UC San Diego
CENTER ON GENDER EQUITY AND HEALTH

Resourcing the Drivers of Change:

Making the Case for Investing in Social Norms to Improve Adolescent Girls and Young Women's Health and Well-being

SEXUAL AND REPRODUCTIVE HEALTH

> *"Women pretend they don't know about family planning even though the health worker has explained it. Me too. I pretend I don't know anything about family planning. Besides the outreach worker I have never spoken to anyone about it. No one knows I use family planning. I am hidden!"*-***New mother, Mali, 2011***

Let's Imagine

Imagine a world where women and men could speak openly about contraception—where accurate information is shared, myths are challenged, and women's choices are respected. In such a world, women who choose contraception are supported, free to safeguard their health, and able to pursue the futures they envision. Family planning programs could then focus on what they do best: delivering safe, accessible, high-quality care. **This is the promise of investing in social norms interventions**—approaches that shift shared expectations so women can make their own reproductive choices and partners can communicate and decide together.



This vision is already within reach. In Benin and Mali, the **Tékponon Jikuagou** "light touch" social network program sparked conversations about social expectations, breaking the silence around family planning. Before the program, many people hid their contraceptive use for fear of gossip or criticism. In just two years, couples were openly discussing family size, men accompanied wives to clinics, and communities challenged misinformation. Results were clear: women and men reached were **1.5 times more likely to use modern contraception** (1.12-1.90 for women, 0.77-1.33 for men; p<.01), and men who believed peers supported family planning **were 3.5 times more likely to seek services** (2.41-5.00, p<.001).

Social norms programming is not an add-on to health services—it is the key to lasting progress. Decades of investment in behavior change and demand creation have advanced access, but without changing community expectations, progress stalls. When norms shift—when stigma is replaced by dialogue, and when women and couples can act on their choices—other investments are amplified and sustained.

Now is the time to invest in social norms change: a proven strategy to protect past gains and secure the future of reproductive health.

Meeting the Moment

Decades of investment have advanced sexual and reproductive health, a cornerstone of overall well-being. Yet today, this progress is under threat. Economic uncertainty, geopolitical instability, and shifting donor priorities are straining the ecosystem. Funding streams are sunsetting or shrinking; some partners are ceasing operations altogether. The result: reduced services, disrupted partnerships, and the closure of critical programs and research. Fragmented, short-term funding threatens progress and risks undoing hard-won gains in access, equity, and rights, especially for adolescent girls and young women.

These challenges also present an opportunity. Now is the time to re-energize agenda-setting, forge new collaborations, and invest in innovative approaches that can sustain and accelerate progress. Centering the role of social and gender norms can accelerate success and remove barriers to necessary change. This is outlined in a recent global scoping review by the Center on Gender Equity and Health at UC San Diego.

Why invest in creating a supportive social environment for sexual and reproductive health?

Evidence shows that social norms investments strengthen key outcomes, including contraceptive use and intent, discontinuation and method switching, preference-aligned fertility management, and engagement of first-time and continuing users.

Social expectations matter. While service delivery has advanced over recent decades, far less systematic attention has been paid to addressing the social norms and structural barriers embedded in communities, health systems, and policies that shape sexual and reproductive health and limit adolescent girls' and young women's choices and rights. **Until recently, there was limited evidence on how to shift social norms—but effective models and tools are now emerging and ready to scale.**

Social norms, the unwritten rules that influence how people behave, often reinforce gender inequities and limit reproductive rights. Findings from the global scoping review show that these norms can undermine the agency of adolescent girls and young women. The effects are tangible: modern contraception may be available, but gender expectations can prevent its use; clinics may be stocked, but fear of judgment can deter adolescents from seeking care. These barriers diminish the reach and impact of programs. While science and technology continue to improve services, lasting progress toward the 2030 Sustainable Development Goals will remain out of reach unless the social and behavioral factors that drive inequality are also addressed.

In today's uncertain funding climate, **solutions that tackle root causes are more urgent than ever. Norm-shifting investments**—whether through community-based efforts, mass media, or edutainment—can transform harmful expectations, reinforce positive ones, and **ensure that health information, products, and services are both used and sustained at scale.**

Scale and sustainability through social norms investments. Investing in social norm change, alongside service delivery and systems strengthening, is an invaluable upstream solution with lasting, cross-cutting benefits. The impact of these investments spans the life course of girls and women, from infancy through adulthood, and extends to entire communities.

Several persistent myths discourage investment: that norms take too long to change, that evidence of impact on sexual and reproductive health outcomes is weak, and that norms shifting programs cannot be scaled to achieve population-level impact. In reality, numerous programs have already demonstrated meaningful impact and debunked these myths. *See page 4 for examples of successful programs*.

- **Change is possible and social norms programs can achieve sexual and reproductive health results in a program time frame.**
- **Sexual and reproductive health social norms programs can be rigorously measured and evaluated.**
- **Social norms programs can be adapted, replicated, and scaled to meet sexual and reproductive health outcomes.**

The Opportunity

Now is the time to invest in social norms change—cost-effective, scalable solutions that empower girls, advance equity, and create lasting impact across generations. By supporting proven social norms programs designed to improve sexual and reproductive health, funders can help build supportive environments where adolescent girls, young women, and their communities thrive. **Your investment in social norms change will not only strengthen sexual and reproductive health, but also drive progress in education, gender equity, and economic participation worldwide.**

What should funders support?

We invite you to invest in effective social norms programs that **protect past gains, accelerate progress, and ensure lasting sexual and reproductive health outcomes** for girls, women, and their communities.

Invest in Research and Evidence. Fund mixed-methods research to design nuanced, context-specific approaches, and rigorous evaluations to demonstrate causal links between norm shifts and health outcomes, as well as cost effectiveness. Close evidence gaps by centering the lived experiences of adolescent girls and young women, engaging men and boys, and systematically reporting implementation lessons.

Prioritize Multi-Level, Integrated Programs. Fund programs that connect individual, community, and systems change. Effective interventions align with complementary efforts across education, health, economic participation, and legal frameworks.

Engage Trusted Champions and Platforms. Support programs that work with faith and cultural leaders, alongside mass and entertainment media. Involve communities in planning and design, spark reflection, make norms visible, and diffuse new ideas and norms.

Ensure Scale and Sustainability. Provide multi-year, flexible funding for interventions that use simplified delivery models, adaptable materials, and can be integrated into existing systems.

Strengthen Monitoring and Learning. Invest in high-quality, consistent monitoring and evaluation across projects to enable adaptive management, compare results across contexts, and build evidence of long-term cost-effectiveness.

Amplify and Coordinate. Support the publication and sharing of results, elevate grantee achievements, and align funding priorities and research agendas to strengthen the global evidence base and prevent fragmentation.

Programs in Action

Change is possible and social norms programs can achieve sexual and reproductive health results in a program time frame.

***Girls' Adolescent and Reproductive Rights: Information for Management and Action* (GARIMA)**, a community-based program implemented in India, was effective in increasing knowledge, positive attitudes, and interpersonal communication, as well as improving menstrual health and hygiene practices among adolescent girls.

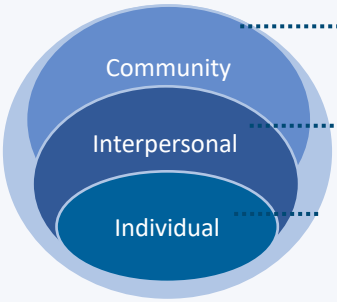
Adolescent girls engaged in GARIMA were more likely to have…

- Positive attitudes towards gender (AOR: 1.48 (95% CI: 1.02 – 2.16))
- Higher knowledge about puberty and reproductive parts (AOR: 2.03 (95% CI: 1.31 – 3.15))
- Higher levels of discussion and dialogue (AOR: 1.41 (95% CI: 1.04 – 1.92)

Sexual and reproductive health social norms programs can be rigorously measured and evaluated.

Family Health = Family Wealth, a theory-grounded, multi-level, community-based intervention in rural Uganda was evaluated as part of a mixed-method, randomized control trial and used a validated measure called the Family Planning Approval Index.

Evaluation results indicated positive shifts across multiple levels:



Increased acceptability of FP use (Wald $\chi2 = 23.89$, $p < .001$)

Improved communication (Wald $\chi2 = 78.81$, $p < .001$); more equitable relationship dynamics (Wald$\chi2 = 13.40$, $p = .001$)

Greater knowledge (Wald $\chi2 = 35.20$, $p < .001$) and intention to use FP (Wald $\chi2 = 48.26$, $p < .001$); less endorsement of inequitable gender norms (Wald $\chi2 = 19.46$, $p < .001$)

Social norms programs can be adapted, replicated and scaled to meet sexual and reproductive health outcomes.

Building on the **Transforming Masculinities** approach piloted in Eastern Democratic Republic of Congo, the Passages Project implemented *Masculinité, Famille et Foi* in Kinshasa, successfully shifting a range of social norms at scale and achieving measurable improvements in family planning and reproductive health.

By the end of the program…

53.4% of non-pregnant couples were using contraception vs 45.3% of couples who did not participate (p-value = 0.038)

Both men and women reported less intimate partner violence; among men, the reduction was 9.8 percentage points (p-value = 0.018); among women, it was 8.0 percentage points (p-value = 0.049)