

The positive deviance approach to improve health outcomes: experience and evidence from the field—Preface

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Positive deviance programming

Positive deviance (PD) refers to a phenomenon that exists in many resource-poor communities, that is, the finding that a few individuals and families employ uncommon, beneficial practices that allow them and their children to have better health as compared to their similarly impoverished neighbors. These PD behaviors are likely to be affordable, acceptable, and sustainable by the wider community because their peers are already practicing them.

Programmers who use the PD approach for improving health outcomes work with communities to determine community norms regarding a specific, desirable outcome (e.g., good child growth), to identify a few (usually four to six) individuals who have achieved the good outcome (i.e., not the “normal” or expected outcome) despite high risk, to conduct a PD inquiry to learn from these PD individuals the behaviors that are likely to explain the good outcome and be feasible for their neighbors, and to design behavior change interventions to enable adoption of these new PD behaviors. Most PD interventions thus far have targeted childhood malnutrition and have provided communal opportunities to observe and practice new behaviors until skills are mastered (e.g., hearth settings).

In the early 1990s, a series of small-scale studies suggested that programs based on the PD approach were efficacious and well accepted. During the mid- to late-1990s, some of these programs were scaled-up, reaching millions of people in developing countries. At the same time, programmers in disciplines outside of nutrition were anxious to learn how PD could be adapted to new technical areas.

Because international community development workers sought to invest significant effort in furthering the PD approach, we felt that the time was right

to evaluate the validity and sustainability of the PD approach, to conduct a rigorous evaluation of a PD-informed, large-scale field intervention, to describe some novel applications of PD currently underway, and to present the theoretical challenges and opportunities for more extensive use of PD. As veteran users and students of the PD approach, this supplement is the result of this effort.

Supplement content

This supplement has three sections that trace the evolution of our program learning. The **Background** section commences with a brief overview of the history of PD [1] and a detailed description of an on-going application in Haiti [2]. The sustainability study [3] sparked much of what follows. The first author on this paper revisited former PD program communes in Viet Nam two years after a Save the Children program based on PD had ceased. She found that former program children *and their younger siblings born after the project stopped* were better nourished than counterpart children in communes that never had the program. Moreover, former program mothers reported applying PD practices learned in the program to the younger children. It appeared that the promise of the PD approach for acceptability, affordability, *and sustainability* had been successful. Meanwhile Lapping et al. [4] compared the findings from a small sample PD inquiry to a large sample case control study in the same population of Afghan refugees in Pakistan. The case control study confirmed many of the PD inquiry findings, satisfying us that the PD methods were sound. Thus, armed with exciting impact data and methodological corroboration, we sought and acquired funding from the USAID LINKAGES project to conduct a rigorous evaluation of a large-scale implementation of the PD approach to better understand “why and how PD works.” This so-called ViSION (Viet Nam study to improve outcomes in nutrition) project is the basis for the next section of this supplement.

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The section on *prospective evaluation* is devoted to papers reporting a prospective, longitudinal, randomized evaluation of one iteration of Save the Children's community empowerment and nutrition program (CENP) in northern Viet Nam. CENP uses a PD approach and aims to sustainably rehabilitate malnourished children and prevent malnutrition among future community children. Rigorous effectiveness evaluations (i.e., under real field conditions, as opposed to efficacy evaluations with tightly controlled conditions) are rare, and we believe that the findings will interest many in the international health community, above and beyond their interest in PD.

We planned our research, analysis, and documentation in accordance with UNICEF's conceptual framework for child survival [5] (fig. 1). A key objective of our analysis was to document through which causal pathway PD-improved behaviors led to better growth. In earlier work, we often referred to the mechanisms that led from the PD approach to better growth as a "black box." Section two of this supplement is our attempt to begin to lift the lid off this box.

We start the section with a detailed methods paper [6] that describes a complex integrated program and the evaluation research design. Tuan et al. [7] then report on innovative methods to accurately calculate the weight of clothed children in different seasons in Viet Nam. After these methodological papers, we work from top-to-bottom within the UNICEF conceptual framework. The paper by Schroeder et al. [8] reports the impact of the CENP program on growth, the final outcome for the program (i.e., mortality was not

measured). The next two papers present analyses of diet [9] and morbidity [10]. Moving one-level down the framework, Dickey et al. [11] provide an evaluation of the central CENP intervention, the "hearth sessions," hamlet-level, daily gatherings of mothers and their malnourished children learning to practice and adopt new feeding, health, and childcare practices under the supervision of trained local volunteers. Hendrickson et al. [12] used qualitative methods to longitudinally study empowerment and selected enablers of behavior change among health volunteers and mothers. Finally, Ha et al. [13] provide insights into rural Vietnamese feeding styles through preliminary analyses of a sample of directly observed and videotaped feeding episodes.

In the last section, *new directions*, we report on new experience and new thinking. Dearden et al. [14, 15], report two related LINKAGES-funded studies in Viet Nam. The first, a large-sample PD inquiry, confronts the challenge of poor exclusive breastfeeding practices in rural Viet Nam and identifies PD women and PD strategies to inform a behavior change intervention [14]. The second reports the use of elicitation procedures to systematically study behavioral determinants critical for single behavioral outcomes like breastfeeding as compared to a nutritional status outcome for which a host of behaviors may impinge [15]. Marsh et al. [16] then report a new application of a PD inquiry for improved newborn care in Pakistan. Finally, Lapping et al. [17] complete the supplement, teasing out lessons learned, sharing even fresher PD applications in progress, challenging researchers to tighten up the theoretical underpinnings of PD, and proposing some next steps.

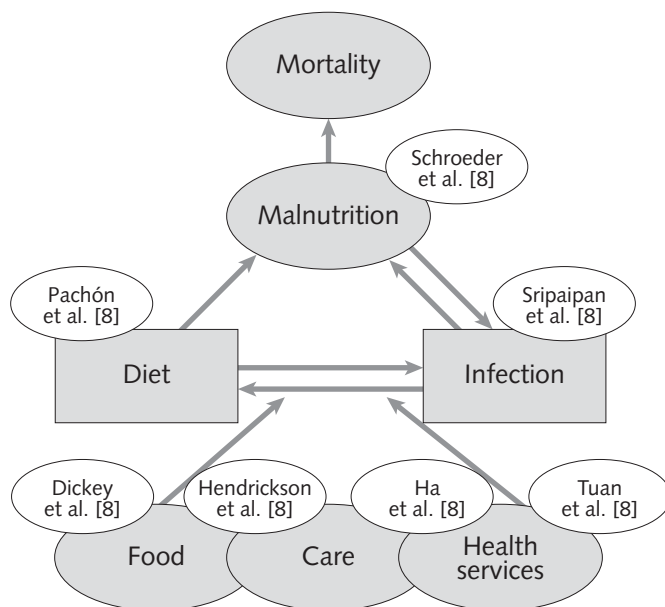


FIG. 1. Modified UNICEF conceptual framework of child health and survival (unshaded ovals indicate supplement papers)

Conclusion

The authors of these papers neither discovered PD nor creatively applied PD to programs. The credit for this goes to a generation of international health thinkers and doers, including Joe Wray, Marian Zeitlin, Gretchen and Warren Berggren, and Jerry and Monique Sternin, among others. Our task, rather, was to shed light on the how and why of PD-informed programming. In addition to the individuals just listed, heartfelt acknowledgement also goes to USAID and the LINKAGES project for financially and technically supporting the research; to Hanoi's Research and Training Center for Community Development for their outstanding field research team; and to the John Grant Fund to promote child survival, the Ford Foundation, and Save the Children Federation/US for supporting the documentation and publication of these findings. Three individuals deserve special recognition, without whom the ViSION project would not have succeeded: Helena Pachón,

co-principal investigator; Kirk Dearden, co-principal investigator and LINKAGES evaluation specialist; and Tran Thu Ha, scientific coordinator.

The PD story is far from complete. In many ways we are left with more questions than we started with; we challenge researchers to continue to investigate the unknowns regarding positive deviance. We encourage programmers to apply what we have learned about PD in new and creative ways and to share these experiences with us and among themselves. This volume is dedicated to the field workers and families who will benefit from more effective strategies for them to improve their own health.

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