Research brief: Social Norms

Introduction

This brief summarises findings from a study on social norms and pornography in Timor Leste, 2021. The study is part of the Spotlight Initiative to Eliminate Violence Against Women and Girls. The Spotlight Initiative is a global joint European Union (EU) and United Nations (UN) program.

This brief summarises key findings and presents recommendations from the social norms component of the study. Data informing this brief was collected via focus group discussions with women and men with and without disability. Further information on the research, including methods and limitations, are available in an accompanying full report. The social norms component of the study addressed the following questions:

1. What are the social norms that contribute to shaping understandings and behaviours concerning violence against women and girls, and does this vary by gender and disability?

2. What do community members consider as constituting violence against women and girls, and does this vary by gender and disability?

Social Norms

In this study, social norms are understood as:

A rule of behaviour that people in a group conform to because they believe:

a. Most other people in the group do conform to it (i.e. it is typical behaviour) AND
b. Most other people in the group believe they ought to conform to it (i.e. it is appropriate behaviour).

Social norms inform people what behaviour is acceptable and unacceptable within their peer group or community. An individual's understanding of social norms is based on what they observe most people doing and what they think most people consider to be acceptable. Social norms can result in both positive and negative behaviour.

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Summary findings

- Traditional gendered roles were evident in discussions with husbands expected to provide the income for the household with wives responsible for preparing food and childcare. Unprompted, the wider contributions of women to the household economy were not often acknowledged by participants.

- The importance of open and calm discussion to avoid and solve disputes was emphasised. However, it was not clear that joint or consensual decisions were commonly made. Decisions about finances made by the husband alone would be acceptable if they were for the long term good of the household. How and by who what is good for the household is decided was unclear.

- The duty of the wife to satisfy their husband's sexual needs was emphasised. In return, a husband was expected to look after and care for his wife, such as when they she was tired, unwell, or needed rest. The sexual needs of the wife were not prioritised.

- Keeping disputes or arguments between a husband or wife within the household and not visible to neighbours was considered socially important.

- Violence identified by participants was presented in terms of physical violence; economic violence, relating to control over household finances; forced sex (initiated by the husband); and sexual violence directed towards other in the community.

- Men and women with disability were reported as being at increased risk of violence.

- Decisions and behaviours were not only influenced by what others in the community consider acceptable. Often behaviours were driven by personal decisions and agency, particularly in terms of securing household finances.

Recommendations

- **Consider social norms as one influencing factor within a holistic behaviour change strategy.** Social norms play an important role in influencing attitudes and behaviour. However, they are not the only influencing factor. This study supports previous research in this regard. It is important to consider that social norms may not be the most important factor for some individuals.

- **Anticipate that individuals do not always comply with social norms.** Social norms and individual attitudes and behaviours do not always align. Most people are aware of what is, and what is not, socially acceptable behaviour in their community. However, individuals also make choices out of self-interest or, for example, financial necessity. This suggests that large-scale media and information campaigns aimed at the general public are not likely to be effective in changing behaviours alone.

- **Link behaviour change strategies with programming in other development sectors.** The choices people make and how people choose to behave are driven by multiple factors. Limited money and resources in the household can be a driving force for tension, arguments, and
violence despite these behaviours being considered unacceptable, such as the need to keep arguments secret from neighbours. Working across sectors is challenging; however, public health interventions that aim to change behaviours and do not address, for example, the root economic causes of conflict in the household are unlikely to be effective. Examples include exploring opportunities for linking behaviour change interventions with, or integrating into, social protection and income generation programmes for women and men.

- **Consider decision making in the household as a point of entry.** Addressing social norms head-on is problematic. As emphasised, knowing what is socially acceptable and desirable is one thing. What individuals do and how they behave may be another thing entirely. Conceptually, social norms may be an abstract concept to many and discussions of social norms may appear detached from an individual's reality. Participants placed value on solving issues within the household through discussion. Exploring and discussing who makes decisions within the household and when and why and for who, alongside issues of consent, may be a more grounded and tangible point of entry.

- **Recognise that people with disability can be at increased risk of violence and design and implement interventions accordingly.** Women and men with disability are at increased risk of violence compared to people without disability. People with disability are also more likely to live within poor households, which can increase stresses and possible sources of conflict. Behaviour change programming needs to respond to these inequities. This requires removing barriers to participation in program activities and challenging stigma within communities. In turn, this requires adequate planning and budgeting to ensure accessibility, including in communications, within behaviour change programming.

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