**POLICY BRIEF**

# Transforming Harmful Norms to Realise Sexual and Reproductive Health and Rights in Eastern and Southern Africa

# Introduction

Harmful social and gender norms remain among the most entrenched barriers to health, rights, and equity across Eastern and Southern Africa. Operating quietly but powerfully, these norms limit access to sexual and reproductive health and rights (SRHR) and care, reinforce inequality, and drive stigma, gender-based violence (GBV), and preventable health harms.

Despite strong legal commitments, existing policies often overlook the deep influence of social norms, leaving systemic barriers intact. Transforming outcomes requires a deliberate shift in expectations, the public sharing and adoption of new behaviours, and sustained institutional reinforcement.

Norms change is not optional. It is essential to realising SRHR in the region, and to achieving Universal Health Coverage, Agenda 2063, Agenda 2040, and the Sustainable Development Goals (SDGs), including SDG 3 on health and SDG 5 on gender equality. Unless we address the invisible rules that shape access to information and services, agency in decision-making, social support and protection from harm, progress will remain stalled.

The cost of inaction is high: continued cycles of GBV, preventable HIV infections, early pregnancy, poor health outcomes, lost productivity, and persistent inequality across the region. This brief outlines a strategy for shifting harmful norms through coordinated, cross-sectoral action to embed transformation across all levels of policy and implementation.

# Implementation gaps in policy

Although regional frameworks commit to SRHR, entrenched social expectations continue to undermine implementation by suppressing demand and distorting service delivery. Harmful norms are rarely addressed or measured within policy frameworks, and implementation is constrained by limited resources, a lack of clarity on roles and responsibilities, institutional resistance, and the failure to treat norms transformation as a cross-cutting priority.
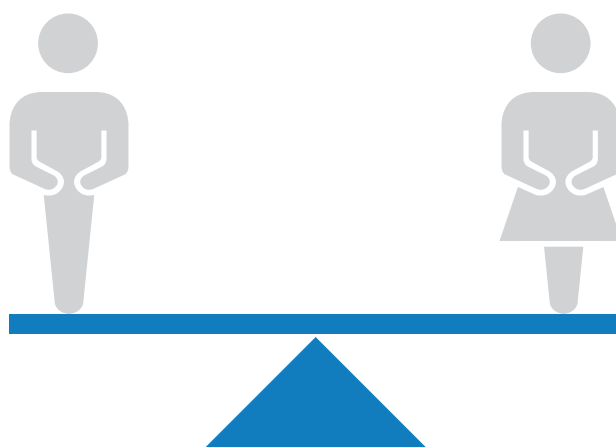
## The action required is clear

Unless we address the invisible architecture of inequality which includes the norms that determine who has access to healthcare, education, justice, and other rights, who holds decision-making power, and who is protected from harm, SRHR policies will remain aspirational rather than actionable. Now is the time for structural transformation grounded in equity, evidence, and collective will.
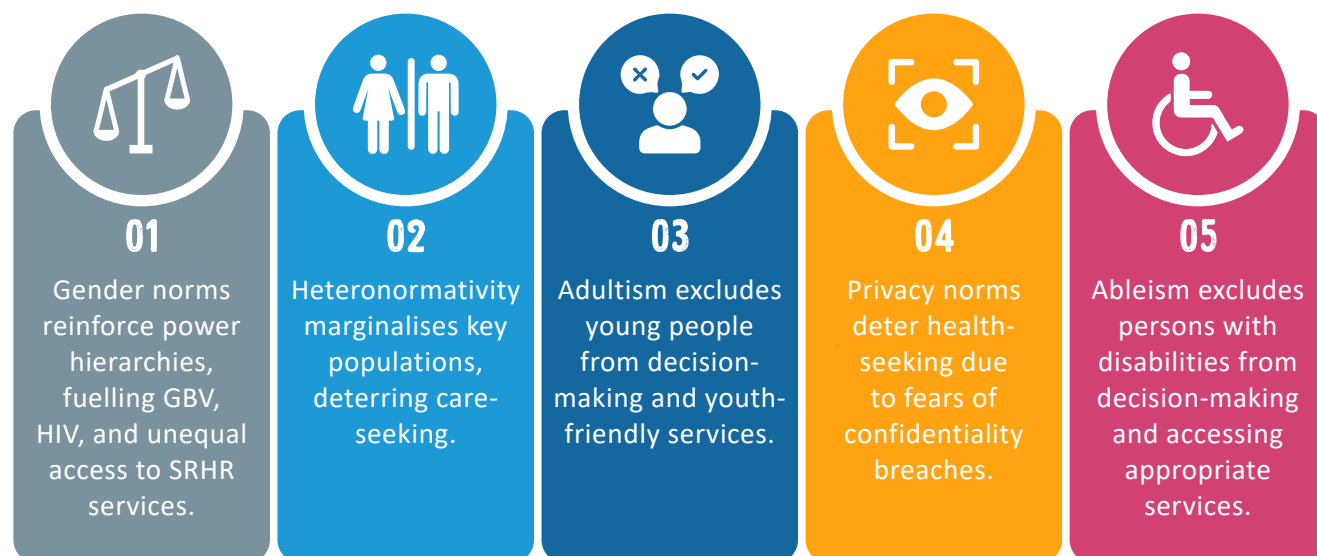
To realise SRHR for all and achieve the SDGs, norms transformation must become the foundation, not the afterthought, of every policy we implement.

# The norms barrier to SRHR

Norms define what is considered appropriate or acceptable within a community. In Eastern and Southern Africa, norms around gender, sexuality, age, privacy and ability shape behaviour and institutional responses, from healthcare to education to justice. Harmful norms often suppress agency, and limit opportunities for knowledge sharing, particularly for adolescent girls and young women, adolescent boys and young men, and key populations. They distort policy implementation and restrict equitable access to SRHR services.

# Social norms that undermine SRHR

**01**
Gender norms reinforce power hierarchies, fuelling GBV, HIV, and unequal access to SRHR services.

**02**
Heteronormativity marginalises key populations, deterring care-seeking.

**03**
Adultism excludes young people from decision-making and youth-friendly services.

**04**
Privacy norms deter health-seeking due to fears of confidentiality breaches.

**05**
Ableism excludes persons with disabilities from decision-making and accessing appropriate services.

# The measurable impact of harmful norms

### HIV

Gender norms can increase the risk of HIV among both men and women. In Zambia, men aged 25–39 account for 43% of new HIV transmissions, reflecting gender norms that normalise multiple partnerships and discourage health-seeking[i].

Across the region, adolescent girls and young women aged 15-24 account for 10% of the population, but 28% of all new HIV infections. This highlights how gender inequalities, power imbalances in relationships, and limited access to education and healthcare disproportionately expose girls and young women to higher risks[ii].

### Early pregnancy

The adolescent birth rate in the region is twice the global rate, at 92 births per 1,000 girls, reflecting norms which prevent adolescents from engaging in conversations about contraceptive methods and serve as a barrier to contraceptive use[iii].

90% of adolescent pregnancies occur within the context of child marriage, and 32% of the region's young women are married before the age of 18, reflecting norms emphasising female sexual purity and traditional gender expectations[iv][v].

### GBV

In Namibia, 33% of ever-married women aged 15–49 report experiencing intimate partner violence, highlighting how patriarchal norms normalise control and abuse[vi].

In South Africa, 30.7% of men said they had been physically violent towards their intimate partner more than once, reflecting power imbalances in relationships[vii].

### Agency

In Uganda, norms which promote male-dominated household decision-making limit women's and girls' autonomy to access SRHR services[viii].

In a regional study, 72% of adolescent boys and young men believe men should have final household authority, demonstrating how entrenched gender hierarchies prevent shared decision-making[ix].

### Access to Services

In Tanzania, less than 1.1% of women aged 15–49 years who experience physical and sexual violence seek services for this, reflecting gender norms which normalise violence against women, stigmatise survivors, and discourage help-seeking behaviour[x].

Across the region, stigma and fear of judgment deter young people from accessing services, exacerbated by beliefs around adult superiority, and fear of breaches of confidentiality[xi].

**Without disrupting these harmful norms, these patterns will persist, despite the availability of policies, programmes and services.**

# Pathways to norms transformation

Norms transformation should be driven by the community, starting with a recognition of the need for change and building on positive cultural norms to replace harmful ones, ensuring the shift is both meaningful and lasting.

Transforming harmful norms requires more than awareness, and demands a deliberate shift in what communities expect, what they see modelled, and what institutions reinforce. Three interdependent dimensions are essential in the process of changing social expectations, publicising and diffusing new behaviours, and reinforcing change through systems and form the backbone of effective, sustainable norms transformation.

## 1. Changing social expectations

Safe, participatory spaces enable reflection to challenge internalised norms. Peer-led and intergenerational dialogues can shift perceptions of what is socially accepted.

- The PREPARE intervention in South Africa used structured school programmes to help adolescents reflect on gender norms, violence, and power. This led to significant reductions in intimate partner violence by shifting social expectations around healthy relationships[1].

- The 'Men's Corner' clinic initiative in Lesotho helped shift social expectations by normalising male health-seeking behaviour through the visible example of men accessing care in male-staffed clinics. This challenged the perception that seeking healthcare is unmasculine, instead promoting it as acceptable, responsible, and increasingly expected within the community[2].

## 2. Publicising and diffusing change

Norms shift faster when new behaviours are made visible and legitimate. Media, rituals, and leadership endorsements accelerate social acceptance.

- The Momentum Project in the Democratic Republic of the Congo invited local role models to share their experiences of safer sexual behaviours in public settings, followed by facilitated community discussions. This helped legitimise new behaviours and reduced HIV incidence and risky sexual behaviour[3].

- Working with traditional leaders in South Sudan has helped to publicise and legitimise opposition to child marriage by aligning positive change with respected authority. Their public endorsement signals that keeping girls in school rather than having them married and bearing children is not only acceptable but increasingly expected, helping diffuse new norms across the community[4].

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1   Funded by the European Union and implemented by a consortium of organizations.
2   A collaboration between the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Lesotho's Ministry of Health, funded by the United States Agency for International Development (USAID) and U.S. Centers for Disease Control and Prevention.
3   Implemented by Action Santé et Développement (ASD), Tulane University, Tulane International LLC, and Johns Hopkins University in partnership with the Ministry of Gender, Family and Children and the Ministry of Health.
4   The United Nations Mission in South Sudan in collaboration with the Ministry of Federal Affairs.

## 3. Reinforcing and sustaining change

Institutions must consistently uphold new norms through systems, services, and policies.

- In Botswana, the Connect with Respect programme builds capacity for teachers and community mobilisers to deliver a school-based GBV prevention project. This ensures that schools and communities are able to support and reinforce the new knowledge gained by learners to promote respectful, violence-free relationships[5].

- A successful project in Kenya focused on mental health services integrated with HIV clinic operations for women living with HIV affected by GBV. This involved training local non-specialists with high school education to deliver interpersonal psychotherapy, and providing ongoing supervision for these trained providers. This reinforces a system-level shift toward gender-responsive and trauma-informed health services[6].

# Policy goal

Policies developed at continental, regional and national levels can play a critical role in driving the lasting transformation of social norms at scale.

To foster sustainable change at both community and institutional levels, policies should embed four key goals.

**1** **Structure mechanisms for shifting social expectations.**

**2** **Invest in making positive norms visible.**

**3** **Embed and reinforce positive norms within institutions.**

**4** **Institutionalise a diffusion strategy by defining roles and enhance coordination across sectors.**

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5   UNESCO in collaboration with the Ministry of Education.

6   Implemented by the Family AIDS Care, Education, and Services (FACES) HIV care and clinical research clinic in Kisumu, Kenya. Funded by the President's Emergency Plan for AIDS Relief, in a collaboration between the University of California San Francisco and the Kenya Medical Research Institute.
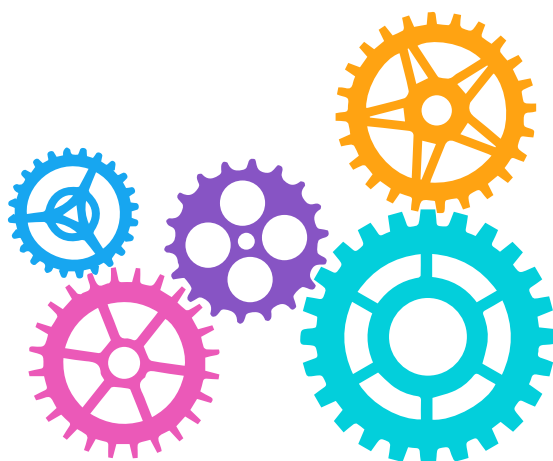
# Operational strategies

To achieve the identified four goals, policy makers should focus on five key priorities.

## 1. Institutionalise norms transformation

- Embed norms transformation in national plans and structures.
- Align stakeholder mandates to avoid duplication.

## 2. Build implementation capacity

- Train frontline actors in identifying and addressing harmful norms and providing respectful care.
- Use digital platforms to expand reach.

## 3. Monitor, evaluate, and learn

- Develop and track norms indicators.
- Create feedback and accountability platforms.

## 4. Secure financing

- Establish dedicated budget lines for norms transformation.
- Promote cost-benefit analyses and pooled resources.

## 5. Mainstream norms transformation

- Institutionalise norms transformation across sectors.
- Meaningfully engage grassroots, community and youth-led organizations continuously.
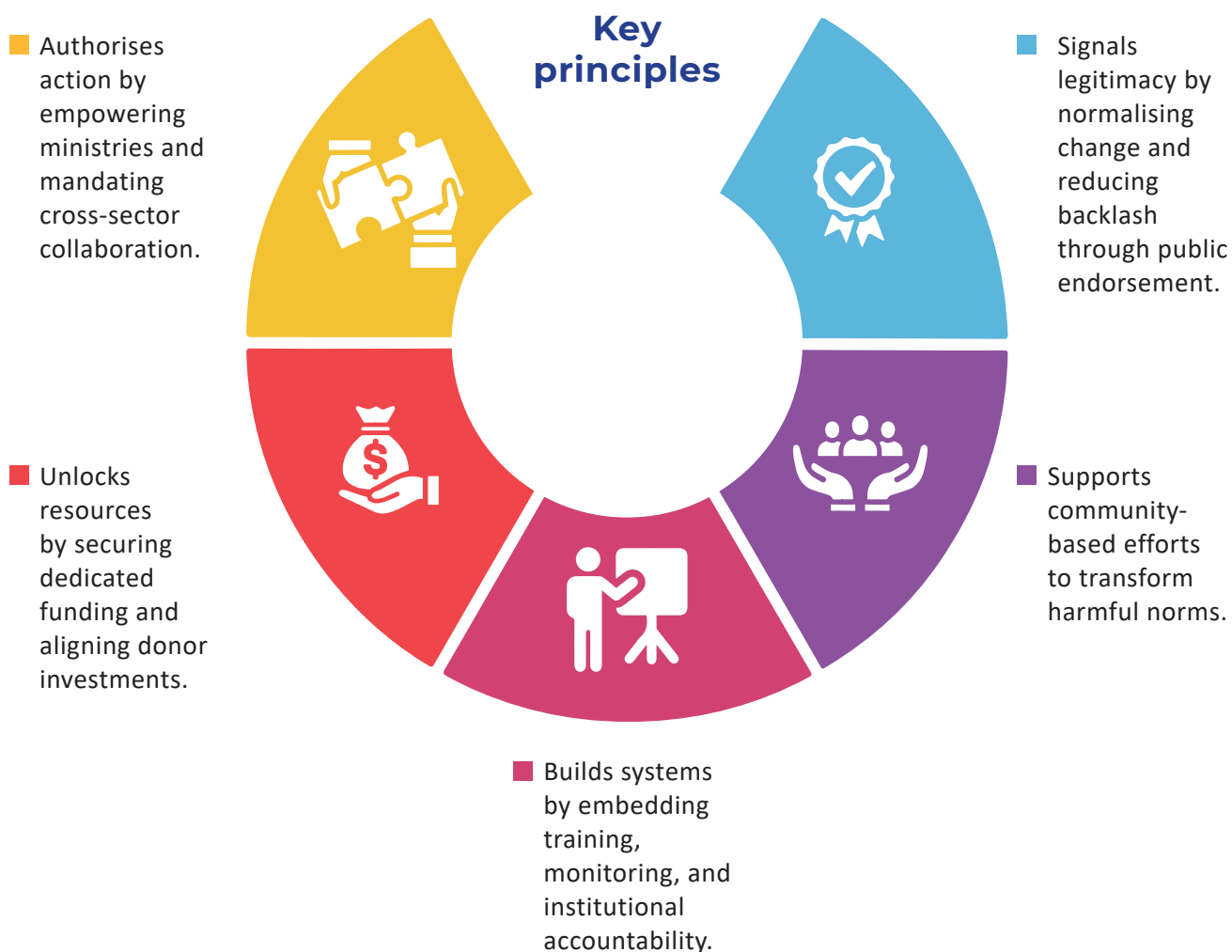
# Key stakeholders

Key actors for norms transformation to improve SRHR include Ministries of Health, Education, Youth, Gender, Social Development, Justice, and Finance; Information and Communications Technology departments; Parliamentarians; National AIDS Councils; civil society bodies; religious and traditional leaders; healthcare associations; private sector partners; and regional bodies, among others.

National government ministries must lead implementation efforts, with continental coordination provided by the African Union, in collaboration with the regional economic communities of the East African Community (EAC) and Southern African Development Community (SADC) for regional coordination and accountability.

# Policy recommendations

Policy proved to enable and sustain norms transformation when key principle and actions are in place.

## Key principles

■ Authorises action by empowering ministries and mandating cross-sector collaboration.

■ Signals legitimacy by normalising change and reducing backlash through public endorsement.

■ Unlocks resources by securing dedicated funding and aligning donor investments.

■ Supports community-based efforts to transform harmful norms.

■ Builds systems by embedding training, monitoring, and institutional accountability.

# Actions

- **Make norms transformation a core priority, not a parallel project.**

- **Prioritise marginalised populations and invest in inclusive research to close evidence gaps.**

- **Address harmful norms at all levels (individual, relational, and structural).**

- **Plan for sustainability and scale by embedding safeguards and ongoing monitoring.**

- **Foster multisectoral coordination with clear roles and shared objectives.**

# Note

This policy brief has been developed based on research conducted in the region between 2021 and 2025; and through an extended collaborative process involving youth-led organizations, civil society organizations, regional and national associations of religious and traditional leaders; representatives of Ministries of Health, Education, Gender, Youth, Women and Justice, from Botswana, Kenya, Lesotho, South Sudan, Tanzania, and Uganda; Members of the African Union, SADC Secretariat, SADC Parliamentary Forum, the EAC, EANASSO, and the agencies of UNAIDS, UNFPA, UNICEF, and WHO that implement the 2gether 4 SRHR programme in partnership with the Government of Sweden to advance SRHR in Eastern and Southern Africa.

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