

3-4-2021

From theory to practice: what global health practitioners need to know about social norms and narrative interventions

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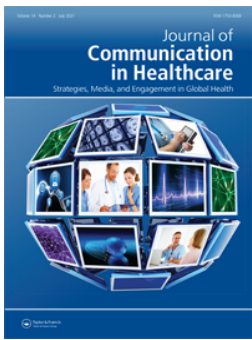
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Recommended Citation

Riley, Amy Henderson; Barker, Kriss; and Lundgren, Rebecka, "From theory to practice: what global health practitioners need to know about social norms and narrative interventions" (2021). *College of Population Health Faculty Papers*. Paper 127.

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Journal of Communication in Healthcare

Strategies, Media and Engagement in Global Health

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/ycih20>

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To cite this article: Amy Henderson Riley, Kriss Barker & Rebecka Lundgren (2021) From theory to practice: what global health practitioners need to know about social norms and narrative interventions, Journal of Communication in Healthcare, 14:2, 102-104, DOI: [10.1080/17538068.2021.1890967](https://doi.org/10.1080/17538068.2021.1890967)

To link to this article: <https://doi.org/10.1080/17538068.2021.1890967>



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Published online: 04 Mar 2021.



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From theory to practice: what global health practitioners need to know about social norms and narrative interventions

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ABSTRACT

There has been a marked increase in the literature in recent years about social norms, what they are, and how to measure them. New theoretical connections indicate specific significance for those working with global health programs that use narrative interventions, such as mass, print, and community media. The literature is dense, however. Different terms describe similar constructs, and the sheer number of new articles and emerging academic frameworks can be overwhelming. In this letter, we briefly summarize current social norms and narrative theorizing and provide examples of global programs that have effectively applied these theories. In so doing, we hope to further the conversation on what differentiates narrative programs designed to shift social norms, as compared to non-narrative programs and/or programs that seek to influence knowledge, attitudes, and practices alone. We conclude with implications for practitioners designing and implementing global health programs that target social norms with narratives.

KEYWORDS

Global health; social norms; narratives; mass media; entertainment-education

Theoretical foundations and current state of the science

Social norms are the often implicit, informal rules that most people accept and follow. They can have profound effects on individuals' and group behaviors. Social norms are part of a complex web of beliefs, perceptions of what others expect and do, and anticipated sanctions and rewards. There are two primary categories of norms: *descriptive norms*, or what people think others do, and *injunctive norms*, or what people think others approve of.¹ Norms often perpetuate existing power dynamics and are embedded in formal and informal institutions. They are produced and reproduced through social interaction and are therefore relevant at each level of the socio-ecological model.² Social norms are different from attitudes, which can be understood as personal beliefs about what is good and bad or how things should be.³

Narrative interventions are communication interventions that utilize storytelling. There is a long history of storytelling across global health, from oral and spoken word to the formal communication strategy known as entertainment-education. There are a host of theories that explain the persuasive phenomena of stories and characters including the *extended-elaboration likelihood model*⁴, *transportation*⁵, *identification*⁶, and *narrative engagement*⁷, to name just a few. The literature supports the utility of narratives, with empirical research demonstrating a shift beyond

behavior change^{8,9}. Narrative interventions are unique among social norms interventions as they reach audiences first at the individual level. Through both direct and indirect pathways, it is hypothesized that stories powerfully impact audiences through characters who model and promote positive health-related norms. Alternatively, characters provide examples of successful strategies to resist harmful norms. Narratives also demonstrate how individuals either benefit from rewards for conforming to norms, or mitigate sanctions for violating norms. Narratives shared through media with sufficient reach can diffuse new ways of thinking through a population – thus reaching a 'tipping point' where the majority begins to embrace new ideas. We suggest that designing, implementing, and evaluating narrative global health programs with social norms constructs, objectives, and measurement in mind can strengthen their desired effects. The following are selected examples of norms-shifting narrative programs across different media and health topics.

Recent applications of theory to narrative global health programs

Designed to address unmet need for family planning in Benin and Mali, *Tékponon Jikuagou* strategically engaged a small set of socially-influential network actors selected through participatory social network mapping to rapidly diffuse new ideas through the

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community.¹⁰ RL was the PI of this USAID-funded project. Trained community volunteers gathered actors together in small group sessions to read and discuss stories printed on large cards with an image on one side and the story on the other. The stories were designed to shift social norms related to fertility, couple communication, and contraceptive use to promote family planning use. Each session focused on listening to and discussing a story in which characters followed newly introduced social behaviors or challenged prevailing harmful norms. During the discussion, group members reflected on social and gender barriers to family planning use. *Tékponon Jikua-gou* promoted diffusion by encouraging group members to share the new ideas discussed with their family and peers, and by broadcasting the stories and discussion on community radio. Results of a cross-sectional survey conducted prior to and 18 months after the intervention revealed that women exposed to the group discussions were significantly more likely to use modern contraception than those not exposed. Perceptions that one's networks support family planning were positively and significantly linked to increased use of contraception.¹¹

From 2016 to 2020, Population Media Center (PMC) implemented a multimedia storytelling strategy in Nepal about child marriage and other issues, including two radio serial dramas, *Mai Sari Sunakhari* (Orchid, Like Me) in Nepali and *Hilkor* (Ripples in the Water) in Maithili. KB oversaw these programs. The broadcast network for *Mai Sari Sunakhari* and *Hilkor* included Radio Nepal, Kantipur FM, and 40 stations nationwide. The multimedia strategy, funded by the Kendeda Fund, also included a weekly radio talk show; promotional spots on radio, TV and print featuring a Nepali film mega superstar; and social media. Created using PMC's methodology and theory of change, the strategy was designed with social norm constructs in mind. For example, transitional characters in the dramas learned about the negative consequences of child marriage for both the girl and the family, and ultimately adopted positive practices such as alternatives to early marriage, ways to fight child marriage in their communities, and increased parent/child communication. Key to this project was extensive formative research, which determined existing social norms during program planning phases and influenced the creation of stories and characters, designed to be like members of the primary audience. Outcome evaluation showed that listeners to *Mai Sari Sunakhari* were 2.1 times more likely than non-listeners to have taken action against child marriage, 3 times more likely to believe that girls should be encouraged to continue their education, and 2.7 times more likely to believe that women and men have equal leadership capabilities.¹² Similarly, listeners to *Hilkor* were 2.1 times more likely than non-listeners to have taken

action against child marriage, and 2.9 times more likely to have discussed child marriage with others.¹³

Other examples in recent literature include the *Saleema* campaign in Sudan¹⁴ and *Main Kuch Bhi Kar Sakti Hoon* (I, A Woman, Can Achieve Anything) in India.¹⁵ The *Saleema* campaign was a multimedia campaign that targeted social norms to reduce the practice of female genital mutilation (FGM), providing alternative narratives to shift descriptive norms surrounding FGM and create a new social norm of being 'uncut'. Outcome evaluation provided evidence that exposure to the campaign effectively shifted social norms around FGM.¹⁴ Designed using principles of narrative storytelling and entertainment-education, *Main Kuch Bhi Kar Sakti Hoon* was a television serial designed to shift social norms on several topics including ending open defecation and promoting contraceptive use. Formal evaluation measured and demonstrated significant change on these topics.¹⁵

Implications for global health practitioners

Social norms are negotiated through human interaction, and narratives can be powerful tools to shift social norms and model new interactions. These examples illustrate the application of social norms and narrative theory to practice. We encourage global health practitioners to continue to intentionally apply these theories to narrative programs and explicitly make connections to characters and stories utilizing social norms, when applicable. Of course, not all programs have to or should change social norms, but when appropriate, these theoretical constructs may enhance programs and strengthen monitoring and evaluation efforts. We argue these constructs are applicable not only for mass media, but also for any narrative program that utilizes print, community media, social media, games, and/or complementary storytelling activities in multimedia and transmedia campaigns. As theory and scientific understanding progresses, academics and practitioners must work together to translate new understanding into practice to plan and evaluate programs that use narratives to purposely and effectively shift social norms across global health topics.

Letters: viewpoints on current issues

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Acknowledgements

The authors would like to thank Elizabeth Critchlow, MD/MPH candidate and research assistant, for her dedicated work supporting this manuscript.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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