Force Field Analysis (FFA) and Social Norms Analysis Plot (SNAP) to understand the underlying factors for SRHR

A Qualitative Study report

Ipas NEPAL

Partners for Reproductive Justice

ACKNOWLEDGEMENTS

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Study Report of Force Field Analysis and Social Norms Analysis Plot to understand the underlying factors for SRHR — wrapping as heading below.

Study Report of Force Field Analysis and Social Norms Analysis Plot to understand the underlying factors for SRHR

Background

The access to sexual and reproductive health and rights (SRHR) including safe abortion comprises various factors and actors cutting across the standalone health lens. These actors and factors based on the principle of human rights from the onset of programs, policies, and projects formulate a sustainable ecosystem. The introduction of the human rights-based approach to health aims to realize the right of everyone to enjoy the highest attainable standard of physical and mental health (right to health) and other health-related human rights through the interrelated and essential elements of *availability, accessibility, acceptability, and quality* (AAAQ). The Constitution of Nepal (Article 38) guarantees the right-based approach for SRHR and a violence-free society. The Right to Safe Motherhood and Reproductive Health (SMRH) Act (2018) and SMRH Regulations 2020 have been enacted to ensure that women and girls can exercise these rights.

Figure 1. Ipas's Sustainable abortion ecosystem approach

To achieve balance and ensure a committed, responsive system for abortion care, Ipas is implementing a project called 'Strengthening the Abortion Ecosystem in Nepal' from 2020-2021 in line with Ipas' sustainable ecosystem framework which includes eight key programming components as well as four cross-cutting areas for action and evaluation. Intertwined with the programming components are the existential gender and social norms which might act either as restraining or driving forces. In addition to the prevalent norms, there are 'other' factors or actors which might hinder the efforts of the project. It is important to document and understand/plan the impact of all these forces which are interlinked and have a bearing on the smooth implementation of programmatic components.

In this regard, the Force Filed analysis (FFA; Kurt Lewin) and the Social Norms Analysis Plot framework (SNAP; Care USA) will be adapted to explore and assess harmful social norms/stigma and other forces, and then understand and plan (target actors or factors) as per the project theory of change.

Methodology

According to Lewin[1], any situation or performance can be viewed as a state of temporary equilibrium. caused by two sets of opposing forces:

- those which try to bring change: driving, facilitating, or positive forces.
- those which try to maintain the *status quo*: restraining, resisting, or negative forces[i].

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[1] PLA Notes (1999), Issue 36, pp.17–23, IIED London

In other words, this can help projects to dissect where they are, where they want to be, and what are the resisting forces to attain this change. It is like doing a future timeline for forecasting the factors which need to be considered if the desired objective is to be achieved. Therefore, it can be used as a regular program improvement tool (PRA) and for finding the strategic direction to curb the resisting forces. The FFA will also be useful in cases when the predominant/operative social norms and reference groups (the empirical and normative expectations) are in the exploratory phase for the project.

SNAP framework is adapted from Bichieri's theory on social norms using one's belief about what others do and one's belief about what others expect one to do. Measurement of social norms is a methodology developed to understand the strength of a prevalent norm by analyzing the social expectations (empirical and normative expectations) for a norm that is prevalent in society and to measure whether the strength of that particular norm has changed over different points in time. Thus, this framework specifically helps to understand the strength of a prevalent norm, to understand sanctions or consequences for not following a norm, how those sanctions affect an individual or a groups' adherence to the norm, and identify the cracks in the prevalent norms to understand entry points and develop customized social norms activities/ interventions.

How is Ipas using the two tools? Leveraging Inter-Connectivity of the tools

FFA and SNAP are two different tools and approaches. However, after understanding the strength and connections between them Ipas Nepal has developed a study framework combining the two. The FFA will provide the overall power structure and the position (agency, structure, or relations) where the power is stored to understand its navigation towards positive or negative side for SRHR and safe abortion. SNAP will analyze how this power influences the continuity of the harmful social norms. In simple terms, by creating an inter-connectivity between both the tools, FFA will help us develop a strategy regarding who and how we should work with, while SNAP will help us dissect the social norms that are inhibiting or driving these forces of power.

Participants of the study

The FFA was conducted with Natural Leaders[2] and their allies whereas SNAP was conducted with the same participants from FFA along with the Men and Boys group, and Champions Group and their allies. Along with that one/one Focus Group Discussions (FGDs) were conducted with the fresh batch of Natural leaders who were recently being trained and selected by Ipas to work in the community. Four FFA and 3 SNAP tools were used in selected areas.

The allies of Natural leaders refer to the community women and girls selected by them during community mobilizations, who they thought were supportive in building their constituency. Allies do not mean those who would speak in favor of Ipas as the contact point between them and NLs in three months was not many. As safe abortion is a sensitive topic and our program interventions are still in the exploratory phase, attempting to dissect the prevalent norms and its measurement, we decided

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[2] Women and girls, primarily from marginalized communities, with an innate desire to assert their rights and advocate for gender transformative programming

to work with the "Prospective allies". Also, the participant of the men and boys group comprised of Natural Leaders' partners and their allies. The participants were selected keeping in mind that there was no internal power imbalance emanating from the relations or positions within the group.

Area of study

Bannigadi Jayagadh and Chaurpati Rural Municipality of Accham District and Bhumikasthan Municipality and Padini Rural Municipality of Arghakhachi District of Nepal.

Process of the study (applicability of the tools)

The FFA and SNAP both used the participatory Focus Group Discussion where the use of vignettes guided the SNAP framework as the questions would have been sensitive for direct questioning. For FFA, the forces that came up in the FGD were ranked through the use of Peer-wise ranking. The study was conducted in the community itself and the facilitator opted for multiple ways and means to avoid external factors and power-over in any of discussion.

After all the participants were present, the discussion environment was created. After being briefed about the purpose of the discussion, the participants were asked if women and adolescents had access to a safe abortion services, and what was helping or not helping them to get the safe abortion service they needed. The discussion was first focused on the driving force, those enabling forces which are helping them to achieve this. Similarly, they were asked to identify the driving forces taking reference to the family, the society, and the perception of the accepted beliefs (relation, structure, or social norms).
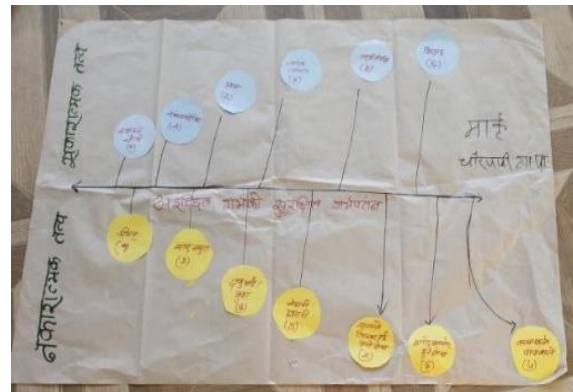
The stated driving forces were written in a meta-card and were placed on one side of the driving factor on chart paper. In the same way, the disrupting forces stated by the participants were put on another side of the paper. After the listing of driving and disrupting forces, the participants were asked to identify the 'neutral' forces from the list and place them in the middle. The remaining two forces were ranked through Peer-wise ranking by asking them which force was more impactful compared to the others for the change. For this, a long line was drawn which was considered as the goal line we wanted to achieve. The driving forces were kept above the goal line whereas disrupting forces were kept below the goal line. The force which got the highest score was put nearer to the goal line, and the remaining metacard were placed accordingly based on the score near and far from the goal line. Through this, participants gained an understanding of which forces have high impact and which forces have lesser impact in helping them achieve the goal and build their constituency.

The FFA was conducted to extract the key forces; driving forces for change and disrupting forces that are against the change to access (in) the ability of individuals to terminate an unwanted pregnancy confidently and safely. During the process, the respondents were asked to identify the driving forces, disrupting forces, and neutral forces concerning the safe abortion process. Once they identified the different forces, they were
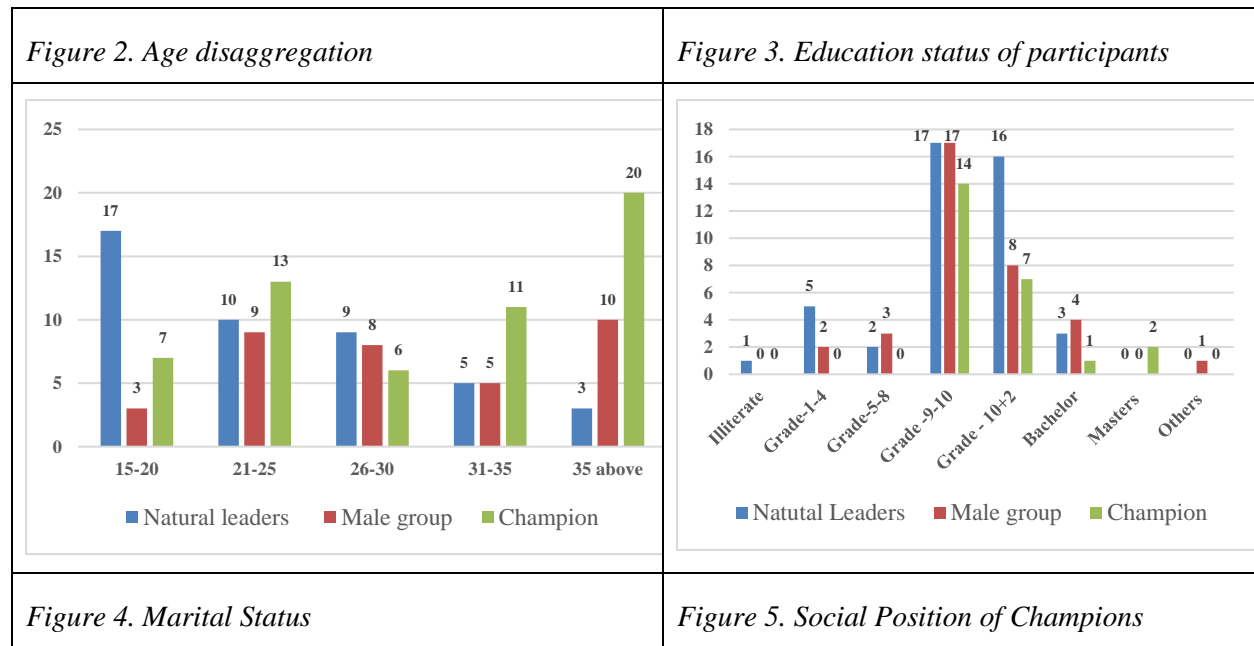
asked to compare the forces through peer wise ranking to identify the most prominent forces that have been creating an environment for positive and negative change.
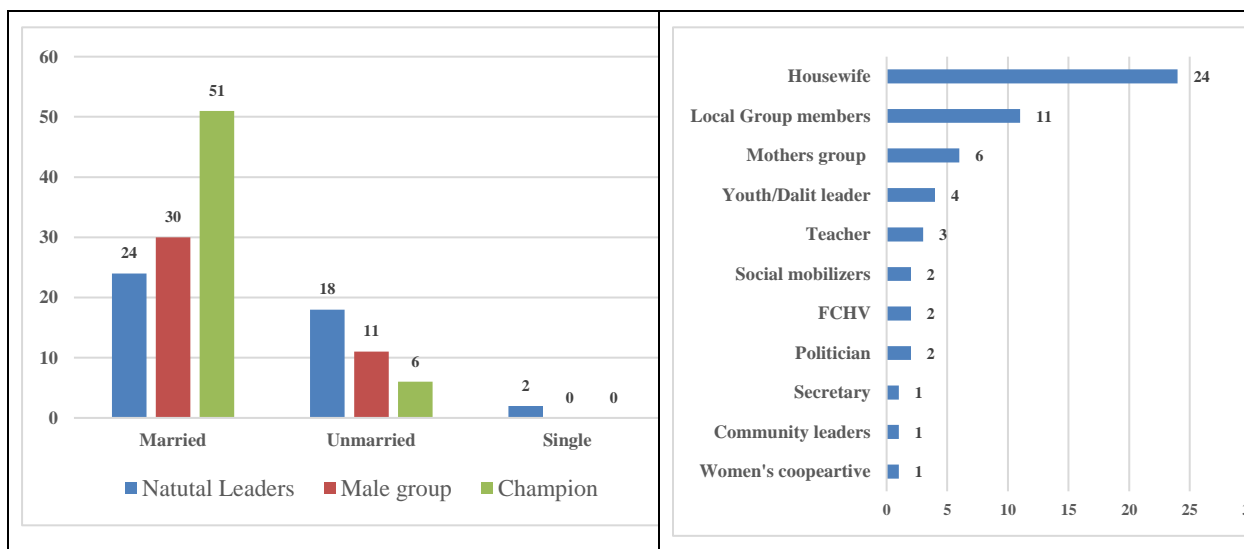
After completion of FFA, SNAP was carried out with participants telling them a conjectural story of a woman who wants to abort an unwanted pregnancy. Based on the story, the participants were asked about their perception, expectations from the women, what the community would be thinking, what can be done to make the situation acceptable, and under what circumstances it would be acceptable. After completing SNAP, the group was shown the driving and disturbing forces from the FFA. A similar process was applied to other groups of Men and Boys and champions.

Findings of the study

Participants by age, education, marital status, and social status disaggregation

The socioeconomic characteristics of the participants revealed that natural leaders are from the younger age group, while the male members and champions were mainly from age 21 to 35 years. A higher number of the study participants were married and educated. The majority of the participants were housewives, but there were members from local groups, political leaders, and teachers in the discussions.

Figure 2. Age disaggregation	Figure 3. Education status of participants
Figure 4. Marital Status	Figure 5. Social Position of Champions

60
51
50
40
30
30
24
20
18
11
10
6
2
0
0
0

Married   Unmarried   Single

■ Natutal Leaders   ■ Male group   ■ Champion

Housewife 24
Local Group members 11
Mothers group 6
Youth/Dalit leader 4
Teacher 3
Social mobilizers 2
FCHV 2
Politician 2
Secretary 1
Community leaders 1
Women's coopeartive 1
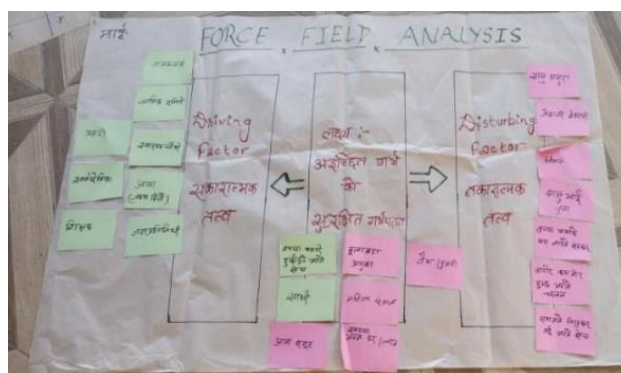
0   5   10   15   20   25   30

Key Findings – Force Field Analysis (FFA)

Four Force Field Analysis (FFA) were conducted in Bannigadi Jayagad and Chaurpati Rural Municipality of Accham District and Bhumikasthan Municipality and Padini Rural Municipality of Arghakhachi District with the Natural Leaders and their allies.

The discussion of FFAs in both districts showed that the most prominent driving forces were Health Post, the self-confidence of women, and the self-decision-making power of women. The other driving forces that ranked respectively were Female Community Health Volunteers (FCHV), Mothers, Judicial Committees, and health workers as well as local representatives, health posts, girls' groups, and close friends. However, there were some driving forces stated by the participants which were either ranked very low or no ranking was given when compared to the other driving forces. The low ranked or no ranked driving forces were police, child club, women network, I/NGO's, close friends, mother group, and teachers.

The disrupting forces that are resisting the changes were the husband's family member, husband, no access to services in the village, shyness of women to visit health posts, and fear of using instruments inside the body. The other restraining forces ranked respectively were fear of infertility after abortion, illiteracy, fear of privacy, women were not empowered, social ostracization, village women, influence of husbands' friends, lack of transportation. However, there were some disrupting forces stated by the participants which were ranked very low or no ranking was given but sometimes they might hinder program implementation by resisting change. The low ranked or no ranked driving forces were Ayurveda doctor (*Vaidhiya*), fear that body becomes weak, fear of being accused that pregnancy resulted from extramarital relations, thinking that aborted foetus might be a male.

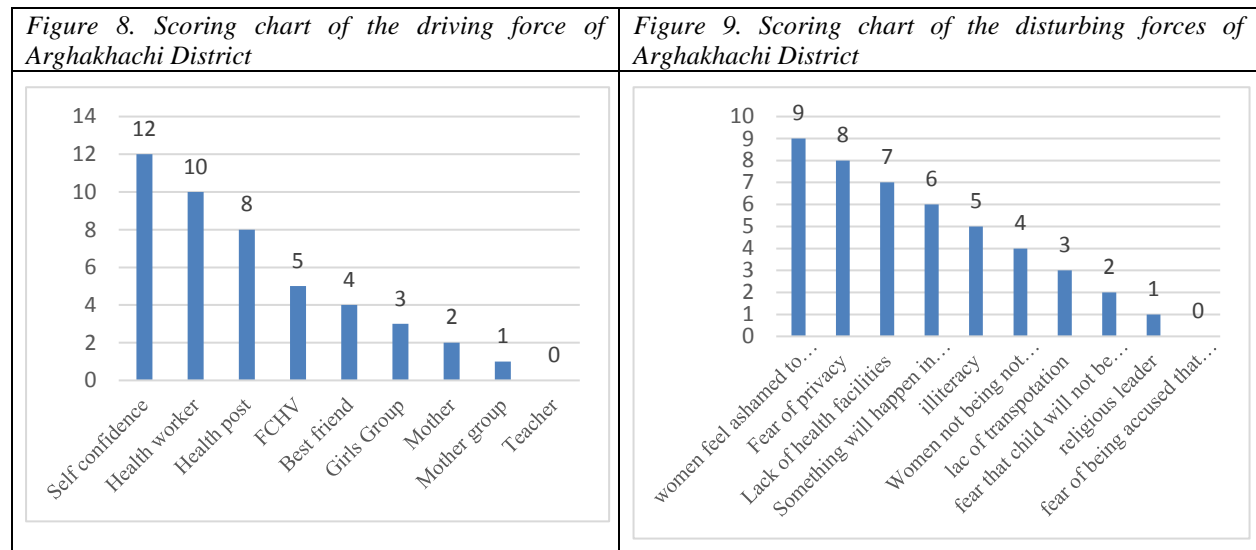Besides these forces, neutral forces were also analyzed that might function as a buffer zone to change. The neutral forces identified were mothers' group, women's network, local Ayurveda doctors, friends, youth clubs, teachers, aunts, and female ward representatives.
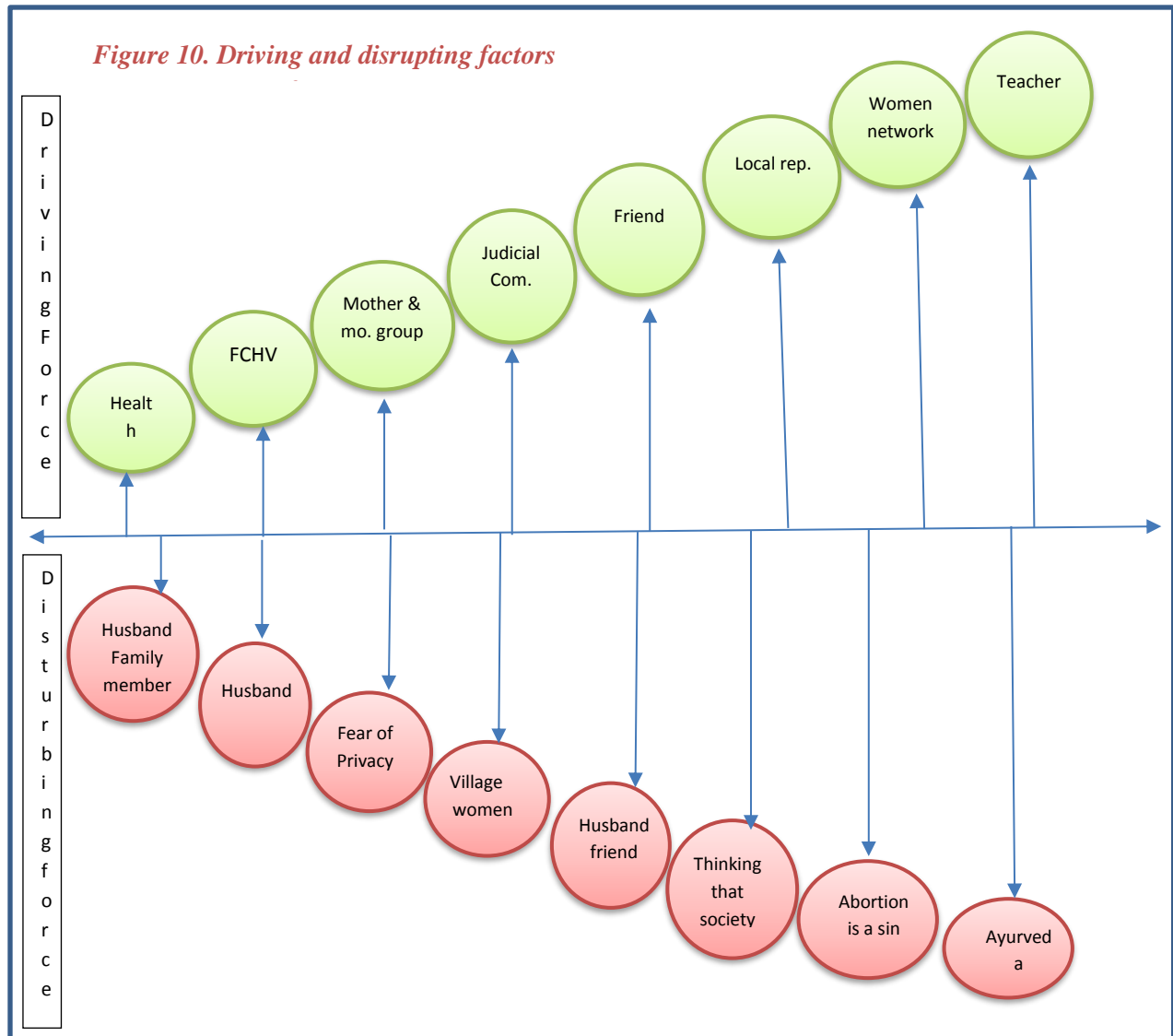
DRIVING AND RESTRAINING FORCE – ACHHAM

Figure 6. *Scoring chart of the **driving force** of Accham District*	Figure 7. *Scoring chart of **Restraining forces** of Accham District*

Figure 6. Scoring chart of the **driving force** of Accham District

Values: Health post 13, FCHV 11, Mother & mother Group 9, Judicial Committee 7, Friend 4, Local Representative 3, Women Network 2, Teacher/IPAS 1, Police 0

Figure 7. Scoring chart of **Restraining forces** of Accham District

Values: Husband family… 17, Husband 11, Fear of privacy 5, Village women 3, Friends of husband 4, Thinking that society… 2, Fear that the body… 1, abortion is a sin 0, Aayurveda doctor 0

DRIVING AND RESTRAINING FORCE – ARGHAKANCHI

Figure 8. *Scoring chart of the driving force of Arghakhachi District*	Figure 9. *Scoring chart of the disturbing forces of Arghakhachi District*

Figure 8. Scoring chart of the driving force of Arghakhachi District

Values: Self confidence 12, Health worker 10, Health post 8, FCHV 5, Best friend 4, Girls Group 3, Mother 2, Mother group 1, Teacher 0

Figure 9. Scoring chart of the disturbing forces of Arghakhachi District

Values: women feel ashamed to… 9, Fear of privacy 8, Lack of health facilities 7, Something will happen in… 6, illiteracy 5, Women not being not… 4, lac of transpotation 3, fear that child will not be… 2, religious leader 1, fear of being accused that… 0

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Figure 10. Driving and disrupting factors

Driving Force circles: Health, FCHV, Mother & mo. group, Judicial Com., Friend, Local rep., Women network, Teacher

Disturbing force circles: Husband Family member, Husband, Fear of Privacy, Village women, Husband friend, Thinking that society, Abortion is a sin, Ayurveda

Social Norms Analysis Plot (SNAP) Analysis

SNAP was carried out with 12 groups (one SNAP per group) of Women/Girls, Boys/Males, and Champions (mixed group-men and boys) in Bannigadi Jayagad and Chaurpati Rural Municipality of Accham District and Bhumikasthan Municipality and Padini Rural Municipality of Arghakhachi District. Using vignettes,the social expectations (empirical and normative expectations - for married and unmarried women and adolescents) that are prevalent in society were explored and their impact analyzed on the decision of the woman and girls to safely terminate an unwanted pregnancy.

The four rooms of analysis based on the beliefs about the reference group are-

1. What I think others do? (empirical expectation)
2. What do I think society expects me to do? (normative expectation)
3. Sanctions

4. Sensitivity to sanctions (Personal thoughts and attitude Vs social norms to identify the direction of the change)
5. Some cases of deviance and their acceptance?

A mismatch between what an individual thinks and what society thinks and expects points to the area of intervention together with forces (negative and positive) identified by FFA.

What society thinks?

There is a stark difference between what society thinks for a married woman, a married woman with many living children, and adolescents.

In the case of a woman, motherhood is given high importance and is closely related to her sexuality. Her unwillingness is equated to her being irresponsible and **vulgar.** Childbearing is closely related to the status of women in her household and it is important to keep the marriage intact. Women must give birth for the sake of family and lineage (if son) and the happiness of grandparents with a grandchild. If abortion is done, women might become infertile. Participants in the discussion, particularly females, believed that early childbirth means that women do not leave their family or husband and are dutiful. They indicated that giving birth to a child means that she has trust in her husband and family.

Participants from both the districts said if a woman chooses abortion, her character is in doubt, she is immoral, and the woman might have a sexual relationship with many other men. It was found that society has serious concerns & questions regarding women's sexuality if they opt for abortion. They question if the child is from her husband then why should she undergo an abortion? Or, that she might be thinking of remarrying. Society thinks if a woman is unwilling to have a child or chooses to abort the unwanted pregnancy why did she marry? Women are also blamed by society for spoiling their husband's image. An unmarried girl becoming pregnant is completely unacceptable to the society. For the society and family to accept her, she is compelled to marry the same person who impregnated her. If they are unable to marry her with that person, abortion needs to be done secretly. In the case of safe abortion of an unmarried girl, society believes that 'better she should have died'.

Some families were quite positive regarding safe abortion services. They said the woman should complete her education and become self-reliant.

Likewise, male members from the societies of both the districts think that a woman who has become pregnant for the first time and opts for an abortion would be having an extramarital affair and this is a reason for her willingness to abort. They believed that only after childbirth the marital relationship is safe. Otherwise, she might have chosen abortion listening to others' opinions, or willing to remarry. If a woman has given birth to a child, they think she is good, and her future is secured. The first child should not be aborted at any cost if a woman chose to do say they think she is unwilling to carry on married life.

In the opinions of champion groups also, if a woman is willing to undergo an abortion almost everyone in the society would blame her for having a **loose character**. Society thinks such a woman is bad and is treated as equal to 'whores' & 'prostitutes'. Such women are not only bad themselves, they even spoil other women's image in society. In the case of an unmarried adolescent girl, they think that she has spoilt the image of family and the entire village as well. Family members of pregnant unmarried girls are hated in society. Question is raised about the upbringing provided by her parents and they are blamed for the situation. A pregnant girl's mother is blamed for not providing her decent morals.

However, abortion is acceptable if a woman already has many children. They were positive in thinking that the woman might be thinking of her education and career, so she chooses abortion.

What society expects?

Women and girls from both Accham & Arghakhachi districts expressed their views that society & families expect a pregnant woman to look after family matters without any doubts and not to opt for abortion. Society expects that "to live a happy family life, maintain family's prestige and not to spoil the family name, a woman should given birth to a healthy baby, taken care of the baby and it would be far better if it is a son." Grandparents also are eager to have grandchildren early. But in the case of an unmarried girl, they expect that she should go for abortion (safe or unsafe) before the matter is disclosed in society.

Similarly, in the opinion of males and champion's group, society expects a pregnant woman to have a child, the family wishes to see a baby soon so that they can raise him/her early. They expect a pregnant woman to safely produce her child instead of abortion otherwise she might lose her fertility. Likewise, if a woman goes for an abortion without the permission of the family she is branded as a woman of bad character, and some males in the village look at her with lusty eyes. They try to approach such women in the expectation of having sex with her.

What do women and adolescents think?

Women think that family & society should objectively consider their decision of unwanted pregnancy and abortion. After childbirth, their freedom is lost as they have to engage in caring for children which acts as a barrier to their learning opportunities. It is not wrong to abort an unwanted pregnancy was resonated by all the women and girls as it is her body, and she should have the right to claim it. They have a fear of being neglected or doomed to be ill-treated if they chose abortion without permission from family members. They thought it would be appropriate for them to give birth after completing their studies and ensuring their career was established. They think that their families might not support them if they were to decide to abort a pregnancy.

Similarly, members from male groups say that women willing to undergo an abortion think that their family should accept their choice. A woman willing to abort wishes to enjoy freedom as other unmarried girls, she thinks of becoming pregnant after attaining full maturity. They also thought after giving birth to a baby their household chores are increased. A woman willing to abort thinks that her family should understand her feelings, accept her choice. But due to fear of being treated badly by society and being labeled as a woman of bad character, family members might force her to give birth to the child. Though they are aware of their reproductive right and safe abortion they think why is their family not supporting them? They also used to think that after giving birth to a child they go through a lot of changes physically and mentally.

What do I except?

According to the opinions expressed by women and girls, they expect many things from their families. They expected that a woman willing to go for abortion should be supported by her family and husband. They should understand her, permit to abort and support them in reaching a health post. Family and society should not treat them in a bad manner and expect that her husband would not hate her because of her choice to abort and not think of remarrying.

During the discussions it was found women were expecting that their future should not be disturbed because of getting pregnant. The family should not keep them away from opportunities. Especially they are worried about their prestige and dignity within the family. They are always thinking about whether the husband will be loyal forever, villagers might backbite, the family might break down if they opt to abort. Therefore, women are always worried about many such negative consequences they might have to face in the future.

Discussions from the male groups also brought similar reactions as put forward by women groups. They expected that if a woman has aborted her unwanted pregnancy she should not be blamed. Her character should not be questioned. They should have the right to decide themselves. Family members should listen and support them. They expect that women's decision to abort should be kept confidential. After the abortion, they should get good care and nourishment, just as in the motherhood period. They also expected that a woman who has already given birth to many children should get sufficient time to take care of her children and family should assist them in availing safe abortion care in case of further unwanted pregnancies.

> Case Story
> **Want of Son: lead to the bed of death!**
> Narayan Sunar (name changed) aged 40 from Padini Rural village municipality 5, always remembers his sister. Narayan had four sisters and while discussing the topic of pregnant women, he missed one of his sisters who was 23 years old. He still remembers that day when he received the news that his sister was pregnant for the second time.
> Narayan's sister was only 23 years old when she became pregnant for the second time. She had just given birth to her first child and became pregnant for the second time in nine months. She was advised by doctor, to have a second child only after 4-5 years after the first child was born. Her family had also suggested to do an abortion as her first child was too small and the doctor was telling her not to have a second child immediately. But she was hoping for a son. She believed that it is a sin to throw away her husband's child and she did not want to abort. When she was 7 months pregnant, she started having physical problems like swelling of the body and excessive growth of the body below the waist. She was taken to Bhairahawa Hospital and Kathmandu for treatment. But on the third day after giving birth to her second child, she died.
> His brother Narayan still thinks that his sister would have survived if she had aborted without thinking that it was a sin.
> "If my sister and her family had accepted that safe abortion helps to prevent unwanted pregnancy and save a life and if community did not take it negatively, I would not have lost my sister due to her self-stigmatization and decision to be accepted by the community. Both children are growing without their mother" He said in a very low voice.

What does a woman willing to get a safe abortion service expect? In this regard participants in the discussion from champion groups, women expected that matters regarding woman's willingness to abort should be kept secret and confidential. The matter should not be a subject of rumor in society. The husband should understand his wife's feelings. Women who wish to complete their studies and become self-depended should be encouraged by family and society. She should have a dignified life in the husband's family even after an abortion.

There was unity in the opinion of all discussion groups that women are unable to take abortion related decisions freely and independently as they are unable to go against their family, husband, and society.

Therefore, family foremost and then community's attitude and consent are crucial in deciding the issue of abortion.

What kinds of treatment do women get when they undergo an abortion without permission from family? (sanctions)

In the discussion regarding the treatment women get from their families all three group discussions revealed that if women opt for an abortion without permission from the family, they might face physical torture, abuse, hatred from family members, trust issues with the family and husband. After the abortion, there are chances that the family would not accept them, and people will tag such a woman as a *"woman who killed her baby".* Husband may marry another woman and even the cases of divorce and expulsion from the house were seen. If it is known that she aborted, men think of her as a *prostitute and seek sexual pleasure* from her. In the case of adolescents, pregnancy itself is highly stigmatized and abortion is not taken as an area of intervention for them. They would rather be forced to marry with the one who impregnated her than abortion.

Where to go for availing abortion service & what obstacles are experienced?

Participants in the discussion collectively told that they have to go to the health facility but the service providers at health post ask women to bring their husband or any other members of the family and deny providing the service without the consent of the husband and family. Almost all the participants in the discussion told that health posts and health workers do not like to take the risk if something unprecedented happens. Therefore, they seek family consent and do not like to provide service if a woman comes along.

> This is an area of exploration as we need to understand if this deliverance by health post is normative (as could have been an isolated case or even none at all but had simply got amplified by word of mouth) or if it was a reality. If yes, then, this could be an area of intervention.

Under what circumstances can women easily avail abortion services?

If women are well educated about safe abortion service-related information, if they are quite sure about the confidentiality of the service provided, if husband and wife can talk openly about sexual life, if women and men both take a leading role in creating safe abortion campaign as they did to eradicate "Chhau Goths". Likewise, if the families become understanding and accept that it is a women's choice, the availability of health centers in the village, efficient & qualified health workers, and equipment necessary for safe abortion service is made available women will gradually normalize abortion services.

Similarly, if women can express their opinions freely without any hesitations and if society accepts abortion of unwanted child easily it would be good. Women should have a common platform to share their problems freely in the village. Only then would abortion service and discussions be easy.

Norms and Sanction- does it regulate the decision of women and girls?

The study showed that though the women themselves do not hold a negative perspective towards abortion, the empirical and normative expectations and the sanctions levied compel the women and girls to follow a path that is exactly opposite to their belief system.

Analysis of Key findings from SNAP

Belief about What society thinks and wants

- Abortion is equated as a woman being 'vulgar' and suspected of prostitution or promiscuity; a dimension to weigh her character *(wanting to have an extra-marital affair; someone else's child, these women are ready to give you a chance to take them to bed)*
- Motherhood is the prime responsibility of a woman (there is no question of unwanted; if you can't be a mother there is no wholeness to womanhood)
  - ✓ *"Why abort your child? Aren't you happy that you are going to be a mother?*
  - ✓ *"Didn't she know she would get pregnant after marriage, it's normal why create a fuss now? Just take it"*
- Abortion is not accepted in the case of unmarried adolescents (the norms of virginity is higher than the life of adolescent)-" *they should die as it brings shame to the family honor"*
- It is fine if she already has many living children, it is accepted

  Overall, the decision is not the woman's based on what she wants. Even if she has many living children no one ever asks her if she wants to continue her pregnancy. There are terms and conditions levied by society. If it is a human right and particularly the rights of women and adolescents there should be no such conditions.

Belief about What I Think and what I want?

- Safe abortion is our right
- We should be allowed to make our choices
- The workload and caring work cause hindrance to our learning opportunities
- Only after reaching bodily maturity, we should conceive
- It [abortion] is not a sin
- Our family and society should support us and should not engage in name-calling

What do adolescents think?

There is power over not only by the beliefs about society but also within the circle of women who believe that pregnancy and abortion is not a matter of choice for adolescents. This prohibits them from speaking openly about their choices as well as their use of services.

Belief about Society Versus - My perception

The study showed that women in the majority of the cases followed the beliefs of the society which was against what they feel. The **causes of the above include-**

- Fear of sanctions (name-calling; unsupportive environment at the household level; lack of support from husband; ostracizing woman)

- The expectation of being treated with respect at home- A woman's respect is attached to her motherhood at home

- Confidentiality at the health facilities

- Self-stigmatization by the woman due to the external factors

- Lack of agency of woman and adolescents (power within Vs power over)

- Due to high prioritization placed on sanctity and virginity, the adolescents have to face gruesome attack and their needs and questions are left unanswered.

- Men, though supportive in some cases, also went with the expectations of society for the fear of being called *"joitingrey"* (henpecked) and not having a safe space and support system

- SRHR and particularly abortion being treated with secrecy (the word itself is treated with much uneasiness)- *"how can you speak so openly about abortion? This is a vulgar topic and something that spoils the marital life and in the general life of woman and adolescents " (shared by a respondent from Champions group to the facilitator)*

- Lack of open communication between couples regarding sexual needs and desires. Women feel shy to talk about it openly with their partners due to self-stigmatization by the woman and adolescents guided by the norm of submissiveness in sexual intercourse.

  "They never tell us openly what they want. If they did maybe we could also understand" – stated during FGD with Men and Boys group

Why men and boy's engagement? What are the norms that guide them?

The study showed that the thinking of local leaders and male members is more positive as compared to women and girls. The local leaders and male members were somewhat positive when asked for the reason for abortion. They have stated that she might have some health issues, she might want to continue her education, or she might want to be self-sustained first.

Though they hold a positive attitude, why in practice we find that husbands and their friends are one of the restraining forces as also shown by FFA?

1. Lack of safe space to discuss and to come out from their 'man-hood' box
2. Lack of community support and name-calling
3. Hegemonic Masculinity is applauded (control over woman's sexuality; never let a woman have her final say else they will leave you; fatherhood is not as important as motherhood)

Achieving full equality needs men — not in the form of men in charge of women's reproductive decisions, but rather men as full, equitable partners invested in their health and supportive of women's autonomy. Full attainment of SRHR for women is impossible without the engagement of men as users, partners, and advocates in promoting SRHR and newborn and child health. The 2018 Guttmacher-Lancet Commission report highlights this need for increased attention toward relational approaches to masculine norms and men as agents and partners in SRHR (Starrs et al., 2018).

We need to work on the norms that guide them and as stated above it can be different from that of women and adolescents. Although programs with men and boys to change gender norms must work at the broader societal level, an important step in gender-based programming for men and boys seems to be explicitly acknowledging prevailing gender-inequitable definitions of manhood as part of the problem. These findings and analysis of the study will guide the strategy for Engaging Men and Boys of Ipas Nepal.

Recommendations for Areas of Gender and Social Norms Integration in Ipas programs

The findings of the study will be crucial in identifying the areas of Gender and Social Norms integration and guiding the pathway of the programs. Some areas of integration and adaptation of the study have been as follows-

- Staff transformation should be the starting point so that everyone has a common understanding of Gender and Social norms about SRHR and safe abortion.
- Strengthening the agency of woman as well as her partner simultaneously so that they can discuss sexual needs and desires openly. The norms of submissiveness of woman in a sexual relationship should be curtailed as it is a major factor of "unwanted pregnancy"

  - What do women want? (need to instill that self-love and respect which is an important aspect of their agency)

  - The rings of sexuality particularly sexual pleasure should be integrated into training for staff as well as the community.

- Working with the community is necessary as what women want is guided by what they think of their community? This needs to be highlighted through street dramas; celebrations and others community events as social norms are hidden until we can showcase them through some triggering exercises.
- For adolescents, we need to break the norms of virginity for which CSE could be an entry point.
- Peer approach, especially in cases of adolescents, as they perceived their friends to be their close confidante.
- We need to understand what is building the belief about confidentiality being a barrier to women's access to safe abortion services. In Nepal, the service providers at the health posts are all females and they might also feel the pressure of power from the community, the norms of acceptance in the community where they work, and self stigmatization of being a woman. Therefore, we need to work at the intersection of agency, relations, and structure of health facilities/ANM/Nurses comprising of gender, power, and social norms.

  "The participants in Arghakhachi specified that the health workers are not ready to provide safe abortion service as they belong to the same area, so they might call the family members, and many enquiry are done which was not accepted by the participants."
- Adapting community health scoreboard/ interface for transparency and more interactions between health facilities and right holders.
- Power and social norms are an area to be integrated at all levels.

- ✓ Process monitoring of NLs to see the changes within their household and communities (power and social norms)

- ✓ Attitude transformation of health faculties (structural level) and ANM/Staff nurse so they can understand the role of power and social norms while delivering their services.

- Religion and traditions are not as much of a barrier as the social norms and beliefs about women's character, discussion related to her sexuality, and family pressure. Therefore, it seems necessary to focus on connecting with the family member and society rather than investing in religious parameters while preparing the program.

- Strengthen the relational aspect through the strategy of engaging men and boys (husband and their allies as they are major barriers shown from FFA) and also community as a whole.

- Couple communication is important for rights to be asserted by women –"I want this" and to break the norms of submissiveness. This can also promote greater marital harmony and gender equity and protect further entrenchment of male-dominated decision-making.

- Introducing the social determinants of health in the training packages to understand the notion of gender, power, and social norms within the organizations and as well as the services provided.

- Ipas IEC materials and also the health center listing/boards to highlight confidentiality and laws associated with it. Investing or collaborating more on IEC materials or visibility as the more the community gets to see boards/notices about safe abortion the more it becomes easy to remove the barrier of secrecy around talking about abortion. Also, the placement of the IEC materials should be analyzed.

- Highlighting a new norm can be important this can be done by mobilizing the trained media professionals to highlight good cases. Norms themselves are hidden till we don't showcase them and introducing a new norm is much easier than breaking them. This is subjective and needs to be finalized by the team.

- Advocacy at the policy level to include gender and social norms chapter as part of social determinants of health.

- Gender analysis and gender transformative approach should guide organization level integration of gender, power, and social norms (HR, finance, the board of directors, SMT, PMTS, and more) as well as for program integration and implementation.

- The program interventions should look at the driving forces identified by the study to build a constituency of the woman and girls for the movement of SAS

- Application of the socio-ecological model to plan interventions at all levels.
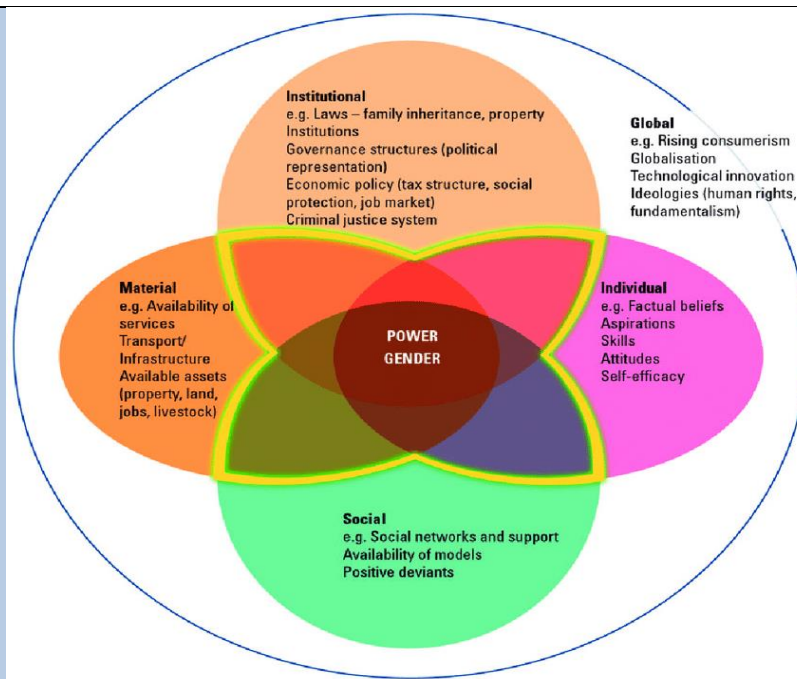
The above framework is an adaptation of the ecological framework where four domains of influence (institutional, material, social, and individual) overlap, popularly known as the dynamic framework for social change[3]. This framework is different from the socio-ecological model because it draws our focus on the areas of intersections where gender and power issues and social norms are operating (the central yellow flower in the diagram shows the social norms intersections) and offers a tool to design intervention strategies that address interactions between factors and the intersections. For instance- among interventions focusing on strengthening confidentiality at health posts, reflecting critically about gender norms accompanied by changes in the opportunity structure, structure of the organization about power or the ability of service providers to freely provide services that would fall at the intersection between the individual (I), social (S) and material (M) domains is crucial.

The purpose of this dynamic framework is not to determine precisely in which domain a particular factor should fall but to generate discussion and reflection among practitioners about the factors that influence a particular health outcome in a given context and that social norms (gender norms and power) may play a crucial role in either strengthening or weakening those factors. Such discussions help plan an intervention and assess the need to coordinate with other actors to ensure effective and sustainable change.

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[3] Cislaghi, Ben & Heise, Lori. (2018). Using social norms theory for health promotion in low-income countries. Health Promotion International. 34. 10.1093/heapro/day017.