MODULE 1

State of the Evidence

Effects of Social Norms on Health and Livelihood Outcomes for Adolescent Girls and Young Women in Low- and Middle-Income Countries

UC San Diego
CENTER ON GENDER EQUITY AND HEALTH

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Module 1 Introduction

Module 1 lays the foundation for this report, presenting the context and approaches guiding the evidence review. It begins by providing the background and rationale for the review, followed by a summary of the study's objectives and guiding research questions, situating the work within the broader landscape of social norms research and practice.

The module then outlines the study design and analytical steps, describes the criteria for assessing the rigor of included evidence, and explains how the methodology was refined based on available evidence, input from the Study Advisory Board, and feedback from in-country stakeholders.

Additionally, this module maps the current state of evidence on social norms change and outcomes among adolescent girls and young women across countries, including an assessment of study designs and approaches to measuring norms. This is followed by an overview of the types of norms most commonly addressed in the literature, organized by health and livelihood outcomes. The final sections of the module discuss limitations of the evidence base and offer recommendations for strengthening research and practice.

Taken together, these insights set the stage for subsequent modules, which present the scoping review findings in greater detail.

Background and Rationale

Background

Around the world, and particularly in low- and middle-income countries, people face numerous financial, environmental, infrastructural and social barriers to achieving their health and livelihood goals. Among social barriers, there has been increasing recognition that social norms can significantly constrain choices and opportunities in many contexts (1). Social norms refer to unwritten rules that define acceptable and appropriate actions within a community or reference group (2, 3). Gender norms refer to a specific subset of social norms, which govern perceptions of appropriate behavior based on gender identity, and are learned early in life from parents, other family members, and peers and reinforced in broader social and institutional contexts (4, 5).

While people of all genders and ages are affected by social and gender norms, adolescent girls and young women are particularly vulnerable to their influence for several reasons (4, 6-8). First**,** physical changes, sexual debut, and social pressures and expectations during adolescence create a unique constellation of health challenges. Second, adolescence is a life stage, when young people develop attitudes, capacities, intentions, and agency which shape their life trajectories. During this stage, norms within peer and social reference groups play a central role in shaping their behaviors and long-term health and development trajectories (9). Gender norms also disproportionately disadvantage women and girls, as they are often rooted in patriarchal systems that privilege men and impose more restrictive expectations and roles on women and girls than on their male counterparts. In many traditional cultures, gender norms dictating roles within romantic relationships, families, workplaces, and social settings, are deeply ingrained, transmitted and socialized across generations. They are reinforced by family, peers, and broader social and institutional structures (4, 5).

Understanding the mechanisms through which social and gender norms influence health-related attitudes, behaviors, and decision-making has long been of interest to social scientists and has increasingly become a priority for global health and development interventions. Research across disciplines has examined how these norms shape health and well-being, and has also shown that deviating from or challenging social and gender norms can have significant health consequences (4, 6-8). Some of the most pressing health and well-being challenges adolescent girls and young women face in low- and middle-income countries are shaped by restrictive gender norms (10, 11). These include: **gender-based violence, child, early, and forced marriage, limited access to sexual and reproductive health services and family planning, heightened vulnerability to Human Immunodeficiency Virus (HIV), and barriers to women's economic empowerment.**

Many of these social and gender norms intersect and influence a range of health outcomes. For example, the social stigmatization of sex outside of marriage and adolescent pregnancy has been linked to the practice of child, early, and forced marriage (12-14), as well as to barriers that prevent adolescents and youth from protecting themselves against HIV and other sexually transmitted infections (14). Another example is the devaluation of domestic work performed by women and girls. In India, research has shown that this norm leads communities to prioritize improving working conditions for men while overlooking those in domestic labor, which is primarily performed by women and girls (15).

As interest in the role of social and gender norms in health and livelihood outcomes has grown, a wave of programs—often referred to as norms-shifting interventions—has emerged to address these dynamics. These programs seek to improve health and well-being by both disrupting harmful norms and promoting positive norms (16). Many of the norms-shifting interventions to date have been implemented at the community level or through mass media approaches. Community-level norms-shifting interventions typically use critical reflection and power analysis, working within local systems to challenge harmful norms and diffuse positive ones (17).

Recent evidence suggests that certain norms-shifting interventions are achieving their intended impact. For example, community-based norms-shifting interventions that engage influential 'power holders'—such as faith leaders, cultural champions, and traditional authorities who yield considerable influence and can support the change process within communities (18)—have demonstrated success in shifting social norms (19). Additionally, mass media approaches, including radio, television, print, digital media, and informational campaigns, present a unique opportunity to correct misperceptions and introduce new narratives and messaging that are both captivating and widely popular (20). These interventions feature trusted voices and relatable narratives, which have proven effective in disseminating messages and fostering social change (21). This type of intervention, often referred to as edutainment, is increasingly recognized for its effectiveness at addressing social norms at scale (22, 23), both as a standalone strategy and in combination with other approaches. See below for a discussion of the theories which underpin norms-shifting interventions and pathways of change.

Yet, despite growing interest and emerging evidence, empirical knowledge of how norms-shifting interventions work, their effectiveness, and their pathways of change remains limited. Community-based, communication, edutainment, and multimedia interventions require further investigation to strengthen understanding of their impact (24). Significant evidence gaps remain in both measuring and intervening on social and gender norms, particularly as they relate to adolescent girls and young women's health and livelihood outcomes.

How Norms Change
Theoretical Frameworks and Mechanisms of Influence

While many interventions draw from social and behavior change models and theories, there is no agreed-upon behavior change model specific to norms shifting. This makes it more difficult to design, evaluate and compare interventions. This evidence review is informed by the Passages Project theory of change (25) (**Figure 1**) which integrates several key frameworks, including:

- The **Social Ecological Model,** which recognizes multiple levels of influence on individual behavior (26);
- The **Theory of Normative Social Behavior**, which proposes a direct influence of descriptive norms on behavior moderated by injunctive norms, group identity, agency and perceived consequences (27);
- The **Integrated Behavior Model** which emphasizes the role of attitudes, norms and agency in shaping behavioral intentions (28) ; and
- **Roger's Diffusion of Innovations Model** which explains how new behaviors spread through social networks via information exchange and social influence (29).

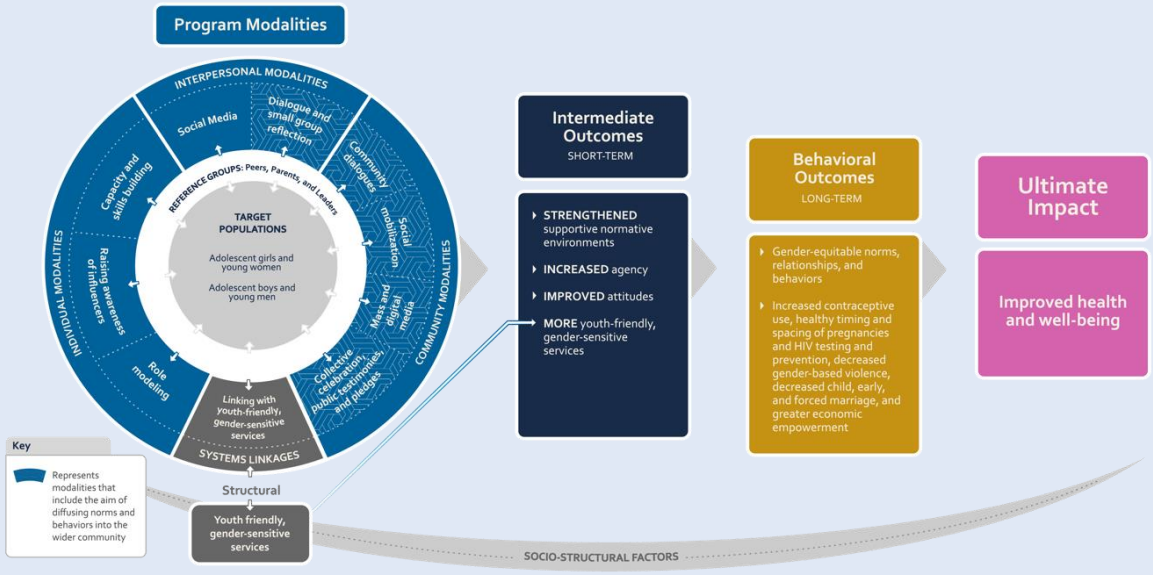


***Figure 1**. Theory of Change for Norms-shifting Interventions*

This theory of change centers on **primary groups,** often segmented by life stage, and the **reference groups** that influence them, such as peers, parents and leaders. It highlights how program activities activate mechanisms that shift norms, emphasizing that normative influence is bi-directional—individuals both shape and are shaped by their reference groups (30). These groups influence behavior through both social approval and sanctions. The model maps norms-shifting modalities—at the individual, interpersonal, and community levels—around primary groups, emphasizing how change happens through interconnected relationships and social structures.

At the **individual level,** capacity-strengthening activities—through online media or in-person workshops—enhance knowledge, skills, self-efficacy, and access to resources. These often involve influencers and role models, such as faith or cultural leaders.

At the **interpersonal level**, core modalities include positive role modeling and small group dialogue and reflection. Trained role models make healthy attitudes and behaviors more visible and acceptable. Dialogue spaces –such as safe spaces, youth clubs, or faith-based discussion groups — allow individuals, especially young people, to reflect on beliefs and norms. These can occur virtually (e.g., through chatbots, social media or radio call-ins) or in person (e.g., faith leaders may guide these reflections through sermons, prayer, or one-on-one counseling).

Community-level modalities include *Social mobilization,* bringing people together—online or in person —to challenge harmful norms and advocate for positive behaviors. *Public celebrations, testimonials, and pledges* make new attitudes visible and signal shifting social expectations, motivating change. *Entertainment media programs* may feature testimonial videos and virtual pledges (30). *Faith and community champion programs* often host in-person events with public testimonies and community pledges. The model also incorporates linkages to **youth-friendly, gender-sensitive services** such as those related to health, education, legal support and financial resources. While most norms-shifting interventions do not provide these services directly, they help strengthen referral pathways.

Norms-shifting interventions are designed to influence both direct participants and the broader community, **diffusing new ideas, relationships, and behaviors across networks**. Many programs use organized diffusion—online or in person—where a core group intentionally shares new ideas, attitudes, and behaviors with others. Diffusion is essential for sustainability, enabling interventions to reach a tipping point at which enough community members adopt new norms to drive lasting change (29).

Norms-shifting interventions are designed to produce intermediate **outcomes** such as changes in social norms and attitudes—particularly those related to gender equality—increased agency and the creation of a more supportive normative environment. These changes are expected to trigger a cascade of **behavioral outcomes**, such as increased use of modern contraception, healthier timing and spacing of pregnancies, greater uptake of HIV testing and preventive behaviors, reduced gender-based violence and child, early, and forced marriage, and improved economic engagement. Together, these outcomes are expected to lead to lasting impact: sustained improvements in the health and well-being of adolescents and young women at the population level.

Rationale

While substantial progress has been made across multiple sectors in understanding the influence of social and gender norms, as well as in identifying effective interventions and approaches, the evidence base remains fragmented and difficult to navigate. Several factors contribute to this. First, the evidence is dispersed across diverse sectors, geographies, and outcome areas, making cross-comparisons and synthesis difficult. Second, differences in theoretical frameworks, intervention strategies, and evaluation methodologies further complicate efforts to compare findings across studies. Third, because social norms are context-specific, complex, and constantly evolving, they have been difficult to measure—this, in turn, has potentially the greatest impact on the comparability and quality of existing data. Finally, in much of the literature, norms are not explicitly included in intervention descriptions or theories of change, making it even more difficult to assess their impact.

Despite these challenges, several reviews in the past decade have examined the influence of social and gender norms across development sectors. Muralidharan et al. (31) reviewed gender-integrated health interventions focusing on reproductive, maternal, neonatal, child, and adolescent health; HIV; gender-based violence; tuberculosis; and universal health coverage, to inform the work of key stakeholders in India and other low- and middle-income countries. Similarly, United Nations Population Fund (32) analyzed persistent harmful gender norms affecting women's health, autonomy, and safety in India. Stewart et al. (33) systematically reviewed interventions targeting norms related to violence against women and sexual and reproductive health, while Levy et al. (34) identified characteristics of 59 rigorously evaluated gender-transformative health interventions for children, adolescents, and young adults. Cookson et al. (35) and Fuentes et al. (36) highlighted the role of media in reinforcing harmful gender norms, particularly by normalizing violence against girls. Finally, Brown conducted a rapid systematic review across development sectors on the effectiveness of behavior-change interventions that incorporate social-norms approaches. The review revealed that while some approaches were successful at shifting behaviors, many were not, and recommended further investigation into program design and implementation characteristics (37). While these reviews all emphasize the need for multifaceted approaches to challenge gender inequality through a focus on social norms, the evidence generated varies by health outcomes, geographic scope, and intervention types.

While growing interest and peer-reviewed publications on social norms over the last decade have advanced the field, the challenges mentioned above have made it difficult to clearly understand the strengths of existing evidence and the best areas for investment. To date, no comprehensive review has examined the evidence across multiple outcomes and geographies while also drawing on programmatic (grey) literature to show how interventions have aimed to shift harmful norms. **To address this, the current report consolidates up-to-date evidence from a set of scoping reviews focused on these dimensions across low- and middle-income countries in sub-Saharan Africa and South Asia.**

Research Questions

Overall Aim

This evidence review was commissioned by the Adolescent and Youth Learning Agenda at the Gates Foundation with an overall aim of **identifying and mapping empirical evidence on social norms for both research and programming related to health and livelihood outcomes of adolescent girls and young women in sub-Saharan Africa and South Asia.** To achieve this, the review seeks to synthesize social norms evidence; increase accessibility of the findings; and generate research and programmatic recommendations.

Guiding Questions

Four guiding research questions were used to inform the scoping reviews. These questions aimed to explore evidence related to diverse populations of adolescent girls and young women across contexts and are organized by the following thematic areas of inquiry: how normative contexts relate to sexual and reproductive health, women's economic empowerment, gender-based violence, and child, early, and forced marriage outcomes; which social and behavior change norms-shifting approaches improve these outcomes for adolescent girls and young women and/or their reference groups; the role of entertainment media in shifting norms; and how faith and cultural champions influence normative change across outcome areas.

EVIDENCE REVIEW **OBJECTIVES**

1. **Synthesize** social norms evidence
2. Increase **accessibility** of the findings
3. Generate research and programmatic **recommendations**

THEMES EXPLORED

- Direction, mediation, moderation
- Drivers of norms change
- The role of individual attitudes
- Interaction with structural factors
- Measurement of social norms
- Reference groups
- The role of social and behavior change theory
- Mechanisms of change
- Scale, scalability, and cost
- Monitoring shifts in norms
- Standalone and integrated interventions
- Characteristics of intervention success
- User engagement
- Diffusion and social networks
- Ethical considerations
- Unintended consequences

1 What does existing evidence say about the relationship between the **normative contexts of adolescent girls and young women across outcomes?**

This question explored evidence on the mechanisms through which norms influence behaviors and attitudes, including directionality, mediation, and moderation effects. It also considered when and how norms become critical levers for behavior change, the role of reference groups in reinforcing norms, and additional structural and individual factors that shape outcomes. Further, it investigated how social norms are identified and measured, evaluating the strengths and limitations of various measurement approaches, and explored theoretical frameworks that explain the interplay between norms, behaviors, and attitudes—particularly for marginalized adolescent girls and young women populations.

2 What social and behavior change **norms-shifting program approaches** are associated with improved outcomes for adolescent girls and young women?

This question explored what makes interventions effective—including their duration, mechanisms of change, and the reference groups involved—drawing upon insights from both successful and less successful approaches. It also examined the scalability of successful interventions, taking into consideration the availability of costing evidence. Sub-themes captured standout methodologies used to monitor social norms change and unintended consequences of interventions.

3 What is the evidence on how **entertainment media approaches shift social norms** among adolescent girls and young women and their reference groups across outcomes?

This question explored the components that make entertainment media approaches effective, lessons from unsuccessful interventions, and the role of reference groups in shaping impact. It also compared different content and engagement strategies, including intervention-driven versus user-generated media, and assessed their effectiveness. Additionally, it considered the advantages and limitations of standalone versus integrated multimedia approaches, the integration of interpersonal communication, and the ethical considerations and unintended consequences of media-based norms-shifting interventions.

4 What is the evidence on how **faith and cultural champions and programmatic approaches shift social norms** among adolescent girls and young women and their reference groups across outcomes?

This question explored the evidence on how these approaches work to shift norms, including which norms are most commonly addressed, how faith and cultural champions engage within broader social networks, and the strategies used to mobilize them as agents of change. It explored the effectiveness of faith-based interventions (working with individuals as well as institutions), and the social and behavior change approaches and platforms most used within these interventions. It also explored the scalability of working with faith and cultural leaders, the role of secular organizations in supporting these efforts, and the ethical considerations and unintended consequences of such interventions.

Methodology

Search Strategy

This evidence review comprised **three scoping efforts** aimed at synthesizing existing evidence on the role of social and gender norms in shaping health and livelihood outcomes of adolescent girls and young women in sub-Saharan Africa and South Asia. The scoping reviews sought to make this evidence more accessible while identifying research and programmatic recommendations to inform future efforts. The table below details the focus of each review.

Review 1	Review 2	Review 3
Relationship between social and gender norms and key outcome areas: sexual and reproductive health, women's economic empowerment, gender-based violence, and child, early, and forced marriage for adolescent girls and young women. This review also included a general inclusion for any norms-shifting and gender-transformative interventions working with adolescent girls and young women.	Use of **entertainment media strategies** to address and shift social norms and improve health and livelihood outcomes among adolescent girls and young women and their reference groups.	Engagement of **faith and cultural champions** to address and shift social norms and improve health and livelihood outcomes among adolescent girls and young women and their reference groups.

The search strategy for the scoping reviews involved locating both published peer-reviewed studies and programmatic (grey) literature using two primary methods: (1) database searches and (2) expert referrals and snowball citation searching.

Database Searches

To identify relevant published literature, GEH worked with the University of California San Diego's Library Services to conduct searches on PubMed, Web of Science, CINAHL, Communication & Mass Media, Embase, Google Scholar, and Gates Open Research. An initial search was conducted in select databases (e.g., PubMed and Embase) to finalize index terms before a broader search was performed throughout all platforms. The search strategy was adapted for each database using relevant keywords and index terms, refined with the assistance of a University of California San Diego Librarian. For the second and third scoping reviews, additional emphasis was placed on including key terms which identified literature on norms-shifting interventions involving multimedia approaches and faith and cultural champions.

Once the final search was completed, selected articles were screened for inclusion, and reference lists were scanned to identify additional literature. Co-citation network analyses were also used to identify relevant peer-reviewed studies that may have been overlooked in database searches.

Grey Literature Searches

Grey literature was sourced from key organizations recognized for their leadership in social and gender norms research and interventions (38), including Advancing Learning and Innovation on Gender Norms (ALIGN), International Center for Research on Women, the Prevention Collaborative, United Nations Children's Fund (39), Population Council, World Health Organization (40), the World Bank, former United States Agency for International Development projects and partners (such as the Passages Project), the USAID Development Experience Clearinghouse, and the Communication Initiative. Further, grey literature was identified through expert referrals and snowball searching. A structured request process was used to solicit grey literature from Study Advisory Board members, the Adolescent and Youth Learning Agenda team at the Gates Foundation, and other key stakeholders. Additionally, other relevant literature was identified through referrals from team members, sensemaking workshops in Kenya, Nigeria and India, learning sessions, and stakeholder engagement. To cast a wide net, literature collected after the completion of the scoping reviews was also reviewed to capture emerging insights and included in the results.

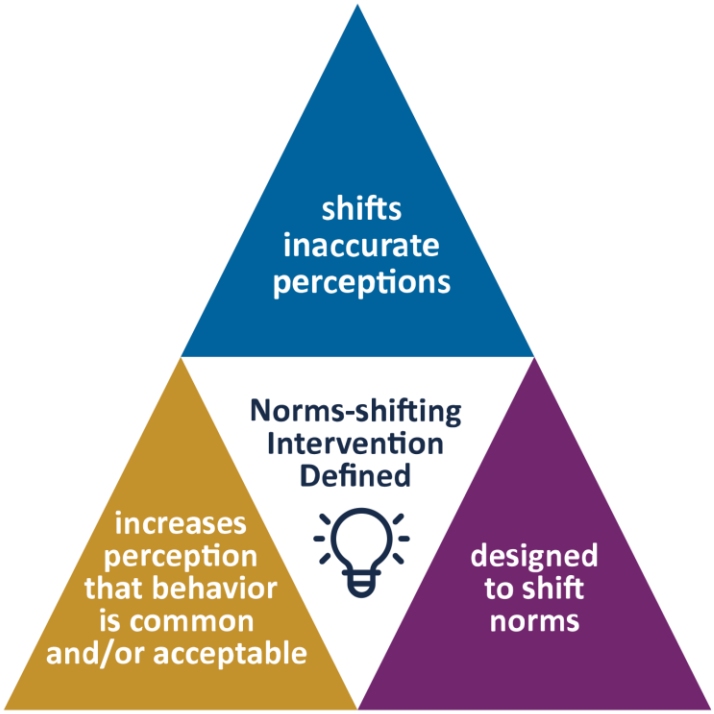
Eligibility Criteria

The same eligibility criteria were applied to all scoping reviews. Studies were included if they focused on improving the health and well-being of adolescents and youth aged 10–24 years (girls only or both girls and boys) residing in low-, middle-, or upper-middle-income countries in sub-Saharan Africa and South Asia. Eligible studies examined the relationship between social norms and at least one of the following areas: sexual and reproductive health, women's economic empowerment, gender-based violence, and child, early, and forced marriage. Both qualitative and quantitative studies from peer-reviewed journals and grey literature were included so long as they measured social norms, or used common 'proxies', such as collective attitudes, for social norms (see *Protocol Deviations* section). Studies published in English, French, or Spanish since January 2014 were included, whereas studies in other languages were excluded due to language limitations within the research team. Studies were also excluded if they focused on high-income countries or on low- and middle-income countries outside of South Asia and sub-Saharan Africa.



KEY TERM

A **norms-shifting intervention** is designed to change collective perceptions and behaviors, aiming to increase the belief that a desired behavior is acceptable, common and/or becoming more widespread. While interventions vary, these approaches usually identify the social norms and reference groups relevant to the behavior(s) of interest; seek change at the community rather than individual level; engage key influencers of norms; confront power imbalances such as those related to gender and age; and/or create or reinforce positive norms to support healthy behaviors. Programs that incidentally influence norms but are not explicitly designed for this purpose **did not qualify** as norms-shifting interventions.



We reviewed a diverse range of studies for inclusion, encompassing both experimental and quasi-experimental designs, such as randomized and non-randomized controlled trials, before-and-after studies, and interrupted time-series studies. Analytical observational studies, including cohort, case-control, and cross-sectional studies, were also considered, along with descriptive studies like case series, individual case reports, and descriptive cross-sectional studies. Additionally, qualitative studies using methods such as phenomenology, grounded theory, ethnography, action research, and feminist research were included. While systematic reviews were not included directly, we reviewed the studies they referenced if it addressed social norms interventions in one of the key health and well-being outcome areas.

A detailed breakdown of inclusion criteria is provided in **Table 1**.

Table 1. *Inclusion Criteria*

Category	Criteria for Inclusion
Population	• Studies (qualitative or quantitative) designed to improve the health and well-being of adolescent girls and young women aged 10 to 24 years • Studies that include populations in low- and middle-income countries in sub-Saharan Africa and/or South Asia
Intervention	• Studies must self-describe as focusing on norms (e.g., social norms, gender norms) and/or the normative context • Studies must self-describe as focusing on norms-shifting interventions (often described as norms-change interventions, norms-change approaches, or social norms approaches) • Studies must have measured social norms, or used common proxy measures for social norms (e.g., collective attitudes), or stated the use of attitudes or behaviors as indicative of norms shifts
Outcome	• Studies must self-describe as having an outcome related to at least one of the key health and well-being outcome areas

Data Review and Analysis

Citations and abstracts of peer-reviewed articles were uploaded into Covidence for screening and full-text review by a team of researchers at GEH. Covidence was used to detect and remove duplicate entries, then studies were assessed against inclusion and exclusion criteria through a multi-stage screening process. Titles and abstracts were reviewed, followed by full-text assessments to determine relevance. To ensure consistency and clarity in the screening process among team members, all reviewers initially assessed a sample of ten article titles and abstracts. Following this exercise, two or more reviewers independently screened all titles and abstracts according to the pre-established inclusion and exclusion criteria. During this process, the team used regular meetings to review the inclusion criteria and discuss any emerging questions or concerns. Disagreements were resolved through the platform (in consensus) and within discussions among the review team. Reasons for exclusion were documented in Covidence. All grey literature was systematically reviewed (outside of Covidence) and organized by research question and thematic relevance on a shared Google Drive awaiting inclusion in the final data sets.

Figure 2 outlines the literature selection process, detailing the number of records identified, screened, selected for full-text review, and ultimately included in the final extraction process.

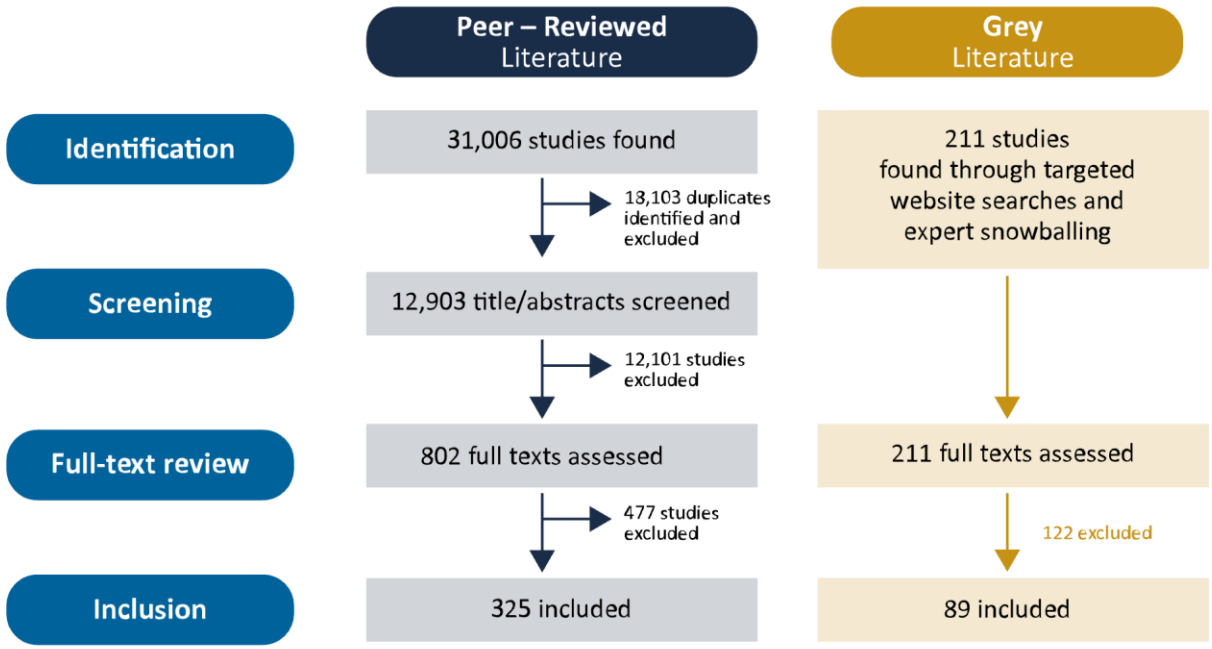


Figure 2. *Flow Chart of Included Literature Across All Scoping Reviews*

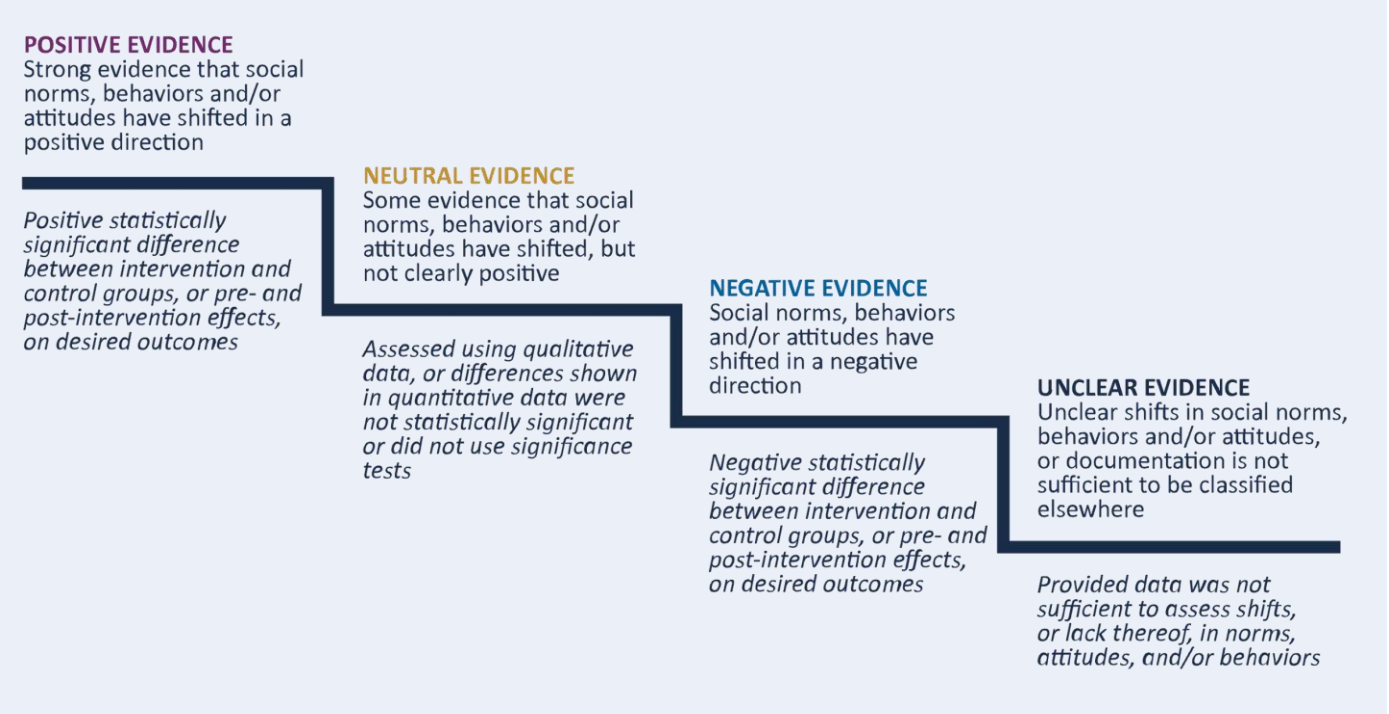
Extraction, Cleaning, and Analysis

A structured data extraction process was implemented using Covidence, based on the Johanna Briggs Institute Evidence Synthesis standard (41). The extraction tool was adapted to capture key details across the literature. Once literature was cleared for inclusion after full-text review, a team member conducted extraction in Covidence to draw out various data from the literature for further analysis. The data extraction process used Artificial Intelligence for an initial data capture, followed by team review for accuracy and completeness. The data extraction tool captured key participant characteristics, including demographics (age, gender, marital status, parity, health literacy, education, caste, disability, and socio-economic status). It also documented whether interventions directly targeted adolescent girls and young women or aimed to shift the norms of influential reference groups such as parents, teachers, and community leaders. Contextual factors, including country, urban or rural setting, and intervention level (individual, household, community, or institutional), were also recorded. Additionally, the extraction tool was designed to accommodate both qualitative and quantitative findings, capturing social norms measurement methods, validity and reliability of measures, health and well-being outcomes, as well as lessons learned, challenges, theoretical approaches, and recommendations. For the programmatic scoping reviews, additional data on the use of multimedia approaches and the involvement of faith or cultural champions in norms-shifting interventions were collected.

After data extraction was completed, the team conducted a thorough data cleaning process, which involved reviewing extracted information for consistency, identifying and removing any remaining duplicates, and filling in missing data where possible. As additional literature emerged through ongoing discussions and stakeholder meetings, new literature or specific data points were integrated into the final dataset. To facilitate later analysis, the team also developed separate Excel sheets to distinguish between general studies and intervention-specific studies or evaluations, and between information on intervention approaches/content and implementation-related strategies (e.g., entertainment media, faith and cultural champion interventions). This structured approach allowed for an enhanced synthesis of evidence, ensuring that findings from broader research and specific interventions could be analyzed effectively.

All analyses were executed in Microsoft Excel. By module, the analysis team assessed the distribution of key variables by geographical region, intervention classification and health outcomes. Data presented in this module, Module 1, includes data from Review 1 only, while Module 3 and Module 4, include data from Reviews 2 and 3, respectively.

Given the many types of norms-shifting interventions and the diverse methods used to assess them, relying solely on quantitative results offered an incomplete assessment of their effectiveness. This was mainly because strong social norms measures have only recently been developed and included in evaluations. Most research has focused on attitudes and behaviors, assuming changes in norms. As a result, the evidence on the effectiveness of norms-shifting interventions is still in its early stages. To provide a more comprehensive assessment of the relative success of norms-shifting interventions, we classified interventions based on positive, neutral, negative, or unclear evidence regarding changes in social norms, behaviors, and attitudes related to gender-based violence, sexual and reproductive health, women's economic empowerment, and/or child, early, and forced marriage outcomes. In this classification process, we considered quantitative data on normative, behavioral, and attitudinal outcomes, supplemented by available qualitative findings and other relevant information, such as monitoring data. **Module 3** and **Module 4** utilize these classifications to make comparisons across interventions.



Protocol Deviations

As the evidence reviews progressed, we refined our inclusion criteria to ensure we captured the most relevant and informative literature. First, we took several steps to broaden the evidence base. For example, we included articles that did not specifically focus on 10-24-year-olds but still addressed populations encompassing this age range. We also accepted studies that did not disaggregate by age, as long as adolescents or young adults were clearly part of the target group. Articles were included even if adolescents were only explicitly mentioned in the results section, provided their data were analyzed in some way. We did not change our analytical approach for these interventions. Rather, in cases where age-disaggregated findings were unavailable, our synthesis focused more on overall patterns than age-specific insights.

We also expanded our criteria to include studies that only measured behaviors and/or attitudes so long as **shifting norms was an explicit intervention goal**. This decision was made after the review initially resulted in few interventions meeting the inclusion criteria, and recognizing, in discussion with the Advisory Board, that many interventions did not apply state-of-the-art social norms measurement approaches. For example, *SASA!* used change in individual attitudes toward intimate partner violence as an indicator for social norm change, rather than specific norms measures (42). Additionally, *InThistoGether*, aimed to shift norms around HIV and condom use, but used behavior measures as indicators of success (43). Expanding the inclusion criteria related to norms measurement allowed us to capture a broader range of interventions and to highlight gaps in measurement. However, the wide variation in how norms were conceptualized and measured meant that results could not always be compared. Additionally, we could not conclude whether all included interventions successfully shifted norms or rather their effects were limited to attitudes and behaviors. In presenting results in Modules 3 and 4, we classify normative, attitudinal, and behavioral changes separately to address this limitation. Still, this inclusive approach allowed us to describe the current landscape more comprehensively and inform future research and measurement development priorities.

Assessment of Evidence

We identified a total of 408 unique articles published between 2014 and 2024 that met our overall review criteria for all review questions (accounting for duplicates included across separate reviews). The majority (n=313) of these were conducted in sub-Saharan Africa, 83 in South Asia and 12 were conducted with data from countries in both sub-Saharan Africa and South Asia. Within sub-Saharan Africa, more than one study was conducted in each of the following 31 countries: Benin, Burkina Faso, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, the Gambia, Ghana, Guinea, Kenya, Lesotho, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Togo, Uganda, Zambia and Zimbabwe; and one study was conducted in each of the following seven countries: Angola, Botswana, Burundi, Comoros, Gabon, Guinea-Bissau, and Liberia. Notably, roughly half (46%) of all studies in sub-Saharan Africa were conducted in six East African countries: Ethiopia, Kenya, Tanzania, Uganda and Zambia. The majority of the studies in South Asia were conducted in three countries: India, Bangladesh and Nepal. Two studies were also conducted in Sri Lanka, and one study each was conducted in Pakistan and the Maldives (see **Figure 3)**.

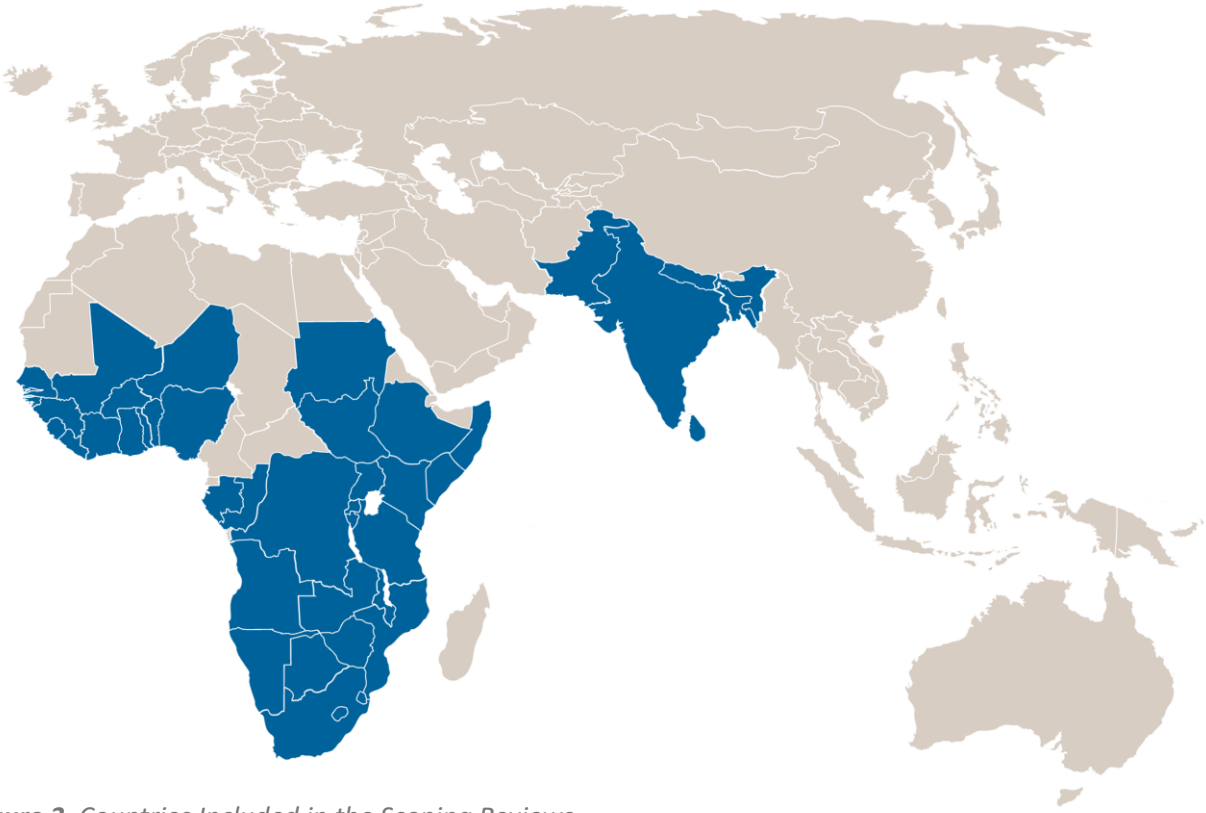


***Figure 3**. Countries Included in the Scoping Reviews*

KEY **CONSIDERATION**

When **measuring social norms**, it is important to keep in mind that most theorists agree norms are reflected through the existence of either or both a descriptive and an injunctive norm (28, 44). These types of norms can be assessed through several measurement approaches, such as single-item questions, scales, vignettes, or through focus group discussions, in-depth interviews, and participatory methods. An **injunctive norm** refers to the perceived **pressure to conform,** either to avoid negative social consequences such as exclusion or sanctions, or alternately to gain social approval. An example injunctive norm indicator might be: "it is appropriate for girls in my community to marry young." In contrast, a **descriptive norm** refers to perceptions about **whether others in a relevant social space are performing or engaging in a behavior of interest.** An example descriptive norm indicator might be: "Most girls and young women in my community use contraception."

While social and behavior change interventions ultimately seek to change individual behaviors and attitudes, norms-shifting interventions are premised on the idea that shifting descriptive and injunctive norms within a specific group is needed to support lasting behavior change. Because social norms are not determined or held by individuals alone but exist within a social space, they may differ from individual attitudes or behaviors. For example, a girl may believe that girls should receive the same level of education as boys, but she is aware her community disapproves. While measuring individual attitudes and behaviors is useful, programs aiming to shift norms need studies that capture broader social expectations—both what people do and what they believe others approve of. There are many social norms measurement resources available, such as the Social Norms Learning Collaborative's Resources for Measuring Social Norms: A Practical Guide for Program Implementers, which has a focus on adolescent girls and young women's health and livelihood outcomes.

In terms of the health and livelihood outcomes of interest to this review, just over half (n=225) focused on one outcome with the remaining 183 focusing on multiple outcomes. Sexual and reproductive health outcomes were the most frequently studied among the articles (n= 248), while 195 articles focused on gender-based violence, 83 on HIV, 81 on child, early, and forced marriage, and just 32 on women's economic empowerment.

To assess the quality and state of evidence in this set of articles, two key factors stand out: **study design and methods used to measure social norms**. These factors are important because different study designs and measurement approaches yield varying types of evidence that are not always directly comparable.

This collection of articles reflected a range of study designs that, based on a methodological review, can be characterized as generating three types of evidence (45). We categorize these three types as exploratory or formative research, descriptive or cross-sectional studies, and causal or explanatory research (see **Figure 4**). Each research type contributes important but distinct evidence.

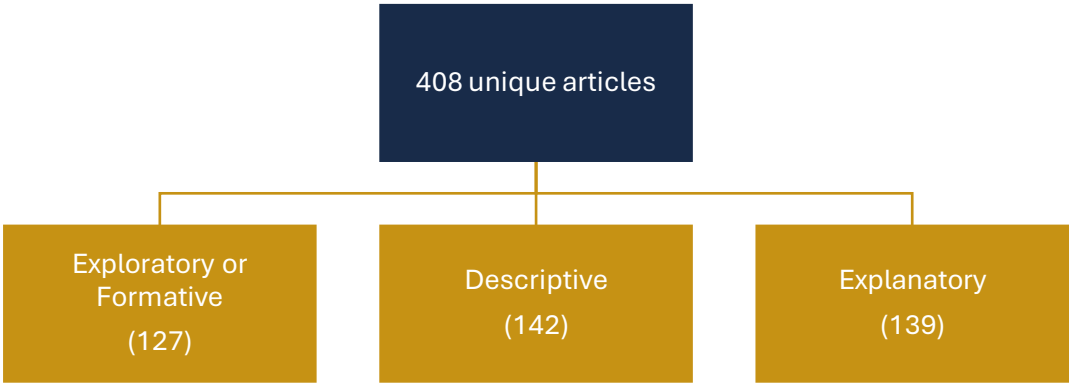


Figure 4. *Articles by Research Type*

Table 2 represents a heat map of the distribution of these studies across outcomes of interest and type of research. As shown in blue, the areas with the largest amount of scholarship to date are exploratory and descriptive studies focusing on sexual and reproductive health and gender-based violence. As shown in gold, there is a notable lack of research specifically focused on women's economic empowerment.

Table 2. *Heat Map of Research Type, by Outcome*

	Sexual and reproductive health (n=248)	Gender-based violence (n= 195)	Child, early, and forced marriage (n= 81)	Human Immunodeficiency Virus (n= 83)	Women's economic empowerment (n= 32)
Exploratory	85	46	23	18	5
Descriptive	82	64	33	31	4
Explanatory	81	85	25	34	23

Cells highlighted in blue are those with 50 or more research studies; cells in beige are those with less than 25 studies, and cells in gold are those with between 25 and 50 studies.

Exploratory Research

As shown in **Figure 4**, **127 studies** qualified as exploratory or formative research. Exploratory research refers to the methodology used when researchers have a limited understanding of the topic at hand and want to gain a broader perspective or more insights into the subject (46). Formative research is a type of exploratory research that occurs before an intervention is designed and implemented, or while an intervention is being implemented to help "form" or modify it (47). Notably, while findings from exploratory research cannot be generalized to broader populations, to the extent that social norms differ across social settings, **this type of research is critical for establishing a foundational understanding of the specific social norms present in each unique context.**

All of the exploratory studies used qualitative methods to capture information about social norms; a small number (n=14) used mixed-methods, combining some type of quantitative method with their qualitative approach to measuring norms. Accounting for studies that included more than one measure, we provide an overview here: 25 of the studies did not provide details on how they measured social norms; among the remaining studies, only one used a measure of social norms that had been previously validated as part of the Social Position and Family Formation project but did not provide any details on the questions asked. Moreover, 11 studies reported adapting their measures from previously validated measures, and 93 were newly created for these studies.



KEY INSIGHT

Among studies that adapted a measure and cited the original source, the following tools or measures were referenced: **the WHO Gender, Sexuality, and Vaginal Practices study questionnaire, or approaches recommended in the Social Norms Exploration Tool, often referred to as the "SNET."**

Seventeen of the studies used vignettes, which are stimuli including text and images, to which research participants are invited to respond (48). In health and development research, vignettes are typically presented as short stories about imaginary characters in specific contexts, with guiding questions that prompt study participants to respond to the story in a structured way. Because they have several advantages over direct questions about social norms, vignettes are becoming increasingly common as an approach to measuring social norms. Most importantly, because vignettes are representations of subjects or situations that should be familiar or relatable to the participants, the questions asked afterwards are linked to a concrete, realistic context and therefore may be more realistic and less abstract than conventional survey or interview questions (49). Most of the studies which used vignettes (n=11) focused exclusively on one outcome –six on sexual and reproductive health; three on child, early, and forced marriage; and one each on HIV, gender-based violence, and women's economic empowerment – the other five studies focused on multiple outcomes.

Descriptive Research

As indicated in **Figure 4**, **142 studies** qualified as descriptive research. Descriptive research, broadly defined, aims to describe a population, situation or phenomenon accurately and systematically (46). A descriptive research design can use a variety of methods to investigate one or more variables; this includes descriptive correlational studies, which aim to assess and explain the relationship between two or more variables. Although descriptive research is not able to make any causal claims, **the body of evidence generated by this type of research is essential for establishing and describing the relationship between social norms and other factors.**

Most of these studies used quantitative data collection methods (n=97) with significantly fewer using qualitative (n=18) or mixed-methods (n=24) approaches; three did not report their data collection method. In terms of norms measures specifically, 31 studies did not provide details about how they measured social norms. Among the remaining 111 studies, many employed more than one social norm measure. Specifically, 28 studies reported using measures that had been previously validated, 44 reported adapting previously validated measures, and 39 reported creating an entirely new measure. In terms of approach, 35 studies used qualitative measures. Among the quantitative measures employed, 87 studies used scales, 10 indices, 17 categorical and 23 binary (e.g., yes/no questions) measures.

Scales, indices and surveys that were used in these studies are shown in **Table 3.** Although it is not always clear from the names of the measures, many of them are known to be measures of individual attitudes. For instance, the Gender Equitable Men Scale is comprised of 24 items that measure men's attitudes on gender norms; the Sexual Relationship Power Scale uses 23 items to measure individual perceptions and experiences of power within an intimate relationship; and the Child Marriage Acceptability Index is a 23-item index used to measure changes in knowledge and attitudes about child marriage. The Partner Norms Violence Scale is the only one explicitly measuring social norms.

Table 3. *Norms Measures Identified Within Descriptive Research*

	Previously Validated Measures (n=28)	Adapted from Previously Validated Measures (n= 44)
Scales	Gender Equitable Men Scale Generalized Perceived Self-Efficacy Scale Attitudes Towards Women Scale for Adolescents Menstrual Hygiene Management Scale	Gender Equitable Men Scale Revised Conflicts Tactics Scale Partner Violence Norms Scale Sexual Relationship Power Scale WE-MEASR Tool Dating Attitudes Scale Adolescent Sexual and Reproductive Health Stigma Scale Sexual Relationship Power Scale
Indices	Wife-beating Attitudes Index	Composite Index Anticipated Stigma Child Marriage Acceptability Index Survey-based Women's emPowERment Index
Surveys	Demographic and Health Surveys World Health Organization's Multi-country Study of Domestic Violence and Women's Health International Men and Gender Equality Survey	Nigeria Violence Against Women Survey

Explanatory Research

Finally, as shown in **Figure 4,** we identified **139 studies** that qualified as explanatory research. Explanatory research studies seek to generate evidence on causal relationships (46). Included in this category were studies that used experimental approaches such as randomized control trials, quasi-experimental designs and over-time approaches (e.g., longitudinal and pre-post designs). **This type of research is instrumental for shedding light on cause-and-effect relationships between norms-shifting interventions and behavioral outcomes.**

Most of these studies used quantitative data collection methods (n= 76) or mixed-methods (n=39) approaches, with significantly fewer using a uniquely qualitative (n=19) data collection approach; five did not report their data collection method. Several of the studies employed more than one social norms measure. Forty-one studies used a qualitative measure alone or in combination with a quantitative measure. Among the quantitative measures employed, 74 studies used scales, 11 used indices, 8 used categorical measures and 22 studies used binary e.g., yes/no questions) measures. Forty-four of the studies did not provide details about whether they created their own measure or used or adapted a previously validated measure. Among the remaining 95 studies, 13 of them used measures that had been previously validated, 51 reported adapting previously validated measures, and 40 reported creating their own measure or measures. Scales, indices, and surveys that were cited in these studies are shown in **Table 4**. Similar to the descriptive research, most of these cited measures are known for measuring individual attitudes rather than social norms.

Table 4. *Norms Measures Identified Within Explanatory Research*

	Previously Validated Measures (n= 11)	**Adapted from Previously Validated** Measures (n= 24)
Scales	Gender Equitable Men Scale	Adolescent Stigmatizing Attitudes and Beliefs Scale Attitudes Toward Women Scale for Adolescents Conflict Tactics Scale Contraceptive Use Stigma scale Gender Equity Movement in Schools Scale Gender Equity Measurement Tool Gender Equitable Men Scale Gender Relations Scale Intimate Partner Violence Attitudes Scale Norms and Attitudes on Age Disparate Transactional Sex Scale Gender Roles and Male Provision Expectations scale
Indices		Perceived Norms of Delaying Sex
Surveys	Demographic and Health Survey Multiple Indicator Cluster Survey Tipping Point Survey Tostan Individual Baseline-Endline Survey	Demographic and Health Survey International Men and Gender Equality Survey WHO Multi-country Study Instrument

Key Takeaways on Evidence

There are several notable trends, gaps, strengths and weaknesses in this body of evidence:

Geographically diverse evidence base: Over 400 studies were identified across 38 countries in sub-Saharan Africa and six countries in South Asia, demonstrating that social norms influence a range of behaviors and outcomes across varied cultural and regional contexts. This geographic spread provides confidence in the relevance of social norms programming across diverse settings.

Methodologically diverse and sizeable research base: The evidence base includes exploratory, descriptive, and explanatory studies, offering a range of perspectives and analytical depth. This methodological diversity strengthens confidence in the conclusions and provides a foundation for understanding how norms function and can be shifted across outcomes and populations.

Growth over time: When plotted annually over the past decade, this body of work shows a promising increase in volume of scholarship with a peak in 2021 and 2022 (**Figure 5**).

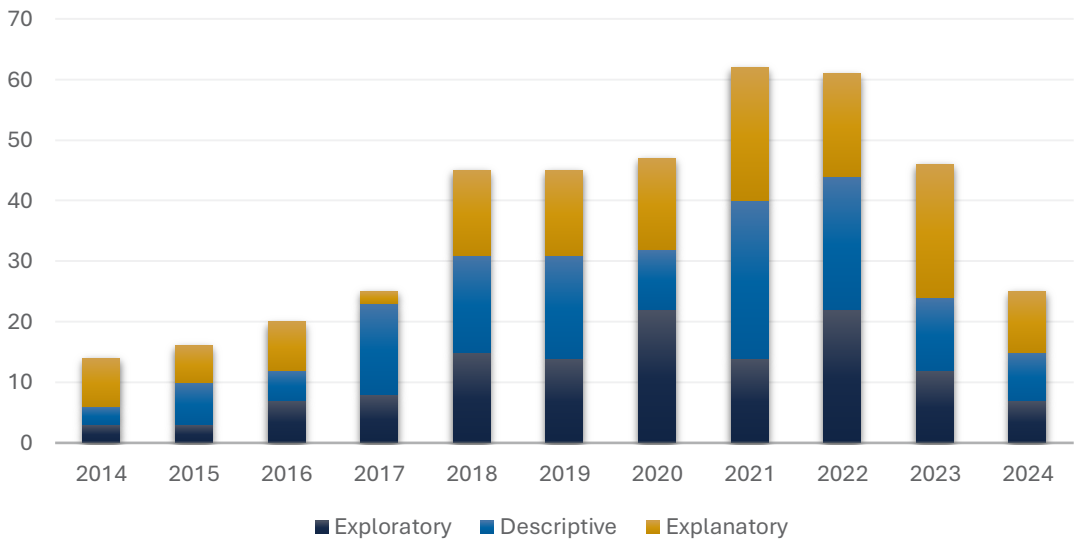


***Figure 5**. Volume of Social Norms Publications Over the Past 10 Years*

Overreliance on attitudinal measures instead of social norms measures: Many studies labeled as social norms research primarily measured personal attitudes rather than actual social norms. Our search indicated that descriptive norms, injunctive norms and social sanctions were mentioned in only 36, 40 and 43 articles, respectively, highlighting a major gap in measurement.



Limited focus on certain outcomes: Most studies centered on sexual and reproductive health or gender-based violence, with significantly fewer addressing child, early, and forced marriage. Notably, research on norms related to women's economic empowerment is severely lacking (n=32), leaving a major gap in understanding gender-related economic empowerment norms.



Untapped potential for social network analysis: Somewhat surprisingly only two of the identified studies mentioned using social network analyses. Social network analyses have been shown to capture important characteristics of reference groups as well as salient patterns of influence that group members have in reinforcing social norms (50-52). When used as part of exploratory or formative research, network analyses results can provide valuable insights for intervention design.



Failure to build on existing evidence and tools: Despite major progress in norms research and measurement over the past decade, less than half of the studies used or adapted previously validated measures. This lack of continuity undermines the comparability and generalizability of findings across contexts. Leveraging validated measures not only reduces the measurement burden but also enhances the rigor and impact of social norms research, even in formative and exploratory studies.

Mapping of Norms Across the Evidence

To identify which social norms have been studied or addressed in programming, we conducted a mapping exercise by analyzing the methods and results sections of all reviewed articles. We manually tallied the number of articles addressing each of the 11 main norms categories listed in **Table 5**, including relevant sub-categories to capture specific types of norms. The most frequently referenced norms categories were fertility; gender-based violence; gender roles; and decision-making, communication and agency.

Table 5. *Norms Categories and Tallies of Norm Types from all Literature*

Fertility Family size, timing and spacing of pregnancy	174
Gender-based violence Under what circumstances is violence acceptable	146
Gender Roles Men and women's roles and responsibilities	136
Decision-making, Communication and Agency Negotiating choices and power in day-to-day life	115
Sex and Sexuality Timing and conditions of sex *(pre-marital, extramarital, transactional)*	108
Social Systems Engagement with social systems and institutions *(health, religion, education)*	102
Human Papillomavirus and HIV HPV and HIV prevention behaviors *(condom use, immunization, testing)*	77
Marriage Decisions related to timing of marriage and choice of partners	65
Education Who should receive education and for how long	54
Economic Opportunities Income generation and control over assets	52
Body Body appearance and function *(menstruation, breastfeeding, puberty changes)*	35

Fertility

Fertility norms, the largest category, was further divided into the following sub-categories: timing of first pregnancy, spacing of pregnancies, family size, infant sex/gender, decision making, speaking about family planning, contraceptive use, sexual and reproductive health knowledge, and abortion. Although these sub-categories were not mutually exclusive, two-thirds of the articles addressed or included aspects related to contraceptive use or family planning. Other common topics explored included family planning and/or sexual and reproductive health knowledge, discussions about family planning, and fertility decision-making. **Based on this evidence, it is clear that most research and interventions addressing fertility-related norms have focused on family planning, with topics like abortion, birth spacing, and family size less common.**

Gender-Based Violence

The gender-based violence category included different types of violence (e.g., sexual, physical, verbal, intimate partner), as well as perceptions, acceptability, and justifications of violence against women and girls, and the willingness to respond to or report violence. Notably, most studies focused on the perception, acceptability, and justification of violence against women and girls. About half addressed physical violence, sexual violence, and intimate partner violence. **While some articles did discuss intersections within sub-categories, it was less common than in other categories.**

Gender Roles

The Gender Roles category was broken down into sub-categories including norms related to the appropriate roles, rights, and responsibilities of women and men (e.g., masculinities and femininities), especially those regarding household roles, communication, decision-making, and conflict resolution. The prominence of gender norms in the literature suggests that they are foundational and closely linked to various health and livelihood outcomes for adolescent girls and young women. **Therefore, it is crucial to understand how gender norms influence health behaviors and intersect with other important social norms**.

Decision-making, Communication and Agency

In the Decision-making, Communication and Agency category, most studies focused on couple dynamics and joint decision-making. About half of the articles addressed roles in household decision-making, and a small subset focused on individual agency. Many articles addressed norms about both fertility and decision-making and agency, **suggesting the relevance of this normative intersection.**

Key Takeaways on Norms Mapping



This mapping revealed the intersectionality of norms-related work—90% of the reviewed articles addressed multiple norms and outcomes. All articles that discussed decision-making and agency, social systems, the body, education, or economic norms also covered at least one additional category. Only articles focused on fertility, sex, HIV, marriage, or gender-based violence examined norms specific to a single category.



This analysis highlights the importance of a holistic approach to norms programming and underscores the potential of leveraging foundational norms—such as those related to the appropriate roles, rights, and responsibilities of women and men—to drive social and behavior change related to multiple health and livelihood outcomes. By recognizing how norms intersect across domains and within broader systems, we can design more effective interventions that foster a supportive normative environment for adolescent girls and young women



The analysis also points to notable gaps in practice. For example, only 2 of the articles addressed norms related to human papillomavirus and HIV; 23 focused on bodily norms (e.g., breastfeeding, skin, weight, or menstruation); 37 addressed norms around economic opportunities; and another 37 addressed educational norms. While these findings may reflect the limitations of the search terms used for the review, they also suggest a need for greater attention to these underexplored areas.

Limitations

A key limitation of this evidence review is the **lack of direct measures of social norms** in most research. Many studies relied on proxy indicators such as attitudes, behaviors, or knowledge, which limits the ability to assess whether interventions truly influenced social norms. While these studies offer useful insights, they do not distinguish whether behavior change resulted from shifts in social norms, changes in attitudes, or other influencing factors. This limitation makes it difficult to isolate the influence of social norms on behaviors or the mechanisms through which interventions operate, underscoring the need for more rigorous social norms measurement.

Additionally, **inconsistencies in how interventions define and describe social norms** may have affected the study team's ability to capture all relevant literature. While we took careful steps to mitigate this by using an expansive definition of norms (detailed in the methodology section), it is possible that some relevant studies were unintentionally excluded. This challenge underscores the importance of standardizing norms-related terminology to improve comparability and synthesis in future reviews.

Another significant constraint was the **lack of detailed intervention descriptions and implementation data** across many reviewed documents. Without clear documentation of implementation strategies, it was difficult to assess which specific components contributed to norm shifts. For example, for intervention duration, some studies referred to the overall project duration, while others focused on the length of time individuals were exposed to the intervention. Another example is the inconsistency in reporting the intensity of community engagement—some interventions described broad outreach efforts but provided little detail on how often individuals or groups participated in key activities, making it challenging to determine dosage effects. The inability to disentangle these factors limits conclusions on the intensity and duration of engagement needed for norm change.

Moreover, many programs **did not articulate a clear theory of change**, making it difficult to understand how they hypothesized social norms would shift within their program models. The absence of an explicit framework for normative change meant that studies often lacked a reference point for assessing whether interventions unfolded as expected or whether key assumptions held true. This gap reduced the ability to draw cross-program comparisons and identify common mechanisms of change. Where available, grey literature—such as monitoring reports, qualitative studies, and implementation guides—helped provide valuable insights. Additional documentation from programs would strengthen future comparative analyses.

Another challenge is that recent interventions with stronger norms measurement and evaluation designs may **not yet be published**, limiting our ability to capture the most up-to-date findings. This lag in evidence availability may particularly affect our understanding of emerging and innovative approaches. Ongoing tracking of new studies and real-time learning efforts may help address this gap in future reviews.

A further limitation is the **lack of evidence on sustainability** and the optimal timing for norm change interventions. While some programs have demonstrated sustained impact post-funding, this was not consistently explored across studies. Few interventions provided insights into how programs were sustained, as described in sections on scale in other modules. Understanding how programs can maintain momentum beyond funding cycles is critical, yet the lack of data makes it difficult to draw conclusions. Highlighting interventions that have achieved long-term impact—particularly those driven by community ownership—would strengthen future research and implementation.

Our decision to **focus on literature from sub-Saharan Africa and South Asia,** while aligned with the priorities of the Adolescent and Youth Learning Agenda, may have excluded relevant insights from other regions. Social norms interventions in Latin America, the Middle East, and Southeast Asia may offer valuable insights that were not captured in this review. Expanding the geographic scope in future syntheses could provide a more comprehensive understanding of global norms-shifting efforts.

Finally, this review is subject to publication bias, **as studies with positive outcomes are more likely to be published**, while unsuccessful or neutral findings may be underrepresented. For example, unpublished formative research may contain critical insights into intervention challenges, failures, or unexpected pathways of change that did not emerge in this review. This bias complicates efforts to draw comprehensive conclusions about intervention effectiveness across contexts, reinforcing the need for greater transparency and documentation of all outcomes—both successful and inconclusive.

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