TECHNICAL BRIEF

EVIDENCE TO ACTION

Social norms and SRHR for adolescents and young people in Eastern and Southern Africa

This technical brief examines evidence on social norms and sexual and reproductive health and rights (SRHR) among adolescents and young people (AYP) to inform programming in the Eastern and Southern Africa region (ESAR). It describes the social norms influencing SRHR outcomes and summarises the evidence of what works in relation to social norms and SRHR programming for AYP. Finally, the brief outlines implications for programming and highlights useful resources for those designing social norms programmes focusing on SRHR. The brief is primarily intended for technical specialists working on the health and well-being of AYP in ESAR, including those working with government, civil society, UN agencies and funders.

This brief draws on three studies undertaken on i) the network of social norms underlying SRHR in AYP, ii) evidence on what works on interventions to address harmful social norms, and iii) secondary data analysis of the Violence Against Children surveys.

Recommendations

1. Addressing social norms can reduce harmful attitudes and behaviours that perpetuate gender inequalities and gender-based violence (GBV), and improve the ability of AYP to make, and act on, informed SRHR choices. Therefore, social norms interventions should be included as a key component of coordinated and holistic investments to improve the well-being of AYP.

2. Norms are dynamic and context-specific. To improve SRHR outcomes among AYP, it is important to understand and address the pathways through which social norms influence gender inequalities and SRHR-related behaviours and practices, and improve access to health, education and GBV services. Key social norms impacting SRHR outcomes among AYP include norms associated with gender, heteronormativity, adultism and privacy.

3. It is critical to understand the role of power dynamics in shaping and maintaining social norms. Addressing harmful gender norms requires working with adolescent boys and young men (ABYM) and adolescent girls and young women (AGYW) to promote equality, hence improving SRHR outcomes.

4. Key elements of social norms interventions include i) changing social expectations, ii) catalysing and reinforcing change, and iii) publicising and diffusing change. A well-defined diffusion and scale-up strategy can enable more widespread and sustained behavioural change, making programmes more effective and cost-effective.

5. SRHR programming should address how social norms impact SRHR outcomes alongside other structural factors. For example, it may be necessary to support social norms interventions alongside expanding the supply of quality SRHR services and provisions that address economic barriers to accessing these services.

6. Successful social norms interventions operate at multiple levels, working across a range of reference groups[a] for AYP including parents and caregivers, peers, health workers, and religious leaders. Therefore, coordination is essential to ensure support to the individual and collective journey of change.

7. Sustainable changes in norms, attitudes and behaviours require bottom-up and community-led approaches that promote and reinforce existing positive norms and new norms amongst early adopters.

8. Theories of change and results frameworks should focus on the three key elements of norms change (changing social expectations, catalysing and reinforcing change, and publicising and diffusing change) and have clear intermediate and longer-term results indicators to reflect the duration of programmes. Longer programming timelines allow for more ambitious targets and measurement of social norms and behaviour change outcomes.

9. Greater focus is needed on interventions that address the most marginalised AYP, including key populations and those living in humanitarian and crisis contexts.

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a   The people whose opinions and expectations matter to young people when they consider whether to engage in a behaviour.

Social norms, adolescent health and well-being

Improving adolescent health and well-being is essential for achieving the Sustainable Development Goals and building countries' human capital for sustainable development and inclusive growth. Across ESAR, AYP continue to experience poor SRHR outcomes, which contribute to mortality and morbidity and limit their contributions to social and economic development. The adolescent birth rate in the region is twice the global rate, at 92 births per 1,000 girls.[1] Around 32% of AGYW were married or in an informal union before the age of 18.[2] Seventy-seven percent of AGYW who acquired HIV in 2023 live in sub-Saharan Africa, including almost two-thirds (60%) in ESAR.[3] In a study of 9 sub-Saharan African countries, only 53.8% of sexually active in-school adolescents used condoms during their last sexual intercourse, showing continued high rates of unprotected sex.[4] In addition, one in five AGYW (ages 15-24) in sub-Saharan Africa had experienced intimate partner violence in the previous 12 months.[5]

Social norms have been described as the 'unwritten rules' that influence what is acceptable or appropriate within a group or community.[6] [7] In the context of SRHR, they affect attitudes and behaviours, including on key decisions in relationships – for example, when to marry, have sex or have children. Norms are often sustained by social sanctions and rewards. Those who go against the norm can face criticism, social or economic exclusion, violence, and even death.

The formation of social norms, including gender norms, is a life-long process, with the inculcating of social norms starting in early childhood, highlighting the importance of parenting and caregiving relationships in reinforcing or discontinuing social norms. The influence of social norms can become more pronounced during adolescence and at puberty. For example, parents and caregivers may place greater restrictions on mobility for adolescent girls, creating barriers to education, health and livelihood opportunities.[8]

Social norms are widely recognised as a root cause of poor SRHR outcomes, limiting adolescents' safe transitions to adulthood.[9] Addressing social norms can unlock young people's potential, enabling them to live empowered, healthy and productive lives, which is good for young people as well as their families and communities.[10]
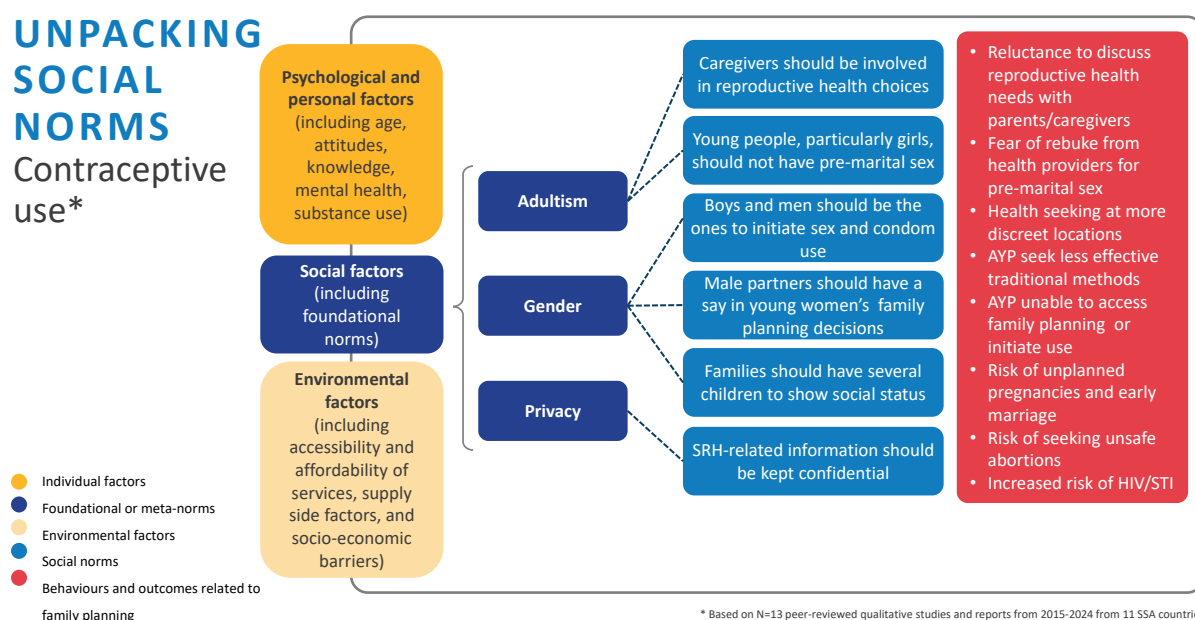
In ESAR, we see the influence of some key foundational norms: **gender, heteronormativity, adultism and privacy norms -** which impact a range of SRHR outcomes among AYP.

Social Norm terminology	Definition and significance
Gender norms	Norms that affect attitudes on how girls and boys 'should' behave and the power dynamics between girls/women and boys/men. Gender norms that reinforce male authority and control can increase risks of coerced sex, GBV and HIV infection. Gender norms can also negatively impact boys and men, including by reinforcing hypersexualised notions of what it means to be a boy or man, leading to greater sexual risk-taking behaviours which can adversely affect adolescent boys and girls.
Heteronormativity norms	Norms that underpin harmful beliefs, laws and policies that non-heterosexual expressions of sexuality are 'deviant'. Heteronormativity norms have led to continuing stigma, discrimination and violence against key populations. Stigma hinders access to health care including HIV testing and treatment, undermining efforts to end HIV and AIDS in the region.[11]
Adultism norms	Norms that reinforce beliefs that young people are less valued than adults and reduce their agency in the decisions that affect them. Adultism, particularly when combined with gender norms that place a high value on female virtue and chastity, can impede discussions on SRHR between parents, caregivers, teachers and health workers and AYP, limiting opportunities for sharing knowledge and skills for better SRHR outcomes among AYP.
Privacy norms	Norms that relate to beliefs about what information is appropriate to share with whom and in what contexts. For many AYP, fears that healthcare workers will not respect AYP patient confidentiality can deter access to SRH services including family planning and Pre-Exposure Prophylaxis (PrEP) services.

The pathways and mechanisms through which norms impact SRHR outcomes such as contraceptive use, GBV and the use of PrEP among AYP are articulated in Figures 1-3 below, which draw on a review of 31 qualitative studies from sub-Saharan Africa.
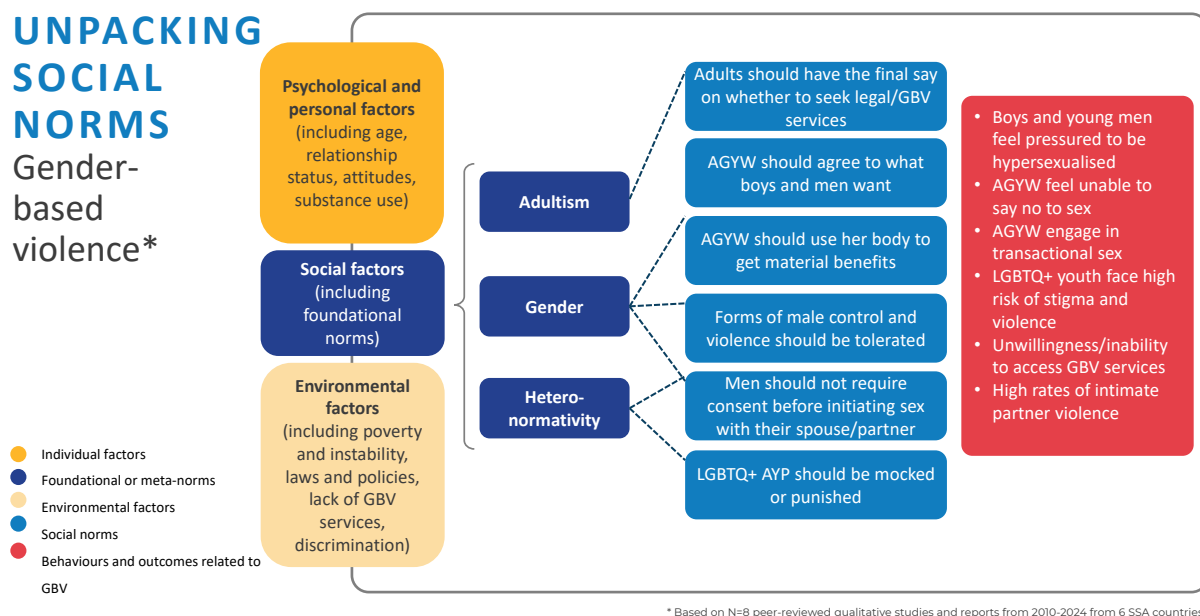
Figure 1 shows how three of these social norms- adultism, gender and privacy norms (dark blue boxes) - influence widely held beliefs on how AYP 'should' behave (light blue boxes) and the consequences these can have for health-seeking behaviours and contraceptive use outcomes (red boxes), including increased risk of unplanned pregnancies, STI/HIV infection and unsafe abortion.

Figure 1: Social norms influencing contraceptive use attitudes and behaviours in AYP

UNPACKING SOCIAL NORMS
Contraceptive use*

Psychological and personal factors (including age, attitudes, knowledge, mental health, substance use)

Social factors (including foundational norms)

Environmental factors (including accessibility and affordability of services, supply side factors, and socio-economic barriers)

- Individual factors
- Foundational or meta-norms
- Environmental factors
- Social norms
- Behaviours and outcomes related to family planning

Adultism
Gender
Privacy

- Caregivers should be involved in reproductive health choices
- Young people, particularly girls, should not have pre-marital sex
- Boys and men should be the ones to initiate sex and condom use
- Male partners should have a say in young women's family planning decisions
- Families should have several children to show social status
- SRH-related information should be kept confidential

- Reluctance to discuss reproductive health needs with parents/caregivers
- Fear of rebuke from health providers for pre-marital sex
- Health seeking at more discreet locations
- AYP seek less effective traditional methods
- AYP unable to access family planning or initiate use
- Risk of unplanned pregnancies and early marriage
- Risk of seeking unsafe abortions
- Increased risk of HIV/STI

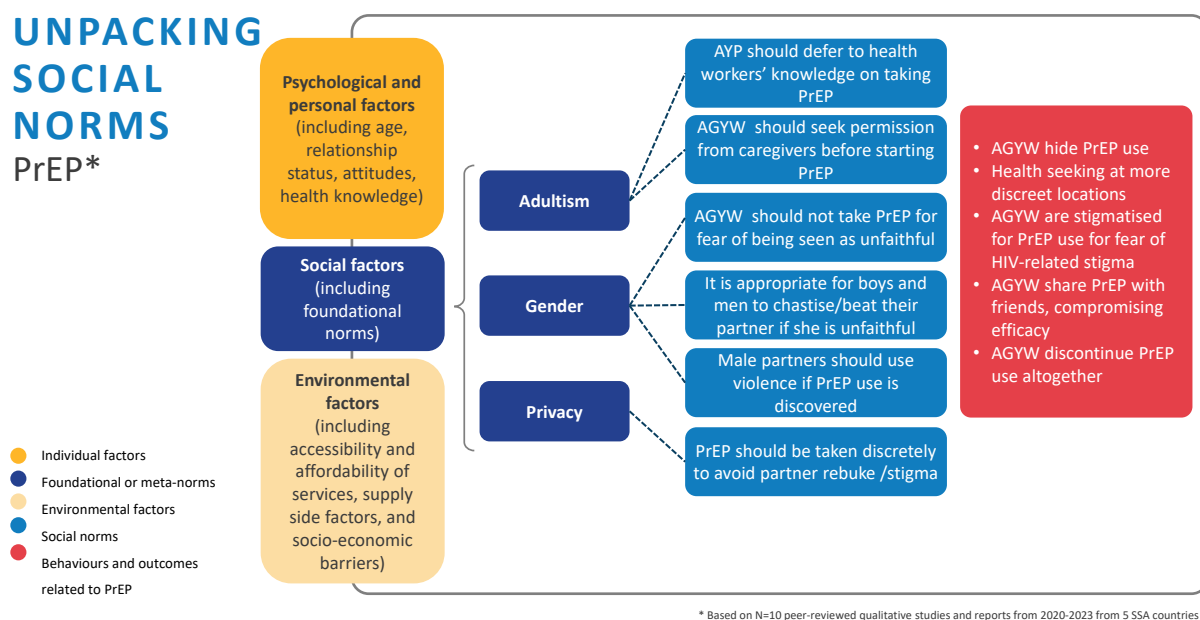* Based on N=13 peer-reviewed qualitative studies and reports from 2015-2024 from 11 SSA countries

In Figure 2, below, we see the key norms affecting GBV. Many studies show how widely held foundational gender norms influence how AGYW are socialised into believing they should acquiesce to male control and tolerate certain forms of violence and are thus unable to say no to forced sex, particularly in marriage. These foundational norms also influence men's attitudes around sexual consent and acceptable levels of violence in relationships. In some studies, we see how norms of adultism and the desire to please parents may lead to young women failing to seek legal or medical support following experiences of GBV.

Figure 2: Social norms influencing attitudes and behaviours relating to GBV

UNPACKING SOCIAL NORMS
Gender-based violence*

Psychological and personal factors (including age, relationship status, attitudes, substance use)

Social factors (including foundational norms)

Environmental factors (including poverty and instability, laws and policies, lack of GBV services, discrimination)

● Individual factors
● Foundational or meta-norms
● Environmental factors
● Social norms
● Behaviours and outcomes related to GBV

Adultism
- Adults should have the final say on whether to seek legal/GBV services
- AGYW should agree to what boys and men want

Gender
- AGYW should use her body to get material benefits
- Forms of male control and violence should be tolerated

Hetero-normativity
- Men should not require consent before initiating sex with their spouse/partner
- LGBTQ+ AYP should be mocked or punished

- Boys and young men feel pressured to be hypersexualised
- AGYW feel unable to say no to sex
- AGYW engage in transactional sex
- LGBTQ+ youth face high risk of stigma and violence
- Unwillingness/inability to access GBV services
- High rates of intimate partner violence

* Based on N=8 peer-reviewed qualitative studies and reports from 2010-2024 from 6 SSA countries

In Figure 3, below, we see how norms of adultism, gender and privacy influence the uptake and use of PrEP and the related potentially harmful behaviours and outcomes. For further details, please see the study on the Network of Norms underpinning SRHR for AYP.

Figure 3: Social norms affecting attitudes and behaviours in relation to PrEP

UNPACKING SOCIAL NORMS
PrEP*

Psychological and personal factors (including age, relationship status, attitudes, health knowledge)

Social factors (including foundational norms)

Environmental factors (including accessibility and affordability of services, supply side factors, and socio-economic barriers)

● Individual factors
● Foundational or meta-norms
● Environmental factors
● Social norms
● Behaviours and outcomes related to PrEP

Adultism
- AYP should defer to health workers' knowledge on taking PrEP
- AGYW should seek permission from caregivers before starting PrEP

Gender
- AGYW should not take PrEP for fear of being seen as unfaithful
- It is appropriate for boys and men to chastise/beat their partner if she is unfaithful
- Male partners should use violence if PrEP use is discovered

Privacy
- PrEP should be taken discretely to avoid partner rebuke /stigma

- AGYW hide PrEP use
- Health seeking at more discreet locations
- AGYW are stigmatised for PrEP use for fear of HIV-related stigma
- AGYW share PrEP with friends, compromising efficacy
- AGYW discontinue PrEP use altogether

* Based on N=10 peer-reviewed qualitative studies and reports from 2020-2023 from 5 SSA countries
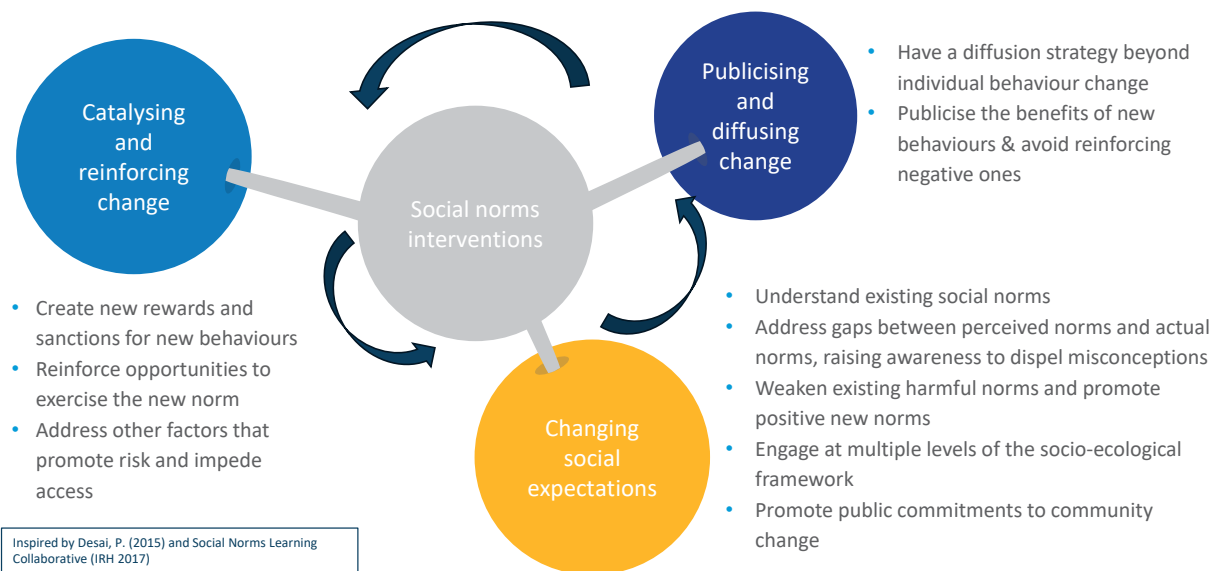
Key elements of social norms programmes

Social norms interventions are defined as those seeking to change the socially shared rules that determine acceptable and appropriate actions within a group or community. Social norms are not fixed but can change over time. Understanding how norms change is critical for the design of programmatic interventions. Social norms experts have attempted to identify key attributes of norms-shifting interventions.[12] [13] Building on the evidence and conceptual frameworks, we identified **10 common key** attributes of social norms interventions, clustered around **3 core elements** (Figure 4). These core elements are i) changing social expectations, ii) publicising and diffusing change, and iii) catalysing and reinforcing change. The importance of these attributes and elements is discussed in the following section.

Figure 4: Core elements and key attributes of social norms interventions

ELEMENTS OF SOCIAL NORMS INTERVENTIONS

Publicising and diffusing change
- Have a diffusion strategy beyond individual behaviour change
- Publicise the benefits of new behaviours & avoid reinforcing negative ones

Catalysing and reinforcing change
- Create new rewards and sanctions for new behaviours
- Reinforce opportunities to exercise the new norm
- Address other factors that promote risk and impede access

Inspired by Desai, P. (2015) and Social Norms Learning Collaborative (IRH 2017)

Changing social expectations
- Understand existing social norms
- Address gaps between perceived norms and actual norms, raising awareness to dispel misconceptions
- Weaken existing harmful norms and promote positive new norms
- Engage at multiple levels of the socio-ecological framework
- Promote public commitments to community change

What works on social norms change and SRHR outcomes among AYP?

Our review of interventions addressing social norms to improve SRHR outcomes among AYP and previous analyses provide insights into effective strategies to improve SRHR outcomes, including which factors are critical in interventions. Key insights include:

- **Adopt comprehensive and coordinated interventions addressing norms change to enhance impact:** To effectively change social norms in the context of SRHR programming, it is important to go beyond raising awareness of current norms within a specific group. Almost all the interventions included in the review focused on changing social expectations and raising awareness. Evidence shows, however, that programmes are more likely to be successful when they include all three elements of change: shifting social expectations to change what people think is normal, publicising and spreading these changes widely, and supporting and reinforcing changes over time (Figure 4). From interventions reviewed, programmes that included 5 or more social norms attributes across the 3 elements (as set out in Figure 4 above) were more likely to be effective than programmes with fewer than 5 social norms attributes or attributes not distributed across the 3 elements.

- **Find ways to catalyze change and support behavior adoption:** Most of the studies catalysed and reinforced change, including through skills practice (for example, in role-playing) and by offering participants opportunities to make health-seeking behaviour choices through improved access to adolescent-friendly healthcare services. A promising strategy to promote behavioural change is to integrate social norms components with SRHR service delivery and the provision of practical knowledge about SRHR and life skills.[14] [15] [16] [17] In many successful interventions, facilitators, who were usually members of local communities, were trained in both facilitation skills and gender-equitable attitudes, ensuring that sensitive information was delivered effectively.[18] [19] [20] [21]

- **Focus on making the new norms and behaviours perceived as the new normal:** Strategies for publicising and diffusing change promoted positive norms and behaviours beyond a small primary audience and allowed for new norms and behaviours to spread to a wider population, beyond the immediate target group. However, few interventions reported clear diffusion strategies. However, few interventions reported clear diffusion strategies, such as publicising role models whose behaviours supported the norms change sought in the intervention. The review highlighted also the importance of **coordination between interventions that are addressing different levels of the Socio Ecological Model (SEM)**. Working with different reference groups including decision makers, communities, AYP, parents, media, religious and traditional leaders is essential to support the adoption of behaviors which is facilitated when both individual and environmental drivers are moving together. **Modelling behaviors through multiple platforms is also essential for impact at scale:** Effective social norms change programmes often utilise multiple platforms, including facilitated community-level dialogue, reinforced by radio, TV, social media and community theatre.

A multiplatform strategy using online and offline methods can maximise engagement and impact, including for those who do not have access to digital technologies.[22]

- **Address gender norms to achieve impact:** The review highlighted the importance of understanding and addressing gender norms as central to achieve impact. Integrating strategies that actively seek to facilitate dialogue opportunities to exchange experiences on power relations and experiences of inclusion and equality is key to accelerate SRHR outcomes. Effective interventions often included reflections on gender roles and inequalities, youth sexuality, gendered power relations, girls' agency and attitudes towards gender-based violence.

- **Address other structural factors to maximise norms change and SRHR outcomes:** The impact of social norms programmes on SRHR outcomes can often be enhanced when they address other factors that affect behaviour change and service access. Effective social norms interventions need to consider the impact of structural barriers such as poverty, and the availability of adolescent-responsive health, education and social welfare services. Effective programmes often integrate components that tackle these broader structural issues to support behaviour change and SRHR outcomes for AYP.

- **Capitalise on trust and safe spaces for social norms change and foster critical reflection around norms:** Integrating approaches that facilitate dialogue including amongst peers, between caregivers and their children, and community-level dialogues is important for long-term norms change and SRHR impacts. Successful programmes often provide space for critical reflection and skills building rather than just providing information. Programmes often create safe spaces for AYP to question and discuss gender roles, power dynamics and inequalities. Interactive learning techniques such as games and role plays can support greater participation and critical reflection. Single-sex and age-appropriate group settings can provide a supportive environment for AYP, making them feel physically and emotionally secure. Safe spaces also offer opportunities to discuss sensitive issues in a safe non-stigmatising manner. **Train, mentor and supervise facilitators to improve fidelity and effectiveness:** Effective social norms interventions are often implemented in community spaces using participatory methods and a structured curriculum. Activities led by trained facilitators often recruited from local communities are key for delivering content effectively and sensitively.

- **Delivering interventions over an extended time period can improve impact and sustainability:** Longer intervention timeframes are important for achieving and maintaining behaviour change. Extended timeframes can for deeper participatory engagement and more time to publicise and spread new norms and behaviours.

Promising practice: Changing social expectations

The South African **PREPARE intervention**[23] utilised many social norms components which helped reduce adolescents' IPV victimisation. The intervention included an educational programme on violence prevention, school health services and a school safety awareness programme. The intervention prompted AYP to critically analyse gender power and roles, to identify positive attitudes and values and characteristics of healthy and caring relationships and partners, and supported action plans to prevent risky sexual behaviours. The package of interventions also included activities with school teams, parent representatives, local police officers and wider community members. The intervention design was informed by formative qualitative research conducted with adolescents to identify the salient attitudes, beliefs and social norms that served as barriers and facilitators to safe sexual behaviours.

Promising practice: Catalysing and reinforcing change

The **Gender Roles, Equality and Transformations (GREAT)** **intervention**[24][25] in Uganda aimed to promote gender-equitable attitudes and behaviours among adolescents (including girls and boys) aged 10–19 years, reduce IPV and increase family planning use for newly married or parenting older adolescents (15-19 years). The package of interventions included a community mobilisation process engaging community leaders, a radio drama with storylines to inform and spark discussion about gender, violence and SRHR, and a toolkit of participatory activities delivered in adolescent clubs including storybooks on puberty and SRHR knowledge, gender inequitable attitudes and behaviours. To provide opportunities for AYP to practice new health-seeking behaviours and overcome supply-side barriers to accessing services, the programme also trained village health teams to improve youth-friendly services. The programme evaluation found significant positive impacts on norms related to gender and SRH equitable attitudes, as well as positive intermediate outcomes, including knowledge of SRHR, intention to use family planning, self-efficacy and supportive behaviour by adults. After 2 years, there were no significant effects on family planning use by unmarried older adolescents. However, improvements were seen in intention to use contraceptives and self-efficacy amongst this participant group. This suggests that the intervention may lead to change in behaviours in the longer-term. This intervention also highlights the importance of measuring intermediate outcomes, which can shift over shorter timelines.

Promising practice: Publicising and diffusing change

The **Momentum intervention**[26] implemented in Kinshasa, DRC, included counselling, home visits, and group education sessions to promote knowledge and awareness of gender inequalities and SRHR, and a package of theatre, video and group-based participatory activities for community members. As part of these activities, key influencers of first-time mothers and mothers-in-law who held positive attitudes towards targeted health behaviour, were invited to share their experience in front of a live audience of their peers who did not practice the targeted behaviour, followed by a question-and-answer session facilitated by a community health agent. The intervention contributed to reduced pregnancy, HIV incidence and sexual risk behaviours.

Considerations for social norms and SRHR programming for AYP

Below, we present implications for future programming across four stages of a programming cycle.

Understand

Do	Don't
• Start with formative, participatory research to understand how social norms influence SRHR-related behaviours and outcomes among AYP. Use design tools to identify relevant social norms and reference groups. • Involve AYP in all their diversity and their reference groups in the identification of key norms that the programme will address. Consider other factors affecting behaviour change, including individual and environmental factors. See UNICEF's The Behavioural Drivers Model. • Consider the role of gender and power in shaping and maintaining social norms. See guidance on gender norms here.	• Don't overlook the needs of the most marginalised AYP including key populations, when designing social norms interventions. • Don't assume that shifting social norms (or attitudes) alone will bring about the desired SRHR outcome; also consider other barriers to service access.

Design

Do	Don't
• Identify context-appropriate co-ordinated packages of interventions to address SRHR behaviour change. For example, it may be necessary to address social norms alongside expanding the quality of adolescent-friendly services and implementing measures to overcome economic barriers to service uptake. • Develop a theory of change that addresses specific social norms based on the three core elements: i) change social expectations, ii) catalyse and reinforce change, and iii) publicise and diffuse change (see Figure 4 above). • Prioritise interventions based on return-on-investment principles and develop a coordinated strategy with partners to ensure alignment of interventions across all levels of the socio-ecological model. • Changing social norms is a long-term process, plan for a clear diffusion of innovation strategy. • Work with men and boys as well as women and girls to address gender norms, promote safe and equitable relationships and avoid negative backlash.	• Don't exclude key stakeholders, such as religious and traditional leaders and parents, from the co-design process. • Be mindful of potential backlash from those opposing norms change. Put in place safeguarding and mitigating measures to address unintended consequences for AYP, programme staff and early adopters of norms change. • Don't assume that legal and policy measures alone will shift social norms. Community engagement with key reference groups at a local level is needed.

Deliver

Do	Don't
• For sustainable and scalable implementation of programmes addressing social norms, build on existing engagement platforms, coordination mechanisms and communication channels used by AYP and key reference groups. For example, life skills training groups, community dialogues, mass media, faith-based interventions, and digital-based approaches provide promising entry points. • Invest in the skills-building of social workers, service providers, mentors and facilitators working with young people to lead interactive and engaging sessions. Skills-building should unpack and address the gender norms, values and attitudes of the facilitators/service providers themselves. • Facilitate opportunities for structured dialogue to identify appropriate and locally owned solutions to reduce gender inequality dynamics. • Consider implementing programmes over longer timeframes and support community-led movements to reinforce, diffuse and sustain social norms change over time.	• Don't forget to include a diffusion plan so that those adopting the proposed behaviours become increasingly visible within the community, achieving impact and scale and reaching community wide tipping points. • Don't assume sensitive messaging, such as content on SRHR, will be thoroughly delivered without proper facilitator training on both facilitation and gender-equitable attitudes.

Evaluate and learn

Do	Don't
• Engage key stakeholders in creating results frameworks linked to theories of change to ensure accountability and collective tracking of impact. • Integrate indicators for tracking social norms change into monitoring and evaluation frameworks, using validated measures like those from the Emerge gender empowerment research repository. • Develop results frameworks and metrics that are realistic and reflect the duration of programmes. Longer delivery times allow for more ambitious targets and measures of social norms and behaviour change outcomes. • Pilot interventions with target groups, conduct monitoring, and adapt interventions based on feedback. • Integrate operational and implementation research methods to identify effective components, adapt strategies and replicate successful designs. • Capture costing data to inform cost-effectiveness analyses of programmes. • Advocate for incorporation of attitudes and social norms indicators in national datasets for tracking longer-term norms change.	• Don't overlook intermediate outcomes of social norms interventions like self-efficacy and community dynamics, which can be useful for short-term evaluations. • Don't rely solely on quantitative data; qualitative assessments are crucial for understanding what works to promote positive norms and pathways of change and to explain unexpected results. • Don't focus solely on short-term evaluations; acknowledge that measuring effects of diffusion requires longer-duration assessments.

The above guidance gives broad recommendations based on the analysis of evidence from ESAR on social norms and SRHR outcomes among AYP. For more in-depth guidance on the design and delivery of social norms interventions, as well as useful communities of practice, please refer to the following Annex of resources.

Useful resources on social norms

Key concepts and design principles

Institute for Reproductive Health, Georgetown University (2021) Social Norms Atlas: Understanding global social norms and related concepts Key definitions, conceptual frameworks and review of social norms by sector, including sexual and reproductive health, intimate partner violence and harmful and traditional practices.

The Behavioural Drivers Model (UNICEF 2019) was developed to contribute to changing the way people understand social and behavioural change to renew the push for evidence-based programming as our guarantee of the highest standards of practice.

Social norms: Understanding, leveraging and addressing unwritten rules Useful definitions, guidance on implementation and common pitfalls for designing interventions.

The Flower for Sustained Health: (2017) An Integrated Socio-Ecological Framework for Normative Influence and Change: A Working Paper. Learning Collaborative to Advance Normative Change. Washington D.C: Georgetown University.

Social Norms Exploration Tool (2020) Institute for Reproductive Health, Georgetown University – includes tools for identifying reference groups and social norms and applying them to programmes.

Identifying and describing approaches and attributes of norms-shifting interventions (2021) Learning Collaborative to Advance Normative Change – identifies key attributes of social norms interventions.

Social Norms Lexicon (2021) USAID & Passages.

Girl-centred programming including work on social norms. Population Council.

Gender norms

Technical note on gender norms (UNICEF and UNFPA) promotes a common understanding of key concepts and promising practices.

Shifting social norms to tackle violence against women and girls VAWG: (2016) DFID (UKAID) Guidance Note.

Tackling the Taboo: Sexuality and gender transformative programmes to end child, early and forced marriage and unions (2020) CEFM and Sexuality Programs Working Group.

The Impact of the Law on Child Marriage and Girls' Rights. (2024) Girls Not Brides.

Working with religious and traditional leaders

Guidance for Engaging Traditional Leaders: Child Marriage (Save the Children 2020).

Policy brief by Girls Not Brides (2019) working with Religious Leaders to address child marriage.

A Guidance Note on Alternative Rites of Passage and Cultural Practices for Adolescents and Young People in East and Southern Africa (2020) A UNFPA ESARO Programmatic Guidance Note.

Working with men and boys: A wide range of resources available on equimundo.org, including Boys and Sexuality in the Internet Age.

Scaling interventions: Social Norms change at scale Community for Understanding scale up (CUSP), (2018) Social Norms Change at scale CUSP's Collective insights" CISP 2018 Case Study Collection, Community for Understanding Scale Up.

Measurement

UNICEF Measuring Social and Behavioural Drivers of Child Protection Issues. Guidance Tool 2018.

Data, tools and measurement: Guide to recent resources. Rachel Marcus,(2021) ALIGN.

Cislaghi, B. & Heise, L. STRIVE Technical Brief. Measuring Social Norms. 2017.

UNICEF Participatory Research Toolkit for Social Norms Measurement. 2020.

The ACT Framework: Towards a New M&E Model for Measuring Social Norms Change Around Female Genital Mutilation (FGM).

Monitoring Shifts in Social Norms. A Guidance Note for Program Implementers. (2021) Learning Collaborative to Advance Normative Change.

Getting Practical Integrating Social Norms into Social and Behavior Change Programs.(2021) Breakthrough ACTION and the Learning Collaborative to Advance Normative Change.

Resources for measuring social norms: a practical guide for programme implementers (2019) Learning Collaborative to Advance Normative Change.

Research initiatives and communities of practice

Advancing Learning on Gender Norms (ALIGN).

Social Norms Learning Collaborative.

Eastern Africa Learning Collaborative.

Johns Hopkins Center for Communication Programs.

Global Early Adolescent Study (GEAS).

The Compass for SBC.

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