



Methodology

Social Analysis and Action

What is Social Analysis and Action? Social Analysis and Action (SAA) is a facilitated process through which individuals and communities explore and challenge the social norms, beliefs and practices that shape their lives and health. The goal of SAA is to catalyze a community-led change process through which community members challenge restrictive norms and act together to create more equitable gender norms as well as community support for sexual, reproductive and maternal health and rights. This process has three core elements:

**1) Reflection,
dialogue & exploration**

**2) Envisioning
alternatives &
challenging harmful
norms**

**3) Action for improved
health**

SAA Facilitates:

Critical reflection and dialogue on how social norms and gender norms, as well as power relations, shape our perceptions and expectations of ourselves and others, and influence our decisions and behaviors around SRMH.

Through repeated dialogue and reflection sessions in which these norms are explored, analyzed and at times challenged, this process leads to:

- Opportunities to imagine and discuss alternative ways of thinking and behaving
- Increased understanding of how some beliefs, attitudes, and norms may have a negative effect on SRMH behaviors and outcomes, whereas others may have a more positive effect
- Changes in individual attitudes and social norms to support more equitable social and gender norms and healthier SRMH behaviors

With additional inputs and support, this increased understanding can facilitate:

- Individual and collective actions that promote social and gender equity in households and communities
- Individual and collective actions that support healthy, sexual, reproductive and maternal health behaviors

Unique and Central to SAA:

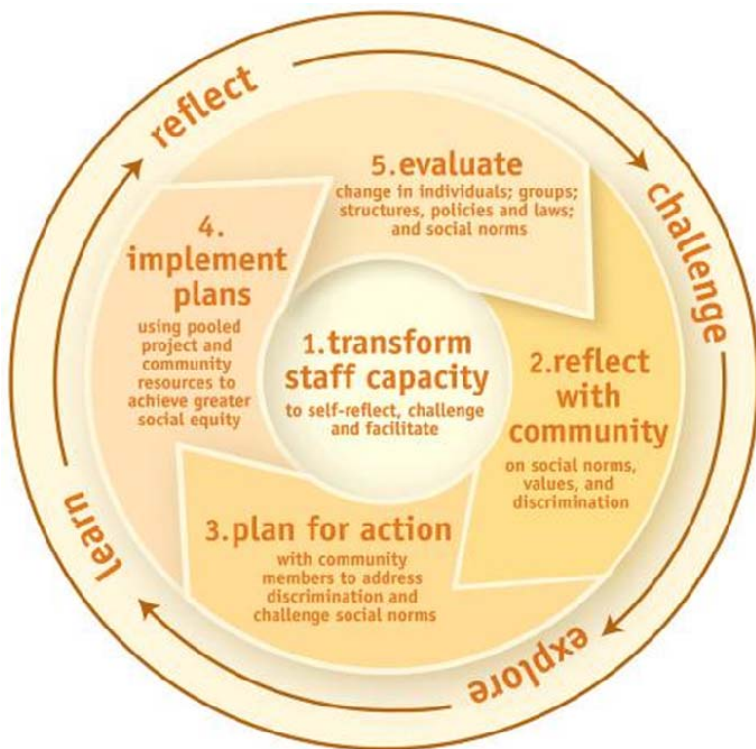
Although SAA is used with various actors in the community, its most distinctive characteristic is that critical reflection and dialogue begins among CARE staff and SAA facilitators. CARE staff or SAA facilitators first explore and reflect on how their own assumptions, beliefs, and attitudes about gender, power and sexuality influence their work. Repeated critical reflection and dialogue sessions among staff/facilitators help to:

- Ensure staff and facilitators don't inadvertently reinforce gender stereotypes and power inequities between men and women, and young people and adults;
- Increase staff comfort discussing sensitive issues, such as gender, power and sexuality; and

- Build staff’s skill and experience with the challenging process of exploring and questioning deeply-held beliefs & prepares for leading the process with the community.

Facilitation:

Skilled facilitation by CARE staff and other community actors is a critical component of SAA: the goal of facilitation is not to proselytize or promote certain attitudes, norms, and behaviors, but rather to facilitate a process of dialogue and reflection that deepens participants’ understanding of how attitudes and norms related to power, gender, and sexuality may inhibit people from practicing healthy SRMH behaviors. Thus, facilitation aims to surface individual and community attitudes and norms, explore how these attitudes, norms and power dynamics shape individual and collective behavior, and reflect on the consequences of those norms and behaviors.



A unique aspect of SAA is that it starts with dialogue and reflection sessions with CARE staff (staff can include any organization’s staff taking a lead role in facilitating SAA), who examine their own beliefs and behaviors, and reflect on how these beliefs may influence how they approach their work.

SAA to date:

To date, our focus has mainly been on sexuality, gender norms, and inequities in power related to gender as these issues are critical to health and SRMH. These core concepts are also embedded in CARE’s larger women’s empowerment framework—our approach to reducing poverty and achieving social justice—and as such, SAA can be used to support CARE’s mission in other program areas. Globally, we are integrating SAA into economic empowerment, nutrition, food security, and adolescent leadership and development programs. We hope experience from these and other programs will generate new lessons and help further refine our approach.

Outcomes of SAA may include:

- Changes in individual attitudes and community norms.
- Changes in behavior at the household, community and institutional (e.g. health provider) level.
- Design of program activities aimed at promoting more equitable social and gender norms and supporting healthy SRMH behaviors and outcomes.
- More effective existing programs (for example, increased use of FP if couples are more likely to seek FP services, or providers are better able to counsel around sensitive topics like birth spacing or couple communication around sex).

