



SOCIAL NORMS DIAGNOSTIC TOOL

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS
& GENDER-BASED VIOLENCE

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Social Norms Diagnostic Tool

Sexual and Reproductive Health and Rights & Gender-based Violence

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This Social Norms Diagnostic Tool is a feminist, participatory research approach designed to help programme teams identify and discuss social norms, perceptions and expectations that shape, constrain or promote gender-based violence (GBV) and intimate partner violence (IPV); child, early, and forced marriage (CEFM); and women and girls' sexual and reproductive health and rights (SRHR) within their contexts, and to develop initial ideas for change strategies.

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Acronyms

- CEFM Child, Early, and Forced Marriage
- GBV Gender-based Violence
- IPV Intimate Partner Violence
- SRHR Sexual and Reproductive Health and Rights
- VAWG Violence against women and girls



INTRODUCTION

1

Research into discriminatory social norms identifies many ways in which they may curtail the ability of women and girls, transgender and gender non-conforming people to break the cycle of poverty, and access the resources and services they need to make autonomous decisions about their lives and realise their social, political and economic rights.

This Social Norms Diagnostic Tool guidance document is a set of participatory exercises designed to help programme teams to identify and discuss social norms, perceptions and expectations that shape, constrain or promote gender-based violence (GBV) and intimate partner violence (IPV); child, early, and forced marriage (CEFM); and women and girls' sexual and reproductive health and rights (SRHR) within their contexts, and to develop initial ideas for change strategies.

The tool is rooted in a feminist participatory action research approach in how it applies best-practice research methods for diagnosing social norms and the Socio-Ecological Model on behaviour change. It uses participatory and transformative methods such as Theatre of the Oppressed techniques to engage community members not simply as research participants but as agents of change identifying solutions to their problems. It is also designed to recognise and examine unequal power inequalities by including questions around who makes key decisions, whose opinions matter the most, and who are the most influential people and the nature of their influence. In the key activities, duty bearers, community members, men, and women are engaged separately, to help address these power inequalities in a safe space.

These exercises are complementary to our strategies and interventions on gender justice, including ending violence against women and girls (VAWG), promoting economic development, ensuring food security, supporting care work, and developing enterprises and markets.

This Social Norms Diagnostic Tool was a primary method used in a feminist research study in the Philippines, entitled *Intersecting injustices: The links between social norms, access to sexual and reproductive health and rights, and violence against women and girls*. The study findings informed two projects implemented by Oxfam and its partners in the Philippines. Firstly, the multi-country *Creating Space to Take Action on Violence against Women and Girls* (Creating Spaces) project seeks to prevent, respond to, and ensure the sustainability of interventions to end VAWG and CEFM. Second, the *Sexual Health Empowerment* (SHE) project aims to empower women and girls to secure their SRHR in six disadvantaged and conflict-affected regions of the Philippines where CEFM also persists.

Although this document refers to the Philippines where the diagnostic tool was first implemented, the methodology and exercises can be easily adapted to other countries, regions and communities.

Note: the term 'women' and 'girls' used throughout this report is broadly defined by Oxfam to include cis-gender women and girls, trans, and gender non-conforming people.

SCHEDULE

2

This should be a two to three day workshop depending on thematic focus. As the tool diagnoses social norms impacting women and girls' sexual and reproductive health and rights (SRHR) with a participatory action planning element, Activities 1, 2 and 5 are essential for the implementation of each tool. Activity 6 offers opportunity to discuss strategies for change specific to early marriage, early pregnancy and SRHR.

OPTION 1: Gendered Roles and Responsibilities and SRHR

1 day. Activities 1, 2 and 5.

OPTION 2: Gendered Roles and Responsibilities, Early Marriage, Pregnancy, and SRHR

2 days. Activities 1, 2, 3, 5 and 6.

OPTION 3: Gendered Roles and Responsibilities, GBV, and SRHR

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

OPTION 4: Gendered Roles and Responsibilities, Early Marriage, Pregnancy, GBV, and SRHR

3 days. Activities 1, 2, 3, 4, 5 and 6.

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



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STRUCTURE

3

ACTIVITY 1: Getting Started

2 hours:

Introduction to social norms and changing social norms in a specific context.

ACTIVITY 2: Gendered Roles, Responsibilities and Decision-making

2.5 hours:

Identifying social norms relating to a) characteristics related to ideal women/men, b) gender roles and responsibility, and c) decision-making.

ACTIVITY 3: Early Marriage, Pregnancy and SRHR

2.5 hours:

Identifying social norms relating to early marriage, pregnancy and SRHR.

ACTIVITY 4: Gender-based Violence (GBV)

3 hours:

Identifying social norms relating to GBV.

ACTIVITY 5: SRHR and Family Planning

2.5 hours:

Identifying norms on decision making related to family planning decision and access to sexual and reproductive health services.

ACTIVITY 6: Strategies for Change

1 hour:

Brainstorming and prioritising strategies according to feasibility and impact.



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DOUMENTATION

4

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

Refer to the documentation template to support with recording relevant points from discussions.

Rapporteurs should take detailed notes of the discussions. This should include key quotations.

WHO NEEDS TO BE INVOLVED?

Oxfam project staff and local partners: These representatives of Oxfam and partners will support and coordinate alongside community-level facilitators.

Community-level facilitators: Two overall facilitators are needed – one woman and one man, preferably drawn from local partners. Partners should support community representatives to facilitate discussions and exercises where possible.

Rapporteurs: Two rapporteurs are needed to document conversations – one woman and one man. Conversations should be recorded so that a transcript can be provided if needed. Ensure that Oxfam's informed consent procedures are followed.

Community members: Women, girls, men and boys; business leaders; community elders; religious leaders; parents; and teachers represent the community members that need to be involved. Consider conducting separate sessions with men, women and community youth representatives to forefront their experience, and ensure to facilitate confident participation from that these representatives.

For research undertaken with survivors of violence and young people, One Oxfam Youth Safeguarding Policy¹ and guidelines for research with young people should be fully adhered to. Additional measures will be undertaken to do no harm, protect confidentiality, minimise participant distress, and provide referrals for care and support where available.



ACTIVITIES

ACTIVITY 1

Getting Started

(Total: 2 hours)

STEP 1: Preliminaries

(45 minutes)

OBJECTIVES

- To introduce Oxfam and its research work;
- To outline the objectives of the two days;
- To let participants and research team introduce themselves.

WELCOMING REMARKS

- 1 Oxfam in the Philippines has been working in the country for over 25 years. Our vision is to contribute to the eradication of poverty by supporting women and other vulnerable groups in saving lives and building livelihoods, enhancing resilience to crises, shocks and stresses, and making voices heard to hold duty-bearers accountable.
- 2 The research is part of the Creating Spaces project of Oxfam Canada in the Philippines, which aims to learn about community experience with early marriage and other specific experiences such as sexual and reproductive health needs, and family planning (birth spacing) after marriage.

INTRODUCTION TO THE SOCIAL NORMS DIAGNOSTIC TOOL

This is a two-day participatory exercise, structured around six activities:

- 1 Introduction to social norms;
- 2 Gender norms around expected roles, responsibilities, and decision-making;
- 3 Norms around early marriage and pregnancy and their link to SRHR;

- 4 Norms around GBV and IPV and its link to SRHR;
- 5 Norms around family planning; and
- 6 Strategies for change.

The exercise is a series of focus group discussions that introduce vignettes,² or real-life scenarios, and prompt discussions around them.

Ask participants to divide into pairs. Each pair will share with each other their name, age, marital status, town and occupation. Each participant will share to the group what their partner shared with them afterwards.

STEP 2: Introduction to social norms

(1 hour and 15 minutes)

OBJECTIVE:

- To define what is meant by 'social norms' compared to personal attitudes or behaviours themselves.

METHOD:

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

Violate a minor social norm at the start of Activity 1. Choose nothing that is culturally inappropriate/disrespectful or causes the participants harm, but something that can serve as a discussion starter such as one of the following:

- a. A couple holding hands enters the room, showing physical intimacy to each other in public.
- b. One of the research team members enters the room during the discussion. S/he answers the phone call and speaks loudly.

Ask participants what they noticed/felt and their reactions to what they saw. What specific rule did they feel you were breaking, and how and when did they learn about that rule? How might this rule have originated?

- 4 Working together based on the game that you have just played, define the terms that you will be using (norms, attitudes, behaviours). Ask for examples that illustrate differences between the three. When have participants done something not because they wanted to/felt it was right but felt socially motivated to do so? What were the beliefs that underpinned this thinking? Write this up so it is visible throughout the workshop.

- 5 Provide the definitions of the following terms:

- **Behaviour:** What people actually do. This is shaped by both personal attitudes and social norms.
- **Values:** A person's principles or standards of behaviour; one's judgment of what is important in life.
- **Personal attitudes:** People's individual preferences – what they would choose to do if there were no social context. These do not take into account what others do or what is seen as appropriate by society.
- **Social norms:** Shared beliefs about others. This includes the following:
 - a. Beliefs about what others in a group *actually do* (i.e., what is typical behaviour) – descriptive norms.

- b. Beliefs about what others in a group think others *ought to do* (i.e., what is appropriate behaviour) – injunctive norms.

These beliefs shape the social expectations within a group of people and are often enforced by social sanctions.

- **Social sanctions:** Positive or negative responses or reactions by others to the behaviour of an individual.
 - a. Positive sanctions: smiling, patting on the shoulder or being granted higher status in the community.
 - b. Negative sanctions: scolding, gossiping, threats or physical aggression.

People's anticipation of positive and negative sanctions is believed to affect their behaviour.

- **Reference groups:** The 'others' whose behaviour and opinions matter in terms of maintaining social norms.

- 6 Present evidence relating to the social norms which will be discussed and are relevant to the context. This is important for framing the discussions. Some examples of evidence are the following:

- Survey results on contraception prevalence rates;
- Fertility rates;
- Statistics on GBV;
- Prevalence of early marriage.

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

ACTIVITY 2

Gendered Roles, Responsibilities and Decision-making

(Total: 2.5 hours)

STEP 1: Definition of sex and gender

(15 minutes)

OBJECTIVE:

- To have participants understand the difference between sex and gender, and realize that gender can be subject to change.

METHOD:

- Split the group into girls/women and boys/men.
- Give each group two pieces of flip paper to write and draw on. One group will have a piece of paper with a woman drawn on it and a piece of paper with a girl drawn on it; the other group will have a piece of paper with a man drawn on it and a piece of paper with a boy drawn on it.
- Ask them to discuss the following question: How do you know if you are a man or a woman?
- Facilitator will identify whether the examples given constitute sex or gender.
 - Sex: refers to biological physiological characteristics that define men and women.
 - Gender: refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.

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

(1 hour)

OBJECTIVE:

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

METHOD:

- Go back to the group and, from the drawing, ask participants to think about someone who the community would say is a 'good' woman or a 'good' girl, and someone who the community would say is a 'good' man or a 'good' boy.
- The men/boys should start by considering a good woman and a good girl, while the women/girls should start by considering a good man and a good boy. Then they will swap so both groups consider both women/girls and men/boys.
- Ask each group to list the characteristics of 'good' women/girls and 'good' men/boys; ask them to list the roles and responsibilities that 'good' women/girls and 'good' men/boys are expected to perform (this will be used in Activity 2, Step 2).
- Use the following discussion questions as a guide:
 - Descriptive and injunctive norms around the traits, roles and responsibilities that define good women/men, girls/ boys

- What traits or characteristics define good women/men, girl/boys? Why should 'good' women/men, girls/boys exhibit these traits? Who says so?
 - Which roles and responsibilities are 'good' women/girls and men/boys expected to perform? Which roles and responsibilities should they not perform?
 - Why should they perform these roles and corresponding responsibilities, or why should they not?
 - Looking across the drawings of a woman/girl and man/boy, which expected responsibilities are related to being a 'good' daughter/mother/wife or son/father/husband? Use three different coloured pens to circle these (one responsibility can relate to more than one role).
 - Are there any other activities that a 'good' daughter/mother/wife or son/father/husband is expected to do that have not already been listed? Add them to the drawings now.
 - Are there any sayings about 'good' women/men, wives/husbands, mothers/fathers, daughters/sons who uphold certain characteristics? Who do/don't perform certain roles/responsibilities? What about 'bad' women/men?
 - How do you know that women/girls and men/boys should uphold these characteristics or fulfil these roles? Has anyone told you this? Who would agree and who would disagree?
 - Looking at the characteristics and tasks, which do you think that 'good' women/girls, men/boys follow and not follow (irrespective of what others think)? Which are less important? Why?
- b. Rewards and sanctions
- What happens if women/girls and men/boys don't behave in ways that are expected of them?
 - Ask each participant to choose one characteristic and one task which they think is a critical expectation for a 'good' woman/girl and man/boy. What are the benefits of exhibiting these characteristics and completing these tasks (e.g., praise, respect in the community, sense of pride/self-worth)?
 - What about if these characteristics are not exhibited or tasks not completed? What would people say and what might they do to women/girls and men/boys who do not show these traits or complete these tasks?
- c. Other factors that reinforce or weaken social norms
- Look at the difference between the roles and responsibilities that a 'good' woman/girl is expected to fulfil, and those that a 'good' man/boy are expected to fulfil. Do the expectations change according to age, marital status, life stage, income, ethnicity, conflict, etc.? Explain how.
 - Do any factors change expectation (e.g., social status, wealth, location, ethnicity)?
 - Are there any other influences on what tasks good women/men are expected to do (e.g., laws, media, adverts, celebrities, schools, information, employment)?
- d. Positive deviance and pathways to norm change
- Are there any exceptional cases where women/girls and men/boys in the community are *not* fulfilling the expected roles? Why is this? Tell participants not to identify people with names.
 - Are there any tasks that you would *like* your daughter/son, sister/brother, wife/husband to do that they are expected to not do?
- e. Understand positive deviance and how norms can be changed

5 Use the following discussion questions as a guide.

a. Descriptive and injunctive norms around household decision-making

Who typically makes decisions in the household about the following? The choices are men, women, men with someone else, women with someone else, or men and women jointly.

- Children’s schooling and health;
- Small daily purchases (food, toiletries);
- How many children to have;
- Large purchases (land, cattle);
- What contraception method to use;
- Which family members should do domestic tasks like sweeping, collecting water or caring for children;
- How to obtain a family planning method;
- Which family members should do paid/productive tasks such as agricultural work, farm animals or trading;
- The spacing of children.

Why should or shouldn’t decisions be made this way? Who says?

b. Other factors that reinforce or weaken social norms

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

c. Understand sanctions

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

STEP 3: How have norms changed?

(45 minutes)

OBJECTIVES:

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

METHOD:

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

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

STEP 4: Who and what influences social norms?

(45 minutes)

OBJECTIVES:

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

METHOD:

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

- 7 Finish by asking whether there might be any other reasons why the norm has changed.
- 8 Ask participants to discuss and note by the picture whether this source/driver changed or reinforced the existing norm.
- 9 Who or what was a blocker, and who or what represented an ally in bringing about change?
- 10 Ask how influential each source/driver was, and for the group to rate them from one to three.
- 11 Then ask participants what the family/ community responses have been to this change in norms: Praise and approval of those exhibiting the new norm? Ignoring the change? Criticism? Backlash or violence? Acceptance and flexibility? Overall, what is the perception of the benefits or problems associated with new norms?

ACTIVITY 3

Early Marriage, Pregnancy and SRHR

(Total: 2.5 hours)

STEP 1: Identifying norms on early marriage, pregnancy and SRHR

(1.5 hours)

OBJECTIVES:

- To identify social norms relating to early marriage;
- To explore how these relate to SRHR, building on Activities 1 and 2.

METHOD:

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

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

PART A

OBJECTIVE:

- To understand norms surrounding early marriage

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

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

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

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

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

4 Continue the story (introduce a twist):

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

- 5** Facilitate a discussion using the following questions as guidelines:
- a. Descriptive and injunctive norms surrounding early marriage
- What would people in the community think of parents who reacted like this? What would they think of Sitti for not wanting to marry? What would they think of her for wanting to do paid work before getting married?
 - How would people around Fatma, Amer and Sitti react towards the decision (specifically peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, religious leaders)? What would they say about the family?
- b. Rewards and sanctions
- What other kind of behaviour or negative consequences might Fatma, Amer and Sitti experience as a result? Would there be any benefits?
 - Would this be different for boys? Why?
 - Do other factors make a difference (e.g., age, social status, wealth, location, ethnicity)?
- c. Positive deviance
- Can you think of parents like Fatma and Amer who resisted community pressure to have their children married at an early age? What factors made this possible?
- 6** Tell the two groups that you will describe another story to them.

PART B

OBJECTIVE:

- To understand norms around fertility (the pressure to produce children) and how they influence access to SRHR of married girls.

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

- 7** Facilitate a discussion using the following questions as guidelines:

- Descriptive and injunctive norms surrounding procreation
 - Is it common for girls/young married woman to want to wait before they have children? Is it considered appropriate?
 - What would people in the community expect Sarah to do in this situation?
- Access and availability to SRHR information and services
 - Would most girls like Sarah have access to sexual and reproductive health information from friends/family and know where to go?
 - Where would most girls like Sarah get this information from? Would most girls in this situation decide to see a health worker? What kinds of services would be available?
- Norms around access to and availability of SRHR information and services/ social sanctions
 - What would people in the community think of Sarah if she saw a health worker about these issues? What would her husband think?

- How would people around Sarah react if they found out she was thinking of delaying pregnancy and seeing a health worker (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, religious leaders)? What would they say about Sarah?

- d. Factors that reinforce/weaken the norm

- What factors might influence her decision? Why might she decide to go or not to go?

- e. Parental or *wali* (guardian) consent

- Would Sarah's parents give their consent so that she could access reproductive health services?

- f. Rewards/Sanctions

- What other kind of behaviour or negative consequences might Sarah experience as a result? Would there be any benefits?
- Would this be different for men? Why?
- Would this be different if she was pregnant with her second or third child? Do other factors matter (e.g., age, social status, wealth, location, ethnicity)?

- 8** Continue the story (introduce a twist):

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

- a. Descriptive and injunctive norms around parental consent on contraception
 - Would most parents give their daughter consent to visit the local female health worker?
 - Would they give consent to use contraception to avoid early pregnancy? Why/why not?
 - What would others in the family/ community say if they found out?
 - b. Positive deviance
 - Can you think of parents like Sarah's who would give their consent and support their daughter's decision to wait? What factors made this possible?
 - c. Descriptive and injunctive norms around contraception decision-making and use
 - Would most women like Sarah discuss their fertility desires with their husbands? Would most women discuss their preferred contraceptive method with their husbands?
 - Would most men respond like Mohaimen? Why or why not?
 - What would his family and people in the community expect Mohaimen to do in this situation?
 - Why would they expect this? Are these expectations related to how he is expected to be a 'good' man/husband/son?
 - How would people around the couple (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, friends, religious leaders) react if they found out Mohaimen agreed? What would they say about him? What would they say about Sarah?
 - Would their reaction be different if Sarah already had children? Do other factors matter (e.g., age, social status, wealth, location, ethnicity)?
 - d. Key influencers
 - Who are the most influential people and what are the most influential factors in Sarah's decision on whether to access information and on whether to visit a health worker?
 - Who are the most influential people and what are the most influential factors in Mohaimen's decision on whether to agree and let his wife wait before having children as well as agree to use her preferred method of contraception?
 - e. Rewards and social sanctions
 - What other kind of behaviour or negative consequences might Sarah or Mohaimen experience as a result of their decisions? Would there be any benefits?
 - Would this be different for men? Why?
 - f. Social norms change
 - How are expectations about whether young couples can delay having children different to one generation ago? What has changed? What hasn't changed? Why has this change come about?
 - Are young couples today able to resist social pressures to have children immediately after getting married differently from a generation ago? If yes or no, why or why not?
 - How are expectations about whether girls should access this kind of information different to one generation ago? What has changed? What hasn't changed? Why has this change come about?
- 9 Tell the two groups that you will provide a final story for them.

PART C

OBJECTIVES:

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

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

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

10 Facilitate a discussion using the following questions as guidelines:

- a. Descriptive and Injunctive norms around pre-marital sex
 - Would most girls like Sitienor face pressure to have sex when entering a relationship?
 - What would most people think about Sitienor, having sex before getting married?
- b. Social sanctions
 - How would people around Sitienor react if they found out that she was having pre-marital sex (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, religious leaders)? What would they say about Sitienor?

- Why would they react this way? Are any of these factors related to how she is expected to be a 'good' woman/wife/mother/daughter?
 - How would people around Sitienor react if they found out that she was pregnant as a result of having pre-marital sex (peers, fathers, mothers, uncles, extended family, family of the groom, neighbours, elders, community leaders, religious leaders)? What would they say about Sitienor?
 - Why would they react this way? Are any of these factors related to how she is expected to be a 'good' woman/wife/mother/daughter?
- c. Access to and availability of SRHR services/information
 - Where would most girls like Sitienor (who is unmarried) get advice on contraception? Would most girls in Sitienor's situation decide to see a health worker?
 - What would people in the community think of Sitienor going to see a health worker about these issues?
 - d. Diagnosing institutional norms
 - s Sitienor's experience of being refused contraception, counselling and services from formal health service providers a common one for unmarried minors?
 - Would health workers react differently to Sitienor based on her marital status, age, ethnicity, income, sex, and so on?
 - e. Factors influencing social norms around access to SRHR
 - What factors would influence her decision to go see a health worker?
 - Why might she decide to go or not to go?
 - Who are the most influential people and what are the most influential factors in Sitienor's decision on whether to access information and on whether to visit a health worker?

STEP 2: How have norms changed?

(30 minutes)

OBJECTIVES:

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

METHOD:

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

- 5 Document when participants use sayings or expressions.
- 6 Ask participants to leave discussing why this change happened until the next step.

STEP 3: Who and what influences social norms?

(X minutes)

OBJECTIVE:

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

METHOD:

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

ACTIVITY 4

Gender-based Violence (GBV)

(Total: 3 hours)

STEP 1: Identifying norms relating to GBV

(1.5 minutes)

OBJECTIVES:

- To identify social norms relating to GBV, particularly IPV, through theatre of the oppressed techniques
- To explore how these relate to SRHR, building on Activities 1 and 2

METHOD:

- 1 Split the group into two groups, one group of women/girls and one group of men/boys.
- 2 Read the stories aloud. The facilitator may ask the group to share stories based on what happens in their communities.
- 3 Ask each group to perform the vignettes as plays in roles they feel comfortable.

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

GROUP A

OBJECTIVE:

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

Salma, who is 16 years old, and Yasser, who is 25 years old, got married out of love and had their parents' approval. Before marriage, they had a good relationship. They [add a list of activities that couples would do together], he was caring towards Salma, bought her gifts, was protective of her and looked out for her. After marriage he became more and more controlling and suspicious. One day, he was waiting for her after school and saw her talking to a boy from her class. He got so angry that he pushed her, hard enough that she fell over. He then started yelling at her: 'Why were you talking to him? What were you talking about?'. Salma had enough, so she said, 'Just be quiet'. Yasser responded, 'What did you say?', and then grabbed Salma's hand and pulled her. Other people standing outside the school who saw this didn't say anything and Salma and Yasser went home.

The next day, Yasser yelled at Salma because the food wasn't ready when he got home. 'You do nothing around the house; you're worthless', he said. He picked up the nearest pan and threw it at her, hitting her hard on the shoulder. Yasser's older sister became aware of his behaviour towards his wife, but saw this as Salma's fault. Yasser's sister told Salma, 'you know what his temper is like, you don't want to go and provoke him, why do you provoke him like that?'. Salma told a friend that she suffers from severe depression and long lasting injuries as a result of her husband's behaviour.

- a. Diagnosing descriptive and injunctive norms around IPV
- Would most husbands in Yasser’s position become suspicious and controlling after marriage?
 - Would most husbands shout at Salma like Yasser did, questioning why she is speaking to a male classmate, telling her that she does nothing around the house/is worthless if she doesn’t complete her chores to his liking? Would most people expect him to say these things?
 - Would most husbands get violent with Salma for talking to a boy and for responding in the way that she did? For not doing her domestic chores well and responding in the way that she did? Would most people expect him to hit her in either situation?
- b. Social sanctions
- If you were the one who witnessed what Yasser did to Salma, what would you have done? Why?
 - What are the expected reactions of people around Salma and her husband towards his behaviour? What would you say about him if you found out that he had shouted at or hit her? What would you say about Salma? What kind of response might Yasser and Salma experience if the wider community finds out about their domestic conflict?
- c. Situations triggering domestic violence
- In your own knowledge and experiences, are there any other situations relating to women’s roles and/or responsibilities where she may experience violence? Some examples include the following:
 - If she refuses sex?
 - If she disagrees with him on how household finances are being spent?
 - If she visits a health worker without telling him?
 - If she starts spending money that she has earned without asking him?
 - If she asks for his help in specific types of household work or care work (e.g., washing, cooking, looking after elderly people)?
- d. Health impacts
- Are there any other impacts on Salma and Yasser’s health as a result of experiencing/carrying out acts of violence?
- e. Exceptions
- Are there any instances where people would not expect Yasser to yell at or hit Salma, according to age, social status, wealth, location, ethnicity, and/or pregnancy status?
- f. Access to IPV and SRHR support services/information
- Would most women in Salma’s position seek help for mental and physical health? Why or why not? Would they know where to go to? Who would most women in Salma’s position turn to? Would it be seen as acceptable or appropriate for her to reach out to a professional health worker about it?
 - What kinds of support and/or services does someone in Salma’s position need from her family, service providers? What kinds of support/services are available to her?
 - Would most men in Yasser’s position seek help for their anger and violent behaviour? Would they know where to go to? Who would most men in Yasser’s position go to? Would it be seen as acceptable or appropriate for him to reach out to a professional health worker?
 - What kinds of support and/or services does someone in Yasser’s position need from family and service providers?
- g. Social norm change
- Are expectations on men regarding GBV different in comparison with one generation ago? *[Choose the timeframe identified in Activity 1, Step 4]*

- What has changed? What hasn't changed?
- Have negative reactions (e.g., censure, mocking, shouting, beating) to women studying and/or taking on new work roles changed in comparison with one generation ago?

h. Key influencers

- Who might be able to influence Yasser or his sister to act differently?

Asleah's conversation with his mother, who tells him angrily that he needs to start being a real man and bring his wife under control. He subsequently argues with Asleah and kicks her in the stomach. She falls to the floor, begins to bleed and gets rushed to the hospital. The doctor says that they have to operate on her immediately, as her and the baby's lives are at risk. Her baby is delivered two months premature and has to be admitted to the intensive care unit. Asleah suffers from post-natal depression after giving birth.

GROUP B

OBJECTIVE:

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

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

Mahid yells at Asleah when he's hungry and the food isn't ready, and when other domestic chores aren't completed to his satisfaction. He yells at her again when he sees that she is relaxing because she is tired and not doing housework. One day she shouts back in exhaustion that she is seven months pregnant, needs to rest, can't manage everything on her own and he should help with the care work. He then pushes her and she nearly falls over. He shares his and

- Diagnosing descriptive and injunctive norms around fertility, child-bearing and unpaid care/paid work
 - Would most husbands disapprove of their wives desire to wait to have children after marriage? To continue working after marriage? Would most people expect him to disapprove?
 - Would most husbands react like Mahid, yelling at his wife and saying that child-bearing is her responsibility and she is bringing shame to the family? Would most people expect him to say these things? What about hitting his wife? Would most people expect him to hit his wife?
 - Would most mothers react like Asleah's mother, saying that Asleah needs to listen to whatever her husband says and that returning home is never an option? Would most people expect her to respond in this way? Why? Why not?
 - Would most girls leave their jobs if their husbands disapproved like Asleah does?
- Diagnosing descriptive and injunctive norms around IPV during pregnancy
 - Would most husbands expect Asleah to manage all the care work when she's pregnant? What about others in the family and wider community? Would most husbands react like Mahid, yelling at his pregnant wife for not having the food ready? Would most people expect him to behave this way?
 - Would most mothers react like Mahid's mother, saying that he needs to be a man and bring his wife under control?

- Would most husbands hit their pregnant wives under similar circumstances? What are the benefits of Mahid and Asleah's mother acting in this way?
 - Are the expectations on Asleah's husband to discipline his wife related to how he and Asleah should be 'good'? Are they related to issues discussed in Activity 2 about the roles and responsibilities of 'good' men/women?
- c. Social sanctions/rewards
- How would specific people (e.g., peers, fathers, mothers, uncles, extended family, neighbours, elders, community leaders, religious leaders) around Mahid react towards his behaviour?
 - What would they say about him if they found out that he had shouted at or hit her? That Asleah had a premature pregnancy as a result? What would they say about Asleah? What kind of behaviour might he and Asleah experience as a result if they know?
 - Would there be any negative consequences if they did not act in this way? What might people say?
- d. Situations triggering domestic violence
- This play looks at one example of domestic violence experienced by a young woman before and during pregnancy by her husband in response to her wanting to wait to have children and not completing domestic chores to his satisfaction. Are there any other situations relating to women's roles and responsibilities where she may experience violence during pregnancy? Please draw on your own knowledge or experiences. Some examples:
 - If she refuses sex?
 - If she disagrees with him on how household finances are being spent?
 - If she visits a health worker without telling him?
 - If she starts spending money that she has earned without asking him?
 - If she asks for his help in specific types of household work or care work (e.g., washing, cooking, looking after elderly people)?
- e. Exceptions
- Are there any instances where people would not expect Mahid to be violent towards Asleah or for Asleah to leave her apprenticeship, according to age, social status, wealth, location, ethnicity, and/or pregnancy status?
- f. Access to IPV and SRHR support services
- Would most women in Asleah's position seek help for her pregnancy complications? Why or why not? Who would they go to?
 - Would most women in Asleah's position seek help for post-natal depression? Why or why not? Would they know where to go to? Who would most women in Asleah's position go to? Would it be seen as acceptable or appropriate for her to reach out to a professional health worker about it?
 - What kinds of support/services does someone in Asleah's position need from her family and/or service providers? What kinds of support/services are available?
 - Would most men in Mahid's position seek help for anger and violent behaviour? Would they know where to go to? Who would most men in Mahid's position go to? Would it be seen as acceptable or appropriate for him to reach out to a professional health worker about it?
 - What kinds of support/services does someone in Mahid's position need from family and/or service providers?
- g. SRHR impacts
- Are there any other potential impacts to Asleah and Mahid's health as a result of experiencing/carrying out acts of violence?

h. Social norm changes

- Are expectations on men to beat their wives different to one generation ago? *[Choose the timeframe identified in Activity 1, Step 4]* What has changed? What hasn't changed? Have negative reactions (e.g., censure, mocking, shouting, beating) to women studying and/or taking on new work roles changed in comparison with one generation ago?

i. Key influencers

Who might be able to influence Mahid or Asleah to act differently?

- Ask both groups to write down the key factors and people whose opinions matter concerning whether her husband shouting at or beating her is acceptable. Who would be the most influential? Think about who would be key allies, and who would be blockers. Look back at the 'rich picture' in Activity 1, Step 4 for ideas.

STEP 2: Achieving alternative outcomes

(1.5 hours)

OBJECTIVES:

- To identify how changes in social norms about GBV can be achieved, particularly with relevance to SRHR through theatre of the oppressed techniques
- To explore 'reference groups', drivers of change and social sanctions

METHOD:

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

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

ACTIVITY 5

SRHR and Family Planning

(Total: 2.5 hours)

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

[1 hour]

OBJECTIVES:

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

METHOD:

- 1 Split the group into girls/women and boys/men. You may want to further split the group according to age.
- 2 Tell the two groups that you will describe a story to them. Explain to participants that you will share a story of a 22-year-old woman named Karima and her 25-year-old husband Ali.

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

PART A

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

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

- 1 Facilitate a discussion using the following questions as guidelines:
 - a. Descriptive and injunctive norms around birth spacing
 - What would most women in Karima's position do?
 - What would people in the community expect Karima to do in this situation? Why? Are any of these factors related to how she is expected to be a 'good' woman/wife/mother/daughter?
 - Do most couples in your community have children without thinking of spacing? Why or why not? Do others in the family/community expect this?
 - b. Social sanctions
 - Should someone like Karima tell her husband she wishes to wait two years before having her next child? How would he react?
 - If he disagrees, who makes the final decision of whether to wait and use contraception or not?
 - What would happen if he found out that she was using contraception without his consent?

- What other kind of behaviour or negative consequences might Karima experience as a result of wanting to wait two years before having another child? Would there be any benefit?
- c. Factors of influence
- Would this be different for men? Why?
 - Would this be different if all three of her children were girls? Do other factors matter, such as if she earned her own income, was a different age, had a different social status, lived in a different location, had more money and/or was of a different ethnicity?
- d. Access to SRHR information/services
- Where would most girls like Karima go to find out more information about birth spacing and contraception? Would most girls like Karima decide to see a health worker in this situation? Why or why not?
- e. Social norm change
- How are expectations about women and choosing to wait between children different to one generation ago? How are expectations about whether women can access family planning information different to one generation ago?
- f. Reference group
- Who are the most influential people and what are the most influential factors in Karima and Ali's decision to space the births of their children?

PART B

Continue the story...

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

- 2 Facilitate a discussion using the following questions as guidelines:
- a. Access to SRHR services/information
 - Would most women like Karima decide to see a health worker in this situation?
 - What factors would influence her decision? Why might she decide to go or not to go?
 - b. Descriptive and injunctive norms around access to SRHR services/information
 - What would people in the community think of Karima for going to see a health worker about these issues? What would her husband think?
 - Would most women like Karima discuss birth spacing or contraceptive methods with their husbands? Why or why not? What would others in her family/ community expect her to do?
 - c. Factors of influence
 - Would this be different if she were earning her own income? Do other factors matter (e.g., age, social status, wealth, location, ethnicity)?
 - d. Descriptive and injunctive norms around family planning decision-making
 - Would most husbands refuse to wear condoms like Ali? Why or why not?

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

PART C

Continue the story...

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

3 Facilitate a discussion using the following questions as guidelines:

a. Descriptive and injunctive norms around family size

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

b. Factors of influence

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

c. Positive deviance

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

d. Family planning decision-making

- Who typically makes the decision about the number of children (i.e., husband alone, husband and another family/community member, wife, wife and another family/community member, both partners jointly)?
- Who, apart from husbands/wives, are involved in the decision-making process? Rank these individuals from the greatest to least influence on decision-making.

e. Social sanctions

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

f. Social norm change

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

STEP 2: How have norms changed?

(45 minutes)

OBJECTIVES:

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

METHOD:

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

STEP 3: Who and what influences social norms?

(45 minutes)

OBJECTIVES:

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

METHOD:

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

ACTIVITY 6

Strategies for Change

(Total: 1.5 hours)

STEP 1: Strategies for norm change on early marriage, early pregnancy and SRHR

(45 minutes)

OBJECTIVE:

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

METHOD:

- Split the group in three and support each group to choose two or three of the norms related to early marriage, pregnancy and SRHR identified in Activity 3.
- For each norm, ask participants to brainstorm potential activities and strategies to change the norm. Drawing on the benefits, consequences, obstacles and influencers identified in previous activities, ask them to consider:
 - How might this change happen in your context? What activities and strategies could be used to bring about change?
 - What could happen at different levels – individual, household, community, regional, national?
 - What strategies would mean that benefits are reinforced, consequences are negated and obstacles are overcome?
 - How might the important influencers and drivers be included? Who are the allies, and who are the blockers?
 - Who can be involved in bringing about the change – girls/women, boys/men, school pupils, teachers, religious/community leaders?

- How could activities build on or cooperate with existing activities in this programme?

Reflect on the positive values and beliefs in existing cultural narratives. What new norms could be developed based on these (e.g., good husbands take care of their wives)?

- It is critical that discussion concludes with creative and inspiring ways for communities to address GBV and IPV as it relates to sexual and reproductive health rather than ending with a 'problem statement'.

STEP 2: Prioritising strategies for norm change on early marriage, early pregnancy and SRHR

(45 minutes)

OBJECTIVE:

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

METHOD:

- Explain to the group that they will now rank the proposed change strategies according to how feasible they are, and the impact that they will have.
- Start by discussing criteria for ranking the potential strategies identified. Explore what constitutes a 'good strategy' for achieving changes in social norms.

3 Use the following criteria for ideas to start off the discussion:

- Is it possible to carry out this activity?
- Is there enough money to do it?
- Will people in the community like it?
- Will it have a big impact and result in change?
- Are there any negative consequences that might result from the activity?

Support participants to come up with additional criteria.

4 Once criteria have been established, ask the group to choose up to four of their favourite change strategies. Enter the chosen change strategies into the matrix. Look at each strategy and see how far it matches the chosen criteria to assess feasibility and impact.

5 Use dots to rank each proposed change strategy.

6 Fill in the matrix collectively. Always ask why when people rank the options. Additional categories may be added if necessary, depending on their relevance to the feasibility assessment.

Endnotes

- 1 *One Oxfam Youth Safeguarding Policy February 2020 final 1 approved*, Oxfam, 2020.
- 2 A vignette is a story or real-life example that can be easily translated to role play or short dramatic sketch.

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