



Effective Social Norms Approaches in FCAS Contexts

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Query: Please provide an overview of the evidence on effective social norms approaches to female genital mutilation (FGM/C), gender-based violence (GBV) and early childhood marriage in fragile and conflict-affected states (FCAS) contexts. Particular questions to consider include:

- What is the evidence on the pros and cons of taking an integrated approach to reducing FGM/C, GBV and early childhood marriage in Somalia?
- What interventions are effective/promising at tackling the shared drivers and impacting these multiple forms of violence (e.g. FGM/C and child marriage, or FGM/C and IPV)?
- Is there any evidence of what results are achievable within the programme timeframe of three years?

1. Overview

This document reviews the evidence of social norms approaches to FGM/C, GBV and early childhood marriage in FCAS contexts, and whether and how such approaches are effective in impacting these forms of violence. Although the role of social norms in driving, justifying and sustaining GBV is long recognised, measuring social norms change in relation to GBV is still a relatively new area with an evolving field of knowledge, especially in humanitarian contexts (Glass et al., 2018). This report is based on a rapid review of the evidence from 21 studies and evaluations of 19 interventions in FCAS contexts (9 integrated interventions that have addressed two or more forms of violence; 6 FGM/C interventions; and 4 GBV interventions) (see Section 2 for methodology). Three of the GBV interventions primarily focused on intimate partner violence (IPV), and one addressed violence against women and girls without specifying a focus on a specific type of GBV. However, it also draws on evidence and practice-based lessons from the first What Works to Prevent Violence programme, which whilst not all from FCAS contexts are still relevant to successful social norms approaches. Section 3 summarises the evidence and highlights key practice-based lessons and insights in relation to three areas: i) approaches used, ii) intervention design, and iii) adaptation of interventions to different contexts. The full review of evidence can be found in Annexes 1 and 2 that accompany this report (see separate document).

Key findings include:

- **Community-based approaches centred around community mobilisation and action are promising social norms approaches to address multiple forms of violence in FCAS settings.** This includes working with faith leaders and through community dialogues, which are often delivered through a peer-led methodology by community members who are trained as activists, 'gender champions' and 'champions of change'.
- **Social marketing / communications approaches show some promise when combined with community-based approaches but are unlikely to be effective as stand-alone interventions.** More evidence is needed of their effectiveness, particularly in FCAS contexts.
- **Combined economic and social empowerment approaches in FCAS appear to have a positive impact on attitudes, social norms and shared drivers of different forms of GBV,** however, there is less evidence of impact on behaviours. Given the limited evidence from FCAS contexts, the review also turned to global evidence, which suggests that combined economic/social empowerment interventions targeting women are effective in reducing women's experiences of IPV. As such, this approach is promising but more evidence and documented good practice is needed from FCAS contexts.
- **Although integrated interventions are a common approach in FCAS, there is limited evidence of their effectiveness in addressing multiple forms of violence and shared drivers** as this has rarely been assessed by evaluations. Despite current limitations in assessing the effectiveness of integrated approaches to GBV, FGM/C and early childhood marriage in FCAS contexts, there are some emerging lessons on the pros and cons of this approach.

The pros include:

- Integrated approaches can offer opportunities to embed more sensitive topics in wider GBV programming, such as FGM/C.
- Integrated programmes can potentially offer opportunities for improved continuity in programming in communities in resource-constrained contexts, as funders and implementing organisations can explore opportunities to merge interventions with shorter funding-cycles into programmes that have multi-year funding.
- Integrated programming can facilitate improved multi-sector engagement and collaboration and coordination across actors.

The cons include:

- A challenge with integrated interventions is that the combination of multiple approaches, and the fact that evaluations have not been designed to attribute impact to certain components, makes it difficult to disentangle change pathways and compare outcomes across interventions.
 - Another challenge with integrated programming, which needs to be further explored, is the complexity of addressing multiple forms of GBV simultaneously, which may have shared but also distinct drivers. This becomes even more complex in FCAS contexts, where conflict dynamics may influence drivers of GBV in different ways, including social norms. Given the potential complexity of this type of programming, programmes need to carefully consider if this is feasible within a given budget, timeframe and team capacity, especially since this remains a learning frontier with limited practice and evidence to draw on.
- **Evidence from interventions in FCAS settings as well as social norms approaches in development settings highlight the following lessons about designing effective social norms interventions:**
 - Social norms approaches should work holistically with families and communities, including both men and women, to influence household and community-level change.
 - Social norms approaches should ensure facilitators are selected based on gender-equitable views, include thorough training of facilitators, and address facilitators' attitudes and norms surrounding gender and GBV before and throughout an intervention.
 - Promoting a new positive norm can be more effective in encouraging changes in behaviour than highlighting a harmful norm.
 - There is evidence that change is achievable within programmatic timeframes of three years, however the time needed should account for the implementation timeframe recommended for a particular approach and a 12-month inception period.

- Social norms approaches should anticipate increased help-seeking and backlash and should always integrate a response component to strengthen care and support for survivors.
- **Social norms approaches need to be carefully adapted to new populations and contexts. Evidence from FCAS and development settings highlights the following good practice:**
 - Build in time for formative research to understand the specific norms and attitudes driving FGM/C, GBV and early childhood marriage in a particular context.
 - Involve the originators to ensure fidelity to core principles of existing programmes.
 - Understand how conflict dynamics have shaped social norms.
 - Build in adequate time for adaptation of proven approaches, considering for example integration of additional forms of violence, contextual adaptations, cultural and language adaptations of materials, adaptations to different populations or settings e.g. adolescents, refugee populations or camp settings.
- **There are specific contextual considerations when translating interventions to the Somalia context. These include:**
 - Build in time to engage opinion leaders and develop social norms interventions that are culturally and contextually appropriate.
 - Identify the given 'reference group' shaping the social norms that drive violence – in Somalia, this will vary between different social groups, across the life course, and with displacement.
 - Tailor social norms approaches by age and gender when engaging with adolescents. In Somalia, evaluations of both the Communities Care and NCA/SCI Joint Programme highlighted the importance of developing targeted approaches to drive social norm changes with adolescent girls and boys.
 - Understand how social norms have been shaped by years of conflict and displacement. In Somalia, the prolonged conflict has shifted norms around manhood, also known as '*raganimo*', as well as what is seen as normal and typical behaviour in relation to FGM/C, GBV and early childhood marriage.
 - Recognise the security challenges involved in translating social norms approaches to the Somalia context. A previous social norms intervention had to change its delivery approach due to safety concerns which limited group gatherings.
 - Carefully consider whether social marketing or edutainment approaches are appropriate for the Somalia context, given that these interventions have not yet been tested in Somalia, and there is insufficient global evidence to suggest that these types of intervention have an impact on GBV, although they may be useful as part of multicomponent interventions.

2. Methodology

This rapid research query has been conducted as systematically as possible, under tight time constraints (a total of 9 days to review and write up evidence and practice-based lessons on social norms programming to address three types of violence).

Step 1: Search - Evaluations were identified primarily through existing systematic reviews or evidence reviews on FGM/C (Berg and Denison, 2013; Esho et al, 2017), GBV (Murphy et al. 2019; Kerr-Wilson et al., 2020), child marriage (Chae & Ngo, 2017; Malhotra & Elnakib, 2020 & 2021), as well as integrated interventions for adolescent girls (Marcus et al., 2017). In addition, searches were conducted using Google, PubMed, EBSCO and relevant electronic databases using targeted search terms.¹ We also reviewed flagship reports from the first What Works to Prevent Violence programme since these include relevant evidence from social norms approaches in development settings. While non-FCAS evidence and interventions were not included in the rapid mapping, this broader evidence was useful to situate the evidence from FCAS contexts as well as contributed valuable practice-based lessons on social norms approaches to GBV, which is highlighted throughout Section 3.

Step 2: Inclusion - To be eligible for inclusion in this rapid mapping, reports had to fulfil the following criteria:²

- Focus: Interventions using social norms approaches³ to address FGM/C, GBV and early childhood marriage in Somalia and other FCAS contexts.
- Time period: From January 2000 to present.
- Language: English.
- Publication status: Publicly available – in almost all cases published online.
- Format: Evaluation reports, peer-reviewed journal article, systematic reviews.
- Study design: All study types, designs, and methodologies including primary and secondary studies with clear methodologies to enable an assessment of quality.
- Quality: Medium/high-quality studies, as identified in systematic reviews, or based on the researchers' assessment (where not part of systematic reviews) of described methodologies and limitations.

In total, 21 studies and evaluations of 19 different interventions in FCAS settings were included: 9 integrated interventions (assessed by 11 studies); 6 FGM/C interventions; and 4 GBV interventions (three of these primarily addressed IPV, one of them addressed violence against women and girls, without focus on any specific type of GBV). Two interventions were implemented and evaluated in more than one country: Tostan Education programme and COMPASS. This evidence review did not identify any high-quality evaluation in FCAS settings that focused explicitly on child marriage⁴; however, the review identified several integrated interventions that addressed child marriage as one of several forms of violence (see 'integrated interventions'). The

included studies/ evaluations are summarised in the table below (Table 1). Annex 1 further outlines the evidence of impact of interventions. Annex 2 (see separate Excel document) includes detailed information about interventions, evaluation methodology, evidence of impact, and other information relevant to the focus of the query.

Table 1: Shortlisted studies/evaluations

Shortlisted 'high-quality' intervention research and evaluations in FCAS contexts			
Focus area	Evidence Reviews	Source	Intervention
Integrated approaches	Marcus et al. (2017)	UNICEF (2012a)	Ethiopia: Tostan Education programme
		Kipchumbe (2019)	Somalia: Community dialogue sessions
		Glass et al. (2019)	Somalia: Communities Care programme
		UNICEF (2018)	South Sudan: Communities Care programme
		Perrin et al. (2019)	
		Sulaiman et al. (2021)	Somalia: CHANGES
		Erulkar & Muthengi (2009)	Ethiopia: Berhane Hewan
		Mekbib & Molla (2010)	
		Tenner & O'Connor (2017)	Ethiopia, Pakistan and DRC: COMPASS
		Stark et al. (2018a)	DRC: COMPASS
		Stark et al. (2018b)	Ethiopia: COMPASS
FGM/C	Berg & Denison (2013)	Evans (2019)	Sudan: Saleema social marketing campaign
		Vogt (2019)	Sudan: Edutainment
	Esho et al. (2017)	UNICEF (2012b)	Somalia: Tostan education programme
		Babalola (2006)	Nigeria: Multimedia communication
		Chege (2004)	Ethiopia: Outreach, advocacy
		Ababeye (2015)	Ethiopia: Community dialogues leading to public declarations of abandonment

GBV	Murphy et al. (2019)	Palm et al. (2019)	DRC: Transforming masculinities (addressing IPV and non-partner sexual violence)
	Kerr-Wilson et al. (2020)	Guapta et al. (2013)	Côte d'Ivoire: Women's economic empowerment coupled with gender dialogue (addressing IPV)
	Jewkes et al. (2019)	Denny and Hughes, (2017)	Nigeria: Voices for Change (addressing violence against women and girls – not specified but evaluation measured domestic violence)
	Jewkes et al. (2020)	Gibbs et al. (2020)	Afghanistan: Combined economic empowerment and social empowerment intervention (addressing IPV)
Early childhood marriage	Chae & Ngo (2017) Malhotra & Elnakib (2021) Malhotra & Elnakib (2020)	<p>This evidence review did not identify any study in FCAS settings that focused explicitly on child marriage and met the inclusion criteria; however, the review identified several integrated interventions that addressed child marriage (see 'integrated interventions').</p> <p>In addition to the evidence reviews listed here, the researchers reviewed recent thematic briefs and technical guidance⁵ on child marriage in humanitarian contexts, however, none of these included any relevant interventions in FCAS contexts.</p>	

Step 3: Assessment of impact - The interventions were mapped onto an Excel Spreadsheet (see Annex 2) and assessed according to evidence of impact on reducing the three forms of violence (FGM/C, early childhood marriage, and other forms of GBV) and knowledge, attitudes, behaviour and social norms that underpin them.

- **Knowledge:** Whether an intervention has increased knowledge (e.g. % who know the harmful effects of FGM/C)
- **Attitudes:** Whether an intervention has changed individual attitudes on whether an action is good or bad (e.g. % who personally approve of FGM/C, GBV or early childhood marriage)
- **Behaviour:** Whether an intervention has changed behaviour (e.g. prevalence of GBV) – for FGM/C and child marriage this is sometimes measured as 'intended behaviour' (e.g. % expressing an intention not to cut their daughters or not to marry their daughters)

- Social norms: Social norms should be explored from multiple angles, going beyond individual attitudes and behaviours related to different forms of GBV, which have been the focus of research on GBV and social norms change in the past (Glass et al., 2019). Instead, Glass et al. suggest that measurements of changes in social norms should include questions about perceptions of how influential others (such as parents, religious leaders, and peers) expect one should behave ('normative expectations'), and beliefs about how one believes others in the community behave ('empirical expectations') (Glass et al., 2019). Following this definition, we have focused on evidence of whether an intervention has changed what *respondents see others in the community do* and what they *think others approve and disapprove of* (e.g. % who believe that most men and women in the community favour discontinuation of FGM/C, early childhood marriage or IPV). However, it should be noted that some studies have constructed social norms measurements in other ways – these findings have also been mapped to the 'social norms' column in the spreadsheet but have noted the methodological approach and definitions used.

Furthermore, any additional relevant information from each intervention was documented on the spreadsheet, including for each of the query sub-questions – e.g. evidence of impact on shared drivers, any variances in impact by different groups, underlying reasons for success/ failure, what the evidence means for addressing different forms of violence through social norms approaches, and any contextual considerations for adapting the intervention to Somalia.

Limitations:

- Availability of evidence: The number of evaluated interventions in FCAS countries that have taken social norms approaches to address FGM/C, early childhood marriage and GBV remains limited to date. Out of the interventions identified, most interventions took integrated approaches (addressing more than one type of violence), however, these were not consistently assessed for impact on multiple forms of violence but tended to focus on one type of violence, or only on certain outcome areas. After integrated approaches, FGM/C focused interventions were most common, followed by interventions that focused on GBV (primarily IPV, but sometimes not specified). There appears to be very few evaluated interventions that focus on early childhood marriage in FCAS contexts, however, child marriage was addressed/ measured as one of multiple forms of violence in some of the integrated interventions. Most studies tend to focus on the impact of an intervention on attitudes and behaviour, followed by impact on knowledge. Few studies measure impact on social norms.
- Methodological limitations for measuring social norms: There is no standard methodology for measuring the effectiveness of interventions on social norms related to FGM/C, early childhood marriage and GBV. There is a particular gap in methodologies and tools to measure social norms change in FCAS settings – at the time of their research, Glass et al. (2019) noted that "there were no social norms measures that specifically addressed GBV that had been developed or previously used in humanitarian settings" (Glass et al., p. 5). This became evident also in this evidence review, where 8 studies measured impact on social norms, however these used

different approaches and measurements of social norms change (although there were also some similarities).

- **Geographical limitations:** Most studies and interventions were implemented in FCAS contexts in Africa, with only two interventions from other parts of the world, both in FCAS contexts in Asia (Afghanistan and Pakistan). With limited time it was not possible to review studies outside of FCAS contexts, though this would undoubtedly have relevant lessons which could be brought to bear. Instead, lessons from the first What Works programme's flagship synthesis products were drawn on.

3. What is the evidence that social norms interventions are working to address FGM/C, GBV and early childhood marriage in FCAS contexts?

This section first offers an overview of the state of evidence on social norms approaches to address FGM/C, GBV and early childhood marriage in FCAS settings (Section 3.1), thereafter, it reviews the evidence and highlights key lessons and insight from the reviewed interventions in relation to three areas: i) effectiveness of different social norms approaches used (Section 3.2), ii) designing social norms interventions (Section 3.3), and lastly iii) adapting interventions to different contexts (Section 3.4). These sections also integrate lessons and good practice from global evidence and interventions in non-FCAS contexts, as more interventions have been implemented and rigorously evaluated in development settings to date, which offer valuable practice-based lessons on social norms approaches.

Annex 1 summarises the evidence of impact from the 21 high/medium-quality studies and evaluations on knowledge, attitudes, behaviours and social norms. For further details about the interventions, study methodology, and the evidence of impact, please refer to Annex 2 (separate document).

3.1 Summary of the evidence base on social norms approaches in FCAS contexts

Key observations about the state of the evidence on social norms approaches to address FGM/C, GBV and early childhood marriage in FCAS contexts include:

- **Measurement of social norms varies between studies which makes comparisons difficult, especially so in humanitarian settings.** This is reflected in what is currently a low level of consistency and common practice in how to assess interventions' impact on social norms that underpin different forms of GBV. The researchers who evaluated the Communities Care interventions in Somalia and South Sudan tried to address this gap by developing a *Social Norms and Beliefs about GBV Scale*⁶ to measure change in social norms from multiple angles with focus on respondents' beliefs about how influential others expect one to behave, and beliefs about how others in the community do behave. Adopting this approach in two research settings (however, with methodological limitations in South Sudan as the endline was not

possible to conduct due to security concerns), this evidence appears as the most thorough and methodological robust assessment of impact on social norms change related to GBV programming in FCAS contexts to date. The evaluation of the CHANGES intervention in Somalia (Sulaiman et al., 2021) also provides a robust evaluation of a social norms approach in an FCAS setting; however, how it measures social norms change related to different types of violence (child marriage and IPV) appears less consistent.

- **Interventions use a range of approaches and many target more than one type of violence.** However, evaluations (with a small number of exceptions) have not been designed to track the impact of certain approaches or programme components, or to measure impact on multiple types of violence and possible shared drivers. Furthermore, evidence of impact of different interventions on social norms and related attitudes and behaviours should always be understood in their context, as what has worked to change social norms that sustain GBV in one context will not necessarily work in another, as the social norms and subsequently change pathways may look different. As a result, it is challenging to disentangle change pathways as well as compare different approaches and their relative effectiveness. Nevertheless, there are some important insights and lessons to draw from the evidence in terms of approaches, intervention design, and adaptation of interventions – these are explored later in this section.
- **Limited attention is paid to how social norms that underpin GBV may be impacted by the particular dynamics of FCAS contexts.** For instance, the social norms diagnosis in the Communities Care evaluations recognised that social norms and associated behaviours were being influenced by wider changes in the humanitarian contexts, including the loss of livelihoods for men which required women to increasingly work outside the home and take on the role of being the family breadwinner (Glass et al., 2018). However, with this exception, there is limited recognition and analysis of how the particular conditions and changes in FCAS contexts may impact on social norms and gender dynamics, and whether and how interventions have been designed with this in mind.
- **Limited rigorous evidence that explores social norms approaches to child marriage in FCAS settings.** Of the 21 interventions included, only one focused on child marriage. Evidence reviews have noted that despite increased attention to child marriage in humanitarian settings in recent years, there is still a lack of dedicated programming and subsequently evidence of how social norms that sustain child marriage can be addressed in FCAS contexts (see e.g. Malhotra & Elnakib, 2021).

3.2 Effectiveness of different social norms approaches

Community-based approaches centred around community mobilisation and action are promising social norms approaches to address multiple forms of violence in FCAS settings.

Evidence from community-based programmes in several FCAS countries suggest that involving the wider community in interventions through working with community leaders, training community activists, and facilitating community dialogues and action groups are promising

strategies to influence attitudes, behaviours and social norms that underpin various forms of GBV (Murphy et al., 2018) – these strategies often appear in tandem as part of a comprehensive community-based approach, which often operate at multiple levels of the ecological model.⁷

Faith leaders and traditional leaders have considerable reach within communities and can have a positive influence on individual attitudes and social norms that underpin GBV through disseminating messages, acting as role models, supporting survivors, as well as catalysing change and community ownership. Endline findings from an intervention that worked with faith leaders in conflict-affected communities in DRC showed a decline in all forms of IPV and non-partner sexual violence (NPSV), more equitable gender attitudes, less acceptance of VAWG, and reduced levels of internal and external stigma faced by survivors (Palm et al., 2019) (see Box 1 below for more details about the intervention and evaluation findings). Lessons from an intervention that addressed FGM/C in Ethiopia (Tostan Education programme) highlight that early engagement and training of religious leaders and elders is important for facilitating subsequent community conversations around FGM/C, as it was important to demonstrate that community leaders were not against these conversations and make clear that FGM/C is not a religious obligation (UNICEF, 2012). Evidence from the Voices for Change (V4C, 2016) programme in Nigeria shows that connecting religious leaders can leverage institutional change and contribute to a ‘rising tide’ of change in social norms. By facilitating connections, the programme helped to show religious leaders that a bigger change is possible.

Community dialogue/ conversations is a commonly used approach to disseminate messages and facilitate discussions that can generate awareness, influence attitudes, with the view to ultimately shift social norms, but can also be an important means for contextualising interventions and building relationships with communities. Participants in an intervention targeting child marriage and FGM/C in Ethiopia (Berhane Hewan) ranked community conversations around abandonment of harmful practices, particularly child marriage, FGM/C and marriage by abduction ‘the most influential’ component in delaying the age of marriage (the intervention was effective for delaying child marriage among younger adolescent girls, but not older girls)⁸ (Mekbib and Molla, 2010).

The Communities Care programme has implemented community dialogues in two FCAS settings: Somalia and South Sudan. The programme used community dialogues as a platform to identify community priorities in terms of addressing GBV (resulting in a focus on sexual violence in both countries and FGM/C in some communities in Somalia, as well as other forms of GBV) and to subsequently explore the social norms that sustain GBV and identify actions to transform these norms (Glass et al., 2019; UNICEF, 2021a). A qualitative case study in Somalia highlighted that the community dialogue “cannot be underestimated as it ultimately forms the basis of genuine programme contextualisation – a central theme to FGM programming in Somalia” (UNICEF, 2021b, p. 8). An evaluation of the programme in Somalia found that men and women in intervention districts had significantly greater improvement in change in harmful social norms for all three dimensions measured⁹ compared to the control arm (Glass et al., 2019). While the endline evaluation could not be conducted in South Sudan due to security concerns, data collected four

years post-baseline from a random sample in the intervention areas suggest positive changes in personal beliefs about harmful social norms associated with GBV, and that messaging from community dialogues were spread successfully (UNICEF, 2021a).

A popular way to deliver community dialogues/ conversations is through a peer-led methodology where community members are trained as activists, 'gender champions' and 'champions of change' to lead fellow community members through curricula-based conversations around a series of topics. In the Communities Care programme, community dialogues took the form of structured conversation led by trained community members, following a curriculum over a period of 15 weeks. In the Transforming Masculinities programme in DRC, 30 gender champions (women and men) were selected from the local communities and trained to lead 8-10 peers through a 6-week period of weekly community dialogues focused around changing attitudes and behaviours towards GBV (Palm et al., 2019).

Box 1: Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities – 'Transforming Masculinities'

In DRC, the 'Transforming Masculinities' intervention (2015-2017) mobilised local faith leaders as a key reference group that influence social norms in communities. Faith leaders were supported to act as role models and integrate messages around gender equality, positive masculinity and non-violence in their existing activities such as sermons, prayer groups, youth groups, and counselling. An endline evaluation found that messages disseminated by faith leaders reached a considerable part of the local population, including those who were not affiliated with a faith group – indicating that this was an effective dissemination strategy. The evaluation found positive impacts in all domains measured – attitudes, behaviours and social norms related to GBV. This suggest that faith leaders can have a significant positive influence on social norms that drive IPV in communities, especially where faith is a big part of everyday life and faith leaders already reach a vast majority of the population and usually play counselling roles at the community level.

Source: Le Roux et al. (2020) [Engaging with faith groups to prevent VAWG in conflict-affected communities: results from two community surveys in the DRC](#), *BMC International Health and Human Rights*, 20;27 (2020)

The importance of involving the wider community in interventions that aim to have an impact on GBV through addressing underlying knowledge, attitudes, behaviours and social norms is reinforced by looking at interventions that did not involve significant community mobilisation and action. There is limited evidence that these influence women's and girls' risk of experiencing GBV, and the surrounding community's attitudes towards GBV. An example is the COMPASS programme that worked with adolescent girls living in displacement settings in Pakistan, DRC and Ethiopia (see Tenner and O'Connor, 2017). While the programme led to positive changes in the lives of adolescent girls (such as having more friends, having the opportunity to speak to a mentor, and learning about GBV services), the programme showed no overall improvement in girls' own

attitudes to gender inequality (including that women should tolerate violence), no significant reduction in girls' perception that their families will blame them if they experience sexual violence or harassment, and no significant changes in reported experiences of GBV or girls' feelings of safety (ibid.). The evaluation suggest that similar interventions need a stronger focus on social norms and gender roles in order to transform entrenched norms and attitudes, and should seek to address power dynamics in families as well as communities.

Social marketing / communications approaches show some promise when combined with community-based approaches but are unlikely to be effective as stand-alone interventions.

Well-designed social marketing campaigns that are part of a multi-component intervention and are delivered over a long period of time have potential to influence attitudes and norms, although more evidence is needed of their effectiveness, particularly in FCAS contexts. In Sudan, the *Saleema*¹⁰ initiative which combined a social marketing campaign with community dialogues was effective in reducing pro-FGM/C social norms. The evaluation did not however measure changes in behaviour or show which groups of people are more likely to be positively affected by the campaign (Evans et al., 2019). Also in Sudan, an edutainment intervention found that attitudes towards uncut girls improved significantly, especially among older women with daughters, but there was no change in behaviour. Participants who entered the experiment with the most negative attitudes toward uncut girls did not change their attitude (Vogt et al., 2019).

To date, there is limited evidence that these types of approaches can change behaviour on their own. The only social marketing / mass communications intervention reviewed which changed behaviour was the USAID-funded Ndukaku programme in Nigeria. Exposure to the programme through both the mass media and community events increased the odds of not intending to perform FGM/C more than fivefold while exposure through either source increased the odds more than threefold (Babalola et al., 2006).

Combined economic and social empowerment approaches in FCAS appear to have a positive impact on attitudes, social norms and shared drivers of different forms of GBV, however, there is less evidence of impact on behaviours and more evidence is needed from FCAS contexts.

This evidence review identified three evaluated interventions in FCAS contexts that used combined social empowerment and economic empowerment approaches: Challenging Harmful Attitudes and Norms for Gender Equality and Empowerment in Somalia (CHANGES/ DFID Somalia Social Norms and Participation Programme) that addressed multiple forms of GBV (FGM/C, IPV, and child marriage) (Sulaiman et al., 2021); an intervention to reduce GBV in Côte d'Ivoire (Guapta et al., 2013); and a Women for Women International intervention in Afghanistan, which did not target IPV specifically, but measured outcomes on IPV (Gibbs et al., 2021). The interventions all showed positive impacts on attitudes, while the evidence of impact on behaviour (prevalence of respective forms of violence) gives a mixed picture, but with some positive impact for certain types of violence and for sub-groups of participants. Only the evaluation of the CHANGES programme assessed impact on social norms. Key evidence and lessons from the interventions include:

- **Social empowerment components can contribute to positive impact on attitudes among women and men.** While all three interventions showed positive impact on attitudes, the evaluation of the intervention in Côte d'Ivoire was the only one that isolated the contribution of the social empowerment element, as an RCT assessed the outcomes from the economic intervention alone (village savings and loans associations for women) compared to the economic component coupled with gender dialogues for women and their male partners. The dialogues took place over a 16-week period with bi-weekly meetings focusing on different topics, which were all underscored by messages around non-violence at home, respect and communication in couples, with focus on gendered social inequalities and norms in household (Guapta et al., 2013). Acceptance of justification towards wife beating was significantly reduced among couples who attended the gender dialogues, however, attitudes towards the ability of a woman to refuse sex did not significantly change (ibid).
- **Combined economic and social empowerment approaches hold potential to address shared drivers of multiple forms of GBV, such as poverty and food insecurity.** The intervention in Afghanistan showed positive impact on women's economic empowerment (measured in increased earning and savings), significantly reduced household food insecurity at endline, and improvements in women's decision-making in households and mobility – indicating that the intervention addressed underlying drivers of GBV including gender inequitable relationships and economic drivers (Gibbs et al., 2021). Interestingly, while the overall sample of women did not see a reduction in their experience of IPV after the intervention, a sub-group of participants, namely women who experienced moderate food insecurity at the start of the intervention, reported a statistically significant reduction in IPV at endline (ibid).
- **Involving men in social norms approaches can help influence household power dynamics and attitudes that underpin GBV.** While the Somalia and Côte d'Ivoire interventions involved men in social empowerment components and saw positive impact on attitudes towards violence among both women and men, the Afghanistan intervention worked with women alone. The authors of the evaluation in Afghanistan noted that involving women only was not sufficient to address deeply entrenched gender inequality that limits women's livelihoods opportunities and upholds power imbalances between women and men in relationships, which arguably limited the intervention's potential to have an impact on IPV (Gibbs et al., 2021).
- **There is evidence of some positive changes in behaviour, but overall there is limited evidence that these interventions have changed behaviour around FGM/C intentions or prevalence of GBV.** The Côte d'Ivoire intervention saw a statistically significant reduction of economic abuse among women who participated in the combined economic and social empowerment intervention (no statistically significant effect on any physical or sexual IPV was recorded), and the CHANGE intervention in Somalia reduced women's intention to circumcise their currently uncut daughters at endline, and the percentages of 15-19 years old girls who had ever been married has declined from 12% to 7% in intervention communities between

midline to endline (Sulaiman et al., 2021). Read more about the findings from the CHANGE programme in the case study in Box 2.

- **Livelihoods interventions and vocational training can be feasible entry points** for social norms approaches in contexts where it may be sensitive to address gender inequality and GBV more directly. In Pakistan, the COMPASS programme offered vocational activities to women and adolescent girls from the onset as it was seen as an acceptable entry point into other types of activities and services, including life skills sessions, counselling and case management services (Tenner and O'Connor, 2017). At the same time, the vocational training component responded to a need among women and girls in the context (ibid.).

These findings are promising but are based on a small number of interventions in FCAS contexts. Evidence from the first What Works to Prevent Violence programme, based on a wider global evidence base, found that combined economic and social empowerment interventions targeting women (often with a strong emphasis on gender transformation) are effective in reducing women's experiences of IPV (Kerr-Wilson et al., 2020). As such, there is good evidence to believe that these interventions are effective, but more evidence and documented good practice is needed from FCAS contexts.

Although integrated interventions are a common approach in FCAS, there is limited evidence of their effectiveness in addressing multiple forms of violence and shared drivers.

Many of the identified interventions targeted multiple forms of violence in integrated ways. In fact, 9 out of 19 interventions addressed more than one type of violence (GBV; FGM/C and early childhood marriage). None of the interventions addressed child marriage alone, but child marriage was addressed in some of the integrated interventions. The COMPASS programme in three countries (DRC, Pakistan and Ethiopia) addressed GBV against adolescent girls including child marriage; Communities Care (Somalia and South Sudan) addressed sexual violence and other forms of GBV (as identified by communities, which in some communities in Somalia included FGM/C); and interventions in Somalia (Kipchumba et al., 2019; Sulaiman et al., 2021) and Ethiopia (UNICEF, 2012; Erulkar & Muthengi, 2009), were also designed to address multiple forms of GBV.

The current state of limited evidence from integrated approaches in reducing GBV, FGM/C and early childhood marriage and tackling shared drivers in FCAS contexts, means that any new programme that takes an integrated approach would substantially add to the evidence base – making it crucial to invest in carefully designed monitoring, evaluation, research and learning (MERL) to capture impact on different forms of violence, knowledge, attitudes, behaviours and social norms, including impact on shared drivers.

Less than half of the integrated interventions evaluated the impact on social norms, with different methodologies and measurements used to measure impact on social norms around different forms of violence. Four studies (UNICEF, 2012; Kipchumba et al., 2019; Erulkar and Muthengi, 2009 & Mekbib and Molla, 2010) measured outcomes primarily on one form of violence, while others measured impact on outcomes related to two or more forms of violence in at least one domain.

The integrated intervention that offers the most comprehensive assessment of impact in different domains and for different forms of violence is the CHANGES intervention (Sulaiman et al., 2021), which measured impact on knowledge about child marriage and FGM/C; attitudes towards IPV, child marriage and FGM/C; behaviour related to child marriage and FGM/C (IPV prevalence was deemed too sensitive to measure); and social norms in relation to these forms of GBV by looking at changes at community level. See Box 2 for more information on the impact of the CHANGES intervention on multiple forms of violence.

Despite the current limitations in assessing the effectiveness of integrated approaches to GBV, FGM/C and early childhood marriage in FCAS contexts, there are some emerging lessons on the pros and cons of this approach:

Integrated approaches can offer opportunities to embed more sensitive topics in wider GBV programming. A qualitative study of the Communities Care programme in Somalia noted that embedding FGM/C in a broader GBV intervention offered a less confrontational approach to engage communities and stakeholders on a very sensitive issue, and may be a promising way to address the practice in Somalia (UNICEF, 2021b). An evaluation of another integrated approach in Somalia (CHANGES) highlighted that FGM/C appears at the hardest outcome to influence among the various types of GBV that were addressed (Sulaiman et al., 2021). Nevertheless, there were some positive changes in outcomes related to FGM/C including improved awareness about negative consequences of the practice, increased acceptance of uncircumcised girls in their community, and women reported reduced intention to not cut their daughters who have not yet undergone FGM/C (ibid.). In regard to influencing behaviour, the evaluation found a shift from more 'severe' to less severe types of FGM/C being practiced, but no evidence of impact on reducing the overall prevalence (ibid.). Read more about the CHANGES programme in Box 2 on the next page.

Integrated programmes can potentially offer opportunities for improved continuity in programming in communities in resource-constrained contexts, as funders and implementing organisations can explore opportunities to merge interventions with shorter funding-cycles into programmes that have multi-year funding – a study by UNICEF (2021b) suggests this may be an appropriate approach in Somalia. When it comes to social norms approaches, evaluators have also stressed the importance of building rapport and relationships with communities, which can be challenging in programmes that are shorter (UNICEF, 2021b; Chege, 2004). However, none of the evaluations included in this review highlight evidence or good practice about this type of integrated programming, suggesting that it is a learning frontier that needs to be further explored. Integrated programming can facilitate improved multi-sector engagement and collaboration and coordination across actors. For example, the qualitative study of the Communities Care programme in Somalia highlights that taking a 'systems-strengthening' approach as opposed to an 'issue-based approach' has allowed for a stronger focus on shared drivers of violence, and enhanced coordination between service providers such as health, education, police and other services, as well as brought together formal and informal child protection actors (UNICEF, 2021b).

Integrated interventions commonly adopt and combine a range of approaches, and the impact of interventions can rarely be attributed to certain components, making it challenging to disentangle change pathways and compare outcomes across interventions. Given these challenges and the scattered evidence base, it is difficult to assess the effectiveness of integrated interventions as an approach to reduce GBV, FGM/C and early childhood marriage in FCAS contexts.

Box 2: DFID Somalia Social Norms and Participation Programme (SNAP) - Challenging Harmful Attitudes and Norms for Gender Equality and Empowerment in Somalia (CHANGES)

The CHANGES programme (2016-2020) aimed to influence social norms underpinning child, early and forced marriage and FGM/C, as well as improving women's social and economic empowerment. The programme included three main components at community level. The programme conducted community dialogues and activities to engage men and boys, as well as opinion leaders. The economic component of the programme established and supported village saving and lending associations (VSLA) and adopted the [Economic and Social Empowerment \(EASE\)](#) model developed by IRC. Lastly, the programme introduced the CHOICES curriculum for young adolescents, which focuses on respectful relationships, equality and fairness, standing up to peer pressure, and advocating for girls' education over marriage. The programme also collaborated with women's rights and civil society groups to influence legal and policy frameworks, established women's entrepreneurship networks, and worked with religious leaders and scholars to promote women's agency in a way that was aligned with Islamic beliefs and values. In addition to this focus on shifting social norms to prevent various forms of GBV, including child marriage, FGM/C and IPV, the intervention also strengthened the referral system across the intervention districts.

The evaluation of the intervention found that the knowledge around child marriage and FGM/C had improved, and positive impact on attitudes, including increased acceptance of uncut girls. The impact on behaviour was mixed but largely positive: the overall rate of FGM/C did not decline, however there were changes in the type of FGM/C to a less 'severe' form, as well as a reported reduction in female respondents' intention to have their daughters undergo FGM/C. Although it was not possible to disentangle the impacts of specific components on the outcomes, the evaluators highlight that the evidence points towards a complementarity of economic and social empowerment components.

Source: Sulaiman et al (2021) *Endline Report: Challenging Harmful Attitudes and Norms for Gender Equality and Empowerment in Somalia*, (CHANGES) Project

Another challenge with integrated programming, which needs to be further explored, is the complexity of addressing multiple forms of GBV simultaneously, which may have shared but also distinct drivers. This becomes even more complex in FCAS contexts, where conflict dynamics may have influenced drivers of GBV in different ways, including social norms, which may furthermore change during the lifespan of a programme. The relative effectiveness of addressing shared drivers

of different types of GBV, as opposed to targeting specific drivers that are known to underpin certain types of GBV in a context, is not explored in the current evidence base. What has been highlighted is that social norms are only one set of drivers in a broader 'portfolio' of drivers of GBV in any setting, and that that social norms approaches may thus be more effective when they are embedded in a programme that address multiple types of GBV drivers (Jewkes et al., 2019). Any programme that seeks to address multiple forms of GBV in an integrated way need to carefully assess the feasibility of doing this within a given budget, timeframe and team capacity, as well as the feasibility of this within the given context. This will require ample time and resources to identify and analyse drivers of various forms of violence, and appropriate social norms approaches to address these.

3.3 Designing effective social norms interventions

Social norms approaches should work holistically with families and communities, including both men and women, to influence household and community-level change.

Evidence from several interventions highlights that programmes that focus only on women and/or girls, without involving influential family members and the wider community that they live in, have limited impact on changing behaviours and social norms. For instance, there is evidence that programmes that have worked to empower adolescent girls through safe spaces have led to positive changes in the lives of girls, however, they have showed little or no impact on girls' feeling of safety outside the safe spaces and experiences of GBV, their own attitudes towards GBV, and their beliefs about parents' and communities' attitudes to sexual violence (such as blaming girls if they experience sexual violence) (Tenner and O'Connor, 2017). The evaluation of the COMPASS programme in three countries suggest that adolescent girl programming needs to be accompanied by wider gender transformative programmes with stronger focus on social norms and gender roles, and which explicitly address power dynamics between men and women in the household and the community (ibid). The evaluations found that the parents and caregivers involved in the programme were mostly mothers (based on self-selection), who may have limited power to influence household power dynamics and decisions that have an impact on girls' safety and wellbeing (ibid).

The evaluation of the Transforming Masculinities intervention in DRC also highlights the need to focus on men's and women's attitudes and behaviours. The programme entailed a strong focus on toxic masculinity and transforming men's attitudes and behaviours and the endline noted a greater impact on men's attitudes to IPV and stigma relative to women's (Palm et al., 2019). The authors noted that the focus on masculinity needs to be coupled with a stronger focus on women's attitudes, as women appeared to hold deeply internalised gender discriminatory attitudes that promote justification of IPV and reproduce survivor stigma (ibid).

Social norms approaches should include thorough training of facilitators and addressing facilitators attitudes and norms surrounding gender and GBV before and during an intervention.

In line with global evidence of what works in community-based activist approaches (see Jewkes et al., 2020), evaluations of interventions in FCAS contexts highlight the importance of selection of facilitators based on gender-equitable attitudes, quality training of facilitators, including refresher training and ongoing mentoring, as key contributing factors to successful interventions. For instance, the evaluation of Transforming Masculinities in DRC underlines the importance of carefully selecting and training gender champions (Palm et al., 2019). The selection process identified women and men who modelled non-violent attitudes and gender equity, were open minded, had time to volunteer for two hours each week, were literate, and who were based in the community. They received three days of initial training followed by four days at a later stage, and were regularly given support and mentoring by programme staff (ibid.).

In contrast, an evaluation of an intervention in Pakistan (COMPASS) found that mentors/facilitators while being enthusiastic about working to support adolescent girls, held gender inequitable attitudes and harmful attitudes towards GBV at the end of the programme (Tenner and O'Connor, 2017). It was noted that the pre-training of mentors had not addressed GBV, gender norms and attitudes (ibid.).

Promoting a new positive norm can be more effective in encouraging changes in behaviour than highlighting a harmful norm.

When designing a social norms approach, the evidence suggests that it can be useful to focus on promoting context-specific positive norms or 'what can be', such as healthy relationships. Highlighting the problem, for example '1 in 3 women experience violence', can unintentionally reinforce descriptive norms that this behaviour is common (UN Women, 2020). In Sudan, the Saleema intervention aims to protect girls from cutting by emphasising being 'whole' and healthy in body and mind, while avoiding strategies that communicate that the practice is widespread. To avoid backlash, it is also important to package the norm in a way that gains the support of community gatekeepers who are mostly men. In Somalia, the Tostan FGM/C intervention was presented as beneficial to all the community, with reassurances to men that female empowerment does not entail male disempowerment (UNICEF, 2012).

To encourage changes in social norms, the new positive norm should also be highly visible and repeated across multiple media and over time (Alexander-Scott et al., 2016). For example, the Saleema social marketing campaign involved posters, children's puzzles, multimedia campaign with TV, radio, songs, comic books, clothing, and was accompanied by large-scale community dialogues including public pledges of abandonment. A quasi-experimental evaluation which controlled for dosage of campaign messages delivered across the 18 states in Sudan found that people who were exposed to higher doses of Saleema had greater improvements in social norms on FGM/C and reducing the acceptability of the practice (Evans et al., 2019).

There is evidence that change is achievable within programmatic timeframes of three years.

Social norms approaches typically involve complex social change processes, with sufficient time needed for design and adaptation to address contextually-specific norms. Evidence from the UK-funded What Works to Prevent Violence programme is that the most effective social norms interventions involve community activism or mobilisation approaches, which require ideas to be disseminated through communities. These more intensive approaches usually involve volunteer activists who live and/ or work in these communities and are trained to work as change agents. The training of these volunteer activists and then the 'organised diffusion' of ideas throughout communities all takes time, which cannot be achieved through 'light touch interventions' or short timeframes (Jewkes et al., 2019).

The timeframe by which social norms approaches tend to first see an impact on GBV is usually around 18-36 months (Jewkes et al., 2019). While change has been possible within 18 months, shorter programmes have rarely been able to shift deep-seated social norms – a global evidence review by the What Works to Prevent Violence programme found that most community-based social norms approaches have spanned 24-36 months (Kerr-Wilson et al., 2020), but most of the assessed interventions were implemented in non-FCAS settings. However, other lessons from FCAS contexts similarly suggests that longer timeframes (i.e. 18-36 months) are likely to be more effective than shorter. For example, an evaluation of the COMPASS intervention which aimed to reduce adolescent girls' experiences of interpersonal violence in a refugee setting in Ethiopia concluded that 8-10 month interventions were likely too short to see impact on attitudes and norms (Tenner and O'Connor, 2017). Due to unforeseen challenges associated with programme adaptation and implementation, the COMPASS intervention had a condensed timeframe. Although an evaluation found encouraging signs of improvements in attitudes around rites of passage and social support, there was no evidence that the intervention was able to reduce girls' exposure to sexual violence within the short timeframe (ibid). Other interventions also highlight the ethical importance of longer-term commitment when engaging in programming that accompany communities in a social change process that challenge social norms (Chege, 2004).

In addition to an implementation timeframe of between 18-36 months, depending on the approach, programmatic timelines need to account for an adequate inception period of around 12 months which allows time for design adaptations of proven approaches to the context and to the programme's intended outcomes and beneficiaries, selection and training of partners, selection and training of facilitators, and adaptation and translation of materials.

Intervention intensity is also key to changing social norms (Jewkes et al., 2020). In Nigeria, the UK-funded Voices for Change (V4C) programme found that participants in intensive interventions reported much larger positive changes in social norms; however, not specifically related to GBV. An Attitudes, Practices and Social Norms survey (APSN), a longitudinal survey designed to measure social norms change, found that young people who participated in V4C's intensive interventions showed much larger positive changes, compared to the general population. Interestingly, the effect of intensive engagement was strongest among young men, suggesting

that targeted, intensive approaches can have transformative impacts on changing social norms around gender (Denny and Hughes, 2017). In Somalia, an evaluation of the CHANGES intervention found that concentrating activities in target communities, instead of distributing them thinly across many communities improved the effectiveness of the intervention (Sulaiman et al., 2021).

Social norms approaches should anticipate increased help-seeking and backlash and should always integrate a response component to strengthen care and support for survivors

Ethical prevention programming, such as social norms change approaches, includes support to survivors of GBV, FGM/C and early childhood marriage. Mapping of existing services in the intended programme setting, assessment of the quality of those services and plans and budget to strengthen or supplement support to survivors, including through partnership with existing response programming, is a critical part of designing social norms approaches which are likely to result in increased help-seeking.

It is also important to carefully plan for unintended outcomes when challenging harmful social norms around GBV, FGM/C and early childhood marriage. Rigorous risk mitigation measures are essential as programmes often involve risks of backlash to early adopters of new norms. A key lesson from the evidence is that safe, confidential reporting and referral mechanisms should be in place, particularly when working on social norms with adolescent girls in fragile and conflict affected contexts and humanitarian settings. Some groups are at particularly high risk, such as girls with disabilities, out-of-school girls, and refugee or displaced girls (VAWG Helpdesk, 2020).

Integrated prevention and response programming can also be an important way to increase confidence in services. In Somalia, the Communities Care programme involved a community-based care component with holistic and survivor-centred services for GBV survivors. An evaluation in Mogadishu found that residents in intervention districts had a significantly greater increase in confidence in provision of services across diverse sectors (health, psychosocial, protection and education services) than the control district¹¹ (Glass et al., 2019).

3.4 Adapting interventions

Social norms approaches need to be carefully adapted to new populations and contexts.

When adapting a social norms approach that has been effective in one context, it is important to build in time to carefully adapt it to a new context that might have quite different social norms. Key lessons from the evidence include:

- **Build in time for formative research on the specific norms and attitudes** driving FGM/C, GBV and early childhood marriage in a particular context. The most effective programmes have a clear understanding of the behaviour they want to promote or change, the norms and attitudes that influence these behaviours and what social rewards and sanctions keep these norms in place. There are a range of qualitative tools that have been used to diagnose social norms and develop new interventions, including open-ended qualitative questions about the behaviour, as well as hypothetical social norms vignettes paired with structured questions

that probe different aspects of norm theory. For example, CARE USA uses the 'Social Norms Analysis Plot' (SNAP) to explore local norms around early childhood marriage (Cislaghi and Heise, 2017; UN Women, 2020).

- **Involve the originators to ensure fidelity to core principles** of existing programmes. Originators have useful experience in knowing how to adapt programmes to different contexts while adhering to the common elements that make the social norms approaches effective in the first place. A useful resource here is the guidance produced by the [Community for Understanding Scale-up \(CUSP\)](#) on how to adapt and scale different initiatives effectively and ethically. It includes lessons on adapting five social norms programmes: GREAT, IMAGE, SASA!, Stepping Stones and Tostan, such as prioritising accountability to communities, fully understanding the principles of, and align with, the values of the methodology, ensuring adequate time and funding, maintaining fidelity to the elements of the original methodology, involving originators, and re-examining the role of government and international organisations in effective and ethical scaling (CUSP, 2018).
- **Understand how conflict dynamics have shaped and are continuing to shape social norms.** An evidence synthesis by the What Works to Prevent Violence in Conflict and Humanitarian Crisis programme observed that social norms approaches need to be adapted to different phases of crisis, with "more nuanced understandings of what facets of wider comprehensive social norms programming are possible to implement in extremely fragile contexts and if pared down or truncated programming approaches can have an impact" (Murphy et al., 2019, p.26). In addition, dynamics can change rapidly in some FCAS contexts, necessitating strong monitoring to identify course corrections needed in implementation, and flexibility from both implementers and donors to iteratively adapt programming to achieve impact.
- **Build in adequate time for adaptation of proven approaches**, considering for example integration of additional forms of violence into approaches that have been shown effective in addressing a single form, necessary contextual adaptations, cultural and language adaptations of materials, adaptations to different populations or settings e.g. adolescents, refugee populations or camp settings. Rushed adaptation timelines or inadequate adaptation budgets can jeopardise effective programming, for example by failing to budget for engaging originators or by leaving inadequate time for piloting and refining of materials with communities.

There are specific contextual considerations when translating interventions to the Somalia context.

Some key considerations when adapting social norms approaches to Somalia include:

- **Build in time to engage opinion leaders and develop social norms interventions that are culturally and contextually appropriate.** The evidence from previous interventions in Somalia, such as Communities Care and CHANGES, is that Imams/religious leaders and

community elders play a key role in sustaining or ending harmful practices that are held in place by social norms. The Mid-Term Review of the NCA/SCI Joint Programme (2016-2018) in Somalia observed that “religious leaders were the most influential actors in the campaign against FGM/C” (p.13), but the lack of a common position led to confusion among community members about religious leaders’ opinions which meant that norms were slow to change. Another intervention with Somali refugees in Kenya faced some hostility from religious leaders who did not fully and positively advocate against FGM/C, leading to the programme having no significant impact on behaviour change. A key consideration for Somalia is the need to include traditional and religious leaders in early outreach strategies and implementation (Chege, 2004), while also contextualising messaging depending on the type of Sunni Islam practiced, secular beliefs and approaches to governance (UNICEF, 2021).

- **Identify the given ‘reference group’ shaping the social norms that drive violence – in Somalia, this will vary between different social groups, across the life course, and with displacement.** Social norms are largely shaped by an individual’s reference group (the social and cultural networks whose expectations matter to an individual) and are often closely linked to their identity. Reference groups can also shift depending on the issue at hand, and therefore it is important that time is built in at the programme design to identify the most influential reference group(s) for a particular behaviour (Alexander-Scott et al., 2016). Social norms and reference groups can also change over the life course, as children transition to adulthood, marry, become parents, and (for men) move towards becoming senior or titled elders of their clan lineage. Displaced populations may also require adapted social norms approaches as they find themselves far from their clan territories and the social norms of their *diya*¹² group members (for men) (Gardner and El-Bushra, 2016).
- **Tailor social norms approaches by age and gender when engaging with adolescents.** Several interventions highlight how early adolescence between ages 10 and 14 can be an important period when gender norms are shifting, and roles are becoming more rigid as girls are being prepared for marriage (GAGE, 2018). In Somalia, evaluations of both the Communities Care and NCA/SCI Joint Programme highlighted the importance of develop targeted approaches to drive social norm changes with adolescent girls and boys (Kipchumba, 2019; Glass et al., 2019). The Communities Care programme recognised that adolescent boys are a potential entry point to change social norms around FGM/C, with signs that boys’ attitudes are changing in urban areas so that “a growing number appear to be expressing a preference for uncut girls who are able to be sexually fulfilled and vice versa” (UNICEF, 2021b, p.8).
- **Consider how social norms in Somalia have been shaped by years of conflict and displacement.** Social norms are dynamic and change over time. In Somalia, the prolonged conflict has shifted norms around manhood, also known as *‘raganimo’*, as well as what is seen as normal and typical behaviour in relation to FGM/C, GBV and early childhood marriage.

The concept of *raganimo* varies over the life course, geographically and by different social groups. For example, in northern Somali nomadic pastoralist society, *raganimo* refers to all aspects of being what translates as a 'real man', while in Puntland it is said to refer specifically to a man's physical virility and sexual prowess (Gardner and El-Bushra, 2016). Decades of conflict, insecurity and displacement have shaped Somali norms around masculinity, sometimes leading to violent masculine norms that 'real men' use violence to get what they want (see Box 3). The Somali proverb 'raganimo waa raadkaaga oo roob qariyey' ('raganimo is like your footprints which are wiped out by the rain') is sometimes used to explain the fragility of manhood.

Box 3: Understanding how social norms around *raganimo* in Somalia link to violence

Research with host and IDP communities in Mogadishu and South-Central Somalia observed how young men perpetrated violence against girls when they felt their masculinity had been undermined: "When young girls reject sexual innuendoes or relationships with young men, they take such rejection as *Jees-Jees* (mockery) and see it as a devaluation of their manhood. Young men stated that they attempt by any means to rape these girls to show them they are 'men' with manhood (*raganimo*) traits. They lure and trick young girls into relationships – for example, they promise offers of marriage – and then take them to houses and rape them. They stated that use of modern technology, such as telephones with video recording, Facebook and YouTube, are tactics employed by the youth and men to humiliate and keep women and girls quiet" (CIPS / International Alert, 2015, p.43).

- **Recognise the security challenges involved in translating social norms approaches to the Somalia context.** For example, the reach and impact of the Communities Care programme in Somalia was limited by participants' concerns about gathering as a group as part of the 15-week discussion group activities. Safety issues in two implementation sites in Mogadishu (Yaqshid and Wadajir) meant that the intervention could not be carried out as planned (group activities were not deemed safe). It also posed challenges to the evaluation, which only evaluated the intervention in one district (Glass et al., 2019).
- **Carefully consider whether social marketing or edutainment approaches are appropriate for the Somalia context,** given that these interventions have not yet been tested in Somalia, and there is insufficient global evidence to suggest that these types of intervention have an impact on GBV, although they may be useful as part of multicomponent interventions (Kerr-Wilson et al., 2020). There have been interventions in Sudan and Ethiopia which could be adapted, but time would need to be invested to contextualise messages. Some of the approaches are also likely to be unsuitable, for example a study of an edutainment intervention in Sudan concluded that the approach would probably not work in areas that have locally homogeneous support for cutting as they rely on exploiting differences in opinion within an area (Vogt et al., 2016).

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¹ Search terms included but were not limited to: 'female genital mutilation', 'female genital cutting', 'female genital mutilation/cutting', 'FGM', 'FGC', 'FGM/C', 'female circumcision', 'FGM/C', and 'FGM/C'; 'gender-based violence', 'GBV', 'violence against women and girls', 'VAWG', 'intimate partner violence', 'IPV', 'child marriage', 'early, forced and child marriage', 'early childhood marriage' AND 'interventions', 'programmes', 'prevention', 'evaluations', 'research', 'evidence', AND 'fragile and conflict affected states', 'FCAS', 'humanitarian', 'crisis', 'conflict', 'Somalia'.

² Based on similar criteria used by Esho et al (2017) on mapping the evidence on FGM; Ellsberg et al (2014), Fulu et al (2014) and Raab and Stuppert (2014) on mapping the evidence of what works in VAWG.

³ This includes interventions that took a social norms approach either as the whole programme or as part (e.g. a combined economic empowerment and social empowerment interventions, where the social empowerment component focused on addressing knowledge, attitudes, behaviours and/ or social norms). For the purpose of this review, we searched for standalone and integrated GBV/ early marriage/ FGM/C interventions that sought to reduce violence by addressing knowledge, attitudes, behaviours or social norms that underpin these harmful practices (programmes could address one or more of these dimensions). This rather broad definition of 'social norms approaches' was a deliberate choice as the availability of evaluated programmes with a strong focus on addressing social norms, for instance using social norms theory and gender transformative approaches, is still limited in FCAS settings.

⁴ One study that focused on a child marriage intervention in Yemen was identified, however, this did not meet the inclusion criteria.

⁵ Including Birchall, J. (2020) [Child, early and forced marriage in fragile and conflict affected states](#), K4D Helpdesk Report and Girls not Brides (2020) [Child marriage in humanitarian contexts](#), Brief

⁶ See emerging learning on measuring social norms in GBV research and evaluation in Glass et al. (2018).

⁷ See Heise (1998) [Violence against women: An integrated, ecological framework](#), *Violence against women*, 4(3), pp.262-290.

⁸ An evaluation found that less girls said that they wanted to marry before age 18 following the intervention (from 11% to 3% in intervention communities) but the impact on rates of child marriage was mixed – young girls (10-14) were less likely to be married after the intervention, while older girls (15-19) were at increased odds of being married (Erulkar and Muthengi, 2009).

⁹ Response to sexual violence; protecting family honour; and husband's right to use violence

¹⁰ Saleema is a word that means whole, healthy in body and mind, unharmed, intact, pristine, and untouched, in a God-given condition (UNICEF: [Saleema Initiative](#))

¹¹ ($b=0.318$, $p<0.001$) with an associated effect size of 0.67

¹² A diya group is an alliance or clan bond, formed to safeguard mutual interests of its male members (including infant boys from birth age) (Gardner and El-Bushra, 2016).

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