GUIDANCE NOTE:

Integrating the Gender and Social Norms Output into Country Programme Documents

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ODI   UNFPA

Introduction

UNFPA's Strategic Plan, 2022-2025 contains a gender and social norms output. This note provides guidance on integrating it into country programme documents (CPDs). The note:

- Provides examples of gender and social norms likely to affect achievement of the plan's three transformative results
- Suggests how to strengthen focus on norms at key stages of the CPD process

A forthcoming toolkit on social empowerment will further develop aspects of this guidance note, which offers an interim snapshot of key gender and social norms issues. Other relevant documentation includes: AGENCY, CHOICE AND ACCESS: UNFPA Strategy for Gender Equality and the Empowerment of Women and Adolescent Girls (forthcoming in July 2022), the Compendium on How Changing Social Norms Is Crucial in Achieving Gender Equality, the Manual on Social Norms and Change, How to Transform a Social Norm, the Participatory Research Toolkit for Social Norms Measurement, the ACT Framework to Measure Social Norms Change, and the Technical Note on Gender Transformative Approaches to achieve Gender Equality and Sexual and Reproductive Health and Rights.

Understanding **gender and social norms**

While there are many ways of defining gender and social norms, this guidance note refers to them as implicit and informal rules that most people accept and follow. They are influenced by our beliefs, economic and political circumstances, and sometimes the rewards and sanctions we expect for adhering to or disobeying them. Some norms reflect and reinforce power inequalities. They are related, for example, to class, age, sexual orientation or ethnicity (identity-based norms, as shown in Figure 1). Other norms govern expected behaviour in a specific situation, such as the use of family planning or the care mothers and infants receive after birth (specific social norms, as indicated in Figure 1).
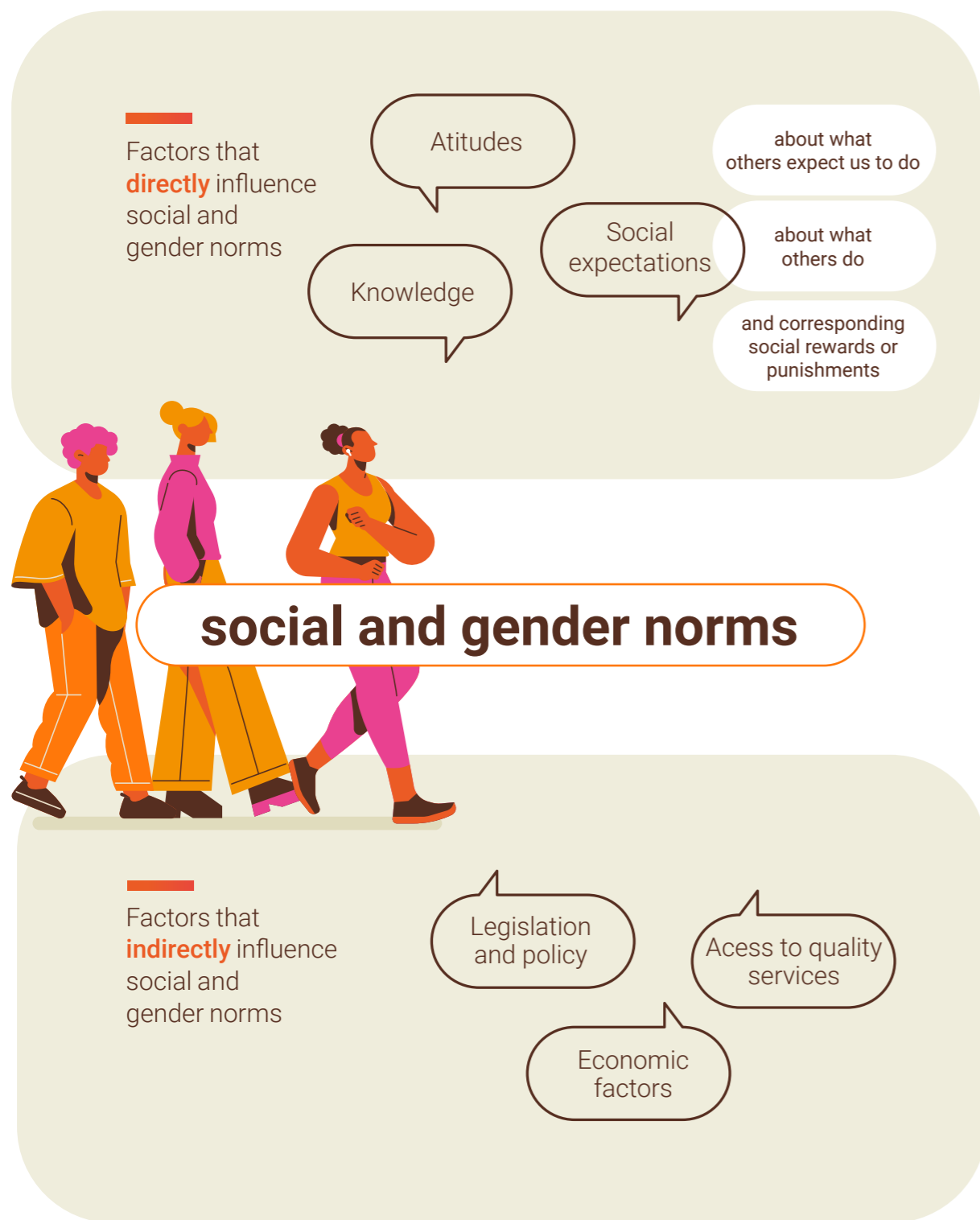
Gender norms encompass informal rules for how we are expected to behave based on how we or others identify and dictate our gender. Such norms almost always reflect and reinforce gendered power inequalities. They usually disadvantage women, girls, gender non-conforming men and boys, and people of diverse gender identities (for more, see the Align Platform). Some norms, including many gender norms, form part of socialization from childhood onwards. They are so deeply rooted that they become "invisible" and beyond what can be questioned.Gender norms are not just a set of perceptions and expectations influencing people's behaviors, fueled by underlying social structures and cultural elements. They are also embedded in institutions, including policies (e.g. discriminatory fiscal measures, family laws including marriage and divorce, labor laws), the education and religious systems, sectoral services, traditional institutions (e.g. chiefs' courts), the media, and the labor market.

Gendered power inequalities and expectations about behaviour have a very direct, particular influence on sexual and reproductive health. This makes it vital to understand and specifically address gender as well as other social norms.
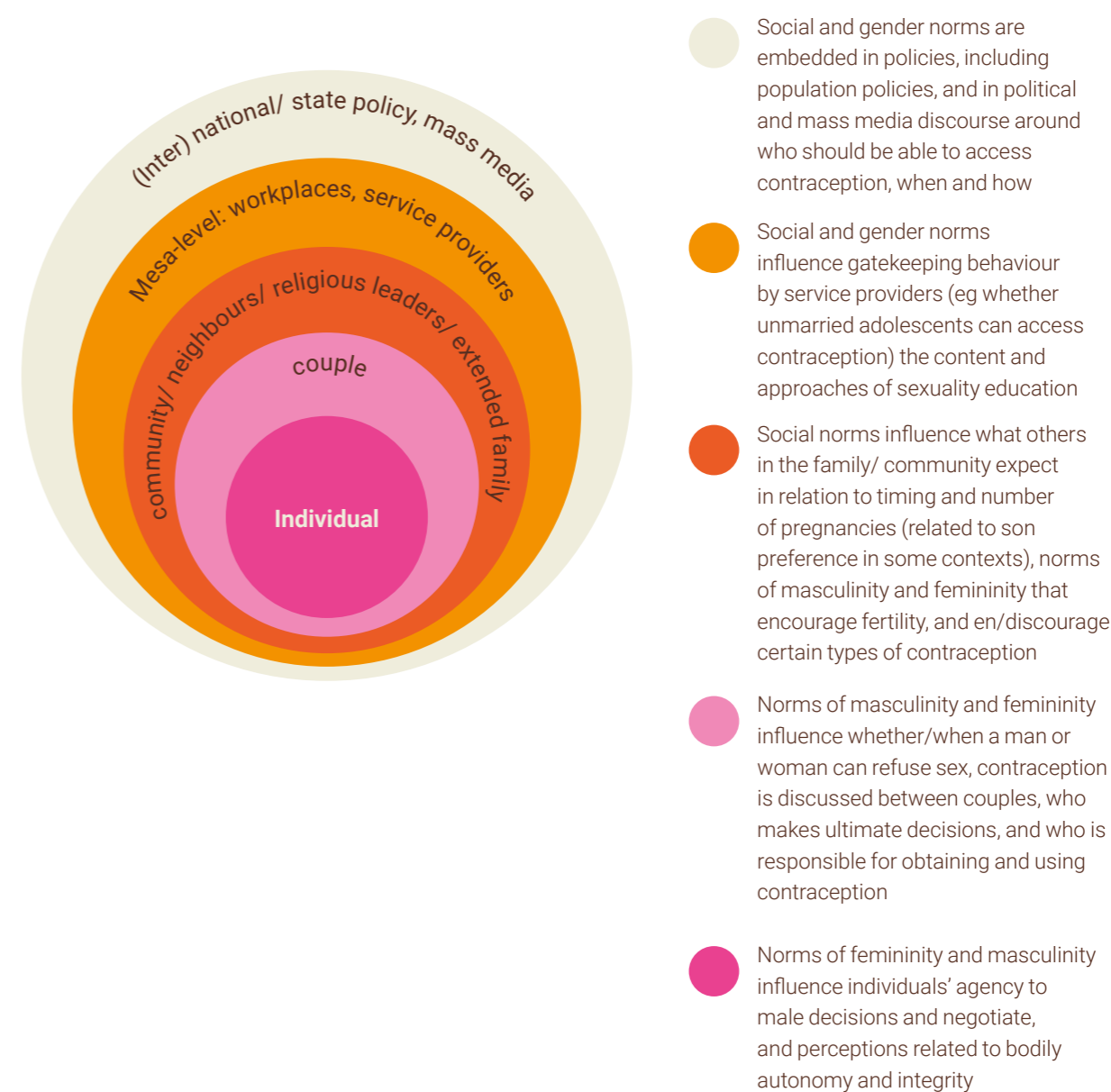
Norms do not exist in a vacuum. They both influence and are influenced by a range of other factors: the broader political and social context, economic issues, and the quality, accessibility and availability of services. Norms are also built into institutions such as the law, policy, services and businesses, which in turn reflect and reinforce normative behaviours and attitudes. Figure 1 illustrates some of the ways that gender and social norms and other factors can affect the three transformative sexual and reproductive health outcomes prioritized in the 2022-2025 Strategic Plan. This note focuses on norms while recognizing that achieving the three transformative results requires considering and responding to all factors in programmes and policies.

Figure 1— What influences social and gender norms?

Factors that **directly** influence social and gender norms

Atitudes

about what others expect us to do

Social expectations

about what others do

Knowledge

and corresponding social rewards or punishments

social and gender norms

Factors that **indirectly** influence social and gender norms

Legislation and policy

Acess to quality services

Economic factors

Norms operate at all levels of societies. Figure 2 illustrates this for family planning. Although the levels are shown discretely, they overlap and are interlinked, influencing one another. For example, community norms influence family planning decisions made by couples. Effective approaches to norms often work at multiple levels to achieve substantial and lasting change.

Figure 2 — Family planning example: social and gender norms operate at different levels

(Inter) national/ state policy, mass media

Mesa-level: workplaces, service providers

community/ neighbours/ religious leaders/ extended family

couple

Individual

Social and gender norms are embedded in policies, including population policies, and in political and mass media discourse around who should be able to access contraception, when and how

Social and gender norms influence gatekeeping behaviour by service providers (eg whether unmarried adolescents can access contraception) the content and approaches of sexuality education

Social norms influence what others in the family/ community expect in relation to timing and number of pregnancies (related to son preference in some contexts), norms of masculinity and femininity that encourage fertility, and en/discourage certain types of contraception

Norms of masculinity and femininity influence whether/when a man or woman can refuse sex, contraception is discussed between couples, who makes ultimate decisions, and who is responsible for obtaining and using contraception

Norms of femininity and masculinity influence individuals' agency to male decisions and negotiate, and perceptions related to bodily autonomy and integrity

Commitments
to challenge discriminatory gender norms orpromote gender equal norms in UNFPA's Strategic Plan, 2022-2025

UNFPA's _Strategic Plan, 2022-2025_ identifies strengthening the capacity to address discriminatory gender and social norms (Box 1) as one of six "interconnected outputs" to support the three transformative results:

- Accelerated reduction in unmet need for family planning
- Accelerated reduction in preventable maternal deaths
- Accelerated reduction in gender-based violence and harmful practices

The plan also identifies **human rights and gender-transformative approaches**, which include actions to challenge discriminatory norms, as one of six accelerators (see Annex 1 for more details).
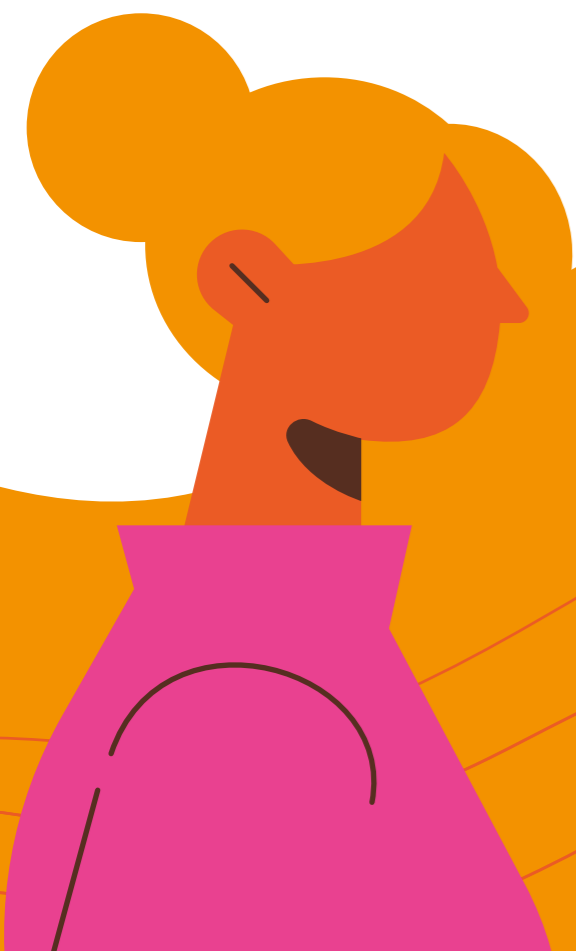
Since norms are highly context-specific, UNFPA CPDs may address them in diverse ways. Some CPDs will target gender and social norms directly. Others will seek progress by building links to other partners and programmes. Given that norms take time to shift, changes may require sustained action over consecutive programme cycles. Monitoring, evaluation and learning need to be tailored to reflect feasible changes over a CPD's time frame.

Action on social and gender norms can be critical for programme success, and is at the heart of a gender transformative approach, which is one of six accelerators in the UNFPA Strategic Plan 2022 - 2025. Table 1 identifies some common norms and indicates potential programming approaches. This is not a comprehensive listing. A gender and power analysis and baseline analysis of social and gender norms should identify the specific norms and programming approaches most relevant to a given context.

BOX 1 — GENDER AND SOCIAL NORMS OUTPUT

By 2025, strenghtened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women's decision-making.

Ways to achieve this include:

- Build capacities at individual, community and national level stoad dress root causes of structural inequalities;
- Empower women, adolescents and youth and those left furthest behind;
- And romote positive health-seeking behaviours and positive gender and social norms

Table 1— Gender and social norms and potential programming approaches by Strategic Plan transformative result

These are among the most relevant gender norms influencing the transformative results, keeping in mind that they vary by context.

TRANSFORMA-TIVE RESULT	RELEVANT GENDER AND SOCIAL NORMS	POTENTIAL PROGRAMMING APPROACHES
Cross-cutting approaches	• Norms that assign lesser value to women and girls than men and boys • Norms that support discrimination against LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, plus) populations • Norms that assign unpaid care and domestic work primarily to women • Norms that impose harmful notions of masculinities on boys and men	Promote gender equal participation in decision-making at the community and national level Shifts in norms around gender roles, including unpaid care and domestic work; increasing knowledge about reproductive rights, including bodily autonomy Support for critical awareness, collective action and feminist movements, which have been effective in mobilizing for changes in policies and legislation as well as in challenging discriminatory norms Efforts to support women's economic empowerment to increase agency (with positive impacts on decision-making power and ability to leave violent relationships) Programming on positive masculinities with young and adolescent boys from early stages of gender socialization into manhood, as well as with male adults through group work sessions, community mobilization and advocacy campaigns around gender equality and non-discrimination
By 2025, the reduction in the unmet need for family planning has accelerated	**Fertility-related norms** • Norms around having a child as a marker of womanhood, which often results in girls dropping out of school and marrying/starting a family early • Norms of masculinity around having children/sons as markers of virility • Norms around the importance of having a son in some cultures and pressures to continue pregnancies until giving birth to a son, or to sex select to have a son • Changing norms around marriage/unions (e.g., the breakdown in traditional ways of arranging marriage, a rise in temporary unions) and implications for adolescent fertility	Support comprehensive sexuality education in and outside of schools to break down (gendered) taboos about discussing contraception Community-based initiatives to challenge perceptions around contraception use and decision-making, targeting men, mothers-in-law and other gatekeepers as appropriate; mobilizing religious leaders where appropriate Use of mass and social media to shift norms around discussion of contraception, to encourage joint decision-making, and/or to end stereotypes that women/girls who insist on contraception are "loose" or unfaithful
	Norms around decision-making and discussion of contraception • Norms and stereotypes that affect use of (different types of) contraception, e.g., that contraception is a "female" responsibility or that only "loose" women carry condoms • Norms (misconceptions) that specific contraceptive methods can be dangerous and lead to infertility or illness • Norms around being able to say "yes" or "no" to sex (links to bodily autonomy discussions) • Taboos limiting couples from discussing and/or women from initiating discussion of family planning issues or making autonomous decisions **Norms affecting access to sexual and reproductive health services** • Norms limiting women's independent mobility/unchaperoned access to health services and/or family planning without a spouse's consent • Perception that sexual and reproductive health services should only be available to married adults, limiting access for many adolescents and contributing to adolescent pregnancy • Stereotypical assumptions and discriminatory practices leading to marginalized groups receiving poorer quality service	Work with men and boys to promote positive masculinities, including use of male methods of contraception; delink virility from unprotected sex or fathering boys/many children; shared care of children and domestic work Train service providers to offer access to services without judgement, regardless of marital status, sexual orientation, etc.; provide them with safe spaces for critical reflection and dialogue, such as through CARE's _Social Analysis and Action_ approach Work with family members/parents to raise awareness of the need to allow daughters to access appropriate sexual and reproductive health services Develop empowerment programmes for adolescent girls that challenge norms increasing their risk of HIV, e.g., the _Dreams programme_ in Kenya Support women's groups campaigning on sexual and reproductive health and rights **Examples of initiatives:** _Masculinité, famille et foi_ in the Democratic Republic of the Congo _Tackling the Taboo_ with many examples of gender-transformative approaches to adolescent and young people's sexual and reproductive health The sexual and reproductive health section of the _Social Norms Atlas_, which highlights good practices and additional resources
By 2025, the reduction of preventable maternal deaths has accelerated	**Norms around accessing maternal care** • Norms expecting male decision-making in accessing health care, limiting girls' and women's agency in decision-making • Norms limiting women travelling alone to services, which results in women not accessing antenatal care or accessing care too late to prevent serious health problems • Norms/expectations around women accessing services without an accompanying male, discouraging service use • Norms prohibiting/discouraging women from accessing services dominated by men • Norms around preferred types of care to access (traditional attendant versus medical care, etc.)	Community education/dialogue initiatives that engage men and local leaders, and emphasize maternal care and safe childbirth practices, e.g., the _Husbands' School_ in West Africa Capacity Plus offers examples of sensitizing health workers to prevailing gender norms in different communities

Norms around accessing safe abortion
- Norms that view abortion as leading to female infertility
- Norms that girls who have an abortion will be stigmatized/ostracized/unmarriageable
- Norms held by service providers and family/community members who discourage abortion on moral grounds even if legislation allows it

By 2025, the reduction in gender-based violence and harmful practices has accelerated

Gender-based violence
- Norms accepting intimate partner violence as part of marital or dating relationships (including among service providers, such as health-care providers, police and members of the judiciary)
- Norms of privacy and not reporting violence ("not airing dirty laundry in public")
- Norms of male leadership within a community to resolve violence
- Norms accepting sexual assault and harassment of girls and women in public spaces
- Norms around male sexual entitlement to women's and girls' bodies

Gender-biased sex selection
- Patriarchal norms that define the power structure, i.e., the status and roles of men and women, within the family and community
- Son preference, driven by granting a higher status to sons within the family, while viewing daughters as an economic cost and burden
- Norms around the acceptability of gender-biased sex selection and the role of women in producing a son, often through multiple pregnancies or selective abortions to achieve the desired outcome, even if physical and mental health consequences result

Child marriage
- Norms mandating that a girl should obey her parents over the timing/choice of a marriage partner
- Norms that a responsible parent should ensure their daughter is married by early adulthood
- Notions that to become a woman, a girl should marry
- Norms that marriage/union by a certain age is normal/desirable and that staying unmarried signals there is "something wrong" with an individual or family

Gender-based violence

Challenging inequitable gender norms and power inequalities, as well as more specific norms that underpin gender-based violence through:

Community dialogue programmes, such as *Sasa!* In Uganda and *Communities Care* in South Sudan

Mass and social media campaigns, e.g., *Change Starts at Home* in Nepal; edutainment challenging practices such as sex-selective abortion and female genital mutilation (*UNICEF-supported television programmes in Armenia and Egypt*)

Support to feminist mobilization against gender-based violence, e.g., *NiUnaMenos*, the *Gender-Based Violence Prevention Network*

See the publication *What Works to Prevent Violence Against Women and Girls?* for a review of effective interventions; other resources are produced by the initiative *What Works to Prevent Violence.*

Gender-biased sex selection

See *Preventing Gender-Biased Sex Selection: An Inter-Agency Statement* for more information

Child marriage

UNPFA resources and publications on child marriage are available *here*. Some key additional resources include:

The Global Programme on Child Marriage Phase II Theory of Change, which shows how to take a gender-transformative approach at all levels of the socioecological framework

Tackling the Taboo for examples of shifting social and gender norms around child marriage

Global Consultation on Child Marriage in Humanitarian Settings – Meeting Report for examples of shifting norms around child marriage and complementary approaches in humanitarian settings *UNFPA Technical Note on Gender Norms*

Female genital mutilation
- Norms around the acceptability/necessity of female genital mutilation for girls' marriageability/respect within a community
- Stereotype that uncut women and girls are sexually "loose" and may bring shame to their families.
- Harmful traditional practices
- Norms that a woman should marry one of her husband's relatives on his death
- Norms around seclusion / discrimination/unsafe hygiene and nutrition practices during menstruation (e.g., chhaupadi in Nepal)

Female genital mutilation

When and How Does Law Effectively Reduce the Practice of Female Genital Mutilation/Cutting? features a discussion on mobile courts as a form of restorative justice

The *Technical Note: Girls' Education, Empowerment, and the Elimination of Female Genital Mutilation* details how education can support gender and norms change

The *International Technical Guidance on Sexuality Education* issues a call to better integrate female genital mutilation in comprehensive sexuality education

The Saleema initiative in Sudan is an example of a social norms marketing campaign to abandon female genital mutilation

Strengthening
a gender and social norms focus in different stages of CPD development

For further reference see: *UNFPA's Technical Note on Gender Transformative Approaches to achieve Gender Equality and Sexual and Reproductive Health and Rights.*

Table 2 below suggests some key questions to consider in fully integrating a social and gender norms perspective into a CPD. It focuses on the most relevant stages. This is at the core of working within a gender transformative approach.

BOX 2 — GENDER TRANSFORMATIVE APPROACHES (GTA)

Gender transformative approaches (GTA) seek to challenge gender inequality by transforming inequitable social and gender norms, roles and relations through programmes and strategies that foster progressive changes in power relationships between women and men. It is about the equal distribution of power, resources and opportunities between women and men.

Table 2

STAGE	GUIDANCE	KEY QUESTIONS TO INTEGRATE A SOCIAL AND GENDER NORMS LENS

Before developing the draft CPD

Undertake country-level formative and baseline research to monitor and measure existing norms. This should include gender and power analyses to understand how social and gender norms and other factors influence the three transformative results, and how the political, social and economic context may influence efforts to shift norms. For further reference, see UNICEF's *Gender Toolkit* and Save the Children's *Empowering Transformational Change* toolkit. Some helpful tools for understanding key prevailing norms are listed *here*. The *Align Platform* offers tools for monitoring and evaluating norms change initiatives. *Measure Evaluation* provides tools to measure family planning and reproductive health. See also the Evidence-based Measures of Empowerment for Research on Gender Equality (EMERGE) *platform*.

STEP 1: Development of the draft CPD

STAGE	GUIDANCE	KEY QUESTIONS TO INTEGRATE A SOCIAL AND GENDER NORMS LENS
Programme priorities and partnerships	Explains the intended results and key interventions of the programme results chain as derived from the theory of change Includes the assumptions and risks that shaped the programme design, and outlines the strategies and partnerships the country programme will adopt to achieve its results	• What norms is the CPD attempting to address and why? Have you assessed how these norms may differ among social groups? What is the evidence base? Have you undertaken a baseline study to understand prevailing social and gender norms that will influence programming in the CPD cycle? • What activities/interventions will you pursue to shift social and gender norms? How will they be tailored to meet the needs of particularly marginalized groups? • Have you factored in the reality that shifting norms takes time? Are you considering running this programme or the norms dimension over several programme cycles? • Why do you believe the activities/interventions selected to shift social and gender norms will be effective? What is the evidence base for their effectiveness? • Who will carry out these activities? • Are partners aware of/do they have experience with/capacity in working on norms change? • At what level will activities take place (e.g., individual, household, community, district, national)? • Which stakeholder groups will the activities/interventions target? • What measures will the programme take to limit backlash or delays in implementation? • As one programme cannot do everything, are there provisions to link with other programmes/interventions to address social and gender norms? • Are strategies in place to address barriers/resistance to social and gender norms change? Are they sustainable?
Programme risk management	Outlines staff arrangements, resource mobilization and programmatic risks	• Who will be responsible for managing and implementing norms-shifting, in terms of both staff and in partner organizations? Do they have relevant skill sets? If not, how can skills be strengthened? • Has staff capacity been built to ensure sufficient awareness of norms and the need for norms change? • How are social norms interventions funded? Are funds sufficient?[1]
Monitoring and evaluation	Outlines the country programme's monitoring and evaluation activities; allocates appropriate funds; specifies times to conduct them	• How will evidence of change in social and gender norms be assessed? Consider measuring shifts in the building blocks of norms, e.g., knowledge, attitudes and behaviours, which have standard indicators. This is simpler than measuring norms; further, data may already be collected. Shifts in norms are unlikely to be apparent in the first phase of a programme cycle. • Commission baseline and follow-up endline studies to examine the extent of change. Use mixed methods to understand what is enabling or hindering norms shifts.

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1   See *Costing of Social Norm Interventions* by the Institute for Reproductive Health.

STEP 2: Review and quality assurance

Submission of the CPD to the regional office for review and feedback

- Regional offices should examine the extent to which the CPD considers social and gender norms. Specific questions to ask include:
- Have/how have gender and social norms been incorporated into the theory of change? Is there a robust understanding of prevailing social and gender norms based on evidence or a plan to generate such evidence?
- How are social and gender norms being monitored/measured over the life of the programme, recognizing that norms change can take a long time?
- Is a systematic evaluation of programmes necessary to understand if and how they are contributing to evidence on what works? If programmes are not working, how can they be revised? Do CPD plans contribute to building an evidence base on effective programmes?
- Are sufficient resources (staffing, funds) allocated to addressing social and gender norms?

STEP 5: Review and approval by the Executive Board

The Executive Board reviews and approves CPDs in a single session

- The Executive Board can review social and gender norms-related issues. The same questions can be asked as above, at a minimum:
- What social and gender norms does the CPD address and how will this help achieve the transformative results?

Annex 1

Table 3 outlines specific commitments to work on gender and social norms under each of the three transformative results. Italicised items have a particularly strong norms focus.
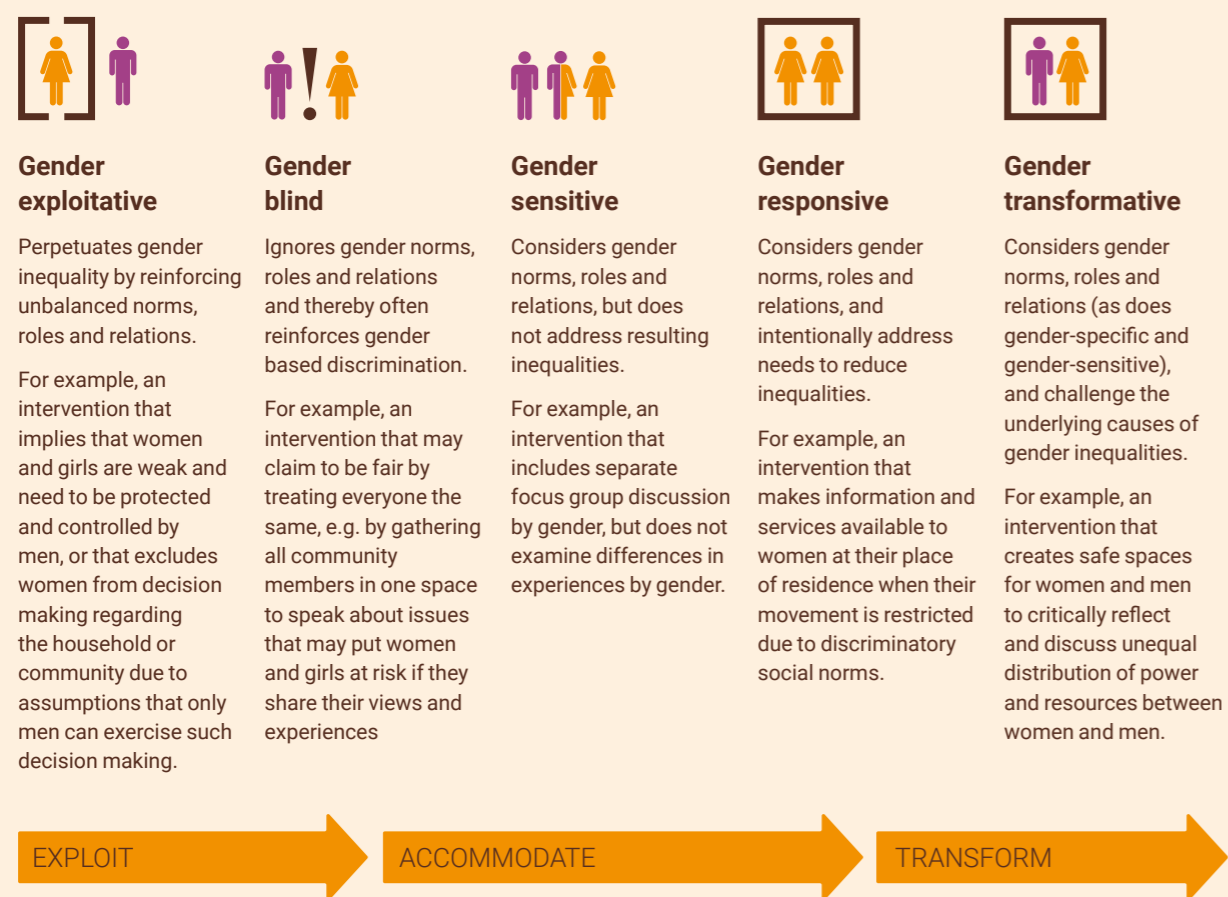
Table 3 — Gender and social norms-related commitments in UNFPA's Strategic Plan, 2022-2025

TRANSFORMATIVE RESULT	GENDER AND SOCIAL NORMS-RELATED COMMITMENTS
By 2025, the reduction in the unmet need for family planning has accelerated	48. (d) meeting the demand for women's and young people's access to family planning services *by addressing harmful socio-cultural norms* and promoting young peoples' agency and choice; 54. UNFPA will expand its support for demand-side interventions for family planning, in order to promote health-seeking behaviour. It will achieve this by supporting interventions that empower women and girls to make decisions about their reproductive I (a) continue *to support comprehensive sexuality education* in schools and out of schools; (b) expand its work with men and boys in promoting *positive masculinities,* including in support of the use of male methods of contraception; and (c) strengthen partnerships beyond the health sector that include the private sector and civil society actors. UNFPA will *also scale up interventions to address discriminatory gender and social norms, stereotypes, practices and power relations hindering family planning, including in low-fertility settings.*
By 2025, the reduction of preventable maternal deaths has accelerated	61. UNFPA will support national efforts for scaling up the implementation of the essential sexual and reproductive health package. This includes, inter alia, *comprehensive sexuality education*. UNFPA will continue its efforts to ensure the availability of funds for fistula prevention, treatment, *social reintegration* 66. UNFPA will support interventions to *promote positive masculinities to transform existing norms* and to create an enabling environment that encourages men's and boys' supportive and respectful engagement with women and girls, thus reinforcing changes to the underlying negative and discriminatory social structures, policies, practices and social norms that perpetuate gender inequalities, including in the health system.
By 2025, the reduction in gender-based violence and harmful practices has accelerated	75. UNFPA will prioritize interventions that tackle discriminatory gender and social norms to address gender inequality, as this is often the basis for gender-based violence and harmful practices. UNFPA will: (a) *promote positive masculinities to challenge discriminatory norms;* (b) *strengthen a range of civil society, feminist, faith-based and grassroots organizations and activists;* (c) *support feminist movements and assist women's rights defenders, human rights defenders and young feminist organizations; and* (d) *engage with the media on these issues.*

Cross-cutting: Gender and social norms output and six accelerators including human rights and gender transformative approaches.

28. Strategic interventions include:

 (a) strategic communications, information and partnership-building with civil society and community-based organizations to empower women, adolescents and young girls to make their own reproductive health decisions and expand demand for SRH services;

(b) advocacy with Governments, regional organizations and donors for increased investment in long-term GBV prevention strategies;

(c) convening multi-actor dialogues around effective strategies for the prevention of GBV, child marriage and early unions;

(d) advocacy and technical assistance to implement gender-synchronization approaches for the empowerment of women and girls, *including promotion of positive masculinities*; and

(e) strategic partnerships with media, education, cultural and religious stakeholders, arts and culture agents, and the private sector to *transform discriminatory gender and social norms.*

Table 4 — Gender Integration Continuum

Gender exploitative

Perpetuates gender inequality by reinforcing unbalanced norms, roles and relations.

For example, an intervention that implies that women and girls are weak and need to be protected and controlled by men, or that excludes women from decision making regarding the household or community due to assumptions that only men can exercise such decision making.

Gender blind

Ignores gender norms, roles and relations and thereby often reinforces gender based discrimination.

For example, an intervention that may claim to be fair by treating everyone the same, e.g. by gathering all community members in one space to speak about issues that may put women and girls at risk if they share their views and experiences

Gender sensitive

Considers gender norms, roles and relations, but does not address resulting inequalities.

For example, an intervention that includes separate focus group discussion by gender, but does not examine differences in experiences by gender.

Gender responsive

Considers gender norms, roles and relations, and intentionally address needs to reduce inequalities.

For example, an intervention that makes information and services available to women at their place of residence when their movement is restricted due to discriminatory social norms.

Gender transformative

Considers gender norms, roles and relations (as does gender-specific and gender-sensitive), and challenge the underlying causes of gender inequalities.

For example, an intervention that creates safe spaces for women and men to critically reflect and discuss unequal distribution of power and resources between women and men.

EXPLOIT → ACCOMMODATE → TRANSFORM