

TOPIC IN BRIEF

Changing Social Norms

by [William F. Bacon and Robert M. Becker](#)

The April 2004 edition of ReCAPP focuses on "perceptions of social norms." Social norms are an important topic in adolescent reproductive and sexual health because adolescents tend to match their own attitudes and behavior to what they perceive to be the norm among their peers. Since norms are often misperceived as being riskier than they really are, correcting misperceptions may be a powerful new tool for helping adolescents avoid risky behavior.

This edition of Topic in Brief includes the following sections:

- [Definitions](#) of terms related to social norms
- [Overview](#) of the issues
- [Tips for Educators](#), including:
 - [Social Norms Theory, Terms, and Applications](#)
 - [Collecting Social Norms Data](#)
 - [Interpreting Social Norms Data](#)
 - [Translating Norms Data into Concrete Concepts](#)
 - [Promoting Healthy Norms](#)
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Definitions of Terms Related to Social Norms

Social norms are standards of acceptable behavior or attitudes within a community or peer group. Social norms come in two varieties — actual norms and perceived norms.

Actual norms are the true social norms for a particular attitude or behavior. For example, if the majority of a group of sexually active individuals use some form of birth control, then the actual norm for the group is to use birth control. Going without birth control is "non-normative" in that group.

Perceived norms are what someone *believes* to be the social norm for a group. If, for example, a young man believes that most of his peers do not use condoms, for that young man the perceived norm is for non-use of condoms.

Misperceptions of norms occur when there is a discrepancy between the actual norm and the perceived norm. For example, adolescents typically have misperceptions about the normative age of sexual initiation, believing that it is earlier than it actually is.

Social Marketing is the application of commercial marketing techniques to programs designed to influence the behavior of people in order to improve their personal welfare and that of their society. (Andreason, 1995)

Social norms prevention strategies are any of a variety of approaches designed to decrease risky behavior or increase protective behavior by reducing misperceptions of healthy norms. Among these strategies are *social norms marketing campaigns*, which publicize actual norms through messages disseminated on posters or other media. Examples can be found by following the "sample posters" link at www.socialnorms.org.

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Overview of the Issues

The social norms model represents a positive new approach to reducing risky behavior and increasing protective behavior. In this overview, we will explain the logic and theory behind the model, describe how it was first successfully applied in the area of alcohol abuse prevention, and finally discuss how it relates to promoting adolescent sexual health.

The Logic of Social Norms

The principles behind the social norms approach are simple. The first principle is that all communities, even those frequently labeled as "at risk," have largely protective and healthy social norms. "Problem" behavior and attitudes within a community, even if common enough to be of great concern, are nevertheless almost always non-normative. That is, they are associated with a part of the community, not the whole. This has implications that we'll get to in a moment.

The second principle of social norms theory is that these positive, healthy norms are frequently *misperceived*. For a variety of reasons, people tend to overestimate the amount of negative or unhealthy behavior that is going on in their own (and others') communities, and underestimate the number of positive, healthy decisions and actions that their peers take every day. For example, young people tend to greatly overestimate the number of their peers who engage in risky behavior like smoking, drinking, or having sex at an early age. Why? Partly, these misperceptions are a result of the way our attention and memory works. We tend to notice and remember exciting things (like peers bragging about a risky thing they did last weekend) rather than the mundane

things that most peers are involved in. This bias in what we remember creates a bias in our beliefs about what is "typical" among our peers.

Misperceptions of actual, healthy norms are common, but they are also harmful, for a simple reason — people, especially adolescents and young adults, tend to match their own attitudes and behavior to what they perceive to be the norm in their peer community. Thus, misperceptions set up a dangerous situation in which individuals are making unhealthy choices in order to conform to an incorrectly perceived norm. This situation can create a "reign of error," in which misperceptions contribute to increased risky behavior, which further shifts the perceived norm.

The implication for programs is that we may be able to do enormous good by reducing misperceptions through feeding back information to young people about the actual, healthy norms of their peer group. This has been the approach taken successfully in the field of alcohol abuse prevention, described next.

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Early Applications

The social norms approach had its beginnings almost 20 years ago with a study finding that college students misperceived the norms related to drinking on their campus (Perkins and Berkowitz, 1986). A few years later, college health officials at Northern Illinois University (NIU) began using social marketing methods to attempt to reduce problem drinking by publicizing the actual drinking norms. Student surveys indicated that most NIU students consumed five or fewer drinks when they went out drinking, but many students thought the norm was much higher. To correct this misperception, buttons and posters were developed conveying the message, "Most of us drink five or fewer when we party."

Many other messages were developed in subsequent years, some of which combined a statement of the norm with other helpful information about protective behaviors. The campaigns achieved dramatic success reducing misperceptions as well as reducing heavy drinking and drinking-related injuries (Haines & Barker, 2003).

The idea of reducing heavy drinking by publicizing social norms spread to many college campuses, and more recently the approach has been used in high schools and in statewide media campaigns. The targets of the campaigns have grown from alcohol issues to smoking, drug use, and sexual assault. Along with campaigns attempting to reduce a particular risk behavior, the approach has also been used to promote protective behaviors, such as safe drinking practices (e.g., using designated drivers), condom use, and seat belt use. Many of these campaigns are

described in a recent book on the approach, *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians* (Perkins, 2003).

As reports of success have emerged, the ideas behind social norms have taken hold as a potentially powerful force for positive social change. For example, a recent editorial article in the *New York Times* suggested that the approach might be used to encourage people to increase their donations to charity, by having the IRS publicize the actual norms for donations by people at varying income levels (Ayres & Nalebuff, 2003).

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Social Norms and Sexual Health

Although relatively little social norms work has been conducted to date in the area of sexual health, there is reason to believe that the approach has great promise in this area. Indeed, sexual risk-taking would appear to be an ideal case for the application of social norms theory. By its nature, sexual behavior usually occurs in private. Adolescents generally don't learn about their peers' sexual behavior by observation, but indirectly, from their peers' own reports or boasts. Thus, perhaps more than any other risk behavior, sexual risk-taking is susceptible to distortions of reality and misperceptions of peer norms.

Previous research bears this premise out. In studies of urban 6th graders, Robinson and colleagues (1999) found that young people generally over-estimated the proportion of their peers having sex. More importantly, the youth whose misperceptions were the largest were much more likely to initiate sex themselves over the next year (see also Kinsman et al., 1998). Another study found that whether or not a young person used condoms consistently was related to their perception of whether their peers did so (Romer et al., 1994).

Planned Parenthood of New York City (PPNYC) conducted research with middle school students and identified large discrepancies between what young adolescents actually believe and what they think the norm is for their peers (Bacon, Cleland & Kantor, 2002). PPNYC found, for example, that most participants in its urban, public middle school programs believed that this is not the time in their lives for them to be having sex. Clear majorities said that they thought sex was not okay at their age and that they don't intend to have sex in the near future. However, these same young people reported that they thought "most kids" in their grade were much different from themselves — that they believed sex was fine at their age and were likely to be having sex currently or in the near future.

Thus, there is good evidence both that substantial misperceptions exist in the area of adolescent sexual health and that these misperceptions can have negative consequences. PPNYC has begun implementing programs — both classroom-based activities and social marketing campaigns — designed to reduce these misperceptions and thereby promote healthier behavior. The success of these efforts is by no means assured, but the effectiveness of similar programs in other areas of health promotion is encouraging.

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Tips for Educators

The application of social norms theory to teen pregnancy prevention efforts is a new and evolving approach. Most social norms interventions have relied on poster campaigns and traditional prevention education. However, it is possible to incorporate social norms theory into existing curricula so that healthy normative messages are infused holistically into a program. In order for educators to successfully utilize this approach in their programs, they will need to be well-versed in the following five areas:

1. [Social Norms Theory, Terms, and Application](#)
2. [Collecting Social Norms Data](#)
3. [Interpreting Social Norms Data](#)
4. [Translating Norms Data into Concrete Concepts](#)
5. [Promoting Healthy Norms](#)

1. Social Norms Theory, Terms, and Application

Educators will need to be able to identify the relationship between actual norms, perceived norms, and misperceptions. Social norms theory states that adolescents will tend to match their own behaviors to what they perceive to be the norm among their peers. Since adolescents, like adults, tend to overestimate unhealthy behaviors and underestimate protective behaviors, they may tend to be negatively influenced by their misperceptions of the behavioral norms and engage in risky activities.

For example, a group of middle-school-aged participants are administered a survey asking them to respond yes or no to the statement: "It's okay for kids my age to have sex." To get at a misperception, the survey would have to ask the participants for both their own opinions ("What I Think") and for their perceptions of how they think others might respond ("What I Think My Friends Would Say").

Sample Survey Social Norms Results On When It's Okay to Have Sex		
	What I Think	What I Think My Friends Would Say
It's okay for kids my age to have sex.	YES (25%)	YES (75%)

In this example, with only 25% responding yes, the norm is it's not okay for kids to have sex. However, since 75% of the respondents *thought* that their friends would say it was okay for kids to have sex, there is a large misperception. In this case, educators would let participants know that "while it may seem that everyone else thinks it's okay to have sex, most of you actually believe you should wait until you are older." In theory, the promotion of the actual norm of delaying the onset of sexual activity would work toward "normalizing" the belief among young people that sex should wait, while reducing the pressure some young people may be feeling based on the misperception or mistaken belief that others think it's okay to have sex now.

2. Collecting Social Norms Data

The promotion of healthy norms about young people's behavior relies on collecting data both on actual norms and perceived norms. Three ways to do this include collecting data through formal evaluation, through "in-class" paper surveys (or on-line surveys), and on the spot, in-class voting surveys. Audio-CASI (computer assisted self interview), a computer and voice assisted methodology to collect data, has also been used to collect social norms data. This method can help with participants who have low literacy.

Focus groups are not a traditional way at getting at norms, especially if other participants can hear responses — part of the methodology relies on respondents not being biased by other people's choices — and interviews might also jeopardize the confidentiality of responses, making it more likely that there would be respondent-bias toward providing "right answers."

One strategic approach to collecting data on norms is through administering surveys prior to a program. A pre-test survey can provide useful baseline information about adolescent normative attitudes and/or behaviors related to pregnancy prevention.

Norms-related questions can be written to reveal misperceptions about sexual activity, sexual behavior, dating, harassment in

schools, or any other issue that may be addressed in the program. The results could then be incorporated into the program lessons through key messages or in a social norms marketing campaign.

At the end of the program, a post-test could reveal if program participants' misperceptions were reduced, a possible indication that the program successfully worked toward generating awareness about young people's healthy attitudes and/or behaviors.

If time or resource constraints are an issue, data can be collected and processed during program session time, either through paper surveys or through informal voting surveys. Simple anonymous surveys could be designed to ask participants how their own attitudes and behaviors compare to how they perceive their peers' attitudes or behaviors (like the "what I think"/"what my friends think" question above). These surveys could either be tabulated and discussed during the session or tabulated later to be processed at a future session.

Educators could also conduct an anonymous survey on the spot through a "heads down, hands up" voting activity. For example, the educator can ask participants to put their heads down and close their eyes. Next, the educator would ask participants to raise their hand if they thought it was okay for kids their age to have sex. The educator would tally the votes and then ask participants to raise their hands if they thought their friends or peers would say it was okay for kids their age to have sex. Results would then be presented to the participants and misperceptions would be discussed.

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3. **Interpreting Social Norms Data**

Once data has been collected, educators will need to accurately interpret the numbers in order to make assessments about how to incorporate the data into the program.

When interpreting data it is important to remember the following:

- Actual norm = Self reported attitudes or behaviors
- Perceived norm = Perceptions of others' attitudes or behaviors (what people think the norm is)
- When there is a difference between the actual norm and the perceived norm, a misperception exists.
- The more respondents who misperceive the norm, the more likely people will be influenced by the misperception.

When looking at a risky attitude or behavior, if more people perceive others engaging in a risk, even if they are not engaging in the risky activity themselves, they are more likely to feel pressure to engage in the risky activity.

Here is an example of how this might play out in a sample survey question for adolescents:

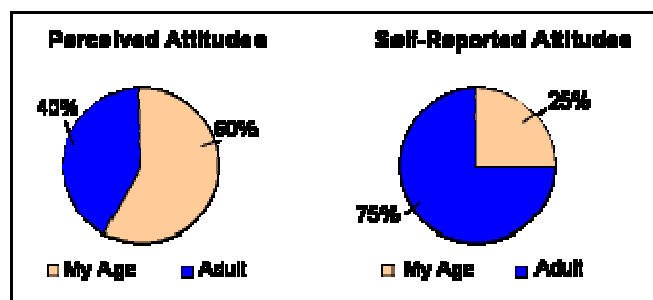
Which of the following best describes when it is okay to have sexual intercourse?	Self-Reported Attitude	Perceived Attitude of Friends
At my age	25%	60%
When you're an adult	75%	40%

In this example, the risky attitude = Sex is okay for kids my age.

The norm in this example is "sex is for adults." Seventy-five percent of adolescents self-reported that they personally believed that it is okay to have sexual intercourse "when you are an adult." Yet these same adolescents perceive that 60% of their friends would say sex is okay at their age. So while the reality is that most adolescents believe sex is for adults, the misperception is that "most kids my age think it is okay." Since perceived norms influence behavior, pressure exists to engage in sexual intercourse.

The goal of the social norm approach in this case would be to reduce this misperception. And of course, the ultimate goal of any pregnancy prevention program will be to reduce adolescent sexual risk-taking.

Social norms data may also be presented in as a pie chart in order to help facilitate interpretation.



In the example above, the blue color represents protective attitudes (sex okay for adults) and the tan color represents riskier attitudes (sex okay for kids my age). The chart on the left represents perceived attitudes of friends; the chart on the right represents self-reported attitudes. With tan representing the

riskier "sex is okay for kids my age" attitude, it is clear that the tan area on the perceived attitudes pie (60%) represents a large number of young people who misperceive the norm. Conversely, the good news in the pie chart on the right in the self-report is that most kids (75%), represented by the large blue slice, actually believe (actual norm) that sex is for adults.

It should be noted that adolescents might misperceive the extent to how their own unhealthy behavior does not match the norm of their peers' healthy behavior. For example, a norm might be most adolescents use condoms. An adolescent who doesn't use condoms and misperceives this norm, believing that most of his/her peers do *not* use condoms, may be positively influenced or pressured to use condoms when awareness is generated about the norm that most adolescents *do* use condoms.

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4. Translating Norms Data into Concrete Concepts

One of the biggest challenges to incorporating social norms theory into sexuality education lies in translating terms, concepts, and data into a digestible form for an audience. The theory, terms, and data are abstract, making it difficult for younger audiences to comprehend.

One way to try to make the terms more concrete for an audience is by translating the definitions into terms more accessible for an audience. Examples include:

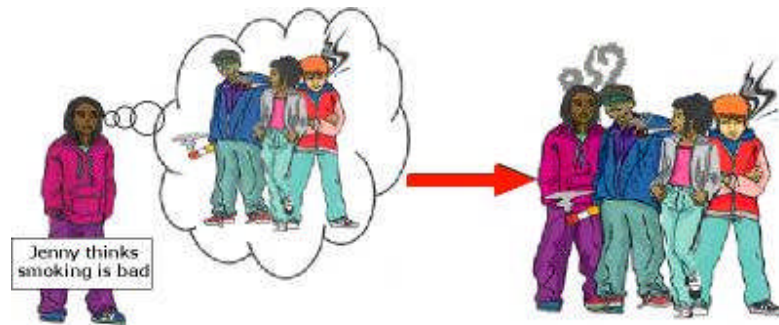
- "Actual norms" are what's really going on around us, the reality.
- "Perceived norms" are what we *think* is going on around us.
- "Misperceptions" are when we make *mistakes* about what we think is going on around us.

A concrete example of translating terms for adolescents might be disseminating the message, "While most of you thought your friends would say it's okay to have sex, we can see that this belief is a mistake. In reality, most of you believe that it is best to wait until you are an adult."

When literacy is an issue, using photos or cartoons can help bring clarity to the issue. For example, to help clarify the concept of the impact misperceptions have on decision-making, here is a smoking example:

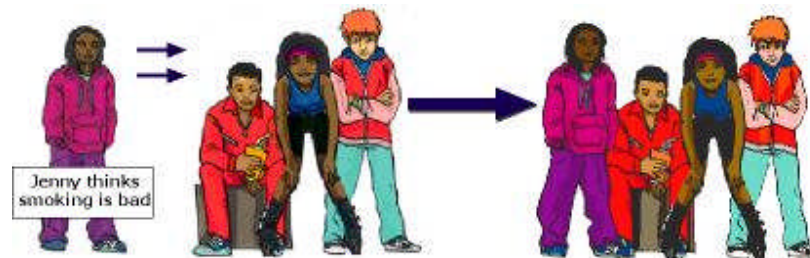
If you THINK most of your friends smoke ...

...you might end up smoking



If you KNOW most of your friends do not smoke ...

...you will most likely not smoke



When trying to translate norms and data, it is best to try to utilize language, images, and concepts that are culturally and linguistically appropriate for your audience. Testing the messages and receiving feedback from your audience is imperative for both educational lessons or social marketing campaigns. For more information on testing messages, see this month's [Educator Skill](#).

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5. Promoting Healthy Social Norms

Once the data has been collected and interpreted, and key messages have been abstracted, the most important step is to promote the healthy normative message to the audience.

As mentioned earlier, traditionally this is accomplished through social norms marketing campaign posters. (See this month's [Educator Skill](#) for more on implementing social norms marketing campaigns). While poster campaigns can be quite effective and reach large audiences, healthy normative messages can also be promoted through classroom activities (see this month's [Learning Activity](#)) and through reinforcement of social norm key messages. Reinforcement may occur in the processing of activities or informally by key staff members' interactions with program

participants.

Ways to incorporate and promote your social norms data into pregnancy prevention curricula might include voicing the healthy norms within activities on sexual decision-making, abstinence, contraception, STDs/HIV/AIDS, etc. Healthy norms might include:

- Delaying the onset of sexual activity until you are an adult, i.e. "Most of you think you should wait until you are an adult before having sex..."
- Motivation to use condoms and another method of contraception if sexually active, i.e., "Most of you know that you should use a condom if you decide to be sexually active..."
- Accurate perception of risk for sexually transmitted diseases, including HIV, i.e. "Most of you know that you cannot tell if someone might have an STD by looking at them..."
- Desire to seek out a parent, caregiver, or trusted adult to ask questions about sex, i.e. "Most of you said you have talked to your parents or another trusted adult when you had a question about sex..."

Additionally, educators might spark discussion and confirm understanding by asking processing questions such as:

- If a teen believes that it is best to wait until he is an adult before having sex, but thinks *everyone else* believes it's okay to have sex now, how might that affect his decision to be sexually active?
- What happens when we make mistakes about what we *think* our friends or peers are doing?
- How are misperceptions harmful?

Some sample key messages that may be infused within a curriculum and voiced throughout a program include:

- "When we misperceive or make a mistake about what we believe our peers are doing, we may feel pressure to do things that go against our values or beliefs."
- "Knowing the reality of what our peers *really* do or believe helps us to make good decisions about dating, relationships, and sex."
- "Most of you think that it is best to wait until you are an adult before having sexual intercourse."

And finally, educators and key program staff can reinforce healthy normative messages by borrowing a page from media training. As program participants ask questions during an activity or in an interaction with a program staff member, key healthy normative messages can always be delivered. "I'm glad you asked about when's the right time to have sex. It is best to wait until you are

an adult. And the good news is that when we asked you on the surveys, most of you agreed that sex is for adults."

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Resources

Conferences

The Annual National Conference on the Social Norms Model. Usually held in the summer, this conference brings together many researchers and practitioners interested in social norms. Still heavily focused on alcohol abuse among college students, the conference is increasingly branching out to other fields and other populations. Check conference page at www.socialnorms.org for details.

Another Conference titled "The Social Norms Approach to Promoting Positive Sexuality and Social Justice is being sponsored by Planned Parenthood of the Southern Finger Lakes on Corning, New York on April 14-15, 2004. For more information, contact Maren Olsen at 607-216-0021, ext. 135 or by email at maren.olsen@ppfa.org.

Web Resources

National Social Norms Resource Center, www.socialnorms.org

Most of Us Project, www.mostofus.org

Higher Education Center for Alcohol and Other Drug Prevention, www.edc.org/hec/socialnorms/

Johannessen, K., Collins, C., Mills-Novoa, B. & Glider, P. (1999). A Campus Study in Implementing Social Norms and Environmental Management Approaches. Tucson, AZ: Campus Health Service, The University of Arizona.

www.socialnorm.org/arizonaguidetoalcoholprevention.pdf 

The Book on the Social Norms Approach

Perkins, H. W. (2003). *The social norms approach to preventing school and college age substance abuse: A handbook for educators, counselors, and clinicians*. New York: Jossey-Bass.

A Quarterly Publication

The Report on Social Norms, www.socialnormslink.com/

Curriculum

Safer Choices includes a changing social norms component. (See [Safer Choices in ReCAPP's section on Evidence-Based Programs](#) for more information.)

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About the Authors

William F. Bacon, Ph.D., is Associate Vice President for Planning, Research and Evaluation at Planned Parenthood of New York City (PPNYC). He is responsible for designing and conducting evaluations of the teen pregnancy prevention programs in the Education and Training Department and also leads research and evaluation efforts across the agency.

Robert M. Becker, M.S., is the Associate Vice President of Education and Training at PPNYC. He has been involved in the field of sexuality and sexual health for more than 10 years and has helped write curricula that address the sexual and reproductive health needs of adolescents.

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