Report Overview

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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Report Overview

Over the past decade, there has been growing recognition of the role social and gender norms play in shaping health and development outcomes, particularly for adolescents and young people. With those aged 10–24 representing about a quarter of the world's population, understanding how social norms influence their behaviors and life trajectories is critical. Within global health programming, norm-shifting interventions—ranging from community-based initiatives to mass media and edutainment approaches—seek to transform harmful norms or reinforce positive ones. However, both empirical evidence on their effectiveness and mechanisms of change, as well as practical implementation guidance on the "how-to", remains limited.

This report presents findings from a set of scoping reviews conducted in 2024 by the Center on Gender Equity and Health at the University of California San Diego to support the Gates Foundation's Adolescent and Youth Learning Agenda. The scoping reviews examined the relationship between social norms and the health and livelihood outcomes of adolescent girls and young women in sub-Saharan Africa and South Asia. As such, the report synthesizes existing evidence on how norms shape behaviors, the key drivers of normative change, and the effectiveness of interventions designed to shift norms across these contexts.

To support accessibility and relevance for different audiences, the report is structured in a modular format, with each module organized to align with the learning questions. **Module 1** serves as an introduction, providing a detailed overview of the project and methodology, as well as an assessment of the strength and limitations of the evidence included in the review. Each subsequent module begins with a brief introduction before delving into specific analytical approaches relevant to its focus. As you read the report modules, we recommend you refer to Module 1 for expanded details on the methodological approach. **Module 2** summarizes empirical evidence on the broader influence of social norms, including the drivers of and pathways leading to behavior change. **Module 3 and Module 4** offer a deeper examination of programmatic and evaluation components related to entertainment media and faith and cultural champion interventions, as well as recommendations for best practice to inform future research and programmatic efforts.

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

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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).

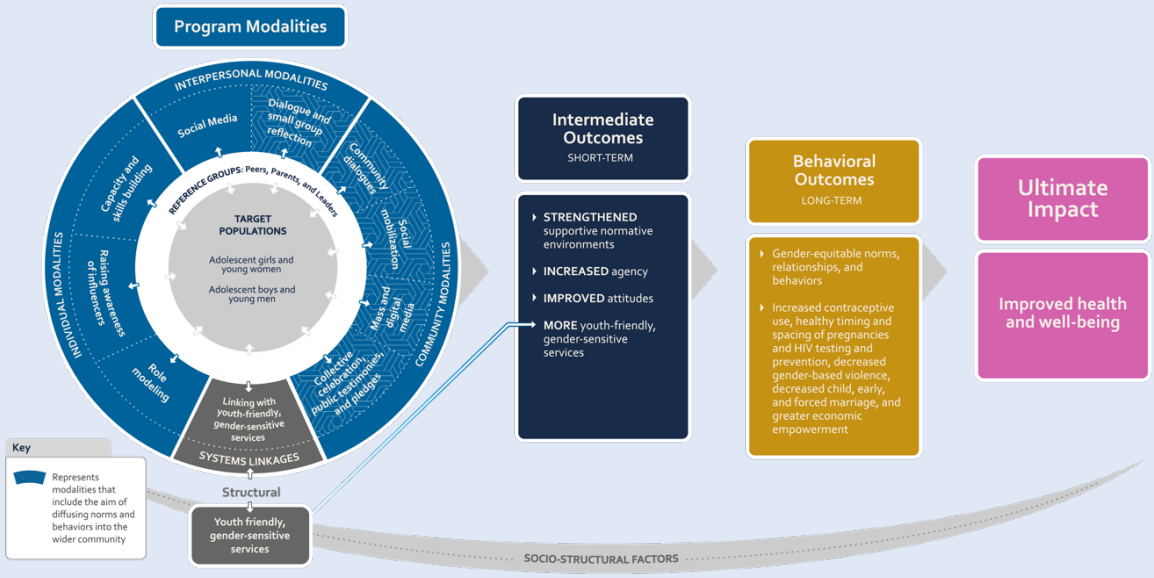


***Figure 1**. Theory of Change for Norms-shifting Interventions*

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.

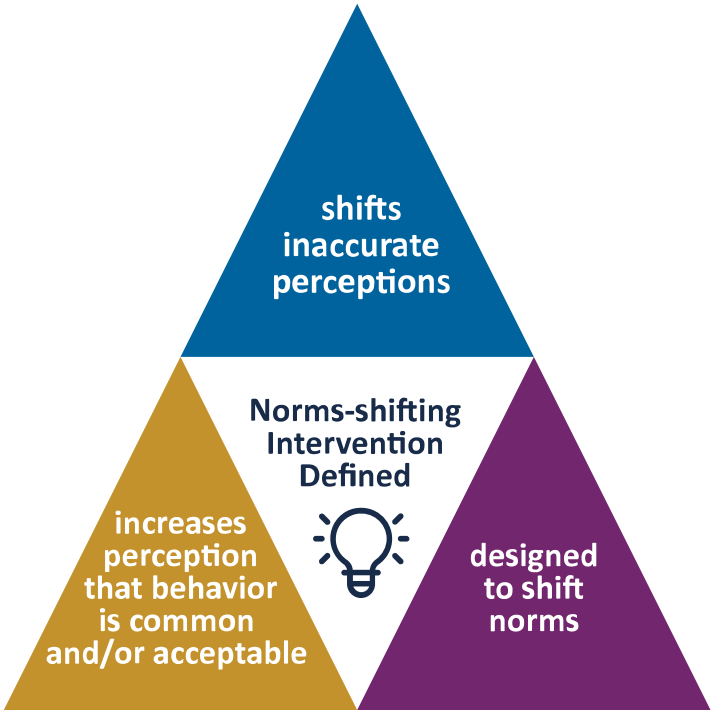
Eligibility Criteria

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.

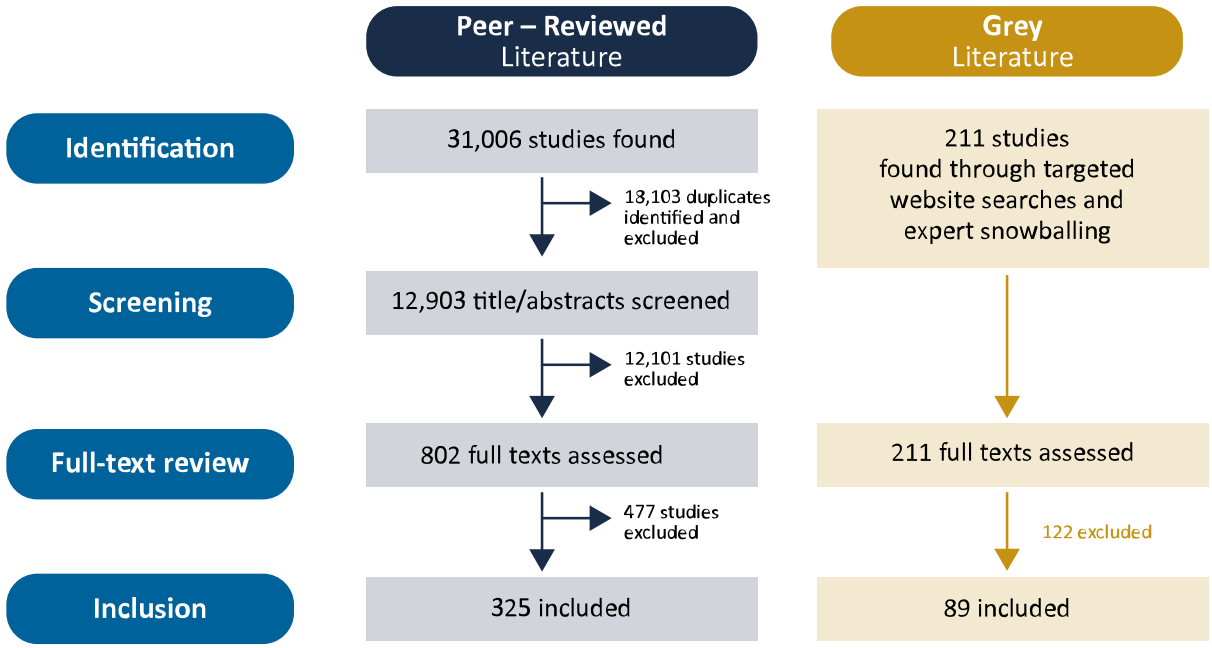


Figure 2. *Flow Chart of Included Literature Across All Scoping Reviews*

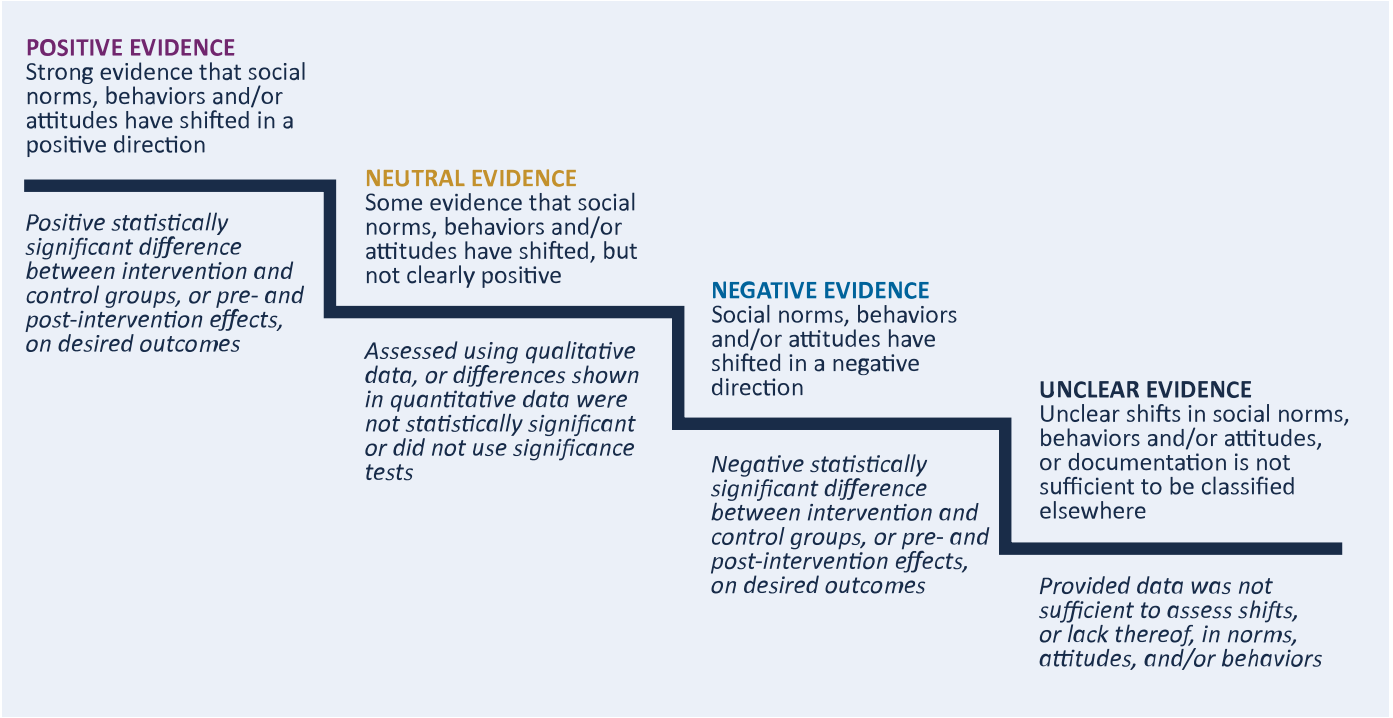
Extraction, Cleaning, and Analysis

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)**.

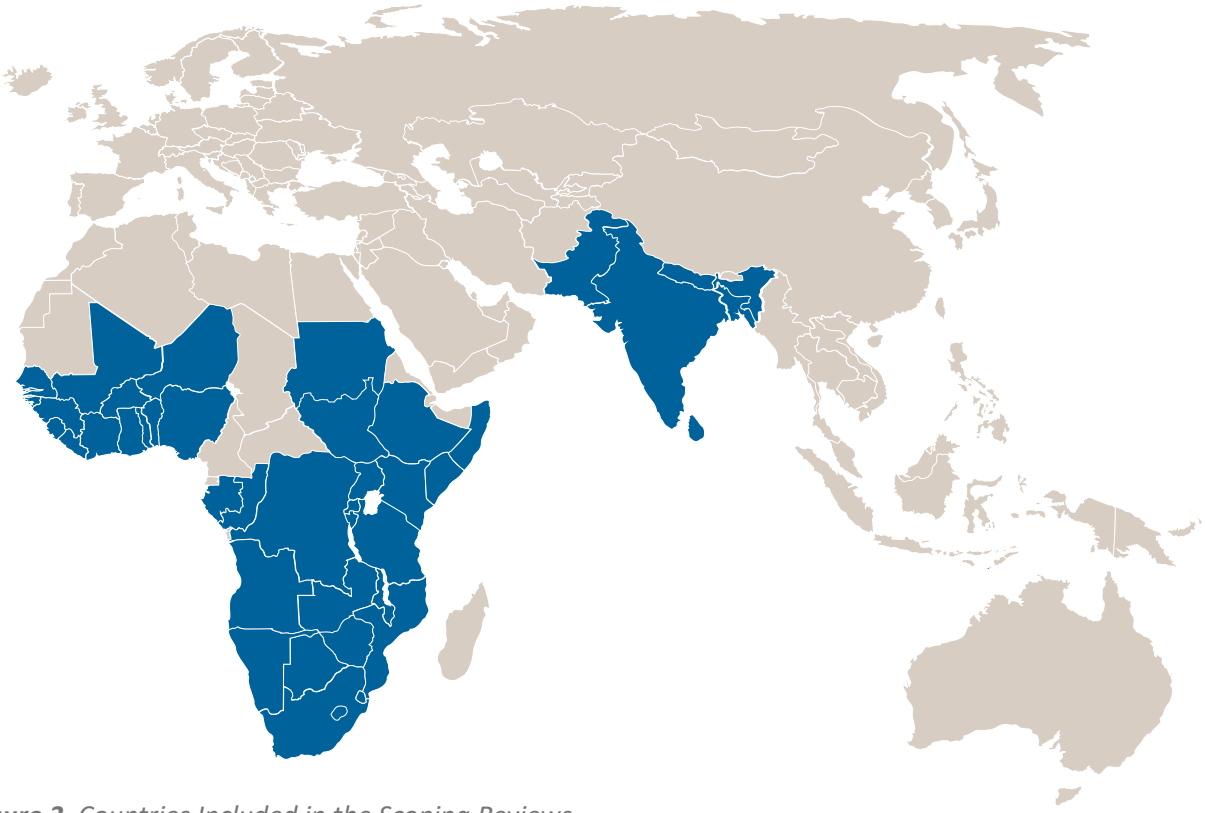


***Figure 3**. Countries Included in the Scoping Reviews*

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.

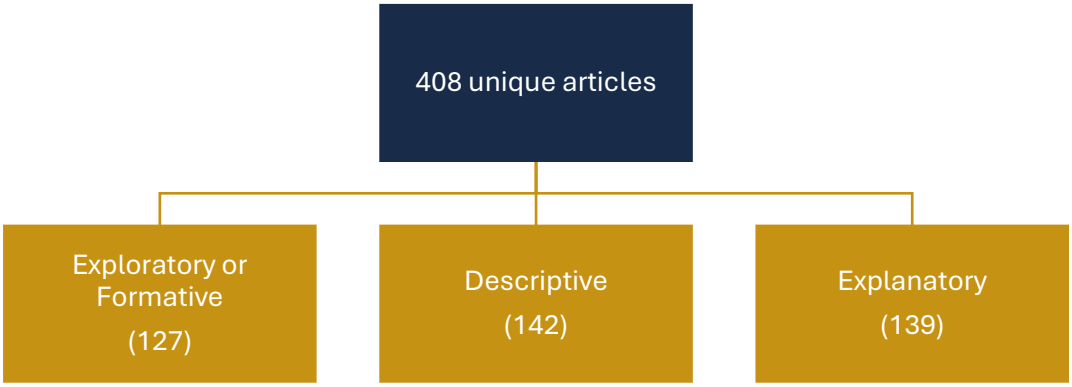


Figure 4. *Articles by Research Type*

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**).

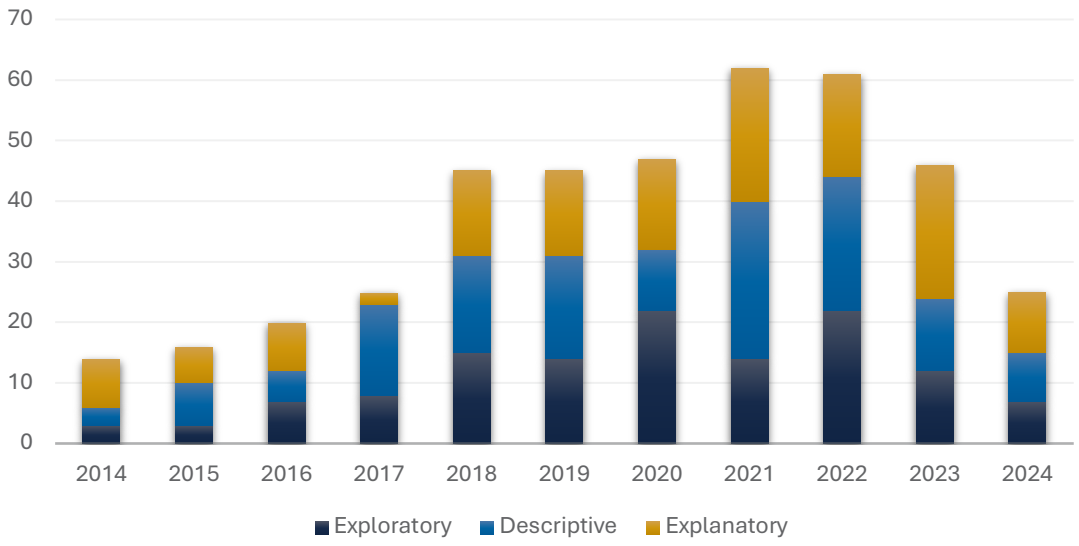


***Figure 5**. Volume of Social Norms Publications Over the Past 10 Years*

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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MODULE 2

How Social Norms Drive Outcomes

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

Module 2 Introduction

What does evidence say about the relationship between the normative contexts of adolescent girls and young women and outcomes related to sexual and reproductive health, women's economic empowerment, gender-based violence, and child, early and forced marriage?

Module 2 examines how social norms influence the behaviors and outcomes of adolescent girls and young women, and boys and men, particularly in relation to sexual and reproductive health, women's economic empowerment, gender-based violence, and child, early and forced marriage. Through a range of program approaches and case studies, this module synthesizes evidence from diverse geographic contexts in sub-Saharan Africa and South Asia, exploring how normative expectations shape the choices and opportunities of adolescent girls and young women and how shifts in these norms contribute to changes in behaviors and practices.

The findings in this module offer rich insights on what factors strengthen or weaken the influence of social norms, and on the pathways through which social norms influence the health and well-being of adolescent girls and young women. In addition, this module discusses how attitudes fit into norm change, highlighting distinctions between internally held beliefs and external, socially reinforced expectations, and how shifts in attitudes contribute to broader normative change.

Beyond individual and community-level influences, the module examines macro-level factors that shape norm change for adolescent girls and young women, including policy environments, economic opportunities, education, and exposure to media and technology. These structural and systemic factors interact with social norms in complex ways, either accelerating or constraining shifts in gendered expectations and behaviors over time.

Module 2 concludes with a series of considerations for policymakers and practitioners. In sum, these insights not only increase understanding of the broad mechanisms through which social norms impact the lives of adolescent girls and young women, they are also critical for interpreting the evidence on effective norm-shifting interventions presented in later modules.

Rationale

There is compelling and growing evidence that – across the world (be it in low-, middle-, or high-income countries) – social norms shape what people in a community or society consider acceptable and appropriate behavior. Understanding how these norms influence adolescent girls and young women's choices, opportunities, and actions is essential for effective policymaking and intervention design. This understanding is also key to developing targeted programmatic strategies that foster meaningful and sustainable change. **This section presents Module 2's guiding research questions, along with their rationale and contribution to the field.**

Guiding Questions

Module 2 is organized around three guiding themes: 1) How social norms influence adolescent girls and young women's behaviors and outcomes across domains; 2) What evidence exists on the directionality, mediation, and moderation of norms on adolescent girls and young women's behaviors; and 3) What mechanisms drive normative change, and how do these mechanisms interact with psychological factors, such as attitudes, as well as broader structural and contextual factors.

How do social norms influence the behaviors and outcomes of adolescent girls and young women across domains?

This question explores how social norms affect adolescent girls and young women's behaviors and outcomes across multiple domains of well-being and development (such as health, education, economic participation, and safety from violence). Answering this question highlights the role that social norms play in either restricting or enabling their choices and actions.

This understanding is essential because effective grantmaking, along with successful program and policy design, must be grounded in a deep awareness of the social dynamics affecting access to opportunities, resources, freedoms, choices, and actions. A key part of that contextual understanding is recognizing how norms operate within specific settings. Funders and policymakers can support interventions targeting the root causes of unjust and harmful outcomes by identifying how norms contribute to sustaining an unjust and harmful status quo. Appreciating the dynamics that harmful social norms create can inform the design of programs that lead to long-term, sustainable change in people's lives.

We know that social norms are powerful drivers of adolescent girls and young women's behavior, often dictating, among other things, their access to education, healthcare, and economic opportunities. Social norms also perpetuate harmful practices such as child marriage and other forms of gender-based violence. The evidence illustrates how various norms, ranging from those closely linked to behaviors to more deeply rooted ones, as well as different types of norms, such as descriptive norms (what people do) and injunctive norms (what people approve of), interact to either create barriers or promote progress for adolescent girls and young women.

What mechanisms drive changes in social norms, and how do they interact with psychological as well as broader structural and contextual factors?

This question examines the processes through which shifts in social norms occur, either naturally or because of an intervention. It seeks to understand the programmatic pathways and strategies that can be leveraged to shift norms sustainably. This is critical because the design of purposeful investments, policies, and interventions requires understanding which mechanisms and strategies are most successful in driving norm change. This knowledge also ensures resources are directed toward interventions with the greatest potential for impact. Furthermore, understanding the interaction between norms and structural factors, such as legal systems and economic conditions, allows for the design of comprehensive approaches that effectively foster social and behavioral change.

Social norms do not exist in isolation. Evidence indicates the relationship between social norms and personal attitudes can influence behavior at both individual and community levels, reinforcing detrimental practices or catalyzing positive change. At the same time, social norms are also embedded within and shaped by broader systems, including cultural traditions, governmental processes, health services, technology, infrastructure, and more. To accurately assess and measure social norm and behavior change, and to understand how and why the effectiveness of norms-shifting interventions may vary across contexts, it is useful to tease apart constructs like attitudes, self-efficacy and aspirations, in addition to considering these broader systems and structures.

What evidence exists on the directionality, mediation, and moderation of norms on adolescent girls and young women's behaviors?

Examining evidence on 'directionality' offers an improved understanding of whether behaviors change first and norms follow, or whether norms change first and behaviors change thereafter. This question also explores factors that mediate changes in norm-driven behaviors and conditions that moderate their impact. As such, the scope of this question includes analyzing demographic factors facilitating deviation from social norms, investigating why people comply, and whether certain groups can afford to deviate without any social consequence.

This is important because designing effective theory-informed interventions necessitates a clear understanding of the pathways that lead to change in behaviors sustained by social norms. By identifying directionality, mediators, and moderators, program designers are better equipped to tailor programs to specific contexts, enhancing their effectiveness, and funders are more favorably positioned to support programs with improved return on investment.

Based on existing literature and programmatic experience, three hypotheses related to directionality are discussed in this module: changes in social norms precede behavior changes; behavior changes result in shifts in social norms; and changes in behavior and social norms occur bidirectionally and iteratively. Programmatic implications for each of these hypotheses are presented thereafter, all of which underscore the importance of considering community values and norms while also supporting individuals who are early adopters of new behaviors. Findings on mediating and moderating mechanisms emphasize the need for integrated interventions, as well as for intersectional analyses in programmatic evaluations and studies.

Methodology Snapshot

Review and Analysis Approach

Spanning diverse disciplines including public health, sociology, behavioral economics, and gender studies, Module 2 draws on the full body of literature in the evidence review— including both peer-reviewed and programmatic (grey) literature. This module also supplements insights from these sources by selectively integrating empirical studies that offer additional depth on dynamics of norms change processes, mechanisms of change, and contextual moderators.

As described in Module 1, the methodology involved a rigorous search and screening process to identify relevant literature, guided by predefined inclusion criteria and key search terms. However, unlike other modules, which emphasize specific intervention strategies, Module 2 takes a conceptual approach—analyzing norms as forces shaping adolescent girls and young women's choices across domains. Studies were therefore selected based on their contribution to understanding normative influence, directionality, mediation, moderation, and more. The primary sources of literature included peer-reviewed articles and additional conceptual reports, supported by program documentation with examples beyond entertainment media and faith and cultural champion approaches. Key themes were identified across sources and categorized into the three guiding questions described above. In cases where programmatic information was unavailable, the research team complemented the identified literature with additional empirical evidence.



KEY TERMS: MODULE 2

Social norms, as defined by Cislaghi and Heise, are an individual's "beliefs about (i) what others do and (ii) what others approve and disapprove of" (1). These factors can be barriers to specific behaviors due to the potential for social sanctioning, or adverse, potentially severe reactions by community members toward adolescent girls and young women who behave in a way not in line with social expectations. Social norms go beyond the influence of one's immediate family and include partners, friends, and health providers – whoever an individual identifies as their reference group, or the people to whom they compare themselves (2-6).

Gender norms are a specific type of social norm that provide a set of rules for how men and women should act, often to the disadvantage of women and girls. These norms are learned early in the life course, and reinforced socially via school, the workplace, religion, media, and other institutions (7).

Reference groups create social norms and enforce them through positive and negative sanctions (2-6). Reference groups encompass anyone with whom an individual compares themselves.

An ***attitude*** is "what an individual thinks and feels about a behavior or practice, and whether they judge it favorably or unfavorably" (8). Attitudes are often influenced by an individual's beliefs, which distinguish them from social norms, which are extrinsically motivating.

How Social Norms Influence Key Outcomes

Social norms become more deeply ingrained during adolescence and increasingly dictate adolescents' behavior. As children transition through puberty, they enter a developmental stage of heightened sensitivity to social norms, actively defining their identities based on group belonging and mapping their position within their social network based on the expectations of other members, especially those who hold considerable power and influence (9). Thus, this phase of human development is marked by an increased reliance on peer groups and a strong need for social belonging, often resulting in an intensified commitment to comply with community and peer expectations and social pressure (10-12).

In addition to adolescents' need to seek connection and acceptance while constructing their identity, adolescence and young adulthood are periods marked by significant biological changes that, in many cultures, have a profound impact on their social lives. For example, as adolescents—especially girls—reach puberty, a web of norms surrounding the regulation of their sexual activity become more restrictive (13-15). This perceived sexual maturity leads to increased parental control and stricter community expectations (16-18). After puberty girls often face heightened restrictions to their mobility (including to school), designed to regulate their sexuality and meet expectations of sexual purity until marriage (12, 19, 20).

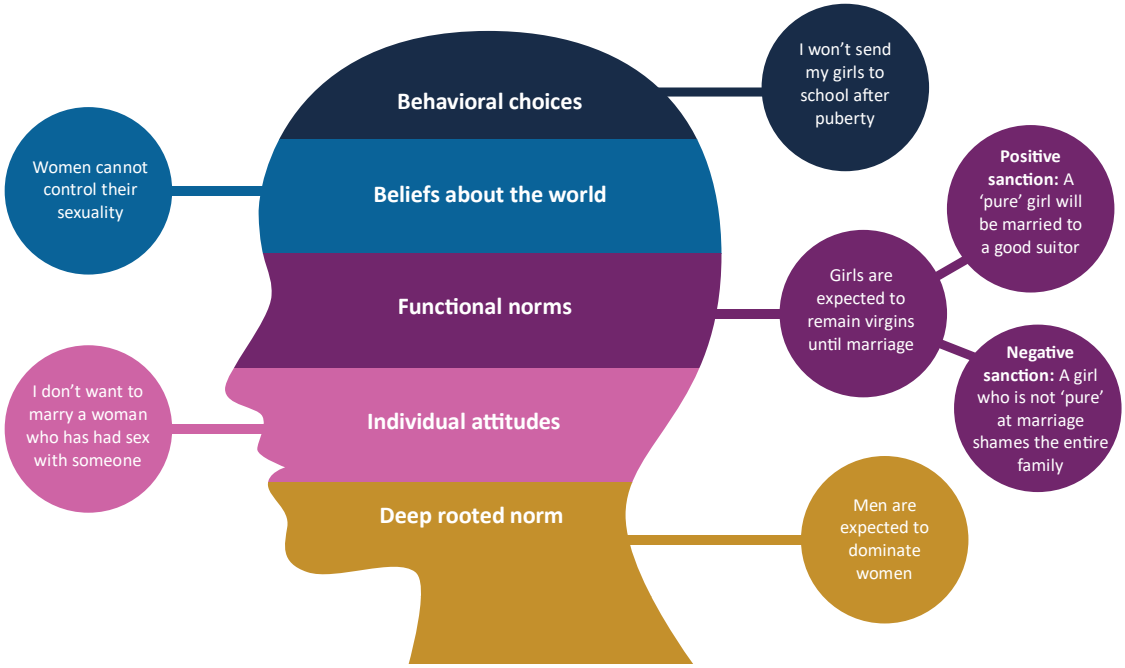


Figure 1. *Example: How Different Norms, Attitudes, and Beliefs Can Influence Conscious or Unconscious Choices on Whether to Send a Girl to School*

Figure 1 illustrates how cognitive considerations interact with interpersonal and social contexts to influence an individual's motivation to act. By examining beliefs about women's sexual behavior, this figure shows how different norms can lead to the decision to end a girl's education. Understanding these norms helps identify key leverage points for interventions that challenge harmful expectations and foster lasting positive change. This example underscores the importance of understanding how social norms shape the lives of adolescents and young women during this crucial stage of development.

KEY INSIGHT: LAYERS OF SOCIAL NORMS AND WHY IT MATTERS FOR NORM SHIFTING

Social norms terminology can get overly complex. As the field has evolved, new terms have emerged (and sometimes faded), reflecting shifts in thinking. Still, there's broad agreement that multiple types of norms often shape a single behavior or outcome. For programs and investments, this matters: understanding which norms are at play—and which ones can realistically be shifted—can help prioritize efforts, manage expectations, and design more effective interventions.

Social norms exist at different levels of depth. Some are deeply rooted, reflecting broader beliefs about gender roles and power, for example: "men should provide, and women should nurture." Others are more specific to behaviors or situations, such as: "women need permission to leave the house" or "young people shouldn't talk about sex." Evidence suggests that deeply rooted norms help sustain a broader system of functional norms that inform daily actions. While these more specific norms may appear easier to shift, many argue they are upheld by more entrenched, foundational beliefs, often tied to religious, cultural, or larger societal systems. Whether changing functional norms can lead to lasting impact without addressing these deeper drivers remains an open, and important, question. Few studies have examined how these layers interact, pointing to a need for more research in this area.

Table 1 further illustrates how a single behavior can be shaped by multiple norms. As described in the Social Norms Atlas (21), functional norms are immediate, situational rules that influence what people do day-to-day. These are often sustained by deeper, foundational norms (sometimes referred to as meta-norms[1]). These deeper norms may fall into broad categories like gender ideology, authority, or protection. While functional norms may be more feasible to shift in the short term, foundational norms often require longer-term efforts and may resist change without broader cultural or structural transformation.

***Table 1**. Examples of Behaviors, Functional Norms, and Deeply Rooted Norms*

Behavior	Functional Norm	Deeply Rooted Norm
Women do not work outside the home	Women should only work if their family's income is insufficient	Men are providers; women are caregivers (Gender Ideology)
Women seek their husband's permission to go to a clinic	Women should not make health decisions alone	Men are household decision-makers (Authority & Control)
Girls drop out of school after puberty	Girls should not be seen in public after puberty	Girls' value is linked to purity and marriage (Protection & Gender Ideology)
Women give their income to their husbands	Women should not control household finances	Men control family resources (Control & Violence; Social Status)
Adolescents avoid discussing contraception	Talking about sex is shameful for unmarried youth	Sex is a taboo topic; youth must be obedient (Privacy; Authority)

The following sections synthesize findings from the evidence review to further describe how norms impact adolescent girls and young women's health, education, and economic opportunities, often with lasting effects. We also deconstruct norms, recognizing that some are foundational or deeply rooted.

Health

Norms surrounding adolescent health, particularly sexual and reproductive health, significantly impact people's ability to make informed decisions about their bodies as well as their access to health services. Deeply rooted norms may be those that associate female virtue with sexual purity or that suggest adolescents should not communicate openly about sexual and reproductive health. These norms give rise to functional norms that shape specific behaviors—for instance, the expectation that adolescent girls should not discuss menstruation openly, may lead to inadequate menstrual health and hygiene management, ultimately impacting school attendance and overall well-being (22). Similarly, deeply rooted norms that equate female worth with chastity or childbearing often discourage adolescent girls and young women from seeking contraceptives or sexual and reproductive health services, which in turn exacerbates early pregnancies and maternal health risks (23). Other notable examples of norms impacting girls' health include those that prescribe female genital mutilation/cutting. Extensively studied in the literature, evidence has shown community values and norms contribute to the continuation of this harmful practice (24-27). Studies also reveal that immunization programs are highly affected by social

[1] We avoid using the term "meta-norms" because, in English, "meta" usually means something self-referential, like "meta-cognition" (thinking about thinking) or "meta-review" (a review of reviews). In social norms research, meta-norms often refer to norms about norms, which is of less relevance to this evidence review.

norms, as parents might follow social conventions in complying (or not) with vaccination schedules for their children (28-30). Interventions aimed at shifting health-related norms have demonstrated success. Programs like *Reaching Married Adolescents* in Niger leveraged interpersonal communication to challenge misconceptions about menstruation and reproductive health, leading to reduced stigma for adolescent girls using modern contraceptive methods before marriage (31). Addressing norms surrounding health is particularly critical in contexts where adolescent girls and young women face additional barriers, such as early marriage or female genital mutilation/cutting.

Education

Social norms also influence girls' access to formal education. This is a relevant outcome in adolescent girls and young women's lives and is closely linked to other domains of well-being and development, including health and economic participation. For example, in 2019, the Overseas Development Initiative's *Advancing Learning and Innovation on Gender Norms* effort reviewed existing evidence and identified 10 gender norms critical to reducing girls' access to education. Some of these norms, as examples, relate to: 1) perceptions of girls' education as inappropriate or irrelevant; 2) early marriage and pregnancy; 3) housework commitments; 4) working outside the home; 5) corporal punishment; and 6) teacher bias against girls (32, 33). Deeply rooted norms that position men as primary providers and women as dependents, reinforce the belief that a girl's primary role is within the household and emphasize obedience to male authority, creating the foundation for restrictive educational norms. These deeply rooted norms may shape functional norms, which in turn, contribute to specific behaviors, such as prioritizing boys' education over girls' and viewing investment in girls' schooling as unnecessary or even counterproductive to family interests (34-36). For example, in several countries across sub-Saharan Africa and South Asia, the norm that a girl's value is tied to her marital status often leads to early school dropout to prepare for marriage (34-40). Additionally, functional norms surrounding household labor place disproportionate domestic responsibilities on girls, further hindering their ability to attend school. In a review of the interventions addressing gender-related barriers to girls' school participation, findings suggested that interventions that challenge norms about the value of girls' education, shift perceptions around child marriage, and highlight examples of women's academic success are important to increasing girls' school access and retention (41).

Economic Participation

Economic participation for young women is often curtailed by gender norms that restrict women's roles to domestic spheres. In many contexts, these norms limit access to vocational training, employment opportunities, and financial independence (42, 43). The *Growth and Economic Opportunities for Women (GrOW)* program, carried out in more than 50 countries, is contributing to the extensive evidence on the role that gender norms relegating women's space to the household have in reducing female labor force participation rates globally (44). Again, deeply rooted norms that define men as primary breadwinners and women as caretakers establish strong beliefs about who should earn income and who should remain in the home. These can give rise to functional norms that dictate acceptable jobs for women, discourage them from working outside the home, and limit their financial decision-making power. Country-specific examples also exist of how gender norms can limit women's economic participation; these examples are available from almost all countries around the world, including: Bangladesh (45), China (46), Ecuador (47), India (48), Mexico (49), Saudi Arabia (50), and Turkey (51). Programs aimed at changing these norms have employed strategies such as role modeling, mentorship, and advocacy. In India, *Plan-It Girls*

empowers adolescent girls by building self-efficacy and employment skills while challenging gender norms. Informed by the social-ecological model, the program engages not just girls in grades 9 and 11 in government schools in Delhi and rural Jharkhand, but also principals, teachers, parents, boys, community members, business leaders, and policymakers to create a supportive environment for girls to achieve their aspirations (52). The program effectively equipped adolescent girls with employability skills, preparing them for the transition from school to work. Evidence indicates the program was especially impactful for younger adolescents, suggesting that early exposure fostered empowerment during this critical period.

Gender-Based Violence

The field of violence prevention offers numerous examples of how social norms affect adolescent girls and young women's experience of violence. Many deeply rooted norms related to gender-based violence have been studied, such as the social acceptance or use of control and violence, the relative authority and power of individuals over others, as well as those informing gender roles and responsibilities. Functional norms may dictate when and under what circumstances violence should be used and would be acceptable, who and how others should intervene in conflict, communication around conflict, and how typical or acceptable it would be to seek support. Indeed, in many communities, norms that tolerate or normalize violence against women and girls perpetuate cycles of abuse and hinder efforts to ensure safety. For decades researchers and program implementers have invested significant amounts of time and resources to both understand how social norms can increase the risk of experiencing violence and design programs to address these risks (53). For instance, global researchers exposed how norms that blame victims or view intimate partner violence as a private matter contribute to underreporting and a lack of accountability for perpetrators (1, 54-62). The most explicit violence prevention and response initiatives – dubbed the social norms approach – provided feedback to communities about people's private disapproval of violence against women, aiming to correct community misperceptions (63, 64). Since then, interventions started to invest in shifting (not just correcting) social norms, and addressing other structural causes of violence against women (65-68). Effective interventions worked with men and boys (69-71), facilitated community conversations (66, 72), and promoted adolescent girls and young women's agency as divergent role models (73).

'Directionality' of Norms Change

'Directionality' refers to the dynamics of the causal relationship between social norms and behavior: do shifts in social norms lead to changes in behavior, or does a change in behavior result in a change in social norms? The existing literature offers few clear explanations of these dynamics, and findings are often limited or contradictory, suggesting that **no single, universal pattern exists. Instead, the direction of norms change is likely shaped by multiple contextual factors, including the strength of existing norms, the types of norms, social network structures, the roles of individuals and reference groups, and external drivers such as policies or media.** This applies as much to adolescent girls and young women as it does to other groups.

In this section, we present three hypotheses based on existing literature and programmatic experience: (1) changes in social norms precede behavior changes; (2) behavior changes result in shifts in social norms; and (3) changes in behavior and social norms occur bidirectionally and iteratively. We explore each hypothesis in turn, highlighting how broader evidence can help unpack the complex relationship between norms and behavior, and provide insights for adolescent and youth programming. From there, we present additional details related to mediation and moderation mechanisms, sharing considerations for program designers and researchers.



KEY INSIGHTS

While rigorous empirical studies on 'directionality' remain scarce, valuable insights can still be drawn from empirical evidence informed by the application of social norms theory and measurement frameworks (e.g., assessing the contribution of variables such as descriptive norms, injunctive norms, sanctions, sensitivity to sanctions). For example, *Family Health = Family Wealth* in Uganda used a validated measure called the Family Planning Approval Index (73), and the *Research Initiative to Support the Empowerment of Girls* in Zambia applied the theory of planned behavior (74). Theory mapping, looking to social and behavior change frameworks, and strong program theories of change provide useful tools for understanding these dynamics. Programs like *Growing Up GREAT!* and *Tékponon Jikuagou* illustrate how structured interventions can reveal the dynamic interplay between behavior and norm change over time.

Change in Social Norms Precedes Change in Behavior

This hypothesis suggests that **people will only change their behavior once it becomes socially acceptable**. The reasoning is straightforward: most people avoid actions that could lead to disapproval or punishment. For example, adolescents might choose not to use contraceptives if they fear judgment from parents, doctors, or peers. This idea is central to the 'social norms approach,' which focuses on correcting false beliefs about what others think. In some cases, people assume that most of their peers disapprove of a behavior when, in reality, many actually support it. This misunderstanding, known as 'pluralistic ignorance' (explained further below), can reinforce restrictive norms. When these misperceptions are corrected, norms may begin to shift, making it easier for individuals to adopt new behaviors.

Often, examples from studies exploring alcohol consumption among college students in the United States are shared to illustrate this point. Many students believe that their peers expect them to drink heavily during a night out, so they conform to that perceived norm. However, research shows that when students learn that most of their peers actually disapprove of excessive drinking, they feel less pressure to drink heavily and are more likely to moderate their behavior (76). Therefore, if a program were to recognize that shifting norms is a necessary first step before behavior change can occur, it would prioritize interventions that challenge misperceptions and create an environment that supports new attitudes and behaviors. Similarly, by addressing pluralistic ignorance and making supportive norms more visible, programs can reduce fear of judgment and social penalties, ultimately paving the way for behavior changes that enhance health, autonomy, and economic opportunities. This calls for a focus on reshaping community attitudes to reach a critical mass and making that change visible, so that community members have "social permission" to voice their attitudes and change their behavior as well.

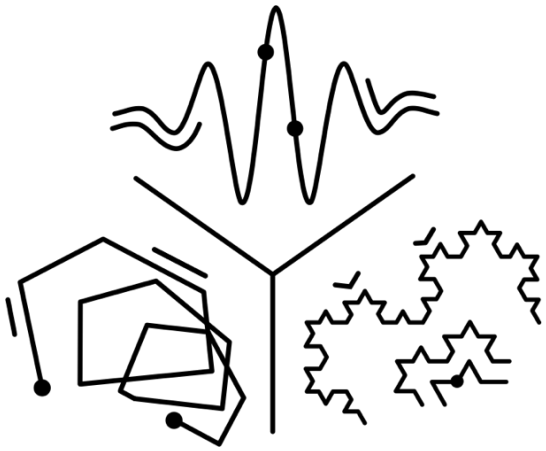
Change in Behavior Precedes Change in Social Norms

This perspective argues that for social norms to change, people first need to see others engaging in a new behavior. Without visible examples of norm-breaking, individuals may not recognize that change is possible or socially acceptable. In this view, **behavior change must come first, gradually shifting perceptions of what is normal and acceptable**. A prime example is how social etiquette surrounding shaking hands has evolved over time. Shaking hands in certain contexts was initially considered an expected greeting, signaling respect and formality. However, during the COVID-19 pandemic, people began avoiding handshakes to reduce physical contact; and now, some individuals prefer other greetings, such as fist bumps or nods, in both casual and professional settings.

Research on social norms surrounding violence against women in Nigeria supports this idea. For example, women who worked outside the home faced a higher risk of violence, contributing to social resistance to women's shifting economic roles. Program staff raised the question of whether the intervention should encourage women to pursue nontraditional roles before these behaviors become more accepted (62). This points to the need for programs that take the position that behavior change must come first to not only focus on creating opportunities for individuals to act differently, but also on accounting for potential resistance. This means prioritizing access to education, employment, and reproductive healthcare, while also ensuring early adopters have protection and resources that help them maintain new behaviors. As more individuals break from restrictive norms, these behaviors can gain legitimacy, eventually leading to broader social acceptance.

Change in Behavior and Social Norms Is Bi-directional

Finally, the third hypothesis posits that behavior and social norms influence each other in a continuous, reinforcing cycle. Change is often gradual and moves in both directions—new behaviors can shift norms, and evolving norms can encourage more people to adopt new behaviors. When individuals behave differently, often due to factors like education, social status, or economic opportunities—others take notice. Over time, these behaviors can become more accepted; through diffusion of innovation principles (77, 78), where early adopters initiate change and as more people observe the benefits, new behaviors spread and eventually become the norm.



A growing body of evidence supports this concept. For instance, a UNICEF study (79) of Tostan's approach to address female genital mutilation/cutting found that when small groups in a community openly discussed and questioned harmful norms, they began to change their own behaviors. As others witnessed this shift, they followed suit, creating a ripple effect that led to broader norm change. This community-based approach has since been integrated into UNICEF's programming (see **Figure 2**). However, there are challenges. Encouraging people to break from norms must be done safely, and this is particularly important when working with adolescents, youth, and other at-risk groups. For example, if young women working outside the home face backlash or violence, programs need to provide protection and support (80). **Additionally, norm change requires long-term investment**. **If too few people challenge harmful norms and face negative consequences without adequate support, it can reinforce the status quo and make change more difficult.** If this approach is adopted, programs targeting adolescent girls and young women should use a dual strategy—**supporting individuals in adopting new behaviors while also shifting community attitudes**. **By ensuring visible examples of change, along with providing protection and sustained investment, programs can create the momentum needed for lasting transformation.**

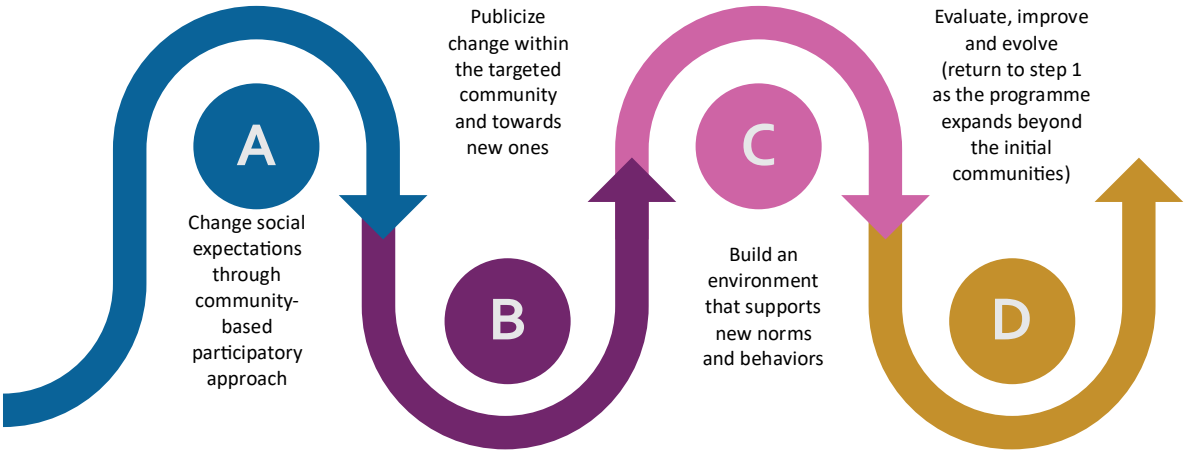


***Figure** 2. Adaptation of UNICEF's Four-Stage Approach to Changing Social Norms (81)*

Mediation and Moderation Mechanisms

Social norms do not exist in isolation—they are shaped by and embedded within broader systems of power and access to resources. While some norms, like saying "bless you" after a sneeze, operate independently of social hierarchies, others—such as norms around child marriage or women's participation in the workforce—are deeply tied to structures of power. These norms dictate access to opportunities and freedoms based on gender and other intersecting factors. Those who benefit from the status quo often have a vested interest in maintaining it, making norm change a complex and sometimes contested process. Importantly, simply shifting social norms is not a "silver bullet" for addressing structural inequalities. Instead, norm-change efforts must be part of intentional, multi-layered interventions that also address institutional policies, economic conditions, social networks, and material factors (see **Figure 3**).

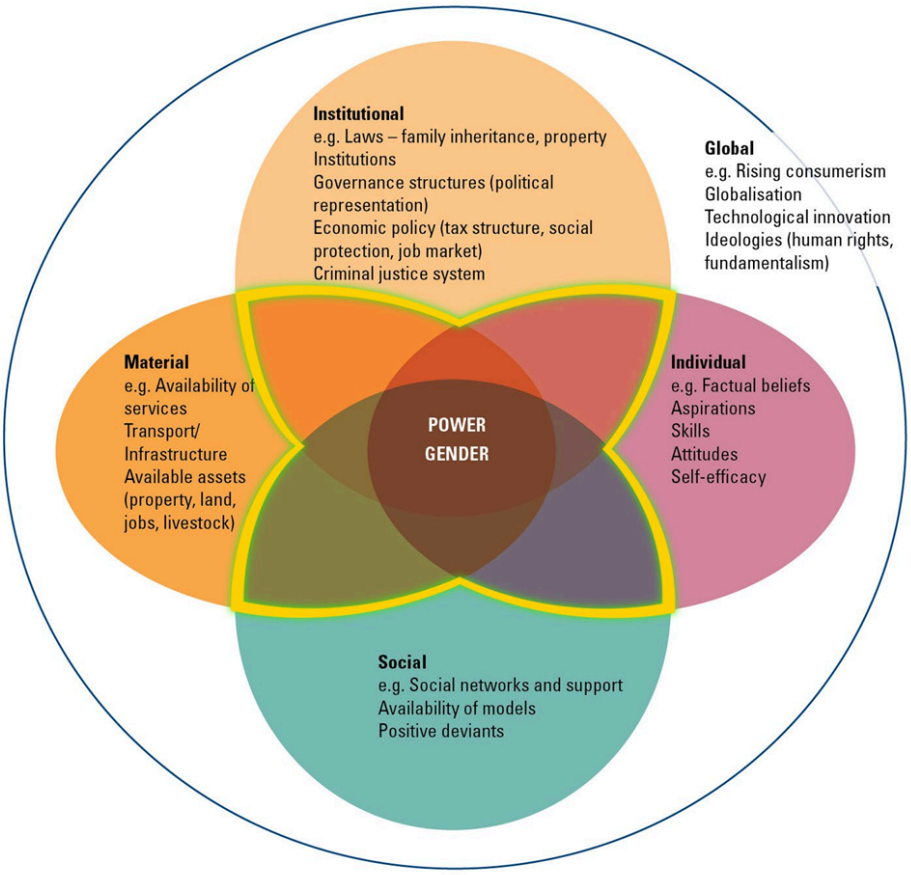


Figure 3. *The Interplay of Material, Institutional, Individual, and Social Factors Intersecting with Social Norms (1)*

Therefore, at the **macro level**, designing initiatives to address social norms with any group, but especially for those with lower social standing, such as adolescents and youth, requires an understanding of how they intersect with: 1) other forms of social discrimination; 2) other structural factors shaped by the existing normative system; and 3) vested interests in maintaining the normative status quo, particularly among those in positions of power. **Research shows that interventions addressing both social norms and mediating factors are more effective in driving behavioral change.** For example, *Maisha Bora* in

Tanzania, which paired skills-building with agency and empowerment themes and educational activities related to the prevention of sexually transmitted infections and human immunodeficiency virus (HIV), showed considerable improvements in outcomes for adolescent girls and young women (82). These kinds of interventions that embody an intersectional lens, **promoting open discussions about gender roles and providing adolescent girls and young women with leadership opportunities**, help mitigate the effects of restrictive norms by fostering confidence and resilience.

Two studies met our inclusion criteria which shed some light on **micro level** moderating and mediating factors contributing to shifts in norms and behaviors of adolescent girls and young women. The first of which explored how social norms influenced intentions to use modern contraception in the Democratic Republic of the Congo. The study analyzed data from a survey of 900 community members engaged in the *Masculinite, Famille et Foi* intervention. Through a mediation analysis, researchers explored how distinct social norms related to sexual and reproductive health and gender equity impact individuals' contraceptive intentions. Findings indicated both descriptive (perceptions of what others do) and injunctive (pressure to conform) social norms played a role in shaping contraceptive intentions, with a notable variation by gender. Peer-driven descriptive norms strongly influenced men's contraceptive behavior, whereas injunctive norms affected women's readiness to access contraceptive services. **These findings suggest that while shifting peer expectations can increase contraceptive use among men, for women, reducing stigma and the fear of social sanctions is equally important (83).**

The second was a study in Niger which explored how inequitable gender norms influenced both intimate partner violence and contraceptive use among those involved in the *Reaching Married Adolescents* program. The findings indicated that changes in husbands' expectations related to gender roles and responsibilities mediated the reduction of intimate partner violence, highlighting social norms as a key factor in behavior change for gender-based violence prevention. Conversely, it was found that gender norms negatively mediated contraceptive uptake, reducing the intervention's overall impact on sexual and reproductive health outcomes. Therefore, while shifting norms helped reduce intimate partner violence, other mechanisms influenced contraceptive use. **These findings emphasize the need for integrated approaches that target both behavior and norm change as iterative forces to improve gender-equitable health outcomes.**



KEY INSIGHTS

- Programs should develop theories of change to more accurately predict and guide social norms measurement, identifying where expected shifts may occur while considering a range of mediators and moderators.
- Qualitative learning studies, which assess change over time and capture contextual information to complement quantitative analyses, can enhance our understanding of directionality. They also document what works, where, and with whom, lending invaluable insights for strengthening monitoring and evaluation.
- Norms mediate behavioral outcomes, but the pathways differ depending on the outcome.
- Examining the types of norms, and the way they impact men and women in relation to specific outcomes, provides critical insights for program design.

The Role of Attitudes in Norms Change

Understanding the connection between personal attitudes and social norms is crucial for designing interventions that foster sustainable behavior change. While related, norms and attitudes are distinct constructs that operate at different levels. Social norms reflect individuals' beliefs about what others do and approve of, while attitudes relate to individuals' internal beliefs and preferences (84). The dynamic interaction between personal attitudes and social norms can either reinforce detrimental practices or catalyze positive change. Despite over a decade of social norms research and action, the distinction between norms and attitudes is still often misunderstood in the design and measurement of social and behavioral change interventions.

The distinction between norms and attitudes is essential for both accurate measurement and effective program design. Yet, many standardized multi-country datasets measure personal attitudes rather than social norms, with researchers aggregating attitude data at the cluster level to approximate social norms using these datasets. While this approach can provide insight, it risks conflating personal beliefs with perceived social expectations. Some researchers refer to these aggregated measures as collective attitudinal norms, but these data may not fully reflect the normative pressures that influence behavior. For accurate assessment, practitioners should use tools specifically designed to measure social norms, such as those documented by the Social Norms Learning Collaborative. These tools ensure that interventions measure and target the right mechanisms for behavior change—whether personal attitudes, social norms, or both. Misunderstanding or oversimplifying the relationship between norms and attitudes can lead to substantial measurement error, which can weaken the evidence base and reduce the effectiveness of social change interventions (85, 86). **In this section, we explore the different possible interactions between attitudes and norms and implications for effective practice.**

Harmful Misperceptions of Others' Attitudes

A common scenario in social norms theory arises when individuals disagree with a harmful practice but still comply because they believe they are alone in their views. This ***pluralistic ignorance*** (87) occurs when people misperceive the attitudes of those around them. For example, a person may support young women accessing contraceptive services but assume that most others in their community disapprove. As a result, individuals may behave in ways that contradict their true beliefs to avoid anticipated social sanctions. For instance, parents might discourage their daughters from using contraception—not because they personally disapprove, but because they fear judgment from others that could affect their family's reputation (see **Figure 4**).

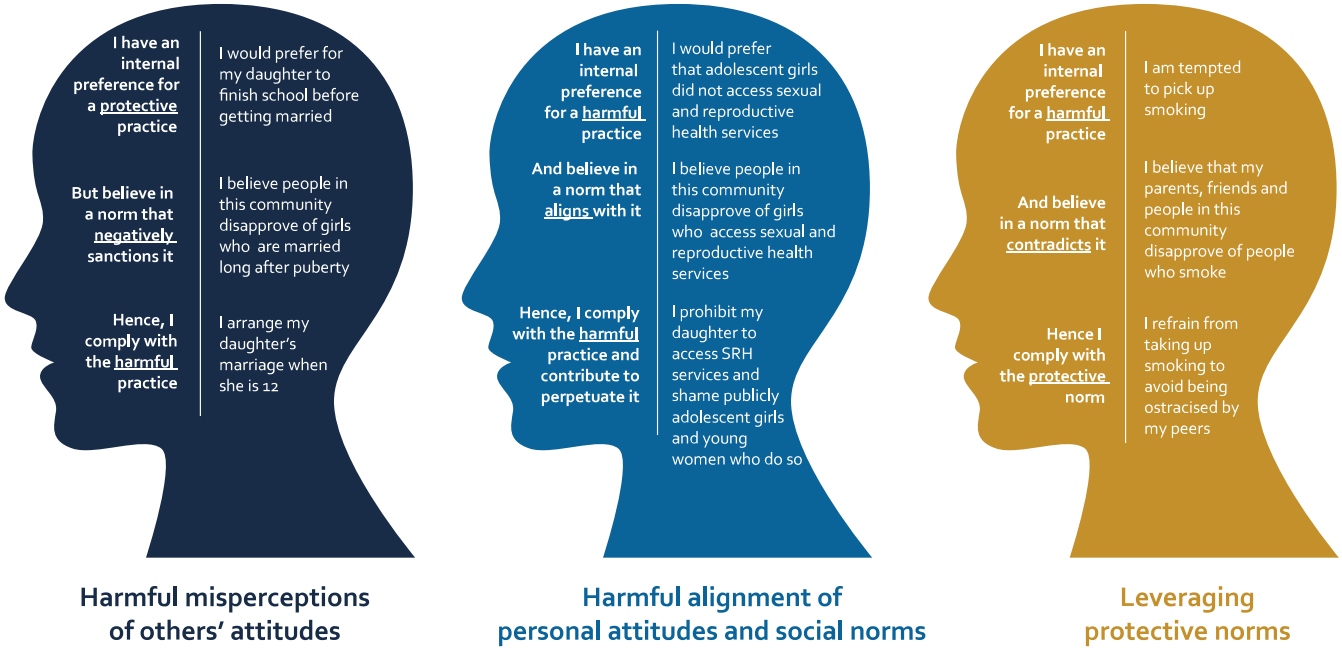


Figure 4. *Alignment and Misalignment of Attitudes and Norms, Adapted from Cislaghi and Heise (85)*

With thorough formative research during the program design phase, interventions can strategically address pluralistic ignorance by uncovering and highlighting hidden dissent. Programs can challenge the perception that harmful practices are universally accepted in their community by showing that others hold similar protective attitudes. **Additionally, media campaigns that provide evidence of community opposition to a particular practice can be powerful and cost-effective strategies for shifting norms and fostering a more supportive environment for positive behaviors** (68). Finally, group discussions or participatory workshops can help community members realize the extent to which others prefer alternative practices. The *Re(Solve) Family Planning Program* in Burkina Faso did just this. Implementers designed program components based on formative research that explored how and why young women decide to use or avoid contraceptive methods. Program components, like a board game that girls played during their lunch break or free period, were designed to challenge young women's assumptions about others' contraceptive decision-making. Change agents facilitated discussions on sensitive topics, helping to shift perceptions of pregnancy risk, correct misconceptions about fertility and contraception, and encourage girls to seek sexual and reproductive health services.

Harmful Alignment of Personal Attitudes and Social Norms

The example above illustrates one possible relationship between people's attitudes and social norms within a specific context. Another common scenario arises when attitudes align with harmful social norms. Through socialization processes, individuals internalize the social rules they experience as good and necessary. This applies to individuals worldwide. For example, in some professional sectors, there is an expectation that workers should prioritize their jobs over personal free time, often at the expense of their mental and physical well-being. However, many people do not question this norm, as they have been socialized to see it as fixed and unavoidable.

Interventions aimed at addressing harmful practices in contexts where individual attitudes align with detrimental norms should first provide knowledge and resources to help individuals question their underlying assumptions about what is beneficial for themselves and others. Approaches that create opportunities for people to learn about and reflect on social norms in ways that align with their lived experiences have successfully contributed to shifting societal norms. Instead of directly challenging social expectations, these interventions encourage reflection on how norms support values and goals, helping individuals consider which norms better align with their evolving attitudes and internal predispositions. For example, Tostan's *Community Empowerment Program* uses "values deliberation" to guide participants in reflecting on their beliefs, values, aspirations, and experiences. This process helps individuals recognize that fundamental human rights—such as freedom from violence and the rights to health, education, and choosing one's spouse—align with their moral frameworks. Tostan considers this reflective process a vital first step in transforming norms and eliminating harmful practices against women and children in the communities it serves.

Importantly, attitudes are not the only psychological constructs to consider. Aspirations and self-efficacy are also relevant to and critical for norm-shifting processes (88). The capacity to aspire (89) refers to an individual's ability to observe a given status quo, envision an alternative, and imagine the steps necessary to achieve a new reality. Self-efficacy (90) denotes a person's belief in their ability to effect change in various areas of life by following those steps. In addition to shifting norms related to women's workforce participation and involvement in financial decision-making, the *Mahatma Gandhi National Rural Employment Guarantee Scheme* prioritized increasing women's economic autonomy as a key outcome. Evidence indicates that women who participated in the intervention were significantly more likely than their peers to visit the bank independently and make individual financial decisions compared to their peers who did not participate (91). This suggests that strengthening women's belief in their own agency, alongside economic opportunities, can contribute to sustained norm change.

Leveraging Protective Norms

Finally, it's important to emphasize that not all norms are harmful. Some norms can be protective and understanding them can create opportunities to strengthen their influence, leading to positive changes in other practices. For example, a norm might exist against smoking within a particular group of adolescents. This could discourage some group members from starting to smoke, as they may be concerned about how their peers would perceive them.

When considering the potential for protective norms to influence other practices, take the example of a context where parents are expected to secure the best possible future for their daughters. Interventions can leverage this expectation by promoting school completion as a means of safeguarding a girl's future—provided that structural conditions making education a better alternative to early marriage are also addressed. This strategy can utilize the existing system of protective norms to achieve favorable results. For example, the *Malkia Klabu* intervention in Tanzania identified shopkeepers as individuals who restrict access to contraceptives and HIV self-testing kits for adolescent girls and young women. However, the intervention leveraged social norms among shopkeepers that emphasized the importance of ensuring all people, including vulnerable populations, have access to essential health products. As such, data collected during program implementation revealed that shopkeepers involved in the intervention supplied more test kits to adolescent girls and young women than those who were not involved (92).

In summary, the interaction between social norms and personal attitudes is complex and dynamic, influencing behavior at both individual and community levels. Failing to understand or address the interaction between norms and attitudes can undermine even the most well-intentioned interventions. Whether addressing misperceptions or fostering attitudinal shifts when norms and beliefs align, having a nuanced understanding of this relationship is fundamental to designing effective programs that promote health, education, and empowerment and lead to sustainable change for adolescent girls and young women.

How External Factors Influence Norms Change

Norms persist because they serve essential functions for both individuals and society. On a personal level, knowing what is expected can reduce stress and improve mental health. Socially, norms help regulate behavior and address coordination issues, such as promoting cooperation and discouraging harmful actions—like stealing a neighbor's land, which may be uncommon in communities where it leads to social ostracism. Norms naturally emerge, evolve, and fade over time as they interact with broader structural factors (93).

As discussed above, social norms do not exist in isolation. They are shaped by **legal systems, economic conditions, politics, technology, and social change (1, 94).** While some of these factors create **opportunities for positive change**, others may **reinforce harmful gender norms** or lead to **unintended consequences** that must be considered in policy and program design. For example, a country's education system can reinforce norms—like if boys and girls are segregated in schools, it may reinforce beliefs about limiting interactions between adolescents of different genders.

Figure 5, a framework prepared by the Overseas Development Institute (94), helps illustrate how norms are influenced by broad drivers (such as legal reforms, economic development, and conflict and displacement) in ways that either result in tightening or loosening of norms and that ultimately affect adolescent girls and young women's health and livelihood outcomes.

These structural and macro-level influences can **reinforce or challenge norms**, resulting in either stagnation or transformation. This section explores key external drivers of social norms change, highlighting the role of legal reforms, economic shifts, urbanization, conflict, technology, and education in shaping outcomes.

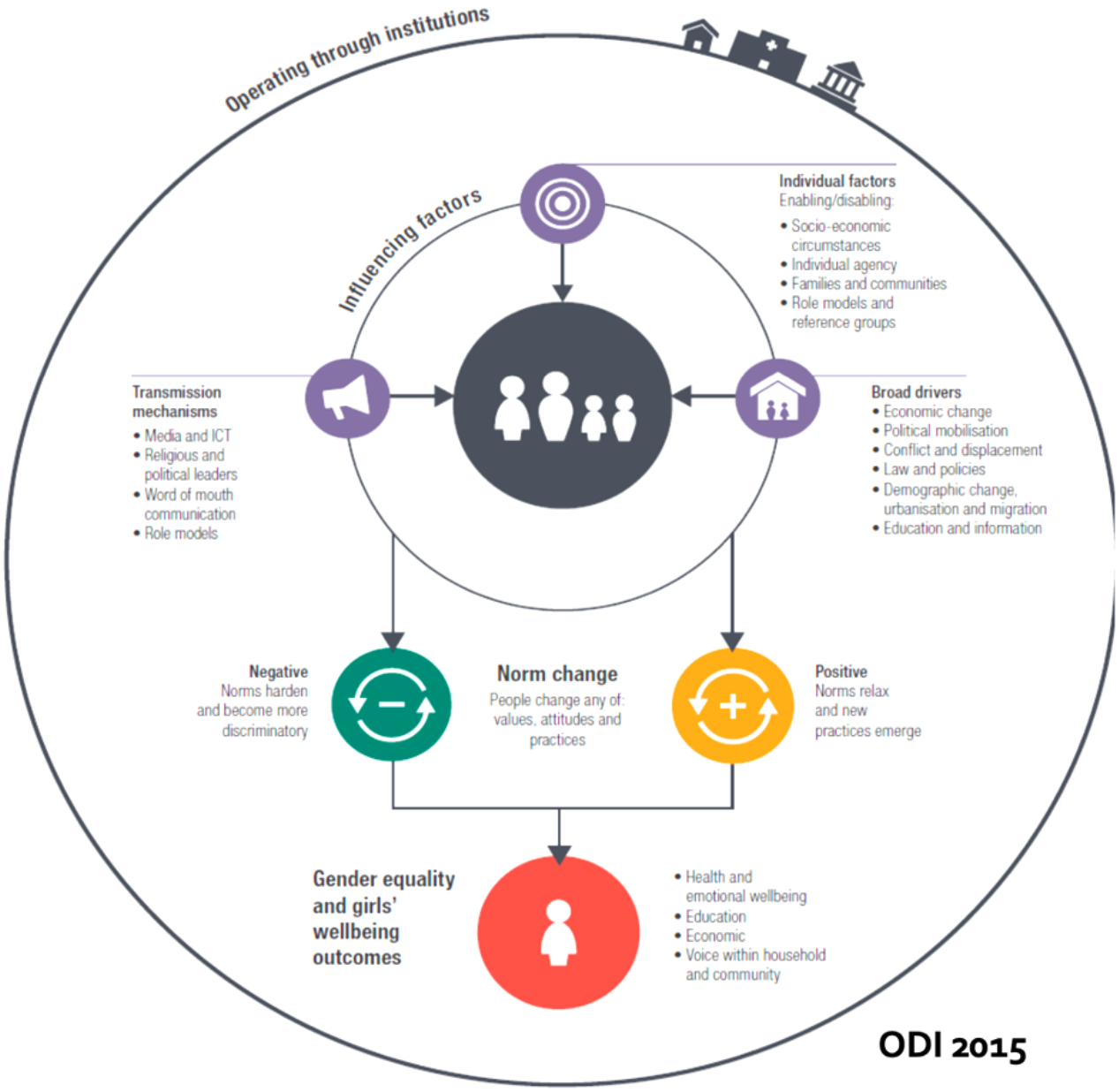


***Figure 5**. Overseas Development Initiative's Conceptual Framework: What Drives Change in Gender Norms*

Government Processes and Social Norms Change

Legal Reform and Social Norms Change

Legal frameworks are crucial resources for shifting practices and norms, particularly in areas such as child marriage, reproductive rights, gender-based violence, and labor force participation. Laws can encourage new social expectations, demonstrate government commitment, and offer legal recourse for rights violations (95). However, the success of legal reform relies on consistent enforcement, community acceptance, and the existence of complementary social and economic policies (96). On their own, laws do not automatically bring about norm change (and evidence presented below indicates they often do not). Nevertheless, the failure to implement legal reform can provide community members with justification to continue harmful practices. For example, while policy changes may not directly reduce child marriage, a law allowing the marriage of girls under 18 can serve as a justification for parents to marry their daughters at a young age.



KEY INSIGHT

In contexts where government control over the territory is limited, for example in rural areas, laws which conflict with deeply entrenched social norms are likely to be ignored or subverted. It is thus imperative that national strategies to improve the health and wellbeing of girls and young women include community-level activities that foster intrinsic motivation for change. This can be achieved, for example, by encouraging reflection on norms that may no longer align with or serve the community's evolving goals.

One of the most frequently recommended strategies to protect adolescent girls and young women is the establishment of legislative frameworks that safeguard them from harmful practices like child marriage and uphold their fundamental rights, including access to contraceptives, formal education, and employment. One might assume that criminalizing harmful practices (such as child marriage, female genital mutilation/cutting, or selective abortion) would eventually lead to new social expectations—meaning that making something illegal would cause people to believe that most individuals in their country disapprove of it. However, evidence indicates that laws often have a selective impact on practices, with less direct relevance for changing social norms. For instance, in the case of child marriage, legal reform has proven effective in some urban and wealthier communities where enforcement is stronger and alternative life paths for girls, such as education and employment, are more readily available. In contrast, legal changes have been much less effective in rural and marginalized areas; in these regions, where child marriage rates are typically much higher, families often continue to arrange child marriages either through religious ceremonies or as informal unions that are later legalized when the girl turns 18 (97). Often these reforms come with poor implementation and oversight. Additional evidence from our review supports this conclusion. The results of the More Than Brides Alliance's *Marriage: No Child's Play* project varied across different contexts, highlighting the influence of local social norms and conditions on program outcomes. For example, Niger and India differ significantly in wealth, urbanization, and prior investments in reducing child marriage. As a result of the intervention, India saw a significant decrease in the proportion of married girls, along with increased awareness of the legal age of marriage. In Niger, while the intervention also improved knowledge of the legal age of marriage, it did not lead to a measurable reduction in child marriage.

There is substantial evidence that legal reform can sometimes drive normative change, while in other cases, have little impact. In Ethiopia, for example, child marriage rates declined when legal reforms were complemented with educational incentives (98). In this context, social norms shifted as young men began to prefer marrying educated women, leading to changes that extended beyond legal compliance. In contrast, a study exploring trends in child marriage across 10 countries in sub-Saharan Africa found little correlation between protective legal frameworks and actual reductions of child marriage (99). Additionally, social norms and religious customs often take precedence over statutory laws—especially in rural areas—creating parallel social systems that exert greater influence than legal frameworks and allow harmful norms to persist. Furthermore, our review found that in Malawi, community bylaws aimed at reducing child marriage, pregnancy in adolescence, and sexual harassment had limited success in changing social norms related to sexual and reproductive health. While these bylaws were accepted, they also failed to challenge the deeply ingrained belief that pregnancy should lead to marriage.

Health Services

Health services influence gender norms both directly—through service provision and the behaviors of health care providers—and indirectly by shaping expectations around health-seeking behavior and bodily autonomy.

Evidence suggests that access to affordable, youth-friendly, and non-discriminatory services is a crucial government intervention that can drive changes in social norms related to a range of health-related outcomes for adolescent girls and young women, including perinatal care and family planning. For example, government-supported sexual and reproductive health programs, such as India's conditional cash transfers which provided financial incentives for delaying marriage and childbirth, have been shown to influence both behaviors and social norms (Nanda et al., 2016).



KEY INSIGHT

Access to health services is shaped by norms held by both communities and health providers. For example, both groups may disapprove of adolescent girls seeking sexual and reproductive health services. Effective interventions address these norms in both spaces, fostering positive feedback loops that promote non-discriminatory practices and create an environment where girls and young women feel safe accessing essential health services.

Our review also indicates that many health care providers uphold norms that stigmatize adolescent girls and young women and restrict their access to essential health services (100-102). Addressing these barriers can drive behavior change, improving access to critical services and prescriptions such as those essential for preventing and treating HIV (103).

Education

School is undoubtedly a powerful social institution where gender norms can be either challenged or reinforced, both through its formal curriculum and through the behaviors of students and teachers. Teachers, as role models, can play a critical role in shaping gender norms positively; however, their actions may also perpetuate discriminatory and harmful practices against children, particularly adolescent girls. In some cases, teachers have been known to exploit their authority to solicit sexual favors in exchange for grades or school fees (104). By maintaining a status quo where girls feel it is acceptable for teachers to behave this way, abusive teachers instill fear—or even create an expectation—of harassment in girls and their families, ultimately contributing to high school dropout rates among girls (15).

The educational system has significant potential to drive positive shifts in social norms, as higher education levels are linked to greater autonomy, delayed marriage, and increased economic participation. While gender norms often limit girls' access to formal education, there are effective interventions worldwide that have shown positive results. For example, in Ethiopia, an intervention aimed at shifting norms around marriage and education was strengthened by economic incentives that encouraged girls to delay marriage and stay in school, leading to positive changes in related behaviors (105). Paradoxically, despite recent improvements in girls' educational attainment in South Asia, these changes have not significantly influenced the age at marriage; in some cases, the improvements may have even had the opposite effect (106).

Infrastructure Changes

Infrastructure development—such as transportation, lighting, public spaces, and digital access—can play a crucial yet often overlooked role in shifting gender norms. Access to safe public spaces and transportation enables adolescent girls and young women to participate more actively in education, work, and social life, challenging restrictive norms that limit their mobility. Technology and mobile connectivity can offer adolescent girls and young women greater information and support; however, increased access to technological innovation can generate backlash. In Nepal and Somalia, the spread of mobile phones has led some parents to encourage marriage to prevent their daughters from eloping (107, 108).

Social, Political, Economic Process and Social Norms Change

Economic Development

Economic development plays a complex role in shaping social norms. The evidence presents a mixed and complex picture, as economic development often leads to greater gender equality and more relaxed gender norms, yet at times reinforces harmful gender-related practices. A growing body of research shows that rising income levels and increased labor market participation can transform gender norms and associated practices. This process takes place, for example, by improving women's access to education and employment, reducing financial incentives for harmful practices, and boosting women's bargaining power within households resulting in more equitable decision-making. At the same time, greater opportunities to generate income do not always lead to adolescent girls and young women taking advantage of them, nor do they guarantee enhanced autonomy within the household. Deeply rooted norms (see **Figure 1** above) dictate women's roles at home, and these norms may also continue to define women's work outside the household. Even when these norms relax due to financial hardship that necessitates reliance on women's income, limitations may persist that restrict how much money women are allowed to earn. In Rwanda, for example, Stern and colleagues (109) found that while women could work outside the household, they were expected to earn less than their husbands. This maintained the man's role as the primary breadwinner, a concept reinforced by masculinity norms that associate dominance with financial superiority. Similarly, the literature provides numerous examples of adolescent girls and young women having limited control over the financial resources they generate, which are often handed over to their male partners (44).

Conflict, Crisis, and Displacement

Major disruptions—such as armed conflict, climate disasters, and pandemics—can result in rapid shifts in social norms. For instance, some crises have sparked shifts in gender norms in progressive directions. In post-conflict Rwanda, gender norms affecting women's labor force participation have loosened, resulting in more equitable gender roles (110, 111). However, there is limited evidence on whether such shifts are durable; when the immediate shock subsides, norms can revert, especially if deeper structural and cultural drivers remain unaddressed. This highlights the importance of longitudinal research to assess whether normative gains during recovery periods dissolve, or continue (and how), to sustain long-term change.



KEY INSIGHT

Economic development can contribute to the relaxation of harmful gender norms. However, the extent of this shift depends on whether economic development enhances the opportunities of adolescent girls and young women to engage in the labor market in ways that ensure economic security, reduce gender disparities in the workplace, and increase their control over financial resources. Without targeted interventions to address these gender norms, economic development alone may not lead to direct benefits, especially for the most vulnerable.

Urbanization

Urbanization is often associated with more egalitarian gender norms, as it exposes individuals to new ideas, educational opportunities, and alternative gender roles. By expanding social networks and establishing role models who challenge traditional norms, urbanization can weaken the influence of social approval or disapproval and expand access to education, healthcare, and employment.

At the same time, urbanization can also reinforce gender-related inequalities, particularly in areas with significant disparities in resource distribution. In such contexts, despite overall economic growth, the most economically vulnerable women may experience exploitation and remain subject to strict gender norms that negatively impact their health and well-being (112, 113).

Key Takeaways

Social norms shape nearly every aspect of the lives of adolescent girls and young women, influencing their health, education, economic opportunities, and overall well-being. Some norms have direct impacts—such as those restricting mobility or decision-making—while others operate in more indirect, crosscutting ways, such as those which reinforce structural inequalities and impact multiple outcomes. Evidence also indicates that *deeply rooted norms* sustain a broader constellation of *functional norms* that dictate everyday behaviors. Understanding these dynamics is critical for designing effective interventions. Building on these insights from the existing literature, we share key considerations for policymakers, researchers and practitioners.



Shifting functional norms—such as those around contraceptive use or school attendance—is often insufficient if the underlying and deeply rooted norms remain intact. Interventions that focus solely on sector-specific behaviors may struggle to achieve lasting change unless they also address the deeper social structures that sustain gender inequities. Additionally, social norms rarely function in isolation; changes in one area, such as education, can influence economic participation, agency, and health outcomes. To be effective, programs should be designed with an integrated approach, ensuring they align with and reinforce other complementary efforts.



Norms and attitudes are interconnected but distinct, requiring targeted approaches and measurement to achieve meaningful change and to attribute the change accurately. Before designing interventions, it is important to determine whether a behavior is driven by social expectations, personal beliefs, or both. When misperceptions exist, uncovering the true diversity of community attitudes can weaken the belief that harmful practices are universally accepted. When norms and attitudes align, change often begins at the individual level; as such, equipping a core group with knowledge and confidence to challenge harmful practices can create ripple effects throughout communities. Precise measurement is essential—relying solely on attitude data can obscure the influence of normative pressure. Additionally, because norms are often enforced by those in power, engaging influential figures as allies can accelerate both attitudinal and normative shifts.



Understanding social norm and behavior change pathways requires a nuanced, context-driven approach. Establishing clear causal links between norm shifts and behavior change necessitates rigorous study designs, including longitudinal and quasi-experimental methods, to isolate intervention effects. Beyond causality, research should explore the mechanisms through which norm shifts drive behavioral change—measuring mediators such as belief and attitude shifts can yield invaluable insights. Additionally, the effects of norm-shifting interventions are not uniform; factors like gender, socioeconomic status, cultural context, and geographic setting significantly shape change pathways and outcomes. Intersectional analyses can reveal

how overlapping identities influence individuals' responses to interventions, and applying an intersectional approach to program design helps ensure that programs are both inclusive and effective. Long-term sustainability remains a critical gap—further research can reveal whether and how new behaviors persist, as well as what mechanisms solidify or disrupt changes once interventions end.



Norms are deeply embedded in legal, economic, and political structures, meaning their transformation requires multi-sectoral-and-pronged approaches. Legal reforms can set new expectations, but without enforcement and complementary measures—such as economic opportunities or education incentives—they may fail to drive meaningful change. Broader societal shifts, like urbanization and economic development, can trigger normative change while also introducing new challenges. Additionally, conflict and crises can either accelerate or stall progress toward gender equality, depending on how communities navigate disruption. Given these complexities, we must seek to understand the local context, anticipate unintended consequences, and leverage top-down policy shifts and bottom-up community engagement. Change is rarely linear or predictable, requiring adaptive strategies and funding mechanisms that accommodate realities with uneven progress and evolving social dynamics.



Finally, shifting social norms to improve diverse outcomes of adolescent girls and young women is complex, but achievable. Evidence shows that social norms can and do shift, but lasting change requires targeted, context-aware strategies. The most effective interventions extend beyond the individual to engage with the broader systems—social, economic, and legal—that shape and reinforce norms. Structural drivers like policy reforms, economic opportunities, and access to education play a crucial role in expanding the choices and agency of adolescent girls and young women. Without addressing these foundational influences, norms shifting efforts risk being short-lived or ineffective.

Module 3 and Module 4 will examine how program approaches have leveraged entertainment media and faith and cultural champions to drive normative change. These modules also offer practical lessons for designing and scaling impactful norm-shifting initiatives within the broader context of evolving values and social expectations in a dynamic world.

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MODULE 3

Using Entertainment Media to Shift Norms

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

Introduction

What is the evidence on how entertainment media shifts social norms among adolescent girls and young women and their reference groups to improve outcomes related to sexual and reproductive health, women's economic empowerment, gender-based violence, and child, early, and forced marriage?

With broad reach and emotional appeal, entertainment media is a powerful tool for shaping social norms and influencing behaviors across diverse contexts. By using dramatic storytelling, strong character development and emotionally engaging narratives, alongside factual and unscripted discussions, reality TV, and magazine content, media interventions can challenge harmful norms. With its broad presence across platforms and interactive content, entertainment media holds great promise for fostering positive social norms that benefit adolescent girls and young women—especially because narrative persuasion can subtly introduce new perspectives and offer alternative role models for youth. While it may directly engage adolescent girls and young women, broader social norms are shaped by influential figures in their lives; therefore, understanding how different groups respond to entertainment media can help refine communication strategies, and identify when complementary engagement with reference groups is necessary. It is also essential to assess potential risks, such as backlash against adolescent girls and young women who adopt new behaviors.

Guided by our research questions, Module 3 examines how scripted and unscripted entertainment media approaches have been used to shift social norms to improve sexual and reproductive health and women's economic empowerment, and decrease gender-based violence and child, early, and forced marriage. The module highlights interventions implemented across diverse contexts, focusing on sub-Saharan Africa and South Asia. The reviewed studies showcase interventions engaging adolescent girls and young women, boys, men, and key reference groups like parents, peers, educators, and community leaders. This module explores how various entertainment media approaches—standalone, multimedia, and those with or without community components—are designed and implemented to shift social norms. It examines how audiences and content creators shape narratives for social change and the mechanisms behind norms-shifting interventions that lead to positive outcomes—particularly in how adolescent girls and young women and the broader community engage with media. Additionally, it highlights the influence of reference groups on norms, intervention duration, and strategies to mitigate unintended consequences. It also explores how norms-shifting outcomes are measured in entertainment media approaches, including the integration of monitoring and adaptive management, as well as the challenges of assessing changes in deeply ingrained social beliefs and behaviors. Furthermore, Module 3 examines pathways for scaling entertainment media interventions, addressing key design considerations such as cost, scalability, and factors that facilitate or hinder expansion. Finally, the module synthesizes key limitations in the evidence base and concludes with recommendations to strengthen the design, implementation, and evaluation of entertainment media to shift social norms.

Methodology

Review Approach

Module 3 is based on a structured analysis of a subset of the literature included in the evidence review. It focuses on the use of entertainment media approaches in norms-shifting interventions. It also incorporates supplementary documentation from targeted website searches and recommendations from the Advisory Board **(Figure 1)**.

The methodology involved a rigorous search and screening process, guided by predefined inclusion criteria and search terms, to identify relevant interventions **(**see **Module 1)**. Studies were selected based on their use of various entertainment media approaches—whether standalone or multimedia, scripted or unscripted—designed to shift social norms among adolescent girls and young women and their reference groups. These interventions aimed to improve one or more of five key health and well-being outcomes: child, early, and forced marriage; family planning; gender-based violence; HIV; and women's economic empowerment.

To capture the broader landscape of norms-shifting interventions, we also included studies that, while not explicitly focused on adolescent girls and young women, included this population within their target groups. Both qualitative and quantitative studies from peer-reviewed sources and grey literature were included, provided they measured social norms directly or used attitudes as proxies for norm change.

KEY TERMS: MODULE 3

Interpersonal communication facilitates the spread of new ideas within social networks, allowing opinion leaders to promote new beliefs and behaviors among their peers. Evidence suggests that interpersonal communication can amplify the impact of media campaigns. For example, one study found that women were more likely to adopt healthy sexual and reproductive health-related behaviors when they discussed the media campaign with others in their network (1).

Entertainment media approaches include any medium (TV, film, radio, digital, etc.) that can disseminate content to reach a targeted audience at scale. These approaches can be scripted, such as dramas or short "fast fiction" pieces designed for social media or radio magazine shows, or unscripted, including discussion programs, reality TV, and print magazines. This review also includes approaches that use *transmedia* strategies, which tell multiple, interconnected stories across complementary communication channels (2, 3), whereas *multimedia* approaches deliver the same story across all platforms.

The review considered a range of evidence, drawing from diverse evaluation designs, types of data, and implementation approaches. Data extraction processes captured key intervention characteristics, including intervention participants, geographic settings, and intervention levels (e.g., individual, interpersonal, community, societal). Intervention designs were analyzed for the application of social and behavior change theories, norm identification, and audience engagement; and implementation strategies were assessed across key themes, including the types of activities, reference groups, intervention duration, unintended consequences, and mechanisms of change. Finally, the review examined evaluation and scaling efforts, including measurement of norms, monitoring, cost-effectiveness, and scalability. Our review did not include an assessment of the quality of interventions' entertainment media components, or a proxy thereof.

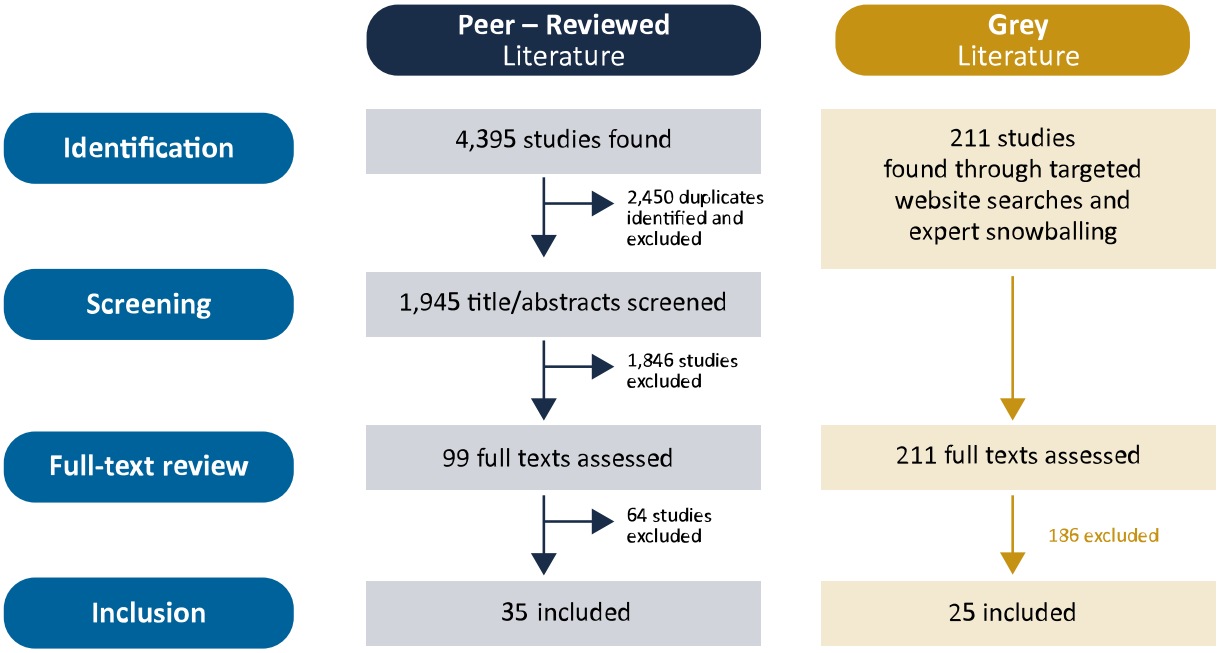


Figure 2. *Flow Chart of Included Literature across 49 Interventions identified for Module 3*

Analysis Approach

Following extraction, the data went through multiple rounds of cleaning and refinement, including verifying data, filling in gaps where possible, and incorporating insights from discussions with the Advisory Board and sensemaking workshop participants. Interventions were the primary unit of analysis, requiring separate datasets to distinguish general studies from intervention-specific evaluations. Initially, data were compiled into a single spreadsheet capturing details from various sources. A second spreadsheet was then created to synthesize evidence at the intervention level, integrating findings across studies and languages to provide a comprehensive view of each intervention. This structured approach enabled the analysis of key research questions, including how entertainment media interventions applied social and behavior change theories, engaged reference groups, and measured norms change. It also supported a holistic assessment of intervention effectiveness and implementation trends, enabling an analysis of the distribution of studies across several measures and the use of these results to generate heat maps.

Presentation and Interpretation of Evidence

As you read on, it is important to note that this analysis draws on available data and is informed by promising practices in social norms programming and entertainment media interventions. The overarching goal of this module is to inform the design and implementation of future programs that use entertainment media to shift social norms, while also identifying areas where improved measurement and evidence are needed. In addition to reporting significant outcome shifts, we examine how programs were conceptualized and designed, what mechanisms of change they leveraged, and whether any unintended consequences emerged. We also review how programs were adapted or scaled, and assess the quality of evaluation methods used. During data analysis, we found several gaps in measurement and limited alignment with promising practices and empirical findings on what works in entertainment media programming. Nonetheless, we present these findings to contribute to the growing evidence base and to highlight areas for future inquiry. To support this, **we organize the findings by phases of the program lifecycle—beginning with conceptualization and design, followed by implementation, adaptation, and scale, and concluding with evaluation methods, sharing heat maps that visualize the strength and distribution of evidence for key questions across outcomes.**

We generated heat maps to illustrate which interventions demonstrate empirical evidence of shifts in norms, attitudes, and/or behaviors in relation to specific questions. While all included interventions met our criteria for norms-shifting initiatives, few directly measured social norms. Given the limited state of norms measurement, we include attitudes in the heat maps as a proxy. We also independently analyzed significant behavioral changes, recognizing their importance, even when not accompanied by shifts in attitudes or explicitly measured norms. **The full heat maps are in Annex 2.**

To generate the heat maps, we reviewed intervention results by outcome area and classified normative, attitudinal, and behavioral outcomes as positive (green), neutral (yellow), negative (red), or unclear (grey). Positive outcomes reflect statistically significant shifts in a desirable direction, and negative outcomes indicate statistically significant shifts in an undesirable direction. Neutral outcomes include quantitative shifts without significance testing, shifts lacking statistical significance, or qualitative findings. Outcomes were classified as unclear when there was insufficient information to determine the effect. If an outcome was not measured, there is no corresponding circle in the heat map. In intervention highlight boxes, we highlight positive results drawn from the identified publications. These are presented as: odds ratios (OR), the likelihood of something happening in one group versus another; coefficients (Coeff), expected change in an outcome associated with a one unit change in a predictor, average treatment effect on the treated (ATT, the average difference the treatment made for the people who actually received it, percentage point differences (PP Diff) the difference in percent between two groups or one group at two time points), and mean differences (Mean Diff) the difference in average outcome between two groups or one group at two time points). Results are accompanied by their associated p-values or the change of observing the produced results if there was no real difference), and 95% confidence intervals (95% CI, the range of values that likely contain the true result). It is important to note that while some interventions did not show positive shifts in the outcomes reviewed, they may have achieved impact in other outcomes—such as maternal and child health—that were outside the scope of this review and therefore not included.

Intervention Scope and Focus

Which contexts? Which outcomes?

Key Learning: The majority of entertainment media interventions have occurred in sub-Saharan Africa; with family planning, gender-based violence, and HIV the most common outcomes addressed.

We identified 49 interventions that met the inclusion criteria for Module 3. **Annex 1** provides a table listing each intervention, its country or countries of implementation, the outcomes addressed, and the adolescent or youth groups engaged. Interventions were implemented between 2000 and 2024, 39 of which were in sub-Saharan Africa and 11 in South Asia **(Figure 2)**.

Sexual and reproductive health—including family planning—was the most common outcome area addressed in entertainment media interventions, followed by gender-based violence, HIV, and child, early, and forced marriage. Only two interventions addressed women's economic empowerment **(Figure 3)**. Most entertainment media interventions engaged adolescents, particularly older adolescents (15–17 years) and young adults (18–24 years). About one-fifth included very very young adolescents, while some also engaged older adults, reflecting a broader focus on the reference groups and communities influencing adolescents and youth **(Annex 1)**.

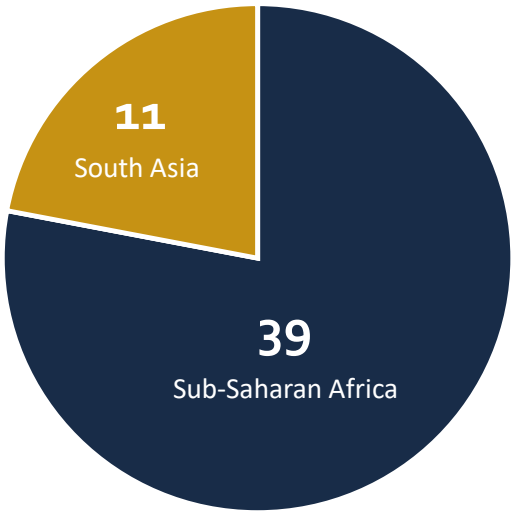


Figure 2. *Geographic Distribution of Interventions*

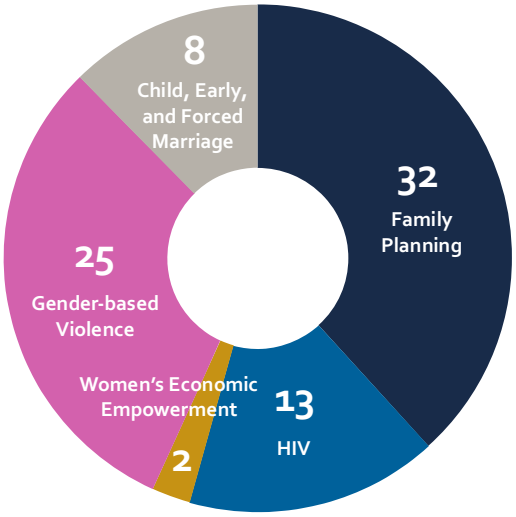


Figure 3. *Outcomes of Entertainment Media Interventions (Categories not mutually exclusive)*

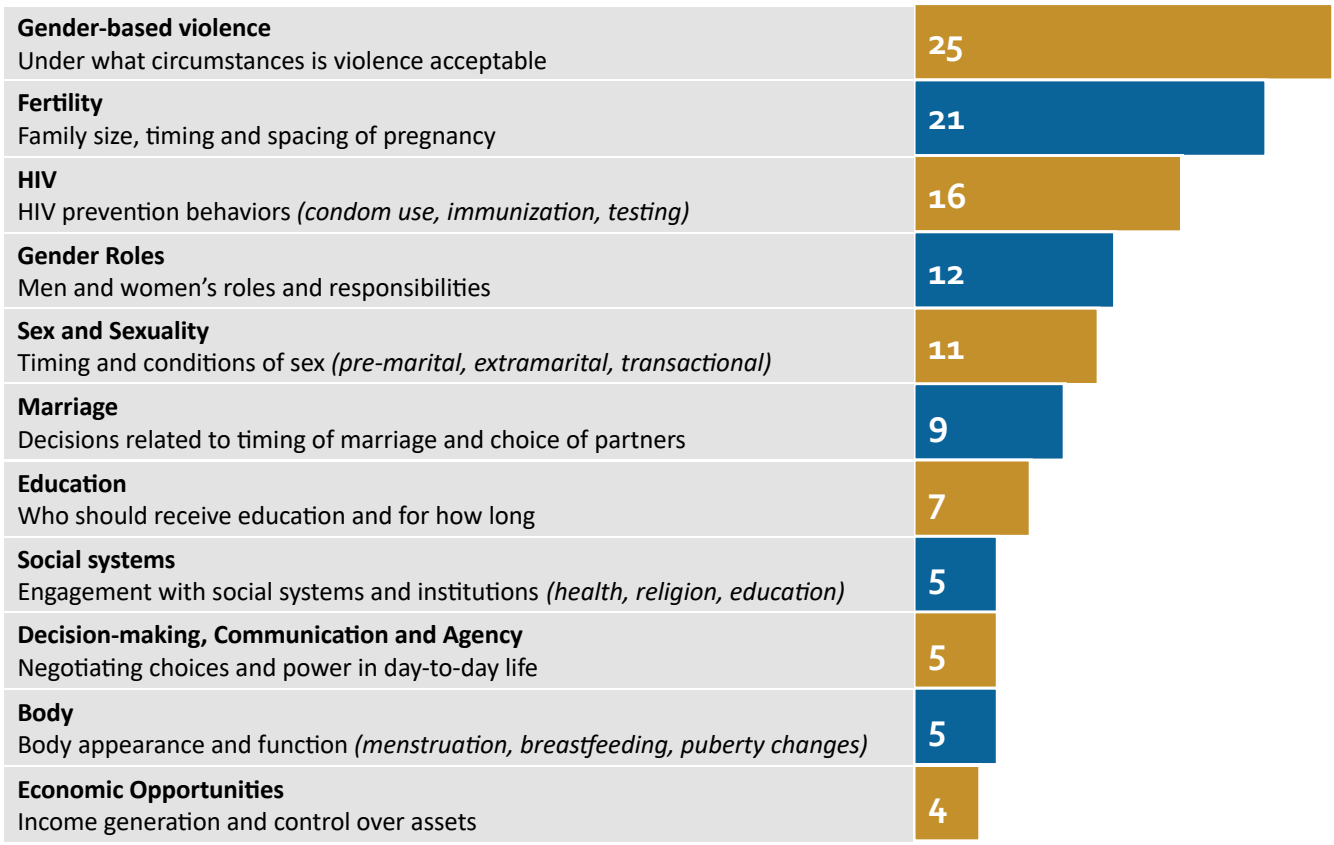
Which norms were addressed?

Key Learning: Entertainment media interventions often take a broad, cross-sectoral approach, addressing multiple overlapping norms.

To understand the breadth of entertainment media interventions, we mapped them across 11 norms categories **(Table 1)**. Entertainment media interventions most often addressed norms related to gender-based violence (n=25) and fertility (n=21), closely aligning with intended outcomes. Interventions focusing on gender-based violence primarily addressed perceptions, acceptability, and justification of violence against women and girls. Those targeting fertility primarily tackled norms related to family planning and contraception.

In contrast, several types of norms were rarely, if ever, addressed. None focused on HPV-related norms, only four targeted norms related to economic empowerment, and five centered on norms related to body, decision-making/agency, and social systems. **Finally, 35 interventions addressed norms across multiple categories, which reflects the importance of applying a holistic lens when identifying and prioritizing norms**. The most common overlap occurred between interventions addressing HIV and fertility-related norms, which is unsurprising given the relevance of condom use across categories. Conversely, interventions targeting gender-based violence-related norms were less likely to address multiple norms.

Table 1. *Distribution of Entertainment Media Interventions (n=49) Across Norms Categories*



Note*: Categories are not mutually exclusive.*

Intervention Design

The ability of interventions to successfully shift norms begins with thoughtful program design. Integrating theory into both the design and evaluation phases is critical for developing effective interventions. During the design phase, theory helps practitioners formulate informed hypotheses about how an intervention will influence desired outcomes. Conceptual tools, particularly theories of change, link program activities to specific goals and guide the development of appropriate success metrics. This section explores how programs were designed, including the role of theory, the use of formative research to identify normative priorities, and involvement of key stakeholders in the design process. The findings point to opportunities for strengthening the foundational elements of entertainment media interventions to more effectively support normative change.

How was theory used in intervention and evaluation design?

Key Learning: Many entertainment media interventions lack theoretical grounding; those that do often use established social and behavior change theory.

Best practices in social and behavior change intervention design suggest that interventions informed by theory are more likely to succeed and show measurable results. Theoretical approaches help define the pathway from activities to outcomes and provide an explanation for how and why change is expected to occur. However, among the 49 interventions reviewed, one-third (n=17) did not reference use of theory in their design, and two-thirds (n=30) did not specify its use in evaluation. Those that did employ theory in intervention design used established social and behavior change theories (n=14), theories of change or conceptual frameworks (n=9), or a mix of both (n=10)[2]. Regarding the use of theory in evaluation design, social behavior change theory (n=10), theories of change or conceptual frameworks (n=7) were most common.

FEATURED INTERVENTION

Impano n'Inpamba, developed by the Population Media Center (4), was a 104-episode radio drama that used a blended behavior change model, drawing from the Transtheoretical Model (Stages of Change), the I-Change Model (or Integrated Model), and the Extended Parallel Process Model. This approach provided a comprehensive understanding of the factors influencing family planning, and the prevention of HIV and gender-based violence. It used role modeling to demonstrate the

[2] Behavioral theories explain the factors that influence human behavior, while theories of change outline the specific steps through which an intervention is expected to achieve desired outcomes.

psychological processes—such as the steps required before taking action, external influences on intention, the link between intention and behavior, and the barriers that can prevent intentions from leading to action. The show's narrative approach helped listeners form emotional connections with the characters, enhancing its effectiveness.

RESULTS SNAPSHOT

- A significantly higher percentage of listeners (51%) than non-listeners (41%) perceived that women used family planning (p-value < 0.01)
- Among contraceptive users, 76% of listeners versus 65% of non-listeners perceived that contraceptive use was socially acceptable (p-value < 0.05)

How were norms identified and 'diagnosed'?

Key Learning: The use of formative research to diagnose norms is rare among entertainment media interventions.

Conducting formative research to identify social norms during intervention design ensures that entertainment media interventions address the most relevant and influential norms shaping audience behaviors. Without this foundation, interventions risk targeting surface-level attitudes rather than the deeply embedded norms that drive social change. However, **despite its importance, only 10 of the 49 entertainment media interventions used formative research to identify norms and inform intervention design and implementation strategies, highlighting a significant gap**. Strengthening this aspect of intervention development can enhance effectiveness by ensuring the content resonates with local communities, is strategically implemented, and is more likely to drive meaningful shifts in norms and behaviors.

Interventions that used formative research typically began with a literature review or desk research to build a foundational understanding. This was followed by qualitative methods (n=3), such as focus group discussions and in-depth interviews, to test assumptions and explore social norms, or participatory approaches and ethnographic methods, using activities like a problem tree analysis and life journey mapping, to better understand community challenges and norms shaping outcomes. For example, Breakthrough Trust's Early Marriage Campaign conducted formative research that was comprised of problem tree analysis, institutional mapping, and life journey mapping to examine social norms and reference groups. Other formative research approaches included network mapping or analysis to assess the breadth of norms and key reference groups influencing outcomes, and other quantitative survey methods.

FEATURED INTERVENTION

Tékponon Jikuagou, a project implemented in Benin by the Institute of Reproductive Health at Georgetown University in collaboration with CARE International and Plan International (5), conducted extensive formative research to understand social norms related to family planning and how sexual and reproductive health behaviors were influenced by social networks in the planned

intervention sites. The formative research included ethnography, a social network census, and in-depth interviews in two regions of Mali. The intervention site had to be moved from Mali to a similar cultural setting in Benin due to the 2012 coup d'état. This prompted a rapid qualitative assessment consisting of key informant interviews and focus group discussions, to refine the intervention to align with the normative environment in Benin and inform implementation strategies that would be successful for broad audience engagement. The final intervention approach included participatory activities, reflective community dialogue, community engagement, and radio to achieve positive results.

RESULTS SNAPSHOT

- Male radio listeners were 4.5 times more likely than non-listeners to perceive that others in their social network used family planning (OR: 4.5, 95% CI not reported)
- Following scale-up, women who listened to the radio were 6.7 times more likely than non-listeners to use contraception or have their family planning needs met (95% CI: 4.7–9.6 and 4.6–9.6, respectively).

How were community members and adolescents engaged in design?

Key Learning: While interventions are more likely to engage community members than adolescents, overall involvement remains limited.

Engaging stakeholders throughout an intervention can enhance both relevance and sustainability—two critical components of success. **However, few entertainment media interventions actively involved community members or adolescents in design (n=11 and n=3, respectively), implementation (n=9 and n=3, respectively), or monitoring (n=3 and n=0, respectively) (Table 2)**. Among the outcomes, interventions focused on family planning and gender-based violence were the most likely to engage stakeholders, followed by those addressing child, early, and forced marriage. Looking ahead, there is a clear opportunity for entertainment media interventions to strengthen and expand the engagement of key actors throughout the program life cycle. Applying this best practice can help root media content and related components in local contexts, increase acceptability, and ultimately support the achievement of intended outcomes.

Table 2. *Actors Engaged in Entertainment Media Interventions Across Health Outcomes*

Engagement	Family Planning (N=32)	HIV (N=13)	Women's Economic Empowerment (N=2)	Gender-based Violence (N=24)	Child, Early, and Forced Marriage (N=8)	Total (N=49)
Community Members						
Intervention Design	4	2	0	4	1	11

Engagement	Family Planning (N=32)	HIV (N=13)	Women's Economic Empowerment (N=2)	Gender-based Violence (N=24)	Child, Early, and Forced Marriage (N=8)	Total (N=49)
Implementation	4	0	0	4	1	9
Monitoring	1	0	0	2	0	3
Adolescents						
Intervention Design	2	0	0	1	0	3
Implementation	1	0	0	0	2	3
Monitoring	0	0	0	0	0	0



FEATURED INTERVENTION

MTV Shuga aimed to raise awareness of sexual violence, shift attitudes, and promote behavior change through compelling storytelling. The content and scripts for both the radio and television components were developed in collaboration with adolescents through participatory workshops. These workshops helped ensure authenticity in language and cultural relevance by grounding the storylines in the local context of the intervention setting.

RESULTS SNAPSHOT

In Nigeria, victim-blaming attitudes decreased significantly among men and women viewers:

- Women (ATT: -32.0) and men (ATT: -25.3) who viewed the program were significantly less likely to believe that drunk women are responsible for being raped, compared to how likely they would have been to hold that belief without program exposure (p-value < 0.001 and p-value = 0.003, respectively)
- Women (ATT: -36.6) and men (ATT: -31.8) who viewed the program were significantly less likely to believe that women wearing revealing clothing are "asking" to be raped than they would have been without exposure to the program (p-value < 0.001 for both women and men)

Intervention Implementation

Our review found limited empirical evidence linking the duration of exposure and the mode of delivery of entertainment media interventions to their effectiveness, suggesting that success depends on tailored, context-specific approaches rather than one-size-fits-all models. For instance, the evidence does not support the assumption that longer implementation periods are more effective in shifting norms. While these weak associations may reflect measurement limitations, they also underscore the difficulty of making broad generalizations given the diversity of outcomes, target populations, sectors, and media formats.

What 'mechanisms' of norms change emerged?

Key Learning: Positive shifts in social norms, attitudes, and behaviors are most likely when interventions make norms visible, prompting critical reflection.

Five mechanisms of change have been identified as key to the success of norms-shifting interventions, offering pathways through which norms can shift and evolve to produce positive, sustained outcomes. The majority of reviewed interventions (n=37) incorporated multiple mechanisms of change into the design, suggesting this is an emerging best practice among program implementers. Notably, **14 of the interventions employed either four or five distinct mechanisms**.

Reviewed interventions were particularly effective at diffusing new ideas to broad audiences (n=47) and shifting outcomes through community engagement rather than targeting individuals (n=31), often by involving reference groups across multiple levels of the socio-ecological system. These two mechanisms contributed to positive shifts in social norms, attitudes, and behaviors across all five health and livelihood outcomes. However, the number of interventions with neutral outcomes is also noteworthy **(Figure 4)**. Positive change was most likely when interventions made norms visible and

NORMS-SHIFTING MECHANISMS OF CHANGE

Engaging communities or individuals in planning and implementing norms-shifting strategies helps interventions understand context-specific norms and the factors that sustain them. Entertainment media interventions achieve this by creating partnerships between production teams and individuals to ensure authentic and respectful stories.

Seeking community rather than individual level change occurs when interventions engage reference groups or people at multiple levels of the socio-ecological system.

Making norms visible and catalyzing reflection occurs through small group dialogue and reflection, correcting misconceptions about harmful behaviors, confronting power imbalances, or finding opportunities to form new norms.

Diffusing new ideas occurs when interventions deploy strategies to spread new ideas beyond those directly reached, communicate positive new norms, model positive behaviors, demonstrate how people are changing or employ public commitments.

Supporting the change process occurs when interventions address structural factors, foster networks, movement and community action, or aim to increase rewards for positive norms and reduce sanctions.

catalyzed reflection through small group dialogue—challenging misconceptions, confronting power imbalances, and identifying opportunities to establish new norms. When disaggregated by outcome, few clear patterns emerged for interventions addressing child, early, and forced marriage, gender-based violence, and women's economic empowerment. In contrast, interventions addressing sexual and reproductive health (HIV and family planning) were most successful when they combined community engagement, reflective dialogue, and structural support—such as building networks, fostering movements, promoting community action, and incentivizing positive norms while reducing social sanctions.

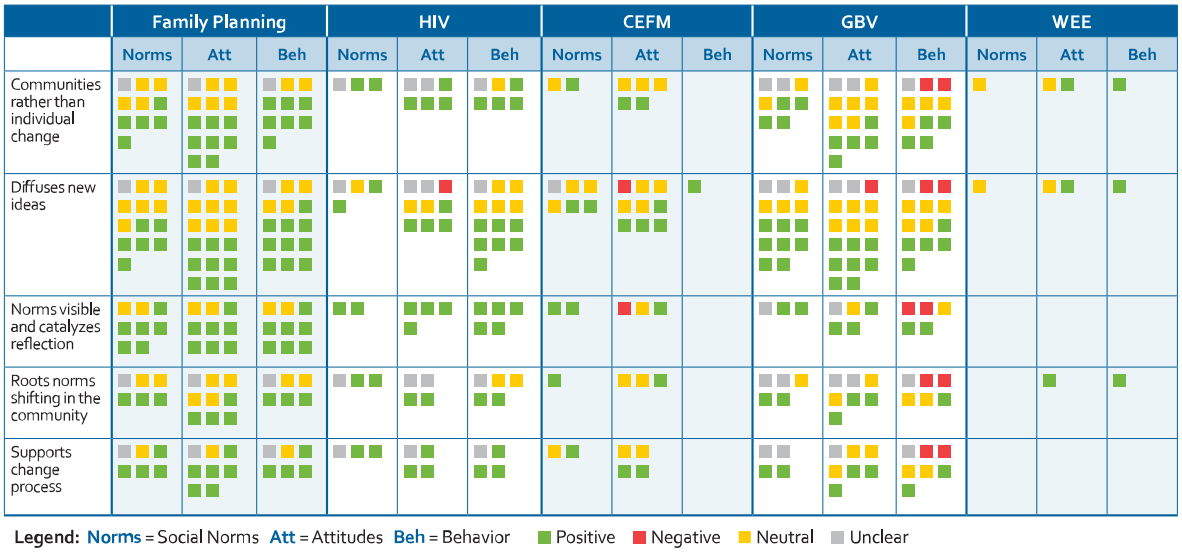


Figure 3. *Norms-shifting Mechanisms by Entertainment Media Intervention Outcomes (N=49) (Categories not mutually exclusive)*

FEATURED INTERVENTION

Let Us Protect Our Future (6), was implemented in a setting where limited access to electricity posed a barrier to many media-based approaches. As a result, the intervention used comic workbooks to disseminate HIV-related information among school-aged children. The intervention incorporated what adolescents learned from the workbooks into interactive activities, games, role-playing, and small group discussions. Additionally, the intervention aimed to shift community-level norms through take-home assignments that encouraged parent participation. Each intervention component was rooted in the community context, developed through formative research, involving both adolescents and other community members.

RESULTS SNAPSHOT

- Participation in the program was associated with significantly lower odds of having unprotected vaginal intercourse (OR: 0.42; 95% CI: 0.22, 0.84; p-value = 0.013)
- Participants in the intervention showed a significantly greater increase in the perception that parents approve of condom use, relative to non-participants (Mean Diff: 0.45; 95% CI: 0.22, 0.67; p-value < 0.001)

How long were the interventions implemented?

Key Learning: Both long- and short-term engagement can shift norms.

Choosing the right intervention duration is critical for effectively engaging audiences and reinforcing key messages. While long-term engagement is often assumed to be necessary, our review suggests this is not always the case **(Figure 5)**. Longer interventions (three years or more) were more likely to yield positive shifts in norms, attitudes, and behaviors, but some very short interventions (less than one year)—particularly those focused on child, early, and forced marriage and family planning—also produced positive outcomes. Longer interventions were more common before 2020, while shorter ones appeared more recently, possibly reflecting a growing capacity to achieve results more quickly. However, a few short-duration, HIV-focused interventions were associated with adverse attitudinal and behavioral outcomes, highlighting the importance of monitoring for unintended consequences. A critical gap remains in understanding the relationship between duration and effectiveness, as 11 interventions did not report implementation timelines—underscoring the need for more comprehensive documentation in future research.

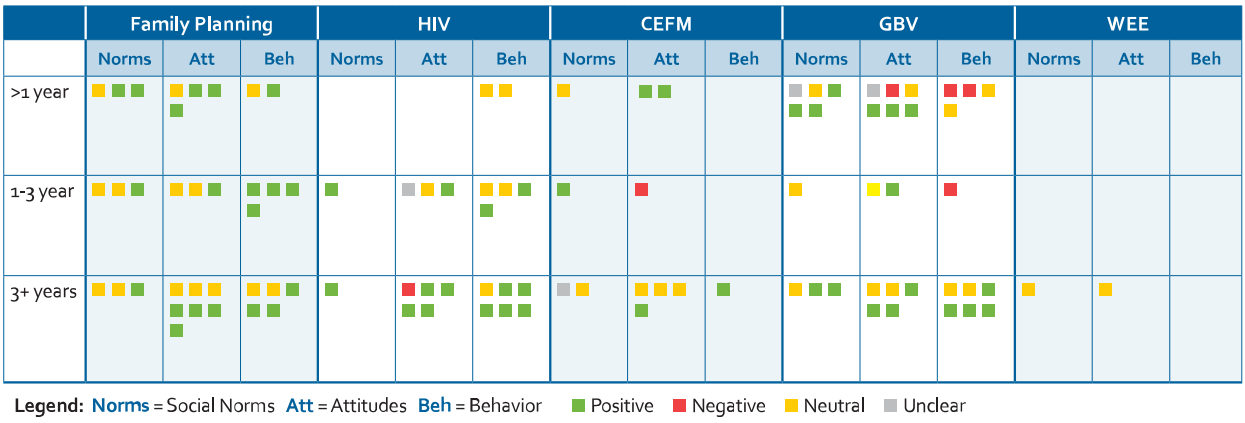


Figure 4. *Heat Map of Entertainment Media Intervention Duration*

FEATURED INTERVENTIONS

Confiance Totale (7), implemented by The Center for Communication Programs in Togo, was a successful radio intervention lasting less than a year. It featured nine 45-second public service announcements broadcast in French and two national languages on seven radio stations. These messages were broadcast 15 times daily between 5:50 a.m. and 10:00 p.m., focusing on access to family planning. The intervention's success was driven by its emphasis on intensity, high exposure, and storytelling approach.

RESULTS SNAPSHOT

- Individuals exposed to the *Confiance Totale* public service announcements had significantly higher odds of holding positive norms toward family planning compared to those unexposed (OR: 1.68; p-value < 0.001)

- Individuals who heard the announcements were significantly more likely to have discussed family planning with their partners in the past month (OR: 1.45; p-value < 0.001), to have positive attitudes toward family planning (Coefficient: 0.45; p-value < 0.001), and to report greater reproductive autonomy (Coefficient: 0.75; p-value < 0.001)

Nigerian Urban Reproductive Health Initiative, implemented by The Center for Communication Programs (8), is an example of a longer intervention (six years). This multimedia intervention included a weekly 30-minute radio magazine with interactive call-in "ask the expert" segments, tailored to each implementation site. The broadcasts provided information on contraception and featured skits modeling positive family planning conversations between couples and with providers. The intervention also included radio listening groups with follow-up discussions, television spots, print materials (e.g., posters, umbrellas, flyers, and T-shirts), and social mobilization activities.

RESULTS SNAPSHOT

- Exposure to the initiative resulted in significant increases in perceived peer support for family planning between baseline and midterm, with effects increasing by exposure level: 17.9 percentage points (low), 22.2 (medium), and 26.7 (high) (p-value < 0.001 for all).
- From baseline to midline, there was a 9.4 percentage point increase in the proportion of listeners who believed that many of their friends were using family planning (p-value < 0.001)

Which intervention strategies were used? Standalone or multichannel?

Key Learning: The ability of entertainment media interventions to positively shift norms is influenced by factors beyond the number of media channels employed.

HOW TO INTERACT WITH TARGET AUDIENCES

The most effective interactive components do more than engage individuals—they encourage creativity and exploration of new ideas.

Virtual engagement:

- Radio call-in shows (sharing opinions or "ask the expert" segments)
- Social media interaction (comments on posts or participation in discussion groups)

In-person engagement:

- Listening/viewing clubs to facilitate dialogue
- Community dialogues
- Community outreach efforts

Depending on the desired outcomes and reach, a multimedia or standalone media approach may be more advantageous. Multimedia approaches, which use multiple channels, can enhance engagement and understanding but tend to be more expensive and complex. Standalone approaches, on the other hand, offer flexibility and scalability, though they provide fewer opportunities for content interaction. **Of the reviewed interventions, 21 employed standalone approaches and 29 utilized multimedia.** Among those targeting child, early, and forced marriage, only multimedia interventions positively shifted norms, attitudes, or behaviors **(Figure 6)**. Attitudes were also more likely to shift positively when gender-based violence and HIV-related interventions used multimedia approaches. However, family planning-related interventions using

standalone approaches showed somewhat more success. These trends suggest that both standalone and multimedia approaches can be effective.

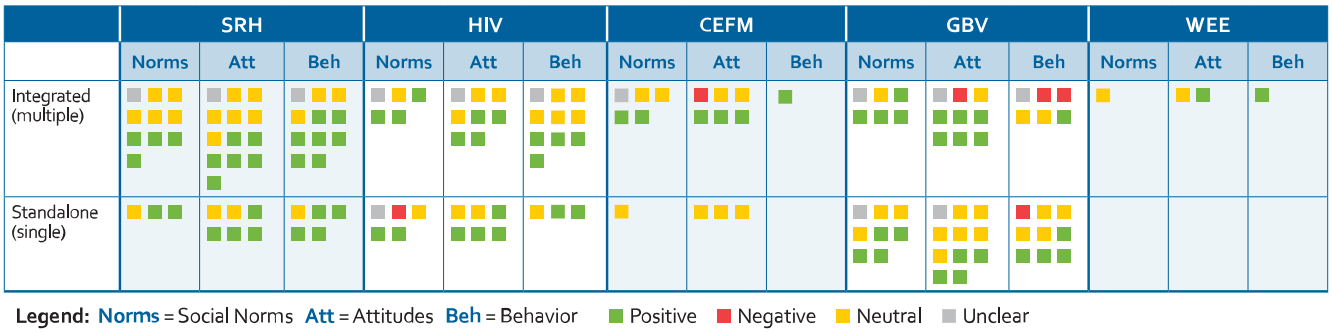


Figure 5. *Heat Map of Standalone and Multimedia Entertainment Media Interventions*

Each media format plays a distinct role in reaching an intervention's target audience with new ideas and information. Television and radio can reach broad audiences, including those without access to other platforms. Social media also has a wide reach and the added advantage interactive engagement. This is likely why these three formats represent the most widely used mediums among entertainment media interventions (television n=16, radio n=32, and social media n=17) **(Figure 7)**. Digital and print media, also commonly used (n=8 and n=12, respectively), reinforce key messages by providing supplementary information.

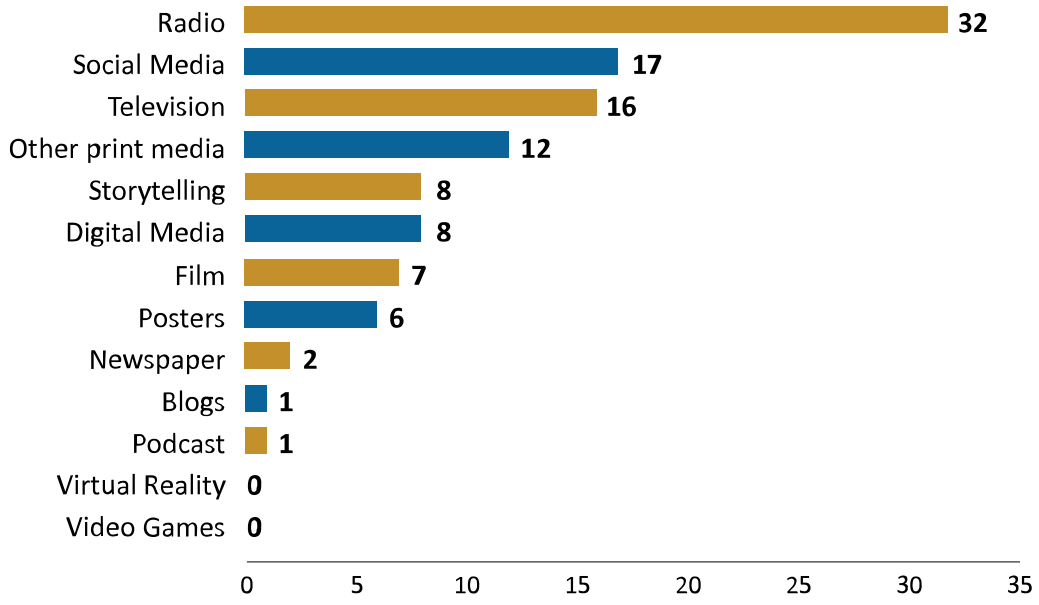


Figure 6. *Channels Used in Entertainment Media Interventions (n=49)*
(Categories not mutually exclusive)

How did interventions utilize interactive components?

Key Learning: In-person engagement shifts norms across outcomes, while virtual components have also proven effective in specific areas such as gender-based violence and family planning.

Interventions that meaningfully engage audiences—beyond passive content exposure—create additional opportunities to reinforce communication objectives, spark dialogue, and foster critical reflection. In entertainment media interventions, virtual strategies included radio call-in shows, "ask the expert" segments, and social media interactions through comments, interactive posts, and discussion groups. Some also featured user-generated content, such as participant-filmed videos, interactive comic workbooks, and personal diaries. Interventions targeting child, early, and forced marriage, gender-based violence, and HIV were particularly effective at shifting social norms and attitudes when they included virtual engagement **(Figure 8)**. However, virtual components alone were less successful in prompting behavior change, particularly in gender-based violence interventions, and occasionally produced negative outcomes. In contrast, interventions with in-person components—such as listening and viewing clubs, facilitated community discussions, and direct outreach—were more successful in fostering positive shifts in norms, attitudes, and behaviors. Though limited, some evidence suggests that women's economic empowerment interventions using in-person formats have greater impact than those relying on virtual methods. However, the absence of a clear trend suggests that future entertainment media interventions should focus on interactive components that encourage active participation to maximize impact.

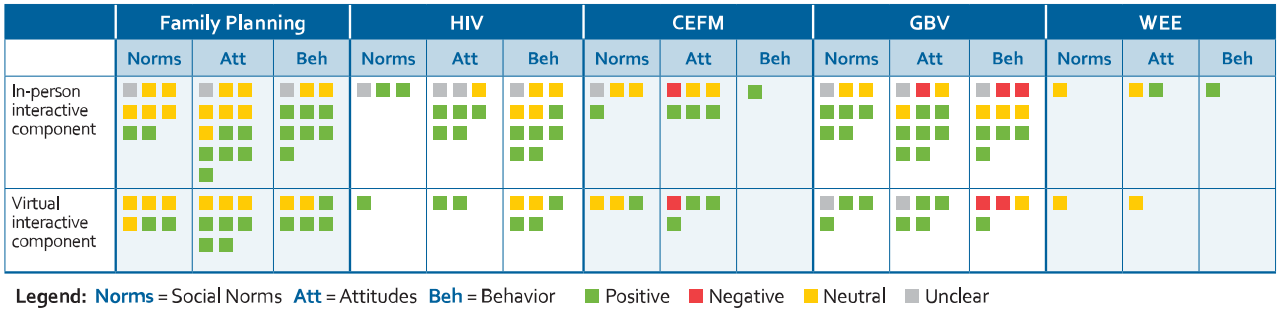


Figure 7. *Heat Map of Entertainment Media Audience Interaction by Outcome (n=49) (Categories not mutually exclusive)*

While many reviewed interventions included user engagement, only a few (n=5) leveraged this opportunity to co-create content—representing a key limitation for norms-shifting entertainment media. **Integrating participatory approaches in design, pre-testing, and implementation, along with feedback loops, helps ensure content reflects community needs. Future initiatives would benefit from expanding user-generated content and fostering interactive engagement to enhance relevance and impact.**

FEATURED INTERVENTIONS

Tchova Tchova Historias de Vida: Dialogos Comunitarios (Push Forward Life Stories: Community Dialogues), implemented in Mozambique by the Center for Communication Programs, was designed to foster social norms to support HIV prevention via community dialogues and a radio magazine. The community dialogues utilized nine video and written profiles of real Mozambican trendsetters to catalyze group discussion. The trendsetters shared stories of how they overcame challenges related to, for example, traditional gender roles, gender-based violence, and alcohol abuse to make positive changes in their lives and to engage in HIV treatment and prevention. The videos were shown during interactive community sessions, followed by dialogue led by trained facilitators. The radio component of the intervention included 34 segments, each lasting 12 minutes. Each segment included a component where listeners could call in to participate in a 'debate' style format on the stories and content, as well as ask questions of specialists.

RESULTS SNAPSHOT

- Participation in the sessions was associated with significantly lower levels of HIV-related stigma compared to non-participation (OR: 2.88; p-value < 0.001)
- Participants were significantly more likely to have communicated with their partner about HIV compared to non-participants (Coeff: 0.19; p-value <0.001)

Change Starts at Home (Change) was a nine-month social and behavior change strategy implemented in the Nawalparasi, Kapilvastu, and Chitwan districts of Nepal. The intervention included weekly radio broadcasts, guided discussions, and group and home-based activities designed to catalyze reflection on existing social norms and gender roles that contribute to intimate partner violence. The community, especially leaders, women's rights activists, and those working in the field of gender-based violence, were involved in the iterative design of the intervention, shaping both the radio content and curriculum. The content was pre-tested with local community members, and feedback from radio listeners was gathered through interactive voice responses after each broadcast, helping to guide the ongoing development of the radio intervention.

RESULTS SNAPSHOT

- Increased information-sharing within intervention communities led to significantly lower acceptance of gender-based violence (Coeff: 0.11; p-value < 0.05)

Who were the reference groups engaged in interventions, and what impact did their participation have on outcomes?

Key Learning: Although trends are limited, gender-based violence interventions tend to show greater positive shifts in norms when they engage family and community members, whereas those focused on family planning benefit from involving health workers.

Involving reference group members is crucial for driving meaningful change, as they play a critical role in shaping norms and behaviors. However, our analysis revealed only a few clear trends regarding which groups are most effective across outcomes **(Figure 9)**. Engaging community and religious leaders appears to positively impact attitudes and behaviors in interventions addressing gender-based violence, HIV, and family planning. Notably, family planning interventions saw greater success when health workers were involved, compared to other reference groups. Conversely, adverse outcomes were observed only when interventions engaged community members, peers, family, or teachers—highlighting the need for careful design of engagement activities to avoid unintended consequences.

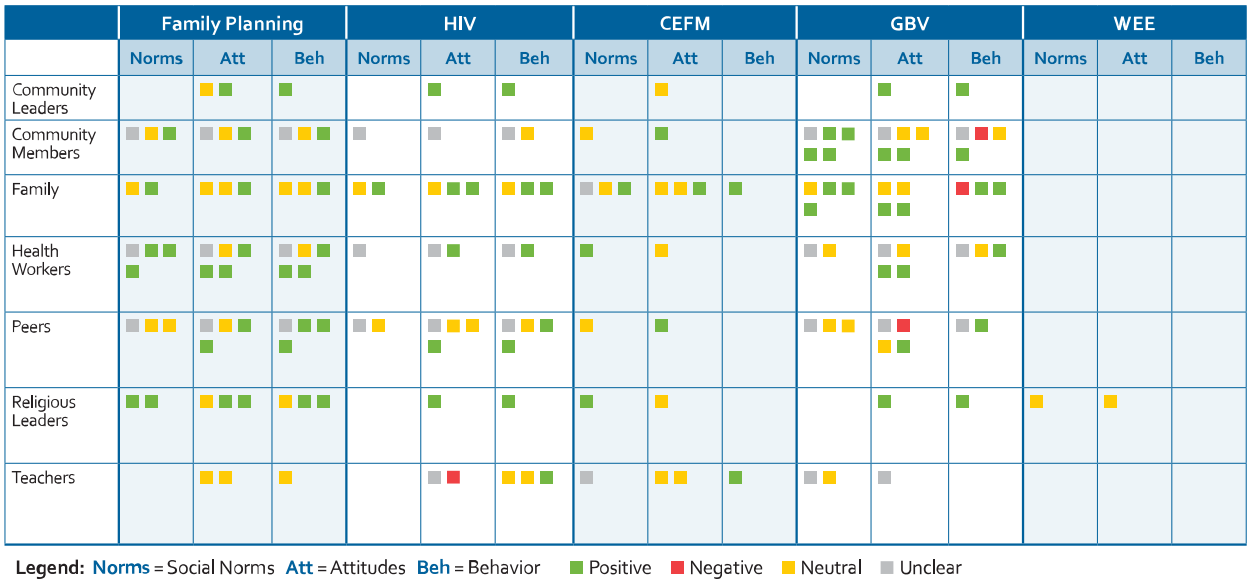


Figure 8. *Reference Groups by Outcome (n=49) (Categories not mutually exclusive)*

FEATURED INTERVENTION

Safe Love Campaign (9), implemented by the Communications Support for Health Project in Zambia, used both in-person and virtual outreach strategies. In-person engagement included community activities like small group discussions, one-on-one conversations, Safe Love Clubs, and radio listening clubs. The campaign also maintained an active Facebook page for broader community discussions. Both approaches helped facilitate dialogue about key campaign themes between adolescent girls and young women, young boys and men, and their broader social networks. Those who listened to the campaign had an increase in recent and consistent condom use. Additionally, listeners in rural areas who had not been tested for HIV in the last six months had an increase in intentions to get tested.

RESULTS SNAPSHOT

- Participants were significantly more likely than non-participants to hold positive injunctive norms regarding condom use with casual partners (PP Diff: 7.60; p-value < 0. 05)
- Women who participated in the program were significantly more likely than non-participants to agree that they could ask their spouse or partner to use a condom if they wanted to (PP Diff: 9.83; p-value < 0.05)

What unintended consequences were observed?

Key Learning: Pairing content with audience engagement strategies and safeguards that promote reflection and dialogue supports monitoring for unintended consequences and informed planning.

Several interventions reported unintended or adverse outcomes, primarily in two areas: the reinforcement of existing norms and harmful consequences. Some interventions included strategies to mitigate these risks; reviewing their approaches provides valuable insights for preventing similar issues in future efforts. These findings highlight the need for continuous monitoring of unintended consequences throughout implementation.

Reinforcement of gender inequitable norms

Some interventions unintentionally reinforced gender inequitable norms, particularly on social media platforms, where direct audience engagement was limited. Efforts to spotlight harmful norms often backfired, with some audiences responding defensively and reinforcing rather than challenging these norms. For example, *Everyday Heroes* in Uganda posted content critiquing norms related to corporal punishment, but some viewers responded defensively, ultimately reinforcing those norms. A similar pattern arose in the *Learning Initiative on Norms, Exploitation and Abuse,* where male participants with moderate exposure were more likely to reinforce inequitable norms, while those with high exposure showed positive normative shifts.

Adverse intervention effects

Some interventions reported unexpected adverse effects. For instance, exposure to C'est La Vie! in Senegal was associated with increased reports of emotional and sexual intimate partner violence, despite improved attitudes toward gender equality. This may reflect reduced stigma and increased awareness, leading to greater recognition and reporting. Additionally, interventions featuring gradual character transformations must ensure sustained audience engagement; otherwise, viewers may miss this progression and interpret inequitable behaviors as positive.



PLANNING TO PREVENT NEGATIVE CONSEQUENCES AND IDENTIFY POSITIVE UNINTENDED EFFECTS

Incorporate effective monitoring systems to mitigate and avoid negative unintended consequences and improve understanding of positive ones:

- Incorporate audience feedback
- Provide support mechanisms

Design messaging to minimize harm and maximize positive impact to mitigate the risk of participant disengagement before witnessing character transformation:

- Incorporate completion incentives
- Sustain engagement by layering storylines to keep audiences curious about what happens next

Mitigating unintended and adverse consequences

Some interventions took proactive steps to prevent and mitigate unintended consequences by focusing on promoting positive norms rather than amplifying harmful ones. Social media-based efforts were sometimes paired with structured, in-person discussions to foster constructive dialogue. Although no specific cases of harm were reported, several interventions addressing sensitive issues (child, early, forced marriage, sexual violence, and HIV) implemented safeguards to avoid psychological distress. These included piloting abridged versions to assess acceptability and detect potential harms, and using content warnings to allow audiences to prepare for or opt out of emotionally intense material. However, the limited discussion in the literature on mitigating unintended consequences remains a missed opportunity for strengthening intervention and evaluation design.

Intervention Scale Up, Adaptation, and Cost

While many entertainment media interventions achieve a wide reach, their longevity, expansion or replication beyond the initial pilot is not guaranteed. This section explores scale-up, since designing with scale in mind is essential to maximizing future reach, impact, sustainability, equity, inclusion, and the return on investment in media development.

How was scalability assessed?

Key Learning: Scalability receives little attention in the evidence on entertainment media, possibly because broad reach alone is assumed to be sufficient – overlooking the feasibility of expansion or institutionalization.

Scalability is a fundamental consideration that should be addressed in the design phase and revisited throughout implementation and evaluation to inform future efforts. Defined as the ease or difficulty of expanding and institutionalizing an intervention, scalability can be strengthened by understanding the contextual factors that shape implementation and by assessing how stakeholders and audiences engage with and respond to the intervention (5). Overall, scalability received limited attention in the available evidence. For interventions that did explore this, **scalability was assessed via a variety of sources, including monitoring data (n=5), targeted surveys and studies (n=4), evaluation data (n=4), costing data (n=3), community feedback (n=2), and staff recommendations (n=1) (Figure 10)**.

KEY TERMS

Scale-Up: "Deliberate efforts to increase the impact of innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis" (10).

Scalability: "The ease or difficulty of expanding and institutionalizing an innovation. Scalability can be enhanced by using what is known about the factors that ensure success to shape the scaling-up strategy" (11).

Cost-Effectiveness: The ability of an intervention to offer the greatest health gain or impact to the population dependent upon available monetary resources.

A key aspect of scalability is determining whether an intervention's effectiveness justifies further investment. However, assessing the effectiveness of entertainment media interventions can be challenging due to unintentional spillover between intervention and control communities. To address this, conducting methodologically sound evaluations are essential. For example, the *Gender Roles, Equality and Transformation* intervention mitigated spillover by using pre- and post-tests with the same participants to evaluate its radio component, rather than comparing separate intervention and control groups.

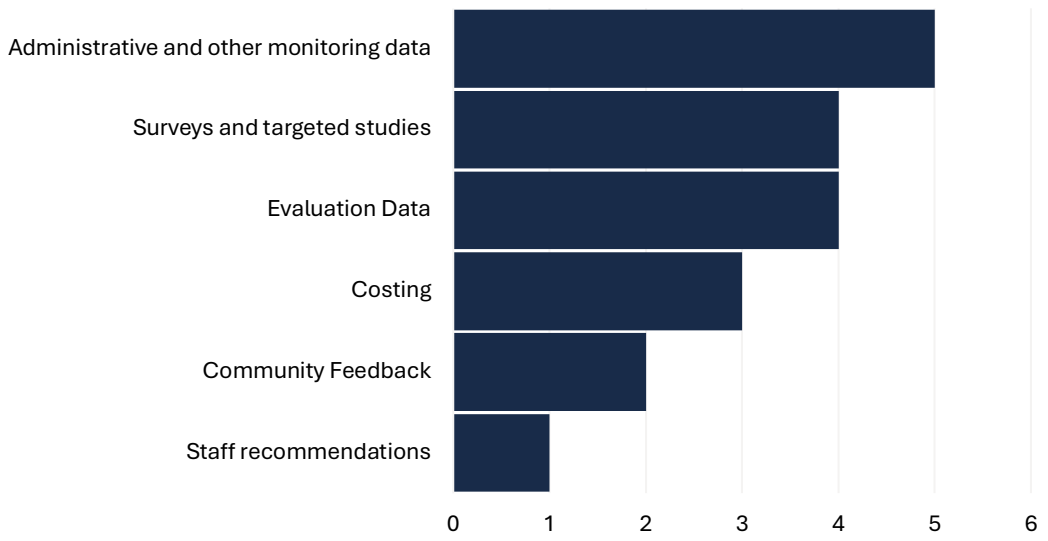


Figure 9. *Data Used to Assess the Scalability of Five Pilot Entertainment Media Interventions*

How did interventions use entertainment media in their scaling, adaptation, or replication efforts?

Key Learning: While few entertainment media interventions are being scaled up, replicated, and adapted, those that are use media like radio, social media, television, storytelling and film to reach a broader audience.

Scale-up, replication, and adaptation aim to expand interventions to new audiences and settings, fostering widespread and lasting change. Interventions use entertainment media to support this effort and reach larger, more diverse, and hard-to-reach populations, while also enables local adaptations that maintain the intervention's core intent.

Scale-Up

Of the reviewed entertainment media interventions, four were scaled to reach a larger audience, only two of which also assessed scalability. While the types of media varied (radio n=2; social media n=1; storytelling n=1; film n=2), they were considered core components for expanding reach and facilitating positive shifts in norms, attitudes, and behaviors **(Figure 11)**. For example, successful behavior change was achieved by using radio to create an enabling environment in conjunction with other intervention components. However, for some interventions, barriers to scaling included expanding the scope too broadly, which made it challenging to effectively adapt and deliver the media in a way that resonated with each community's unique context.

Adaptation

The process of adaptation modifies an intervention to suit a new context while maintaining its core components and intended outcomes. This is crucial when cultural, infrastructural, resource, or policy differences could influence effectiveness. Adapting an intervention is especially valuable when implementing it as originally designed is not feasible due to contextual constraints, costs, or other factors. Of the reviewed interventions, three were adapted, and used either radio (n=2), social media (n=1), and/or television (n=1) to share messages **(Figure 11)**. Each intervention successfully shifted attitudes by strategically adapting messages and content to maintain effectiveness across different settings. For example, television and radio episodes were adapted for other countries or to address new topics, while drawing on the successes of previous iterations.

Replication

Two of the reviewed interventions were examples of replication, implemented in new settings without significant modifications to core components, aiming to preserve fidelity and maintain proven effects. These replicated interventions included radio (n=1), social media (n=1), television (n=1), and film (n=1) **(Figure 11).** While neither led to measurable changes in norms or attitudes, both influenced behavior. One of these interventions was linked to a negative shift in behavior, while the other showed positive changes. This highlights the importance of understanding how evolving contexts can shape outcomes and the need to adapt interventions rather than replicate them without modification.

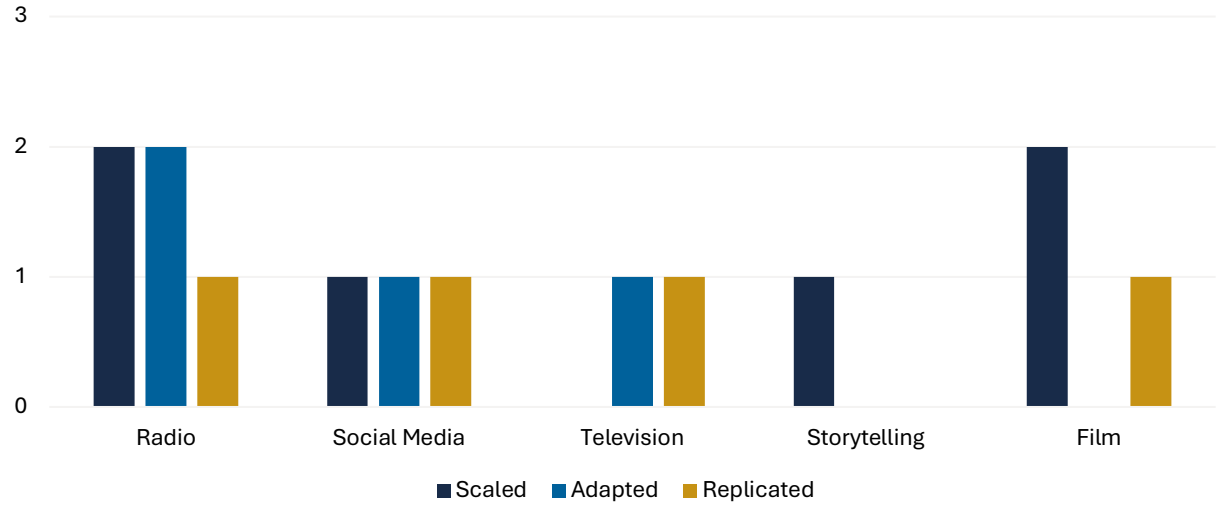


Figure 10. *How Media Was Used in the Scale-Up, Adaptation, and Replication Efforts of Nine Entertainment Media Interventions (Categories not mutually exclusive)*

What cost data was available?

Key Learning: More interventions need to collect costing information using standardized measures.

While costing information is essential for assessing an intervention's scalability, cost analyses were limited among the reviewed entertainment media interventions. The lack of standardized measures further hindered meaningful comparisons across interventions. Among those that did report costing data, the most common approach was calculating unit costs (e.g., cost per listener) **(Table 3)**. Only two interventions included cost-benefit analyses, and just one reported cost-effectiveness. This lack of data significantly limits our ability to determine whether an intervention's benefits justify its investment or how efficiently it can achieve outcomes given available resources.

Table 3. *Costing of Entertainment Media Interventions*

Intervention	Approach	Unit Analyzed	Cost Per Unit
Community Radio Intervention	Costing	Regular Weekly Listener Combined; by series	$3.94 *Kwishilya:* $3.12; and *Sinalamba:* $13.00
Impano	Costing	Loyal Listener	$1.80
Merci Mon Héros	Costing	Reach; Engagement; and Video View	Reach: $0.14 Engagement: $1.12 Views: $3.75
No Name 3	Costing	Additional Contraceptive User in Pilot; Estimated Cost per Additional User at Scale-up	Pilot: $85 Scale-Up: *$15.30*
RISE II	Cost-Benefit	Financial Analysis; Economic Analysis; Stakeholder Analysis; Gender Equity and Social Inclusion Analysis	Financial Analysis: *Mixed positive financial results depending on setting and product* Economic Analysis: *Ability of financial returns to offset intervention cost differs by setting* Stakeholder Analysis: *Mixed impact on government's fiscal position based on setting* Gender Equity and Social Inclusion Analysis: *Women's share of net losses varies by setting;* *Youth's share of net losses varies by setting*
SASA!	Costing and Cost Effectiveness	Cost Per Activist and Cost Per Person Reached; *Total Cost*	$389 per Activist and $21 per Person *$138,598 total cost*
Shujaaz	Cost-Benefit	Monetized benefit over the lifetime of the study cohort; Return on Investment, Total and by Outcome	Total: $439,707,318 over cohort lifetime; 24:1 ROI More Safe Sex: *$132,000,000; 7:1 ROI* More Money: *$289,273,686; 16:1 ROI* Better Education: *$18,433,632; 1:1 ROI*
Tékponon Jikuagou	Costing	Community, by year	$4,093

FEATURED INTERVENTION

Rise II, implemented by Breakthrough Action in Niger, was an integrated social and behavior change intervention focused on improving family planning, maternal and child health, nutrition, and WASH. The intervention used radio to amplify health messaging and extend its reach. As part of its cost-benefit analysis, *Rise II* conducted financial, economic, stakeholder, gender equity and social inclusion analyses comparing results across two implementation regions. Findings revealed regional variation in benefits, including financial returns and the distribution of net losses among women and youth. These insights are especially valuable for those considering the replication, adaptation, or scale-up of *Rise II*.

RESULTS SNAPSHOT

- Women who participated in *Rise II* were significantly less likely to perceive that their neighbors married their daughters as soon as they reached puberty (PP Diff: 6.6; p-value = 0.01), and significantly less likely to believe that their neighbors approved of marrying off girls at puberty (PP Diff: 7.7; p-value < 0.001)

Intervention Monitoring and Evaluation

Evaluation of entertainment media interventions has become more rigorous, with many studies employing strong designs and integrating qualitative methods to capture both outcomes and context. However, critical gaps remain. Many evaluations lack clear descriptions of how norms were measured, limiting comparability and confidence in results. Additionally, while some mention monitoring or adaptive management, few document how these processes informed learning or course correction. Future efforts should prioritize clearer norms measurement, the use of validated tools, and transparent reporting of adaptive processes to strengthen evidence and impact.

How were interventions evaluated?

Key Learning: While most entertainment media interventions employ rigorous evaluation methods, they often fall short in using mixed- or multi-method approaches that contextualize success and deepen understanding of how and why outcomes occur.

Evaluation needs and approaches vary based on the intervention and implementation strategies. Cross-sectional and exploratory study designs—both qualitative and quantitative—are often more affordable and useful for describing interventions and exploring relationships between intervention components and other variables. As indicated in **Figure 12**, this was common among the reviewed interventions (n=14). However, such designs cannot establish temporality, and therefore do not provide evidence of causal relationships between the intervention and observed outcomes. Stronger study designs—such as longitudinal (n=12), pre- and post-test (n=5), quasi-experimental (n=6), and randomized controlled trials (n=12)—can address the limitations of exploratory approaches and provide clearer evidence of whether entertainment media interventions drive change.

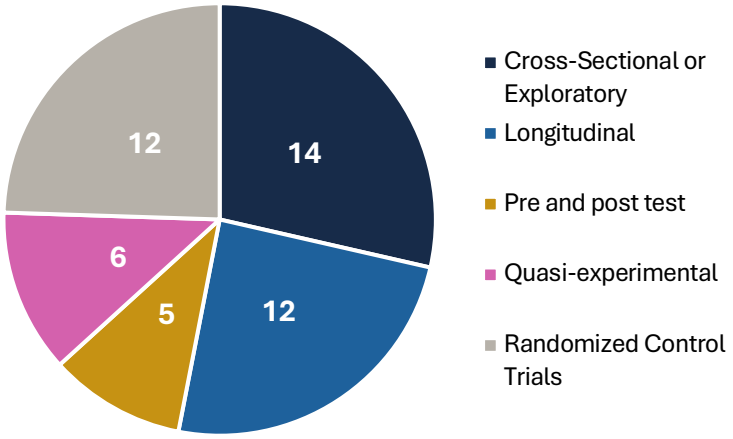


Figure 11. *Entertainment Media Interventions Evaluation Designs (n=49) (Categories not mutually exclusive)*

Most interventions lacked complementary qualitative evaluations (n=30), leaving important questions unanswered about the contextual factors influencing success. Mixed- or multi-method approaches, especially those incorporating participatory techniques, are the most effective for evaluating norms-shifting interventions; and yet, only 10 of the 49 reviewed interventions used them. Given mixed-method approaches not only establish temporality but also reveal how and why changes occur and whether impacts are sustained, this signals a key area for improvement.

How were norms measured?

Key Learning: Most interventions do not report how they measure norms, posing a significant barrier to assessing effectiveness and limiting comparability across studies.

Although the number of validated norms measures has grown since 2014, most efforts have focused on developing new measures for specific interventions rather than adapting or using those that are fully validated. This trend is evident among the reviewed entertainment media interventions. **Of the 23 that reported their measurement approach, the majority (n=14) created new norms measures—most since 2021 (Figure 13)**. Only nine interventions used previously validated measures, either in full (n=2) or by adapting constructs (n=7). Most relied on quantitative (n=14) or mixed-methods (n=7); 11 tested for validity, 10 for reliability, and five for both**.** An additional 27 interventions described a norms measurement method, but it was unclear whether their measures were new, adapted, or validated. The lack of published measures limits opportunities for reuse, increases the burden of developing new measures, and hinders comparability across studies.

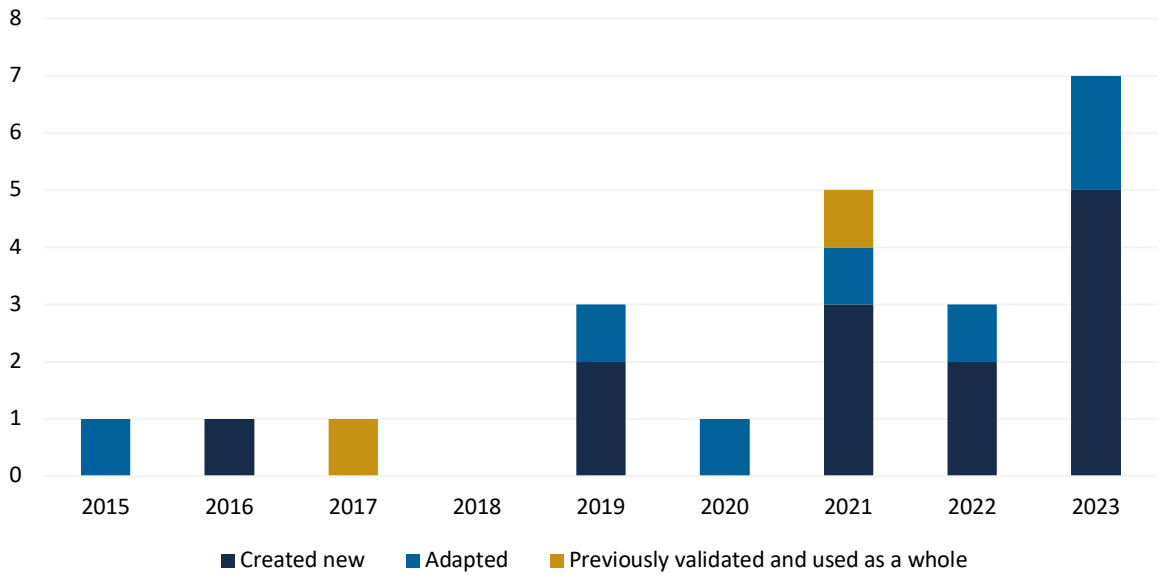


Figure 15. *Norms Measures Used Within Entertainment Media Interventions*

FEATURED INTERVENTION

Communities Care (12) was a theory-driven initiative implemented in conflict-affected areas of Somalia to improve the quality, access, and coordination of care for girls and women who experienced sexual violence and other forms of gender-based violence. It also aimed to shift social norms that accept and justify gender-based violence through community-led prevention efforts. As part of the intervention, experts in social norms, gender-based violence, humanitarian emergencies, and psychometrics developed and validated the *Social Norms and Beliefs about Gender-based*

Violence Scale to measure injunctive norms. This scale consisted of 15 items across three sub-scales: response to sexual violence (5 items), protecting family honor (6 items), and a husband's right to use violence (4 items). Responses followed a four-point Likert scale, ranging from "none of them" to "all of them." Compared to control group participants, those in the intervention districts had a significantly greater shift toward positive social norms around sexual violence, family honor, and violence perpetration by husbands, as measured by the three sub-scales.

RESULTS SNAPSHOT

- Participation in the program led to significant shifts away from norms that approved of sexual violence (Coeff: -0.214; $p < 0.001$), using violence for protection of family honor (Coeff: -0.558; $p < 0.001$), and a husbands' right to use violence (Coeff: -0.309; $p = 0.003$)

What monitoring and adaptive management approaches were used?

Key Learning: Too few entertainment media programs share how they use adaptive management during implementation.

Collecting and utilizing data for monitoring, improvement, and learning is crucial for intervention success. Adaptive management is an iterative process that uses monitoring, evaluation, and other key learnings to refine implementation approaches and improve outcomes. Adaptive management ensures that interventions remain relevant and effective, especially in new implementation contexts. However, the evidence on entertainment media interventions offered limited insights into their monitoring (n=15) and adaptive management (n=2) practices, with only six using both approaches **(Figure 14)**. This represents a significant knowledge gap. To address it, funders and peer-reviewed journals must prioritize these topics to enhance monitoring and adaptive management practices.

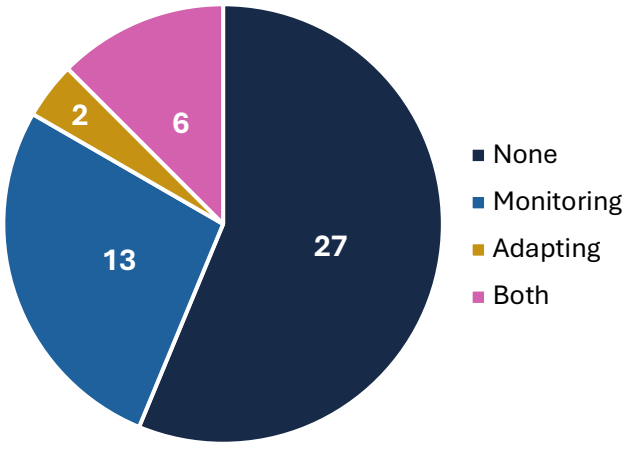


***Figure 16**. Monitoring and Adaptive Management Strategies Used in Entertainment Media Interventions (n=49)*

FEATURED INTERVENTION

Redefining Norms to Empower Women (13) employed a multi-pronged monitoring approach. It tracked shifts in norms, focusing on early signs of change, while also monitoring for potential backlash from staff, partners, and community members. The intervention utilized an Activity Monitoring Report and an Activity Summary Report, both based on the 'SASA! Raising Voices' monitoring tools, completed quarterly to assess successes, lessons learned, and challenges. Verbal feedback from project staff supplemented these reports, allowing for regular reflection and timely corrective action. This iterative approach led to a reduction in participants' expectations that violence perpetration among men was prevalent and acceptable.

RESULTS SNAPSHOT

- Participation in the program was associated with a significant 4.2 percentage point decrease in the perception that others in the community approve of men using aggressive means to resolve conflict with their wives (p-value < 0.01)

Key Takeaways

Limitations

The review of entertainment media interventions revealed several key limitations:

- Much of the literature **lacked detailed descriptions of the media components.** While most studies identified the media channels used, they rarely specified how these channels were leveraged, such as the number of episodes aired, audience reached, and frequency of exposure, making it difficult to assess the media's impact on intervention outcomes.

- Although we aimed to include resources in English, French, and Spanish, and made targeted efforts to identify non-English documents, **an inherent bias toward English in publishing meant that our findings were ultimately limited to English-language journals and publications**.

- Many evaluations focused on the impact of a single implementation period, **limiting insights into the cumulative effects of sustained media exposure**.

- Nearly half of the **interventions did not measure shifts in social norms**. Given the limited number of interventions measuring shifts in social norms, the review was expanded to include those that assessed changes in proxy indicators, such as attitudes and behaviors. While all interventions aimed to influence norms, the lack of direct norm measurement made it difficult to assess their effectiveness in achieving this goal.

- The literature provided **limited information on key implementation details**. Few studies described the sequencing of intervention components, such as whether media was introduced before or after other activities, and the rationale behind these choices. Additionally, there was often little clarity on whether media content was created by program staff, audiences, or both. As a result, this analysis could not determine the degree of alignment between intervention goals and factors such as audience needs, entertainment content, communication platforms, and partnerships. These gaps likely stem from the absence of formal guidelines for the design, implementation, evaluation, and reporting of entertainment media interventions, further compounded by limited financial and human resources. Future efforts could address this gap through qualitative case studies that capture rich implementation insights.

- **Few studies addressed ethical considerations or unintended consequences, leaving critical gaps in understanding potential risks** associated with entertainment media approaches.

Five Recommendations for Success

Interventions that aim to shift social norms are inherently complex and require dynamic approaches. Entertainment media-based interventions offer a promising avenue for driving such change at scale, while maintaining cost-effectiveness and adaptability. By harnessing the power of mass media, these interventions can reach broad and diverse audiences with tailored content. When combined with interpersonal communication, both scripted and unscripted media formats can deepen audience engagement, increasing the potential for sustained shifts in social norms. Importantly, entertainment media approaches are not one-size-fits-all—they can be adapted to local contexts and integrated with existing policies and programs, enhancing their relevance and effectiveness. To maximize their impact, entertainment media interventions should:



Ground intervention development in theory and formative research; apply adaptive management; and engage youth, adolescents, and their reference groups throughout the intervention life cycle.

Interventions should use formative research to understand the implementation context, identify existing needs, and tailor communication objectives to populations. When paired with theory-driven design to define change pathways, interventions are more likely to girls, young women, and their reference groups. Using participatory adaptive management techniques throughout the design, implementation, and monitoring process will strengthen this work by refining approaches as new challenges and unintended successes arise, ensuring that the content resonates with and authentically reflects local realities.



Carefully consider which implementation approaches most effectively engage audiences, given the specific implementation context and desired outcomes.

During the design process, program implementers must make key decisions to engage participants. While incorporating all five mechanisms of change (see the Design and Mechanisms of Change section) is ideal, prioritization may be necessary. In such cases, interventions that make social norms visible to catalyze reflection are more likely to drive positive shifts in norms, attitudes, and behaviors. Both standalone and multimedia interventions can be effective, but outcomes depend on how well the chosen format is leveraged. Multimedia interventions have demonstrated positive impacts on social norms related to child, early, and forced marriage, as well as attitudes toward gender-based violence and HIV. Standalone interventions can also be impactful, but may benefit from complementary components that promote active engagement and help sustain participant involvement throughout the intervention.



Include opportunities for participants to interact with the content, preferably in person, while leveraging the strengths of each media channel.

Whenever possible, entertainment media interventions should incorporate in-person interactive components to encourage active participation and strengthen the impact of exposure to virtual content. When in-person engagement is not feasible, well-designed virtual interactions can also be effective. To achieve this, implementers must intentionally design each media channel to serve a distinct purpose within a cohesive, multichannel strategy that maximizes reach and fosters meaningful audience engagement. Effective strategies may include community dialogues, youth clubs, listening sessions, radio call-in shows, or other interactive formats that reinforce key messages, spark dialogue, and promote critical reflection. Importantly, these engagement opportunities must be tailored to the specific needs, interests, and preferences of the target audience to be successful.



Ensure the duration is appropriate for the context and the desired outcome.

Both short-term (<1 year) and long-term (3+ years) entertainment media interventions can lead to meaningful impact. However, achieving desired outcomes–and avoiding unintended negative consequences–requires a strong understanding of the implementation context. For short-term interventions in particular, implementers should aim for high intensity and sufficient dosage to maximize exposure, reach, and influence within a limited timeframe.



Take careful steps to avoid reinforcing harmful social norms and prevent psychological harm to participants.

To reduce the risk of unintentionally reinforcing harmful social norms, intervention content should emphasize the promotion of positive norms, especially when using social media, where narratives are more difficult to control. To minimize the potential for psychological distress from emotionally charged content on sensitive topics, implementers should pre-test materials with target audiences, include appropriate content warnings, and use digital monitoring tools to track audience reactions in real time. These strategies help ensure that interventions remain both ethical and effective.

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MODULE 4

Working with Champions to Shift Norms

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

Introduction

What is the evidence on how faith and cultural champion approaches shift social norms among adolescent girls and young women and their reference groups to improve outcomes related to sexual and reproductive health, women's economic empowerment, gender-based violence, and child, early, and forced marriage?

Faith and cultural leaders play a vital role in shaping and upholding community values, beliefs and traditions. Indeed, faith and cultural leaders, and the institutions they represent, are key influencers of community attitudes and behaviors, often serving as trusted individuals and gatekeepers of social norms (1, 2). Interventions that engage these champions can leverage their authority to shift perceptions of acceptable behaviors and foster change, particularly regarding the health and livelihoods of adolescent girls and young women. However, understanding their influence is essential for designing effective, scalable interventions that align with community values. While engaging these leaders can drive widespread change, not all interventions are successful—some reinforce harmful norms, face backlash, or struggle to maintain long-term community engagement. The success of these approaches often hinges on strategically engaging these leaders and equipping them with messages that link traditional teachings to principles of equity. Emerging strategies include using theological or cultural justifications, facilitating community dialogues, storytelling, and partnering with secular organizations. Against this backdrop, this core question examines how faith and cultural leaders engage within social networks to uphold or challenge norms, and what enables their influence. This module explores their role as change agents, the resources they draw on, and the norms most closely tied to faith and cultural systems. It also assesses how norms-shifting interventions integrate these actors into social and behavior change approaches, while considering potential risks such as reinforcing inequitable beliefs or encountering community resistance.

Module 4 explores how faith and cultural champion approaches have been used to shift social norms in areas such as sexual and reproductive health, women's economic empowerment, gender-based violence, and child, early, and forced marriage. It begins with an overview of interventions across diverse contexts, with a focus on sub-Saharan Africa and South Asia, highlighting the most commonly targeted outcomes and how programs engage adolescent girls and young women, boys and men, and their key reference groups. The module then examines how interventions are designed and implemented. It looks at the norms most often addressed, how social and behavior change theories are applied, and how champions are involved in identifying and addressing harmful norms. A section on implementation highlights key strategies—such as duration, use of reference groups, and efforts to avoid unintended consequences—as well as mechanisms that drive or hinder success. It also explores how champions leverage social networks to promote new norms. Next, the module reviews how outcomes are measured and where promising results are emerging across sectors. It also outlines how programs approach adaptation and scale-up, including key cost and design considerations. The module concludes with a summary of evidence gaps and recommendations to strengthen future programming.

Methodology

Review Approach

Module 4 synthesizes key findings from the evidence review, supplemented by insights from other studies and recommendations **(Figure 1).** It examines norms-shifting interventions involving faith and cultural champions, with a focus on sub-Saharan Africa and South Asia.

The methodology included a rigorous search and screening process to identify relevant interventions based on established criteria and key search terms **(**see **Module 1)**. The studies selected for Module 4 leveraged the influence of faith and cultural champions to shift social norms affecting the behaviors and well-being of adolescent girls and young women by promoting norm change among them, as well as among boys, men, and their reference groups. To ensure a comprehensive review, search criteria included interventions that may have influenced this population, even if they did not explicitly target adolescent girls and young women.

KEY TERMS: MODULE 4

Faith and Cultural Champions are individuals who are influential, aligned, committed, capable, and act or can be supported to act in support of advancing gender equality. Within norms-shifting interventions, these individuals may represent power holders with considerable influence over the emergence of a norm, have a stake in existing norms, and can also be change agents in shifting norms (3).

Faith-based Interventions are specific strategies developed with and for individuals of a specific faith, rooted in spiritual principles, doctrine, or sacred texts, and delivered within that faith's context (4). While faith-based interventions inherently include faith (and sometimes cultural) champion approaches, the opposite is not necessarily true.

Cultural leaders represent ethnic group leaders, community elders, and popular culture leaders (e.g., celebrities), among others.

Faith Champions are faith leaders of any religion or denomination and may also be influential individuals within faith communities (5).

The findings in this module draw from both quantitative and qualitative studies representing diverse evaluation designs and implementation approaches. Included studies measured social norms qualitatively or quantitatively, or used attitudes and behaviors as proxies for norm change, and were sourced from peer-reviewed journals and grey literature. Studies were included if they involved faith or cultural leaders or institutions as active contributors to intervention design and implementation–not merely as passive participants or advisors in initial meetings, but as active facilitators, trainers, or content deliverers. Data extraction captured key intervention details, including target populations, geographic settings and outcome areas. Intervention designs were analyzed for their use of social and behavior change theory, norm identification methods, and audience engagement strategies. Implementation strategies were assessed in terms of key activities, reference group involvement, duration, unintended consequences, and change mechanisms. The review also examined evaluation and scaling efforts, focusing on norms measurement, monitoring, cost-effectiveness, and scalability.

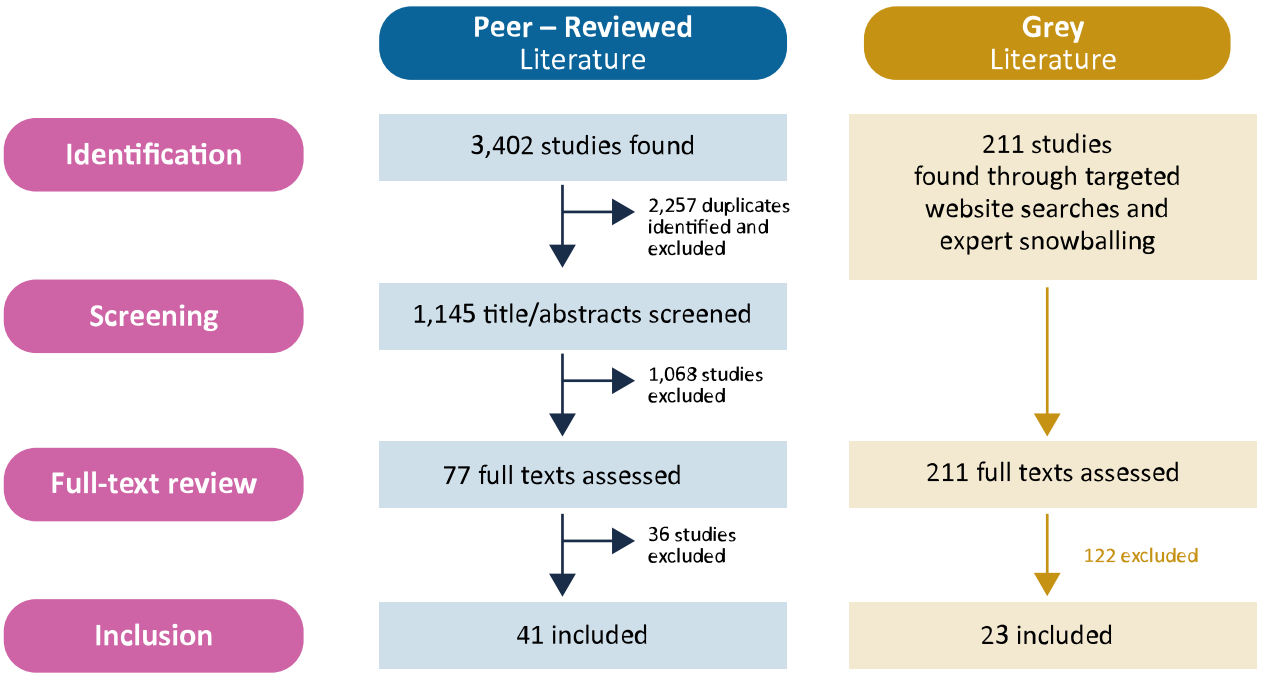


Figure 1. *Flow Chart of Included Literature for Module 4*

Analysis Approach

Following extraction, the data went through multiple rounds of cleaning and refinement, including verifying data, filling in gaps where possible, and incorporating insights from discussions with the Advisory Board and sensemaking workshop participants. As was noted in Module 3, interventions were the primary unit of analysis, requiring separate datasets to distinguish general studies from intervention-specific evaluations. Initially, data were compiled into a single spreadsheet capturing details from various sources, then synthesized at the intervention level in a second spreadsheet that integrated findings across studies and languages. This structured approach enabled analysis of key research questions–such as how faith- and cultural champion-led interventions applied social and behavior change theories, engaged reference groups, and measured norms change. It also supported a holistic assessment of intervention effectiveness and implementation trends.

Presentation and Interpretation of Evidence

As you read ahead, it is important to remember that our analysis draws on available data and is informed by promising practices in social norms programming. The goal of Module 4 is to inform the design and implementation of the next generation of interventions that engage faith and cultural champions, while also identifying areas where improved measurement and evidence are needed. In addition to reporting significant outcome shifts, we examine intervention development, mechanisms of change, unintended consequences, adaptation and scale, and evaluation quality. Overall, we found limited evidence and misalignment with promising practices and empirical findings on what works in faith and cultural champion approaches. Nonetheless, we present findings to contribute to the growing evidence base and to highlight areas for future inquiry. To support this, **findings in this Module are organized according to phases of the program lifecycle—beginning with conceptualization and design, followed by implementation, adaptation, and scale, and concluding with evaluation methods.**

We generated heat maps to illustrate which interventions demonstrate empirical evidence of shifts in norms, attitudes, and/or behaviors in relation to specific questions. While all included interventions met our criteria for norms-shifting initiatives, few directly measured social norms. Given the limited state of norms measurement, we include attitudes in the heat maps as a proxy, consistent with Module 3 on Entertainment Media. We also independently analyzed significant behavioral changes, recognizing their importance, even when not accompanied by shifts in attitudes or explicitly measured norms. **The full heat maps are in Annex 4.**

The heat maps present intervention results by outcome area and classify normative, attitudinal, and behavioral outcomes as positive (green), neutral (yellow), negative (red), or unclear (grey). Positive outcomes reflect statistically significant shifts in a desirable direction, and negative outcomes indicate statistically significant shifts in an undesirable direction. Neutral outcomes include quantitative shifts without significance testing, shifts lacking statistical significance, or qualitative findings. Outcomes were classified as unclear when there was insufficient information to determine the effect. If an outcome was not measured, there is no corresponding circle in the heat map.

In intervention highlight boxes throughout the module, we highlight positive results drawn from the identified publications. These are presented as: odds ratios (OR), the likelihood of something happening in one group versus another; coefficients (Coeff), expected change in an outcome associated with a one unit change in a predictor, average treatment effect on the treated (ATT, the average difference the treatment made for the people who actually received it, percentage point differences (PP Diff) the difference in percent between two groups or one group at two time points), and mean differences (Mean Diff) the difference in average outcome between two groups or one group at two time points). Results are accompanied by their associated p-values or the chance of observing the produced results if there was no real difference), and 95% confidence intervals (95% CI, the range of values that likely contain the true result). It is important to note that while some interventions did not show positive shifts in the outcomes reviewed, they may have achieved impact in other outcomes—such as maternal and child health—that were outside the scope of this review and therefore not included.

Intervention Scope and Focus

Which contexts? Which outcomes?

Key Learning: The majority of faith and cultural champion interventions occurred in sub-Saharan Africa; with gender-based violence and family planning the most common outcomes addressed.

We identified 41 interventions that met the inclusion criteria for Module 4. **Annex 3** provides a table listing each intervention, its country or countries of implementation, the outcomes addressed, and the adolescent or youth groups engaged. These interventions were implemented between 2000 and 2024, with 33 in sub-Saharan Africa, 9 in South Asia, and one spanning both regions **(Figure 2)**. In sub-Saharan Africa, interventions were relatively evenly spread across sub-regions, with several in Ethiopia (n=4), Niger (n=4), the Democratic Republic of the Congo (n=4), Kenya (n=4), and South Africa (n=4). In South Asia, most programs were conducted in India (n=5), followed by Bangladesh (n=3).

Sexual and reproductive health—including family planning—and gender-based violence were the most commonly addressed outcomes in faith and cultural champion interventions, followed by child, early and forced marriage and HIV. Women's economic empowerment was a focus in only one-fifth (eight) of the interventions **(Figure 3)**. About half of the interventions targeted two or three outcome areas –often sexual and reproductive health and gender-based violence –while four interventions addressed all outcome areas. Among interventions that specified the target populations, most engaged adolescent girls and young women, with many reaching both younger and older adolescents as well as young adults **(Annex 3)**.

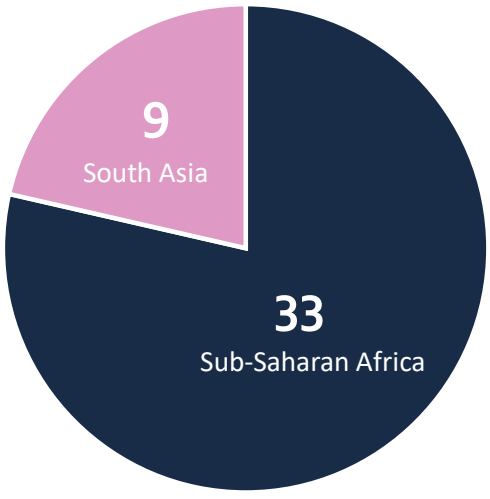


Figure 2. *Geographical Distribution of Interventions*
Note*: One intervention was implemented in both regions*

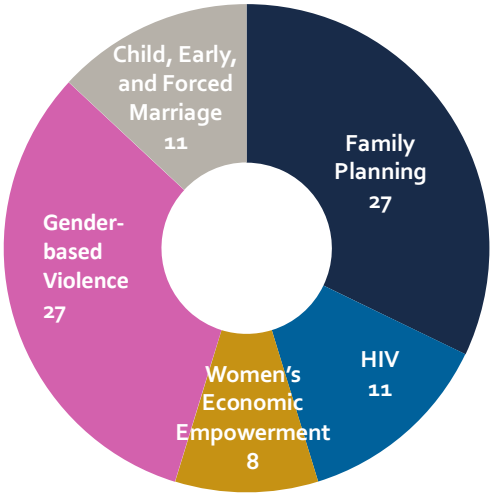


Figure 3. *Outcomes of Interventions (Categories not mutually exclusive)*

Which norms were addressed?

Key Learning: Faith and cultural champion interventions often take a broad, cross-sectoral approach, addressing multiple overlapping norms—most commonly those related to gender-based violence, fertility, and gender roles.

To better understand the types of norms targeted by faith and cultural champion interventions, we analyzed the normative content of each intervention and grouped them into 11 broad categories, detailed in **Table 1**. **The most commonly addressed categories of norms were gender-based violence (n=29) and fertility (n=21).** Interventions addressing gender-based violence typically focused on norms related to physical and sexual violence, the perceived acceptability of violence, and the acceptability of reporting violence. Fertility-related interventions primarily targeted norms related to contraceptive use, family planning knowledge and communication.

Table 1. *Distribution of Faith and Cultural Champion Interventions (N=41) Across Norm Categories*

Gender-based Violence Under what circumstances is violence acceptable	29
Fertility Family size, timing and spacing of pregnancy	28
Gender Roles Men and women's roles and responsibilities	19
Social Systems Engagement with social systems and institutions *(health, religion, education)*	16
Decision-making, Communication and Agency Negotiating choices and power in day-to-day life	13
Marriage Decisions related to timing of marriage and choice of partners	12
HIV HIV prevention behaviors *(condom use, immunization, testing)*	12
Economic Opportunities Income generation and control over assets	12
Education Who should receive education and for how long	10
Sex and Sexuality Timing and conditions of sex *(pre-marital, extramarital, transactional)*	7
Body Body appearance and function *(menstruation, breastfeeding, puberty changes)*	7

Note*: Categories are not mutually exclusive.*

Nearly half of the faith and cultural champion interventions address gender norms (n=19). These focused primarily on roles and responsibilities within and outside of the household, as well as norms around communication and decision-making for women and men. Norms related to social systems (n=16) and decision-making, communication and agency (n=13) appeared in slightly less than half of the interventions and were often addressed alongside other norms categories. Similarly, norms related to economic opportunities (n=12), HIV (n=12) and marriage (n=12) were often addressed in conjunction with more prominent categories of norms. Norms related to education (n=10), the timing and conditions of sex (n=7), and body appearance and function (n=7) were addressed less frequently.

Most faith and cultural champion interventions addressed multiple outcomes and categories of norms. Only four interventions focused solely on gender-based violence norms, while the remaining 37 covered multiple categories. Interventions targeting gender-based violence norms often also addressed gender norms. Similarly, fertility-related norms frequently overlapped with those associated with HIV. Norms related to social systems were commonly addressed alongside marriage and education norms. However, the analysis also revealed several gaps. For example, only seven interventions targeted norms related to sex and the body, despite their inherent connection to fertility and gender. Future programs could build on the strengths of integrated approaches by intentionally expanding into under-addressed normative domains to more fully meet the diverse needs of girls and young women.

Intervention Design

Effective program design is foundational to the success of norms-shifting interventions. This section explores how interventions were designed—how theory informed them, the role of formative research in identifying normative priorities, and who was engaged in the design process. These findings offer insight into opportunities to strengthen the foundations of faith and cultural champion interventions to better support norms change. Our analysis revealed wide variation in how faith and cultural champion programs approached this early stage. While many incorporated social and behavior change theories or conceptual models, few were grounded in robust formative research or had clearly articulated normative pathways. Some relied heavily on existing faith or cultural structures without meaningfully engaging champions or target communities in shaping the intervention.

How was theory used in intervention and evaluation design?

Key Learning: While many faith and cultural champion interventions draw on theory to inform design, fewer used it to guide evaluation.

Best practices in social and behavior change intervention design recommend grounding interventions in theory to improve their effectiveness (6). During the planning phase, social and behavior change theory helps practitioners develop informed hypotheses about how the interventions will affect desired outcomes. Conceptual frameworks, particularly theories of change, link activities to outcomes and guide evaluation design and success metrics. While behavioral theories explain the drivers of human behavior, theories of change outline the steps through which interventions aim to achieve results.

Of the 41 interventions reviewed, most (n=25) used a theory of change or another type of conceptual framework to inform intervention design; however, only six explicitly referenced an established social and behavior change theory. The application of theory was more common in intervention (n=29) than evaluation design (n=6), and no interventions reported using social and behavior change theories to guide their evaluations.

In **Figure 4**, the *Growing Up GREAT!* theory of change illustrates how a well-defined theoretical framework can guide the design of a norms-shifting intervention involving faith and cultural champions. Informed by the Theory of Normative Influence and the Social Ecological Model (see **Module 1**), it shows how programs can anchor their strategies in evidence-informed pathways to shift norms, attitudes, and behaviors across multiple levels of influence–ensuring coherence from design through implementation and evaluation.

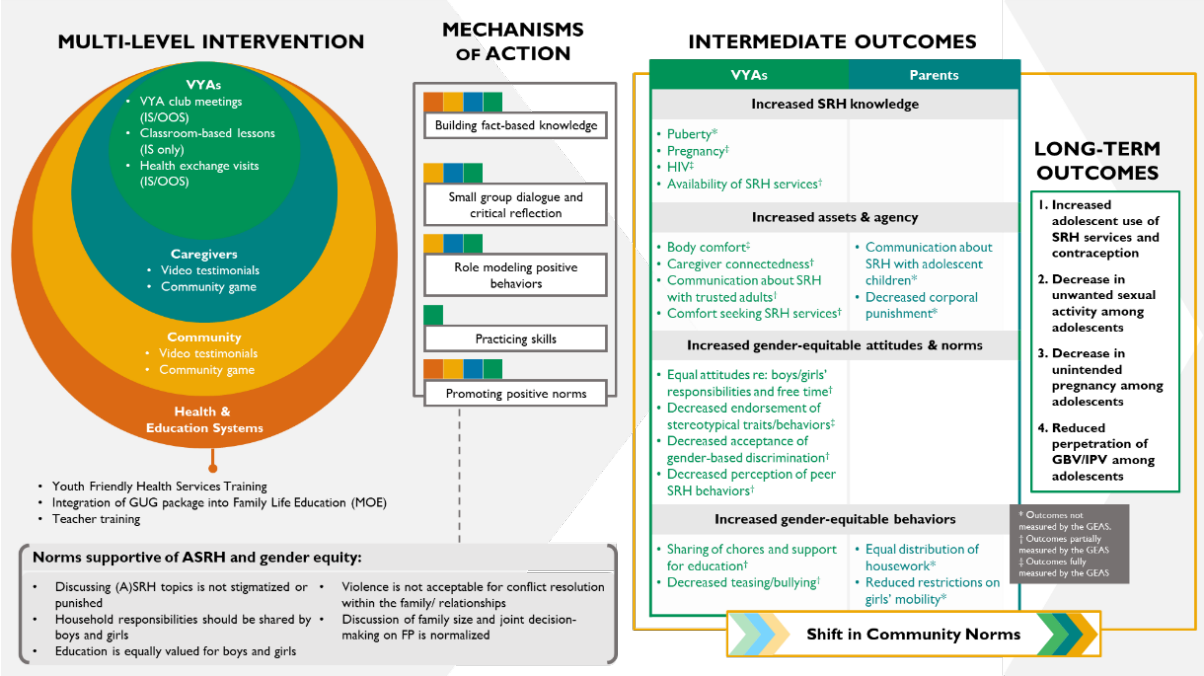


Figure 4. *Growing Up Great! Theory of Change*

How were norms identified and 'diagnosed'?

Key Learning: Although evidence on norm identification during intervention design is increasing, its application remains limited.

Formative research to identify social norms during intervention design helps ensure that faith and cultural champion approaches address norms related to their desired outcome, align with community realities and build on existing values. Without this grounding, interventions may be ineffective, risk misalignment with community priorities, or unintentionally reinforce harmful norms. Despite the importance of understanding norms to shape effective interventions, **more than half of the 41 faith and cultural champion interventions reviewed (n=24) did not specify how they identified the norms they sought to address.** The remaining 17 interventions conducted formative research or assessments. Those that identified norms early in the design process used a variety of methods, often combining multiple approaches. **These included the Social Norms Exploration Tool (n=4), Social norms Analysis Plot (n=1), in-depth interviews (n=3), focus group discussions or community conversations (n-3), Human-centered design approaches (n=1), stakeholder consultations (n=3), community-based participatory research (n=1), social analysis, network, and action approaches (n=2), formative assessments (n=1) and community action research (n=1).**

Despite the diverse methods used to identify and 'diagnose' norms, it was often unclear how the findings informed intervention design. For example, *Prevention of HIV/STI among Married Women in Urban India* conducted formative research, but the ways in which these research findings influenced norm selection is uncertain. Similarly, the *Reproductive Health Access, Information and Services in Emergencies Initiative* assessed cultural, social, and gender-related barriers to sexual and reproductive health services through a situational analysis with community leaders, though it is unclear whether this occurred before or during intervention design.

FEATURED INTERVENTION

Communities Care: Transforming Lives and Preventing Violence conducted stakeholder consultations during formative research to identify social norms sustaining sexual violence and other forms of gender-based violence (7). Key stakeholders with influence on beliefs, attitudes, and behaviors in the intervention communities participated in focus group discussions and in-depth interviews. Stakeholders included religious leaders, traditional and administrative authorities, teachers, health care providers, gender-based violence and human rights advocates, women's group leaders, and business leaders. Beyond identifying norms that sustain violence, these consultations revealed barriers to community acceptance and survivor disclosure, as well as key topics for group dialogue and critical reflection.

RESULTS SPOTLIGHT

- After four months of participating in the program, more people strongly disagreed with harmful beliefs about rape: the percentage of people who rejected the idea that a group of boys should not be blamed for raping a girl rose from 85% to 91.4%, and those who disagreed that a girl should keep the rape a secret to protect her honor increased from 71.6% to 92.6%

How were community members and adolescents engaged in design?

Key Learning: Faith and cultural champion interventions rarely involved stakeholders—especially adolescents—in intervention design or monitoring.

Engaging intervention participants and key influencers throughout the design, implementation, and monitoring phases can help ensure relevance and sustainability. While **community members—such as faith leaders, cultural champions, volunteers, and frontline workers—were often involved in implementation (n=34), they were rarely engaged in design (n=4) or evaluation (n=1)** **(Table 2)**. Adolescent engagement was even more limited, with no involvement in design (n=0) and minimal involvement in monitoring (n=1). Across outcome areas, stakeholder engagement was most common in interventions focused on family planning, sexual and reproductive health, and gender-based violence. Overall, older community members were more likely to be involved compared to adolescents, regardless of the health and livelihoods outcomes interventions sought to address.

Table 2. Actors Engaged in Faith and Cultural Champion Interventions Across Health Outcomes

Engagement	Family Planning (n=27)	HIV (n=11)	Women's Economic Empowerment (n=8)	Gender-based Violence (n=27)	Child, Early, and Forced Marriage (n=11)	Total (N=41)
Community Members						
Intervention Design	4	1	1	2	0	4
Implementation	22	8	6	22	8	34
Monitoring	1	0	0	1	0	1
Adolescents						
Intervention Design	0	0	0	0	0	0
Implementation	7	4	3	6	5	9
Monitoring	1	0	0	1	0	1

***Note**: Categories are not mutually exclusive. Three interventions did not provide enough detail to determine how actors were engaged.*

FEATURED INTERVENTION

Growing Up GREAT! in the Democratic Republic of the Congo aimed to improve sexual and reproductive health outcomes and the social context of very young adolescents. The intervention held learning meetings with community-based organization representatives, school actors, and government officials to review monitoring and supervision data and discuss challenges, successes, and lessons learned. Insights from these meetings informed the design of the Implementation Guide and the scale-up strategy. Adolescents held active leadership roles through Club Committees, which were comprised of elected boys and girls who led activities in the school clubs. Additionally, a youth advisory council, consisting of in-school and out-of-school adolescents, local youth government, and youth mentors, provided feedback during implementation of the intervention and on its results, offering an important community and youth-centered perspective.

RESULTS SNAPSHOT

- Both in-school and out-of-school youth who joined the program showed better understanding of HIV than those who did not. The difference in knowledge scores was 0.16 points for in-school youth ($p = 0.017$) and 0.28 points for out-of-school youth (p-value = 0.031)
- Girls who participated in the program were significantly more likely to know where to get contraception compared to those who did not join. This was true for both in-school girls (OR: 1.46; 95% CI: 1.03, 2.06) and out-of-school girls (OR: 2.96; 95% CI: 1.66, 5.29)

Intervention Implementation

Most interventions relied on cultural champions, followed by approaches that included both faith and cultural leaders. Cultural champion approaches were most often linked with positive shifts in attitudes, norms, and behaviors. Programs that used recognized norms-shifting mechanisms—such as participatory dialogue, collective reflection, and multi-level approaches—tended to achieve better outcomes. While both short- and long-term interventions were successful, the most effective interventions typically lasted two years or more. However, the diversity in outcomes and populations, combined with persistent measurement challenges, limits the ability to draw broad conclusions. This section explores mechanisms of change, which strategies were used to shift norms in practice, who was engaged, and risks and responses to adverse consequences.

What 'mechanisms' of norms change emerged?

Key Learning: Interventions that employed multiple mechanisms of change achieved better outcomes than those relying on a single approach.

Mechanisms of change are the processes through which norms shift, ultimately leading to positive and sustained outcomes. **Among the faith and cultural champion interventions reviewed, over half employed all five mechanisms.** Standout examples include: *Indashyikirwa; Masculinities, Famille, et Foi*; and the *Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents.* Approximately one-third of interventions (n=16) used three to four mechanisms, while only three used fewer than three.

Most interventions grounded their norm-shifting efforts at the community level, aiming to diffuse new ideas and make norms visible through collaboration with faith and cultural leaders. Many conducted formative assessments to identify which norms to tackle and engaged community members

NORMS-SHIFTING MECHANISMS OF CHANGE

Engaging communities or individuals in planning and implementing norm-shifting strategies helps interventions understand context-specific norms and the factors that sustain them.

Seeking community rather than individual level change occurs when interventions engage reference groups or people at multiple levels of the socio-ecological system.

Making norms visible and catalyzing reflection occurs through small group dialogue and reflection, correcting misconceptions about harmful behaviors, confronting power imbalances, or finding opportunities to form new norms.

Diffusing new ideas occurs when interventions deploy strategies to spread new ideas beyond those directly reached, communicate positive new norms, model positive behaviors, demonstrate how people are changing in the community, or employ public commitments.

Supporting the change process occurs when interventions address structural factors, foster networks, movement and community action, or aim to increase rewards for positive norms and reduce sanctions.

in planning and implementation. As shown in **Figure 5**, positive shifts in norms, attitudes, and behaviors were most common in interventions focused on family planning and gender-based violence. However, fewer interventions addressed underlying structural factors –highlighting a key area for future focus.

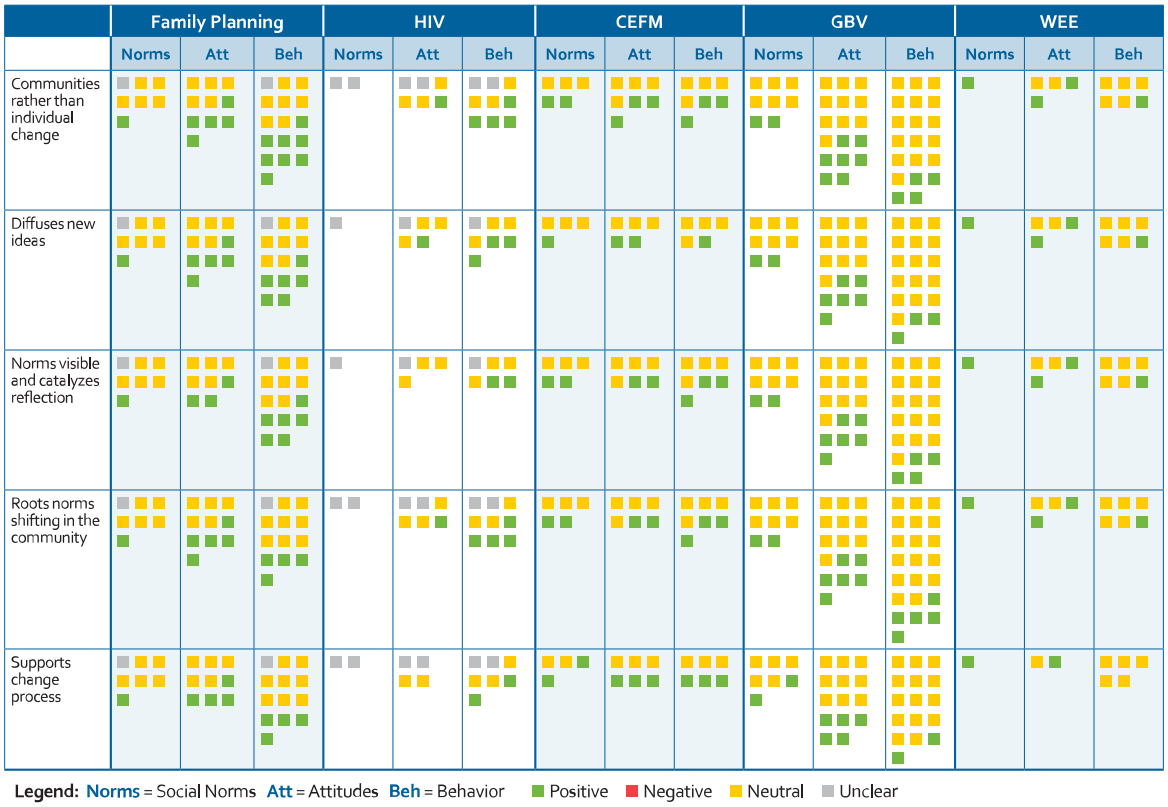


Figure 5. *Norms-shifting Mechanisms by Faith and Cultural Champion Intervention Outcome (N=41) (Categories are not mutually exclusive)*

FEATURED INTERVENTION

Masculinité, Famille, et Foi (8) effectively used all five norms-shifting mechanisms to address inequities contributing to early childbearing and high fertility. By training faith leaders and engaging peer role models, the intervention facilitated organized diffusion and community dialogue sessions. The intervention was responsive to norms within the community through co-created activities with church leadership and a formative assessment to identify key behavioral norms and reference groups. A technical advisory group, including faith leaders, provided guidance. The intervention promoted community-level change by engaging intimate partners, families, pastors, and the broader community. Messages were shared through sermons and congregation-wide events, while small group discussions enabled couples and groups to reflect on norms together. To sustain change, the intervention also strengthened service delivery, providing referral cards to free family planning services. This comprehensive approach successfully shifted norms, behaviors, and attitudes in intervention communities.

RESULTS SNAPSHOT

- At the start of the program, there was no difference in contraceptive use between couples. However, by the end, 53.4% of non-pregnant couples in the program were using contraception, compared to 45.3% of couples who did not participate (p-value = 0.038)
- Both men and women reported less intimate partner violence after participating in the program. Among men, the reduction was 9.8 percentage points; among women, it was 8.0 percentage points. These decreases were statistically significant (p-value = 0.018 for men, p-value = 0.049 for women)

How long were the interventions implemented?

Key Learning: Success varied across all intervention durations, suggesting that length alone does not determine effectiveness.

While longer durations can support deeper engagement, findings from our analysis suggest that success is not solely tied to intervention length. Of the 41 interventions reviewed, 37 reported their duration. **Most lasted either one to two years, or three or more years (Table 3)**. Interventions that focused on family planning, gender-based violence, and women's economic empowerment tended to have shorter time frames (one to two years or three or more), while HIV-related interventions often spanned three or more years. Interventions addressing child, early, and forced marriage were typically implemented over one to two years.

Table 3. *Duration of Interventions by Outcome*

Intervention Timeframe	Family Planning (n=27)	HIV (n=11)	Women's Economic Empowerment (n=8)	Gender-based Violence (n=27)	Child, Early, and Forced Marriage (n=11)	Total (N=34*)
< 1 year	4	1	2	5	1	**6**
1-2 years	7	3	3	7	4	**11**
2-3 years	6	2	0	3	1	**6**
3+ years	7	5	3	7	3	**11**

***Note**: *Seven interventions did not specify their intervention timeframe. Health outcome categories are not mutually exclusive.*

As shown in the heat map (**Figure 6),** short-duration interventions were more likely to measure behavioral rather than normative change. Among these, outcomes were either positive or neutral –none assessed normative shifts. In contrast, longer-duration interventions showed more varied results: two

reported positive changes in both behavior and attitudes, one in behavior and norms, 13 showed improvements in at least one outcome, and 12 reported neutral results. Overall, no clear trend emerged between intervention duration and outcomes.

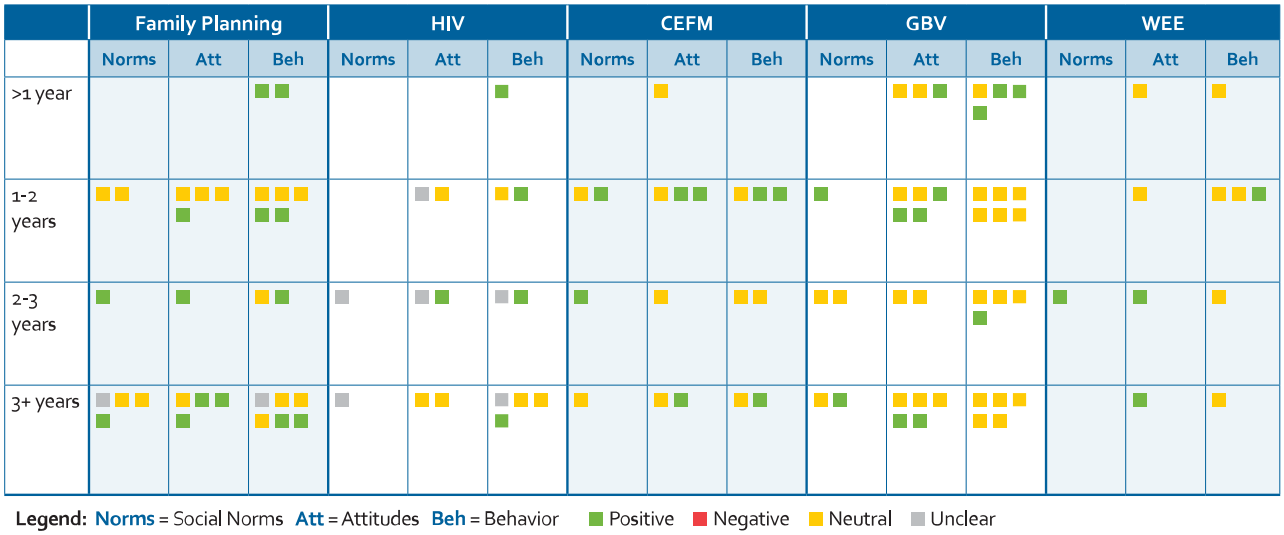


Figure 6. *Heat Map of Faith and Cultural Champion Intervention Duration*

FEATURED INTERVENTION

The *Breakthrough Generation Initiative* was implemented from 2017 to 2020 in The Gambia, Guinea, Guinea-Bissau, and Mali (9). It was designed to promote positive change around gender-based violence, child early, and forced marriage, sexual and reproductive health, and women's economic empowerment in rural, resource-poor communities for those with little or no formal schooling. The intervention included social mobilization activities, group dialog, radio broadcasts, and training sessions for community leaders and other key stakeholders.

RESULTS SNAPSHOT

- In Guinea, the percentage of women engaged in income-generating activities increased from 73% to 87% after the intervention. In Guinea-Bissau, the increase went from 36% to 69%
- Before the program, most people believed their communities approved or tolerated female genital cutting—79% in Guinea-Bissau, 90% in Mali, and 94% in Guinea. After the intervention, more than half in each country (57%, 50%, and 78%, respectively) believed that people in their communities would now try to stop the practice

Which intervention strategies were used?

Key Learning: Faith and cultural champion interventions often used multifaceted approaches, but no specific combination of implementation strategies correlated to success in achieving outcomes.

Faith and cultural champion interventions were often comprised of multiple components, using between two and seven implementation strategies. **As expected, these interventions primarily relied on faith and cultural actors, with group discussion and reflection spaces as core components (Figure 7)**. Many also included workshops and training sessions (n=25) to educate facilitators and participants. Half (n=20) incorporated diffusion activities, such as community mobilization and sensitization efforts. Less common were testimonials and digital media (e.g., social media posts to raise awareness), while near media (e.g., radio, TV, print) was not used at all.

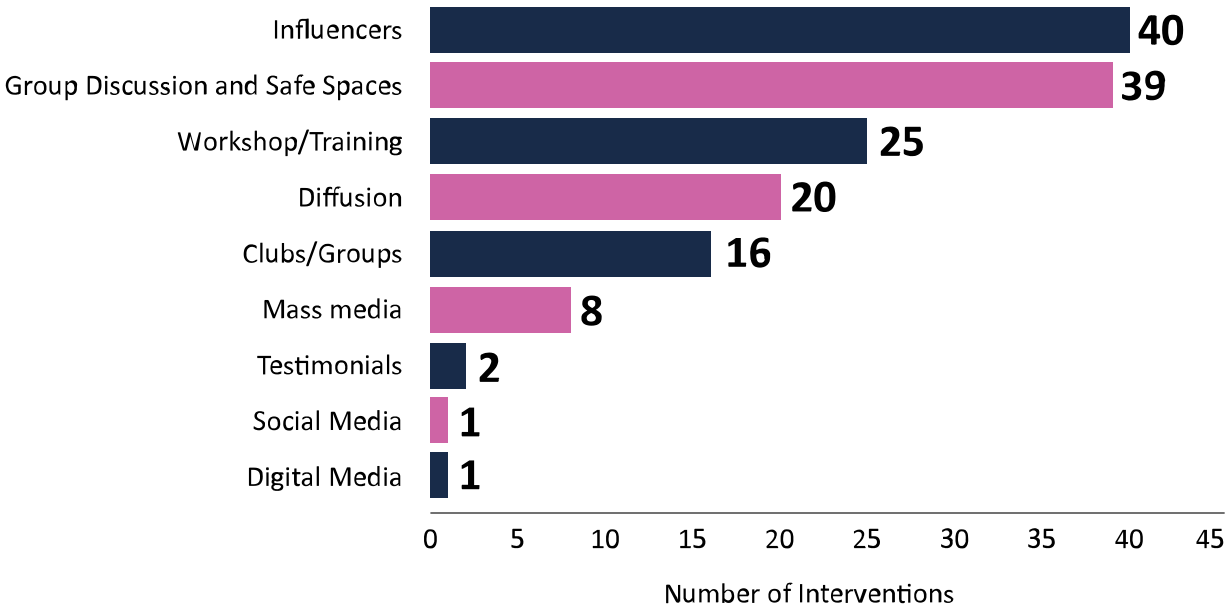


Figure 7. *Implementation Strategies Used in Faith and Cultural Champion Interventions (N=41) (Categories are not mutually exclusive. One intervention lacked sufficient detail regarding the intervention strategies used.)*

As shown in **Figure 8**, group discussions and safe spaces, training workshops, and diffusion approaches were most frequently used in interventions addressing family planning and gender-based violence, compared to those targeting HIV, child, early, and forced marriage, or women's economic empowerment. However, results across these strategies were mixed, with no consistent trends by outcome area or implementation modality.

Of the 39 interventions that included group discussions and safe spaces, only 13 measured norm change. Among these, just two interventions, *Masculinité, Famille, et Foi* and *Masculinities, Faith, and Peace*, reported positive normative shifts; all other interventions indicated neutral or unclear results. Twenty interventions used diffusion approaches: three (*Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents; Indashyikirwa*; and *Skillz Street*) demonstrated positive changes in both behaviors and attitudes; eight indicated improvement in at least one outcome; and all other interventions showed neutral effects. Media approaches were less common, used by eight interventions, with only two showing positive shifts in at least one outcome, five with neutral results, and one lacking sufficient evidence. Overall, evidence of normative change was limited, mainly due to the small number of interventions that assessed norms directly.

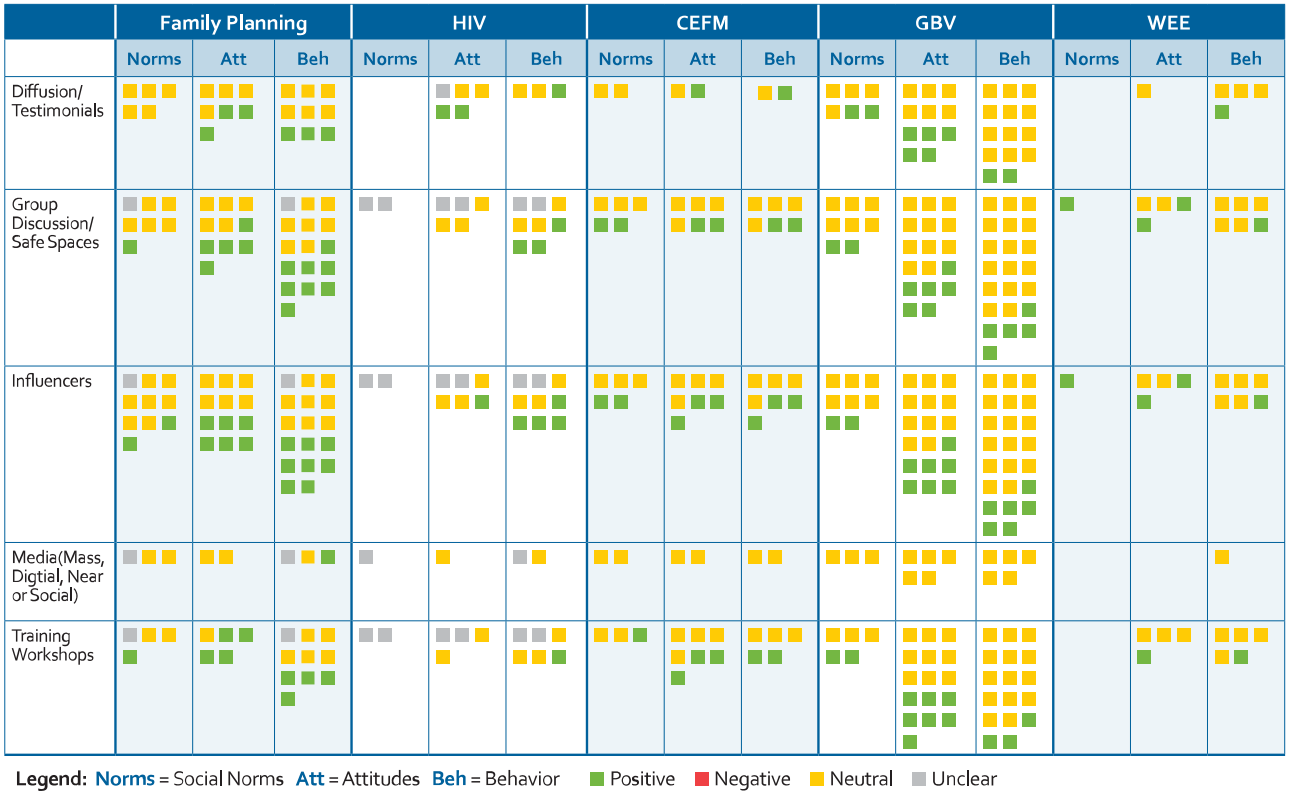


Figure 8. *Heat Map of Faith and Cultural Champion Intervention Strategies*

FEATURED INTERVENTIONS

Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents (10) aimed to reduce child marriage among girls 12-18 years, using skills-building approaches. Local unmarried female mentors (22-28 years) organized weekly meetings for girls. During an 18-month period, girls received life-skills training, opportunities to reflect on gender and equity, and educational support—such as mathematics and English tutoring for in-school girls, and financial skills training for out-of-school girls. Additionally, activities were organized involving community members, local leaders, government officials, parents, and teachers. Courtyard meetings for parents encouraged community discussions on child marriage, while advocacy meetings and larger community mobilization events aimed to raise awareness and encourage dialogue on child marriage. Local support groups—including adolescent girls, community and religious leaders, elected officials, parents, matchmakers, and marriage registrars—met bi-monthly to discuss how to support the intervention.

RESULTS SNAPSHOT

- Girls who participated in education (OR: 1.49; $p < 0.001$), gender awareness (OR: 1.80; p-value < 0.05), and livelihood skills (OR: 1.61; p-value < 0.001) programs were significantly more likely to believe that girls can refuse an arranged marriage
- After completing gender awareness (OR: 1.48; p-value < 0.001) and livelihood skills (OR: 1.42; p-value < 0.01) programs, adolescents were more likely to earn money compared to before the program

Sista2Sista, launched in 2013 in Zimbabwe (11), aimed to increase knowledge and the use of services related to HIV prevention, sexual and reproductive health, and gender-based violence. *Sista2Sista* created girls-only clubs across various age groups, 10-14 years, 15-19 years, and 20-24 years, that were led by female mentors. The clubs met weekly for a year, guided by a curriculum-based manual. The mentors also provided social support and trauma counselling, and individual sessions on a case-by-case basis. The intervention had positive effects on HIV, sexual and reproductive health, and gender-based violence outcomes. Participants reported increased HIV testing, higher rates of reporting sexual abuse, greater contraceptive use, as well as reductions in child marriage and school dropout.

RESULTS SNAPSHOT

- Program graduates were more likely than their peers to have taken an HIV test (OR: 2.78; 95% CI: 2.52, 3.10) and less likely to have gotten married (OR: 0.63; 95% CI: 0.55, 0.73)
- Those who completed all 40 program sessions were more likely to use contraception (OR: 1.38; 95% CI: 1.21, 1.56) and report sexual abuse (OR: 1.76; 95% CI: 1.17, 2.66) than their peers

How were ideas diffused within social networks?

Key Learning: The evidence indicates that faith and cultural champions are most engaged when interventions support them to strategically activate their social networks, equipping them with culturally-responsive messages and opportunities to diffuse new norms through both formal and everyday interactions.

Faith and cultural champions shift norms by leveraging their position within their networks. As trusted figures, they can catalyze reflection on harmful norms, while grounding their communication in shared values, religious teachings, and cultural narratives. Given the popularity of diffusion as a strategy, we took a closer look at program materials to explore how champions navigated their networks to initiate and sustain change. **Key strategies included: (1) equipping champions with tools and messages to support entry and alignment with the community, and (2) spreading new norms through organic and organized diffusion.**

Supporting entry and alignment

Several interventions demonstrated that alignment with religious and cultural values enhances community acceptance. Faith leaders and other influential figures within religious communities offered emotional, spiritual, and even material support. For example, through sermons, religious gatherings, and counseling, they provided social support, helping individuals navigate decisions and creating space to counsel not only adolescent girls and young women, but also parents and other influential figures in their lives.

Many interventions showed that cultural leaders cultivated social capital, strengthening trust and reciprocity networks. Among interventions reviewed, leaders' involvement ensured initiatives were community-led, culturally appropriate, and sustainable. Like faith leaders, cultural leaders provided access to community networks and embedded new ideas into cultural frameworks. Their deep-rooted presence allowed them to introduce and legitimize shifts in norms, aligning new ideas with community values, reducing resistance and increasing the likelihood of acceptance.

KEY TERMS

A **social network** is the web of relationships that connect individuals and through which ideas, behaviors, and norms are spread (12,13). For example, religious leaders or community elders may play key roles in communicating social expectations through their networks, making them powerful agents of change.

Diffusion refers to the process by which new ideas, behaviors, or innovations spread through a social system over time. Based on *Diffusion of Innovation* theory, this occurs through communication channels within a network, influenced by early adopters, opinion leaders, and broader societal dynamics (14).

Organized diffusion is a deliberate and structured approach to spreading change. Unlike organic diffusion, where behaviors spread naturally through informal interactions, organized diffusion involves targeted strategies to encourage and guide behavioral and norms shifts (15).

Catalyzing Diffusion

Of the interventions reviewed, 20 included diffusion as a core component. In these interventions, faith and cultural champions worked as implementation actors to leverage their trusted positions to mobilize networks and embed key messages into existing structures. Organized diffusion strategies varied but often included: structured outreach, public forums, and community-based advocacy. Faith and cultural champions often led or contributed to broad community mobilization efforts to facilitate discussions and raise awareness, a strategy common across all outcome areas. This included organizing or participating in town hall meetings, community dialogues, and public advocacy to reinforce intervention messaging.



KEY INSIGHT: ORGANIZED DIFFUSION STRATEGIES

Across 20 interventions, many organized diffusion strategies were used:

- Social mobilization
- Radio, television, or other mass media
- Storytelling through plays, dramas, or street theatre
- "Town hall" meetings
- Community activism
- Community awareness
- Public testimonials
- Leaders sharing at community events
- Faith-based group discussions (e.g., youth groups, women's groups, men's groups within churches and mosques)
- Sermons by faith leaders (e.g., pastors, imams)



FEATURED INTERVENTION

The *Prevention of HIV/STI Among Married Women in Urban India; Research and Intervention in Sexual Health: Theory to Action* (16) intervention worked with imams who led committees within mosques to address challenges related to dowry, domestic violence, and property distribution. Imams integrated new ideas which emerged from training and discussion into activities such as sermons. By the end of the intervention, men demonstrated more positive gender-equitable attitudes.

RESULTS SNAPSHOT

- Men's attitudes toward gender equality improved after having joined the program; there was a score change of 0.71 among these men, whereas there was a score change of only 0.19 observed among men who did not join.

Finally, diffusion often occurred organically, with faith leaders, religious figures, and cultural elders playing a key role. Faith and cultural champions served as storytellers and messengers, amplifying positive norms through plays, testimonials, media, and other methods. While formal teachings were important, it was their daily interactions that enabled organic diffusion. This engagement enhanced community acceptance, allowing messages to spread naturally and resonate deeply. By framing behavior change within familiar belief systems, faith leaders facilitated the adoption and diffusion of new norms in a way that was authentic and culturally relevant.

FEATURED INTERVENTION

In *Masculinities, Faith, and Peace* in Nigeria (17), faith leaders incorporated messages about peacebuilding, gender equality, and healthy relationships into their sermons and community discussions. By embedding these messages in spiritual teachings, they created culturally and religiously relevant entry points to shift values and norms. These messages were reinforced within faith-based settings, such as youth groups, women's ministries, and men's fellowships, offering sustained engagement and repeated exposure to new ideas and norms.

RESULTS SNAPSHOT

- Congregations involved in the *Masculinities, Faith, and Peace* initiative saw larger decreases in emotional violence perpetrated by men and experienced by women than congregations that were not involved (PP Diff: 22.2; p-value < 0.05)
- The percentage of people in participating congregations who thought it was acceptable for a husband to use violence against his wife dropped significantly compared to other congregations (PP Diff: 14.3; p-value < 0.01)

How were faith and cultural champions engaged?

Key Learning: Most interventions engaged cultural leaders or a combination of cultural and faith champions, with no clear advantage to using both. Intervention effectiveness appears to depend more on the strategic integration of champions, rather than on the number or type of champions.

Interventions were reviewed to assess the involvement of faith and cultural leaders—individually or together—as central change agents. This section explores how each type of actor contributed to program delivery and whether differences in engagement approaches influenced outcomes. As shown in **Table 4**, few interventions focused exclusively on faith champions. **Most engaged both faith and cultural champions or only cultural champions, such as opinion leaders, civic authorities, youth activists, and traditional leaders.** Faith champions, when specified, included priests, imams, and church leaders.

Table 4. *Engagement of Faith and Cultural Champions Across Health Outcomes*

Engagement	Family Planning (n=27)	HIV (n=11)	Women's Economic Empowerment (n=8)	Gender-based Violence (n=27)	Child, Early, and Forced Marriage (n=11)	Total (N=41)
Faith Champions only	4	1	1	2	0	4
Cultural Champions only	11	5	5	16	7	24
Faith and Cultural Champions	11	5	2	9	4	12

***Note**: Health outcome categories are not mutually exclusive. One intervention did not provide adequate details on the involvement of faith and cultural champions.*

FEATURED INTERVENTION

Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-Affected Communities in the Democratic Republic of the Congo (18) trained faith and cultural champions to challenge harmful attitudes, behaviors, and social norms that sustain gender inequality and enable violence against women and girls. Serving as role models, champions shared their learnings through sermons, prayer groups, youth groups, and counseling. Additionally, gender champions facilitated six-week group discussions with community members. The intervention led to an increase in attitudes against intimate positive violence, regardless of the level of faith engagement of the participant.

RESULTS SNAPSHOT

- After the program, fewer men (PP Diff: 22.9; $p < 0.001$) and women (PP Diff: 17.9; $p < 0.001$) agreed that there are times when a woman deserves to be beaten
- More men and women believed women had the right to say no to sex in various situations, such as simply not wanting to, after joining the program (PP Diff: 31.0, PP Diff: 19.4, respectively; both p-values < 0.001).

The heat map **(Figure 9)** shows actor engagement by health outcome. **Interventions focused on women's economic empowerment, gender-based violence, child, early, and forced marriage more frequently involved cultural champions, while those targeting family planning and HIV often involved either cultural champions alone or a combination of both.** Cultural champion interventions generally showed slightly more favorable outcomes across attitudinal and behavioral measures compared to faith champion interventions. Due to limitations in social norms measurement, there are few results on normative shifts.

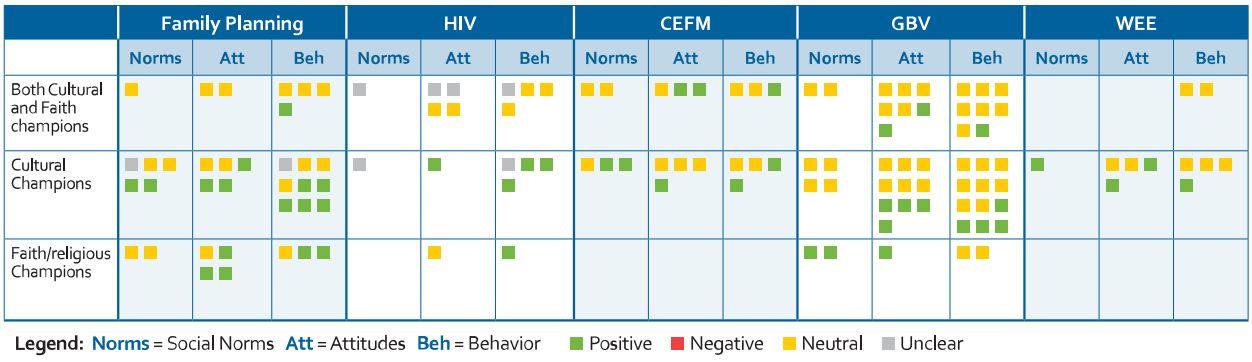


Figure 9. *Heat Map of Engagement of Faith and Cultural Champions by Health Outcome*

Who were the reference groups engaged in interventions, and what impact did their participation have on outcomes?

Key Learning: Peers, family, and partners were key in the reviewed interventions—but the most influential groups varied by outcome, highlighting the need for strategic selection.

Reference group members play a critical role in shaping norms and behaviors. In faith and cultural champion interventions, reference groups took on various roles from data collection to active implementation. They led community dialogues, facilitated group discussions, mobilized communities, and promoted new ideas. Some also participated in capacity bridging activities, such as training sessions and workshops, to enhance their ability to influence change. Often, reference groups also participated in intervention activities.

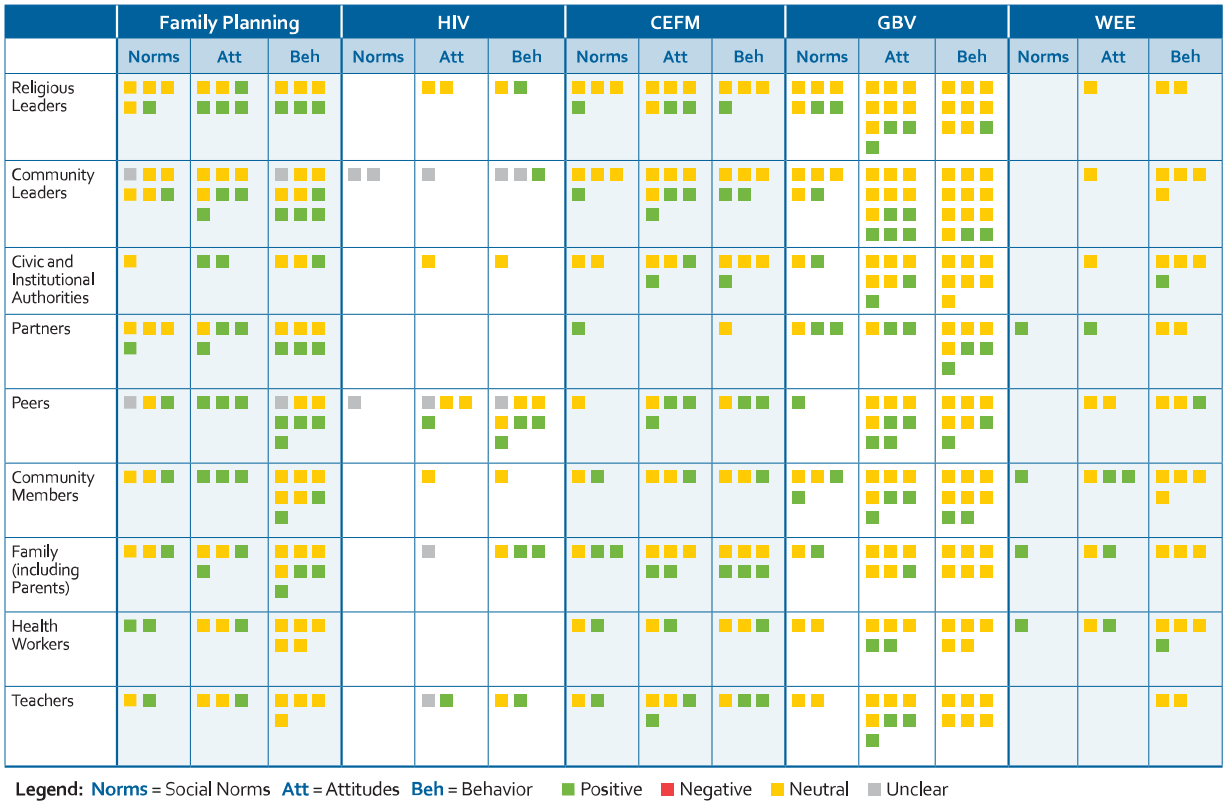


Figure 10. *Heat Map of Engagement of Faith and Cultural Champions by Health Outcome (Categories are not mutually exclusive)*

As shown in **Figure 10,** **the reference groups most frequently engaged were community and religious leaders, along with peers and family members**. Family planning interventions most often engaged religious leaders and the families of adolescent girls and young women, with those involving a broader range of reference group members—including religious and community leaders, partners, peers, and other community members—more likely to achieve success. In HIV-focused interventions, engaging peers, families, and teachers also contributed to positive outcomes. Interventions addressing gender-based violence and child, early, and forced marriage also showed encouraging results across outcomes when they involved diverse reference groups, underscoring the value of inclusive, community-wide engagement.

FEATURED INTERVENTION

Girls Holistic Development in Senegal (19) created spaces for girls through participatory and dialogical approaches, fostering relationships and community engagement to shift outcomes related to child, early, and forced marriage. The intervention organized a series of community forums bringing together adolescents, parents, elders, traditional and religious leaders, and teachers. These forums facilitated intergenerational discussions on expectations related to child marriage, girls' education, adolescent pregnancy, and female genital mutilation/cutting. Grandmothers and teachers were trained to counsel girls and caregivers, and to facilitate intervention activities. The intervention intentionally created opportunities for grandmothers, recognized as cultural champions, to engage in reflection with each other and the broader community, resulting in positive shifts in norms supportive of delayed marriage.

RESULTS SNAPSHOT

- Very young girls who joined the program were much more likely to believe that no parents in their community supported marrying girls under 16 years (56.6%) compared to those who did not participate (28.4%) (p-value < 0.01)

What unintended consequences were observed?

Key Learning: Unintended consequences were rarely explored in depth across faith interventions—only 17 of the 41 interventions mentioned them at all. This reflects a significant gap, underscoring the need for more systematic attention to both positive and negative effects of norms-shifting interventions.

Reinforcement of Harmful Social Norms

Working with faith and cultural champions, especially faith leaders, may sometimes reinforce harmful social norms. For example, in an evaluation of *Reproductive Health Access, Information and Services in Emergencies*, an intervention focused on abortion care that was implemented in the Democratic Republic of the Congo, it was noted that, "While their [faith leaders] professed commitment to

mediating conflict is promising, study participants' explicit disapproval of induced abortion, support of enforcing punitive sanctions, and promotion of negative stereotypes for women who induced, could contribute to low post-abortion care utilization by reinforcing abortion stigma." As such, the evaluation recommended working more closely with faith leaders to shift internal cultural norms, given they could help foster deeper community buy-in, address resistance, and cultivate a more supportive environment for normative change.

Pushback on Intervention Components

Interventions described two distinct forms of pushback: resistance from the community toward cultural champions working to shift norms, and opposition from faith communities when introducing new interventions. Both types of resistance can undermine intervention effectiveness and, in some cases, pose serious risks to participants. For example, with *Enabling Girls to Advance Gender Equity*, girl leaders faced physical and verbal abuse due to community misperceptions about the program's focus on sexual and reproductive health–a highly sensitive topic. Such backlash can endanger adolescent girls and young women, underscoring the need for proactive mitigation strategies to safeguard participants and community leaders.

It is widely recognized that norms-shifting interventions may encounter initial resistance from faith and cultural champions; however, this pushback can persist throughout implementation and, at times, evolve into unintended consequences. Ongoing resistance can delay program activities or require adaptations to implementation strategies. For example, *Changing the River's Flow*, experienced slower-than-expected progress at the start due to resistance from leaders, who perceived the program as a threat to their way of life. Over time, however, once these leaders understood and accepted the intervention, their endorsement became a turning point –serving as a catalyst for community participation. This underscores the securing community leader buy-in early in the process.

Unexpected Positive Effects

Several evaluations noted that engaging faith and cultural leaders not only expanded the reach of interventions, but also helped foster a stronger sense of community. For instance, one evaluation highlighted how ongoing community activities–such as shared meals, home visits by faith leaders, and stakeholder involvement–cultivated a sense of "togetherness" that reinforced social cohesion. Similarly, the *Tékponon Jikuagou* intervention reported that cultural champions gained elevated social status, and their communities became admired models of success among neighboring villages. These unexpected positive outcomes suggest that faith and cultural champion interventions can do more than shift norms–they can also strengthen community bonds, promote collective ownership, and foster pride in the change process.

Intervention Scale Up, Adaptation, and Cost

Scale-up refers to deliberate efforts to increase the impact of successfully tested interventions to benefit more people and foster lasting policy and program development (8). However, successful scale-up is far from guaranteed. It requires intentional planning from the earliest stages, beginning with the pilot and continuing throughout the scale-up process. Critically understanding and leveraging the unique role that faith and cultural champions can play in the scale-up process can maximize reach, impact, equity and sustainability.

How was scalability assessed?

Key Learning: Scalability assessments are rarely addressed in the existing evidence; however, when data are collected, they can provide vital insights into why and how pilots are successful.

Scalability is defined as the ease or difficulty of expanding and institutionalizing an intervention, and what is known about the factors that led to a successful pilot can enhance and shape scaling effort (6). To assess scalability, faith and cultural champion interventions used a combination of methods **(Figure 11)**. Surveys and targeted studies were the most common approaches (n=4), followed by the use of administrative and monitoring data (n=3) and costing data (n=3). Many of the piloted interventions were intentionally embedded within existing community structures—especially faith communities—and designed to operate at individual, household, and community levels. This multi-level, integrated approach aimed to enhance sustainability and relied heavily on close collaboration with local stakeholders and ongoing capacity strengthening. Although this kind of approach demands significant effort, all four piloted interventions found that integration fosters supportive networks that promote long-term success—often through a low-cost, light-touch model.

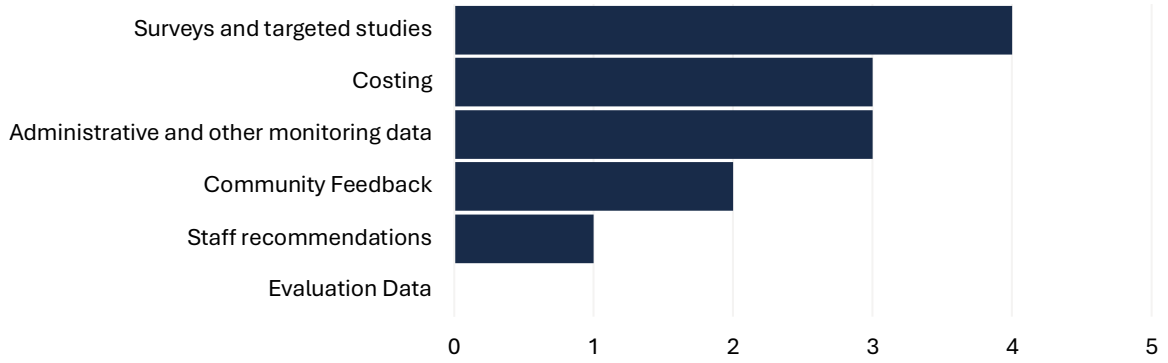


***Figure 11**: Data Used to Assess the Scalability of Four Faith and Cultural Champion Interventions*

What was the role of champions in scale up and adaptation?

Key Learning: Faith and cultural champions can play a critical role in the scale-up and adaptation of interventions, and their involvement can enhance community engagement and contribute to long-term success.

Through scale up and adaptation, interventions seek to reach new audiences and create widespread, lasting change either by expanding, implementing in new settings, or modifying approaches to fit different contexts. Interventions capitalize on their relationships with faith and cultural champions to support this process by helping to embed interventions within existing social networks. Their involvement supports local adaptation, enhances community ownership, and contributes to the sustainability of outcomes.

Scale-Up

Scale-up is the process through which a successful, piloted intervention is expanded to reach more people while staying faithful to its core mechanisms of change. During scale-up, several interventions actively engaged faith and cultural champions in implementation (n=3), integrated key messages into routine champion-led activities (n=2), and involved them in diffusion efforts **(Figure 12).** For example, *Tékponon Jikuagou* leveraged socially influential actors with strong community ties to carry out diffusion activities. However, some interventions faced barriers to scaling, particularly when aiming for national reach. The *Kenya Adolescent Reproductive Health Project* and *Youth Friendly Services,* for instance, struggled to sustain context-specific adaptations during its attempt at national expansion.

Adaptation

When interventions cannot be scaled as originally piloted due to resource constraints, contextual differences, or other factors, program implementers often adapt them. These adapted interventions typically retain core components such as the curriculum or key activities—while modifying implementation strategies to fit the new context. As with scale-up, faith and cultural champions played a central role in adaptation processes. Interventions most commonly engaged these actors by embedding the intervention into their routine activities (n=3) and involving them directly in implementation (n=2) **(Figure 12)**. For example, both *Sonke CHANGE* and *Tsima* worked with faith and cultural champions, empowering them to lead efforts in their communities. Both interventions reported that involving these champions enhanced community engagement and contributed to successful adaptation.

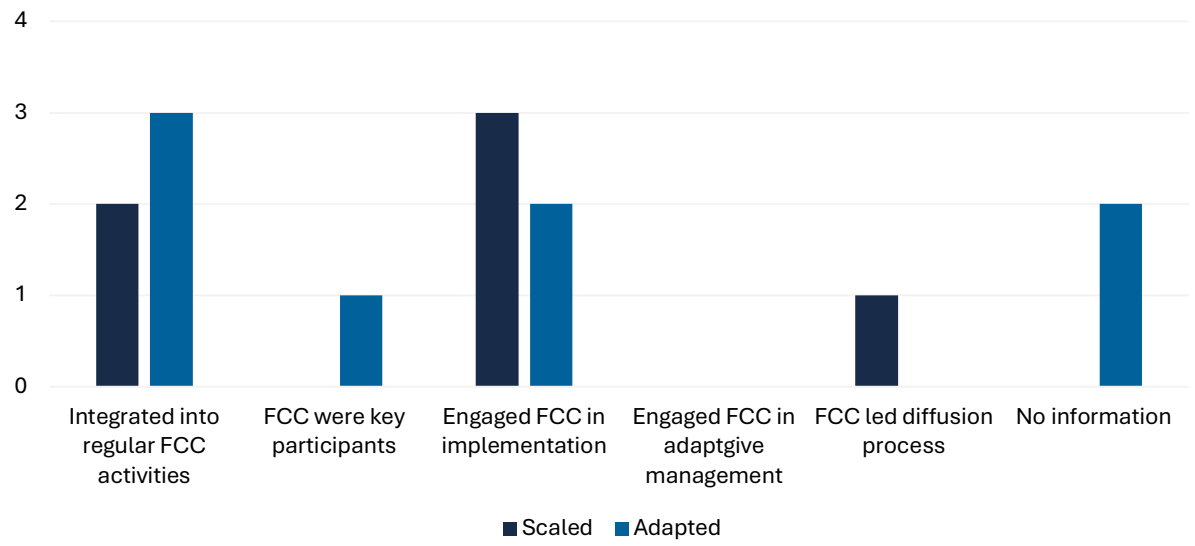


Figure 12. *Role of Faith and Cultural Champions in the Scale-up and Adaptation of Interventions (n=13) (Categories are not mutually exclusive; FCC: Faith and Cultural Champions)*

What cost data was available?

Key Learning: More interventions should collect costing information using standardized measures.

Costing information is crucial for understanding the resources needed to scale or replicate an intervention. **Although many faith and cultural champion interventions are described as low-cost and cost-effective, only seven provided detailed costing data, and none included analyses of cost-effectiveness.** The lack of standardized costing measures across interventions further complicates meaningful comparisons and limits the depth of analysis. **Table 5** presents the available costing information by intervention. As shown, most interventions reported costs either per participant or community or provided general budget summaries. In contrast, *Indashyikirwa* stands out by offering both unit and overall project expenditure data, delivering the most comprehensive insight into spending patterns and cost fluctuations throughout the project lifecycle.

Table 5. *Costing of Faith and Cultural Champion Interventions*

Intervention	Approach	Unit Analyzed	Cost Per Unit
Act with HER	Costing	Participant	$41
Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents	Costing	Participant Girl	$161

Intervention	Approach	Unit Analyzed	Cost Per Unit
Biruh Tesfa (Bright Future)	Costing	Participant Girl *% direct and indirect*	$53.16 *70% direct and 30% indirect*
Growing Up GREAT!	Costing	Total Cost, by month *% labor and non-labor*	Phase 1: $13,500 *44% labor and 56% non-labor* Phase 2: $13,000 *67% labor and 33% non-labor*
Indashyikirwa	Costing	Beneficiary Reached *Total Start-Up and Implementation Cost*	$19.67 *Start-Up: $2,146,167* *Implementation: $2,788,019*
Masculinité, Famille, et Foi	Costing	Total Cost *% direct and indirect*	$610,000 *73% direct and 27% indirect*
Téponon Jijuagou	Costing	Community, by year	$4,093



FEATURED INTERVENTION

Indashyikirwa (20) focused on couples and community activism to lower the prevalence of gender-based violence in intervention communities in Rwanda. Available cost information was broken down by implementation phase and unit cost (21). The start-up phase was the most expensive component at $2.2 million over 11 months, compared to the implementation phase at $2.8 million for 31 months. During the start-up phase, 33% of the budget went toward intervention adaptation, and 29% went toward trainings on the couple's curriculum. Implementation costs were mainly divided among core intervention activities (31%), management (29%), and support activities (23%). By unit, training frontline workers was the most expensive ($84/worker), followed by beneficiary costs ($19.67/beneficiary), and session delivery ($17/session).

RESULTS SNAPSHOT

- After 24 months, women in the program were significantly less likely to accept or justify intimate partner violence (aRR: -0.94; 95% CI: -1.04, -0.84) than those who did not join
- Both men (aRR: 0.54; 95% CI: 0.38, 0.75) and women (aRR: 0.44; 95% CI: 0.31, 0.59) in the program reported less physical or sexual violence—either experienced or perpetrated—after 24 months compared to non-participants

Intervention Monitoring and Evaluation

Evaluation of faith and cultural champion interventions, like other norms-shifting approaches, has become more rigorous in recent years, with many studies using strong designs and integrating qualitative methods to capture both outcomes and context. While this progress is encouraging, critical gaps remain. Most evaluations still lack clear descriptions of how social norms were measured, which limits comparability across studies and reduces confidence in findings. Additionally, although some programs mentioned monitoring or adaptive management, few documented how those processes contributed to learning or informed course corrections. To strengthen future evaluations, it is essential to improve norms measurement by using validated tools more consistently, and to increase transparency in reporting implementation adjustments.

How were interventions evaluated?

Key Learning: The majority of faith and cultural champion interventions used robust experimental or longitudinal evaluation designs, with most incorporating a qualitative component.

The 41 faith and cultural champion interventions employed a range of study designs. Seven utilized cross-sectional or exploratory designs, providing valuable insights into the associations between intervention components and outcomes, but lacking the ability to establish causal relationships. The remaining 34 interventions used more rigorous approaches, including longitudinal studies (n=7), pre- and post-test designs (n=4), experimental designs, including randomized control trials (n=17) and quasi-experimental designs (n=6) **(Figure 13)**. **In terms of data collection, most interventions incorporated qualitative methods, including participatory approaches.** Twelve interventions collected only quantitative data, while two did not specify their methodology. Of the 27 studies that used qualitative or mixed-methods, 19 employed mixed methods and six relied exclusively on qualitative data.

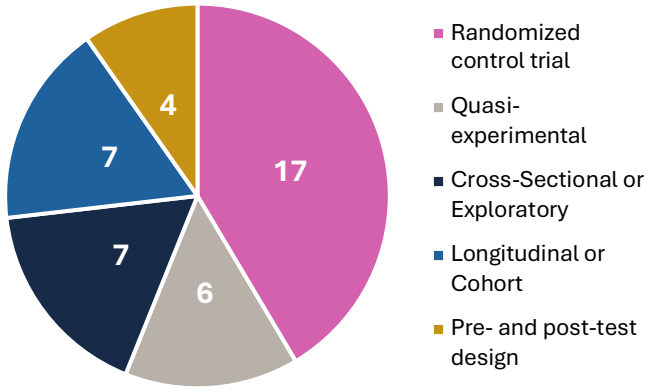


Figure 13. *Faith and Cultural Champion Evaluation Designs (N=41)*
(Categories are not mutually exclusive)

FEATURED INTERVENTION

The Centre for Health and Social Justice's intervention in the Udaipur region of Rajasthan, India employed a mixed-method study design (22). This approach combined cross-sectional population-based surveys, conducted pre- and post-intervention, with key informant interviews and focus group discussions. This multi-method approach provided valuable insights into the intervention's impact on outcomes related to gender attitudes, sexuality, and health. Additionally, it helped contextualize the factors influencing the intervention's effectiveness.

RESULTS SNAPSHOT

- Participants showed a strong improvement in their personal views and behaviors related to gender, sexuality, and violence—from an average score of 12.72 before the program to 17.29 after (p-value < 0.001); related behaviors also improved (from 9.39 to 10.50; p-value = 0.011)
- Community attitudes and behaviors also changed positively. Attitudinal scores improved from 2.56 to 3.37 (p-value < 0.001) and behavior scores from 1.47 to 6.44 (p-value < 0.001)

How were norms measured?

Key Learning: Many faith and cultural champion norms-shifting interventions with documented evaluations provide little or no detail on the specific items, response options, or questions used to measure norms, limiting comparability across studies.

Out of the 41 identified interventions, **only 13 provided specific details on how social norms were measured.** In the remaining 27, the reported measures either focused solely on individual attitudes–rather than social norms–or did not specify whether or how norms were assessed. **Figure 14** illustrates temporal trends in the types of measures used, distinguishing between those developed specifically for the intervention and those adapted from previously validated instruments.

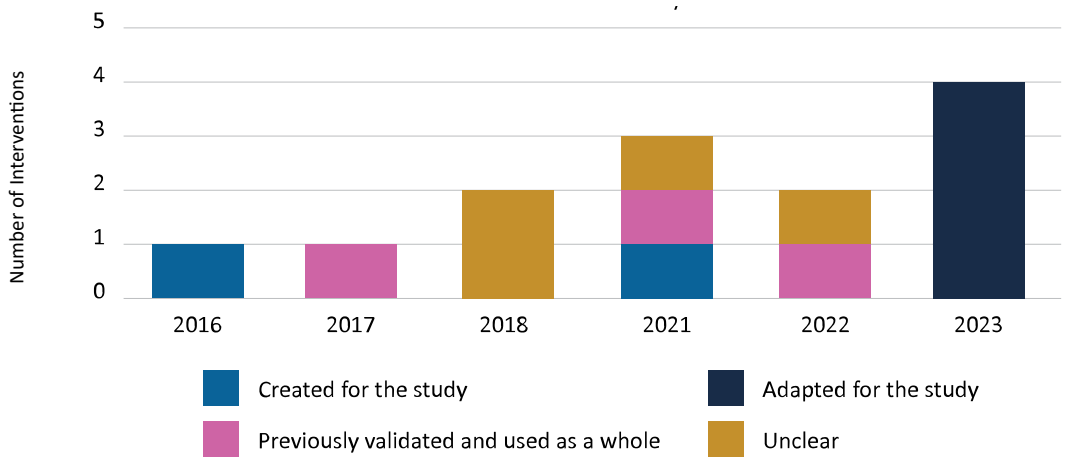


Figure 14. *Norms Measures Used Within Faith and Cultural Champion Interventions (N=13)*

Among the 13 studies that specified one or more norms measures, four employed qualitative approaches, seven used quantitative methods and two incorporated both. Quantitative measures included categorical measures (n=14), scales (n=14), indices (n=1), and binary measures (n=3). Vignettes were used in four interventions; three in qualitative assessments and one in a quantitative assessment. For example, the *Girls Holistic Development* intervention, which focused on reducing child, early, and forced marriage, used vignette-based short stories followed by targeted questions assessing injunctive and descriptive norms. Participants were asked how many girls in their community are expected to marry before 18, and how many actually do, with categorical response options. Nine studies reported testing measure validity, nine assessed reliability, and four studies examined both.

What monitoring and adaptive management approaches were used?

Key Learning: While about half of the interventions referenced monitoring or adaptive management, few detailed how these processes were implemented or used. Embedding these insights into evaluations would deepen understanding of how interventions function and evolve in real-world settings.

As shown in **Figure 15, more than two-thirds (n=29) of the interventions referenced a monitoring and/or adaptive management strategy.** Of these, eight interventions described both approaches, while 13 focused solely on monitoring, and eight referenced only adaptive management. Intervention documentation included information on the tools and systems used to track implementation progress and quality, along with strategies to customize, refine, and adjust materials during the adaptation phase. Deeper investigation into monitoring data or adaptive approaches wasn't possible across all the interventions given limited information in published materials.

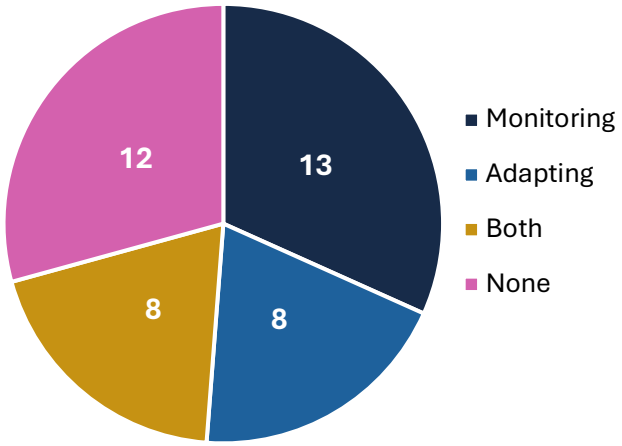


Figure 15. *Monitoring and Adaptive Management Strategies Used in Faith and Cultural Champion Interventions (N=41)*

FEATURED INTERVENTION

Tipping Point Initiative in Bangladesh (23) is an example of an integrated norms-shifting intervention aimed at addressing child, early, and forced marriage. It focused on building adolescent girls' agency, creating supportive relationships, and transforming norms that uphold child marriage practices. The intervention employed both monitoring and adaptive management strategies, using a mixed-methods monitoring framework which combined qualitative and quantitative approaches. A comprehensive data quality monitoring system was in place for both baseline and endline survey data collection. In terms of adaptive strategies, the intervention adjusted its approach in response to challenges posed by the COVID-19 pandemic, ensuring the safety of participants while maintaining the fidelity of the intervention and its original implementation plans.

RESULTS SNAPSHOT

- The intervention arm that emphasized changing social norms led to significant improvements in beliefs about who should make decisions about girls' marriage (Coeff: 0.94; 95% CI: 0.10, 1.78)
- Girls who participated were also significantly more likely to earn money (Coeff: 0.26; 95% CI: 0.001, 0.53)

Limitations

In this module, we synthesized available evidence to generate insights into interventions engaging faith and cultural champions. However, there were some limitations:

- **There was little information on normative measures across the reviewed interventions.** Historically, programs have measured behavioral and attitudinal changes as proxies for norm shifts, with only recent efforts directly assessing norm change. To address this, the research team expanded the inclusion criteria to capture interventions reporting changes in norms, behaviors, or attitudes, increasing the number of articles reviewed. Still, only 13 of the 41 faith and cultural champion interventions included a qualitative or quantitative assessment of normative change. This highlights ongoing limitations in program design and evaluation. Moreover, norm measurement, particularly in the context of faith and cultural champions, was generally weak, lacking in rigor and contextual relevance. There is a clear need for robust, validated tools to directly measure norms, including inductive qualitative approaches that capture local realities and theory-driven quantitative methods developed through deductive processes.

- **Most interventions did not explicitly incorporate social norms, gender norms, or behavior change theories into their design or evaluation frameworks**. Few clearly articulated or empirically tested the pathways through which gender norms influence behavior change. These gaps underscore the need for theory-informed, community-centered, and methodologically sound approaches to designing, implementing, and evaluating norms-shifting interventions.

- **Information on standalone faith champion interventions was scarce**. Interventions used multiple strategies engaging faith and cultural champions; however, there was limited evidence on the specific impact of the faith and cultural champion component as a standalone strategy.

- Despite a rigorous search strategy across electronic databases and consultation with experts—including the Agency and Social Norms Learning Collaboratives, our multi-disciplinary Advisory Board, and Adolescent Youth and Learning Agenda implementing partners—**some relevant literature on faith and cultural champion interventions may have been missed.** This review was limited to English and French sources, potentially excluding studies published in other languages.

- **Details on the involvement of faith and cultural champions were often limited.** While many interventions involved faith leaders, the literature rarely specified their denomination or whether they participated as individuals or through institutions. Descriptions of cultural champions were somewhat more detailed but often relied on broad terms like "traditional leaders," "key opinion leaders," and "community leaders," without clarifying their specific roles or influence.

Five Recommendations for Success

The evidence suggests that engaging faith and cultural champions can contribute to positive shifts in norms, attitudes, and behaviors –particularly when they are meaningfully integrated into interventions through strategies like peer engagement, community dialogue, and diffusion. However, results were mixed, showing no consistent patterns of success across health outcomes, intervention duration, engagement strategies, or types of champions. This underscores both the promise and complexity of engaging faith and cultural champions. Many interventions acknowledged the influential role of these actors in shaping community expectations—particularly in relation to adolescent health, gender roles, and family life—but few rigorously assessed normative change or clearly documented how faith and cultural champions were engaged throughout the intervention life cycle. Unintended consequences, though rarely reported, also emerged as an area requiring closer attention. These gaps highlight an opportunity to improve the design, implementation, and evaluation of faith and cultural champion interventions by grounding them more firmly in social and behavior change theory, tailoring them to community dynamics, and improving their responsiveness to evolving social norms. The following recommendations draw on both findings and the notable gaps to support more thoughtful, evidence-based use of these approaches.



Conduct formative research to inform intervention design and evaluation, with greater attention to community-relevant norms and change pathways.

Interventions should begin with formative research to identify which norms are most relevant to the target population and how they influence behaviors across different reference groups.Few reviewed interventions conducted such research, limiting confidence that the norms addressed were the most relevant to the community. Additionally, many failed to articulate or test pathways connecting shifts in norms to behavior change, underscoring the need to more closely link implementation with theory. Norms measurement within faith and cultural champion interventions must also be strengthened through rigorous tool development and validation, with a focus on both descriptive and injunctive norms. This will allow for a more robust assessment of how these approaches drive norms shifts–in addition to impacting behavioral outcomes.



Engage and equip faith and cultural champions from the outset through participatory design, capacity strengthening, and structured support.

Evidence indicates that faith and cultural champions are more effective when engaged early in the design process, as they help ensure approaches are aligned with community values and religious teachings. Programs that provided training and ongoing support saw champions become more confident and capable of addressing sensitive topics and challenging harmful norms. Effective strategies included not only training, but also structured peer engagement, group discussions, and reflection spaces that reinforced their role as facilitators of change. When champions were treated as true partners, rather than passive messengers, interventions also experienced greater community acceptance and buy-in. Importantly, ongoing dialogue with these leaders throughout implementation was key to ensuring intervention activities were responsive to shifting community dynamics, enhancing sustainability and reducing the risk of backlash.



Integrate multiple norms-shifting mechanisms to enhance effectiveness, while strengthening documentation of how these mechanisms are applied.

Evidence from the review suggests that interventions using multiple mechanisms of change, such as grounding interventions in community values, promoting diffusion, and making norms visible, tended to report more positive outcomes. For example, Indashyikirwa applied all five mechanisms over just seven months and achieved notable improvements in gender-based violence-related behaviors and family planning attitudes, illustrating that success depends more on strategy than duration alone. However, most interventions described their components superficially, with limited detail on how change mechanisms were activated or how specific modalities (e.g., training, peer-led groups, diffusion strategies) contributed to norm change. There is a clear need for stronger implementation research to unpack how and when change mechanisms work, particularly for faith and cultural champion interventions, where their influence in communities is high but change can be slow or uneven. Better documentation and measurement of these pathways would support replicability and inform more strategic layering of mechanisms in future programming.



Expand the use of media to strengthen and extend the influence of faith and cultural champion interventions.

Few interventions engaged faith and cultural champions while also utilizing digital or social media, and none incorporated near media (e.g., radio, television, print), despite their potential to reinforce messaging and expand reach. This underutilization of media represents a missed opportunity to scale efforts and drive broader normative shifts beyond direct, in-person engagement. When faith and cultural champions' messages are echoed through the media, they may have greater impact by prompting reflection, dialogue, and public visibility of emerging norms. Future programs should explore how various media channels can complement in-person engagement to enhance diffusion, sustainability, and reach, particularly among harder-to-reach groups like youth. Research is also needed to identify which combinations of modalities are most effective across different target populations and contexts.



Design interventions with scale and sustainability in mind and assess potential for scale to inform future programming efforts.

Faith and cultural champion interventions are often viewed as low-cost, scalable approaches to shift norms in community settings. However, few reviewed interventions included detailed costing data, scalability plans, or implementation strategies beyond the pilot phase. Only a small number addressed how activities–such as training, community dialogue, or champion engagement–could be sustained or expanded after funder support ended. Embedding scale-up considerations early, including simplified delivery models, adaptable materials, integration with existing structures, and long-term budgeting, can strengthen feasibility and sustainability. Nonetheless, more rigorous costing studies and documentation of real-world adaptation and expansion are needed to assess whether these approaches can fulfill their scalable promise.

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Annexes

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

Annex 1 – Entertainment Media Interventions and References

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
Breakthrough's Early Marriage Campaign	Breakthrough Trust	India	CEFM	EA, OA, YA	Raghunathan N, Sushant L, Mankad S. Can media campaigns change attitudes and spark actions to reduce early child marriage? Impact evaluation of breakthrough's early marriage campaign in Jharkhand and Bihar states of India. New Delhi, India: International Initiative for Impact Evaluation (3ie), 2021.
Bridge, Redefine, Integrate, Develop, Generate, and Expand II	Johns Hopkins University Center for Communication Programs, Save the Children, PACT Malawi, International HIV/AIDS Alliance, Malawi Ministry of Health	Malawi	SRH – FP, SRH – HIV	Not specified	Kaufman MR, Rimal RN, Carrasco M, Fajobi O, Soko A, Limaye R, et al. Using social and behavior change communication to increase HIV testing and condom use: The Malawi BRIDGE Project. AIDS Care. 2014;26:S46-S9. doi: 10.1080/09540121.2014.906741.
C'est La Vie!	Keewu Productions	Senegal	SRH – FP, GBV	EA, OA, YA	Dione M, Heckert J, Hidrobo M, Le Port A, Peterman A, Seye M. C'est la vie!: Mixed impacts of an edutainment television series in West Africa. Washington, DC: International Food Policy Research Institute (IFPRI), 2023. Massey PM, Kearney MD, Rideau A, Peterson A, Gipson JD, Nianogo RA, et al. Measuring impact of storyline engagement on health knowledge, attitudes, and norms: A digital evaluation of an online health-focused serial drama in West Africa. J Glob Health. 2022;12:04039. doi: 10.7189/jogh.12.04039.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
Change Starts at Home	Equal Access International, Interdisciplinary Analysts, Vijaya Development Resource Center	Nepal	GBV	YA	Clark CJ, Batayeh B, Shrestha PN, Morrow G, Shrestha B, Ferguson G. Diffusion in social norms change about violence against women: A longitudinal analysis of intervention data from a cluster randomised trial. Global Public Health. 2021;16(10):1618-30. doi: 10.1080/17441692.2020.1828984. Francis S, Shrestha PN, Shrestha B, Ferguson G, Batayeh B, Hennink M, et al. The Influence of Organised Diffusion on Social Norms Change: Addressing Intimate Partner Violence in Nepal. GLOBAL PUBLIC HEALTH. 2021;16(4):610-22. doi: 10.1080/17441692.2020.1845767. McGhee S, Shrestha B, Ferguson G, Shrestha PN, Bergenfeld I, Clark CJ. "Change Really Does Need to Start From Home": Impact of an Intimate Partner Violence Prevention Strategy Among Married Couples in Nepal. J Interpers Violence. 2021;36(15-16):Np7840-np67. doi: 10.1177/0886260519839422.
ChattyCuz	Behavioral Insights Team, Reach Digital Health, University of Witwatersrand, University of North Carolina	South Africa	GBV	YA	De Filippo A, Bellatin P, Tietz N, Grant E, Whitefield A, Nkopane P, et al. Effects of digital chatbot on gender attitudes and exposure to intimate partner violence among young women in South Africa. PLOS Digit Health. 2023;2(10):e0000358. doi: 10.1371/journal.pdig.0000358.
Communities Care Programme	United Nations Children's Fund	Somalia	GBV	Not specified	Glass N, Perrin N, Marsh M, Clough A, Desgroppes A, Kaburu F, et al. Effectiveness of the Communities Care programme on change in social norms associated with gender-based violence (GBV) with residents in intervention compared with control districts in Mogadishu, Somalia. BMJ Open. 2019;9(3):e023819. doi: 10.1136/bmjopen-2018-023819.
Community Radio Program	Population Media Center	Zambia	SRH – FP, SRH – HIV, GBV	OA, YA	Goldberg E. Community Radio Program to Improve the Health of Women and Children: Outcome Survey Report. USAID Zambia, 2021.
Condom Normalization Campaign	BBC World Service Trust, Population Council	India	SRH – FP	Not specified	Suryawanshi D, Patel SK, Adhikary R, Bharat S. Does Mass-Media Public Communication Campaign Normalize Discussion, Attitude and Behavior

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
					about Condom Use among Married Men in India? Journal of AIDS and Clinical Research. 2016;7:1-9.
Confiance Totale	Johns Hopkins University Center for Communication Programs	Togo	SRH – FP	YA	Silva M, Edan K, Dougherty L. Monitoring the Quality Assurance Branding Campaign Confiance Totale in Côte d'Ivoire. Breakthrough RESEARCH, 2021. Loll D, Tokplo H, Werwie TR, Prince-Agbodjan S, Ouro-Gnao D, Vondrasek C, et al. Evaluation of the Confiance Totale Campaign in Togo: Associations Between Campaign Exposure and Family Planning Outcomes of Interest. J Health Commun. 2023;28(11):739-56. doi: 10.1080/10810730.2023.2266426. Breakthrough ACTION. Evaluation of the Confiance Totale Campaign in Togo: Levels of Campaign Exposure and Associations with Family Planning and Reproductive Health Outcomes. Baltimore, MD: Breakthrough ACTION, Johns Hopkins Center for Communication Programs, 2023.
Every Adolescent Girl Empowered and Resilient	BBC Media Action, International Rescue Committee, Restless Development, Concern Worldwide	Sierra Leone	SRH – FP, CEFM	EA, OA, YA	BBC Media Action. How radio can build a more supportive environment for girls' education, learning, and empowerment: Every Adolescent Girl Empowered and Resilient (EAGER). London: BBC Media Action, 2023.
Everyday Heroes	Save the Children	Uganda	GBV	C, EA	Uysal J, Chitle P, Akinola M, Kennedy C, Tumusiime R, McCarthy P, et al. Lessons Learned from a Mixed-Method Pilot of a Norms-Shifting Social Media Intervention to Reduce Teacher-Perpetrated School-Related Gender-Based Violence in Uganda. Adolescents. 2023;3(2):199-211. doi: 10.3390/adolescents3020015.
Girls' Adolescent and Reproductive Rights: Information for Management and Action	United Nations Children's Fund	India	SRH – FP	EA	Sood S, Kostizak K, Ramaiya A, Cronin C. Measuring the effectiveness of communication programming on menstrual health and hygiene management (MHM) social norms among adolescent girls in India. Global Public Health. 2021;16(4):578-89. doi: 10.1080/17441692.2020.1826048.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
					Ramaiya A, Zimmerman L, Mafuta E, Lulebo A, Chipeta E, Stones W, et al. Assessing the relationship between agency and peer violence among adolescents aged 10 to 14 years in Kinshasa, Democratic Republic of Congo and Blantyre, Malawi: A cross-sectional study. PLoS Medicine. 2021;18(12):1-19. doi: 10.1371/journal.pmed.1003552.
Gender Roles, Equality and Transformations	Pathfinder International, Save the Children, Straight Talk Foundation, Concerned Parents Association, Institute for Reproductive Health Georgetown University	Uganda	SRH – FP, GBV	EA, OA, YA	Dagadu NA, Barker KM, Okello SBT, Kerner B, Simon C, Nabembezi D, et al. Fostering gender equality and reproductive and sexual health among adolescents: results from a quasi-experimental study in Northern Uganda. BMJ Open. 2022;12(3):e053203. doi: 10.1136/bmjopen-2021-053203.
Girls' Education South Sudan	BBC Media Action, Cambridge Education of the Mott MacDonald group, Windle Trust International, Montrose International, Leonard Cheshire	South Sudan	SRH – FP, GBV, CEFM	Not specified	Girls' Education in South Sudan. Girls' Education in South Sudan (GESS) Endline Report: Output 1: Social & Behavioural Change Communication. Girls' Education in South Sudan, 2018.
Global Grant Health Project	BBC Media Action, in collaboration with local broadcasting partners	Ethiopia	SRH – FP	OA, YA	Aspinall L, Assefa H, Carney C. Improving reproductive, maternal and newborn health using health communication in Ethiopia: Final evaluation. London, UK: BBC Media Action, 2017.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
Icchedana	United Nations Children's Fund	Bangladesh	CEFM	EA, OA, YA	Hauer M, Sood S. Exploring Knowledge, Attitudes, and Beliefs About Child Marriage in Bangladesh Through a Transmedia Entertainment-Education Initative. The Journal of Development Communication. 2021;32(1):68-79. Sengupta A, Sood S, Kapil N, Sultana T. Enabling gender norm change through communication: A case study of a trans-media entertainment-education initiative in Bangladesh. Journal of Development Communication. 2020;31(2):34-45. Sood S, Ramaiya A. "On the Wings of Wishes" (Icchedana), Adolescent Girls in Bangladesh Taking Flight Using A Social Behavioral Change Communication Program to Address Child Marriage Related Social Norms: A Longitudinal Panel Study. J Health Commun. 2022;27(5):302-11. doi: 10.1080/10810730.2022.2104970.
Impano n'Impamba	Umurage Communication for Development, Population Media Center, Institute for Reproductive Health Georgetown University	Rwanda	SRH - FP	EA, OA, YA	Institute for Reproductive Health. Measuring the effects of the radio drama Impano n'Impamba: fertility awareness and family planning results. Washington, DC: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID), 2017.
InThistoGether	Center for Innovative Public Health Research, Internet Solutions for Kids Uganda, Mbarara University of Science and Technology	Uganda	SRH – FP, SRH – HIV	YA	Ybarra ML, Agaba E, Nyemara N. A Pilot RCT Evaluating InThistoGether, an mHealth HIV Prevention Program for Ugandan Youth. AIDS Behav. 2021;25(10):3437-48. doi: 10.1007/s10461-021-03237-5.
Kataa Ukatili Dhidi ya Wanawake,	Tanzanian Ministry of Community	Tanzania	GBV	Not specified	Leyaro V, Selaya P, Trifkovic N. The effectiveness of documentary films to reduce violence against women: Experimental evidence from Tanzania. Growth and Development Research Project (GDRP), 2021.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
Watoto na Mauaji ya Albino	Development, Gender and Children, University of Dar es Salaam, University of Copenhagen				
Kenya Adolescent Reproductive Health project	Population Council, PATH, Ministry of Education, Science and Technology, Ministry of Health and Gender, Sports, Culture and Social Services	Kenya	SRH – FP, SRH – HIV	EA, OA, YA	Njue C, Voeten HACM, Ohuma E, Looman C, Habbama DF, Askew I. Findings of an evaluation of community and school-based reproductive health and HIV prevention programs in Kenya. African Population Studies. 2015;29. doi: 10.11564/29-2-775.
Kyunki... Jeena Issi Ka Naam Hai	United Nations Children's Fund	India	GBV, CEFM, SRH – HIV, SRH - FP	OA, YA	Riley AH, Sood S, Mazumdar PD, Choudary NN, Malhotra A, Sahba N. Encoded Exposure and Social Norms in Entertainment-Education. J Health Commun. 2017;22(1):66-74. doi: 10.1080/10810730.2016.1250843. UNICEF. An Entertainment-Education Initiative on Television: A Glimpse into the Production Process. New Delhi, India: United Nations Children's Fund (UNICEF), 2014.
Learning Initiative on Norms, Exploitation and Abuse	Media for Development International in Tanzania, Amani Girls Home, Tanganyika Christian Refugee Service, London School of Hygiene	Tanzania	GBV	EA, OA	Pichon M, Carter DJ, Howard-Merrill L, Sono R, Gimunta V, Rutenge O, et al. A mixed-methods, exploratory, quasi-experimental evaluation of a radio drama intervention to prevent age-disparate transactional sex in Tanzania. Front Reprod Health. 2022;4:1000853. doi: 10.3389/frph.2022.1000853.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
	& Tropical Medicine				
Let Us Protect Our Future	University of Pennsylvania, Haverford College, Temple University, Centers for Disease Control and Prevention, University of the Witwatersrand, University of Fort Hare, Human Resources Research Council	South Africa	SRH – FP, SRH – HIV	C, EA, OA, YA	Jemmott JB, 3rd, Jemmott LS, O'Leary A, Ngwane Z, Lewis DA, Bellamy SL, et al. HIV/STI risk-reduction intervention efficacy with South African adolescents over 54 months. Health Psychol. 2015;34(6):610-21. doi: 10.1037/hea0000140.
Main Kuch Bhi Kar Sakti Hoon	Population Foundation of India	India	SRH – FP, CEFM, GBV	Not specified	Population Foundation of India. Main Kuch Bhi Kar Sakti Hoon Season Three | Consolidated Evaluation Brief New Dehli, India: Population Foundation of India, 2020.
Merci Mon Héros	West Africa Breakthrough ACTION; Johns Hopkins University Center For Communication Programs	Cote d'Ivoire	SRH – FP	OA, YA	Tchuenche M, Bellows N, Portillo E, Labati ZH, Adou DB, Hammond J, et al. Estimating the Cost of the Design, Production, and Dissemination of Social Media Videos for Social and Behavioral Change: Evidence From Merci Mon Héros in Niger and Côte d'Ivoire. Front Public Health. 2021;9:761840. doi: 10.3389/fpubh.2021.761840. Silva M, Loll D, Ezouatchi R, Kassegne S, Nagbe RY, Babogou L, et al. Evaluating a youth-designed sexual and reproductive health mass and social media campaign in Côte d'Ivoire: triangulation of three independent evaluations. Sex Reprod Health Matters. 2023;31(1):2248748. doi: 10.1080/26410397.2023.2248748. Silva M, Kassegne S, Nagbe R-HY, Ezouatchi R, Babogou L, Moussa F. Determining the most significant changes on intergenerational communication and young people's family planning and reproductive health outcomes: Qualitative evaluation of the Merci Mon Héros media

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
					campaign in Niger and Côte d'Ivoire. Washington, DC: Population Council, 2022.
MTV Shuga Down South	MTV Staying Alive Foundation, Positive Action; Marie Stopes International, Linkages	South Africa	SRH – FP	EA, OA, YA	Kyegombe N, Zuma T, Hlongwane S, Nhlenyama M, Chimbindi N, Birdthistle I, et al. A qualitative exploration of the salience of MTV-Shuga, an edutainment programme, and adolescents' engagement with sexual and reproductive health information in rural KwaZulu-Natal, South Africa. Sex Reprod Health Matters. 2022;30(1):2083809. doi: 10.1080/26410397.2022.2083809.
MTV Shuga Naija	MTV Staying Alive Foundation, Positive Action, Marie Stopes International, Linkages, Nigeria National Agency for the Control of AIDS	Nigeria	SRH – FP	EA, OA, YA	Hutchinson P, Beaudoin CE, Meekers D, Omoluabi E, Akinyemi A. "You need to be able to stand up for what is right": MTV Shuga Naija's transformative impact on youth attitudes towards sexual violence in Nigeria. Journal of interpersonal violence. 2023. doi: 10.1101/2023.08.23.23293994.
Natwampane	World Vision, Lifeline/Childline and Norwegian Church Aid, BBC Media Action, in collaboration with local broadcasting partners	Zambia	GBV, CEFM	Not specified	BBC Media Action. Reducing GBV in Zambia - Midline survey findings. London: BBC Media Action, 2023.
Nigerian Urban Reproductive Health Initiative	Johns Hopkins University Center for Communication Programs, Association for Reproductive and Family Health,	Nigeria	SRH – FP	OA, YA	Krenn S, Cobb L, Babalola S, Odeku M, Kusemiju B. Using behavior change communication to lead a comprehensive family planning program: the Nigerian Urban Reproductive Health Initiative. Glob Health Sci Pract. 2014;2(4):427-43. doi: 10.9745/ghsp-d-14-00009.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
	Centre for Communication and Social Impact				
No name 1	Peripheral Vision International, Innovations for Poverty Action Uganda, Columbia University, University of California San Diego	Uganda	GBV	Not specified	Green DP, Wilke AM, Cooper J. Countering Violence Against Women by Encouraging Disclosure: A Mass Media Experiment in Rural Uganda. Comparative Political Studies. 2020;53(14):2283-320. doi: 10.1177/0010414020912275.
No name 2	Development Media International, University of Oxford, University of Chicago	Burkina Faso	SRH – FP, GBV	OA, YA	Glennerster R, Murray J, Pouliquen V. The Media or the Message? Experimental Evidence on Mass Media and Modern Contraception Uptake in Burkina Faso. Oxford: Centre for the Study of African Economies, University of Oxford, 2021.
No name 3	Pokhara University, Nepal Health Professional Council	Nepal	SRH - FP	EA, OA	Bhandari G, Dhital SR, Khatri D, Bhandari TR. Effectiveness of Social Media-Based Intervention in Intention Change of Adolescents for Promoting Sexual Health Behavior in Western Terai of Nepal. J Res Health Sci. 2024;24(2):e00613. doi: 10.34172/jrhs.2024.148.
No name 4	WEvolve, Population Foundation of India	India	GBV	YA	Donati D, Orozco-Olvera VH, Rao N. Marketing Gender Norms: A Social Media Experiment in India. Columbia Business School, 2023. Donati D, Orozco Olvera VH, Rao NM. Using Social Media to Change Gender Norms: An Experiment within Facebook Messenger in India. Washington, DC: World Bank Group, 2022.
No name 5	Institute of Public Health, Obafemi Awolowo University Nigeria,	Nigeria	SRH – FP, SRH - HIV	OA, YA	Arije O, Udoh E, Ijadunola K, Afolabi O, Aransiola J, Omoregie G, et al. Combination prevention package of interventions for reducing vulnerability to HIV among adolescent girls and young women in Nigeria:

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
	Society for Family Health				An action research. PLOS ONE. 2023;18(1):e0279077. doi: 10.1371/journal.pone.0279077.
Ouro Negro	United Nations Children's Fund, Radio Mozambique, PCI Media Impact, World Food Program, GfK Intercampus, Drexel University	Mozambique	SRH – FP, GBV	EA, OA, YA	Riley AH, Sood S, Sani M. Narrative Persuasion and Social Norms in Entertainment-Education: Results from a Radio Drama in Mozambique. Health Commun. 2020;35(8):1023-32. doi: 10.1080/10410236.2019.1606137.
Resilience in the Sahel Enhanced II project	Breakthrough ACTION, Catholic Relief Services, Save the Children, CARE, Population Council	Niger	SRH – FP, CEFM	Not specified	Dougherty L, Turk LA, Jani N, Dadi C. Evaluation of RISE II integrated social and behavior change activities in Niger: Baseline report. Washington, DC: Population Council, 2022.
Redefining Social Norms to Empower Women	CARE, Seva Lanka Foundation	Sri Lanka	GBV	OA, YA	CARE. Redefining Norms to Empower Women: Experiences and Lessons Learned. Sri Lanka: CARE International Sri Lanka, 2016.
Safe Love Campaign	Government of the Republic of Zambia, in collaboration with local TV networks and broadcasting partners	Zambia	SRH – FP, SRH - HIV	OA, YA	Communications Support for Health. Communications Support for Health (CSH) Program Safe Love Outcome Evaluation Report. Communications Support for Health for the U.S. Agency for International Development (USAID), 2014.
Saleema	United Nations Children's Fund, National Council for Child Welfare, Ahfad University for Women,	Sudan	GBV	C, EA, OA, YA	Evans WD, Donahue C, Snider J, Bedri N, Elhussein TA, Elamin SA. The Saleema initiative in Sudan to abandon female genital mutilation: Outcomes and dose response effects. PLOS ONE. 2019;14(3):e0213380. doi: 10.1371/journal.pone.0213380.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
	Gender and Rights Advocacy Center				
SASA!	Raising Voices, Centre for Domestic Violence Prevention	Uganda	SRH – HIV, GBV	YA	Abramsky T, Devries K, Kiss L, Nakuti J, Kyegombe N, Starmann E, et al. Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. BMC Medicine. 2014;12(1):122. doi: 10.1186/s12916-014-0122-5. Starmann E, Heise L, Kyegombe N, Devries K, Abramsky T, Michau L, et al. Examining diffusion to understand the how of SASA!, a violence against women and HIV prevention intervention in Uganda. BMC Public Health. 2018;18(1):616. doi: 10.1186/s12889-018-5508-4.
Shujaaz multimedia platform	Shujaaz Inc.	Kenya	SRH – FP, WEE	OA, YA	Hutchinson P, Mirzoyants A, Leyton A. Empowering youth for social change through the Shujaaz multimedia platform in Kenya. International Journal of Adolescence and Youth. 2019;24(1):102-16. doi: 10.1080/02673843.2018.1475287.
Somali Women towards Economic Empowerment and Transformation	BBC Media Action, BBC Somali Service, in collaboration with local broadcasting partners	Somalia	WEE	Not specified	BBC Media Action. Supporting Somali women towards economic empowerment and transformation. London, UK: BBC Media Action, 2022.
Soul Buddyz Clubs	Soul City Institute, Health Practice, Genesis Analytics	South Africa	SRH – FP, SRH - HIV	YA	Johnson S, Magni S, Dube Z, Goldstein S. Extracurricular School-Based Social Change Communication Program Associated with Reduced HIV Infection Among Young Women in South Africa. Journal of Health Communication. 2018;23(12):1044-50. doi: 10.1080/10810730.2018.1544675.
Tamapendo	UZIKWASA, Innovations for Poverty Action	Tanzania	CEFM, GBV	EA, OA	Green DP, Groves DW, Manda C, Montano B, Rahmani B. A Radio Drama's Effects on Attitudes Toward Early and Forced Marriage: Results From a Field Experiment in Rural Tanzania. Comparative Political Studies. 2023;56(8):1115-55. doi: 10.1177/00104140221139385.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
Tchova Tchova Historias de Vida: Dialogos Comunitarios	Johns Hopkins University Center for Communication Programs, Fundacao de Desemvolvimento da Comunidade	Mozambique	SRH – FP, SRH - HIV	Not specified	Figueroa ME, Poppe P, Carrasco M, Pinho MD, Massingue F, Tanque M, et al. Effectiveness of Community Dialogue in Changing Gender and Sexual Norms for HIV Prevention: Evaluation of the Tchova Tchova Program in Mozambique. J Health Commun. 2016;21(5):554-63. doi: 10.1080/10810730.2015.1114050.
Tékponon Jikuagou	Institute for Reproductive Health Georgetown University, CARE, Plan International	Benin	SRH – FP	Not specified	Institute for Reproductive Health. Tékponon Jikuagou: Final Report. Washington, DC: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID), 2017. Kim TY, Igras S, Barker KM, Diakité M, Lundgren RI. The power of women's and men's Social Networks to catalyse normative and behavioural change: Evaluation of an intervention addressing Unmet need for Family Planning in Benin. BMC Public Health. 2022;22(1):672. doi: 10.1186/s12889-022-12681-4. Rubardt M. Projet Tékponon Jikuagou: Experiences and Effects of Using NGO Platforms to Scale-Up the TJ Social Network Package. USAID. Washington DC: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID), 2016.
Tikambe (Let's Talk)	Restless Development, BBC Media Action, in collaboration with local broadcasting partners	Zambia	SRH – FP	EA, OA, YA	BBC Media Action. How is media content and outreach supporting young Zambians to make sexual and reproductive health decisions? London: BBC Media Action, 2023.
Zambia Community HIV Prevention Project	PACT, Plan International, Catholic Medical Mission Board, Zambia Center for Communications	Zambia	SRH – FP, GBV, SRH - HIV	OA, YA	PACT Zambia. USAID Zambia Community HIV Prevention Project (USAID Z-CHPP) Quarterly Report: Year 4 – January 1, 2019 to March 31, 2019. PACT Zambia, 2020.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
	Program, Sport in Action, Copperbelt Health Education Project, Zambia Health Education and Communication Trust, Young Women's Christian Association				
ZAZI	Johns Hopkins University Center for Communication Programs, South African National AIDS Council Women's Sector	South Africa	GBV, SRH - HIV	OA, YA	Walker GR. "Out there it's YOLO": Youth perspectives on a mass media HIV- and gender-based violence campaign in South Africa. Afr J AIDS Res. 2021;20(1):79-87. doi: 10.2989/16085906.2021.1872666.

Acronyms: C (Children 0 - 9); EA (Early Adolescents 10 - 14); OA (Older Adolescents 15 - 17); YA (Young Adult 18 - 24); CEFM (Child Early and Forced Marriage); FP (Family Planning); GBV (Gender-based Violence); WEE (Women's Economic Empowerment)

Annex 2. Full Intervention Entertainment Media Intervention Heat Maps

Mechanisms of Change

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child, early and forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Community rather than individual change																			
Confiance Totale	●	●	●	Every Adolescent Girl Empowered and Resilient		●		Every Adolescent Girl Empowered and Resilient			●	Somali Women towards Economic Empowerment and Transformation	●		●	Everyday Heroes	●		●
Every Adolescent Girl Empowered and Resilient			●	Let Us Protect Our Future		●	●	Girls' Education South Sudan			●	Shujaaz multimedia platform		●	●	Gender Roles, Equality and Transformations		●	●
Girls' Adolescent and Reproductive Rights: Information for Management and Action	●	●	●	Safe Love Campaign	●	●	●	Main Kuch Bhi Kar Sakti Hoon	●		●					Kataa Ukatili Dhidi ya Wanawake, Watoto na Mauaji ya Albino		●	●
Girls' Education South Sudan			●	Tchova Tchova Historias de Vida: Dialogos Comunitarios	●	●	●	Natwampane			●					Learning Initiative on Norms, Exploitation and Abuse	●	●	●
Global Grant Health Project	●	●	●	Kenya Adolescent Reproductive Health project		●	●	Resilience in the Sahel Enhanced II project	●		●					Let Us Protect Our Future	●	●	
Impano n'Impamba	●	●	●	Tikambe (Let's Talk)		●	●									MTV Shuga Down South		●	●
Main Kuch Bhi Kar Sakti Hoon	●		●	Zambia Community HIV Prevention Project	●	●	●									MTV Shuga Naija		●	●
Merci Mon Héros	●	●	●													Natwampane		●	●
No Name 2	●	●	●													No Name 1	●	●	●
No Name 4	●		●													No Name 3	●	●	●
Shujaaz multimedia platform		●	●													Ouro Negro	●		●
Tikambe (Let's Talk)		●	●													Saleema	●		●
Resilience in the Sahel Enhanced II project	●	●	●													Tikambe (Let's Talk)		●	●
Zambia Community HIV Prevention Project	●	●	●													Zambia Community HIV Prevention Project	●	●	●
Diffuses new ideas																			
C'est la Vie!	●	●	●	Bridge, Redefine, Integrate, Develop, Generate, and Expand II		●		Breakthrough's Early Marriage Campaign	●	●	●	Somali Women towards Economic Empowerment and Transformation	●		●	C'est la Vie!	●	●	●
Community Radio Program		●	●	C'est la Vie!		●		C'est la Vie!	●		●	Shujaaz multimedia platform		●	●	Change Starts at Home	●		
Confiance Totale	●	●	●	Community Radio Program		●	●	Every Adolescent Girl Empowered and Resilient			●					ChattyCuz		●	●
Every Adolescent Girl Empowered and Resilient			●	Condom Normalization Campaign		●	●	Girls' Education South Sudan			●					Communities Care Programme	●		●
Girls' Adolescent and Reproductive Rights: Information for Management and Action	●	●	●	InThistoGether		●		Icchedana	●		●					Community Radio Program	●	●	●
Girls' Education South Sudan			●	Kyunki... Jeena Issi Ka Naam Hai		●	●	Main Kuch Bhi Kar Sakti Hoon	●		●					Everyday Heroes	●		●
Global Grant Health Project	●	●	●	Let Us Protect Our Future		●	●	Tamapendo	●		●					Gender Roles, Equality and Transformations		●	●
Impano n'Impamba	●	●	●	No Name 5		●		Resilience in the Sahel Enhanced II project	●		●					Kataa Ukatili Dhidi ya Wanawake, Watoto na Mauaji ya Albino		●	●
Kyunki... Jeena Issi Ka Naam Hai		●	●	Safe Love Campaign	●	●	●									Learning Initiative on Norms, Exploitation and Abuse	●	●	●
Main Kuch Bhi Kar Sakti Hoon	●		●	Soul Buddyz Clubs		●										Let Us Protect Our Future	●	●	
Merci Mon Héros	●	●	●	Tchova Tchova Historias de Vida: Dialogos Comunitarios	●	●	●									MTV Shuga Down South		●	●

Mechanisms of Change (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
No Name 2	●	●	●	Kenya Adolescent Reproductive Health project		●	●									No Name 1	●	●	●
No Name 4	●		●	Zambia Community HIV Prevention Project	●	●	●									No Name 3	●	●	●
No Name 5		●		ZAZI	●		●									Ouro Negro	●		●
Resilience in the Sahel Enhanced II project	●	●	●													Redefining Social Norms to Empower Women	●		●
Shujaaz multimedia platform		●	●													Saleema	●		●
Tékponon Jikuagou	●	●	●													SASA!		●	●
The Nigerian Urban Reproductive Health Initiative	●	●	●													Zambia Community HIV Prevention Project	●	●	●
Zambia Community HIV Prevention Project	●	●	●													ZAZI	●		●
Norms visible and catalyzes reflection																			
Confiance Totale	●	●	●	Let Us Protect Our Future		●	●	Every Adolescent Girl Empowered and Resilient			●					Everyday Heroes	●		●
Every Adolescent Girl Empowered and Resilient			●	No Name 5		●		Icchedana	●		●					Kataa Ukatili Dhidi ya Wanawake, Watoto na Mauaji ya Albino		●	●
Girls' Adolescent and Reproductive Rights: Information for Management and Action	●	●	●	Safe Love Campaign	●	●	●	Resilience in the Sahel Enhanced II project	●		●					Let Us Protect Our Future	●	●	
Global Grant Health Project	●	●	●	Tchova Tchova Historias de Vida: Dialogos Comunitarios	●	●	●									MTV Shuga Naija		●	●
Impano n'Impamba	●	●	●	Tikambe (Let's Talk)		●	●									No Name 3	●	●	●
No Name 2	●	●	●													Tikambe (Let's Talk)		●	●
No Name 5		●																	
The Nigerian Urban Reproductive Health Initiative	●	●	●																
Tikambe (Let's Talk)		●	●																
Resilience in the Sahel Enhanced II project	●	●	●																
Roots norms shifting in the community																			
Every Adolescent Girl Empowered and Resilient			●	InThistoGether		●		Every Adolescent Girl Empowered and Resilient			●	Shujaaz multimedia platform		●	●	Change Starts at Home	●		
Girls' Education South Sudan			●	Safe Love Campaign	●	●	●	Girls' Education South Sudan			●					ChattyCuz		●	●
Global Grant Health Project (BBC Media Action)	●	●	●	Tchova Tchova Historias de Vida: Dialogos Comunitarios	●	●	●	Resilience in the Sahel Enhanced II project	●		●					Everyday Heroes	●		●
Impano n'Impamba	●	●	●	Kenya Adolescent Reproductive Health project		●	●									Kataa Ukatili Dhidi ya Wanawake, Watoto na Mauaji ya Albino		●	●
No Name 2	●	●	●	Zambia Community HIV Prevention Project	●	●	●									Learning Initiative on Norms, Exploitation and Abuse	●	●	●
No Name 4	●		●													MTV Shuga Naija		●	●
Shujaaz multimedia platform		●	●													No Name 3	●	●	●
Resilience in the Sahel Enhanced II project	●	●	●													Zambia Community HIV Prevention Project	●	●	●
Zambia Community HIV Prevention Project	●	●	●																

Mechanisms of Change (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Supports change process																			
Confiance Totale	●	●	●	Safe Love Campaign	●	●	●	Every Adolescent Girl Empowered and Resilient			●					Everyday Heroes	●		●
Every Adolescent Girl Empowered and Resilient			●	Tchova Tchova Historias de Vida: Dialogos Comunitarios	●	●	●	Main Kuch Bhi Kar Sakti Hoon	●		●					Kataa Ukatili Dhidi ya Wanawake, Watoto na Mauaji ya Albino		●	●
Impano n'Impamba	●	●	●	Tikambe (Let's Talk)	●	●	●	Natwampane			●					MTV Shuga Naija		●	●
Main Kuch Bhi Kar Sakti Hoon	●		●	Zambia Community HIV Prevention Project	●	●	●	Resilience in the Sahel Enhanced II project	●		●					Natwampane		●	●
The Nigerian Urban Reproductive Health Initiative	●	●	●													No Name 1	●	●	●
Tikambe (Let's Talk)	●	●	●													No Name 3	●	●	●
Resilience in the Sahel Enhanced II project	●	●	●													Tikambe (Let's Talk)	●	●	●
Zambia Community HIV Prevention Project	●	●	●													Zambia Community HIV Prevention Project	●	●	●

Duration

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child and early forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Short duation (>= 1 year)																			
C'est La Vie!		●	●	C'est La Vie!		●		C'est La Vie!			●					C'est La Vie!	●	●	●
Confiance Totale	●	●	●	InThistoGether (ITG)		●		Icchedana	●		●					Change Starts at Home	●		
Impano n'Impamba		●	●	No name 4		●		Tamapendo	●		●					Kataa Ukatili Dhidi ya Wanawake, Watoto na Mauaji ya Albino		●	●
Merci Mon Héros	●	●	●	ZAZI	●		●									MTV Shuga Down South		●	●
No name 3	●		●													No name 1	●	●	●
No name 4		●														No name 3	●	●	●
																No name 5		●	
																Ouro negro	●		●
																Redefining Norms to Empower Women	●		●
																ZAZI	●		●
Longer duration (< 1 year)																			
Community Radio Program		●	●	Condom Normalization Campaign		●	●	Breakthrough	●	●	●	Shujaaz		●	●	Community Radio Program		●	●
Empowered and Resilient			●	Safe Love	●	●	●	Every Adolescent Girl Empowered and Resilient			●	Somali Women Towards Economic Empowerment and Transformation	●		●	Everyday Heroes	●		●
Gender Roles, Equality and Transformations		●	●	Soul Buddyz Clubs		●		Girls' Education South Sudan			●					Gender Roles, Equality and Transformations		●	●
Girls' Education South Sudan			●	Tchova Tchova Historias de Vida	●	●	●	Main Kuch Bhi Kar Sakti Hoon	●		●					Let Us Protect Our Future	●		
Global Grant Health	●	●	●	The Kenya Adolescent Reproductive Health project		●	●	Natwampane			●					Learning Initiative on Norms, Exploitation and Abuse	●	●	●
Kyunki... Jeena Issi Ka Naam Hai		●	●	Community Radio Program		●	●	Resilience in the Sahel Enhanced	●	●	●					Main Kuch Bhi Kar Sakti Hoon	●		●
No name 2	●	●	●	Kyunki... Jeena Issi Ka Naam Hai		●	●									MTV Shuga Naija		●	●
Nigerian Urban Reproductive Health Initiative	●	●	●	Let Us Protect Our Future		●	●									Natwampane		●	●
Resilience in the Sahel Enhanced	●	●	●	Tikambe		●	●									Start, Awareness, Support, and Action		●	●
Shujaaz		●	●	USAID Zambia Community HIV Prevention Project	●	●	●									Tikambe		●	●
Tékponon Jikuagou	●	●	●													USAID Zambia Community HIV Prevention Project	●	●	●
Tikambe		●	●																
USAID Zambia Community HIV Prevention Project	●	●	●																

Integrated or Standalone

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child and early forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Standalone																			
Community Radio Program		●	●	Bridge, Redefine, Integrate, Develop, Generate, and Expand		●		Girls' Education South Sudan (GESS)			●					ChattyCuz		●	●
Confiance Totale	●	●	●	Community Radio Program		●	●	Natwampane			●					Community Radio Program		●	●
Girls' Education South Sud			●	InThistoGether		●		Tamapendo	●		●					Everyday Heroes	●		●
Impano n'Impamba		●	●	Kyunki... Jeena Issi Ka Naam Hai		●	●									Kataa Ukatili Dhidi ya Wanawake, Watoto na Mauaji ya Albino		●	●
Kyunki... Jeena Issi Ka Naam Hai		●	●	Let Us Protect Our Future		●	●									Let Us Protect Our Future	●		
No name 1	●	●	●	No name 4		●										Learning Initiative on Norms, Exploitation and Abuse	●	●	●
No name 3	●		●	Soul Buddyz Clubs		●										MTV Shuga Down South		●	●
Tékponon Jikuagou	●	●	●	The Kenya Adolescent Reproductive Health project		●	●									Natwampane		●	●
				ZAZI	●	●										No name 2	●	●	●
																No name 4		●	
																Ouro negro	●		●
																ZAZI	●		●
Multimedia																			
C'est La Vie!		●	●	C'est La Vie!		●		Breakthrough	●	●	●	Shujaaz		●	●	C'est La Vie!	●	●	●
Empowered and Resilient			●	Condom Normalization Campaign		●	●	C'est La Vie!			●	Somali Women Towards Economic Empowerment and Transformation	●		●	Change Starts at Home	●		
GARIMA	●	●	●	Safe Love	●	●	●	Empowered and Resilient			●					Communities Care	●		●
Gender Roles, Equality and Transformations		●	●	Tchova Tchova Historias de Vida	●	●	●	Icchedana	●		●					Gender Roles, Equality and Transformations		●	●
Global Grant Health	●	●	●	Tikambe		●	●	Main Kuch Bhi Kar Sakti Hoon	●		●					Main Kuch Bhi Kar Sakti Hoon	●		●
Merci Mon Héros (MMH)	●	●	●	USAID Zambia HIV Prevention Project	●	●	●	Resilience in the Sahel Enhanced	●	●	●					MTV Shuga Naija		●	●
Nigerian urban Reproductive Health Initiative	●	●	●													Redefining Norms to Empower Women	●		●
Resilience in the Sahel Enhanced	●	●	●													Start, Awareness, Support, and Action		●	●
Shujaaz		●	●													Tikambe		●	●
Tikambe		●	●													USAID Zambia Community HIV Prevention Project	●	●	●
USAID Zambia Community HIV Prevention Project	●	●	●																

Interactive Component

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child and early forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Virtual interactive component*																			
C'est La Vie!		●	●	C'est La Vie!		●		C'est La Vie!			●	Shujaaz		●	●	C'est La Vie!	●	●	●
Community Radio Program		●	●	Community Radio Program		●	●	Empowered and Resilient			●	Somali Women Towards Economic Empowerment and Transformation	●		●	Community Radio Program		●	●
Empowered and Resilient			●	InThistoGether	●	●	●	Icchedana	●		●					Everyday Heroes	●		●
Global Grant Health	●	●	●	No name 5		●		Main Kuch Bhi Kar Sakti Hoon	●		●					Main Kuch Bhi Kar Sakti Hoon	●		●
Merci Mon Héros	●	●	●	Safe Love	●	●	●	Resilience in the Sahel Enhanced	●	●	●					MTV Shuga Naija		●	●
No name 4	●		●													No name 3	●	●	●
Nigerian Urban Reproductive Health Initiative	●	●	●													No name 5		●	
Shujaaz		●	●																
In-person interactive component*																			
C'est La Vie!		●	●	Bridge, Redefine, Integrate, Develop, Generate, and Expand		●		Icchedana	●		●	Somali Women Towards Economic Empowerment and Transformation	●		●	C'est La Vie!	●	●	●
Community Radio Program		●	●	C'est La Vie!		●		Resilience in the Sahel Enhanced	●	●	●					Change Starts at Home	●		
Empowered and Resilient			●	Community Radio Program		●	●	Breakthrough	●	●	●					Communities Care	●		●
GARIMA	●	●	●	Condom Normalization Campaign		●	●	C'est La Vie!			●					Community Radio Program		●	●
Girls' Education South Suda			●	Gender Roles, Equality and Transformations		●	●	Empowered and Resilient (EAGER)			●					Gender Roles, Equality and Transformations		●	●
Global Grant Health	●	●	●	Let Us Protect Our Future		●	●	Girls' Education South Sudan			●					Let Us Protect Our Future	●		
Merci Mon Héros (MMH)	●	●	●	Safe Love	●	●	●	Main Kuch Bhi Kar Sakti Hoon	●		●					Learning Initiative on Norms, Exploitation and Abuse	●	●	●
Nigerian Urban Reproductive Health Initiative	●	●	●	Soul Buddyz Clubs		●										Main Kuch Bhi Kar Sakti Hoon	●		●
Tékponon Jikuagou	●	●	●	Tchova Tchova Historias de Vida	●	●	●									MTV Shuga Naija		●	●
Tikambe		●	●	Tikambe		●	●									Redefining Nowms to Empower Women	●		●
USAID Zambia Community HIV Prevention Project	●	●	●	The Kenya Adolescent Reproductive Health project		●	●									Start, Awareness, Support, and Action		●	●
				USAID Zambia Community HIV Prevention Project	●	●	●									Tikambe		●	●
																USAID Zambia Community HIV Prevention Project	●	●	●

*Not mutually exclusive categories

Reference Groups

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Community Leaders																			
Girls' Education South Sudan			●	Tikambe (Let's Talk)		●	●	Girls' Education South Sudan			●					Tikambe (Let's Talk)		●	●
Tikambe (Let's Talk)		●	●																
Community Members																			
C'est la Vie!	●	●	●	C'est la Vie!		●		C'est la Vie!	●		●					C'est la Vie!	●	●	●
The Nigerian Urban Reproductive Health Initiative	●	●	●	Zambia Community HIV Prevention Project	●	●	●									Change Starts at Home	●		
Zambia Community HIV Prevention Project	●	●	●													Communities Care Programme	●		●
																No Name 1	●	●	●
																SASA!		●	●
																Zambia Community HIV Prevention Project	●	●	●
Family Members																			
C'est la Vie!	●	●	●	C'est la Vie!		●		Breakthrough's Early Marriage Campaign	●	●	●					C'est la Vie!	●	●	●
Tikambe (Let's Talk)		●	●	Safe Love Campaign	●	●	●	C'est la Vie!	●		●					Change Starts at Home	●		
Resilience in the Sahel Enhanced II project	●	●	●	Tikambe (Let's Talk)		●	●	Resilience in the Sahel Enhanced II project	●		●					No Name 2	●	●	●
				ZAZI	●		●									Tikambe (Let's Talk)		●	●
																ZAZI	●		●
Health Workers																			
Confiance Totale	●	●	●	Tikambe (Let's Talk)		●	●	Resilience in the Sahel Enhanced II project	●		●					Ouro Negro	●		●
The Nigerian Urban Reproductive Health Initiative	●	●	●	Zambia Community HIV Prevention Project	●	●	●									SASA!		●	●
Tikambe (Let's Talk)		●	●													Tikambe (Let's Talk)		●	●
Resilience in the Sahel Enhanced II project	●	●	●													Zambia Community HIV Prevention Project	●	●	●
Zambia Community HIV Prevention Project	●	●	●																
Peers																			
Main Kuch Bhi Kar Sakti Hoon	●		●	Condom Normalization Campaign		●	●	Main Kuch Bhi Kar Sakti Hoon	●		●					Redefining Social Norms to Empower Women	●		●
Merci Mon Héros	●	●	●													Tikambe (Let's Talk)		●	●
No Name 5		●		No Name 5		●										Zambia Community HIV Prevention Project	●	●	●
Tikambe (Let's Talk)		●	●	Tikambe (Let's Talk)		●	●									ZAZI	●		●
Zambia Community HIV Prevention Project	●	●	●	Zambia Community HIV Prevention Project	●	●	●												
				ZAZI	●		●												
Religious Leaders																			
The Nigerian Urban Reproductive Health Initiative	●	●	●	Tikambe (Let's Talk)		●	●	Resilience in the Sahel Enhanced II project	●		●	Somali Women towards Economic Empowerment and Transformation	●		●	Tikambe (Let's Talk)		●	●
Tikambe (Let's Talk)		●	●																
Resilience in the Sahel Enhanced II project	●	●	●																

Reference Groups (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Teachers																			
Girls' Education South Sudan			●	Kyunki… Jeena Issi Ka Naam Hai		●	●	Breakthrough's Early Marriage Campaign	●	●	●					Everyday Heroes	●		●
Kyunki… Jeena Issi Ka Naam Hai		●	●	Soul Buddyz Clubs		●		Girls' Education South Sudan			●					Learning Initiative on Norms, Exploitation and Abuse	●		
				Kenya Adolescent Reproductive Health project		●	●												
No Reference Groups Mentioned																			
Community Radio Program		●	●	Bridge, Redefine, Integrate, Develop, Generate, and Expand II		●		Every Adolescent Girl Empowered and Resilient			●	Shujaaz multimedia platform		●	●	ChattyCuz	●	●	●
Every Adolescent Girl Empowered and Resilient			●	Community Radio Program		●	●	Icchedana	●		●					Community Radio Program		●	●
Girls' Adolescent and Reproductive Rights: Information for Management and Action	●	●	●	InThistoGether		●		Natwampane			●					Gender Roles, Equality and Transformations		●	●
Global Grant Health Project	●	●	●	Let Us Protect Our Future		●	●	Tamapendo	●		●					Kataa Ukatili Dhidi ya Wanawake, Watoto na Mauaji ya Albino		●	●
Impano n'Impamba	●	●	●	Tchova Tchova Historias de Vida: Dialogos Comunitarios	●	●	●									Learning Initiative on Norms, Exploitation and Abuse		●	●
No Name 2	●	●	●													Let Us Protect Our Future	●	●	
No Name 4	●		●													MTV Shuga Down South		●	●
Shujaaz multimedia platform		●	●													MTV Shuga Naija		●	●
Tékponon Jikuagou	●	●	●													Natwampane		●	●
																No Name 3	●	●	●
																Saleema	●		●

Annex 3 – Faith and Cultural Champion Interventions and References

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
Act With Her-Ethiopia	Pathfinder International, CARE, Gender and Adolescence: Global Evidence	Ethiopia	SRH - FP, WEE, GBV, CEFM	EA	Baird S, Hamory J, Gezahegne K, Pincock K, Woldehanna T, Yadete W, et al. Improving Menstrual Health Literacy Through Life-Skills Programming in Rural Ethiopia. Frontiers in Global Women's Health. 2022;3. doi: 10.3389/fgwh.2022.838961. Baird S, Dutton R, Hamory J, Iyasu A, Jones N, Presler-Marshall E, et al. Transforming gender norms through life-skills programming in rural Ethiopia: short-term impacts and emerging lessons for adaptive programming. Oromia case study. London: Gender and Adolescence: Global Evidence, 2021.
Adolescent Transition in West Africa	Center on Gender Equity and Health at UC San Diego, Save the Children, in collaboration with Ministries of Education and Health, and local non-governmental organizations in Burkina Faso, Mali and Niger	Burkina Faso, Mali, Niger	SRH - FP, GBV, SRH - HIV, CEFM	EA, OA, YA	Center on Gender Equity and Health. Adolescent Transition in West Africa (ATWA) Outcome Evaluation: Year 2 (2022-2023) Endline Report. La Jolla, CA: University of California San Diego for Save the Children, 2024.
Bandebereho couples' intervention	Rwanda Men's Resource Centre, Equimundo, Rutgers WPF	Rwanda	SRH - FP, GBV	YA	Doyle K, Levtov RG, Barker G, Bastian GG, Bingenheimer JB, Kazimbaya S, et al. Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. PLoS One.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
					2018;13(4):e0192756. doi: 10.1371/journal.pone.0192756.
Biruh Tesfa for All	Population Council, Humanity & Inclusion, Plan International, JaRco Consulting	Ethiopia	WEE	EA, OA, YA	Erulkar A, Hailu E, Markos H, Demissie G, Tessema T, Hailu H. Evaluation of Biruh Tesfa (Bright Future) for All: A program for out-of-school girls, migrants, and domestic workers in low-income Ethiopian cities. New York: Population Council., 2023.
Breakthrough ACTION - Nigeria	Population Council, Avenir Health, ideas42, Institute for Reproductive Health Georgetown University, Population Reference Bureau, Tulane University	Nigeria	CEFM, SRH - FP, GBV	*Not specified*	Adetunji A, Bazzano AN, Adediran M, Hutchinson P, Etim E-O. Qualitative research on Breakthrough ACTION's Advocacy Core Group Model for integrated social behavior change programming in Nigeria. Breakthrough RESEARCH Technical Report. Washington, DC: Population Council, 2023.
Breakthrough Generation Initiative	Tostan	Gambia, Guinea, Guinea-Bissau, Mali	WEE, GBV, CEFM	OA, YA	Tostan. Breakthrough Generation Initiative Mixed-Methods Final Evaluation Report. Tostan, 2023. Tostan. The Community Empowerment Program (CEP) 2019 – 2022: Key findings. Tostan, 2023.
Change Starts at Home	Equal Access International, Interdisciplinary Analysts, Vijaya Development Resource Centre	Nepal	GBV	*Not specified*	Francis S, Shrestha PN, Shrestha B, Ferguson G, Batayeh B, Hennink M, et al. The Influence of Organised Diffusion on Social Norms Change: Addressing Intimate Partner Violence in Nepal. GLOBAL PUBLIC HEALTH. 2021;16(4):610-22. doi: 10.1080/17441692.2020.1845767. Clark CJ, Shrestha B, Ferguson G, Shrestha PN, Calvert C, Gupta J, et al. Impact of the Change Starts at Home Trial on Women's experience of intimate partner violence in Nepal. SSM - Population Health. 2020;10:100530. doi: 10.1016/j.ssmph.2019.100530.
Changing the River's Flow – A Gender Transformative	SAfAIDS, Sonke Gender Justice	Zimbabwe	SRH - FP, SRH - HIV, GBV	OA, YA	SAfAIDS, Sonke Gender Justice. Evaluation of the Changing the River's Flow for Young People (CTRF4YP) Programme. 2021.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
Programme for Young People					
Communities Care: Transforming Lives and Preventing Violence Programme	United Nations Children's Fund, Voice for Change, The Organization for Children Harmony, Comitato Internazionale per Lo Sviluppo dei Popoli	Somalia and South Sudan	GBV	*Not specified*	Read-Hamilton S, Marsh M. The Communities Care programme: changing social norms to end violence against women and girls in conflict-affected communities. Gender & Development. 2016;24(2):261-76. doi: 10.1080/13552074.2016.1195579. Glass N, Perrin N, Marsh M, Clough A, Desgroppes A, Kaburu F, et al. Effectiveness of the Communities Care programme on change in social norms associated with gender-based violence (GBV) with residents in intervention compared with control districts in Mogadishu, Somalia. BMJ Open. 2019;9(3):e023819. doi: 10.1136/bmjopen-2018-023819.
Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces	International Rescue Committee, Columbia University	Ethiopia	GBV, CEFM	EA, OA, YA	Stark L, Asghar K, Seff I, Yu G, Tesfay Gessesse T, Ward L, et al. Preventing violence against refugee adolescent girls: findings from a cluster randomised controlled trial in Ethiopia. BMJ Glob Health. 2018;3(5):e000825. doi: 10.1136/bmjgh-2018-000825.
Do Kadam Barabari Ki Ore (Two Steps Towards Equality)	Population Council, Centre for Catalyzing Change, London School of Hygiene & Tropical Medicine	India	WEE, GBV	OA, YA	Jejeebhoy SJ, Santhya KG. Preventing violence against women and girls in Bihar: challenges for implementation and evaluation. Reproductive Health Matters. 2018;26(52):92-108. doi: 10.1080/09688080.2018.1470430.
Enabling Girls to Advance Gender Equity	Rise Up of the Public Health Institute, Girls Empowerment Network of Malawi, International Center for Research on Women, Youth Tech Health, YONECO	Malawi	SRH - FP, CEFM	OA	Hinson L, Rizzo T, Schaub E. Enabling Girls to Advance Gender Equity (ENGAGE) Report on the Midline Evaluation Results. International Center for Research on Women, 2019.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities	Tearfund, HEAL Africa	Democratic Republic of the Congo	GBV	*Not specified*	Le Roux E, Corboz J, Scott N, Sandilands M, Lele UB, Bezzolato E, et al. Engaging with faith groups to prevent VAWG in conflict-affected communities: results from two community surveys in the DRC. BMC Int Health Hum Rights. 2020;20(1):27. doi: 10.1186/s12914-020-00246-8.
Girls Holistic Development Program	Grandmother Project-Change through Culture, Institute for Reproductive Health Georgetown University	Senegal	CEFM	EA	Kohli A, Shaw B, Guntzberger M, Aubel J, Coulibaly M, Igras S. Transforming social norms to improve girl-child health and well-being: a realist evaluation of the Girls' Holistic Development program in rural Senegal. Reprod Health. 2021;18(1):243. doi: 10.1186/s12978-021-01295-5.
Growing Up GREAT!	Center on Gender Equity and Health at UC San Diego, Johns Hopkins University, University of Kinshasa, Save the Children, in collaboration with nine youth-focused community-based organizations	Democratic Republic of the Congo	SRH - FP, GBV	EA	Center on Gender Equity and Health. Growing Up Great! GEAS Wave 4 Report. La Jolla, CA: University of California San Diego for the Bill & Melinda Gates Foundation, 2021. Center on Gender Equity and Health. A Seven-Year Retrospective of Investment in and Scale-up of Gender-transformative Sexuality Education for Very Young Adolescents in DRC: End of Project Summative Research Note. La Jolla, CA: Center on Gender Equity and Health at the University of California San Diego for the Bill & Melinda Gates Foundation, 2023. Institute for Reproductive Health. Growing Up GREAT! End of Project Report. Washington, DC: Georgetown University for the U.S. Agency for International Development (USAID), 2021.
Indashyikirwa (Agents of Change)	CARE Rwanda, Rwanda Men's Resource Centre, Rwanda Women's Network	Rwanda	GBV, WEE	YA	Stern E, Heise L, McLean L. The doing and undoing of male household decision-making and economic authority in Rwanda and its implications for gender transformative programming. Culture, Health & Sexuality. 2017;19(12):1-16. doi: 10.1080/13691058.2017.1404642.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
					Chatterji S, Stern E, Dunkle K, Heise L. Community activism as a strategy to reduce intimate partner violence (IPV) in rural Rwanda: Results of a community randomised trial. J Glob Health. 2020;10(1):010406. doi: 10.7189/jogh.10.010406. Stern E, Martins S, Stefanik L, Uwimpuhwe S, Yaker R. Lessons learned from implementing Indashyikirwa in Rwanda- an adaptation of the SASA! approach to prevent and respond to intimate partner violence. Evaluation and Program Planning. 2018;71:58-67. doi: 10.1016/j.evalprogplan.2018.08.005. Dunkle K, Stern E, Chatterji S, Heise L. Effective prevention of intimate partner violence through couples training: a randomised controlled trial of Indashyikirwa in Rwanda. BMJ Global Health. 2020;5(12):e002439. doi: 10.1136/bmjgh-2020-002439.
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	CARE, Comité d'Appui au Développement Local, Mohideb Project	Bangladesh, Niger	SRH - FP	OA, YA	CARE, Far Harbor. IMAGINE Endline Evaluation Report. CARE, 2023. CARE USA. Improving Support for Delaying Early Childbearing Among Newly Married Adolescent Girls: Qualitative Evaluation of the CARE IMAGINE project in Niger and Bangladesh. Cooperative for Assistance and Relief Everywhere, Inc., 2022. Global Center for Gender Equality. Gender Integration Impact in Girls' Empowerment: The IMAGINE Project. Global Center for Gender Equality, 2023.
École des Maris	United Nations Population Fund, Soutien aux ONG: Empowerment et renforcement de capacities, Strategies de développement, Institute	Niger	SRH - FP	*Not specified*	l'Institut pour la Santé de la Reproduction. Étude des effets de l'intervention de l'École des Maris sur la dynamique de genre pour améliorer la planification familiale et la santé reproductive au Niger. Washington, DC: Université de Georgetown, pour

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
	for Reproductive Health Georgetown University				l'Agence des États-Unis pour le Développement International (USAID), 2019.
Masculinities, Faith and Peace	Institute for Reproductive Health Georgetown University, Tearfund, Faith Alive Foundation, Team Community Integrated Health Development Advancement	Nigeria	GBV, SRH - FP	*Not specified*	Institute for Reproductive Health. Project Results from Masculinities, Faith and Peace in Nigeria. Washington, DC: Institute for Reproductive Health, Georgetown University, 2021. Institute for Reproductive Health. Masculinities, Faith and Peace Project Baseline Report: Quantitative Data Analysis Report. Washington, DC: Institute for Reproductive Health, Center for Child and Human Development, Georgetown University, 2020.
Masculinité, Famille, et Foi	Institute for Reproductive Health Georgetown University, Tearfund, Association de Santé Familiale, Population Services International	DRC	SRH - FP, WEE, GBV	YA	Lorenzetti L, Costenbader E, Martinez A, McLarnon C, Lundgren R, Kohli A, et al. Using structural equation modeling to explore the pathways betwomen's economic empowerment n a social norms-shifting intervention and couple communication for family planning in Kinshasa, DRC. PREPRINT (Version 1) available at Research Square. 2022. doi: 10.21203/rs.3.rs-1626797/v1. Institute for Reproductive Health. Masculinité, Famille, et Foi : End of Project Report. Washington, DC: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID), 2021. Institute for Reproductive Health. Transforming Masculinities/Masculinité, Famille, et Foi Intervention; Endline Quantitative Research Report. Washington, DC: Institute for Reproductive Health (IRH) and Center for Child and Human Development, Georgetown University with the United States Agency for International Development (USAID, 2020. Institute for Reproductive Health. Transforming Masculinities and Promoting Family Planning in Faith-

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
					based Communities: Midline Ethnography Report. Washington, DC: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID), 2019.
Men with Conscience Intervention (adaption of the One Man Can Intervention)	University of Cape Town South Africa, University of Kwazulu-Natal, Durban, South Africa, Sonke Gender Justice	South Africa	GBV	*Not specified*	de Villiers T, Duma S, Abrahams N. "As young men we have a role to play in preventing sexual violence": Development and relevance of the men with conscience intervention to prevent sexual violence. PLoS One. 2021;16(1):e0244550. doi: 10.1371/journal.pone.0244550.
Modified Empowerment and Self-Defense Training	No Means No Worldwide, UJAMAA Africa/USA, Stanford University, United States International University	Kenya	SRH - FP, GBV	EA, OA, YA	Sarnquist C, Omondi B, Sinclair J, Gitau C, Paiva L, Mulinge M, et al. Rape prevention through empowerment of adolescent girls. Pediatrics. 2014;133(5):e1226-32. doi: 10.1542/peds.2013-3414.
Promoting Adolescent Engagement, Knowledge and Health	Professional Assistance for Development Action, Institute for Fiscal Studies University College London, International Centre for Research on Women	India	GBV, CEFM, Other	EA, OA, YA	Andrew A, Krutikova S, Smarrelli G, Verma H. Gender norms, violence and adolescent girls' trajectories: evidence from a field experiment in India. London: Institute for Fiscal Studies, 2022.
No name 1	Institute of Public Health, Obafemi Awolowo University, Nigeria, Society for Family Health	Nigeria	SRH - FP, SRH - HIV	OA, YA	Arije O, Udoh E, Ijadunola K, Afolabi O, Aransiola J, Omoregie G, et al. Combination prevention package of interventions for reducing vulnerability to HIV among adolescent girls and young women in Nigeria: An action research. PLOS ONE. 2023;18(1):e0279077. doi: 10.1371/journal.pone.0279077.
No name 2, Program by the Centre for Health and Social Justice	Centre for Health and Social Justice, Manjiri, University of Washington	India	GBV	*Not specified*	Freudberg H, Contractor S, Das A, Kemp CG, Nevin PE, Phadiyal A, et al. Process and impact evaluation of a community gender equality intervention with young men in Rajasthan, India. Cult Health Sex. 2018;20(11):1214-29. doi: 10.1080/13691058.2018.1424351.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
Prevention of HIV/STI among Married Women in Urban India; Research and Intervention in Sexual Health: Theory to Action	International Center for Research on Women, Population Council, Tata Institute of Social Sciences, University of Connecticut, Institute for Community Research, Tulane University	India	SRH - FP	*Not specified*	Schensul SL, Singh R, Schensul JJ, Verma RK, Burleson JA, Nastasi BK. Community Gender Norms Change as a Part of a Multilevel Approach to Sexual Health Among Married Women in Mumbai, India. Am J Community Psychol. 2015;56(1-2):57-68. doi: 10.1007/s10464-015-9731-1.
Reproductive Health Access, Information and Services in Emergencies Initiative	CARE, International Rescue Committee, Save the Children, Columbia University	Democratic Republic of the Congo	SRH - FP	*Not specified*	Steven VJ, Deitch J, Dumas EF, Gallagher MC, Nzau J, Paluku A, et al. "Provide care for everyone please": engaging community leaders as sexual and reproductive health advocates in North and South Kivu, Democratic Republic of the Congo. Reproductive Health. 2019;16(1):98. doi: 10.1186/s12978-019-0764-z.
Reaching Married Adolescents	Pathfinder International, Lafia Matassa, Center on Gender Equity and Health at UC San Diego	Niger	SRH - FP, GBV	EA, OA, YA	Boyce SC, Minnis AM, Deardorff J, McCoy SI, Challa S, Johns NE, et al. Effect of a gender-synchronized family planning intervention on inequitable gender norms in a cluster randomized control trial among husbands of married adolescent girls in Dosso, Niger. medRxiv. 2023. doi: 10.1101/2023.09.28.23296292. Boyce SC, Minnis AM, Deardorff J, McCoy SI, Goin DE, Challa S, et al. Mediating effects of inequitable gender norms on intimate partner violence and contraceptive use in a cluster randomized control trial in Niger. American Journal of Epidemiology. 2024. doi: 10.1093/aje/kwae294. Silverman JG, Brooks MI, Aliou S, Johns NE, Challa S, Nouhou AM, et al. Effects of the reaching married adolescents program on modern contraceptive use and intimate partner violence: results of a cluster randomized controlled trial among married adolescent girls and their husbands in Dosso, Niger. Reprod

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
					Health. 2023;20(1):83. doi: 10.1186/s12978-023-01609-9.
Resilience Education and Skills Development for Youth and Families Program	Duke University, London School of Hygiene and Tropic Medicine, Egerton University, Women's Institute for Secondary Education and Research	Kenya	SRH - FP, SRH - HIV	EA, OA	Puffer ES, Green EP, Sikkema KJ, Broverman SA, Ogwang-Odhiambo RA, Pian J. A church-based intervention for families to promote mental health and prevent HIV among adolescents in rural Kenya: Results of a randomized trial. J Consult Clin Psychol. 2016;84(6):511-25. doi: 10.1037/ccp0000076. Rasmussen JM, Johnson SL, Ochieng Y, Jaguga F, Green E, Puffer E. Congregation leader and member discussions in a church-based family strengthening, mental health promotion, and HIV prevention trial: Intervention mechanisms in a randomized trial in rural Kenya. Cambridge Prisms: Global Mental Health. 2024;11:e52. doi: 10.1017/gmh.2024.44.
Samvedana Plus	Karnataka Health Promotion Trust, Chaitanya AIDS Tadegattuva Mahila Sangha, London School of Hygiene and Tropic Medicine	India	SRH - FP, GBV	YA	Javalkar P, Platt L, Prakash R, Beattie TS, Collumbien M, Gafos M, et al. Effectiveness of a multilevel intervention to reduce violence and increase condom use in intimate partnerships among female sex workers: cluster randomised controlled trial in Karnataka, India. BMJ Glob Health. 2019;4(6):e001546. doi: 10.1136/bmjgh-2019-001546.
Sista2Sista	United Nations Population Fund, Family AIDS Caring Trust, World Vision Zimbabwe, Zimbabwe AIDS Prevention and Support Organization, Zimbabwe Community Health Intervention Research-Behavior Change	Zimbabwe	SRH - FP, GBV, CEFM, HIV	EA, OA, YA	Oberth G, Chinhengo T, Katsande T, Mhonde R, Hanisch D, Kasere P, et al. Effectiveness of the Sista2Sista programme in improving HIV and other sexual and reproductive health outcomes among vulnerable adolescent girls and young women in Zimbabwe. African Journal of AIDS Research. 2021;20(2):158-64. doi: 10.2989/16085906.2021.1918733.
Skillz Street	Grassroot Soccer, London School of Hygiene &	South Africa	SRH - FP, SRH - HIV	EA, OA	Hershow R, Gannett K, Merrill J, Kaufman BE, Barkley C, DeCelles J, et al. Using soccer to build confidence and increase HCT uptake among adolescent girls: A

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
	Tropical Medicine, Brown University				mixed-methods study of an HIV prevention programme in South Africa. Sport Soc. 2015;18(8):1009-22. doi: 10.1080/17430437.2014.997586.
Sonke CHANGE Intervention	Sonke Gender Justice, University of the Witwatersrand	South Africa	GBV	*Not specified*	Christofides NJ, Hatcher AM, Rebombo D, McBride RS, Munshi S, Pino A, et al. Effectiveness of a multi-level intervention to reduce men's perpetration of intimate partner violence: a cluster randomised controlled trial. Trials. 2020;21(1):359. doi: 10.1186/s13063-020-4185-7.
Tékponon Jikuagou	Institute for Reproductive Health Georgetown University, CARE, Plan International	Benin	SRH - FP	*Not specified*	Institute for Reproductive Health. Tékponon Jikuagou: Final Report. Washington, DC: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID), 2017. Kim TY, Igras S, Barker KM, Diakité M, Lundgren RI. The power of women's and men's Social Networks to catalyse normative and behavioural change: Evaluation of an intervention addressing Unmet need for Family Planning in Benin. BMC Public Health. 2022;22(1):672. doi: 10.1186/s12889-022-12681-4. Rubardt M. Projet Tékponon Jikuagou: Experiences and Effects of Using NGO Platforms to Scale-Up the TJ Social Network Package. USAID. Washington DC: Institute for Reproductive Health, Georgetown University for the U.S. Agency for International Development (USAID), 2016.
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project	Population Council, Population Services and Training Center, Centre for International Development Issues	Bangladesh	SRH - FP, WEE, GBV, CEFM	EA, OA, YA	Amin S, Ahmed J, Saha J, Hossain MI, Haque E. Delaying child marriage through community-based skills-development programs for girls: Results from a randomized controlled study in rural Bangladesh. New York and Dhaka: Population Council., 2016.

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
	Nijmegen, mPower Social Enterprises				
The Kenya Adolescent Reproductive Health Project	Population Council, PATH, Ministry of Education, Science and Technology, Ministry of Health and Gender, Sports, Culture and Social Services	Kenya	SRH - FP, SRH - HIV	EA, OA, YA	Njue C, Voeten HACM, Ohuma E, Looman C, Habbama DF, Askew I. Findings of an evaluation of community and school-based reproductive health and HIV prevention programs in Kenya. African Population Studies. 2015;29. doi: 10.11564/29-2-775.
Tipping Point	CARE, Jainita Shinnomul Songstha, Gram Bikash Kendra, Association of Slum Dwellers, Bangladesh, Siddhartha Samuyadayik Samaj, Dalit Social Development Center, Emory University	Bangladesh	SRH – FP, SRH – HIV, WEE, GBV, CEFM	*Not specified*	Clark CJ, Jashinsky K, Renz E, Bergenfeld I, Durr RL, Cheong YF, et al. Qualitative endline results of the tipping point project to prevent child, early and forced marriage in Nepal. Global Public Health. 2023;18(1):2287606. Doi: 10.1080/17441692.2023.2287606. Karim N, Greene ME, Picard M. The cultural context of child marriage in Nepal and Bangladesh: Findings from CAREs Tipping Point Project. Community participatory analysis. Reserch report. CARE, 2016. Naved RT, Al Mamun M, Talukder A, Mahmud S, Parvin K, Kalra S, et al. Impact of Tipping Point Initiative, a social norms intervention, in addressing child marriage and other adolescent health and behavioral outcomes in a northern district of Bangladesh. CARE, 2022.
Tsima, a community mobilization HIV prevention program	Sonke Gender Justice, University of the Witwatersrand, University of California – San Francisco, University of North Carolina – Chapel Hill, Right to Care, Population Council	South Africa	SRH – FP, SRH – HIV, GBV	YA	Leddy AM, Gottert A, Haberland N, Hove J, West RL, Pettifor A, et al. Shifting gender norms to improve HIV service uptake: Qualitative findings from a large-scale community mobilization intervention in rural South Africa. PLOS ONE. 2021;16(12). Doi: 10.1371/journal.pone.0260425. Gottert A, Pulerwitz J, Haberland N, Mathebula R, Rebombo D, Spielman K, et al. Gaining traction: Promising shifts in gender norms and intimate partner

Intervention	Implementing Organizations	Country	Outcome(s)	Populations	References
					violence in the context of a community-based HIV prevention trial in South Africa. PloS One. 2020;15(8):e0237084. Doi: 10.1371/journal.pone.0237084.
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation	World Vision Uganda/Australia, Uganda Youth Development Link, Uganda Youth Network, Kampala City Council Authority, Western Sydney University, University of Sydney, Makerere University	Uganda	SRH - FP, SRH - HIV, GBV	EA, OA, YA	Renzaho AMN, Kamara JK, Doh D, Bukuluki P, Mahumud RA, Galukande M. Do Community-based Livelihood Interventions Affect Sexual and Reproductive Health and Rights of Young People in Slum Areas of Uganda: a Difference-in-difference with Kernel Propensity Score Matching Analysis. J Urban Health. 2022;99(1):164-89. doi: 10.1007/s11524-021-00596-1.
Youth-friendly services	Ministry of Health of Federal Democratic Republic of Ethiopia, Pathfinder International, Jimma University, Bahir Dar University	Ethiopia	SRH – FP	EA, OA, YA	Munea AM, Alene GD, Debelew GT, Sibhat KA. Socio-cultural context of adolescent sexuality and youth friendly service intervention in West Gojjam Zone, Northwest Ethiopia: a qualitative study. BMC Public Health. 2022;22(1):281. Doi: 10.1186/s12889-022-12699-8.
Zambia Community HIV Prevention Project	PACT, Plan International, Catholic Medical Mission Board, Zambia Center for Communications Program, Sport in Action, Copperbelt Health Education Project, Zambia Health Education and Communication Trust, Young Women's Christian Association	Zambia	SRH - HIV, GBV	EA, OA, YA	PACT Zambia. USAID Zambia Community HIV Prevention Project (USAID Z-CHPP) Quarterly Report: Year 4 – January 1, 2019 to March 31, 2019. PACT Zambia, 2020.

Acronyms: C (Children 0 - 9); EA (Early Adolescents 10 - 14); OA (Older Adolescents 15 - 17); YA (Young Adult 18 - 24); CEFM (Child Early and Forced Marriage); FP (Family Planning); GBV (Gender-based Violence); WEE (Women's Economic Empowerment)

Annex 4. Full Intervention Faith and Cultural Champion Heat Maps

Mechanisms of Change

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child, early and forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Community rather than individual change																			
Bandebereho couples' intervention		●		Changing the River's Flow – A Gender Transformative Programme for Young People	●	●	●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Breakthrough ACTION - Nigeria	●			Resilience Education and Skills Development for Youth and Families Program		●	●	Adolescent Transition in West Africa			●	Biruh Tesfa for All			●	Adolescent Transition in West Africa			●
Breakthrough Generation Initiative		●		Sista2Sista		●		Breakthrough ACTION - Nigeria	●			Breakthrough Generation Initiative		●		Bandebereho couples' intervention		●	
Growing Up GREAT!		●	●	Skillz Street		●	●	Breakthrough Generation Initiative	●	●	●	Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●	Breakthrough ACTION - Nigeria	●		
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	The Kenya Adolescent Reproductive Health Project		●	●	Enabling Girls to Advance Gender Equity		●	●	Indashyikirwa (Agents of Change)		●		Breakthrough Generation Initiative	●	●	●
École des Maris	●	●	●	Tsima, a community mobilization HIV prevention program		●	●	Girls Holistic Development Program	●	●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Change Starts at Home		●	●
Masculinities, Faith and Peace	●	●	●	Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Changing the River's Flow – A Gender Transformative Programme for Young People		●	
Masculinité, Famille, et Foi	●	●	●	Zambia Community HIV Prevention Project		●	●	Sista2Sista		●		Tipping Point		●		Communities Care: Transforming Lives and Preventing Violence programme	●	●	●
No Name 1		●		No Name 1		●		The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●					Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces		●	
No Name 2, Program by the Centre for Health and Social Justice		●	●					Tipping Point	●	●	●					Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●
RAISE			●													Enabling Girls to Advance Gender Equity		●	●
Reaching Married Adolescents		●														Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities		●	●
Resilience Education and Skills Development for Youth and Families Program		●	●													Growing Up GREAT!		●	●
Prevention of HIV/STI among Married Women in Urban India; Research and Intervention in Sexual Health: Theory to Action			●													Indashyikirwa (Agents of Change)		●	●
Sista2Sista		●														Masculinities, Faith and Peace	●	●	●
Tékponon Jikuagou	●	●	●													Masculinité, Famille, et Foi	●	●	
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●														No Name 2, Program by the Centre for Health and Social Justice		●	●
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Reaching Married Adolescents	●	●	
Zambia Community HIV Prevention Project	●	●														Samvedana Plus	●	●	●

Mechanisms of Change (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
																Sonke CHANGE Intervention		●	
																The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
																Tipping Point			●
																Tsima, a community mobilization HIV prevention program		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●
																Promoting Adolescent Engagement, Knowledge and Health	●	●	
Diffuses new ideas																			
Breakthrough ACTION - Nigeria	●			Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●		Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Breakthrough Generation Initiative		●		Resilience Education and Skills Development for Youth and Families Program		●	●	Breakthrough Generation Initiative	●	●	●	Biruh Tesfa for All			●	Breakthrough ACTION - Nigeria	●		
Growing Up GREAT!		●	●	Skillz Street		●	●	Enabling Girls to Advance Gender Equity		●	●	Breakthrough ACTION - Nigeria	●			Breakthrough Generation Initiative	●	●	●
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	The Kenya Adolescent Reproductive Health Project		●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		Breakthrough Generation Initiative		●		Change Starts at Home		●	●
École des Maris	●	●	●	Tsima, a community mobilization HIV prevention program		●	●	The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●	Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●	Communities Care: Transforming Lives and Preventing Violence programme	●	●	●
Masculinities, Faith and Peace	●	●	●	Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	Tipping Point	●	●	●	Indashyikirwa (Agents of Change)		●		Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces		●	
Masculinité, Famille, et Foi	●	●	●	Zambia Community HIV Prevention Project	●	●						Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●
Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●										The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Enabling Girls to Advance Gender Equity		●	●
No name 2, Program by the Centre for Health and Social Justice		●	●									Tipping Point		●		Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities		●	●
RAISE			●													Growing Up GREAT!		●	●
Reaching Married Adolescents		●														Indashyikirwa (Agents of Change)		●	●
Resilience Education and Skills Development for Youth and Families Program		●	●													Masculinities, Faith and Peace	●	●	●
Prevention of HIV/STI among Married Women in Urban India; Research and Intervention in Sexual Health: Theory to Action			●													Masculinité, Famille, et Foi	●	●	

Mechanisms of Change (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Tékponon Jikuagou	●	●	●													No Name 2, Program by the Centre for Health and Social Justice		●	●
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●														Reaching Married Adolescents	●	●	
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Samvedana Plus	●	●	●
Zambia Community HIV Prevention Project	●	●														Sonke CHANGE Intervention		●	
																The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
																Tipping Point			●
																Tsima, a community mobilization HIV prevention program		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●
																Promoting Adolescent Engagement, Knowledge and Health	●	●	
Norms visible and catalyzes reflection																			
Bandebereho couples' intervention		●		Resilience Education and Skills Development for Youth and Families Program		●	●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Breakthrough ACTION - Nigeria	●			Sista2Sista		●		Breakthrough ACTION - Nigeria	●			Biruh Tesfa for All			●	Bandebereho couples' intervention		●	
Breakthrough Generation Initiative	●	●	●	The Kenya Adolescent Reproductive Health Project		●	●	Breakthrough Generation Initiative	●	●	●	Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●	Breakthrough ACTION - Nigeria	●		
Growing Up GREAT!		●	●	Tsima, a community mobilization HIV prevention program		●	●	Enabling Girls to Advance Gender Equity		●	●	Indashyikirwa (Agents of Change)		●		Breakthrough Generation Initiative	●	●	●
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	Girls Holistic Development Program	●	●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Change Starts at Home		●	●
École des Maris	●	●	●	Zambia Community HIV Prevention Project	●	●		Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Communities Care: Transforming Lives and Preventing Violence programme	●	●	●
Masculinities, Faith and Peace	●	●	●					Sista2Sista		●		Tipping Point		●		Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces		●	
Masculinité, Famille, et Foi	●	●	●					The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●					Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●
RAISE			●					Tipping Point	●	●	●					Enabling Girls to Advance Gender Equity		●	●
Reaching Married Adolescents		●														Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities		●	●
Resilience Education and Skills Development for Youth and Families Program		●	●													Growing Up GREAT!		●	●
Sista2Sista		●														Indashyikirwa (Agents of Change)		●	●

Mechanisms of Change (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Tékponon Jikuagou	●	●	●													Masculinities, Faith and Peace	●	●	●
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●														Masculinité, Famille, et Foi	●	●	
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Men with Conscience Intervention (adapted One Man Can Intervention)			●
Zambia Community HIV Prevention Project	●	●														Modified Empowerment and Self-Defense Training		●	
																Reaching Married Adolescents	●	●	
																Samvedana Plus	●	●	●
																Sonke CHANGE Intervention		●	
																The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
																Tipping Point			●
																Tsima, a community mobilization HIV prevention program		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●
																Promoting Adolescent Engagement, Knowledge and Health	●	●	
Roots norms shifting in the community																			
Bandebereho couples' intervention		●		Changing the River's Flow – A Gender Transformative Programme for Young People	●	●	●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Breakthrough ACTION - Nigeria	●			Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●		Breakthrough ACTION - Nigeria	●			Biruh Tesfa for All			●	Bandebereho couples' intervention		●	
Breakthrough Generation Initiative		●		Resilience Education and Skills Development for Youth and Families Program		●	●	Breakthrough Generation Initiative	●	●	●	Breakthrough Generation Initiative		●		Breakthrough ACTION - Nigeria	●		
Growing Up GREAT!		●	●	Sista2Sista		●		Enabling Girls to Advance Gender Equity		●	●	Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●	Breakthrough Generation Initiative	●	●	●
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Skillz Street		●	●	Girls Holistic Development Program	●	●	●	Indashyikirwa (Agents of Change)		●		Change Starts at Home		●	●
École des Maris	●	●	●	The Kenya Adolescent Reproductive Health Project		●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Changing the River's Flow – A Gender Transformative Programme for Young People		●	
Masculinities, Faith and Peace	●	●	●	Tsima, a community mobilization HIV prevention program		●	●	Sista2Sista		●		The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Communities Care: Transforming Lives and Preventing Violence programme	●	●	●
Masculinité, Famille, et Foi	●	●	●	Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●	Tipping Point		●		Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces		●	

Mechanisms of Change (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●		Zambia Community HIV Prevention Project Adolescent Transition in West Africa (USAID Z-CHPP)	●	●		Tipping Point	●	●	●					Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●
No Name 2, Program by the Centre for Health and Social Justice		●	●													Enabling Girls to Advance Gender Equity		●	●
RAISE			●													Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities		●	●
Reaching Married Adolescents		●														Growing Up GREAT!		●	●
Resilience Education and Skills Development for Youth and Families Program		●	●													Indashyikirwa (Agents of Change)		●	●
Prevention of HIV/STI among Married Women in Urban India; Research and Intervention in Sexual Health: Theory to Action			●													Masculinities, Faith and Peace	●	●	●
Sista2Sista		●														Masculinité, Famille, et Foi	●	●	
Tékponon Jikuagou	●	●	●													Modified Empowerment and Self-Defense Training		●	
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●														No Name 2, Program by the Centre for Health and Social Justice		●	●
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Reaching Married Adolescents	●	●	
Zambia Community HIV Prevention Project Adolescent Transition in West Africa (USAID Z-CHPP)	●	●														Samvedana Plus	●	●	●
																Sonke CHANGE Intervention		●	
																The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
																Tipping Point			●
																Tsima, a community mobilization HIV prevention program		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●
																Promoting Adolescent Engagement, Knowledge and Health	●	●	
Roots norms shifting in the community																			
Breakthrough Generation Initiative		●		Changing the River's Flow – A Gender Transformative Programme for Young People	●	●	●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Growing Up GREAT!		●	●	Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●		Adolescent Transition in West Africa			●	Breakthrough Generation Initiative		●		Adolescent Transition in West Africa			●

Mechanisms of Change (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Sista2Sista		●		Breakthrough Generation Initiative	●	●	●	Indashyikirwa (Agents of Change)		●		Breakthrough Generation Initiative	●	●	●
École des Maris	●	●	●	The Kenya Adolescent Reproductive Health Project		●	●	Girls Holistic Development Program	●	●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Change Starts at Home		●	●
Masculinities, Faith and Peace	●	●	●	Tsima, a community mobilization HIV prevention program		●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Changing the River's Flow – A Gender Transformative Programme for Young People		●	
Masculinité, Famille, et Foi	●	●	●	Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	Sista2Sista		●		Tipping Point		●		Communities Care: Transforming Lives and Preventing Violence programme	●	●	●
Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●		Zambia Community HIV Prevention Project	●	●		The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●					Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities		●	●
RAISE			●					Tipping Point	●	●	●					Growing Up GREAT!		●	●
Prevention of HIV/STI among Married Women in Urban India; Research and Intervention in Sexual Health: Theory to Action			●													Indashyikirwa (Agents of Change)		●	●
Sista2Sista		●														Masculinities, Faith and Peace	●	●	●
Tékponon Jikuagou	●	●	●													Masculinité, Famille, et Foi	●	●	
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●														Modified Empowerment and Self-Defense Training		●	
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Samvedana Plus	●	●	●
Youth-friendly services (YFS)	●	●	●													Sonke CHANGE Intervention		●	
Zambia Community HIV Prevention Project	●	●														The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
																Tipping Point			●
																Tsima, a community mobilization HIV prevention program		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●
																Promoting Adolescent Engagement, Knowledge and Health	●	●	

Duration

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child and early forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Short duration (< 1 year)																			
Bandebereho		●						Act with Her-Ethiopia			●	Act with Her-Ethiopia			●	Act with Her-Ethiopia			●
												Indashyikirwa		●		Bandebereho		●	
																Change Starts at Home Trial		●	●
																Indashyikirwa		●	●
																Modified Empowerment and Self-Defense Training		●	
Long duration (> 1 year)																			
Adolescent Transition in West Africa	●		●	Changing the River's Flow - A Gender Transformative Programme for Young People	●	●	●	Adolescent Transition in West Africa			●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		Adolescent Transition in West Africa			●
Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		The Kenya Adolescent Reproductive Health Project		●	●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●	Breakthrough Generation Initiative		●		Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●
Breakthrough Generation Initiative		●		Resilience Education and Skills Development for Youth and Families		●	●	Breakthrough Generation Initiative	●	●	●	Biruh Tesfa for All			●	Breakthrough Generation Initiative	●	●	●
Growing Up GREAT!		●	●	Sista2Sista		●		Enabling Girls to Advance Gender Equity		●	●	Do Kadam Barabari Ki Ore		●	●	Changing the River's Flow - A Gender Transformative Programme for Young People		●	
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Skillz Street		●	●	Girls Holistic Development	●	●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces		●	
Masculinities, Famille, et Foi	●	●	●	Zambia Community HIV Prevention Project	●	●		Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		The Tipping Point Initiative		●		Do Kadam Barabari Ki Ore		●	●
Masculinities, Faith, and Peace	●	●	●					Sista2Sista		●						Enabling Girls to Advance Gender Equity		●	●
Resilience Education and Skills Development for Youth and Families		●	●					The Tipping Point Initiative	●	●	●					Engaging with Faith Groups to Prevent VAWG		●	●
Research and Intervention in Sexual Health:Theory to Action			●													Growing Up GREAT!		●	●
Reaching Married Adolescents		●														Masculinities, Famille, et Foi	●	●	
Sista2Sista		●														Masculinities, Faith, and Peace	●	●	●
Tékponon Jikuagou	●	●	●													Reaching Married Adolescents	●	●	
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Samvedana Plus	●	●	●
Zambia Community HIV Prevention Project	●	●														Sonke CHANGE Intervention		●	
																The Tipping Point Initiative			●
																Tsima		●	●
Not specified																			
Breakthrough ACTION – Nigeria	●		●					Breakthrough ACTION – Nigeria	●							Breakthrough ACTION – Nigeria	●		
l'École des Maris	●	●	●													Communities Care	●	●	●
Program by the Centre for Health and Social Justice		●	●													Men with Conscience & One Man Can Intervention			●
Reproductive Health Access, Information and Services in Emergencies			●													Promoting Adolescent Engagement, Knowledge and Health	●	●	
																Program by the Centre for Health and Social Justice		●	●

Note – One intervention lacked sufficient detail regarding the intervention modalities used.

Implementation Strategy

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child and early forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Diffusion																			
Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		The Kenya Adolescent Reproductive Health Project		●	●	Act with Her-Ethiopia			●	Act with Her-Ethiopia			●	Act with Her-Ethiopia			●
Bandebereho		●		Skillz Street		●	●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●
Breakthrough Generation Initiative		●		Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	Breakthrough Generation Initiative	●	●	●	Breakthrough Generation Initiative		●		Bandebereho		●	
Breakthrough ACTION – Nigeria	●		●					Breakthrough ACTION – Nigeria	●			Do Kadam Barabari Ki Ore		●	●	Breakthrough Generation Initiative	●	●	●
l'École des Maris	●	●	●									Indashyikirwa		●		Breakthrough ACTION – Nigeria	●		
Masculinities, Faith, and Peace	●	●	●													Change Starts at Home Trial		●	●
Masculinities, Famille, et Foi	●	●	●													Communities Care	●	●	●
Reproductive Health Access, Information and Services in Emergencies			●													Do Kadam Barabari Ki Ore		●	●
Research and Intervention in Sexual Health:Theory to Action			●													Engaging with Faith Groups to Prevent VAWG		●	●
Tékponon Jikuagou	●	●	●													Indashyikira		●	●
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Masculinities, Famille, et Foi	●	●	
																Masculinities, Faith, and Peace	●	●	●
																Promoting Adolescent Engagement, Knowledge and Health	●	●	
																Tsima		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●
Group Discussion/Safe Spaces																			
Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		Changing the River's Flow - A Gender Transformative Programme for Young People	●	●	●	Act with Her-Ethiopia			●	Act with Her-Ethiopia			●	Act with Her-Ethiopia			●
Bandebereho		●		The Kenya Adolescent Reproductive Health Project		●	●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●
Breakthrough Generation Initiative		●		Resilience Education and Skills Development for Youth and Families		●	●	Breakthrough Generation Initiative	●	●	●	Breakthrough Generation Initiative		●		Bandebereho		●	
Breakthrough ACTION – Nigeria	●		●	Sista2Sista		●		Breakthrough ACTION – Nigeria	●			Biruh Tesfa for All			●	Breakthrough Generation Initiative	●	●	●
Growing Up GREAT!		●	●	Skillz Street		●	●	Enabling Girls to Advance Gender Equity		●	●	Do Kadam Barabari Ki Ore		●	●	Breakthrough ACTION – Nigeria	●		
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	Girls Holistic Development	●	●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Change Starts at Home Trial		●	●

Implementation Strategy (continued)

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

l'École des Maris	●	●	●	Zambia Community HIV Prevention Project	●	●		Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		Indashyikirw		●		Changing the River's Flow - A Gender Transformative Programme for Young People		●	
Masculinities, Faith, and Peace	●	●	●					Sista2Sista		●		The Tipping Point Initiative		●		Communities Care	●	●	●
Masculinities, Famille, et Foi	●		●					The Tipping Point Initiative	●	●	●					Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces		●	
Program by the Centre for Health and Social Justice		●	●													Do Kadam Barabari Ki Ore		●	●
Reaching Married Adolescents		●														Enabling Girls to Advance Gender Equity		●	●
Resilience Education and Skills Development for Youth and Families		●	●													Engaging with Faith Groups to Prevent VAWG		●	●
Sista2Sista		●														Growing Up GREAT!		●	●
Tékponon Jikuagou	●	●	●													Indashyikirwa		●	●
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Men with Conscience & One Man Can Intervention			●
Zambia Community HIV Prevention Project	●	●														Masculinities, Famille, et Foi	●	●	
																Masculinities, Faith, and Peace	●	●	●
																Modified Empowerment and Self-Defense Training		●	
																Promoting Adolescent Engagement, Knowledge and Health	●	●	
																Program by the Centre for Health and Social Justice		●	●
																Reaching Married Adolescents	●	●	
																Samvedana Plus	●	●	●
																Sonke CHANGE Intervention		●	
																The Tipping Point Initiative			●
																Tsima		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●
Training workshops																			
Adolescent Transition in West Africa	●		●	Changing the River's Flow - A Gender Transformative Programme for Young People	●	●	●	Adolescent Transition in West Africa			●	Act with Her-Ethiopia			●	Adolescent Transition in West Africa			●
Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		The Kenya Adolescent Reproductive Health Project		●	●	Act with Her-Ethiopia			●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		Act with Her-Ethiopia			●
Bandebereho		●		Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●	Breakthrough Generation Initiative		●		Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●
Breakthrough Generation Initiative		●						Breakthrough Generation Initiative	●	●	●	Biruh Tesfa for All			●	Bandebereho		●	

Implementation Strategy (continued)

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Growing Up GREAT!		●	●					Enabling Girls to Advance Gender Equity		●	●	Do Kadam Barabari Ki Ore		●	●	Breakthrough Generation Initiative	●	●	●
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●					Girls Holistic Development	●	●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●		●	Communities Care	●	●	●
Masculinities, Famille, et Foi	●	●	●					Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		Indashyikirwa		●		Changing the River's Flow - A Gender Transformative Programme for Young People		●	
Masculinities, Faith, and Peace	●	●	●					The Tipping Point Initiative	●	●	●	The Tipping Point Initiative		●		Do Kadam Barabari Ki Ore		●	●
Program by the Centre for Health and Social Justice		●	●													Enabling Girls to Advance Gender Equity		●	●
Research and Intervention in Sexual Health:Theory to Action			●													Engaging with Faith Groups to Prevent VAWG		●	●
Reaching Married Adolescents		●														Growing Up GREAT!		●	●
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Indashyikirwa		●	●
																Masculinities, Famille, et Foi	●	●	
																Masculinities, Faith, and Peace	●	●	●
																Modified Empowerment and Self-Defense Training		●	
																Program by the Centre for Health and Social Justice		●	●
																Reaching Married Adolescents	●	●	
																Samvedana Plus	●	●	●
																Sonke CHANGE Intervention		●	
																The Tipping Point Initiative			●
																Tsima		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●
Media (mass, digital, near, or social)																			
Breakthrough Generation Initiative		●		Zambia Community HIV Prevention Project	●	●		Breakthrough Generation Initiative	●	●	●	Breakthrough Generation Initiative		●		Breakthrough Generation Initiative	●	●	●
Breakthrough ACTION – Nigeria	●		●					Breakthrough ACTION – Nigeria	●							Breakthrough ACTION – Nigeria	●		
Research and Intervention in Sexual Health:Theory to Action			●					Enabling Girls to Advance Gender Equity		●	●					Change Starts at Home Trial		●	●
Tékponon Jikuagou	●	●	●													Communities Care	●	●	●
Zambia Community HIV Prevention Project	●	●														Enabling Girls to Advance Gender Equity		●	●

*Not mutually exclusive categories

Faith and cultural Engagement

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child and early forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Faith/Religious Champions																			
Masculinities, Famille, et Foi	●	●	●	Resilience Education and Skills Development for Youth and Families		●	●									Masculinities, Famille, et Foi	●	●	
Masculinities, Faith, and Peace	●	●	●													Masculinities, Faith, and Peace	●	●	●
Resilience Education and Skills Development for Youth and Families		●	●																
Research and Intervention in Sexual Health:Theory to Action			●																
Cultural Champions																			
Adolescent Transition in West Africa	●		●	Sista2Sista		●		Adolescent Transition in West Africa			●	Act with Her-Ethiopia			●	Adolescent Transition in West Africa			●
Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		Skillz Street		●	●	Adolescent Transition in West Africa			●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●		Act with Her-Ethiopia			●
Bandebereho		●		Zambia Community HIV Prevention Project	●	●		Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●	Biruh Tesfa for All			●	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents		●	●
Breakthrough Generation Initiative		●						Breakthrough Generation Initiative	●	●	●	Breakthrough Generation Initiative		●		Bandebereho		●	
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●					Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		Do Kadam Barabari Ki Ore		●	●	Breakthrough Generation Initiative	●	●	●
Program by the Centre for Health and Social Justice		●	●					Sista2Sista		●		Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Change Starts at Home Trial		●	●
Sista2Sista		●										Indashyikirwa		●		Communities Care	●	●	●
Tékponon Jikuagou	●	●	●													Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces		●	
Zambia Community HIV Prevention Project	●	●														Do Kadam Barabari Ki Ore		●	●
																Indashyikirwa		●	●
																Men with Conscience & One Man Can Intervention			●
																Modified Empowerment and Self-Defense Training		●	
																Promoting Adolescent Engagement, Knowledge and Health	●	●	
																Program by the Centre for Health and Social Justice		●	●
																Samvedana Plus	●	●	●
																Sonke CHANGE Intervention		●	
Both Cultural and Faith Champions																			
Breakthrough ACTION – Nigeria	●		●	Changing the River's Flow - A Gender Transformative Programme for Young People	●	●	●	Breakthrough ACTION – Nigeria	●			The Tipping Point Initiative		●		Breakthrough ACTION – Nigeria	●		
Growing Up GREAT!		●	●	The Kenya Adolescent Reproductive Health Project		●	●	Enabling Girls to Advance Gender Equity		●	●					Changing the River's Flow – A Gender Transformative Programme for Young People		●	
l'École des Maris	●	●	●	Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	Girls Holistic Development	●	●	●					Enabling Girls to Advance Gender Equity		●	●
Reproductive Health Access, Information and Services in Emergencies			●					The Tipping Point Initiative	●	●	●					Engaging with Faith Groups to Prevent VAWG		●	●
Reaching Married Adolescents		●														Growing Up GREAT!		●	●
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Reaching Married Adolescents	●	●	
																The Tipping Point Initiative			●
																Tsima		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●

Reference Groups

Key: Positive Negative Neutral Unclear

N = Norms B = Behavior A = Attitudes

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child, early and forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Civic and Institutional Authorities																			
Breakthrough Generation Initiative		●		Tsima, a community mobilization HIV prevention program		●	●	Breakthrough Generation Initiative	●	●	●	Breakthrough Generation Initiative		●		Breakthrough Generation Initiative	●	●	●
Masculinité, Famille, et Foi	●	●	●					Enabling Girls to Advance Gender Equity		●	●	Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●	Change Starts at Home		●	●
Prevention of HIV/STI among Married Women in Urban India; Research and Intervention in Sexual Health: Theory to Action			●					The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●	The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●						Tipping Point	●	●	●	Tipping Point		●		Enabling Girls to Advance Gender Equity		●	●
																Masculinité, Famille, et Foi		●	●
																The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
																Tipping Point			●
																Tsima, a community mobilization HIV prevention program		●	●
Community Leaders																			
Adolescent Transition in West Africa	●	●		Changing the River's Flow – A Gender Transformative Programme for Young People	●	●	●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Breakthrough ACTION - Nigeria	●			Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●		Adolescent Transition in West Africa			●	Breakthrough Generation Initiative		●		Adolescent Transition in West Africa			●
Breakthrough Generation Initiative		●		Zambia Community HIV Prevention Project	●	●		Breakthrough ACTION - Nigeria	●			Indashyikirwa (Agents of Change)		●		Breakthrough ACTION - Nigeria	●		
Growing Up GREAT!		●	●					Breakthrough Generation Initiative	●	●	●	The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Breakthrough Generation Initiative	●	●	●
Masculinité, Famille, et Foi	●	●	●					Enabling Girls to Advance Gender Equity		●	●	Tipping Point		●		Change Starts at Home		●	●
Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●						Girls Holistic Development Program	●	●	●					Changing the River's Flow – A Gender Transformative Programme for Young People		●	
No name 2, Program by the Centre for Health and Social Justice		●	●					The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●					Communities Care: Transforming Lives and Preventing Violence programme	●	●	●
RAISE			●					Tipping Point	●	●	●					Enabling Girls to Advance Gender Equity		●	●

Reference Groups (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Tékponon Jikuagou	●	●	●													Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities			●
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●														Growing Up GREAT!		●	●
Youth-friendly services (YFS)	●	●	●													Indashyikirwa (Agents of Change)		●	●
Zambia Community HIV Prevention Project	●	●														Masculinité, Famille, et Foi	●	●	
																No name 2, Program by the Centre for Health and Social Justice		●	●
																The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
																Tipping Point			●
																Promoting Adolescent Engagement, Knowledge and Health	●	●	
Community Members																			
Breakthrough Generation Initiative		●		Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●					Breakthrough Generation Initiative	●	●	●	Biruh Tesfa for All			●	Breakthrough Generation Initiative	●	●	●
Masculinities, Faith and Peace	●	●	●					Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		Breakthrough Generation Initiative		●		Change Starts at Home		●	●
Masculinité, Famille, et Foi	●	●	●					The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●	Indashyikirwa (Agents of Change)		●		Indashyikirwa (Agents of Change)		●	●
Reaching Married Adolescents		●										Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Masculinities, Faith and Peace	●	●	●
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●										The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Masculinité, Famille, et Foi	●	●	
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●														Reaching Married Adolescents	●	●	
																The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●

Reference Groups (continued)

Sexual and reproductive health (FP)				Sexual and reproductive health (HIV)				Child, early and forced marriage				Women's economic empowerment				Gender-based violence			
	N	B	A		N	B	A		N	B	A		N	B	A		N	B	A
Family (Including Parents)																			
Growing Up GREAT!		●	●	Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●		Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Sista2Sista		●		Enabling Girls to Advance Gender Equity		●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces		●	
Masculinité, Famille, et Foi	●	●	●	The Kenya Adolescent Reproductive Health Project		●	●	Girls Holistic Development Program	●	●	●	The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Enabling Girls to Advance Gender Equity		●	●
Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●						Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		Tipping Point		●		Growing Up GREAT!		●	●
Sista2Sista		●						Sista2Sista		●						Masculinité, Famille, et Foi	●	●	
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●						The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●					Men with Conscience Intervention (adapted One Man Can Intervention)			●
Youth-friendly services (YFS)	●	●	●					Tipping Point	●	●	●					The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
																Tipping Point			●
																Promoting Adolescent Engagement, Knowledge and Health	●	●	
Health Workers																			
Breakthrough Generation Initiative		●						Breakthrough Generation Initiative	●	●	●	Breakthrough Generation Initiative		●		Breakthrough Generation Initiative	●	●	●
Growing Up GREAT!		●	●					Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●	Communities Care: Transforming Lives and Preventing Violence programme	●	●	●
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●					The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●	Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●										The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Growing Up GREAT!		●	●
Youth-friendly services (YFS)	●	●	●													The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●

Reference Groups (continued)

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child, early and forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Partners																			
Bandebereho couples' intervention		●						Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●		Indashyikirwa (Agents of Change)		●		Bandebereho couples' intervention		●	
Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●									Inspiring Married Adolescent Girls to Imagine New Empowered Futures	●	●	●	Change Starts at Home		●	●
École des Maris	●	●	●													Indashyikirwa (Agents of Change)		●	●
Masculinities, Faith and Peace	●	●	●													Masculinities, Faith and Peace	●	●	●
Masculinité, Famille, et Foi	●	●	●													Masculinité, Famille, et Foi	●	●	
Reaching Married Adolescents		●														Reaching Married Adolescents	●	●	
																Sonke CHANGE Intervention		●	
Peers																			
Adolescent Transition in West Africa	●	●		Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●		Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Masculinité, Famille, et Foi	●	●	●	Sista2Sista		●		Adolescent Transition in West Africa			●	Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●	Adolescent Transition in West Africa			●
Not specifically named; interventions include parental communication, peer-to-peer programs, and youth facilitator-driven interventions		●		Skillz Street		●	●	Sista2Sista		●		The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Do Kadam Barabari Ki Ore (Two Steps Towards Equality)		●	●
No name 2, Program by the Centre for Health and Social Justice		●	●	The Kenya Adolescent Reproductive Health Project		●	●	The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●	Tipping Point		●		Masculinité, Famille, et Foi	●	●	
Sista2Sista		●		Tsima, a community mobilization HIV prevention program		●	●	Tipping Point	●	●	●					Modified Empowerment and Self-Defense Training		●	
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●									No name 2, Program by the Centre for Health and Social Justice		●	●
Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●		Zambia Community HIV Prevention Project	●	●										The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●
Zambia Community HIV Prevention Project	●	●														Tipping Point			●
																Tsima, a community mobilization HIV prevention program		●	●
																Urban Program on Livelihoods and Income Fortification and Socio-civic Transformation		●	●

Reference Groups (continued)

Sexual and reproductive health (FP)	N	B	A	Sexual and reproductive health (HIV)	N	B	A	Child, early and forced marriage	N	B	A	Women's economic empowerment	N	B	A	Gender-based violence	N	B	A
Religious Leaders																			
Adolescent Transition in West Africa	●	●		Resilience Education and Skills Development for Youth and Families Program		●	●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●	Act With Her-Ethiopia			●
Breakthrough ACTION - Nigeria	●			Tsima, a community mobilization HIV prevention program		●	●	Adolescent Transition in West Africa			●	Breakthrough Generation Initiative		●		Adolescent Transition in West Africa			●
Breakthrough Generation Initiative		●						Breakthrough ACTION - Nigeria	●			Tipping Point		●		Breakthrough ACTION - Nigeria	●		
Masculinities, Faith and Peace	●	●	●					Breakthrough Generation Initiative	●	●	●					Breakthrough Generation Initiative	●	●	●
Masculinité, Famille, et Foi	●	●	●					Enabling Girls to Advance Gender Equity		●	●					Change Starts at Home		●	●
Reaching Married Adolescents		●						Girls Holistic Development Program	●	●	●					Enabling Girls to Advance Gender Equity		●	●
Resilience Education and Skills Development for Youth and Families Program		●	●					Tipping Point	●	●	●					Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities		●	●
Prevention of HIV/STI among Married Women in Urban India; Research and Intervention in Sexual Health: Theory to Action			●													Masculinities, Faith and Peace	●	●	●
Youth-friendly services (YFS)	●	●	●													Masculinité, Famille, et Foi	●	●	
																Reaching Married Adolescents	●	●	
																Samvedana Plus	●	●	●
																Tipping Point			●
																Tsima, a community mobilization HIV prevention program		●	●
Teachers																			
Adolescent Transition in West Africa	●		●	Skillz Street		●	●	Adolescent Transition in West Africa			●	Breakthrough Generation Initiative		●		Adolescent Transition in West Africa			●
Breakthrough Generation Initiative		●		The Kenya Adolescent Reproductive Health Project		●	●	Breakthrough Generation Initiative	●	●	●	The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●		Breakthrough Generation Initiative	●	●	●
Growing Up GREAT!		●	●					Girls Holistic Development Program	●	●	●					Change Starts at Home		●	●
The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●						The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●					Communities Care: Transforming Lives and Preventing Violence programme	●	●	●
Youth-friendly services (YFS)	●	●	●													Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities		●	●
																Growing Up GREAT!		●	●
																The Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents Project		●	●