

Integrating Social Norms in Nutrition Programs

Ready-to-Use Menu Options for Program Planners



Why This "Menu" on Social Norms and Nutrition

Social norms are the informal rules and expectations that define acceptable behavior within a group or community, embedded in culture and represented by what people think they should or should not do. They are learned and evolve over time. Social norms matter because they affect our nutrition-related behaviors and influence the meaning and perceived value of food as well as roles related to food production, purchase, preparation, feeding, and consumption. Failure to respond to social norms in nutrition programs and services can result in less social and behavior change than desired. You can find detailed information about social norms and nutrition in the document, Focusing on Social Norms: A Practical Guide for Nutrition Programmers to Improve Women's and Children's Diets.

This menu highlights key components of the guide to inspire programmers as they consider social norms in nutrition programming. It is helpful for all types of programs and activities, whether they are multi-sectoral or focused on food or health systems. The menu also offers the following proven elements of norms-responsive activity design and measurement that you can insert into your own plans easily:

Descriptive norms:

What I think or believe others do.

Injunctive norms:

What (I believe) others think I should do.



I. Formative research question examples



2. Activity descriptions



3. Indicators for monitoring and evaluation plans

How to Use This Menu

This menu aligns with the steps of quality social and behavior change (SBC): design, implementation, and measurement. It starts with the prioritization of behavioral outcomes and moves to the review or collection of data, then to strategy design, and finally to the measurement of progress toward achieving normative change that may lead to better nutrition behaviors.

In any category of the menu, select examples relevant to your activity. Use or adapt the information as needed. The examples use women's and children's diets because these are common priorities for nutrition activities working with food systems or health systems. Change the focus of these items according to your activity needs.

Two Nutrition Behaviors Used in the Menu

- Women eat a variety of safe, diverse, nutrient-rich foods for m snacks daily.
- Caregivers feed children 6-23 months a diverse diet daily through meals and snacks.



Tips for Using the Menu

In the examples below, the brackets [] indicate a behavior. As you make the standard nutrition behaviors more specific to local needs, insert your priority behavior into the brackets instead.

For example, one program may aim to increase women's dietary diversity through consumption of a particular food that the activity promotes, such as dried meat. The program would replace [women eat a diverse diet] with [women eat dried meat].

Another program may aim to increase young children's dietary diversity and will rely on formative research to identify foods on which to focus the program. The initial review of data in the local context found that age is important; children 6–11 months had lower diversity than older children and are fed porridge. This program would replace [feed children a diverse diet] with [add dark green leafy vegetables and fish to the porridge of children 6-11 months].

These menu items alternate with examples of two commonly promoted behaviors [women eat a diverse diet] or [caregivers feed a child 6-23 months old a diverse diet] to show where you can make questions or indicators more specific to your prioritized behavior. For example, if the prioritized behavior is "households share tasks to reduce women's time burden," replace this in the [].



I. Formative research question examples

To identify the social norms that influence nutrition behaviors in your program or service context, consider adding questions such as these to formative research plans. Adapt these questions to your local context.



Questions for a Formative Research Plan

- What are the social norms (traditions, cultural patterns, expectations, etc.) that influence [women to eat a diverse diet]?
 - How do social norms influence the behavior? Who upholds these norms?
 - Do women feel pressure to feed others before themselves?
 - Are there norms that influence what foods women can eat at certain times, like during pregnancy, postpartum, and during breastfeeding?
- Who influences [caregivers to feed a child 6-23 months old a diverse diet]?
 - Who enforces the norm positively or negatively?
- Why do people comply with social norms or not?
 - If people don't follow the norm or practice the expected (normative?) behavior, what are the consequences or rewards?
- How can women, households, and influencers support [women to eat a diverse diet]?



Questions for Interview Guides with the Primary Actor or Influencers

- Agree or disagree: In my community, usually [women eat a diverse diet daily]? Can you share more?
- Agree or disagree: Elders in my community expect [women to eat a diverse diet daily]? Please explain.
- In your community, how many [women eat a diverse diet daily]? [few] [some] [many] [most] Can you explain why that is?
- What would people in your community think of [a woman who eats a diverse diet daily]? Can you tell me more?
- Are certain nutrition services or products [diverse foods] to be avoided by women during different times of life such as pregnancy, postpartum, or while breastfeeding? Can you explain why that is?
- Who decides [which foods women can eat and when]?
- Who influences the people who decide which foods [women can eat and when]?
- What would people do if a person did not follow the expectation [women eat more of a food]? Can you explain why that is?
- Who could help [women to eat a diverse diet daily]? What could they do specifically? What challenges would they face? How could the challenges be overcome?





Questions for Focus Group Discussions with Primary Actors or Influencers

- In this community, how many [caregivers feed children 6-23 months old a diverse diet]? [few] [some] [many] [most]
- What are some reasons for which not all [caregivers feed children 6–23 months old a diverse diet]?
- What are some of the advantages of [caregivers feeding a child 6-23 months old a diverse diet]? Disadvantages?
- What would other people in the household or community do if [caregivers fed a child 6-23 months old a diverse diet]?
- Are these advantages/disadvantages stronger for some community groups than others?
- Who could help [caregivers to feed a child 6-23 months old a diverse diet]? What could they do specifically? What challenges might these helpers face as they support [group]? How could the challenges be overcome?
- What might motivate these people to support [caregivers to feed children 6-23 months old a diverse
- How can these influencers be engaged in activities or services? Please explain.



2. Activity descriptions

After identifying which social norms influence the priority nutrition behaviors in your program or service context, use these descriptions to inspire activity design.

If working with food systems, consider activities that do the following:

- Equip market vendors or media with resources so they can promote nutritious foods that are acceptable to women and/or families with children 6-23 months, with appeals to household decision makers (Cole et al. 2016). Market leaders or vendors could also share stories of change related to promoted foods to increase the sense of social proof.
- Bring together community members, including elders, government stakeholders, faith-based leaders, and civil society organizations to 1) reflect on and discuss norms as they relate to improving nutrition and 2) discuss actions each group will take to protect their communities (Ochieng et al. 2018). Actions that elders and leaders may take, for example, are likely to be distinct to their roles.
- Engage change agents through agricultural services, local leaders, and/or media to work with household members, including elders, to reflect on norms and nutrition. Change agents should also dialogue with household members about 1) how they could support women to eat more nutritious food and have time for rest, or 2) how to support caregivers to feed children 6-23 months nutritious food (Cole et al. 2016; van den Bold et al. 2015). Reflections could conclude with commitments to try to support the behavior, reflection on trends, and encouragement to families who make changes.
- Support women's groups to produce, process, and sell culturally appropriate and high-quality nutrient-rich foods for women or young children (NOURISH 2019).
- Help communities see changes in consumption or feeding practices, or changes in roles, such as through women model farmers (van den Bold et al. 2015).



Example of an Activity Working with Food Systems

The Enhanced-Homestead Food Production (E-HFP) project in Burkina Faso aimed to improve maternal nutrition and women's empowerment. The project used model farms on land secured

for this purpose and run by women farm leaders to demonstrate new farming practices with nutrient-rich crops and chicks. Farm leaders received training and agriculture inputs for the model farms and, in turn, trained and supported women to plant nutrient-rich crops and raise chicks for revenue and household use.

These women farm leaders became key change agents to model new practices and promote new norms. Two cluster-randomized controlled trials examined the impact on women's and men's assets and norms regarding the ownership, use, and control of assets. Their findings suggest that although men still owned most of the assets, women had greater decision-making power and control over home gardens and their produce.

In addition, women's and men's attitudes toward women owning and managing property became more favorable. One man said, "I realized that a woman could garden. And the case of the village model farm convinced me of the benefit...Women proved that they had the capability to manage the land well."These shifts in gender roles in farming contributed to marginally significant improvements in women's dietary diversity (difference in difference = 0.3 points; P = 0.08) and significant reductions in the percentage of women who were underweight (by 8.7 percentage points; P < 0.01) (van den Bold et al. 2015).

If working with health services, consider activities that do the following:

- Engage influencers during facility visits, home visits, and community events to reflect on expectations and model social proof of change, such as through testimonials of primary actors and influencers and dialogue and data that show changes (Dickin et al. 2021).
- Equip health workers to promote nutritious foods that are acceptable to women and/or families with children 6-23 months by using appeals to household decision makers to challenge existing norms and model new norms (Bao 2010).
- Bring together community members, including elders, government stakeholders, faith-based leaders, and civil society organizations to reflect on and discuss norms as they relate to improving nutrition and actions which they will take to protect their communities (MacDonald et al. 2020).
- Identify and strengthen the capacity of change agents through model family members or community health workers (CHWs), local leaders, and/or media to encourage households, including elders, to reflect on norms and nutrition. They should also dialogue about how they could support women to eat more nutritious food or how to support caregivers to feed children 6–23 months nutritious food (Nandi and Schneider 2014). Reflections could conclude with commitments to try to support the behavior, reflection on trends, and encouragement to families who make changes.
- Integrate reflection on social norms and the changes happening during peer support group activities through role plays, problem-solving activities, and storytelling (not only the topic of diets, but the changing norms that influence diets) (Dickin et al. 2021).
- Design community mobilization and media (such as radio, TV, community, or social media) to reach the wider community. Activities could include public forums, community discussion, dynamic games, and drama events that incorporate reflection on expectations and roles to challenge existing norms and model new norms (Nguyen et al. 2019).



Example of an Activity Working with Health Systems

Alive & Thrive Bangladesh worked to improve nutrition to enhance health outcomes related to core infant and young child-feeding behaviors. For each priority behavior, the program aimed to shift women's beliefs that most people in their community practice core behaviors (descriptive norm) and their beliefs that those important to them approve of the practices (injunctive norm). Intervention activities included community theater shows and community dialogues and forums with husbands, religious leaders, health committee members, other community leaders. In addition, seven television spots featured mini dramas to increase the perception of priority behaviors as normative. The endline survey found significant differences in descriptive and injunctive norms among mothers in intervention communities compared to comparison areas. A two-year post-project follow-up survey found that changes in social norms and mothers' social networks and increased diffusion of information explained between 34 and 78 percent of the total effects on behaviors (Nguyen et al. 2019).



3. Indicators for monitoring and evaluation plans

Consider including these indicators in your monitoring and evaluation plan to understand if and how norms are shifting and whether shifts are influencing priority behaviors.

Indicators for Monitoring

Use interviews, activity observation, or staff impressions to assess any shifts in the indicators annually, or when collecting other qualitative data. As possible, analyze findings by participant group. These examples are based on tested indicators (The Social Norms Learning Collaborative 2021).

- The social norm [women avoid certain nutritious food] is shifting.
- Social support for behaving outside a norm [women avoid certain nutritious food] is shifting.
- Possible disagreement about a norm [women avoid certain nutritious food] is increasing.

Indicators for Evaluation

Include measures for these indicators in each survey, starting with a baseline survey. These examples are based on indicators developed and shared through the Learning Collaborative to Advance Normative Change, which was convened to enhance implementers' ability to measure social norms (Costenbader et al. 2019). Copy this series of questions for use with additional topics and norms, as possible, given your program scope and resources.



Percentage of respondents [primary actor or influencers] agreeing with these statements:

- In my community, most [women eat a diverse diet daily]? Has this changed over time?
- In my community, it is appropriate for [women eat a diverse diet daily].
- In my community, it is men or elders who decide whether [women eat a diverse diet daily]? Has this changed over time?
- · Most women here would not eat more or better food than other family members.
- · It is suitable for women to eat more and better food than other family members during pregnancy.



Scores of respondents [primary actor] from these statements:

If you were to decide to add nutritious food to your child's meal, how likely is it that these situations would occur? Very likely 1; Somewhat likely 2; Not likely 3.

- You will be criticized by your husband/partner.
- You may encounter more arguments and conflict with your elders.
- · You may be considered greedy and selfish.

In matters related to [what you feed a child 6-23 months old], whose opinion is important to you? (Instructions: Do not read options. Check all options that apply.) Husband/partner I, Friends 2, Mother 3, Father 4, Mother-in-law 5, Father-in-law 6, Faith leader 7, Sister 8, Brother 9, Other female relative 10, Other male relative 11, Other 88.

If you wanted to change how you [feed a child 6-23 months old a diverse diet daily], would you need anyone's permission? [] Yes [] N

Resources for More Information

How-to Guides

Focusing on Social Norms: A Practical Guide for Nutrition Programmers to Improve Women's and Children's Diets. 2020. Arlington, VA: USAID Advancing Nutrition.

Monitoring Shifts in Social Norms: A Guidance Note for Program Implementers. 2021. Washington, DC: The Social Norms Learning Collaborative.

Resources for Measuring Social Norms: A Practical Guide for Program Implementers. 2019. Washington, DC: Institute for Reproductive Health, Georgetown University.

Evaluating Social and Behavior Change

Measuring Social and Behavior Change in Nutrition Programs: A Guide for Evaluators. 2022. Arlington, VA: USAID Advancing Nutrition



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Implemented by: JSI Research & Training Institute, Inc. 2733 Crystal Drive 4th Floor Arlington,VA 22202

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