Phu Tho province
98’-99’ evaluation in 4 SC communities (‘93-’95) & 1 comparison

FIG. 3. Mean introduction age of complementary foods among SC and comparison communes

The power of positive deviance

David R Marsh, Dirk G Schroeder, Kirk A Dearden, Jerry Sternin, Monique Sternin

Identifying individuals with better outcome than their peers (positive deviance) and enabling communities to adopt the behaviours that explain the improved outcome are powerful methods of producing change.

The most efficient way to improve health is to use locally available, sustainable, and effective approaches. In the 1970s policy developers tested the concept that public health interventions could be designed around uncommon, beneficial health behaviours that some community members already practised. This concept—known as positive deviance—was used successfully to improve the nutritional status of children in several settings in the 1990s. Recently, the approach has also been applied to newborn care, child nutrition, rates of contraception, safe sexual practices, and educational outcomes. In this article we describe how the approach works, the evidence that it is effective, and possible future applications.

How does positive deviance work?

Positive deviant behaviour (box) is an uncommon practice that confers advantage to the people who practise it compared with the rest of the community. Such behaviour is likely to be affordable, acceptable, and sustainable because they are already practised by at-risk people; they do not conflict with local culture, and they work. For example, in Egypt, contrary to custom, parents of poor but well-nourished children were found to feed their children a diet that included eggs, beans, and green vegetables. Child nutrition programmes that provided opportunities to parents of malnourished children to follow this and other new behaviours, such as hand washing and hygienic food preparation, improved child growth (figure).

The positive deviance approach involves partnering with communities to strengths. In contrast, most international health initiatives are prescriptive, top-down, or donor driven and difficult to sustain without ongoing external resources.

The approach facilitates three important processes: social mobilisation, information gathering to craft interventions, and behaviour change. Social mobilisation—We have found that, even during the initial explanation of the positive deviance concept in communities, local villagers respond with excitement and enthusiasm to get started. Participants have said that they are motivated by learning that they are doing something right and that a successful solution to their problem already exists within their community, instead of receiving criticism for their inadequacies.

Information gathering—In-depth inquiries, community norms studies, and community vetting are used to identify the best ways to improve child health.
Who is doing well, why, and what can we learn?

POSITIVE DEVIANCE

PDI (inquiry)

PDPlus

PD methodology
Outline of main points...

• The concept of positive deviance (PD)
• The PD methodology
• Examples of PD research from the field of human development
  • Viet Nam
  • Ethiopia
  • Pakistan
• Validity of PD methodology (if I have time)
• Limitations of PD
• Research needed to further refine & enhance the PD methodology
• Resources for those interested in learning more
• Caveats and a final note
PD methodology used for development

**Step:**
- Health outcome we wish to promote
- Focus on high risk groups
- Search for people with that outcome
- Identify unique behaviours/conditions
- Focus on those that can be spread
- Create opportunities for learning
- Change social norms
- Monitor and boost as needed

**Example:**
- Normal child growth
- Poor rural village families
- Surveys
- Rich families; shrimp in child diet
- Include shrimp in child diet
- Community ‘hearth’ activities
- “Now we all feed our children shrimp”
- Continue development programme
Improving primary health care in rural Ethiopia

• The same set of interventions for improved care had variable effect from facility to facility in a rural region where contexts were similar

• Study question: What factors explain variation from facility to facility?

• Surveyed 20 primary health care facilities

• Provision of antenatal care, HIV testing, skilled birth attendance rates

• Categories: high performance, most improved, low performance

• PD inquiry using qualitative methods

Improving primary health care in rural Ethiopia

Theme:

Problem solving capacity at facility level

• Relationship with government health authorities

• Community engagement

High performance and most improved:

• Effective staff supervision and management

• Strong, reliable, supportive

• Priests, Sheiks, women’s assoc., youth groups & local government engaged with health issues

Opposite was true at low performance facilities; financial situation and local norms & conditions were similar in all locations

Model new born care practices of Afghan refugees in Pakistan

<table>
<thead>
<tr>
<th>Outcome:</th>
<th>Behaviour:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Good birth preparedness</td>
<td>• Husband collected 10 000 rupees (€86) during pregnancy for delivery emergency</td>
</tr>
<tr>
<td>• Receipt of antenatal care</td>
<td>• Husband asked birth attendant to examine wife in her ninth month even though she was doing well</td>
</tr>
<tr>
<td>• Pregnancy diet</td>
<td>• Husband increased the food of the mother during pregnancy, especially in the last two months</td>
</tr>
</tbody>
</table>

PD studies

- Child development and nutrition
  - 40+ countries worldwide
- HIV/AIDS risk reduction
  - Myanmar, Indonesia, Viet Nam, Ivory Coast, Burkina Faso
- Antenatal care, maternal 6 new born care, breastfeeding
  - Egypt, Pakistan, Viet Nam, French Guinea, Sierra Leone
PD studies

- Female genital cutting
  - Egypt, Sudan, Ethiopia

- Girl trafficking
  - Indonesia, Nepal

- Patient safety and quality of care, hospital infection prevention
  - USA, India, Columbia

- Work organisations & business management; weight loss
  - USA
Comparison of PD method & case-control method

- **PD method**
  - Afghan refugee children 6-24 months, Pakistan refugee camps
  - Identified 4 PD and 4 non-PD families
    - Very poor families with a well-nourished child (PD) or malnourished child (NPD)
  - Home-based observations & interviews with parents & mother-in-laws

- **Case-control method**
  - 25 malnourished & 25 well-nourished children without regard to family situation
  - Same interview questions as PD method, no observations

Comparison of PD method & case-control method: factors associated with better growth

• Common findings
  • Sustained breast feeding, exclusive breast feeding, increased when child had diarrhoea

• Unique PD findings (missed in or not asked in case-control study)
  • Active feeding, 3+ meals & snacks, medical care sought, parental involvement
  • Food freshly cooked & served, family supportive, mother’s temperament

• Unique case-control findings (missed in or not asked in PD study)
  • Went to growth monitoring, correctly vaccinated
  • Wants more children, age of child

Limitations in the PD methodology

- PD hard to illuminate, it is typically rare
- PD study designs are community designs, many validity threats
- PD simply may not exist in some settings and contexts
- Scale-up requires people with community health promotion skills

Limitations in the PD methodology II

• Limited generalisability; PD is typically ‘local’

• PD is a small scale approach to solving public health problems

• The term itself – ‘positive deviance’ – is off-putting to some folks

  • Sociology = violation of social norms, PD is therefore an oxymoron

• Not always applicable, due to fleeting moments of PD behaviour

  • Immediate care of a new born

  • Timely vaccination

  • Sensitive topics such as family planning
PD as a health promotion process: research needs

- How does PD compare with other assets approaches (e.g., resiliency)?
- How does PD compare with needs-based approaches?
- How generalisable are findings from PD inquiries?
- What are the essential aspects of PD? What is superfluous?
- What is the cost effectiveness of various intensities of PD inquiries?

Research

- Business
- Generic PD
- Healthcare
- Maternal and Child Health
- Nutrition
- Other
- Public Health
- Vulnerable Populations

Business

**Good Companies: organizations discovering the good in themselves by using Positive Deviance as a chance management strategy**


**Understanding the Impact of Positive Deviance in Work Organizations: Positive deviance may help scholars understand and promote positive behaviors in the workplace**

This paper presents a protocol for extending the concept of positive deviance (PD) to analysis of existing public health data. Using the PD perspective to analyze existing datasets is explored as a possible way to reduce health disparities.
"we should pay a great deal more attention to those individuals who are apparently healthy while consuming diets which seem to us to be restricted. We should pay more attention to the reasons for nutritional success rather than nutrition failure."


Caveats and a final note...

- PD does not mean resignation and acceptance of poverty, deprivation, destitution, inequity, marginalisation

- These must be fought... But they are deeply entrenched

- In the meantime, let’s leverage the assets that people have

- PD approach is a useful tool for health promotion

- PD has applicability beyond its original poverty context
  - USA – health services research, management research
Thank You!