SOCIAL ANALYSIS AND ACTION: Addressing Social Norms to Advance Adolescent Reproductive Health

USAID Adolescent Reproductive Health (ARH)

Young mothers' group session in Sabila Municipality, Madhesh Province | USAID ARH for USAID Nepal

Program Snapshot

Life of Project: 2022- 2027

Geographical Focus: 60 municipalities across 11 districts in 3 provinces: Madhesh (41), Lumbini (12), Karnali (7)

Prime Partner: CARE Nepal

Consortium partners: Howard Delafield International (HDI), Jhpiego, Associations of Youth Networks of Nepal (AYON), Nepal Contraceptive Retail Sales (NCRS) Company

District Partners: Social Awareness Center Nepal (Surkhet), Dalit Development Society (Salyan), Rural Development and Awareness Society Nepal (Rolpa), BEE Group (Banke), Mallarani Rural Development Concern Center (Pyuthan), Aasaman Nepal (Dhanusha), CNRD (Rautahat), Bagmati Welfare Society Nepal (Sarlahi), Divya Development Resource Centre (Parsa), Protection Nepal (Bara), Ratauli Yuba Club (Mahottari)

About the program

USAID Adolescent Reproductive Health (ARH) is a five-year, USAID-funded project led by CARE Nepal in partnership with HDI, Jhpiego, AYON, and Nepal CRS Company from 2022 to 2027. The project supports the Government of Nepal (GoN) in improving adolescents' reproductive health with the goal of empowering adolescents (10-19 years) to reach their full potential and practice healthy reproductive behaviors. To achieve these goals, USAID ARH employs multichannel social and behavior change strategies, including group-based interventions, interpersonal communication, and youth- and girl-led activism for reproductive health and social norms change, supported by service linkages and amplified by digital interventions.

The Government of Nepal launched the National Adolescent Health and Development Strategy in 2018 to address key issues identified in the Nepal Demographic and Health Survey, particularly the high rates of adolescent marriage and pregnancy. The strategy underscores the critical need to create an environment that promotes healthy reproductive health practices among adolescents. In 2022, the GoN reinforced this effort by endorsing the Adolescent Friendly Reproductive Health Services Guidelines. Aligned with these national initiatives, USAID ARH collaborates with federal, provincial, and municipal governments in Madhesh, Lumbini, and Karnali Provinces to improve the reproductive health of adolescents aged 10-19, with a focus on marginalized populations.

Social Analysis and Action (SAA)

Adolescents in Nepal face significant barriers to accessing reproductive health services, with adolescent girls facing even greater challenges due to restrictive social and gender norms. These norms reinforce beliefs and practices such as child, early, and forced marriage (CEFM), taboos and misinformation around menstruation, dowry-related violence, sexual harassment, early childbearing, limitations on physical mobility, and gender-based violence (GBV).

Social Analysis and Action (SAA) is a community-led social change process that enables individuals and communities to explore and challenge social norms, beliefs, and practices that shape their lives and health.[1] This process targets restrictive norms and foster collective action towards a more equitable society, while advocating for sexual and reproductive health and rights. The key principles of SAA include:

- **Personal transformation** to ensure program implementers self-examine and acknowledge their own biases and stereotypes so that they do not perpetuate power inequities and gender stereotypes in program communities
- **Gender Transformation** by aiming to shift harmful social and gender norms that perpetuate gender inequality and negatively impact health and well-being
- **Community-led actions** in which community members identify and address the root causes, particularly inequitable social norms, to create an enabling enivronment for positive change

Building on experiences implementing SAA in more than 20 countries, CARE has developed a Global Implementation Manual for SAA. Based on this global manual and CARE Nepal's experience implementing SAA to address CEFM in the Tipping Point Project, USAID ARH adapted SAA to identify and challenge harmful social norms that negatively impact adolescent reproductive health.

What are we doing?

Step 1: Identifying Barriers through Social Norms Analysis

To gain a clear understanding of social norms affecting adolescents in the intervention areas, USAID ARH conducted a baseline study and formative research at project inception in 2022 and early 2023, respectively. The studies identified the following prevalent norms as significantly affecting adolescents' reproductive health and rights:

- Early marriage and early pregnancy viewed as essential to demonstrate fertility

[1] CARE. Social Analysis and Action (SAA) Resources. https://www.care.org/our-work/health/strengthening-healthcare/social-analysis-and-action-saa/

- Disapproval of recently married girls and women seeking family planning (FP) services and reproductive health counseling
- Restrictions on unmarried girls' mobility, limiting their ability to visit health facilities and markets
- Cultural taboos surrounding menstruation
- Reluctance among service providers to offer FP services and counseling to unmarried adolescents
- Expectations that girls and women tolerate violence to keep families together

These insights informed USAID ARH's Social and Behavior Change (SBC) strategy, which identified ten priority behaviors to focus on:

1. Adolescents practice healthy menstrual health and hygiene.
2. Adolescent girls complete secondary school.
3. Adolescents delay marriage until the age of 20.
4. Sexually active adolescents make informed decisions to use modern methods of contraception.
5. Married adolescents and young couples plan their first pregnancy and space pregnancies by at least two years.
6. Adolescents access health facilities for adolescent-friendly services and counseling (including FP).
7. Household members and community influencers support positive social norms that encourage healthy reproductive behaviors among adolescents, such as delaying marriage and first pregnancy, spacing pregnancy, keeping girls in school, and promoting adolescents' access to services.
8. Adolescents recognize and seek timely, appropriate care for reproductive tract infections and sexually transmitted infections (STIs).
9. Sexually active adolescents practice safe sex for HIV/STI prevention.
10. Adolescents understand healthy boundaries to prevent GBV and report any abusive behavior.

Drawing from these baseline and formative research findings, USAID ARH's SBC strategy, and resources from other USAID projects, such as *Pragati*—a community game designed to increase fertility awareness and family planning use—the project adapted the global SAA implementation manual. This approach guided the development of 20 interactive modules incorporating exercises, games, and storytelling that address the identified norms and key behaviors.

Step 2: Critical self-reflection among USAID ARH Staff

In USAID ARH's inaugural year, 220 staff and 87 near peers received comprehensive training in SAA, gender and social inclusion, and safeguarding in prevention of sexual exploitation and abuse. Master trainers from the central level provided training of trainers to staff at the provincial and district level, who then conducted sessions with frontline staff. A facilitator guide was developed to ensure consistency and standardization across various training sessions held in different provinces and districts.

This training encouraged project staff to critically examine and challenge personal beliefs and biases that may reinforce harmful social norms, beliefs, and practices related to reproductive health and rights. Recognizing that staff internalization of positive social norms is key to providing effective support to program participants, the training included developing personal action plans aimed at promoting these norms. The training also helped build facilitation skills to establish rapport and lead discussions with adolescents and their parents. After these trainings, district USAID ARH staff followed up on personal action plans to further enhance staff capacity and integrate their efforts with other programs during routine monthly meetings.

Step 3: Establishing stakeholder buy-in

Prior to the formation of SAA groups in communities, USAID ARH staff conducted consultation meetings with ward and municipal government officials as well as female community health volunteers. The purpose of these meetings was to build buy-in and support among government stakeholders for SAA sessions. In addition, a mapping exercise helped assess the presence and functionality of adolescent and influencer groups and structures at the ward level, providing insights to integrate into existing activities and address challenges.

Step 4: Formation of community groups & reflective dialogue sessions

Adolescent girls from Mahottari District, Madhesh Province during SAA session on "Chasing your Dreams" | USAID ARH for USAID Nepal

Following staff reflection sessions, the USAID ARH team led the formation of SAA groups in communities. In the first year of the project, six types of groups were formed to allow for open discussion on sensitive topics:

1. girls aged 10 -14 years in school
2. girls aged 15-19 years in school and out-of-school
3. boys aged 10-19 years in school and out-of-school
4. young mothers
5. fathers of adolescent girls and boys 10-19 years
6. mothers of adolescent girls and boys 10-19 years

During the first four months, boys' and girls' groups met once a month for reflective dialogue sessions on key issues, such as reproductive health, relationships, mental health, and gender equality. Afterward, the meeting frequency increased to twice a month. Quarterly, facilitators conducted mixed-group sessions for adolescent girls and boys, between young mothers and their husbands, as well as between adolescents and their parents. In addition, USAID ARH conducted quarterly sessions with religious leaders across all working districts to discuss normative issues related to family planning and reproductive health and encourage them to become community ambassadors to promote healthy reproductive behaviors for adolescents.

In the first two years, USAID ARH formed a total of 2,432 SAA groups and engaged close to 56,000 participants across all 360 wards of the program. While SAA sessions were only conducted by USAID ARH staff in the first year, with the expansion of groups in year two, near peers (young adults 20-24, with more life experiences than the targeted adolescents, but easy to relate to as they are close in age) were trained to facilitate SAA sessions. Working with local municipal youth clubs and recent school graduates, USAID ARH's inclusion of near peers provides a strong opportunity for sustaining reflective dialogue sessions and addresses mixed evidence on engagement of peer educators by engaging facilitators who are slightly older and more experienced.

Step 5: Monitoring changes

SAA sessions are assessed using a monitoring checklist, including the demographic composition and details of participants, the date and venue of meetings, topics discussed, and materials used in the meetings (e.g. picture codes, manuals, posters), attendance records, dropout rates, facilitation skills, and adherence to the guidelines. Additionally, facilitators prepare action plans agreed upon by participants and monitor the implementation status in the subsequent SAA sessions. The facilitators also report on changes in the norms and challenges they faced in the action plan's implementation.

USAID ARH also uses the Social Norms Analysis Plot (SNAP) framework to monitor changes in individuals' belief about societal expectations and behaviors. Based on the baseline survey, USAID ARH developed three vignettes which are used to assess qualitative change in attitudes of the adolescents and other stakeholders and normative shifts over time. These are supplemented by the most significant change stories to document journeys in transforming social norms.

Step 6: Girl-led activism for USAID ARH

In future years, after completing the 20 planned reflective dialogue sessions, sessions on girl-led activism will be introduced. One adolescent girls' group from each municipality will be selected to receive mentorship for leading a community campaign aimed at raising awareness and promoting social and behavioral change. These groups will choose a priority issue related to adolescent reproductive health that impacts their health and well-being (e.g. CEFM, sexual harassment, menstrual health and hygiene, etc.).

USAID ARH will mentor girls in conducting campaigns on selected issues in collaboration with existing youth clubs and allyship from boys' groups to help manage any potential backlash.

What are the enabling factors?

Building trust: The project established strong community ties, leveraging support from ward representatives, female community health volunteers, and local leaders who served as guest facilitators in SAA sessions. These actions helped establish trust among community leaders in support of SAA and fostered a conducive environment for addressing harmful norms.

Fathers of adolescents group in Sabaila Municipality, Madesh Province| USAID ARH for USAID Nepal

Ensuring timely distribution of participant guidelines: It is essential to ensure prompt distribution of guidelines, manuals, and training materials from management to frontline staff to ensure clarity of objectives and standardization across geographies.

Start with an inclusive lens: From project inception, USAID ARH looked for opportunities to reach marginalized groups. Insights from the baseline study helped tailor content to reflect factors impacting LGBTQIA+ adolescents and adolescents with disabilities. Inclusivity and sensitivity were built into all sessions delivered to staff as well as project participants.

What are the challenges?

Difficulty regularly engaging fathers' groups: Due to conflicting work schedules, fathers were often unable to regularly attend SAA sessions initially. Additionally, fathers often perceived that reproductive health related issues are a women's issue, and they do not need to be involved or informed about it. To address these barriers, USAID ARH staff facilitators conducted sessions with fathers in evenings and mornings and modified the frequency of fathers' group meetings to be bimonthly. These meetings were also opened to other father figures in the community and held in public spaces, such as tea shops, for greater convenience.

Identifying adolescent mothers was a challenge: As marriage before the age of 20 is illegal for girls in Nepal, identifying and recruiting adolescent mothers for group sessions proved to be a challenge. To address this issue, the USAID ARH team decided to include young mothers without asking their age. In addition, as young newly married girls are restricted from leaving their homes and participating in public activities on their own, the sessions allowed young mothers to be accompanied by a family member (typically mothers-in-law) to accommodate their participation.

Monitoring SAA sessions and ensuring quality delivery at scale: USAID ARH is implementing SAA across various geographies with plans to establish groups in all wards within the project communities. As the number of groups across project wards and heavy engagement of staff and near peers grew, it became more difficult to conduct regular quality assurance and monitoring throughout the program. Staff who facilitate group sessions have varying capacities and require continuous mentorship and support to reflect on their own biases and effectively deliver the content of the SAA modules. USAID ARH developed a quality implementation plan incorporating in-person mechanisms (monthly district team meetings, on-site mentorship) and online tools (e.g. WhatsApp groups, virtual meetings with staff to share learning and conduct mock sessions) to enable quality monitoring at scale and continuous capacity strengthening.

What are we learning?

Ensuring Inclusivity in SAA group dialogues: The USAID ARH team collaborated with community-based organizations (CBOs) that are led by and work with LGBTQIA+ communities and adolescents with disabilities. Project staff conducted discussions with these organizations to understand their needs and tailor SAA

content and methods accordingly. USAID ARH staff also led (and continue to lead) reflective dialogue sessions for the entire USAID ARH team on promotion of disability inclusion and LBGTQIA+. This regular engagement has helped to address gaps in staff knowledge about disability and sexual orientation and break the attitudinal barriers and biases to enable an inclusive environment.

Inclusion efforts varied by geography: In Karnali Province, there were no existing CBOs that are led by and work with LGBTQIA+ communities and adolescents with disabilities in the project's working districts. Likewise, in USAID ARH's working districts in Lumbini, there was only one CBO which is run by and works for LGBTQIA+ rights. In contrast, districts in Madhesh Province have many existing CBOs working on these issues. Due to this variation, ARH has been able to initiate multiple SAA sessions incorporating LGBTQIA+ adolescents in Madhesh Province and a few in Lumbini Province, but none in Karnali Province. The project team continues to consider entry points with networks or organizations to reach LGBTQIA+ adolescents in Karnali Province while expanding in other provinces.

Adaptations are key: Implementation of SAA was facilitated by key program adaptations, such as inviting young married mothers to participate in groups regardless of age to reduce stigma, allowing newly married girls to bring a family member, and recognizing that adolescents will drop out from SAA sessions as they move for education, marriage, and employment.

Way Forward

Going forward, USAID ARH is exploring pathways to institutionalize support for adolescents within Nepal's youth councils. The Government of Nepal has recently established a National Youth Council and stipulated that each municipality develop youth networks. As this is a recent structure, USAID ARH has been including near peers as young adults who are already part of existing youth clubs. USAID ARH will explore opportunities to advocate with provincial youth councils to allocate budgets to the existing youth clubs to sustain activities supporting adolescents.

In addition, the project will build capacity of girls to advance girl-led community activism upon completion of SAA modules. While the initial round of SAA involved 20 modules, the future rounds will be streamlined and include 14 modules. The team will also explore providing mothers and fathers group sessions every two months rather than monthly. In addition, for two schools per municipality, USAID ARH is seeking to incorporate SAA tools and techniques into the existing school curriculum offered to grades 5 to 12. With this modified content, teachers will incorporate and deliver SAA tools within school as appropriate.

Aligned with the socioecological approach, USAID ARH recognizes that engaging key decision makers in adolescents' lives (their parents, religious leaders, and community members) alongside adolescents themselves remains key to shifting social norms and driving behavior change. The project will continue to involve health workers and influential community members as guest lecturers in SAA sessions to foster collaboration, build trust, and establish referral mechanisms that connect adolescents from the community to health facilities.

Maintaining a focus on inclusion remains important throughout the life of the program. USAID ARH will continue to address the root causes, including harmful norms and attitudes, by tailoring content to the specific needs of unmarried adolescents, married adolescents, parents of adolescents, adolescents with disabilities, and LGBTQIA+ adolescents.