Categorizing and Weighting the Coping Strategies

*Source: Coping Strategies Index: Field Methods Manual (page 9)*

This document contains two points:

* A Simple Procedure for Grouping Strategies of Similar Severity (definition-description, example and tool)
* Scoring: Combining Frequency and Severity for Analysis (definition-description, example and tool)

The CSI tool relies on counting coping strategies that are not equal in severity. Different strategies are “weighted” differently, depending on how severe they are considered to be by the people who rely on them. The frequency answer is then multiplied by a weight that reflects the severity of individual behaviors.

Finally, the totals are added. The simplest procedure for doing this is to group individual coping behaviors according to similar levels of severity and assign a weight to each group, from lowest (least severe) to highest (most severe). A range of weights from one to four (1-4) usually works well.

The severity of coping strategies is, to some extent, a matter of perception. While not eating for a whole day or consuming the seed stock set aside for the next planting season undoubtedly constitute severe coping behaviors in nearly any culture, some strategies would be looked on as perfectly normal behavior in some places—and as great sources of shame (and therefore to be practiced in the most extreme circumstances) in other places. An example is borrowing food. In some places this is not significant, but elsewhere it could indicate destitution or very severe food insecurity. Hence nothing should be assumed about the severity of a given strategy in a given location or culture. Instead, a series of focus group discussions should ask questions about the perceived severity of all the coping behaviors that end up on the list generated using the procedures in Step 1 (see Source).

In fact, it is possible to ask the same focus groups to first help brainstorm the list, and then to discuss severity (though it is sometimes useful to have separate discussions so that the list of coping strategies or behaviors is established and agreed first—a process that requires several focus groups). Then the exercise below is carried out to establish the severity of each strategy or behavior.

**A Simple Procedure for Grouping Strategies of Similar Severity**

* The first step is to try to group the strategies into categories that are of roughly the same level of severity. Since this task is carried out with different groups, it is useful to impose some structure from the outset. For example, one could divide them into four different categories: very severe, severe, moderate, and least severe.
* It is always easiest to establish the extreme types of coping strategy, so ask the group to select the most severe and least severe individual strategies first.
* Then ask if there are other individual strategies that are more or less the equivalent of these two in terms of how severe they are perceived to be. When those two extreme categories are established, it is easier to group the remaining behaviors into intermediate categories.
* This must be done with enough groups representing enough diversity within the location or culture to ensure that a reasonable consensus has emerged. Weighting the individual strategies in an insufficient number of focus groups risks errors in the analysis.
* Although there is no hard and fast rule on how many focus groups is “enough,” a minimum of six to eight is recommended for each culture or location, with the main different social groups represented. Again, women are likely to be the most knowledgeable informants, but men should be consulted as well.

**Tool: EN\_2\_2\_2 Ranking Copings Strategies Severity.xls**

**Example: EN\_2\_2\_2 EX. Ranking Copings Strategies Severity.xls**

**Example**

The example from the Kenya pilot study is provided in Figure 3. Note that a total of twelve focus

groups were consulted in this case. Some groups ranked everything into four severity categories, some insisted on five categories. In the end, the analysts had to reduce all behaviors to the same number of severity categories, relying on the rules outlined above.



Several things should be noted about the example (Figure 3):

* The individual strategies listed have been grouped into four categories, where 1 indicates the least severe category; 4 indicates the most severe, and 2 and 3 are intermediate.
* Twelve different focus groups were consulted about their perceptions of the severity of the various individual strategies.
* There was not complete consensus except that limiting portion size was the least severe and skipping entire days or begging were the most severe. However, a quick glance will indicate that there was fairly good consensus on the severity of most of the strategies.
* In general, the consensus ranking should be a whole number that is the most frequent response.

**Scoring: Combining Frequency and Severity for Analysis**

To be able to conduct an analysis of the results of CSI, two more pieces of information are needed. The first is a means of scoring the relative frequency; the other is a means of scoring the weights you just derived in Step 3. Both are straightforward procedures.

**Assigning Scores for Relative Frequency**

Recall that the frequency is a measure of how many days in the past week a household had to rely on the various coping strategies—ranging from “never” (0) to “every day” (7). That frequency score is then multiplied by the severity weight. The simplest method of weighting the strategies is that the group severity ranking and the weighting is the same. That is, all the least severe strategies are weighted 1, the next group is weighted 2, etc.

It is critical to ensure that the values for both the frequency and the severity influence the CSI score in the same way. That is the higher the frequency, the higher the score; and the greater the severity the higher the severity weighting. Note that if you don’t score both the same way (i.e., if you scored one of them in an increasing scale and the other in a decreasing scale), you would get very confused results that would not be valid for any analysis.

**Assigning Scores for the Severity of Coping**

* The simplest way to think to think of this is to remember that the higher the CSI raw index score, the more food insecure a household is. That means that, first, the more often any coping strategy is used, the higher the score should be for that individual strategy; and second, the more severe a strategy is, the higher the weight should be for that whole ranked group. The examples given above illustrate this.
* Assuming that there are four severity categories, use the severity weighting of 4 for the most severe category; 3 for the next-most severe category; 2 for the next; and 1 for the least severe category of individual behaviors. If respondents insist on a different number of categories, use the same principle—the principle of severity weighting is the important thing, not the number of categories, although three is probably the minimum number of categories.
* It is important to remember that the CSI as described here is a measure of food insecurity— the higher the score, the greater the food insecurity.

**Tool: EN\_2\_2\_2 Scoring Copings Strategies combining Frequency and Severity.xls**

**Tool: EN\_2\_2\_2 EX. Scoring Copings Strategies combining Frequency and Severity.xls**

**Example:**

Now you have all the pieces you need to collect the information and analyze it. A complete example (based on an actual household from the Kenya Pilot Study) is given in Figure 4, using the above examples, and weighted according to the procedures given above.



Figure 4 is an actual example of a household from the Kenya Pilot Study. Below are details for how it was scored.

* Question (a) “In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to rely on less preferred and less expensive foods?”
* The answer was that this household had done that five out of the previous seven days.
* The severity weighting for this particular behavior is 1.
* So the weighted total recorded for the answer to Question (a) is 5 (5 x 1).
* For Question (b) the frequency was two days out of the previous seven and the severity weighting was 2, so the weighted total is 4.
* This procedure is repeated for each question: multiply the frequency score by the severity weighting and record the number in the final box of the row. Then the individual scores in the boxes are summed to the bottom of the form. Needless to say, for large surveys, it is better to do the calculations with a computer.