

FOCUSING ON SOCIAL NORMS

A Practical Guide for Nutrition Programmers
to Improve Women's and Children's Diets



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USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity and advance development.

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Credit: State Partnership for Accountability, Responsiveness and Capability (SPARC) programme

Introduction

Why Do We Need This Guide?

Food choices and feeding practices are complex and part of social, cultural, and gender expectations. Social norms influence the meaning and value of food as well as roles and expectations. Each member of the household may be influenced in different ways. For example, what a woman eats is usually influenced by what her family members, peers, and community expect and advise her to do or not do. How often a mother feeds a child, what food she gives, and how she prepares it are usually influenced by her family and friends. Norms designating mothers as primary caregivers are almost universal, with pressure to be “a good mother” or caregiver. Similarly, prescribed roles for fathers limit their roles as caregivers. Such gender norms also prioritize men and boys over women and girls and often normalize inequality between women and men (CARE-GBV 2021). Thus, social norms influence everyone’s willingness and ability to make changes.

A gap in nutrition programming is the lack of systematic attention to such social and gender norms. Programs need to understand and respond to these rules and expectations to achieve the level of change needed to result in healthy diets for women and children. Programs also need to monitor and measure shifts in social norms over time to ensure implementation quality and understand the results. Use this guide to understand social norms that influence dietary practices and be more intentional in activities that promote community and household reflection on the social norms. This can help create enabling environments for greater and sustained change once a project ends.

Who Is This Guide For?

This guide is for nutrition program planners and implementers planning norm-responsive activities within nutrition-sensitive or nutrition-specific programming, whether for new projects or mid-project adaptations.

How Can This Guide Help You?

The program guide provides high-level counsel on designing and developing norm-responsive programming. It touches on how to identify norms; include norms-shifting elements into nutrition strategies and activities, both nutrition-specific and nutrition-sensitive; and monitor and measure normative change. The guide is not comprehensive, and instead provides examples, tools, and links to current “how-to” resources. Worksheets and a social norms checklist included in this guide link to [editable versions](#) you can download for direct use.

Setting the Stage: Women’s and Children’s Healthy Diets

Millions of women and children in low and middle-income countries are still affected by undernutrition (Keats 2021, Victor 2021). For women, inadequate diets contribute to reduced work productivity, household food insecurity, and diminished health and well-being. For children, a healthy diet from 6 months to 2 years is critical for lifelong health and development (Dewey 2013; UNICEF 2020). Yet, feeding during this period is one of the most challenging times to meet children’s nutrient demands. Women’s and children’s healthy diets involve a constellation of [behaviors](#) practiced by a diversity of people—in addition to mothers and caregivers—to ensure adequate intake of safe, affordable, desirable, and diverse foods while restricting highly processed food and drink products. Families, peers, community leaders, health workers, market actors, and policymakers have essential roles in creating the enabling structural and social environments for women and caregivers to practice the recommended behaviors.

Note that this guide uses the term “practice” interchangeably with “behavior” as the phrase “dietary practices” is more common than behaviors to improve women’s and children’s diets.

What Are Social Norms and Why Do We Care?

Social norms can encourage or discourage behavior. A person’s beliefs about what they think people should or should not do in their community and their perceptions of typical and appropriate behavior within their social network represent social norms. These expectations are the perceived informal, primarily unwritten, rules that define acceptable, right, and obligatory actions within a given group or community. Social norms are learned, sometimes explicitly but often implicitly, and evolve over time (IRH 2021).

Nutrition practitioners generally recognize that social factors, including cultural beliefs, traditions, and social norms, influence behaviors. Social norms are referenced in some conceptual models. For example, the High-Level Panel of Experts Food Systems Framework identified socio-cultural factors as direct drivers of food environments and consumer behavior (HLPE 2017). But too often, programs to improve diets overlook social norms while emphasizing knowledge, attitudes, and beliefs (remember KAP surveys?) or focus on structural factors such as the cost of food. Failure to also address social norms when designing and implementing nutrition programs results in less social and behavior change than desired. It is complex!

This guide will help you work through the conceptual clutter (we all know this feeling!) and achieve outcomes.

Have you heard people say these things about women's or children's diets?



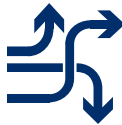
If you have, then your program needs to explore norms and intentionally address these powerful cultural and social expectations. Nutrition programs that intend to respond to social norms use a variety of terms such as “common behaviors,” “behaviors that are expected or sanctioned by influential people,” “cultural and religious traditions,” and “customs, perceptions, and beliefs” related to appropriate foods for young children and women or family roles (Dickin et al. 2021). See real-life examples in Annex 3 Program Idea Box.

What Can Planners and Implementers Do?

This section is organized into five programming steps with high-level advice to guide norms-responsive programming in social and behavior change (SBC) at different stages of the project cycle. Each step offers a “Considerations” overview, how-to guidance with tips and resources, and a set of eight prototype worksheets to help designers and implementers approach norms-responsive interventions.



Step 1: Understand the norms that influence women’s and children’s dietary practices



Step 2: Use this understanding to design an SBC strategy that is norms-responsive



Step 3: Implement norms-responsive activities to improve women’s and children’s diets



Step 4: Monitor how activities foster norms shifting



Step 5: Evaluate norms-responsive initiatives to improve women’s and children’s diets



Credit: Ana Christina Chaclán / Buena Milpa Project



STEP 1: CONDUCT AN ASSESSMENT TO UNDERSTAND THE SOCIAL NORMS THAT INFLUENCE WOMEN'S AND CHILDREN'S DIETARY PRACTICES

When to use:

- Social norms assessments occur after the project has prioritized behaviors. Social norms assessments may be done as part of a more extensive formative research study to learn more about local dietary practices and the factors that influence them.
- Assessments are often done as a project is being planned but can occur midway if norms approaches are added to an existing project.

What is covered:

- Developing a social norms assessment plan and data collection tools.
- Developing actionable findings to inform SBC strategies.
- Resources: planning assessments, how to design tools and interpret assessment findings to deepen the foundation for norm-responsive programming.



CONSIDERATIONS

The foundation of norm-responsive programming is understanding which norms influence a dietary practice in your program context. Before beginning, it is important to differentiate between individual attitudes, beliefs, and norms. There is considerable confusion about these. Table 1 below shows the type of norms that often appear in the literature and how they differ from individual attitudes and beliefs. See real-life examples of social norms that influence women’s and children’s diets in Annex 3’s Program Idea Box.

TABLE 1: NORMS VERSUS ATTITUDES AND BELIEFS VERSUS BEHAVIORS

TERM		DEFINITION	EXAMPLES
Behavior		What I do	<ul style="list-style-type: none"> I feed my young children watery porridge every morning. I don’t eat meat or eggs during pregnancy.
Attitude & Belief		What I prefer/ what I know	<ul style="list-style-type: none"> I believe that feeding young children watery porridge is good for them. I also think I should not eat meat or eggs to avoid a difficult delivery.
Social Norm	Descriptive Norm	What I think others do	<ul style="list-style-type: none"> Most caregivers feed young children watery porridge. Most pregnant women in my community avoid eating meat or eggs to avoid a difficult delivery.
	Injunctive Norm	What I think others will approve/disapprove of me doing	<ul style="list-style-type: none"> Most family members think that caregivers should only give children watery porridge. Most people in my community expect women to eat down during pregnancy to avoid a difficult delivery.
	Gender Norm	Expectations for how individuals should behave based on their gender identity	<ul style="list-style-type: none"> Women are the main guardians of the health of young children. Men should not be involved in feeding young children; it is a female responsibility.

Source: Passages Project, Adapted from CARE 2017 and Chung and Rimal 2016

Note that gender norms may be considered a particular type of social norm. Keep these differences in mind as working with attitudes versus different types of norms will influence the assessment design and the next steps.

It is essential to understand in your program area which norms influence dietary practices that your project aims to improve. Don’t guess or assume you know! Seek the community’s understanding of how social context, norms, and non-normative factors contribute to diets. With such insights, the project can move to develop effective SBC strategies to foster norms shifting. An assessment that aims to **build an understanding of norms and how they influence priority behaviors** should answer three questions:

I Which norms most relate to specific dietary practices (nutrition-specific and nutrition-sensitive practices)?

Many norms can influence a behavior, but some may be stronger than others or more critical along the behavior change pathway. An assessment helps you understand which norms influence a behavior and which norms appear to be most important. *For example, an assessment might identify several norms that influence women to eat more nutrient-rich foods. People in a community may believe that certain foods are generally nutritious, only some are acceptable for women’s consumption, or that women should not eat until the rest of the family eats. Which ones appear most crucial to achieve the desired behavioral aim?*

2 Why do people comply with the norms perpetuating dietary practices (or not)?

An assessment helps you understand whether there are punishments or sanctions when a person decides not to follow the practice. *For example, a woman who may want to eat more nutrient-rich food may avoid doing so because she fears that her mother-in-law and husband will chastise her.*

3 Who are the essential influencers or reference groups to engage, along with the women or caregiver?

An assessment also leads to identifying people or groups who can influence the dietary practice of the participant groups. The above example shows that mothers-in-law and husbands are essential influencers of what food women should eat. An assessment might reveal other influencers. *Older sisters or community leaders, for example, might be influencers who could act as allies to provide social support to women who want to eat more nutritious food.*

We focus the Step 1 discussion on three critical decisions: 1) selecting two to three priority behaviors among all the behaviors the project will address, 2) developing questions adapted to the selected nutrition behaviors, and 3) selecting methods. This creates the frame for the assessment. We then discuss how to prioritize norms that are influencing behaviors and synthesize assessment findings. Because finding and describing norms in assessments is not always straightforward, the discussion moves to prioritizing identified norms and then defining the contours of prioritized norms that are most important in influencing a specific behavior.

See more in the “how-to” guides listed under Annex 5 Resources. These guides provide more explanation and ideas to conduct a norms assessment, from developing assessment tools, to gathering and analyzing information, to facilitating the next step of SBC strategy design.

I.I DEVELOPING AN ASSESSMENT PLAN AND TOOLS TO IDENTIFY AND UNDERSTAND THE INFLUENCE OF SOCIAL NORMS

I.I.I Prioritizing behaviors to explore and developing questions specific to a behavior

Project outcomes are often generally stated, e.g., improving complementary feeding practices, and do not describe specific behaviors, e.g., feeding a child extra food for two weeks after illness. Yet, a norms assessment requires defined behaviors. Use the [Prioritizing Multi-Sectoral Nutrition Behaviors](#) tool, which helps nutrition program planners and implementers sharpen their focus on crucial behaviors.



TIP!

To keep the assessment manageable, limit the number of behaviors to explore, e.g., no more than three, selecting behaviors representing the most critical to your project's aims.

Norms-focused questions can then be tailored to each priority behavior. Unlike behavior-focused questions, which can be directly asked, “Tell me how much you feed your child each day when recovering from illness,” **norms-focused questions follow a different line of questioning about others’ perceptions and actions.** For example, to answer the three critical social norms questions related to a behavior such as recuperative feeding for a child after illness, a norms assessment would explore:

1. How many mothers in your community [give extra food to a child after illness for two weeks]? What do people in your community expect you [to feed your child after illness]?
2. What might happen if you decide to take on a [new child-feeding practice] instead of the existing one? How would people react?
3. Who do you turn to for advice and support, and who counsels you about the [feeding of your child]?

1.1.2 Selecting methods to collect norms information

The next decision is which methods to use to collect information. There are multiple ways to explore norms. Some community-consultative methods, such as the Social Norms Exploration Tool, are based on participatory learning and action techniques. Other methods are more Researcher–Respondent in nature, such as Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) and are more question-answer and discussion-based. The methods depend on available time and resources of staff capacities to use a range of methods, whether participatory or action-research type approaches or FGDs, KIIs, and baseline surveys. See resources in Annex 5 below for more on qualitative methods. Resources provide quantitative questions used in program evaluation that can be adjusted for assessments.

Participatory methods such as problem tree analyses and open-ended stories (vignettes) of typical people in a community are particularly appropriate for discussions about norms and dietary practices with/by community members. Given their participatory nature, they have an added value of sensitizing communities on normative influences because they ask people to reflect on and analyze the unwritten rules about why people in given communities do or do not practice certain dietary practices.

FGDs, KIIs, and Surveys are also appropriate methods to collect norms information as part of a formative assessment. FGDs and KIIs could use similar questions to those used as part of participatory methods. Also, projects conducting baseline surveys may collect information on norms and reference groups or influencers to inform materials development and project strategies. The Learning Collaborative has compiled examples of questions from different projects aiming to collect norms information.



TIP!

Don't forget the bigger picture. Compared to non-normative drivers, how critical are these norms to leverage the project's desired social and behavior change? Your team reflections help decide the proportion of resources allocated to norm-responsive activities vis-à-vis activities that address other factors.



I.2 DEVELOPING ACTIONABLE FINDINGS

With the information collected, how does one synthesize the normative findings around a particular behavior to use it in program design?

Perhaps the most challenging analysis task is to list the norms “seen” in the data. Sometimes it is helpful to write the norms using a formula, such as, People in [my community | my influencer group] believe that [describe attitude | practice | behavior]. To help write up the norms, see Annex I for a list of examples drawn from research on social norms that influence women’s and children’s diets.

[Worksheet IA](#) provides a template to list identified norms and prioritize those norms that appear to have the largest effect on the selected behavior. Once norms are prioritized, use [Worksheet IB](#) to describe more fully in writing how each of the chosen norms is influencing the behavior.



WORKSHEETS

WORKSHEET IA: LISTING AND RANKING THE SOCIAL NORMS THAT INFLUENCE A BEHAVIOR		
Priority Behavior to Improve Diets: _____		
Participant Group (who will practice the behavior): _____		
Subgroups of the main Participant Group (if any, e.g., mothers living in rural communities, mothers who are adolescents): _____		
	1) LIST THE NORMS IDENTIFIED IN THE ASSESSMENT.	2) BASED ON THE TEAM’S ANALYSIS, WRITE THE MOST IMPORTANT NORMS IDENTIFIED BY THE ASSESSMENT.
Which norms most relate to a priority practice?	Which social norms influence priority dietary practices? <i>From discussion notes and field reports, list all of the social norms that influence each priority dietary practice.</i>	<ul style="list-style-type: none"> • Are some norms having a more important influence on dietary practices than others? • To what extent do people comply with the norms in X communities? • Do they work the same across subgroups or segments of participant groups (if relevant)? • How difficult is the task? Some norms are more difficult to change because they are rooted in basic societal, religious, or gender belief systems. Others may just require an easy alternative that some people are willing to try but may not be as strong an influencer. <p><i>Using the questions below, and based on the field notes, discuss each listed norm and circle the social norms that most relate to the priority behaviors.</i></p>

WORKSHEET 1B: DEVELOPING DESCRIPTIONS OF THE MOST IMPORTANT NORMS AND THE INFLUENCERS OF A PRIORITY BEHAVIOR

Priority Behavior to Improve Diets: _____

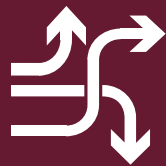
Participant Group (who will practice the behavior): _____

Subgroups of the main Participant Group
(if any, e.g., mothers living in rural communities, mothers who are adolescents): _____

	EXTENT THE NORM INFLUENCES THE BEHAVIOR	EXTENT THE NORM INFLUENCES THE BEHAVIOR	MOST IMPORTANT INFLUENCES ON BEHAVIOR
<p>List each norm prioritized in worksheet 1A in one of the rows below.</p> <p>Then answer the questions at right.</p>	<ul style="list-style-type: none"> • What proportion (some, few, many) of the participants comply with the norm in project communities? • Does the norm work the same across subgroups (if relevant)? • Is this norm supportive of the behavior, or is it harmful? 	<ul style="list-style-type: none"> • Why do women/caregiver participants comply with the norm perpetuating a behavior (or not)? • Is the norm externally enforced (e.g., a woman acts according to a norm because she is rewarded for doing so, she wants to avoid social sanctions, or others expect her to)? • Or, is the norm internalized (e.g., the woman acts according to a norm because she agrees)? 	<ul style="list-style-type: none"> • Who are the important influencers on women's/caregivers' expectations and behaviors? • Are influencers the same across subgroups or segments of women/caregivers (if relevant)? • Of the different types of people cited as providing advice and counsel, which are the most influential? • List here the most important influencers to the woman/caregiver segment as relevant. (For each, state their position, e.g., whether they are supportive or not supportive of the priority behavior.)
Norm 1			
Norm 2			



Credit: Julio Quintana, CRS



STEP 2: USE NORMS INFORMATION TO DESIGN AN SBC STRATEGY

When to use:

- After selecting which norms appear as the most influential on dietary practices, post-formative research, decide which norms-shifting strategies to include within the overarching SBC strategy.

What is covered here:

- Preparing an SBC strategy that is responsive to social norms to improve behaviors.
- Designing or adapting activities responsive to social norms that contribute to priority behaviors to improve dietary practices.
- Resources include examples of SBC strategies that include social norms and norm-responsive interventions.

CONSIDERATIONS

The findings of the norms assessment have led to a good description of the priority norms. It is now time to develop or adjust the existing SBC strategy, which provides a focused “road map” to ensure that program activities achieve outcomes based on the linked pathways you set up in Section 2.1. The SBC strategy is responsive to the factors that prevent or support improved diets; it should include elements that respond to the identified priority norms.

This step covers crucial information and tips for designing norm-responsive strategies integrated into the larger SBC strategy. It covers strategy decisions such as integrating norms information into behavior profiles and related change pathways and selecting interventions that facilitate norms-shifting actions. The section ends with design tips to seek efficiencies in norm-responsive programming.

Remember that a norm-responsive strategy, by definition, focuses beyond the project’s immediate target groups. An SBC strategy that responds to social norms will include at least two participant groups:

1. Women or other primary caregivers who practice the priority behaviors related to diets. These will be considered the primary project participants.
2. Those people who influence women or primary caregivers. The formative research identified these influencers, who might be family members, peers, community leaders, or change agents—agricultural extension workers, market vendors, informal leaders, community health volunteers, etc.

The SBC strategy is a living document. It should be updated and adjusted, ideally with stakeholders, as the program evolves. This guide focuses on how to make an SBC strategy responsive to social norms. This section draws heavily from the suite of SBC strategy development tools developed by USAID Advancing Nutrition. See the [Complementary Feeding Workbook \(link\)](#) for detailed guidance on developing an SBC strategy.



TIP!

Unlike many SBC strategies or communication plans, a norms-focus elevates the role of influencers at each step. They need to be part of the strategic plan (and implementation and monitoring and evaluation [M&E] plans) and not relegated to a hidden role or a secondary audience.



2.1 ANALYZING PRIORITY BEHAVIORS

The actionable findings on social norms described in Step 1, Worksheet 1B, are used in creating Behavior Profiles for priority behaviors. The norms findings become part of a behavior profile that includes analysis of all of the factors that prevent or support a behavior. If you adjust a program to make it more responsive to norms, integrate the findings into existing Behavior Profiles.

Use [Worksheet 2a](#) to create linked pathways from factors to program activities (see the [Using Research to Design a Social and Behavior Change Strategy for Multi-sectoral Nutrition Tool](#)).

- **Column 1:** Fill in the priority behaviors from Step 1, Worksheet 1B.
- **Column 2:** Add the key factors that prevent or support the behavior to be practiced. Note norms in this column where you have determined from Step 1 that these are important factors. Specify any findings of the norms here, including whether these are supportive or harmful and externally enforced or internalized.
- **Column 3:** Write the influencers identified earlier (Worksheet 1B). These people will be essential allies to remove barriers, support early adopters of new behaviors, and support norms shifting as influencers in the community.
- **Column 4:** Finally, select activities based on the linked pathway that will involve the factors and supporting actors. See 2.2 below for considerations for norm-responsive activities.

To help you get started, see the example [behavior profile](#) for the behavior: *Pregnant women eat a variety of nutrient-rich foods daily for both meals and snacks.*



TIP!

For each behavior profile, be sure to draw a line or linked pathway from each activity to the identified influencers for each norm!



Credit: WHD_southSudan

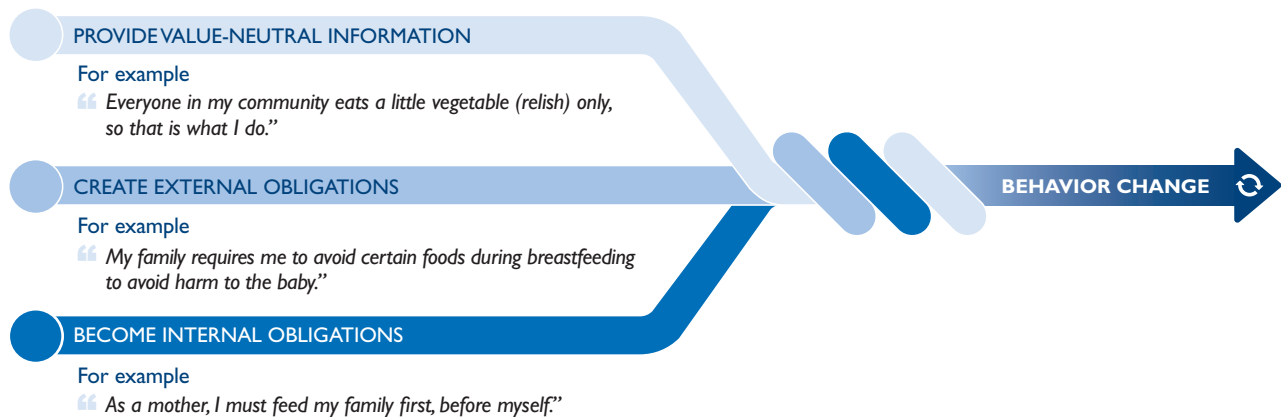


2.2 SELECTING ACTIVITIES TO RESPOND TO NORMS

The norms identified and integrated into behavior profiles lead to strategizing opportunities for possible activities in partnership with communities and other key stakeholders. Programmers can use different strategies to shift norms. Identifying the influencers and pathways that norms work through is the first step.

As suggested by Legros and Cislighi (2019), there are three basic pathways to change:

FIGURE 1: 3 PATHWAYS TO CHANGE



Source: Legros and Cislighi 2019

For example, an assessment showed that social norms lead to caregivers avoiding giving nutrient-rich foods to children because they follow the community expectations of only providing starchy staples. The assessment also revealed that influencers of caregivers include market vendors, health providers, community leaders, and family members such as aunts. At what level of the socio-ecological frame and along which pathways do these influencers operate? How could SBC interventions engage these people who act within the food system, health care delivery settings, water, sanitation and hygiene (WASH) contexts, and social protection systems (UNICEF 2020)? See some ideas below:

- Community leaders could encourage critical reflection and create enabling environments for social norm change through community engagement. For example, a nutrition project trained community health workers (CHWs) to serve as Community Ambassadors, promoting new ways to think about nutrition practices through modeling and informal conversations.
- Change agents and media could address power imbalances, appeal to emotions, and foster social support and diffusion.
- Aunts and other female peers could provide social support to mothers and caregivers to challenge existing norms and model new norms and behaviors. For example, peer dialogue groups could participate in cooking demonstrations, role plays, problem-solving activities, and storytelling; grandmothers could compose songs to promote recommended feeding practices.
- Market vendors could promote and create consumer demand for nutrient-rich foods and their value to caregivers. Foods could be displayed in colorful boxes, with visual cues linked to children, so that families want to buy these for children.

Having worked through behavioral analysis, the multilayered intervention and its logic of how activity pathways lead to behavioral outcomes become clearer. This article reviews complementary feeding programs designed and implemented to respond to social norms. The following box describes activities that could respond to norms. How to develop activities to ensure they foster norms shifting is discussed in Step 3.

TABLE 2: IDEAS OF INTERVENTION ACTIVITIES THAT RESPOND TO SOCIAL NORMS

ENABLING THE POLICY AND INSTITUTIONAL ENVIRONMENT



Policies and governance:

Implement and enforce policies that regulate the promotion of highly processed foods to young children. Encourage local production of culturally appropriate and high-quality nutrient-rich foods for young children.

Partnership and networks:

Bring together community and government stakeholders, religious institutions, and civil society organizations to discuss coordinated promotion efforts for improved infant and young child feeding (IYCF), including the provision of nutrient-rich foods.

ENABLING HEALTH AND FOOD SYSTEMS, SERVICES, AND PRODUCTS



Quality improvement:

Promote facility-based interventions that use one-on-one or group interpersonal counseling to reach mothers and family members during delivery, antenatal care visits, or child health services.

Expand the reach of change agents through parallel or joint actions in health and agricultural services.

ENABLING SOCIAL SUPPORT IN HOMES AND COMMUNITIES (DEMAND AND USE)



Community advocacy and mobilization:

Support community champions of good IYCF diets for community health.

Equip atypical change agents such as religious leaders to advocate and mobilize to influence norms on child feeding.

Collective engagement:

Design community mobilization to reach the wider community, e.g., public forums, community discussion, and dynamic games and drama events.

Use a model farms approach to bring together influencers and caregivers.

Communication:

Create opportunities for interpersonal communication through women's groups and other groups with family members and home visits.

Design mass media (radio, TV, film) with characters representing caregivers and influencers and messaging using a social norms lens.

Employ community media (video, drama, songs, stories) with communities targeting specific family members.

Use digital approaches to reach mothers and fathers, e.g., telephone voice messaging to follow up on home visits or engagement in other intervention components.

Source: Dickin et al., 2021



2.3 DESIGN TIPS FOR AN EFFICIENT SBC STRATEGY RESPONSE TO SOCIAL NORMS

There are many moving pieces in SBC strategy designs, and it is important to think not only of content but also of efficiencies in the management and implementation of SBC. Are there opportunities to combine norms-shifting activities when the same influencers are essential for multiple behaviors? This section proposes ways to “remix” SBC strategies to ensure management and outreach efficiencies and to amplify norm-responsive interventions effects.

2.3.1 Group social norms

Programs often aim to promote more than one priority behavior. In such cases, it may be helpful to group factors that may be common. For example, access to affordable, safe, and nutritious food is often needed for multiple nutrition behaviors. Grouping the factors allows the strategy to maximize efforts and help teams work in a coordinated manner. Similarly, if similar social norms are factors in more than one of your priority behaviors, think about combining strategies and activities across the SBC strategy. Intrahousehold food allocation norms may influence a range of women’s and children’s dietary diversity and adequate intake. An excellent example of how coordinated activities focused on similar norms influencing several behaviors is seen in the SBC Communication Strategy of Ethiopia’s [Growth through Nutrition](#) Project.

2.3.2 Group types of influencers

The norms assessment identifies the influencers or supporting actors for each behavior (Worksheet 1B). This knowledge allows planning activities to engage influencers in a cohesive, rather than piecemeal, way. For example, men or peers may be key reference groups for multiple priority behaviors. Explore whether it is possible to group different types of influencers in relevant ways to maximize the normative change work across activities. [Worksheet 2B](#) provides a framework for mapping influencers of different norms linked to a specific behavior. As other behaviors and related norms are mapped in additional worksheets, take time to compare across behaviors and norms for synergies in strategies and activities across multiple behaviors.

2.3.3 Identify and group norms-responsive interventions

Similar to mapping discussed in 2.3.2, if you see more than one intervention across multiple behaviors, consider grouping these. For example, more than one behavior would benefit from community dialogues. Make a list of the behaviors to address in community dialogues. This could guide sequenced approaches to conversations on different themes, leading to synergies in new ideas about diet.

WORKSHEET 2A: CREATING A BEHAVIOR PROFILE WITH A HIGHLIGHT ON SOCIAL NORMS			
BEHAVIORAL ANALYSIS			STRATEGY
1) PRIORITY BEHAVIOR & STEPS What steps are needed for the main participant group to practice this behavior?	2) FACTORS What socio-normative factors may prevent or support practicing the behavior now?	3) INFLUENCERS:ACTORS & ACTIONS Who needs to do what to reduce the barrier or support the motivator?	4) POSSIBLE PROGRAM STRATEGIES What strategies will best focus our efforts to reduce barriers or support motivators?
List Behavior and Steps here.	Structural:	Policies, Institutions, and Services:	Enabling policy and institutional environment:
	Social: Social norms	Community:	Systems, services, and products
	Individual (include internalized norms):	Family & Household:	Demand and use:

WORKSHEET 2B: MAPPING BEHAVIORS, NORMS, AND INFLUENCERS TO PLAN COORDINATED SBC RESPONSES TO SOCIAL NORMS							
BEHAVIOR: WOMEN EAT A DIVERSE DIET EACH DAY	INFLUENCERS IDENTIFIED IN THE FORMATIVE ASSESSMENT						
Norms identified in the formative assessment	CHWs	Ag. extensionists	Community leaders	Religious leaders	Men	Grandmothers/ Elder women	Peers of women
<i>Example: Men and other family members are first to eat food; women are last</i>	X		X	X	X	X	
<i>Example: Children are fed watery staples until they begin to walk</i>	X		X			X	X
Norm 1:							
Norm 2:							



Credit: Kate Holt for JHPIEGO/MCSP



STEP 3: IMPLEMENT NORM-RESPONSIVE ACTIVITIES TO IMPROVE WOMEN'S AND CHILDREN'S DIETS

When to use:

- Use the SBC strategy to guide testing and implementing activities that respond to norms.

What is covered here:

- Assessing whether programs and activities are responsive to social norms.
- Resources of examples of interventions that have effectively responded to social norms to improve women's and children's dietary practices.



CONSIDERATIONS

Nutrition programs can—and need to—respond to social norms in multiple ways, moving beyond caregiver-focused activities to address community-level beliefs and expectations about an appropriate dietary practice by caregivers. Actions that lead to norms shifting, e.g., using safe spaces to dialogue and foster social comparison and learning, and promoting role modeling to legitimize new behaviors in front of the community, have been successfully used in past projects. Some activities may be designed to amplify norms change, including strengthening community-services linkages or farm-market linkages that support access to good foods for women and children. **Implementing activities that foster norms reflections is as crucial as training and supporting change agents who facilitate the activities and dialogue.** Social change agents, trained and supported by SBC efforts, aim to engage or reach the people who influence social norms—working with the community through a set of activities and dialogues to move through a process of change. By their conscious actions to foster new ideas and norms shifting, change agents move a project activity from being seen as a one-off or repeat exercise or service to one whose actions deepen community reasoning over time (IRH Passages, forthcoming).

Step 3 focuses on the two interlinked elements of implementation, which are designed to change community/influencer reasoning about what is and what could be vis-à-vis dietary practices—project activities and project-supported change agents. The work draws from research on community-based norms-shifting interventions, but many concepts apply to SBC strategies operating at other levels of the social ecology.



3.1 CHECK WHETHER INTERVENTION ACTIVITIES HAVE NORMS-SHIFTING CHARACTERISTICS

All SBC projects aim to influence behavior, but not necessarily by shifting social norms. What are the characteristics of project activities that foster norms shifting? A 2017 Passages Project review of literature on social norm programming, focusing on community-level public health interventions, identified nine characteristics of norm-shifting interventions (Learning Collaborative 2017).

To respond to social norms—either amplifying positive norms or shifting harmful ones—project strategies and intervention activities should include at least several of the nine characteristics to be successful. Use [Worksheet 3](#) to check the potential of your key project activities to help shift community-level norms.

If the project includes only one or two characteristics, consider adding activities to behavior profiles and project activity plans. If the characteristics are marked as “low” or “moderate,” consider adding or adjusting activities in one or more of the behavior profiles and activity plans.

Examples of some adjustments based on quality checks:

- **If you want to deepen the engagement of the influencers who are essential to a woman or caregiver when she makes a food or care choice,** consider adding an activity or communication channel appropriate and tailored for these influencers. For example, older women are not directly engaged, although they often decide what women cook and how much food they feed a child. Consider adding community forums to engage more senior women, recognizing their roles and potential for positive action.
- **If you want to better confront power imbalances related to women’s and men’s roles in food and feeding, consult with communities to identify roles, ideals, and willingness to change.** Conduct a gender analysis and incorporate key findings. Or, consult with women and with men on what they would be willing to change. Then incorporate activities that engage men and women in group dialogue and reflection on roles and responsibilities and recognize change step by step.

- **If you need to expand safe spaces for critical reflection by community members, consider adding reflection opportunities with community influencers.** Try to get people talking to each other about new ideas. Give space to people to share experiences and model changes. Identify existing or new places where people can view and discuss activities, such as a street drama, radio, or TV shows. Use tools for dialogues, such as The Tipping Point's Intergroup Dialogue manual, to reach beyond program participants (CARE 2020). For example, in dialogue sessions with women participants and their influencers, questions could be: 1) If a woman or man acted outside the norm of typical child feeding practice, what would happen? 2) How might different actions affect them, their families, and the community? 3) Are there instances in earlier times, e.g., your parents' generation, when a norm changed and was accepted? Was that acceptance facilitated by an external program, or did it happen automatically over time?
- **While organized diffusion can lead to community-level impact,** it may be important to take a sequenced approach. Engage core groups first with critical reflections on norms; these people, in turn, can share new ideas with peers and others in the community.
- **If you want to amplify or create positive, new norms** avoid focusing only on addressing harmful norms. Find ways to build on the positive values underlying practices. Consult with participants to develop concepts or messages based on their own experiences of the positive side of behaviors and new or changed norms.



3.2 CHECK WHETHER INTERVENTIONS MAKE FULL USE OF CHANGE AGENTS TO FOSTER NORMS SHIFTING

Noted earlier is the importance of change agents having technical knowledge about dietary practices and having the soft skills and tools to facilitate dialogue that leads to social comparison and learning new ideas and ways of thinking about healthy diets. Social change agents are not nutrition educators responsible for imparting knowledge to caregivers about good foods and the “right” things to do. Social change agents are responsible for facilitating discussion and guiding communities to examine their social norms, values, and behaviors; reflect on what they want in their community; and propose new or uplift existing norms and behaviors deemed necessary to the community.

Change agents can vary by context. A review of projects that responded to social norms on women's diets found that these agents included CHWs and agricultural extensionists; community leaders, including traditional and religious leaders; and peers of women, grandmothers, and men (Litvin 2021).



SOCIAL NORMS MATTER IN NUTRITION PROGRAMMING

Findings from recent nutrition programs

Alive & Thrive Bangladesh worked to improve nutrition to enhance health outcomes at scale related to core infant and young child-feeding behaviors. For each priority behavior, the program aimed to shift women's beliefs that most people in their community practice core behaviors (descriptive norm) and beliefs that those important to them approve of the practices (injunctive norm). Intervention activities included community dialogues and forums with husbands, religious leaders, health committee members, other community leaders, and community theater shows. In addition, seven television mini-dramas amplify and spread the perception of priority behaviors as normative. The end line survey found significant differences in descriptive and injunctive norms among mothers in intervention communities compared to comparison areas. A two-year post-project follow-up survey found that changes in social norms, mothers' social networks, and increased diffusion of information explained between 34 percent and 78 percent of the total effects on behaviors (Nguyen 2019).



Father caring for pregnant wife in Bangladesh
Credit: The Sanitation and Hygiene Fund

Helen Keller International's program in Burkina Faso, Enhanced-Homestead Food Production (E-HFP), aimed to improve maternal nutrition and women's empowerment. E-HFP used model farms run by women farm leaders to demonstrate new farming practices with new crops. The farm leaders were trained and received agriculture inputs for the model farms. They trained and supported mothers in their communities to plant different crops for revenue and household use. These women farm leaders became key change agents to model new practices and promote new norms. Two cluster-randomized controlled trials examined the results on women's diets, particularly whether the transfers of household assets for farming and increased income-generating opportunities increased women's assets over time. Although men still owned most of the assets, women had greater decision-making power and control over home gardens and their produce, and attitudes toward owning and managing property became more favorable. As men said, "I realized that a woman could garden. And the case of the village model farm convinced me of the benefit ..." "Women proved that they had the capability to manage the land well." The E-HFP results contributed to significant improvements in women's dietary diversity (difference in difference= 0.3 points; $P = 0.08$) and reductions in women's underweight (by 8.7 percentage points [$P < 0.01$] [van den Bold 2015]).



Women Watering the Garden
Credit: Teresa Gotlin-Sheehan, Peace Corps



WORKSHEET 3: CHECKING WHETHER INTERVENTION ACTIVITIES HAVE NORMS-SHIFTING CHARACTERISTICS		
CHARACTERISTIC	TO WHAT EXTENT DO STRATEGIES AND ACTIVITIES:	RANKING LOW MEDIUM HIGH
Seeks community-level change	Seek community-level change about social expectations, not just individual attitudes and behaviors? Clearly articulate social change outcomes at the community level?	
Engages people, especially influencers, at multiple levels	Use multiple strategies to engage people at different levels of the ecological model: individual, family, community, and policy/legal?	
Uses “organized diffusion” to spread new ideas and model behaviors at community level	Spark critical reflection to change norms first within a core group who then engage others by promoting sharing outside of programs to have community-level impact?	
Creates safe spaces for critical reflection by community members	Deliberately promote sustained, critical reflection that goes beyond trainings, one-off campaigns, or ad hoc outreach, often in small group settings?	
Confronts power imbalances particularly related to gender	Confront power imbalances particularly related to gender and intergenerational dynamics?	
Roots the issues within the community’s own value systems	Root the issues in a community’s value system, identifying how a norm serves or contradicts a community’s own values, rather than labeling a practice as “bad” within a given community?	
Corrects misperceptions around harmful norms	Correct misperceptions of harmful norms? Sometimes individuals engage in a harmful behavior because they mistakenly think these behaviors are common, that “everyone does it” (when in reality they don’t). In such instances, correcting misperceptions by revealing the actual, healthier norm can be effective.	
Creates positive, new norms	Create new, shared beliefs when harmful norms have strong support within groups? While it is common to focus on negative consequences of a behavior, this can unintentionally reinforce that behavior by making it seem widespread.	

How to Use This Worksheet: If your program gets less than three “high” marks, consider adding or adjusting activities.



Credit: UNICEF Ethiopia



STEP 4: MONITOR NORM-RESPONSIVE ACTIVITIES TO IMPROVE WOMEN'S AND CHILDREN'S DIETS

When to use:

- As monitoring systems are being developed, be sure to include indicators of social change to ensure regular collection of social change data.
- During regular program reviews, take time to discuss the observed changes in relevant social norms indicators.

What is covered here:

- Developing monitoring indicators that provide information that norms are shifting, and in what directions.
- Integrating data collection on social shifting at community, project, and services levels.
- Planning regular analysis of social change and other effects in complex environments, whether to make evidence-informed responses to positive movements or mitigate opposition.



CONSIDERATIONS

Project monitoring is crucial to track the implementation of activities and what bottlenecks emerge. Most monitoring systems don't focus on tracking how communities react to project activities. When working with norm-responsive programming, though, it is critical to monitor how communities react.

Why? Monitoring social changes allows real-time possibilities to support forward-moving community actions or mitigate opposition to behavior change. These are some reasons why:

- Monitoring positive effects due to project activities (e.g., signs of early adopters of healthy diets and their allies) allows a project to make real-time support available to help accelerate a more enabling environment.
- Monitoring the emergence of less positive effects (e.g., signs of opposition) helps a project make a quick decision on mitigation. Opposition can arise in different places and ways. Programmers should ask:
 - Who is affected—whether program participants, frontline workers, project staff, or members of the broader community?
 - How is opposition manifesting? For example, elder leaders might confront frontline workers because they facilitate discussion on sensitive issues, like family dialogue or changing women's roles.

This section discusses which indicators or signs of social change to look for and strategies for collecting and using monitoring data to make project adjustments as social change emerges.



4.1 WHAT ARE THE CRITICAL SIGNS OF SOCIAL CHANGE TO LOOK FOR?

Consider how norm-responsive intervention activities lead to change. They aim to raise critical community consciousness about what is assumed to be a correct everyday practice. Projects may engage groups and communities in examining current practices and norms, leading to a new set of ideas and ways of thinking and acting. This can lead to early opposition, of course. But as more and more people shift their thinking, eventually a new norm about what a community or group believes is normal and correct can emerge.

Table 3 on the next page categorizes the signs of change to monitor and provides examples of questions to ask (essentially qualitative indicators) to assess the signs and types of shifting.

TABLE 3: MONITORING SOCIAL CHANGE: SIGNS THAT A NORM IS SHIFTING

SIGNS OF CHANGE	WHAT IS HAPPENING?	ILLUSTRATIVE QUESTIONS THAT CAN ELICIT SIGNS OF NORM CHANGE
<p>A norm is no longer common</p> <p>common ❌</p>	<p>When a practice is a social norm, people believe that most other people follow the norm. When some people think it has become common not to follow the norm, this change can indicate that the norm is shifting.</p>	<p>Do you think that most caregivers in your community feed vegetables and fish [or eggs] to children each day?</p> <p>Has this changed over time? Why/why not? Is this change the same across different groups of people?</p>
<p>A norm is no longer approved of</p> <p>approved ❌</p>	<p>When a practice is a social norm, people perceive that other people will disapprove if they do not follow it. This can include taboos for even talking about a norm. When there are changes in perceptions of social opposition or support for not complying with a norm, this change can indicate a norm is shifting.</p>	<p>What would happen to pregnant and breastfeeding women in your community who serve themselves more food than others in the household?</p> <p>Has this negative response changed at all over time? Why and from which groups/people?</p> <p>Would anyone support women eating more food than others? Who? Has this changed, and why?</p>
<p>There is no longer consensus about a norm</p> <p>consensus ❌</p>	<p>Social norms are shared perceptions about which behaviors are typical and appropriate within a group. When individuals' perceptions start to differ from one another, and there is no longer agreement about a norm, it can indicate a norm is shifting.</p>	<p>Analyze whether people disagree about 1) whether most households prioritize nutritious food for women, or 2) whether women would face criticism if they ate nutritious food.</p>

Source: Social Norms Learning Collaborative 2021








4.2 CHOOSING INDICATORS AND METHODS TO MONITOR CHANGES IN SOCIAL NORMS

To help prepare or adjust a monitoring plan to include signs of social norm change, you may want to begin with Worksheet 1 in the [Monitoring SBC for Multi-sectoral Nutrition Tool](#). It can help you make decisions on indicators of social change to help you track trends. Collecting information on indicators of social change can occur at different levels of data collection from various sources, as shown in Table 4 on the next page.

Of course, how much and how often to collect information depends on the project and dedicated resources to collect and analyze social change information. *At a minimum, project staff should collect information during field visits and project-related field meetings. To systematize information-gathering, be sure that supervision checklists and reports include questions that allow monitoring indicators of social change.*

TABLE 4: ILLUSTRATIVE DATA SOURCES AND METHODS TO COLLECT INFORMATION ON SIGNS OF SOCIAL CHANGE, BY THE LEVEL OF DATA COLLECTION

Level of Data Collection	Data Sources	Methods
PROJECT STRUCTURES 	<ul style="list-style-type: none"> • Extension staff and field supervisors • Project volunteers, e.g., facilitator of mothers' support groups 	<ul style="list-style-type: none"> • Pause-and-reflect discussions during regularly scheduled meetings • Staff observation during field visits • Staff supervision reports
INSTITUTIONS 	<ul style="list-style-type: none"> • Nutrition technical working groups 	<ul style="list-style-type: none"> • Pause-and-reflect discussions during regularly scheduled meetings • KIIs
HEALTH SERVICES 	<ul style="list-style-type: none"> • Service providers 	<ul style="list-style-type: none"> • KIIs • Observation
MARKETS AND FOOD STORES 	<ul style="list-style-type: none"> • Vendors and sellers • Clients 	<ul style="list-style-type: none"> • KIIs • Observation
COMMUNITIES 	<ul style="list-style-type: none"> • Community sentinel surveillance with designated focal points • Local leaders, e.g., leaders of women's and youth groups • Other community stakeholders in social development and gender 	<ul style="list-style-type: none"> • KIIs • Rapid surveys (administered using phone or in person) • Pause-and-reflect discussions during regularly scheduled field events



4.3 PAUSE AND REFLECT TO ANALYZE SOCIAL CHANGE INDICATORS AND ADJUST INTERVENTION ACTIVITIES

If they lack practice, project staff may initially find it challenging to use monitoring data as a starting point for discussing evidence-based project adjustments. Yet monitoring data are powerful! Monitoring signs of social change is the best way to keep a pulse on and be timely in managing a change process. Monitoring can signal issues in implementation and community reactions—negative and positive—to new ideas catalyzed by project activities. If you don't monitor, you don't know what adjustments may be needed.

Two to four times per year during regular project meetings, ideally including project field staff and partners, review compiled project-wide monitoring data as part of pause-and-reflect discussions of social change data.

How does one organize learn-and-reflect discussions? One way is to develop a matrix, as shown in [Worksheet 4](#). The matrix is used during each pause-and-reflect session. It serves as a discussion guide using the questions (in the top row) to reflect on different components of the SBC project (left-hand column). At the end of a learn-and-reflect session, a staff person completes the matrix, documenting key discussion points and actions to take.



WORKSHEETS

WORKSHEET 4: PAUSE-AND-REFLECT MATRIX TO GUIDE REFLECTIONS ON NORM-RESPONSIVE PROGRAMMING

Intervention components	What is working? (Successes) What is not working? (Challenges)	How is our work affecting people and stakeholders, things, systems, and practices?	What signs of change have you seen in the past three months? Which are supportive/not supportive of project aims?	How have frontline workers reacted to such changes? How have staff reacted?	If not working well: Can you imagine doing the activity in a completely different way? What might the value be?	Proposed changes and next steps
<p><i>Example:</i> Monthly project caregiver group meetings with follow-up home visits</p>	<ul style="list-style-type: none"> • Participation is high in group meetings. • Neither meetings nor home visits engage family members. 	<ul style="list-style-type: none"> • Key strategies to challenge some existing norms are building peer support for new ideas and modeling new practices. 	<ul style="list-style-type: none"> • Group members seem more empowered to make changes. • Some practices are not shifting yet: feeding children when ill. 	<ul style="list-style-type: none"> • Frontline workers resist engaging family members during home visits. • They don't want to intrude. 	<ul style="list-style-type: none"> • Send invitations to family members to join groups. • Invite community leaders to in-home visits to understand issues and advocate. 	<ul style="list-style-type: none"> • Consult with community leaders and family member champions
Change agent advocacy						
Community dialogues and events						
Media broadcasts						



Credit: Shafiqul Alam Kiron / Data Analysis and Technical Assistance (DATA) Limited



STEP 5: EVALUATE NORM-RESPONSIVE ACTIVITIES TO IMPROVE WOMEN'S AND CHILDREN'S DIETS

When to use:

- At measurement points to assess changes in outcomes of a program.

What is covered here:

- Ensuring that norms-focused outcomes are well defined in change theories and project objectives to guide evaluation efforts.
- Developing indicators to measure critical norms changes in participant and reference group members and the general community.
- Interpreting norms change in projects with short timeframes.
- Resources include quantitative and qualitative indicators from different sectors to guide adaptations for programs focused on healthy diets.



CONSIDERATIONS

Depending on the evaluation questions and selected approach, there can be multiple measurement points. This guide reflects the more often used baseline–end line outcome evaluation approach. We briefly discuss the role of project change theory to clarify staff and stakeholders’ understanding about how norms change occurs and leads to expected outcomes. With norms-change outcomes better defined, one can think about how to measure norms changes in the general community and reference groups (evaluation methods and indicators). A final word on interpreting norms-change findings closes Step 5, discussing the question: Given that normative change within social systems can take many years, what are realistic expectations for short-duration projects?

Step 5 only touches upon crucial considerations for evaluating norms-shifting activities. At the end of the step are resources to guide more comprehensive efforts to develop evaluation plans and questions, indicators, and methods. Not covered here, but mentioned for interested readers, are approaches such as theory-driven realist evaluation and developmental evaluation.¹ Both are well-suited to build understanding and knowledge of how change occurs in complex environments—the “black box” of implementation—and assess outcomes.



5.1 ENSURE THAT SOCIAL NORMS AND NORMS-FOCUSED OUTCOMES ARE DEFINED IN THEORIES OF CHANGE TO GUIDE EVALUATION EFFORTS

Project theories of change (ToCs) should reflect the expected normative changes in norm-responsive programming, as the ToC guides evaluation efforts. This is equally true for project results frameworks or logical frameworks, which also reflect how change occurs.

Often, SBC project ToC and strategies are explicit about individual change but are not clear about normative change within reference groups or the larger community. Normative outcomes may be written vaguely, e.g., “Create an enabling environment for complementary feeding or healthy diets” (not easily measured!). Instead, be more explicit about what norms shifts the project hopes to achieve to create an enabling environment. Review the norms identified through the SBC strategy (Step 2) to clarify expected outcomes and the changes in community beliefs and expectations on priority behaviors and integrate them into project frameworks.

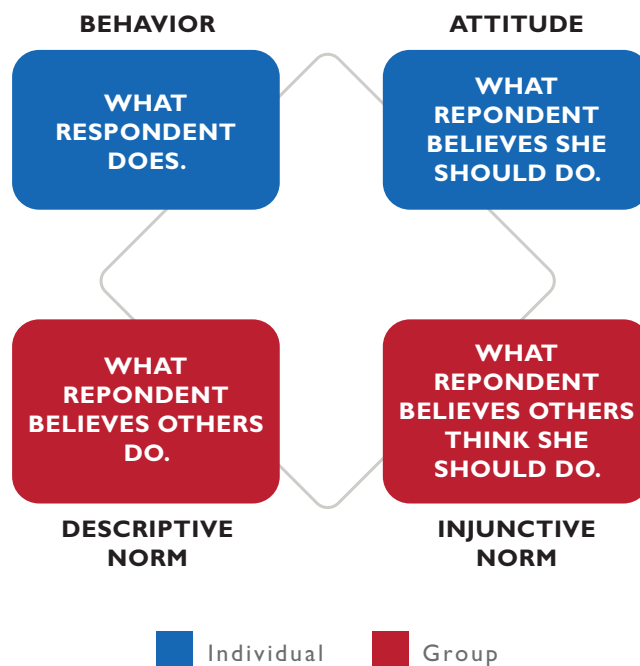
¹ The Better Evaluation website describes and shares resources on realist and development evaluation approaches. See <https://www.betterevaluation.org/en/search/site/realist%2520evaluation> and <https://www.betterevaluation.org/en/search/site/developmental%20evaluation>. The Passages project brief describes how realist evaluation was used to evaluate the Husbands’ Schools, a norms-responsive intervention in Niger.



5.2 DEVELOP INDICATORS TO EVALUATE NORMATIVE SHIFTS

Measuring social norms program outcomes is quickly evolving, and more consensus on standard measures is growing. There is now less confusion about indicators that measure individual attitudes and beliefs versus norms or group attitudes and beliefs (Figure 2). There is not yet standard guidance or a set of norms indicators to draw from, as exists for individual knowledge, attitudes, and behavior indicators. This section focuses on critical approaches to indicator development, and readers are referred to websites on norms-shifting interventions and related evaluation indicators of gender and other norms shifts that have been used.

FIGURE 2: DESCRIPTION OF SOCIAL NORMS TO DEVELOP INDICATORS



Source: Passages Project Training to USAID Advancing Nutrition on Measuring Social Norms September 2020

5.2.1 Characteristics of a promising social norms indicator

What makes a good norms indicator? Six characteristics, and the rationale behind them, are shared in [Worksheet 5](#) at the end of this section. As you develop norms-focused outcome indicators for an evaluation, or commission an evaluation to assess norms change, use the checklist in [Worksheet 5](#) to ensure they include these characteristics where relevant.

5.2.2 How to construct an indicator to measure social norms

Consensus is growing on approaches to developing valid and reliable outcome indicators of norms shifting. Some formulas below can guide indicator development to assess changes in descriptive and injunctive norms, including rewards and sanctions for complying with a norm.

TABLE 5: FORMULAS FOR DEVELOPING INDICATORS OF SOCIAL NORMS

Descriptive Norms	Injunctive Norms, Including Sanctions	
<ul style="list-style-type: none"> • What you think others do • What you perceive as common behavior 	<ul style="list-style-type: none"> • What you think others approve or disapprove of • What people believe to be appropriate behavior in their community or reference group • What and how strong the sanctions and rewards are for complying /not complying 	
What You Want to Know	What You Want to Know	
<p>What proportion of [reference group] do you think [engages in the behavior]?</p>	<p>To what extent do [those in a reference group] approve of/encourage you to [engage in a behavior]?</p>	<p>If you don't comply with a norm, what sanctions would you face and how severe would they be? If you do comply, what rewards would you receive?</p>
Sample Indicators	Sample Indicators	
<p>% respondents agreeing with these statements</p> <ul style="list-style-type: none"> • Most families in my community give children plain porridge before they get teeth. • Most women here would not eat more or better food than other family members. 	<p>% respondents agreeing with these statements</p> <ul style="list-style-type: none"> • It is appropriate for families in my community to give young children enriched porridge with fish and vegetables before they get teeth. • It is suitable for women to eat more and better food than other family members during pregnancy. 	<p>If you were to decide to eat extra food and better food during pregnancy how likely would these situations be to occur?</p> <p>Very likely 1; Somewhat likely 2; Not likely 3</p> <ul style="list-style-type: none"> • You will be criticized by your husband/partner. • You may encounter more arguments and conflict with your elders. • You may be considered greedy and selfish.

Source: Passages Project Training to USAID Advancing Nutrition on Measuring Social Norms September 2020



5.3.1 METHODS TO EVALUATE CHANGES IN SOCIAL NORMS

Similar methods are used to evaluate changes in social norms as are used to assess changes in individual attitudes and beliefs, except that the focus is on the attitudes and beliefs of others. See the resources at the end of Step 5 that explore and give examples of methods well-suited to explore norms change.

- **Quantitatively:** Methods can be single-item measures, e.g., one question in a survey, or a scale, e.g., a series of statements analyzed together. They can be posed as questions, agree/disagree statements, or open-ended stories (vignettes) that explore how typical people perceive norms operating in their lives and influencing their dietary practices.
- **Qualitatively:** Common methods include FGDs, KIIs, and vignettes. Participatory visual methods adapted for evaluation purposes, such as “Problem Tree Analysis” and “The Five Whys,” can explore with participant groups, including influencers, how norms were operating in daily life before a project began and whether norms have shifted in what directions by project end. (Refer to the Step 1 assessment questions and Step 3 monitoring for indicators of social change, which are also appropriate in evaluation.)

A missing element in many nutrition and other health outcome evaluations that include norms change is assessing influencers or reference groups. This can result from decisions related to time and cost, among other resources. However, including indicators in cross-sectional surveys of the general population or main participant groups or using sampling strategies that focus on reaching influencers allows an evaluation to systematically assess changes in their attitudes, beliefs, and behaviors. This is crucial information to understand how and how well SBC efforts worked or identify gaps to fill. Measuring change in influencer groups allows a project to know if it successfully reached influencers and whether they support change in women’s and children’s diets, reflecting a proxy of sustained behavior change.



TIP!

Remember to measure change among the influencers of women/caregivers.

Three approaches and sample indicators that have been successfully used in past evaluations using quantitative methods (surveys) are shared on the next page in Table 6.

1. **Open-ended mapping** of reference groups asks respondents in the main participant group which influencers are in their social network, and then further asks the reference groups their attitudes vis-à-vis a primary behavioral outcome (in this case, family planning use).
2. **Pre-defined categories** of reference groups in response to a question on reference groups. This type of question depends on knowledge of influence groups to use pre-established response categories.
3. **Focus on powerholders.** This type of question explores sanctions around practicing a behavior.

In addition, assessing changes in attitudes, beliefs, and behaviors of reference groups or influencers could also be managed using qualitative methods described earlier.

TABLE 6: MEASURING CHANGES IN INFLUENCERS (ALSO CALLED REFERENCE GROUPS)—THREE EXAMPLES

REFERENCE GROUP ELICITATION in the Tékponen Jikuagou project (social network mapping census)

EXAMPLE ITEM

“Now we are going to talk about the people in your network—people who you interact with, people you receive support from, people you consider to be part of your world. People you mention can live in this village or elsewhere.”

MATERIAL / PRACTICAL

Social network grid					
Name	Relationship	Residence	FP communication	Approve of FP	Uses FP

REFERENCE GROUP MEASUREMENT in the Masculinité, Famille, et Foi project

EXAMPLE ITEM

In matters related to family planning, whose opinion is important to you?

Do not read options.
Check all options that apply.

- Husband 1,
- Friends 2,
- Mother 3,
- Father 4,
- Mother-in-law 5,
- Father-in-law 6,
- Faith leader 7,
- Sister 8,
- Brother 9,
- Other female relative 10,
- Other male relative 11,
- Other 88, specify ____

MEASURING POWERHOLDERS in the Nigeria Urban Reproductive Health Initiative

EXAMPLE ITEM

If you wanted to use a method of Family Planning, would you need anyone's permission?

- Yes
- No

Source: Passages Project Training to USAID Advancing Nutrition on Measuring Social Norms September 2020



5.4 A WORD ON INTERPRETING NORMS CHANGE IN PROJECTS WITH SHORT TIMEFRAMES

Norm change at a community level can take time—sometimes decades. What is reasonable to expect at the end of a three-to-five-year project? Quite frequently, an end line might show that different indicators of norm change are moving in different directions. For example, there may be positive shifts in community beliefs that caregivers should provide young children more food and liquids when they have diarrhea. There may be concurrent shifts in the other direction on other norms, such as fewer people agreeing that fathers should support (financially or otherwise) the care of young children when they are ill. This does not represent failure as much as the reality of SBC projects operating in complex social systems. Social change is never a linear process! Norms shifting depends on a range of interacting factors—the relevance and community interest in a new approach, idea, or behavior change; the speed at which the new ideas spread and get discussed and debated; and the time lag between people internalizing concepts and then deciding to act in new ways.

Don't forget that norms shifting will continue after a project ends. Social change is often an incremental process, and subsequent projects can build on norms-shifting gains facilitated by earlier project efforts and changes driven by non-project factors. What is important is to measure norm change and interpret changes in light of recognizing the complexity and time often required to improve diets at the household and community levels.



WORKSHEETS

WORKSHEET 5: ASSESS THE COMPLETENESS AND QUALITY OF SOCIAL NORMS INDICATORS IN EVALUATIONS		
INCLUDED?	CHARACTERISTICS OF A PROMISING SOCIAL NORMS INDICATOR	WHY IS IT IMPORTANT TO INCLUDE?
Yes No	1. Is specific about a concrete scenario and an expected outcome	<i>Since norms are often unconsciously practiced, using typical scenarios and outcomes enhances validity and reliability.</i>
Yes No	2. Refers to specific behaviors	<i>Norms uphold behaviors, so they can only be assessed with the outcome in mind.</i>
Yes No	3. Refers to influencers or the general community	<i>If not, it measures an individual's attitude.</i>
Yes No	4. Measures both injunctive and descriptive norms	<i>Because they operate differently in upholding practices, both types need to be assessed for program improvement.</i>
Yes No	5. Determines whether sanctions exist and how much they matter	<i>The presence or absence of sanctions measures the intensity of injunctive norms.</i>
Yes No	6. May measure collective norms (aggregated attitudes rather than perceived norms)	<i>There is new thinking on repurposing KAP survey data in the absence of norms-specific indicators. Aggregating attitudes held by a representative sample of a community allow inference on how a norm is operating.</i>

Closing

Improving diets for women and children is one of the most critical and complex challenges facing the global nutrition community. To achieve change, programs and activities across food systems, health systems, WASH, and social protection systems need to consider various factors to apply and adopt best practices to specific local contexts and needs and use the emerging evidence on social norms as a new, powerful tool in the SBC toolbox. We need a paradigm shift. In other words, it is time to go beyond simply ensuring that the correct information and foods are available.

Social norms can influence dietary practices in multiple ways—directly, through expectations for women and caregivers about their choices in homes, markets, and communities, and indirectly, by influencing expectations for supply and demand of food produced and sold and services provided. Social norms can be supportive or harmful to nutrition. It is essential to understand which social norms are at play, the pathways they take, and their strength.

Another lesson learned from earlier nutrition programming is that identifying social norms during formative research is necessary but not enough. Apply this understanding to guide an effective SBC strategy, including the combination of interventions needed—individual for internalized norms; family, peers, and community for externally enforced norms. Carry the understanding through to monitor, adjust, and evaluate—an opportunity for more impact and sustainable impact. Finally, to advance nutrition programming, we need to learn from each other about responding to social norms that influence women’s and children’s diets. Active contribution and sharing will help build and strengthen the evidence base for nutrition.

Annex I. Additional Resources

STEP 1 RESOURCES

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STEP 3 RESOURCES

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Learning Collaborative to Advance Normative Change. 2019. Resources for Measuring Social Norms: A Practical Guide for Program Implementers.

Washington, DC: Institute for Reproductive Health, Georgetown University. <https://irh.org/resource-library/resources-for-measuring-social-norms/>.

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STEP 4 RESOURCES

Social Norms Learning Collaborative. 2021. *Monitoring Shifts in Social Norms: A Guidance Note for Program Implementers*. Washington, DC: Social Norms Learning Collaborative.

<https://www.alignplatform.org/resources/monitoring-shifts-social-norms-guidance-note-program-implementers>.

STEP 5 RESOURCES

Learning Collaborative to Advance Normative Change. 2019. *Resources for Measuring Social Norms: A Practical Guide for Program Implementers*. Washington, DC: Institute for Reproductive Health, Georgetown University.

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Annex 2. Checklist to Understand and Respond to Social Norms to Improve Women’s and Children’s Diets

This table provides a checklist of actions to take at each step of the process. [Download an editable version of this checklist.](#)

ACTIONS TO TAKE AT EACH STEP	✓
STEP 1: CONDUCT AN ASSESSMENT TO UNDERSTAND SOCIAL NORMS THAT INFLUENCE WOMEN’S AND CHILDREN’S DIETS	
Develop an assessment plan and tools to identify and understand the influence of social norms	
With key behaviors and questions defined, select methods that are useful for collecting norms information	
STEP 2: USE COLLECTED NORMS INFORMATION TO DESIGN AN SBC STRATEGY	
Analyze priority behaviors	
Select intervention activities to respond to norms	
Design an SBC strategy that is responsive to social norms	
Identify and group social norms that influence priority behaviors, influencers, and interventions	
STEP 3: IMPLEMENT NORM-RESPONSIVE ACTIVITIES TO IMPROVE WOMEN’S AND CHILDREN’S DIETS	
Check that intervention activities have norms-shifting attributes	
STEP 4: MONITOR NORM-RESPONSIVE ACTIVITIES TO IMPROVE WOMEN’S AND CHILDREN’S DIETS	
Monitor changes throughout the program cycle	
Pause and reflect to use monitoring data for adjustments to intervention activities	
STEP 5: EVALUATE NORM-RESPONSIVE ACTIVITIES TO IMPROVE WOMEN’S AND CHILDREN’S DIETS	
Develop measures to evaluate normative shifts	
Develop methods to evaluate changes in social norms	

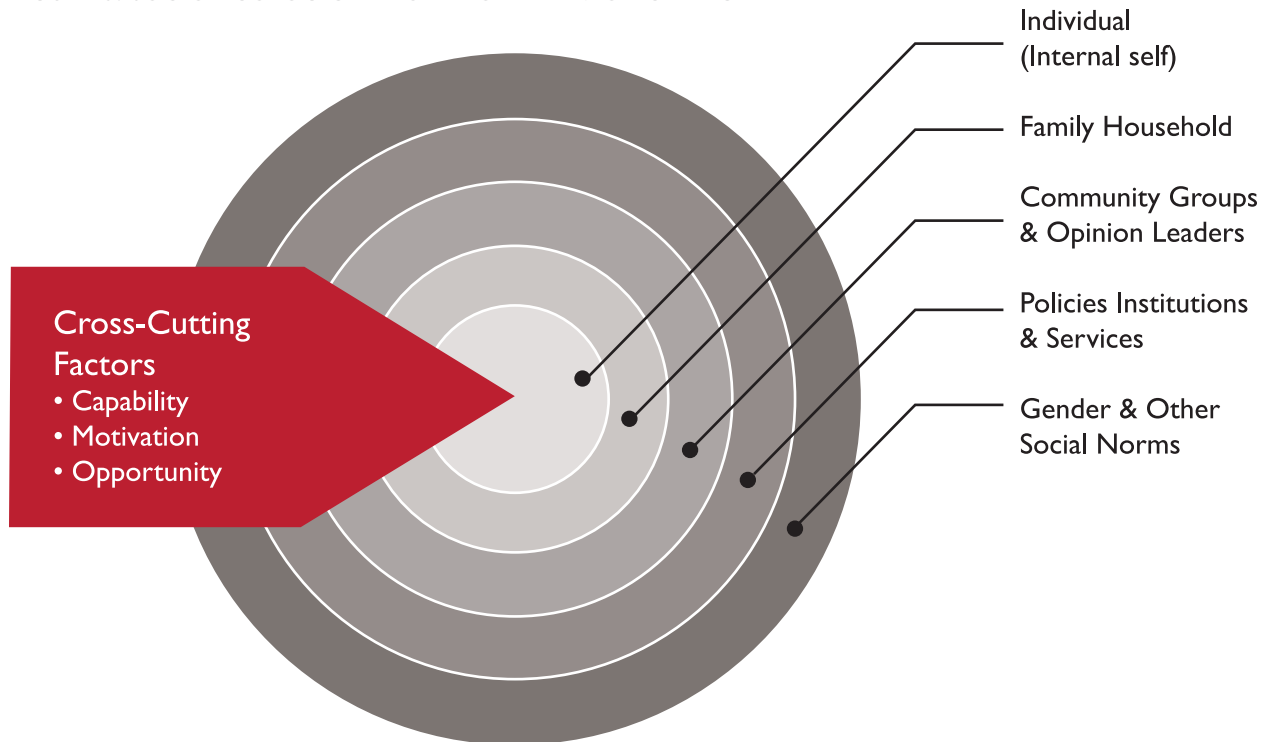
Annex 3. Program Idea Box: Real-Life Examples of Social Norms Influencing Dietary Practices

DIMENSIONS OF HEALTHY DIETS	HOW SOCIAL NORMS AFFECT BEHAVIORS	REAL-LIFE EXAMPLES (adapted from Dickin et al. 2021)
<p>Dietary Diversity for Women</p> 	<ul style="list-style-type: none"> • What foods women should eat at different times in the life cycle. • What foods women should or can eat due to intrahousehold food allocation. • What foods women can eat due to internalized ideals. 	<p>“In my community, breastfeeding women are forbidden from consuming the richest food sources, such as eggs, fish, and fruit, to avoid harm to the baby.”</p> <p>“In my community, expensive meat and eggs are only for men, not women.”</p>
<p>Adequate Food Intake by Women</p> 	<ul style="list-style-type: none"> • How much food women should eat at different times in the life cycle. • How much food women should or can eat due to intrahousehold food allocation. • What foods women can eat due to internalized ideals. 	<p>“In my community, women serve themselves last to ensure the family is fed.”</p> <p>“In my community, women should sacrifice for their family.”</p>
<p>Dietary Diversity for Children</p> 	<ul style="list-style-type: none"> • What foods children should eat at different ages and stages, such as during and after illness. 	<p>“In my community, most families feed children/ do not feed children certain foods because they are good for a child’s health, digestion, or development.”</p> <p>“In my community, mothers do not feed children eggs because they will become thieves.”</p>
<p>Frequency of Feeding for Children</p> 	<ul style="list-style-type: none"> • How often children should be fed at different ages. • How much food children should eat at different ages. • How children should be fed, such as through a common plate or a separate bowl. 	<p>“In my community, fathers should bring home food. They do not have a role in feeding children.”</p> <p>“I believe that in my community children eat only a little until they can feed themselves.”</p> <p>“In my community, families feed children from a common plate, with the family.”</p>
<p>Responsive Feeding for Children</p> 	<ul style="list-style-type: none"> • Whose role it is to feed children. • How much interaction the caregiver has with children during feeding. • How much time the mother has to feed children without doing other chores. 	<p>“I think that few men in my community take time to play and talk with their child when feeding, although I do.”</p> <p>“I believe most women in my community feed children during other chores.”</p>
<p>Feeding During and After Illness for Children</p> 	<ul style="list-style-type: none"> • How often children are fed during illness. • How often and how much children are fed for two weeks after illness. • Whose role it is to feed children after illness. 	<p>“Most people in my village believe that children need expensive food after illness, which I cannot afford.”</p> <p>“Most people in my village follow grandmothers’ advice on feeding children after illness.”</p>
<p>Hygienic Feeding for Children</p> 	<ul style="list-style-type: none"> • How caregivers should prepare and store the food and utensils used with children. 	<p>“In my community, it is usual for families to feed children porridge leftover from the morning without reheating.”</p>

Annex 4. Situating Social Norms in the Socio-Ecological Model

Let's look at where norms fit into the widely used socio-ecological model of behavior change. This model highlights that an individual (the internal self) interacts with and is influenced by household members, peers, community members, services, and markets and diet policies. The domains of the COM-B model overlaid on the socio-ecological model shows how, at each level, people need sufficient capability, motivation, and opportunity at the right time and place to practice the behavior.

FIGURE 3: SOCIO-ECOLOGICAL MODEL OF BEHAVIOR CHANGE



Source: Adapted from SPRING 2018

This model reflects that social norms surround and operate at each level. Norms are manifested in a person's expectations of what others are doing and what others believe is appropriate behavior. In many ways, norms reflect the values held by communities, systems, cultures, and structures (Edberg and Krieger 2020).

How does the model play out in real life? It recognizes that change at all levels can be constrained or facilitated by norms. Family and community members influence dietary practices by communicating, upholding, or questioning social norms, for example, beliefs about what are "good" or appropriate foods for women and children. Food producers may not diversify their crops, and market vendors may not diversify what they sell, in part due to expectations of what people buy. Of course, other factors also influence people's behaviors at different levels, including economics, knowledge, and personal beliefs and preferences.

Annex 5. Glossary

Barriers: Structural, social, or individual factors that prevent or make it difficult for an individual to adopt a behavior.

Change agents: Respected community members with in-depth understanding of community values and local culture who catalyze others to change their behaviors. Change agents can include local leaders, religious leaders, frontline health workers, agriculture extensionists, market vendors, family members, and peers of caregivers.

Complementary feeding: Various behaviors that need to be practiced together, with the right balance, multiple times a day, over the 6–23-month period to ensure their adequacy. These behaviors include introducing food at the right age, feeding a variety of foods, feeding the right quantity and consistency of food, and feeding the right number of times per day based on the child’s age and health—all of which need to be done responsively.

Enablers: Facilitators of behavior change—structural, social, emotional—that make it easier for an individual or group of individuals to practice a behavior.

Factors: The barriers or enablers that prevent or support desired change. Factors fall across three levels: structural, social, and internal. Examples of factors include access to foods, social and gender norms, and family support.

Influencers: The people whose opinion or behavior matters to an individual for a particular social norm within a certain context. In this Guide, the term “influencers” is used to refer to these people to fit within SBC strategy and communication plan design. In social norms literature, the term “reference groups” is more common.

Pathways: Links between priority behaviors, factors that prevent or support the behavior, supporting actors, and interventions to ensure the interventions are based on contextual evidence. Pathways are used to design an SBC strategy, plan implementation, and set indicators.

Priority behaviors: Behaviors prioritized by program planners based on what people need to do to impact nutrition outcomes, what is possible in a particular context, and the fit with the program mandate and government priorities. Focusing on priority behaviors enables programs to achieve desired impacts and avoid overwhelming staff and participants.

Reference groups: Networks of people with whom a person identifies and to whom they compare themselves. These are the people whose opinion or behavior matters to an individual for a particular behavior, belief, or norm and within a certain context.

SBC communication: A research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes. SBC communication is driven by epidemiological evidence and client perspectives and needs. SBC communication is guided by a comprehensive ecological theory that incorporates both individual-level change and change at broader environmental and structural levels. Thus, it works at one or more levels: the behavior or action of an individual, collective actions taken by groups, social and cultural structures, and the enabling environment.

SBC strategy: The “roadmap” for how a program will achieve social and behavior change. It focuses the program on priority behaviors and guides staff and partners to maximize the uptake of these priority behaviors among participant groups. By grouping factors, influencers (supporting actors), and interventions, the SBC strategy facilitates the program addressing them in a cohesive way. The SBC strategy also ensures that interventions work together to achieve the program goal and behavioral outcomes and outlines how the program will engage stakeholders and partners and how the program will monitor change.

Social norms: Contextually dependent and collectively accepted representations of community conduct and individual conduct within communities.

Supporting actors: Also called influencers, supporting actors are the people who need to take action to reduce barriers or support enablers for the primary actor or main program participant to practice the priority behavior.

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