

Behaviour change approaches for social norms regarding gender

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Question

Complete a literature review of impact evaluations and research that has looked at open-source dissemination methods for community level trainings/dialogue to address social norms and harmful behaviours – with a particular focus on gender programming especially men and boys.

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1. Introduction

This report aims to inform a project which will set up self-help groups for young men from deprived urban areas in developing countries. The project will deliver an open-source course or set of materials using the most appropriate format for community level mobilisers to equip themselves to facilitate a series of 'courageous conversations' amongst young men to spur critical thinking about gender roles and social norms. It aims to equip them to lead their own groups looking at harmful masculinities and the impact this has on their behaviour.

A literature search was conducted looking for examples of community level support programmes which effectively used dissemination methods to enable these programmes to be self-managed and self-led. The subject area was widened to include self-help groups with other purposes using a variety of methods. There are many different ways in which different groups equip people to

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lead their own development and learning with others, thus enabling peer support and development without requiring trained facilitators to be physically present.

This report focuses on the following areas:

- a. What methods are used to disseminate materials? Especially in context of poor populations with limited digital access? (section 2)
- b. How do these initiatives start? Via whom –the members themselves, school, community groups, treatment centres, does it start with more intensive facilitation and then turn to self-led learning or are there means to enable self-led courses from the beginning. (section 3)
- c. Are any risks documented? How are these addressed? (section 4)
- d. This report also includes a section on case studies, providing details of different methods other groups have used. (section 5)
- e. Finally, useful references and expert contributor comments and advice are outlined. (sections 6 and 7)

Interventions that encourage men to reflect on gender norms and roles have been proven to successfully spur critical thinking and encourage shifts in behaviour. Yet these projects are often delivered through intensive means with programmes encompassing initiatives such as the training of trainers, provision of safe spaces and cash transfers. These initiatives are costly both in terms of time and money and therefore have limited impact beyond the direct beneficiaries and lifespan of the project. However, there are initiatives that work to address harmful behaviours and social norms, in different spheres, that have developed alternative methods for the delivery of the programme. Lessons could be learnt from the ways in which a diverse group of sectors have enabled self-organisation and management of people's own reflections and development. This report looks to address this issue by searching for literature on programmes which have been self-led by participants supported by produced materials and how this has been implemented.

This report considers social norms to be 'shared beliefs about what is typical and appropriate behaviour in a valued reference group. They can be defined as a rule of behaviour that people in a group conform to because they believe: (a) most other people in the group do conform to it; and (b) most other people in the group believe they ought to conform to it' (Alexander-Scott et al 2016). In a working paper focused on strategic communication for behaviour and social change, UNICEF (2005) argues that a sound behaviour development communication strategy (or programme communication) should be linked with overall programme frameworks. These strategies are aimed at changing knowledge, attitudes and practices of participant groups and stimulating and facilitating wider social change at local and national levels. Behavioural change communication therefore involves the use of qualitative and quantitative research data, disseminating information and measuring change in peoples' attitudes and behaviours. Information need not be limited to factual knowledge. It also covers behaviour modelling, self-efficacy and empowerment of the people. Past programmes have demonstrated that behaviour development strategies are more successful when they are tied to social mobilisation and advocacy strategies. Furthermore, such strategies are incomplete unless their impact is measured against the programme objectives.

2. Dissemination methods

Volunteers

Many self-help groups work by recruiting volunteers who are trained as ‘ambassadors’. For example, the Gender Hub in Nigeria (<http://www.v4c-nigeria.com/gender-hub-heightens-its-reach-across-v4cs-intervention-states/>) recruits brand ambassadors to promote the agenda being discussed on the physical and virtual platforms. They advertise that they ‘will be inspiring, credible, principled and courageous students who exemplify the values promoted by V4C; and be young men who already have the ability to influence their peers, and networks. They will act as catalysts, triggering and intensifying change, both on and off campus’. This fits in with many reviews of self help groups that suggest the physical presence of a group lead is important, even if this is a volunteer rather than a paid facilitator (Harper (nd), Dr Ivo Vassilev, via email).

Speaking on the importance of Gender hub in Nigeria, Bobai Bonnet, a participant from one of the group sessions said that, “there is a paradigm shift as times have changed and there is a need to create a future generation that is gender sensitive.” With over two thousand Nigerians who have at one time or another taken part in the Gender Hub eLearning programme and over sixty thousand who have visited the Hub, these on-the-ground meetings will mark the beginning of a greater level of impact through the Voices for Change Programme in Nigeria (<http://www.v4c-nigeria.com/gender-hub-heightens-its-reach-across-v4cs-intervention-states/>). A key article they wrote outlines that V4C’s approach to engaging boys and men targets a range of actors, including opinion leaders and gatekeepers (e.g. religious, traditional and political leaders), but also younger boys and men, in tertiary institutions, in existing networks and peer groups, and through media campaigns. This outreach will bear in mind that in every community there are different, nuanced understandings of masculinity and femininity, gender roles, and the desired balance of power between men and women. Thus, these national campaigns will need to be grounded in a range of local realities (<http://www.v4c-nigeria.com/wp-content/uploads/2014/09/Strategy-for-engaging-boys-and-men-Sept-2014.pdf>).

Abandofbrothers (<http://abandofbrothers.org.uk/>) is a charity established by men committed to positive social change through personal development and community building. They seem to use volunteering more like a ‘family’ set up, with older members guiding and supporting younger members. They create community by engaging and training adult men to act as mentors and allies for local young men- thereby bridging the perilous divide that exists between generations of males. These personal relationships help to ensure long term volunteering. This group assists young men in making a healthy transition to adult manhood so that they emerge purposeful, inspired and confident in their own unique skills and abilities. They train and support professionals working with young men to be more effective in engaging and mentoring young men. Through community partnerships, they offer training to youth professionals and create strong local support networks that young men can call upon in times of need. They encourage closer interactions between young men, their fathers and other positive male role models and also with other members of their family and community. Raising general awareness around the vital importance of community based support for young men and encourage open dialogue on the issues affecting them. They also work to redirect the money spent on punishing youth toward re-educating them to live purposeful, ecologically responsible and humanly sensitive lives.

Young Minds young voluntary campaigners

(http://www.youngmindsvs.org.uk/about_youngminds_vs) share their own experiences with

professionals and policy makers at a national and local level to improve to improve mental health services and outcomes for all children and young people. This is supported by the main group, but run by volunteers.

Society wide approach

V4C's approach to engaging boys and men targets a range of actors, including opinion leaders and gatekeepers (e.g. religious, traditional and political leaders), but also younger boys and men, in tertiary institutions, in existing networks and peer groups, and through media campaigns. This outreach approach accepts that in every community there are different, nuanced understandings of masculinity and femininity, gender roles, and the desired balance of power between men and women. Thus, national campaigns are grounded in a range of local realities.

V4C capitalises upon the powerful influence of group identity and human desire to conform to standards of a peer group as a strategy to motivate positive outcomes. The social change approach will transform existing negative and discriminatory social norms amongst men, boys and other key influencers by creating a perception of gender equality and women's empowerment as the 'new norm'. They recently held a meeting including participants from the private and public sector, non-governmental organisations, the media and Kaduna State University.

In another example, a paper by Schensul et al (2015) describes how inequitable gender norms in societies and communities negatively contribute to women's sexual and reproductive health. They acknowledge that while the need for change in gender norms is well recognised, the task is highly challenging in terms of intervention design, implementation and assessment of impact. This paper describes a methodology for identification of gender norms, the design of community level intervention, community participation and the assessment of intervention impact in a low income, predominately Muslim community of 600,000 people in Mumbai, India. Formative research focused on in-depth interviews with women, men and couples yielding gender normative statements and assessment of community resources to facilitate change.

A Gender Equity Scale (GES) based on this formative research was developed and administered annually for a three-year period to random, cross-sectional samples in the intervention and control communities, and to community based, non-governmental organisations (NGO) staff and Imams (religious leaders) in the intervention community. NGO staff disseminated gender oriented messages to their female constituency through their regular outreach activities and through special events and festivals in the community. Imams disseminated gender messages through lectures on social issues for men attending Friday prayers. The results showed that the NGO staff and Imams, assumed more gender equitable attitudes across time. The intervention was associated with a significant improvement in attitudes towards gender equity in the intervention relative to the control community. Men showed a dramatic change in more positive gender attitudes, while women lagged behind in their GES scores. The meaning of these results are explored and the implications assessed for the generalisability of the methodology for other countries, cultures and communities (Schensul et al 2015).

Written materials/book on men's groups

Tony Wilkinson (MKPI, email communication) outlined their approach: We have printed and electronic material which we use and distribute as hand-outs to participants and facilitators. There is also a book which was published back in the 80's written by one of the MKP Founders

which has now been re-issued and is a virtual bible for starting men's groups:
<https://www.amazon.com/Circle-Men-Original-September-Chapters/dp/0974489085>

The British Stammering Association also have a manual for setting up self help groups:
https://www.stammering.org/sites/default/files/shgs_manual_.pdf

Digital support system

Young Men's Nation have a digital support system and CALM have an online counselling service. Self Help Services (<https://www.selfhelpservices.org.uk/>) also provide eTherapy, where participants can work through a series of exercises on their computer screen and learn self-help techniques to help them manage any problems in their life and feel better about themselves.

mHealth

mHealth (mobile health) is a general term for the use of mobile phones and other wireless technology in medical care. The most common application of mHealth is the use of mobile phones and communication devices to educate consumers about preventive health care services.

mHealth can also be useful for supporting these types of support systems. For example, delivering self-care interventions to enhance self-care strategies for lymphedema symptom management (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4970761/>).

Health promotion studies addressing public health challenges such as nutrition, smoking cessation, HIV/AIDS, maternal health, sexually transmitted infections, and disease outbreaks such as H1N1, have been well documented in the mHealth literature (http://www.who.int/goe/publications/goe_mhealth_web.pdf).

A collaborative project executed in South Africa called Project Masiluleke sent out 1 million SMS messages per day to subscribers of a local telecommunications operator and project partner to encourage HIV/AIDS testing (Vital Wave Consulting 2009). While these types of interventions have proven effective in disseminating information, there are few studies that provide evidence of the impact of such programmes on behaviour change. Many studies were described as donor-funded and short-term.

In contrast mDhil is a health promotion organisation launched in India with a for-profit business model. For 1 rupee a day, consumers receive to their mobile phone three health messages created by registered nurses and physicians on topics such as weight management, sexual health, and H1N1. At the end of 2009, mDhil had 150 000 paid subscribers, and closed a 'series A financing round' with a venture capital firm. mDhil sent out 1 million public health SMS messages by the end of 2010 (Dolan 2010). Barriers to using mobile technology for health promotion campaigns have been identified in the literature and include the following: SMS length restrictions (maximum of 160 characters), language barriers, illiteracy, and lack of technical support in rural areas. Security and privacy issues are especially critical in low and lower-middle income countries, where mobile phones are often shared among family and community members, leading to potential challenges with protecting confidential health information, particularly in the case of conditions like HIV/AIDS, which remain highly stigmatised (Kaplan 2006).

Use an existing group or institution

Supporting men and religious leaders (who already display gender equitable attitudes) to convey messages is effective at transforming attitudes among reference group members. However, evidence shows that care has to be taken to reach women with messages (and support them to disseminate messages among their peers) (Schensul et al 2015).

Ben Keeler (Young Men's Nation, phone call) advised to: Use existing institutions, such as schools, church groups, youth groups to disseminate materials. Although, you may not reach the most 'hard to reach' young men this way.

Microfinance organisations (see case studies section for more information) have often been used as a channel for providing health education and other non-financial services to underserved communities. The Grameen Foundation have evaluated whether integrating health education into microcredit lending groups reduces health risks by improving health knowledge and self-reported behaviours.

Opening UP Cricket promotes men's mental health through existing cricket clubs.

Make use of existing community ties/social networks

Social change focuses on the community as the locus of change. It is a process of transforming the distribution of power within social and political institutions. For behaviours to change, certain harmful cultural practices, societal norms and structural inequalities have to be considered and addressed.

Communication for social change is a process of public and private dialogue through which people define who they are, what they want and how they can get it. Behaviour and social change have often been seen as distinct approaches, requiring different strategies and unique skill sets. UNICEF C4D sees them as complementary techniques used to define and address individual and social influences (Avis 2016).

Ben Keeler (Young Men's Nation, phone call) advised to: Use older brothers/family members/uncles/older cousins who have seen the light a bit as a result of choices they have made when younger. Make these people the focus of initial marketing.

Stepping Stones, Action Aid

Stepping Stones is a communication tool developed to initiate and sustain meaningful dialogues around sexual attitudes and needs. It was designed both for use in existing HIV/AIDS projects and in general community development projects which plan to introduce an on-going HIV and sexual and reproductive health (SRH) component. While it was developed specifically in response to growing communication needs in Uganda, the tool has been tailored to other parts of Africa, Asia and the Caribbean in order to reinforce messages previously designed and supporting behavioural change.

Stepping Stones (ActionAid, 2006: 6) is a participatory training package. It was designed in the mid-1990s specifically to address the prevention and spread of HIV and AIDS in sub-Saharan Africa and increase the care of people living with HIV and AIDS (PLWHA) at the community level. It did so through promoting communication and relationship skills within households and communities. Stepping Stones aimed to enable individuals and communities to find their own

solutions to the threat of HIV&AIDS, both avoiding it and coping with the reality of AIDS. It focused on filling gaps and addressing the shortcomings of the most prevalent HIV&AIDS messages, which were and continue to be focused on the dangers of AIDS, promoting the ABC (abstinence, be faithful and use condoms) approach to prevention. The theory underlying the training package was based on an understanding of how people learn to change their behaviour and make sustainable changes.

ActionAid (2006) note that findings on behaviour change were strong, with most reviews referring to positive changes in behaviour such as: a greater take up of condoms; more respect for women; less domestic violence; respect for women to refuse sex within marriage; better communication between couples and parents-children; and more co-operation around household chores and income. The caveats to these findings are that, again, they are often rather generalised, based on self-reporting or observation soon after training ends, and the changes are not explored in any detail, as reported in Avis (2016).

GENIE: Examples from health and medical groups

Support from individual social networks, community organisations and neighbourhoods is associated with better self-management and health outcomes (Koetsenruijter et al 2015). One international study (Koetsenruijter et al 2015) examined the relative impact of different types of support on health and health-related behaviours in patients with type 2 diabetes. Random coefficient regression models were used to examine linkages with individual networks, community organisations, and neighbourhood type (deprived rural, deprived urban, or affluent urban).

Patients had a median of 3 support connections and 34.6% participated in community organisations. Controlled for patients' age, sex, education, income and comorbidities, large emotional support networks were associated with decrease of non-smoking (OR = 0.87). Large practical support networks were associated with worse physical and mental health (B = -0.46 and -0.27 respectively) and less physical activity (OR = 0.90). Participation in community organisations was associated with better physical and mental health (B = 1.39 and 1.22, respectively) and, in patients with low income, with more physical activity (OR = 1.53).

Participation in community organisations was most consistently related to better health status. Many diabetes patients have individual support networks, but this study did not provide evidence to increase their size as a public health strategy. The consistent association between participation in community organisations and health status provides a clear target for interventions and policies.

There is some interesting literature out there on the shift from thinking around communities of practices to networked individualism- i.e. that individuals now access numerous CoPs and navigate their role and route through these and the vast amount of online knowledge on their own much more (Sophie Marsden, IDS, via email).

Another study (Kennedy et al 2016) focused on GENIE as a method. This is an evidence-based health intervention which can help to change people's established way of thinking about self-management support and offers a route to change practice and behaviour patterns in everyday life. 'The intervention achieves this by raising awareness of social networks, using social networks to engage people in reflection of their support and access to further resources and by improving patient engagement through strengthening existing individual and community

networks. The intervention ‘fit’ with real-world environments and the working remit of community-based lay health workers points to potential for adoption and integration into healthcare policy and practice’ (Kennedy et al 2016).

‘Access to resources to enable self-management can be built through new connections or reconfiguring the use of existing networks to engage with wider resources embedded in voluntary and community groups and organisations. The intervention discussed here builds on an approach, tested in an RCT, which used tailored information and telephone-guided access to community resources. The RCT demonstrated effectiveness in improving health-related outcomes. Participation in community organisations is consistently related to better health status and improved efforts to self-management. Engagement with such support is likely to be improved by user awareness of existing local groups and reflexion about their suitability. To this end, the authors developed a web-based tool which takes a multi-level, networked approach to person-centred self-management support which takes these mechanisms into account. The tool (GENIE—Generating Engagement in Network Involvement) maps social networks, allows for user centred preference and need assessment and facilitates engagement with local support resources’ (Kennedy et al 2016).

GENIE has a number of elements which are theoretically and evidence-based. GENIE has been developed to be an intervention which is co-produced as the person with the long-term condition has ownership of the network map and links to favoured activities. The facilitator is there to guide them through the process. Facilitators could be from a lay or professional background. The process was designed to take between 30 to 40 min to deliver and consisted of the following stages:

Stage 1: Mapping of the individual’s current social support network using a concentric circles method.

Stage 2: Eliciting values and preferences for activities and support resources.

Stage 3: Linking individuals to prioritised and valued activities and resources.

Stage 4: Present options in a user-friendly way with clear details about access.

The concentric circles technique is initially used to gain insight into the user’s current situation regarding self-management support and who they view as important in the management of their condition and then to further map the people and groups who could potentially provide extended support. An overview of the completed network is provided to check with the user that the network represents their situation either for personal use or to provide a summary to share with health professionals. This included the number of network members and a description of the type of network: diverse, family-focussed, friend-focussed or isolated.

In order to simplify navigation and links to activities and support, the preference stage of the tool was designed to closely align to the articulation of the user’s values and interests. Suggestions for health-related activities included exercise or weight-loss groups and things like hobby groups, support for independent living, volunteering opportunities and educational courses. GENIE has been designed to fit and integrate with everyday life, to be easy to use and to engage people visually providing immediate feedback on their social network via a co-created visible map and a Google generated map of the local activities and groups they have indicated an interest in (please see the annex).

Nearly all participants in the case study increased engagement with an activity, resource or service during the 12-month period following the intervention. Most activities were new, but some represented the rekindling and uptake of former interests. Analysis has helped to provide a greater theoretical understanding of what activities were taken up and why.

Whilst technological factors (internet connectivity and competence with using a computer interface) had some initial impact on acceptability, it was other aspects of the intervention that had more lasting effects. The website itself was rarely accessed following the initial intervention—it had served a purpose and was seemingly discarded appropriately. Alongside the concepts of relationships, fit and visibility; themes that emerged in analysis related to positive disruption and reconstruction; temporal change and reflection; and non-threatening but gently challenging facilitation. The intervention focussed attention on possible alternatives for support through rehearsing different options to the current situation and seeking new and enjoyable activities. Local opportunities were tailored to preferences and displayed on a map. Often this knowledge was new and unexpected. The network mapping exercise enabled people to readily consider who in their network could help them take up or resume activities or healthy behaviours.

Think about design before dissemination, as this will help with dissemination methods

Ben Keeler (Young Men's Nation, phone call) advised to: Make it as little like school/work as possible. One idea is a laminated deck of cards which young men can carry round in their pocket. Groups should not be like a lecture. Subjects should be discussed in any order appropriate to the group, not just as a progression. A deck of cards is portable and intriguing to boys. The cards could be something to collect. Also see the 'gamification' comment under risks and also the suggestion of an app to contact participants.

USAID: C-Change (<https://www.c-changeprogram.org/>)

The C-Change Project was designed to provide support to USAID missions and their partners in designing, planning, implementing and evaluating communication activities. It was also designed to support the development and dissemination of communication innovations, best practices and lessons learned. C-Change employs the following strategic approaches to achieve the outcomes outlined below as outlined in Avis (2016):

- Identify and influence the social determinants of behaviours. A key component of the C-Change approach is to bring about positive behaviour change by shifting social norms that may require addressing gender roles and cultural practices.
- Improve the quality of social and behavioural change communications (SBCC) interventions and streamline approaches and tools. C-Change streamlines formative research and pre- and concept-testing methods and creates frontline teaching tools and hands-on, skills-based training.
- Build the capacity of local institutions, including non-governmental organisations (NGOs), civil society organisations (CSOs) and faith based organisations (FBOs). C-Change increases local institutions' ability to plan and implement SBCC approaches by strengthening both their technical and program management skills.
- Conduct research and improve monitoring and evaluation to inform programme development and implementation. C-Change identifies and examines how programmes

can utilise social determinants of behaviour, social norms and social networks that influence and reach beyond the individual.

- Engage the media as a partner: C-Change involves journalists and other media professionals as full partners in the process of social change.
- Achieve scale and sustainability: C-Change assists programs to achieve scale by engaging and strengthening existing institutions and social networks and building program coalitions.

C-Change expected programme outcomes:

▪ **Evidence-based communication programs carried out at scale.** C-Change seeks to achieve large-scale, population-based impact by applying integrated communication approaches at national and regional levels. Major strategies include:

- Enlisting and strengthening the SBCC skills and programs of NGO networks.
- Engaging the media to stimulate social action.
- Strengthening district and community planning for SBCC.
- Building system-wide coalitions and commitment to SBCC programs.

▪ **Communication skills and knowledge transferred to developing country institutions.** In countries where the program operates, C-Change seeks to build the capacity of NGOs and networks, using a competency-based approach to training that includes both technical and management skills. Activities include:

- Developing and strengthening communication courses in academic institutions.
- Developing local networks of communication excellence among research institutions, advertising and public relations firms and NGOs.
- Supporting the design of tailored SBCC strategies with measurable benchmarks.

▪ **Information and research in communication applied to implementation.** Through its research agenda, C-Change is generating lessons learned to improve communication for behaviour and social change. A critical challenge for C-Change is how to best integrate findings from research, implementation, and evaluation activities to facilitate social change. Major cross-cutting research questions include:

- Understanding how social norms change and developing ways to facilitate this change.
- Improving interaction and communication among organisations around common goals and building social capital.
- Demonstrating the application of innovative social change approaches.
- Developing valid, reliable indicators.

An effective media strategy

V4C (<http://www.v4c-nigeria.com/wp-content/uploads/2014/09/Media-and-Communications-Strategy-Sept-2014.pdf>) reports note that a successful media and communications strategy will clearly and publicly foreground the key issues, start the dialogue on a broad scale and begin the long journey to creating an improved enabling environment for women and girls. The V4C media and communications strategy will surface the key discriminatory issues affecting adolescent girls and women. Without this intervention, the status quo will remain in place for considerably longer than is either appropriate or desirable delaying the development of the enabling environment.

Effective use of both 'paid' and 'unpaid' media will act as catalyst in generating real and long lasting attitude and behaviour change.

Evidence from the 'commercial' and 'development' sectors increasingly points to the success of media and communications when integrated with other 'on the ground' activity. Media and communications will start the discourse at the national, regional and local level, a precursor, first step to eventual attitude and behavioural change.

V4C communication strategy states that if they can:

- Reach sufficient numbers through a range of media channels;
- Identify compelling messages conveying the benefits of the new norms and behaviours;
- And amplify this through social media campaigning...

This will result in:

- Positive changes in knowledge and attitudes among Nigerian citizens on issues of violence against women and girls, decision-making and leadership;
- Shifts in individual attitudes, social norms and behaviour, in combination with other programme Outputs
- And a strengthened enabling environment for women's empowerment.

Key assumptions beyond V4C's direct control are that:

- Media can reach the relevant audiences in sufficient numbers and motivating messages can be identified;
- There is a causal relationship between knowledge, attitudes and behaviour, although it may not be directly linear;
- The media remain relatively free of government control.

They aim to have:

- Brand champions identified;
- Links with men's networks identify positive deviants;
- Testimonials shared via media/ community events;

There is a table showing 'Contribution of Communications to Social Norm and Behaviour Change', which can be found in the online report. There is some evidence to suggest that social marketing using mass media can escalate the pace of change related to social norms (See, for example, Mackie, G. and LeJeune, J. 2009. Social Dynamics of Abandonment of Harmful Practices: A NEW Look at the Theory. Innocenti Working Paper: Special Series on Social Norms and Harmful Practices; and Paluck, E.L. 2009. What's in a Norm? Sources and Processes of Norm Change. Journal of Personality and Social Psychology, 96(3): 594–600). Consistency of brand and message are key. It is more effective to operate at the national, state and local level. The V4C communication strategy states that they aim to neither be exclusively 'top-down' or 'bottom up' but a combination of the two thereby maximising the effectiveness of the messaging.

They also explain the importance of targeting a key group and message, creating a brand, using entertainment education to motivate change in attitudes and behaviours and using new media dialogue and discussions to create a community of interest.

They mention the use of television, newspapers, outdoor messaging, local media, radio, radio dramas and digital and social media.

Media and communications can be powerful agents of change. V4C mention the use of media in different and surprising ways that will generate noise and coverage on a frequent basis. V4C aim to build on the media multiplier effect in which activities, events, roadshows and stunts that take place in one media but are picked and amplified in another. They aim to employ a regular strategy of planned media interventions drawing wide media attention to the discriminatory practices affecting girls and women in Nigeria. V4C's Media and Communications strategy aims to lead to a positive shift in attitude and behaviour change on defined issues and aims to set a new standard and re-define the successful use of media in the development space.

MOOCS

Massive Open Online Courses (MOOCs) are one of the range of online learning options. Since 2008, MOOCs have been run by a variety of public and elite universities, especially in North America. Many academics have taken interest in MOOCs recognising the potential to deliver education around the globe on an unprecedented scale; some of these academics are taking a research-oriented perspective and academic papers describing their research are starting to appear in the traditional media of peer reviewed publications. One paper presents a systematic review of the published MOOC literature (2008-2012): Forty-five peer reviewed papers are identified through journals, database searches, searching the Web, and chaining from known sources to form the base for this review. The review categorises the literature into eight different areas of interest, introductory, concept, case studies, educational theory, technology, participant focussed, provider focussed, and other, while also providing quantitative analysis of publications according to publication type, year of publication, and contributors. Future research directions guided by gaps in the literature are explored (Liyanagunawardena et al 2013).

For less experienced learners, a paper by Gutiérrez-Rojas et al 2014 may be useful. It presents the first steps towards a tool called MyLearningMentor, which is designed to guide and advise MOOC participants with less study know-how in the delicate task of facing MOOCs. MyLearningMentor aims to turn less experienced students into self-learners, helping them to plan the MOOCs as they enrol, and proposing tips and actions to achieve their successful completion (Gutiérrez-Rojas et al 2014).

Recent research suggests that a growing proportion of formal learning occurs outside formal educational settings, where information and learning opportunities are mediated by technology. The rise of massive open online courses (MOOCs) in the last few years bears witness to this phenomenon. This contribution considers whether MOOCs afford a collaborative environment in which participants can develop the necessary literacy skills to become successful self-directed learners and members of online communities. It also discusses the extent to which self-determination and participatory literacy might be relevant for success in different types of MOOCs. The paper draws on data from OT12, an 8-week MOOC on open translation tools and practices run in 2012 by the Department of Languages of The Open University in the United Kingdom. The data consist of pre- and post-course surveys covering learners' backgrounds and prior experience of translation, expectations and challenges envisaged, and evaluation of

outcomes. The authors conclude that to conceive of MOOCs as environments where individuals coalesce around a common endeavor is to raise a series of under-explored challenges. For organisers, the challenge lies in learning design and facilitation, and the extent to which their assumptions about the participants match the learners' capabilities. For learners, the challenge rests in self-determination and participatory literacy skills (Beaven et al 2014).

3. How do initiatives start?

Training courses run (with initial volunteers or group members)

Since February 2015, V4C has facilitated gender and masculinity training for 276 Christian and Muslim religious leaders, and provided follow-up support in the shape of review meetings where people can continue to share and learn, and brokering meetings to help secure high-level endorsement.

Tony Wilkinson (MKPI, email communication) outlines their training courses: The ManKind Project will run what we call a Primary Integration Training (PIT) following participation on the New Warrior Training Adventure (NWTa), these can be run as 8 Week courses typically 7-10pm one day a week or as weekend intensives - each are designed to give each man a set of tools to dig deeper into his life mission and what parts of himself (his shadow) might get in the way and why, through a variety of tools and exercises. The ultimate aim is for each man to then go forwards and either join an existing mens-group (all run for zero cost or return) or form one of their own with others from the PIT or NWTa. The PIT's are held and facilitated by experienced men but the aim is to have men running their own processes very quickly, the basic tenet is learning how to give and receive support (not trying to fix) and whilst a leader will typically be appointed for each session everyone is expected to try this on over time.

Online tools

V4C uses a range of techniques including: A critical mass of supporters will be generated through a combination of web based dialogue, peer to peer support groups, networks of boys and men campaigning for change and individual champions publicly committing to and promoting the perception of the new norm.

Starting a community which runs then itself

Online and face-to-face peer support groups will facilitate the development of a 'community' of boys and men sharing similar positive beliefs towards women and girls, their experiences of personal transformation informing targeted macro level mass communication messaging through the V4C brand platform.

Use an existing group or institution.

Ben Keeler (Young Men's Nation, phone call) outlined how they increased their network within schools, then branched out to including more online work:

- Young Men's Nation started by reaching out to schools in areas where founders are located. The programme is run by teachers with 12 students per leader, otherwise the group becomes too big. YMN train the teachers.

- YMN have an online forum for the 'teaching leaders' who lead their groups with direct access to the founders and the curriculum the leaders use is also available here. It is not public so people can ask for advice.
- Due to global trends in access, it may be a good idea to have an app to allow people to send questions about their self-help groups. YMN is currently developing Google classroom, a blog and a forum that is private for each of its groups. Their groups run as after school clubs, so students attend straight after school, so they are easy to access. They are also developing an online tool to enable groups to link with each other regionally and have discussions beyond their group.
- They are also developing their curriculum as an online course. Currently it is an introductory video to each lesson, discussion points and you tube clips.

4. Risks

V4C outlines the following risks (<http://www.v4c-nigeria.com/wp-content/uploads/2014/09/Strategy-for-engaging-boys-and-men-Sept-2014.pdf>):

- Work with boys and men may create a backlash against adolescent girls and women;
- Targeted influencers may lose relevance among men and boys;
- Media personalities selected to promote V4C messages may engage in behaviour which calls into question their commitment to gender equality.

Ben Keeler (Young Men's Nation, phone call) identified the following risks:

- It can be difficult to get buy in and help men to think differently about how to be a man. It is hard to reach those most in need. Often programmes support 'low hanging fruit' and men who are already susceptible to change. It is important to get 'tough' guys involved and to pull them in. Whilst it is easy to get those already inclined that way involved, that doesn't change much. Barrier to entry is quite high and you need creative thinking here.
- Trying to grab the attention of young men is difficult. Often you need a precipitating event to seek help e.g. a break up, assault, bullying, traumatic events, family dynamic. Otherwise they wouldn't seek help. This means vulnerable youth are probably more likely to want to come and you need to market to them. Once they are hooked you can get to discuss deeper things.
- It can be hard for young men to cognitively get their head around these ideas. Major areas where gender norms are harmful is in labour markets and home life and so you need to carefully construct programmes to get them to seek help.
- Boys are so driven by immediate concerns- they need prodding from someone they respect. See solution below about involving family members.

Some solutions include:

- Connect to their lived experience and answer the questions they are asking to get them interested.
- Gamification- computer game/ app/text service to send texts/reminders to the kids. Another option is to present group work as challenges to the kids and having them get

points to get answers, so making it like a game, and as little like 'school' or 'work' as possible.

- There's a company in America that gives support through texts etc in low income areas. It is called Persistence Plus (<http://www.persistenceplusnetwork.com/>). With Persistence Plus, students receive personalised, interactive messages over text message or on our mobile app to support them on the path to success. Nudges are personalised to the student's profile, the college context and the real-time responses that the student shares regarding their goals, challenges and college experience. The end result is that Persistence Plus delivers the right nudges to the right students at the right time.
- Use older brothers/family members/uncles/older cousins who have seen the light a bit as a result of choices they have made when younger. Make these people the focus of initial marketing.

5. Case Studies

IamPurple

<http://iampurple.ng/home/purple/>

This is a Nigerian organisation. Their website states that: 'Purple is the world of possibility we create when women and men come together. We believe in working side by side to celebrate our uniqueness and reach our dreams - no matter who we are or where we come from. We want a world where women and men work together, every opinion counts, and all are free to be who they want to be. That's a 50/50 world. That's Purple! Our goal is to positively shape the way young women and men view themselves, and each other. We come together to learn, share, get support and inspiration.'

They have an online course: <http://iampurple.ng/home/purple-academy>, including a low data version. They also have a support corner, live chat and celebrity guest bloggers, all available online.

Gender Hub

IDS open knowledge experts are developing a multi-faceted online resource that aims to strengthen the cadre of gender expertise and its application in Nigeria. 'Gender Hub' contributes to the overall **Voices for Change** (V4C) programme goal of improving the enabling environment for gender equality and women's empowerment in Nigeria, particularly for adolescent girls and women.

In supporting V4C to promote a 'culture of evidence' Gender Hub will build local capacity to generate and apply evidence on issues relating to gender equality and women's empowerment. In doing so the site will help improve the quality of communication, campaigns, decision-making, and action to trigger change in social norms. It will enrich the work of networks and coalitions, and build communities of practice and strengthen their understanding of issues relating to the enabling environment.

While the aim of Gender Hub is not specifically to inform the world about gender issues in a Nigerian context, the platform will nonetheless provide a window for outsiders to gain more of a contextualised understanding of the gender dimensions of development in this context.

The platform will support the following functions:

- Increased access and availability of information on gender issues in Nigeria.
- Easier ways for among gender experts, researchers and policymakers to interact and, hence, build communities of practice on issues relating to gender equality and women's empowerment.
- Stronger channels through which V4C, the Government of Nigeria, donors, other development partners and civil society organisations may showcase good practices on issues relating to gender equality.
- Greater opportunities to strengthen capacity of researchers on issues relating to gender equality and the enabling environment - and the capacity of policymakers and civil society to use evidence to inform policy.

Primary users of the *Gender Hub* to include gender experts within and beyond Nigeria including: feminist academics, women's rights activists, men's network conveners, researchers, programme staff, girls' mentors, gender-focal points within Government agencies, project workers, journalists and media workers.

After the prototype launch in September 2014 the full version of *Gender Hub* will be developed using feedback and learning from users and stakeholders.

Voices for Change (Nigeria)

<http://www.v4c-nigeria.com/>

Having established that as an experimental online resource, Gender Hub has been useful for researchers, academics, policymakers and gender activists, the Voices for Change (V4C) programme saw an opportunity to extend its reach to people offline. While this was an avenue to show existing Gender Hub subscribers how to use the knowledge acquired from the hub, new users were also taken through the process of registration and using the hub effectively.

Urging all participants to leverage on this one-stop shop for gender knowledge, Samuel Oruro, the Gender Hub Support Manager explained the need for people to have real access to such a resource in order to "help keep the wheel of gender knowledge spinning". Patience Ekeoba, V4C's Research and Evidence Lead during her presentation described the hub "as interactive, participatory, involving and engaging platform that provides a meeting point where people who work on gender can come together to rub minds."

Abandofbrothers

<http://abandofbrothers.org.uk/>

This is a charity established by men committed to positive social change through personal development and community building. The organisation was born out of concern at the continuing escalation of self-destructive and anti-social behaviour among young men from every section of society, together with the realisation that any meaningful and sustainable solution entails the reclamation of shared local responsibility.

Young Men's Nation

<https://www.youngmensnation.com/clubs/>

Young Men's Nation's mission is to provide the most impactful, scalable and continuous experiences for young men so that they can achieve lasting peace of mind and professional fulfilment on their journeys to solving the most pressing issues of our time.

This includes a community space for reflection, growth and change that promotes an alternative narrative, gives wise perspective, and provides a safe place for young men to ask troubling questions.

They strive to provide an authentic voice for young men who aspire to have the courage, patience and curiosity necessary to contribute to the flourishing of sanity on the planet.

They are launching a pilot program in a small number of middle schools in the 2016-17 school year across the United States. Each school who joins the pilot program will need at least one dedicated staff member to facilitate weekly after school lessons with the boys who sign up.

The pilot program will consist of:

- Weekly online lessons, including an intro video clip, discussion questions and a Weekly Challenge.
- Student semi-anonymous, customisable member profiles (First name, last initial, email address, city, country and grade are the only demographic info we will collect)
- Opportunities for young men to participate in "Ask Me Anything" live chats with the YMN Team each month.
- School Leader dashboard and discussion forum with direct access to YMN team members, 7 days a week, to troubleshoot lessons and get advice on how to manage and mentor the boys.

Ending Gang and Youth Violence Programme

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412233/Ending_gang_and_youth_violence_2_.pdf

The Ending Gang and Youth Violence Programme approach, from the outset, has been both practical and peer-led, and engaged the wide range of local agencies that come into contact with young people and communities affected by gangs. This has been provided through the Ending Gang and Youth Violence frontline team and a peer network of over 80 experts with experience of dealing with gangs, including the links with drug dealing and serious and organised crime. The network come from a wide range of professional backgrounds including youth and community work, safeguarding, education, health, probation and youth justice, and the police. This was a much broader approach than had been taken before, which tended to be top-down and much more police-led. The breadth of experience and perspectives in the extended peer review network has been a real strength of the programme and a key factor in its success. Using this approach, we are now supporting 43 local areas across the country.

FHI360: Social and behaviour change communication

FHI 360 (nd) use a socio-ecological lens to view the complex interplay between individual, interpersonal, community, and societal factors that affect behaviours. They select interactive,

participatory strategies to ensure a holistic view of people's desires, needs, and barriers and facilitators to change. They employ the following tools and approaches to inform their projects (FHI 360, nd):

- Theory-based socio-ecological model recognises the relationship between people and their environment. It allows the identification of tipping points for change.
- Small, doable actions (SDAs) are behaviours that, though not ideal, are more likely to be adopted because they are considered feasible by individuals and are effective from a public health perspective when practiced consistently and correctly.
- Full market impact leverages investments from commercial partners to expand the availability and affordability of health products and presents motivations for their uptake.
- Interactive SBCC research techniques ensure a better understanding of people's needs and preferences. Participatory action research and media, ethnographic methods, value systems research, and commercial marketing techniques are some of their tools.
- User-centred design approaches are infused into their work and ensure that the end-user is a part of intervention design, formative research, prototyping, and implementation.

Young Minds

http://www.youngmindsvs.org.uk/about_youngminds_vs

This organisation supports children and young people with mental health problems. The voices of these young people are central in all their lobbying and influencing work. Their young campaigners share their own experiences with professionals and policy makers at a national and local level to improve to improve mental health services and outcomes for all children and young people.

Their website states the following:

- Our Activist Network of over 1500 young people is raising awareness of the campaign in their communities and online.
- 100s of Media Champions are representing the campaign in the media - galvanising the voice of children and young people seeking change.
- We are working with local and national decision-makers to directly influence services and support for young people.
- Lots of organisations are pledging to make a commitment to ensuring young people's mental health is central to their work.
- We have 1500 young people working as activists and helping to create conversation online
- We have a load of media champions representing the campaign, getting it out into the media and acting as a voice for all children and young people
- We are working with local and national decision makers to directly start influencing young people's services
- We are getting other organisations on board to commit to ensuring young people's mental health is central to their work

Community Agent Network (CAN), Your Neighbourhood Connection in the Philippines

<http://www.grameenfoundation.org/what-we-do/financial-services/alternative-channels>

Grameen Foundation is finding new ways to accelerate financial inclusion in the Philippines, where more than one-third of the country's 7,107 islands have no banking infrastructure.

Rates of financial inclusion are lowest in remote rural areas. However, almost every community--no matter how remote--has a local "sari-sari" (convenience) store, where rural people purchase goods daily. More than 500,000 such stores are registered, and the vast majority of sari-sari owners and operators are women.

In a project funded by the JPMorgan Chase Foundation, Grameen Foundation is empowering sari-sari store operators to serve as digital financial service agents to their customers. Sari-sari store employees can help their customers send payments for services, transfer money to loved ones, deposit money into a digital account, and more – all through digital technology and mobile phones. The Community Agent Network (CAN) project has started by activating 75 agents in the island of Panay. It will test the approach with 300 agents in other geographic areas of the Philippines, before broadening it further.

Together with partners, sari-sari store operators are enabled to serve as digital financial service agents to their customers.

Credit with Health Education in Benin

<http://www.grameenfoundation.org/resource/credit-health-education-benin>
<http://www.ajtmh.org/content/early/2016/11/24/ajtmh.16-0126.abstract?sid=2fb2a8a7-668f-47e2-9639-4a324b63c4b3&abspop=1&cited-by=yes&legid=tropmed;ajtmh.16-0126v1>

Microfinance organisations have often been used as a channel for providing health education and other non-financial services to underserved communities. This paper by Freedom from Hunger (now a part of Grameen Foundation) evaluates whether integrating health education into microcredit lending groups reduces health risks by improving health knowledge and self-reported behaviours. The study found combining microcredit and health education can improve health knowledge but did not find significant improvement in behaviour. Recommendations from the paper suggest that we need to consider more health financing options, more direct linkages to health providers, and consider the tradeoffs for mixed-gender vs. all-female groups.

The study was done with Innovations for Poverty Action and has been published in the [American Journal of Tropical Medicine and Hygiene](#).

They evaluate whether health education integrated into microcredit lending groups reduces health risks by improving health knowledge and self-reported behaviours among urban and rural borrowers in eastern Benin. In 2007, we randomly assigned 138 villages in the Plateau region of Benin to one of four variations of a group liability credit product, varying lending groups' gender composition and/or inclusion of health education using a 2 × 2 design. Women in villages receiving health education, regardless of gender composition of the groups, showed improved knowledge of malaria and of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), but not of childhood illness danger signs. No significant changes in health behaviour were observed except an increase in HIV/AIDS prevention behaviour, a result predominantly driven by an increase in respondents' self-reported ability to procure a condom,

likely an indicator of increased perceived access rather than improved preventative behaviour. Women in villages assigned to mixed-gender groups had significantly lower levels of social capital, compared with villages assigned to female-only groups. This suggests there may be an important trade-off to consider for interventions seeking improved health outcomes and social capital through provision of services to mixed-gender groups. Although bundling health education with microcredit can expand health education coverage and lower service-delivery costs, the approach may not be sufficient to improve health behaviours.

Microfinance

http://lessons.microfinancelessons.com/lesson11/resources/grameen_v_shg_harper.pdf

Most micro-finance institutions (MFI) use some sort of group system to distribute their services to their clients. There are some exceptions, including the Village Unit system of BRI in Indonesia, the world's biggest and most profitable MFI, but groups seem generally to predominate. This article looks at the difference between the self-help system and the Grameen system. Both groups involve some initial time invested in setting up the group. Bank workers in the Grameen system visit every group, every week. Experiments with less frequent meetings have generally not been successful. The banker or NGO field worker may visit the SHG members even more frequently during the initial group promotion stage, but the aim is to help the group keep their own records and run their own meetings. Once this has been achieved, there is no further need for weekly or even monthly visits. Clearly, the Grameen system is better suited for more densely populated areas. There are parts of India which are as densely populated as Bangladesh, and some of the Northern hill tracts, and some part of the Sundarbans, are fairly thinly populated. The population density in India is about 300 per square kilometer, whereas there are about 850 people per square kilometre in Bangladesh. It is unlikely that the Grameen system could have spread all over India as it has in Bangladesh.

In the self-help group system the members form a group of around twenty members. The group formation process may be facilitated by an NGO or by the MFI or bank itself, or it may evolve from a traditional rotating savings and credit group (ROSCA) or other locally initiated grouping. The process of formal 'linkage' to an MFI or bank usually goes through the following stages, which may be spread over many years or which may take place within a few months.

- The SHG members decide to make regular savings contributions. These may be kept by their elected head, in cash, or in kind, or they may be banked.
- The members start to borrow individually from the SHG, for purposes, on terms and at interest rates decided by the group themselves.
- The SHG opens a savings account, in the group's name, with the bank or MFI, for such funds as may not be needed by members, or in order to qualify for a loan from the bank.
- The bank or MFI makes a loan to the SHG, in the name of the Group, which is then used by the Group to supplement its own funds for on-lending to its members. The SHG need never go through all these stages; it may satisfy its members' needs quite effectively if it only goes to the second or even to the first stage, saving money and possibly not even withdrawing it (Harper M 2000, pp. 39-42). The SHG carries out all the same functions as those required by the Grameen system, but they do this on their own behalf, since the SHG is effectively a micro-bank, carrying out all the familiar intermediation tasks of savings mobilisation and lending. The MFI or bank may assist the SHG in record keeping, and they may also demand to know who are the members and impose certain

conditions as to the uses of the loan which they make to the SHG, but the SHG is an autonomous financial institution in its own right. The members have their accounts with the SHG, not with the MFI or bank, and the MFI or bank does not have any direct dealings with the members.

SUMMARY OF PROS AND CONS OF THE SHG AND THE GRAMEEN SYSTEM

	SHGs	Grameen Bank groups
Plusses for clients	<ul style="list-style-type: none"> • Flexible • No need for bank at all • Highly empowering • Members can save and borrow as needed • Free to chose suppliers • No enforced loan ladder • Can evolve from existing groups, chit funds, credit unions etc. • Can access the full range of bank services • Can evolve into Federations, and Co-operatives 	<ul style="list-style-type: none"> • No need for literacy • No need for members' initiative • Protected from internal and external exploiters • Poorer people are included • Belong to and are supported by the bank • Bank can offer a range of additional tailor-made services
Minuses for clients	<ul style="list-style-type: none"> • Need management skills and time • Depend on good accounts • Can be hijacked internally or externally • Cash may not be secure 	<ul style="list-style-type: none"> • Must meet frequently • Little freedom or flexibility • Group composition not wholly under member's control • Pressure to borrow • Interest rates inflexible
Plusses for Banks	<ul style="list-style-type: none"> • Lower transaction costs • Can fit into any branch • Graduation easier • Can build on existing groups • Savings mobilisation easier • Groups can absorb odium of expelling members 	<ul style="list-style-type: none"> • Can resist subsidised 'schemes' • Tighter control • Standardised MIS • Standardised procedures • Easier to forecast need for funds • Can use lower-grade staff
Minuses for Banks	<ul style="list-style-type: none"> • Hard to monitor • May be tempted by other banks or by politicians • Slow to develop • May form own federations • MIS more complex • Need NGOs or highly committed staff to develop groups 	<ul style="list-style-type: none"> • Higher transaction costs • Need continuous guidance and presence • Need dedicated system • Hard to evolve and change
Suitable conditions	<ul style="list-style-type: none"> • Existing bank network in rural and poor areas. • Diffused communities, castes, wealth levels • Tradition of informal financial services • Wide variety of scale and nature of investment opportunities • Some local leadership • NGOs and/or committed bank staff 	<ul style="list-style-type: none"> • Very poor, homogeneous communities • Marginalised people, with little hope and initiative • Few traditional informal financial mechanisms. • Lack of financial institutions • Resource poor, little hope of graduation • Large numbers of small business opportunities • Few NGOs

The ManKind project

<http://mankindproject.org/>

The ManKind project have been building a network of men's groups around the world for nearly 30 years. Close to 10,000 men sit in our peer-facilitated circles every week. The men's groups are known as Integration Groups (I-Groups) – they are places where men integrate new skills, new experiences, and new perspectives on their lives.

The ManKind Project is men's community for the 21st Century. MKP is a nonprofit training and education organisation with three decades of proven success hosting life-changing experiential personal development programs for men. MKP supports a global network of free peer-facilitated men's groups and supports men in leading lives of integrity, authenticity, and service.

CALM and Opening UP Cricket

<http://www.openingupcricket.com/>

They use existing sports groups to disseminate the messages. They promote mental wellbeing and suicide prevention through cricket including through 'Mind & Body' training sessions delivered to clubs and groups within the sport to address mental fitness and health

The British Stammering Association

<https://www.stammering.org/help-information/topics/self-help/self-help-groups/setting-and-running-self-help-group>

They have a manual for setting up self help groups:

https://www.stammering.org/sites/default/files/shgs_manual_.pdf

6. Useful References

Action Aid. (2006). *Evaluating Stepping Stones: A review of existing evaluations and ideas for future M&E work*. Johannesburg: ActionAid.

http://www.stepsstonesfeedback.org/resources/7/SS_ActionAid_EvaluatingSteppingStones_TW Wallace_2006.pdf

Alexander-Scott, M. Bell, E. and Holden, J. (2016) DFID Guidance Note: Shifting Social Norms to Tackle Violence Against Women and Girls (VAWG). London: VAWG Helpdesk

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/507845/Shifting-Social-Norms-tackle-Violence-against-Women-Girls3.pdf

Avis, W. (2016). Methods and approaches to understanding behaviour change (GSDRC Helpdesk Research Report 1,389). Birmingham, UK: GSDRC, University of Birmingham.

<http://www.gsdr.org/wp-content/uploads/2016/08/HDQ1389.pdf>

Beaven, Tita; Hauck, Mirjam; Comas-Quinn, Anna; Lewis, Tim; Arcos, Beatriz de los (2014) MOOCs: Striking the Right Balance between Facilitation and Self-Determination. Journal of Online Learning and Teaching; Long Beach 10.1

<http://search.proquest.com/openview/1bdea1b72a9b453bca21a14dcb63f884/1?pq-origsite=gscholar&cbl=2030650>

Blakeman T, Blickem C, Kennedy A, Reeves D, Bower P, Gaffney H, et al. (2014) Effect of Information and Telephone-Guided Access to Community Support for People with Chronic Kidney Disease: Randomised Controlled Trial. PLoS ONE 9(10): e109135.

doi:10.1371/journal.pone.0109135

<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0109135>

Dolan B. @mHI startup boasts 150K paying mHealth users. Mobihealthnews, 2010

<http://mobihealthnews.com/6381/mhi-startup-boasts-150k-paying-mhealth-users/#more-6381>

FHI-360. (nd). A 360-degree approach to social and behaviour change communication (SBCC). North Carolina: FHI360. <https://www.fhi360.org/sites/default/files/media/documents/sbcc-brochurefinal.pdf>

Israel Gutiérrez-Rojas, Carlos Alario-Hoyos, Mar Pérez-Sanagustín, Derick Leony, Carlos Delgado-Kloos (2014) Scaffolding Self-learning in MOOCs, European MOOCs Stakeholder Summit
https://educate.gast.it.uc3m.es/wp-content/uploads/2014/02/Scaffolding_self-learning_in_MOOCs.pdf

Kaplan WA. Can the ubiquitous power of mobile phones be used to improve health outcomes in developing countries? *Globalization and Health*, 2006, 2(9).

Koetsenruijter, J., van Lieshout, J., Lionis, C., Portillo, M. C., Vassilev, I., Todorova, E., ... Wensing, M. (2015). Social Support and Health in Diabetes Patients: An Observational Study in Six European Countries in an Era of Austerity. *PLoS ONE*, 10(8), e0135079.
<http://doi.org/10.1371/journal.pone.0135079>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4549295/>

Kennedy, A, Vassilev, I, James, E, Rogers, A (2016) Implementing a social network intervention designed to enhance and diversify support for people with long-term conditions. A qualitative study, *Implementation Science*, 11:27DOI: 10.1186/s13012-016-0384-8
<https://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0384-8>

Liyaganawardena, Tharindu Rekha; ADAMS, Andrew Alexandar; WILLIAMS, Shirley Ann. MOOCs: A systematic study of the published literature 2008-2012. *The International Review of Research in Open and Distributed Learning*, [S.l.], v. 14, n. 3, p. 202-227, jul. 2013. ISSN 1492-3831. <http://www.irrodl.org/index.php/irrodl/article/view/1455>

Schensul SL1, Singh R, Schensul JJ, Verma RK, Burleson JA, Nastasi BK. (2015) *Community Gender Norms Change as a Part of a Multilevel Approach to Sexual Health Among Married Women in Mumbai, India*. *Am J Community Psychol*. 2015 Sep;56(1-2):57-68.
<http://link.springer.com/article/10.1007/s10464-015-9731-1#page-1>

Kostick, Kristin M.; Schensul, Stephen L.; and Peltó, Pertti, "A Methodology for Building Culture and Gender Norms Into Intervention: An Example From Mumbai, India" (2011). *Articles - Research*. 116.

http://digitalcommons.uconn.edu/uchcres_articles/116

http://digitalcommons.uconn.edu/cgi/viewcontent.cgi?article=1115&context=uchcres_articles

<http://www.commissioninglive.co.uk/wp-content/uploads/2016/03/11-35-GENIE-An-online-social-network-tool-to-generate-engagement-with-self-management-support-Professor-Anne-Kennedy.pdf>

<https://soarcommunity.org.uk/about-us/contact-us/>

Fleming, P et al., 2013, Engaging Men and Boys in Advancing Women's Agency, World bank Group (<http://promundoglobal.org/wp-content/uploads/2015/01/Engaging-Men-and-Boys-in-Advancing-Womens-Agency.pdf>)

Fulu, E. et al., 2014. What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls. Cape Town: What Works to Prevent Violence.

The Making of Sexual Violence, 2014, Promundo and ICRW Available at:
<http://promundoglobal.org/wp-content/uploads/2014/12/The-Making-of-Sexual-Violence-How-Does-a-Boy-Grow-Up-to-Commit-Rape.pdf> [Date accessed 7th June 2017]

Slegh, H. et al. (2013) 'I can do women's work': reflections on engaging men as allies in women's economic empowerment in Rwanda, *Gender & Development*, 21:1, 15-30.



UNICEF (2005). Strategic communication: For behaviour and social change in South Asia. New York: UNICEF.

http://www.unicef.org/cbsc/files/Strategic_Communication_for_Behaviour_and_Social_Change.pdf

Vital Wave Consulting. mHealth for development: The opportunity of mobile technology for healthcare in the developing world. Washington DC, and Berkshire, UK: UN Foundation-Vodafone Foundation Partnership, 2009 <http://www.vitalwaveconsulting.com/pdf/mHealth.pdf>

7. Annexes

Table 1 GENIE elements

Elements	Details	Theory of how it works
Filter questions	The process starts with questions to provide details of the user's context. This includes postcode, gender, age and health condition.	<ul style="list-style-type: none"> Providing filter questions allows tailoring of suggestions and helps to reduce choice at the preference stage.
Concentric circles: Stage 1 	<p>Social network members (family, friends, groups, professionals) are represented and mapped, depending on subjective importance, onto three concentric circles. Details of relationship and frequency of contact are recorded.</p> <ul style="list-style-type: none"> Support work can be: illness-related (taking medications and measurements, understanding symptoms, making appointments); everyday (housekeeping, child rearing, support for diet and exercise, shopping, personal care); or emotional (comforting when worried or anxious, well-being, companionship). 	<ul style="list-style-type: none"> To explore everyday relationships and how network members contribute to support To note change over time To provide a visual image to enable engagement To help people become conscious and reflexive of contributions made by others to self-management support (SMS) As starting point for a discussion about how to extend existing support, access support from new sources, or change existing practice.
Typologies: Stage 1	<p>Feedback and a summary is provided on network types:</p> <p>Diverse - family, friends, and community groups with <i>regular frequent contact</i>;</p> <p>Friend and/or family centred – mainly friends and/or family members with <i>regular contact and support</i>;</p> <p>Friend and/or family contact - some mostly friends and/or family members with <i>limited or patchy support</i>;</p> <p>Isolated or professional contacts only</p>	<ul style="list-style-type: none"> To help people become conscious and reflexive of network structure and availability of SMS Act as a prompt for healthcare professionals and others to take action where there are obviously fragile networks
Preferences: Stages 2,3,4 	<p>The user co-produces and owns the network map.</p> <p>Choices are tailored using a series of questions and based on preference and enjoyment rather than on health-based need. For example, the facilitator prompts by asking:</p> <p>"Are there things you used to do that you don't do anymore? What stopped you from continuing to do these things?"</p> <p>This gives clues about how to identify the most relevant type of support, the likely barriers they may encounter, and how to encourage them to restart these activities.</p> <p>Network members are selected as potential buddies to accompany them to new activities.</p> <p>Asked to select the three activities or resources they are most interested in and agree to try them out. The locations of the activities are displayed on a Google-based map.</p>	<ul style="list-style-type: none"> Non-intrusive methods are more effective than highly directive approaches which often fail because they do not deal with existing relationships to negotiate time and space for new activities (intimidating to attempt by oneself) or needing help with transport The user is made a capable and willing to reciprocate participant To reduce choice and complexities arising from information overload counterproductive for learning, social engagement and social support particularly where there is poor health literacy.

Source: Kennedy et al 2016

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