaign to change norms, attitudes, and behaviors around gender through a radio call-in show. Geographic location: Nicaragua, Costa Rica, Guatemala, Honduras, Mexico

27. Siyakha Nentsha ”Building with Young People”; Population Council and Isihlangu Health and Development Agency

Financial, social, and health capabilities program targeted at young girls and boys. Geographic location: South Africa

28. Tanzanian Men as Equal Partners (TMEP); RFSU, Resource Oriented Development Initiative (RODI) and Health Action Promotion Association (HAPA)

The program works to engage men in sexual and reproductive rights. Geographic location: Tanzania

29. TOSTAN Program

Education program to increase awareness of gender-based violence, FGC, and reproductive rights. The aim was to bring about social change within the community and improve environmental hygiene, respect for human rights, and reduce support for and practice of FGM. Geographic location: Senegal

30. 'We Can' Campaign; Oxfam

Program that changes women and men's attitudes in order to promote gender equity and women's rights. Geographic location: South Asia

31. Yaari-Dosti Intervention; Population Council

This intervention targeted young men and was piloted in an urban slum community in Mumbai. The program was adapted from Program H, an intervention in Brazil that was found to lead to more gender-equitable attitudes among young men and increased condom use. The program was designed to stimulate critical thinking about gender norms. The India-adapted version of Program H involved implementation of peer-led educational sessions in urban and rural settings and a lifestyle marketing campaign using posters, plays, and comic books. Geographic location: India

Early Marriage

32. Berhane Hewan "Light of Eve"

The project aimed to reduce the prevalence of child marriage in rural Ethiopia, through a combination of group formation, support for girls to remain in school, and community awareness. Berhane Hewan demonstrated that the incentives and traditions that support the earliest marriages can be changed in a relatively short period by altering local opportunity structures and addressing motivations for arranging marriages for young girls. Geographic location: Ethiopia

33. Kishori Abhijan, Bangladesh "Adolescent Girls' Adventure"; Population Council

The program aims to lower school dropout rates, increase girls' independent economic activity, and raise the age at which girls marry. Geographic location: Bangladesh

HIV/AIDS

34. African Youth Alliance (AYA)

This partnership aimed at improving adolescent sexual and reproductive health and preventing HIV/AIDS in Botswana, Ghana, Tanzania, and Uganda. The model implemented integrated interventions concurrently and at scale using a multi-sectoral approach. AYA also integrated partnerships, youth participation, gender equity, sustainability, scaling up, and community involvement in each component. Geographic location: Botswana, Ghana, Tanzania, Uganda

35. dance4life

The program aimed to empower and educate young people to bring an end to AIDS, unplanned pregnancies, and sexual violence. Geographic location: Argentina, Barbados, China, Ethiopia, Ghana, India, Indonesia, Kenya, Mexico, Nepal, Pakistan, Peru, Russia, Spain, Uganda, Tanzania, Zambia

36. Health Communication Partnership (HCP)

This program works with Ugandan institutions to undertake HIV communication programs, including promoting male circumcision, reducing HIV-related stigma, and promoting HIV counseling, among others. Geographic location: Uganda

37. Malawi BRIDGE Project

This program seeks to address barriers to individual action and confront societal norms related to sexual risk behavior through a mix of community-based activities and mass media messages delivered through local radio stations. Geographic location: Malawi

38. MEMA kwa Vijana (MkV)

This is an AYSRH program that implements teacher-led peer assisted AYSRH education, youth-friendly services, and community activities. Geographic location: Tanzania

39. Soul City

(Pakachere) mass-media communications initiative aimed at re-aligning social norms, behaviors, and attitudes to encourage the adoption of healthy practices and focused on HIV prevention. Geographic location: South Africa

40. Southern African Regional Social and Behaviour Change Communication Programme

The program aimed to increase health awareness and facilitate social and behavior change related to HIV and AIDS through mass media, community and social mobilization, and face-to-face interactions. Partnered with Soul City. Geographic location: South Africa

41. Stepping Stones

Stepping Stones aims to help individuals explore sexual relations and recognize gender inequalities in order to understand risk behaviors and reduce the incidence of HIV. Geographic location: India

42. Young Citizens Program

This program aims to develop citizenship and health promotion skills through a series of four modules. The goal of the intervention is for young adolescents to plan and implement health promotion activities that educate their communities and encourage them to take action toward HIV/AIDS prevention, testing, and treatment. Geographic location: Tanzania