

Persona Ak'q'ii:
Family Planning Positive Deviance Consultancy Report

Nebaj, Ixil, El Quiche Department
Guatemala

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1. Executive Summary

The main objectives of this consultancy were training and exposure to the entire Positive Deviance approach in the field. Compromises were made between amount of data collected and time in the field to allow for exposure to all facets of the approach due to time limitations. This report has two purposes: 1) to serve as a guide and template for future work with PD in family planning; and 2) to share the experience of applying the approach in Nebaj to inform next steps to be taken by the Save the Children team in Guatemala.

Save the Children/USA (SC), through a TOSA-funded pilot health project, is focusing efforts to increase the use of family planning and reproductive health (FH/RH) services by women of reproductive age and their partners in three highland municipalities (Cotzal, Nebaj and Chajul) in the Ixil area in the department of El Quiche, Guatemala. Current conditions in the Ixil area demand attention to family planning and reproductive health. This goal of increased use of family planning can be actualized in part by increasing accurate knowledge and positive attitudes that lead to sustained behavior change at the community level regarding the use of family planning methods. The Positive Deviance (PD) approach, integrated into the larger program, will be used to modify behaviors relating to use of family planning amongst women of reproductive age and their partners. It is anticipated that the PD Inquiry will seek to identify positive behaviors and strategies relating to access (regarding both the social and political environment), utilization and demand of family planning services. This approach, used widely and successfully by SC/US, was applied to family planning for the first time.

2. The Positive Deviance Approach

The Positive Deviance (PD) approach, as used by Save the Children (SC) rests upon the observation that in communities throughout the world, there are a few individuals whose uncommon behaviors or practices enable them to find better solutions to problems than their neighbors with whom they share the same, or lesser, resource base. This is observed even within the poorest neighborhoods. These individuals are termed "positive deviants". The "positive deviant" is departing from the norm in a "good" way. Thus, PD is an unexpected outcome achieved in spite of a high-risk environment and against the odds. PD begins with a "worst case scenario." It identifies those individuals who, within the context of a given problem should be the least likely to succeed, but have somehow managed to do just that. The premise of the PD approach is that by choosing those least advantaged, without access to special resources yet are able to succeed despite high risk, that their behaviors or strategies are likely to be widely accessible to others in their community. The PD approach defies simple classification. It is a baseline assessment (through the situation analysis and Positive Deviance Inquiry), a method for community mobilization (through active community participation, reflection, and planning), and a behavior change strategy (through emphasis of "learning-by-doing" or practice of specific

strategies). PD has been widely and successfully applied in a variety of settings, both domestic and international.

The positive deviance approach has also been used for advocacy purposes. Examples include a campaign to decrease female genital cutting (FGC) in Egypt and a workshop to increase regular use of condoms by commercial sex workers in Viet Nam. Increasing the use of family planning methods is another area where reported behaviors will be used and actual practice of behaviors is impossible (as opposed to the nutrition model where mothers practice new behaviors (such as active feeding) in a group). As a tool for advocacy, the PD Inquiry focuses on the experiences of the "positive deviant" and the language that was used either to convince themselves or that they have used to convince others to follow a set of behaviors. Monique Sternin has developed a set of points to consider when conducting an in-depth interview for PD advocacy (see Appendix D).

First explored by researchers in the 1970s and applied in the 1980s to child nutrition, PD is a developmental approach that is based on the premise that solutions to community problems requiring behavioral change may already exist within the community. PD focuses on what is going right in communities rather than what is going wrong. Thus, it is a departure from many traditional, deficit-oriented approaches, which frequently include an assessment of community needs often met through provision of external resources. With the PD Approach, community members are involved in every step. Through the data gathering stage known as the Positive Deviance Inquiry (PDI), the PD approach seeks to identify existing model practices to spread throughout the community. This is done by crafting interventions informed by the information obtained from the PDI with community involvement. The PD approach is intrinsically respectful, culturally acceptable, and feasible as the community helps to discover solutions that are present in their community. Models for behavior change are identified within the community by the community. The sense of ownership engendered through the process of self-discovery is critical for both success of the intervention and sustainability of the results over time.

What PD is not

Statistical significance and quantitative rigor is not the goal of positive deviance. Rather, it is a problem-solving tool that can be widely applied to social and behavioural issues to garner information of practical relevance to inform programmatic realities.

3. Background and Objectives of the Consultancy

- Orient key staff members to the PD approach in half-day workshop in Guatemala City and preparation for the fieldwork.
- Orient and train field staff in Ixil with the PD approach both conceptually and through conducting the PD approach in the field. This will include:
 - 1 day training of key staff who will facilitate approach in the field
 - Community meeting in the field introducing idea of PD
 - A situation analysis: reviewing the data available (both qualitative and quantitative) regarding family planning.
 - Conducting focus groups (6-8 persons) to augment the situation analysis (women, men and either grandmothers or another groups that has been determined by the

local staff and community as being influential in family planning decisions). Conducting in-depth interviews of key informants (i.e. health workers if opportunity presents itself). All tools will be constructed with the PD team (informed by validated and tested instruments).

- o Learning local language for family planning
- o Constructing a PD profile
- o Identify homes for the in-depth interviews and observations (typically 4-6)
- o Analysis of the PD findings with the PD team
- o Feedback meeting to the community and brainstorming for design of interventions with the community

Outputs

- Senior staff introduced to the concept of PD
- Field staff oriented with the concept of PD and have gone through the PD process in the field
- Next steps identified by the field staff in conjunction with the consultant
- The consultant will write a report detailing field experience and next steps

4. Overall Schedule

Day	Activity
Wednesday, January 9th	½ day planning with Ixil team and PD orientation presentation to senior staff in Guatemala City
Thursday, January 10th	Travel to Nebaj, logistics meeting
Friday, January 11th	Review of PD concept, ½ day preparation for community meeting, community meeting
Monday, January 13th	½ day preparation for FGDs and conduct 3 FGDs, debrief
Tuesday, January 14th	Analysis and summary of FGD findings, preparation for PDI, conduct PDI in 3 homes
Wednesday, January 15th	Analysis, planning, review and next steps
Thursday, January 16th	Travel to Antigua
Friday, January 17 th	Debrief with Elizabeth Bocaletti at Regional Office

5. Detailed Schedule of Process

Wednesday, January 9th

Review with Ixil team the general schedule to arrange field logistics and have Ixil team present situation from their perspective

Presentation of Objectives

Overall: Provide overall orientation to concept and steps of PD approach.

Field Work:

- Apply the PD approach to family planning
- Develop tools and practice skills to conduct PD approach with Ixil team
- Explore ways to apply to family planning interventions

General PD introduction

PD is based on belief that within every community there are certain individuals whose special practices/behaviours enable them to find better solutions to problems than their neighbours with whom they share exactly the same resource base.

We call these individuals “Positive Deviants”, and discover, **with the community**, their special practices/behaviours which have enabled them to find better solutions than their neighbours who have access to the same resources. We then design an intervention/program enabling others in the community to access/practice these demonstrably successful practices with participation of the community.

It is important to note that to be a PD the individual can not have access to any special resources, or else she/he is not a PD! For example we may think a certain child is a PD because she is well nourished despite the fact that she comes from a very poor family. If discover, however that her mother has an uncle in the next village who owns a pharmacy and sends her free medicine every time her child is sick, then this child is not a PD! It is true that the child is well nourished, despite poverty, but she has access to a special resource (free medicine) that others in the community do not! This point cannot be overemphasized, as it is critical in order to identify a demonstrably successful solution in community, which is accessible to everybody in the community.

PD is based on a “**worst case scenario**”...we find those who are at highest risk, most vulnerable, “least likely to succeed”, who despite all odds **have succeeded!**
“If they can do it, anyone can”

Using the PD approach, SC in Vietnam has enabled communities with a population of over 2.2 million to address problem of malnutrition. The same PD approach to nutrition has been replicated in more than 20 countries in Asia, the Middle East, Latin America, and Africa by more than 20 local and international NGOs.

The ability to replicate the approach is a special feature of PD. By definition PD is always culturally appropriate because the PDs exist and are identified within the cultural, linguistic, social/religious context of each village!

Although most field applications to date have been in field of nutrition, PD is not just about nutrition! It is a tool to help **solve any prevalent problems requiring social or behavioural change** if there are individuals in the community who already exhibit the desired behaviour!

Other Features:

PD is a respectful, empowering, development approach which fosters sustainability.

PD enables us to begin to act today.

PD focuses on *practice not knowledge*. “It is easier to act your way into a new way of thinking than to think your way into a new way of acting.”

Sustainability Game (see Appendix A.2)

The Six ‘Ds’ Conceptual Framework.

1. **DEFINE** with community members
 - What is the problem?
 - What is a successful programmatic outcome (described as a behavioural or status outcome...results)
 - Define current common normative behaviours existing in the community regarding the problem at hand

Examples of activities: Focus group discussions (FGD), Community mapping, community meeting and setting of objectives, community selection of volunteers based on required job skill criteria...

2. **DETERMINE** with community members
 - Are there any individuals/entities in the “community” who already exhibit desired behaviours or status of PD individual or group

Examples of activities: Community based asset ranking, setting of PD criteria and identification of PDs.

3. **DISCOVER** with community members
 - Uncommon practices or behaviours enabling the PDs to outperform or to find better solutions to problems than others in their “community” (PDI)

Example of activities: Train Health Volunteers (HVs) in PDI, carry out inquiries, create PD behavioral matrix, provide feedback to community.

4. **DESIGN** with community members
 - Design and implement an intervention enabling others in the “community” to access and practice new behaviours (focus on "doing", rather than transfer of knowledge)

Example of activities: Train villagers in the intervention and the use of appropriate monitoring tools with the community (pictorial, check lists, community scoreboard, etc.).

5. **DISCERN** with community members
 - Evaluate the effectiveness of the intervention through on-going participatory monitoring and evaluation

Example of activities: Conduct on-going monitoring, measure qualitative behavioural change in comparison to baseline data.

6. **DISSEMINATE** with community members
 - Intervention to appropriate “others” (scaling up)

Example of activities: Community scoreboard data, Living University, etc.

How PD engages the community:

- The involvement of a large segment of the community not only in the exploration of the current situation regarding the problem being addressed but also in the discovery of existing beneficial key behaviours which contribute to a better outcome
- Identification of local terminology for terms which allows PD team and villagers to “speak in the same voice”
- Use triangulation (confirmation through more than one source or method) to validate the findings concerning common current practices and uncommon good nutrition practices (PD). Use a variety of methods to gather information (In-depth interview (IDI), structured observation, FGD). Validate the findings through shared analysis of home visits by the village PD team, supported by feedback during the feedback session.

Community selection criteria:

- A village (or local equivalent), which is a cohesive unit, based not only on administrative mapping but also on communal identity.
- Community at risk (prevalent problem)
- Community interested in improving problem
- Proximity to office to allow easy access for on-going work, especially during pilot phase
- Presence of some community members of organization with whom SC can partner
- Additionally, the PD team may want to review some secondary data

For this training exercise, the town of Nebaj was chosen. PD activities will be expanded to two other municipalities in the Ixil region, Chajul and Cotzal.

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Case Definition and Inclusion and Exclusion Criteria

Problem statement: There is under-utilization and poor demand of family planning services in Nebaj

PD case definition: Use of family planning method by women (or observed birth spacing) and/or a supportive attitude towards the use of family planning.

Because of the small sample, it is important to create inclusion and exclusion criteria that enhances representatives and focuses on finding those individuals least likely to succeed and with access to no special resources. Success is determined by a specific outcome, such as a health status (i.e. well nourished vs. malnourished) or a behavior (i.e. always using condoms).

These individuals will be most likely to have useful practices and behaviors that can be shared with the larger population.

Inclusion criteria (to enhance representativeness):

- Ixil speaker
- Either Catholic or Evangelical religious-affiliation

Exclusion criteria

- None (It was felt by the team that socio-economic status and other exclusions used in some PD applications were not applicable for this community since all family planning services were available free of charge from the nearby community hospital.)

Friday January 10th

Community Orientation Meeting and Preparation

Participants at this meeting are community-identified leaders: influential individuals, village leaders, traditional birth attendants, teachers, pastor, local government officials; as well as adolescents, men and women

Agenda for the meeting includes:

1. Introduction of participants: By the PD team and the assembled community members introduce themselves to each other in an interactive, culturally acceptable way (used the farm animal game - Appendix A - as an icebreaker.)
2. Brief review of SC and any involvement in community
3. Purpose of meeting and introduction of the PD approach to solve problems
 - Presentation of problem regarding family planning via maternal mortality
 - Introduction of common goals and PD concept
 - Discussion with participants on the advantages of using this method i.e. finding solutions today, easy to replicate because some neighbors are practicing these uncommon but beneficial behaviors.
 - Explanation of the role of the PD team as facilitators to enable the community to identify PD behaviors among the community
4. Assessing community interest in the issue and the commitment to try the PD approach
5. Investigating problems, their causes and some possible solutions with the audience
 - Local terminology
 - Information on village (verify information from previous contacts)
6. Preparation for next step: the situation analysis
7. Logistics for meeting in small groups to discuss the situation in detail in the next few days including whom, when and where
8. Identification of interested individual from the attendees who can participate in the process
9. Closure: Information about a feedback and action planning session the following Thursday

Observations and suggested refinements for Ixil setting:

- There was very good attendance from the community and both men and women participated in the discussion.
- The team did a good job of organizing the event and ensuring that each of the team members had responsibility for a part of the agenda.
- The team did a very nice job of presenting background on the topic and introducing the sensitive issue of family planning in a culturally appropriate way (by first speaking about the issue of maternal mortality)
- The meeting went on a little too long, primarily because there were some participants who dominated, but the facilitator did a good job of respecting their

opinion and allowing them to speak. However, some women left before the end of the meeting most likely due to the length of the meeting. **Suggestion:** Try to ensure that the topic stays on task.

- It was unclear how the introduction of the positive deviance concept was understood by the community. As discussed later in the training, it may be useful to translate the term into local terminology rather than directly translating "positive deviance" (See Appendix E).

Situation Analysis and general approach to fieldwork:

Depending on how much is known about community normative behavior this stage can be lengthened or shortened and should include focus group discussions (in Nebaj we conducted one with younger women (less than 30), one with older women (older than 30) and one with men of all ages as well as in-depth interviews (see Appendix A5, A6). The team will conduct 1 more focus group with men married to women of reproductive age and another with women of reproductive age. Review of any baseline and secondary data, if available, is very useful. Typically this stage takes 2 days, but may take more if little is known about the community. In this case, priority was given to ensuring the participants were exposed to the entire PD approach, rather than collecting all the necessary information; two days would have been optimal as little was known about community norms. Similarly the home visits were given one day during the training exercise while 2 days would have been more appropriate for gathering information. These estimations are dependent on the number of staff available for conducting the FGDs and the home visits each day.

Identification of Potential PDs:

Sources of identification for potential PDs and homevisits include interested individuals from the community orientation meeting, participants in FGDs, village-based workers, extensionists etc. If possible, validation of the desired outcome (i.e. well nourished) of the individual identified for the homevisits is desirable. Baseline or census information can be very helpful (i.e. for nutrition, it may be possible to use information from the health post or referral to growth cards retained by mothers). Oftentimes this is not possible. Due to the sensitive nature of family planning, the team felt that it was best to identify people through the focus groups rather than ask others to identify people. It would be optimal to include people in the PDI that were not already in a FGD and while the team will try to do this in Chujul and Coztal, they are unsure whether it will be successful.

Preparation and logistics for home visit and In-depth Interview:

Home visits are usually conducted with 2 people, one to interview and one to record and observe. Typically, they last 1-2 hours. The home visit is conducted in an informal manner and is similar to an extended conversation. Focus should be on the behaviors and strategies of **how** the positive outcome was accomplished. For the application of PD to family planning, the 8 points for PD advocacy were considered in order to elicit more information (Appendix D).

Analysis of PD Findings and selection of PD Behaviors

After the information has been collected from each home visit, the whole PD team reviews the findings and selects PD behaviors using the following criteria:

- Beneficial practice is uncommon
- Practice is not due to special circumstance (TBU-true but useless)
- Practice is accessible to all

Practices are True But Useless (TBU) because of their non-transferable status and are discarded. An example of a TBU finding was that a woman was successful in using family planning because she did not tell her mother or sister. While this worked for her, this strategy is both something that the program would not want to promote and is not replicable in all situations. Sometime, the TBU's are very good uncommon practice, however, it is not chosen because it is not accessible to other families today.

The team reviews the practices compared to the information gathered during the situation analysis regarding common practices. The process is repeated for each potential PD family case interview. The results are put into a matrix such as:

Table 1: Preliminary PD Family Planning Findings for Women

Behaviour	Norm	PD Practice
A. Demographic		
Ideal family size	3-4 (2-6)	
Knowledge of FP	Mixed – pill, tubal ligation, IUD, injection	
B. Demand		
Who decides	The couple Husband needs to suggest Husband decides	Partnership Husband insisted/was supportive Use of "special communication" Father, friends
C. Access		
Where to get info	Hospital** (nurse), friend, TBA, husband	Friends who know/friends who use, father
Where to go for method	Pharmacy, hospital	Husband accompanies wife to hospital each time
D. Utilization		
Most used	Injection, tubal ligation, pill	Injection
Reasons why		Illness of women and children, scared of difficulties during pregnancy/delivery Can give more attention to children

* This is meant to be an illustrative example and is based on 2 focus groups and 2 home visits with women in Nebaj

** The term "hospital" encompasses the larger health infrastructure, including health clinics and other health posts in addition to the hospital proper.

Table 2: Preliminary PD Family Planning Findings for Men

Behaviour	Norm	PD Practice
A. Demographic		
Ideal family size	3-4	Not yet analysed*
Knowledge of FP	Condom, vasectomy, tubal ligation, pill, IUD	
B. Demand		
Who decides	Spontaneous decision by couple	
C. Access		
Where to get info	APROFAM (no longer offering this service)	
Where to go for method	Pharmacy	
D. Utilization		
Most used	Condom	.
Outside of marriage/ partnership	Condom	

* This is meant to be an illustrative example and is based on 1 focus group and 1 home visit with men in Nebaj, the PD portion was not yet analyzed as more home visits needed to be conducted.

** The term "hospital" encompasses the larger health infrastructure, including health clinics and other health posts in addition to the hospital proper.

In addition to identifying PD practices, the PD team needs to document sayings, demonstrably successful expressions, metaphors or arguments that PD individuals have used to talk about their uncommon behavior. These can be used to inform messages and make them resonate more within their communities. Useful quotations were noted at the community meeting, focus group discussions, and in-depth interviews. These quotations included reasons for choosing a family planning method (i.e. "It is better to have fewer children who can be treated well rather than a lot of children who have nothing to eat.") as well as beliefs that need to be countered in the intervention (i.e. "The woman who uses family planning is not useful anymore.")

Observations regarding Nebaj home visits

- Due to the sensitivity of the issue and the reluctance of people in Nebaj to name people they knew who were using a family planning method, individuals were identified for the home visits during the FGD by the PD team members. Appointments were made with these individuals for the home visit following the FGDs.
- The preliminary PD profile (see Tables 1 and 2) suggests a number of modifiable behaviors for future programming
- The PD team did a nice job of both eliciting the information from the people they were interviewing regarding specific practices (i.e. the husband accompanies the wife each time she goes to the hospital for an injection) as well as identifying which behaviors were "different but good".

After the PD behaviors have been identified, the PD team prepares for the community feedback and action plan (usually done within 10 days of the PDI). This is a very important event which can galvanize the community into action and guarantees ownership of subsequent activities and their successful outcomes of nutrition.

The purpose of the Community Feedback session is to review the PD process with a larger village audience, share the PDI findings (i.e. PD behaviors) and invite the village to think of ways to enable others to access this information and practice new behaviors.

Agenda for the community feedback session may include:

1. Introduction of the PD team, village leaders, parents and villagers
2. Objective of the meeting with community: increase use of family planning methods
3. Review of activities of the past week or days
4. Review of the situation of family planning (via maternal mortality) month olds
5. Explain PD concept
6. Provide interactive feedback on the (PD) existing desirable household practices which increase the chance of a well nourished child that are accessible and can be practiced by all family members, Use of interactive approaches like role play, puppet show, cardboard box to represent the "home" and visuals to represent PD practices found in the community through the PDI etc.

7. Discussion of the PD behaviors” validation of practices as PD (uncommonly done), reason for these practices
8. Action plan with all or restricted individual if the PD process is being used to form interventions, if not how the information can inform existing interventions
9. Development of next steps (identification of activists, forming of support groups, how often to meet, training etc..)
10. Closure

Next Steps and Recommendations

- The community feedback session will be held in Nebaj on Thursday, January 16.
- Key parts of this report (i.e. concept guide and guidelines to various activities) will be translated into Spanish to create a “manual” that the PD teams can use to train and implement
- The team will complete the PDI in both Cotzal and Chajul by the end of February. Each location has a point person assigned and all team members are aware of their roles and responsibilities. It is anticipated that the work will be done by the end of February and the results will be presented in the same meeting with the results of the adolescent situation analysis.
- Elizabeth Bocaletti will travel to the field and work with the team for the analysis stage and to supervise at the end of both inquiries in Chajul and Cotzal.
- The information garnered will be used to inform the programs in the three intervention areas (Nebaj, Chajul and Cotzal). It is expected that the interventions will complement and perhaps overlap with the adolescent program.
- Once the program is designed the consultants will continue to work with Elizabeth Bocaletti on monitoring and evaluation indicators and tools.

A generic schedule:

- Day 0: Make arrangements for community meeting
- Day 1: Community orientation session
- Day 2: Situation analysis (IDIs., FGDs)
- Day 3: Situation analysis (IDIIs, FGDs)
- Day 4: PDI (home visits – observations and IDIs)
- Day 5: PDI (home visits- observations and IDIs)
- Day 6: Identification of PD behaviors
- Day 7: Community Feedback session

Some locations won’t require 2 days of situation analysis; some may require more, usually at least 2 days of home visits are done to accommodate 4-6 visits.

Appendix A: Group Exercises

A1. Sustainability Game

Purpose: To illustrate the concept of sustainability; importance of involving the community from the beginning.

How long: 5 minutes.

Materials: Bricks, books of the same size, boxes, or other similar objects (at least 3)

Steps:

1. The facilitator divides the participants into a minimum of 2 teams, and asks each team to stand away from the others in their own space.
2. The facilitator explains that each team needs to build the highest structure using objects available in the room, in the allotted time. The team building the highest structure wins.
3. The facilitator hands out the bricks (books, etc.) and instructs the teams to build on this base.
4. The facilitator gives the teams approximately 5 minutes to build their structures. After the time is up, the facilitator congratulates the winning team, THEN PAUSES.
5. The facilitator removes the bases provided at the beginning, and the structures collapse.
6. The facilitator asks the participants what happened, and solicits feedback on the relevance of this to the topic under discussion.

A2. Coping Exercise

Purpose: To illustrate that some people are better at coping in situations with little (or decreasing resources) than their neighbours may be.

Length: Approximately 10 minutes.

Materials: Several large pieces of paper / cloth.

Steps:

1. Participants are divided into groups of 3-4. Ideally there should be a minimum of 3 groups.
2. The facilitator explains that each team will have to stand on their paper, with no part of their body touching the floor. Whichever team manages to do so where the others fail wins.
3. Once the teams stand successfully on the paper, the facilitator congratulates them. Asking them to step off, the facilitator folds each of the papers in half and repeats the exercise. This step is repeated until the papers grow so small that only 1 group is able to stay within the bounds of their paper.
4. The facilitator congratulates that group, and asks the participants to explain the relevance of the exercise to the topic under discussion.

A3. Barnyard Animal Introductions

Purpose: To get participants moving around and interacting with each other in a creative way.

Length: Approximately 5 minutes

Materials: Small pieces of paper (one for each participant) that includes the name or pictures of a common barnyard animal (enough so that groups of 4 or 5 would be formed)

Steps:

1. Participants are handed small pieces of paper with the name or picture of a common animal, without sharing this information with others.
2. The facilitator then instructs participants to walk around the room making the sound of the animal and find others of their group (making the same sounds).
3. The group that finds all members first is congratulated and then participants are asked to take their seats as the meeting begins.

Appendix B: Focus Group Discussion Guides

B1. FGD with women on Family Planning Norms

Purpose of activity: To get information on behaviour, attitudes and perceptions regarding family planning (demand, access and utilization)

With Whom: 8 to 10 women of child-bearing age, older women (grandmothers), others
Method: Focus Group Discussion
Time frame: 1 ½ hour

Cuestionario para realización de discusión con GRUPOS FOCALES

FGD Guía: Mujeres

1. Demograficas:
 - a.) Edad,
 - b.) # de hijos, edad de hijos
 - c.) Estado civil
 - d.) Tamaño ideal familiar
2. ¿Conocen ustedes los métodos de Planificación Familiar?
3. ¿Con quien hablas para consejos de Planificación Familiar?
4. ¿Quien decide usar?
5. ¿Cuáles utiliza?
 - ¿Por qué utiliza?
 - ¿Por cuanto tiempo?
 - ¿Conoce a alguien quien le gustaría usar FP pero no está usando?
6. ¿ Donde lo consigues ?
 - ¿Cómo lo consigues ?
7. ¿Ha habido cambios en el uso de PF a traves de los años. ?

B2. FGD with men on Family Planning Norms

Purpose of activity: To get information on behaviour, attitudes and perceptions regarding family planning (demand, access and utilization)

With Whom: 8 to 10 men with partners of child-bearing age, older men (grandfathers), others
Method: Focus Group Discussion
Time frame: 1 ½ hour

FGD Guía: Hombres

1. Demograficas:
 - a.) Edad,
 - b.) # de hijos, edad de hijos
 - c.) Estado civil
 - d.) Tamaño ideal familiar
2. ¿Conocen ustedes los métodos de Planificación Familiar?
3. ¿Con quien hablas para consejos de Planificación Familiar?
4. ¿Quien decide usar?
5. ¿Cuáles utiliza?
 - ¿Por qué utiliza?
 - ¿Por cuanto tiempo?
 - ¿Conoce a alguien quien le gustaría usar FP pero no está usando?
6. ¿ Donde lo consigues ?
 - ¿Cómo lo consigues ?
7. ¿Ha habido cambios en el uso de PF a traves de los años?
8. ¿Usted usa controcepcion si tiene relaciones sexuales fuera de su relacion?

Formatted: English (U.S.)

Appendix C: In-Depth Interview Guides

Cuestionario para realización de discusión con Visitas Domiciliarias

Visitas Domiciliarias: Mujeres

1. ¿Conocen ustedes los métodos de Planificación Familiar?
2. ¿Cuáles utiliza?
3. ¿Con quien hablas para consejos de Planificación Familiar? Factores Específicos:
Influencia de otros individuos, religión.
4. ¿Quién decide usar?
5. ¿Por qué utiliza?
¿Por cuanto tiempo?
¿Conoce a alguien quien le gustaría usar FP pero no está usando? (Experiencia personal)
6. ¿Qué problemas han encontrado por tener esta práctica en la comunidad? /
¿Cómo las han lidiado?
7. ¿Dónde lo consigues?
¿Cómo lo consigues ?
8. Ideas para acciones de la comunidad sobre Planificación Familiar.
9. Recordatorio - Observación, palabras, argumentos que usan las personas - expresión clara sobre Planificación Familiar.

Visitas Domiciliarais: Hombres

1. ¿Conocen ustedes los métodos de Planificación Familiar?
2. ¿Cuáles utiliza? ¿Por qué utiliza? ¿Conoce a alguien quien le gustaría usar FP pero no está usando? (Experiencia personal)
3. ¿Con quien hablas para consejos de Planificación Familiar? Factores Específicos:
Influencia de otros individuos, religión.
4. ¿Qué problemas han encontrado por tener esta práctica en la comunidad? / ¿Cómo las han lidiado?

5. ¿Quién decide, qué tipo de método y cuándo?
6. ¿Cómo lo consigues y de dónde?
7. ¿Ustedes creen que algunos hombres utilizan algún método anticonceptivo cuando tienen relación sexual fuera del matrimonio?
8. Ideas para acciones de la comunidad sobre Planificación Familiar.
9. Recordatorio - Observación, palabras, argumentos que usan las personas - expresión clara sobre Planificación Familiar.

Appendix D: Points for PD Advocacy In Depth Interview (English and Spanish)

8 Points In Depth Interview of a PD Person for Advocacy

1. General opinion about the practice or the issue at hand.

Statement by the PD person clearly expressing his/her position regarding the issue at hand and the desired behavior

2. Personal experience of the practice(s).

Account of the PD personal history regarding the issue at hand

3. Specific factors which enable the PD to practice this unusual behavior

Including events leading to turning point, pivotal role of individuals, family members, groups or associations, media, religion etc.

4. Actions to overcome problems engendered by unusual behavior

Ways the PD person is able to deal with and overcome conflict with family members, decision makers, peers, community, etc.

5. Specific demonstrably successful (convincing) words, arguments and metaphors used by the PD person

6. Ideas for the community based actions for behavior change in the community. Ideas and suggestions for dealing with the issue at hand.

7. The PD potential involvement regarding the issue and desired behavior i.e. becoming peer educator.

What the person thinks she/he can do or willingness to get involved to help promote the desired behavior she/he displays to other community members.

8. Identification of other PD persons

Willingness of the PD persons to lead the interview team to other PDs.

Puntos para Entrevista a Profundida de comportamientos del metodo de DP

1. Opinion General sobre las prácticas del tema que se estudia.

Declaración de la persona con comportamientos positivas, expresando claramente su posición sobre el tema que se estudia y el comportamiento deseado.

2. Experiencia Personal de la práctica(s).

Describe la historia personal de la persona con comportamientos positivos en relación al tema que se estudia.

3. Factores específicos que permiten a la persona con el comportamiento positivo practicar estos comportamientos poco comunes.

Incluyendo eventos que les dirigen a tomar una ruta diferente, influencia de otros individuos, miembros de la familia, grupos o asociaciones, medios de comunicación, religión, etc.

4. Acciones que ayudan a sobre ponerse a los problemas que encuentran por la práctica de este comportamiento poco común.

Maneras en que la persona con el comportamiento positivo le es posible lidiar con el conflicto que pueda darse con miembros de su familia, o tomadores de decisión, otras personas y la comunidad en general, etc.

5. Exito específico que se puede demostrar (convencer) palabras, argumentos y metáforas usadas por la persona con comportamiento positivo.

6. Ideas para acciones basadas en la comunidad para cambio de comportamiento. Ideas y sugerencias que responden al tema en cuestión.

7. El potencial involucramiento de las personas con comportamientos positivos en relación al tema en cuestión y el comportamiento deseado, ejemplo ser educadores de otros.

Que piensa la persona ella o el, que pueden o quieren hacer para involucrarse en la promoción del comportamiento deseado, que el o ella presenta a otros en la comunidad.

8. Identificación de otras personas con comportamientos positivos

Disposición de las personas con comportamientos positivos a entrevistar a otros con comportamientos positivos también.

Appendix E: Description of Positive Deviance in both Spanish and Ixil for use in Guatemala

The team spent some time during the last session (Wednesday) brainstorming about possible other terms to be used in the field setting to both describe positive deviance as an approach as well as individuals who would be selected during the positive deviance inquiry (who are termed "positive deviants"). There was concern by some of the team members that use of the term "positive" when referring to a person would lead the community to identify others as "negative" - a connotation that was not desired.

In Spanish, the whole process was translated to "Diagnóstico de Practicas Positivas (DPP)" with the "positive deviants" identified as "personas solidarias". Further discussion led to the Ixil term "ak'q'ii" which literally translates as "person of the new day". This terminology will be used in the further work that is being conducted in the Ixil-speaking area.