GUIDANCE NOTE:
Integrating the Gender and Social Norms Output into Country Programme Documents

May 2022
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
- Attitudes about what others expect us to do
- Social expectations about what others do
- Knowledge and corresponding social rewards or punishments

Factors that indirectly influence social and gender norms
- Legislation and policy
- Access to quality services
- Economic factors

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

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 (e.g., 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 make decisions and negotiate, and perceptions related to bodily autonomy and integrity.

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.
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.

**Commitments to challenge discriminatory gender norms or promote gender equal norms in UNFPA’s Strategic Plan, 2022-2025**

**BOX 1 — GENDER AND SOCIAL NORMS OUTPUT**

By 2025, strengthened 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 to address root causes of structural inequalities;
- Empower women, adolescents and youth and those left furthest behind;
- And promote positive health-seeking behaviors 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.

### Cross-cutting approaches

#### POTENTIAL PROGRAMMING APPROACHES

- 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.

### Fertility-related norms

#### RELEVANT GENDER AND SOCIAL NORMS

- Norms that assign lesser value to women and girls than men and boys.
- Norms that support discrimination against LGBTIQ+ (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.

By 2025, the reduction in the unmet need for family planning has accelerated

#### 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.

### By 2025, the reduction of preventable maternal deaths has accelerated

#### 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.

### Fertility-related norms

#### POTENTIAL PROGRAMMING APPROACHES

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.

#### By 2025, the reduction of preventable maternal deaths has accelerated

- 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.)

### By 2025, work with men and boys to promote positive masculinities, including use of male methods of contraception, delink virility from unprotected sex or fathering boys/men 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:**

- Masculinities Home to 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.

**Capacity Plus** offers examples of sensitizing health workers to prevailing gender norms in different communities.

- Community education/dialogue initiatives that engage men and local leaders, and emphasize maternal care and safe childbirth practices, e.g., the Auslands Schule in West Africa.
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
- Norms of privacy and not reporting violence (“not airing dirty laundry in public”)
- 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)

**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 Count 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**
UNFPA 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 for a review of effective interventions; other resources are produced by the initiative What Works to Prevent Violence

**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 Quality Sexuality Education ensures a call to better integrate female genital mutilation in comprehensive sexuality education

The Sakaema 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 relationships 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

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<thead>
<tr>
<th>STAGE</th>
<th>GUIDANCE</th>
<th>KEY QUESTIONS TO INTEGRATE A SOCIAL AND GENDER NORMS LENS</th>
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<tr>
<td>Before developing the draft CPD</td>
<td>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 Algo 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.</td>
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STEP 1: Development of the draft CPD

| Programme goals 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/does 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? |

| 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. |

1 See Costing of Social Norm Interventions by the Institute for Reproductive Health.
GUIDANCE NOTE — Integrating the Gender and Social Norms Output into Country Programme Documents

STEP 2: Review and quality assurance

- 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 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

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<th>TRANSFORMATIVE RESULT</th>
<th>GENDER AND SOCIAL NORMS-RELATED COMMITMENTS</th>
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<tr>
<td>By 2025, the reduction in the unmet need for family planning has accelerated</td>
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<td>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;</td>
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<td>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 lives, including: (a) continuing 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.</td>
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<td>By 2025, the reduction of preventable maternal deaths has accelerated</td>
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<td>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, and social reintegration.</td>
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<td>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.</td>
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<tr>
<td>By 2025, the reduction in gender-based violence and harmful practices has accelerated</td>
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<td>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:</td>
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<td>(a) promote positive masculinities to challenge discriminatory norms;</td>
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<td>(b) strengthen a range of civil society, feminist, faith-based and grassroots organizations and activists;</td>
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<td>(c) support feminist movements and assist women’s rights defenders, human rights defenders and young feminist organizations; and</td>
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<td>(d) engage with the media on these issues.</td>
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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

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<th>Gender exploitative</th>
<th>Gender blind</th>
<th>Gender sensitive</th>
<th>Gender responsive</th>
<th>Gender transformative</th>
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<td>Perpetuates gender inequality by reinforcing unbalanced norms, roles and relations.</td>
<td>Ignores gender norms, roles and relations and thereby often reinforces gender based discrimination.</td>
<td>Considers gender norms, roles and relations, but does not address resulting inequalities.</td>
<td>Considers gender norms, roles and relations, and intentionally address needs to reduce inequalities.</td>
<td>Considers gender norms, roles and relations (as does gender-specific and gender-sensitive), and challenge the underlying causes of gender inequalities.</td>
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<td>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.</td>
<td>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</td>
<td>For example, an intervention that includes separate focus group discussion by gender, but does not examine differences in experiences by gender.</td>
<td>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.</td>
<td>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.</td>
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This report was co-produced by the UNFPA Technical Division, Gender and Human Rights Branch under the technical leadership of Mar Jubero and the Overseas Development Institute with Rachel Marcus and Fiona Samuels as co-authors. The report received inputs from the Sexual and Reproductive Health Branch and the Commodity and Security Branch.