

# LSHTM GROUP ON SOCIAL NORMS AND GBV



## Strategies to diagnose and measure social norms related to gender-based violence: Key lessons from the Baltimore working meeting

### The LSHTM group on norms and GBV

The Gender, Violence, and Health Centre (GVHC) at the London School of Hygiene & Tropical Medicine (LSHTM) has launched a learning and reflection group on social norms and gender-based violence (GBV). There is increasing interest among donors and practitioners to harness insights from social norms theory to catalyse change around gender inequity and harmful gender-related practices. Little guidance is available, however, to help practitioners integrate simple norms measures and change strategies within field-based programming. Early efforts to address this need included a meetings convened by the STRIVE research consortium (January 2013) and the LINEA (March 2015). These gatherings confirmed that theory-based insights can open promising avenues for achieving change. To address the gap between theory and its application within development practice, the LSHTM group takes as its mission:

**To translate and adapt insights and methods from social norm theory and research into practical guidance for development practitioners seeking to transform harmful gender-related practices in low and middle-income countries.**

### The Baltimore meeting

As part of the learning initiative, LSHTM convened an expert group meeting in July 2016 on the measurement of the social norms sustaining GBV. The meeting focused on identifying best-practice strategies to diagnose and measure social norms. Participants were drawn from groups that had already attempted to capture gender-related norms and practices in the field. The meeting was kept relatively small to ensure a productive exchange among the few teams that have experimented with different strategies for collecting quantitative data on norms and gender-based violence.

### Common challenges

Before and during the meeting, participants identified some common challenges in their work on social norms.

#### **Grounding the social norms approach within a convincing framework of social change**

Despite increasing interest in social norms, no integrated framework exists to help practitioners plan for multi-layered interventions.

#### **Developing effective questions to collect social norms data**

Participants mentioned that they struggled to develop a tool that would ensure the collection of valid social norms data across contexts and for a variety of different norms. They needed good qualitative and quantitative questions that would confidently generate meaningful data.

#### **Implementing efficient systems for data collection**

One important contribution would be a system to collect reliable data on social norms that could be integrated within NGOs' routine monitoring and evaluation practices. Participants envisioned a relatively small number of norms questions that would not overburden surveys and M&E systems.

#### **Identifying meaningful data analysis strategies**

Participants wished for a system that could help them diagnose, with a reasonable level of confidence, whether a norm exists or not, within a given reference group. This system would also need to include a strategy to identify correctly the appropriate reference group for each norm.

#### **Developing a measure of normative strength**

Data suggesting the presence of a norm doesn't necessarily provide evidence on the strength of the influence that a particular norm exerts over people's actions and decisions. A method to evaluate normative strength over people's behaviours (other than prevalence of normative beliefs) would be extremely helpful to researchers and practitioners in the field.

Answers to some of these questions emerged during discussions and debates at the meeting. Others await further exploration by the group in the next few months.

## Possible solutions

### An integrated framework for social change

The LSHTM group proposed a framework that embeds social norms within a matrix of other factors that sustain GBV (or any other practice). Using this framework (Figure 1), practitioners can diagnose the factors that maintain a practice/behaviour and design a change strategy address them. The framework looks at the interaction of structural, material, social, and individual factors and helps highlight the intersections among these factors. For instance, even when services (a material factor) are in place, access to services may still be conditioned by norms against women seeking health care or people's knowledge of the services that are available.

### Appropriate strategies and tools for data collection

Different approaches should be used to accommodate the available evidence on the influence of social norms over a given behaviour. The 'funnel' of norms exploration and measurement (Figure 2) is the result of this reflection. Practitioners should position their understanding of social norms on the funnel: the more evidence they possess, the further down the funnel their research can fall.

### Phase 1. Explore potential normative influence

Practitioners who do not possess any evidence confirming that a given behaviour is under normative influence should start at phase 1 of the funnel. Their explorative research should include very open qualitative questions. Some were included in the work presented by Johns Hopkins University (JHU):

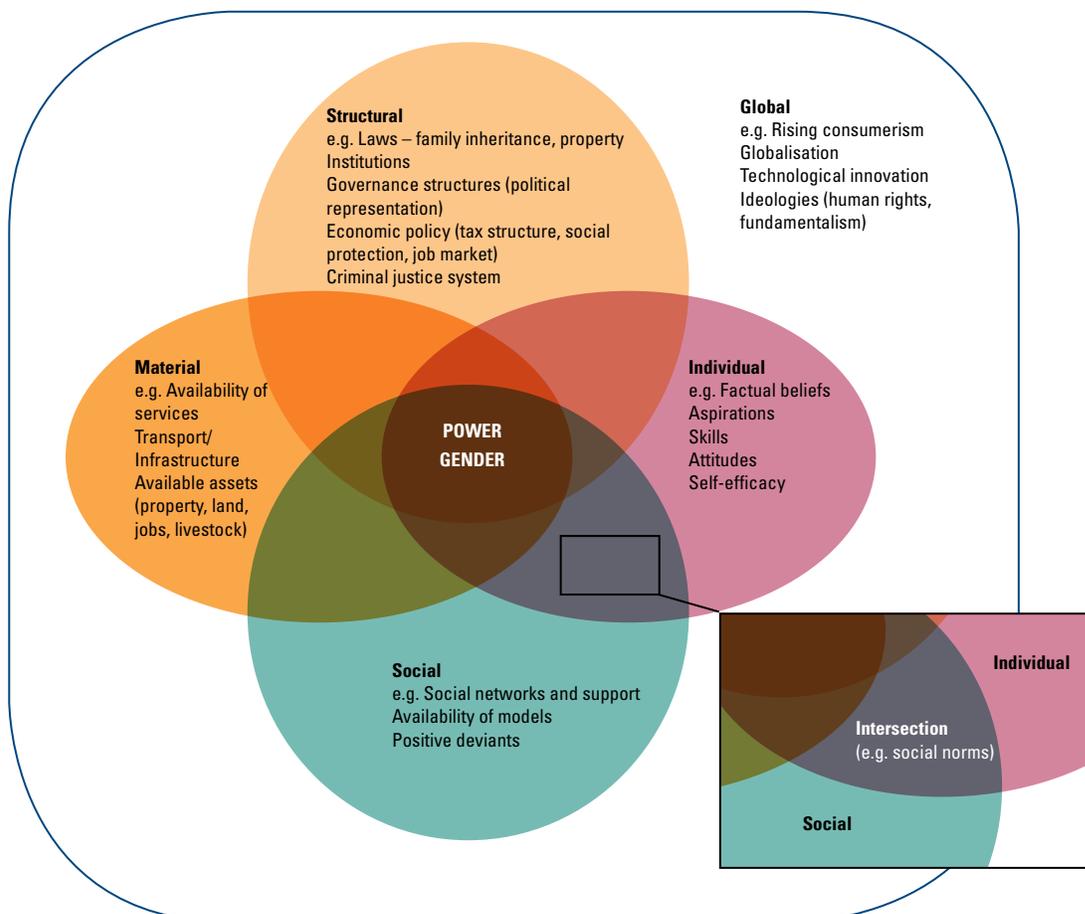
“What would be the advantages or disadvantages of doing X? What would happen if you didn't do X? What would happen if you did Y?”

The goal of this phase is to uncover the fabric of norms sustaining a behaviour (family privacy sustaining violence, for instance).

### Phase 2. Investigate dynamics of normative influence in a given context

Practitioners who have some evidence or insights suggesting that a behaviour X is likely to be under normative influence (from literature review, observations, population data, for example) would start here. Their investigation would include vignettes and qualitative questions aiming to explore whether X is under the influence of the norms hypothesized by practitioners, and the dynamics of those norms (what sanctions, what reference groups, what strength, for instance). CARE international produced a tool (the SNAP) that can help practitioners design

Figure 1: Elements that can maintain behaviours



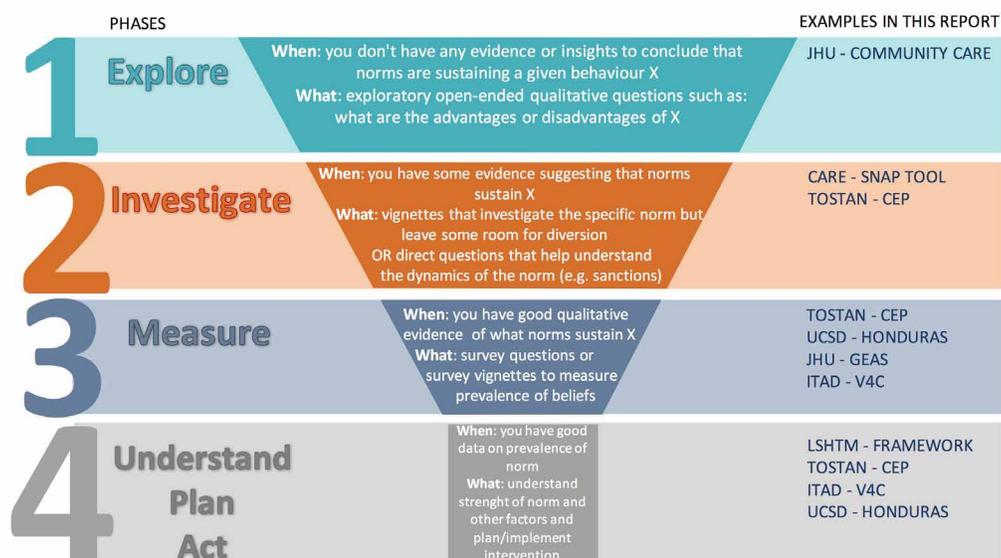


Figure 2: The 'funnel' of norms exploration and measurement

vignettes, drawing upon the different characteristics of a social norm. The goal of this phase is to develop an understanding of how a specific set of norms encourages compliance with a specific practice.

### Phase 3. Measure social norms

Practitioners who possess good evidence of what norms sustain a harmful practice or behaviour, could start at phase 3. Undertaking quantitative measurement without having this evidence would be like measuring the presence of a virus without knowing whether that virus causes the particular illness: the data would provide few insights into the prevalence of norms sustaining X, and wouldn't be of much use for designing an intervention. Knowing what norms influence X and how, practitioners can develop meaningful survey questions that would help measure the prevalence of the norm. Participants reviewed existing measurement frameworks (including those that require investigators to ask questions around first and second order beliefs)<sup>1</sup>. However, there are simple ways of measuring norms that do not require asking a long list of questions. An example during the meeting, for example, measured empirical expectations by asking: "Do men in this community hit their wives/partners? 1=Never; 2=Rarely; 3=Sometimes; 4=Always" (UCSD); and for normative expectations: "What would the reaction of your neighbors be if they knew you were going to X? positive, negative, indifferent" (Tostan).

### Phase 4. Analyse social norms data and plan an intervention

Discussing strategies for data analysis, participants agreed that prevalence of normative beliefs is not an indication of the power of those beliefs over people's behaviour. Quantitative analysis should look, at the very least, for correlations between those beliefs and the actual behaviour. One of the major insights that emerged from the discussion is the need to disaggregate data

at the reference group level (that is, at the smaller geographical cluster). Disaggregation of data showed important differences in the normative beliefs held by different reference groups that would change both the interpretation of the data and how practitioners would use the data to design an intervention (see Figure 3).

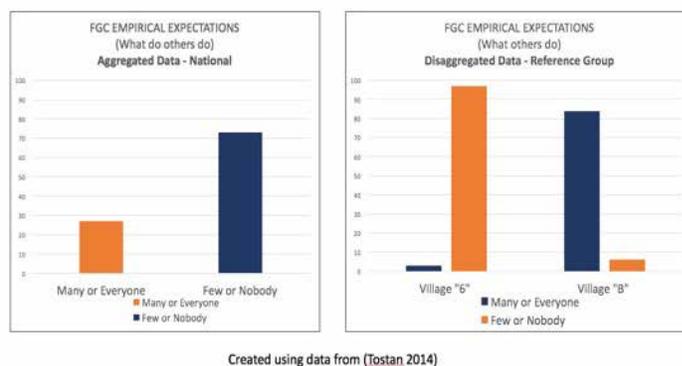


Figure 3: Difference in data aggregation for social norms

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1. 1. What one does (the outcome behaviour/practice); 2. what one thinks they should do; 3. what one thinks others do; 4. what one thinks others should do; 5. what one thinks others think they do; 6. what one thinks others think they should do.