
Positive Deviance

A New Paradigm for Addressing Today's Problems Today

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This paper examines the new development paradigm of 'positive deviance'. In communities throughout the world, there are a few 'deviant' individuals whose uncommon behaviours or practices enable them to outperform or find better solutions to pervasive problems than their neighbours with whom they share the same resource base. Identifying these 'positive deviants' can reveal hidden resources already present in the environment, from which it is possible to devise solutions that are cost-effective, sustainable and internally 'owned and managed'. A selection of examples are briefly presented and it is argued that the success of this approach can be seen in both more effective, credible advocacy and higher rates of continuation compared to more traditional development efforts.

- Positive deviance
- Vietnam
- Egypt
- Myanmar
- Nutrition
- Female genital mutilation
- HIV/AIDS
- 'Sustainable, cost-effective development approach'

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Jerry, along with his wife, Monique, has spent the past ten years bringing the Positive Deviance (PD) approach to the field of international community development. The PD nutrition programme designed by the Sternins in Vietnam has now reached more than 2.2 million people and enabled participating communities to reduce childhood malnutrition by 65%.

The PD programme has been replicated in 20 countries throughout the world, and the approach is currently being applied in other areas as diverse as business, HIV/AIDS reduction and maternal-child health.



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'Deviance'—a difference, departure or deviation from the norm; often negative, connoting unacceptable behaviour. **'Positive Deviance'**—a departure, difference, or deviation from the norm resulting in a positive outcome (Webster's Dictionary).

IN COMMUNITIES THROUGHOUT THE WORLD, THERE ARE A FEW 'DEVIANT' individuals whose uncommon behaviours or practices enable them to outperform or find better solutions to pervasive problems than their neighbours with whom they share the same resource base. We call these individuals 'positive deviants' and their behaviour has led to a new development paradigm called 'positive deviance' (PD). Identifying these 'positive deviants' can reveal hidden resources already present in the environment, from which it is possible to devise solutions that are cost-effective, sustainable and internally 'owned and managed'.

At first glance, there seems nothing particularly profound in the observation that 'some people do better than others'. However, within the context of traditional community development theory, there is indeed something revolutionary about the identification of the 'positive deviants'. For they provide proof that it is possible to find viable solutions today to complex problems before all the interrelated factors underlying the problem can be addressed.

In the development field, conventional wisdom holds the opposite to be true: 'the inextricability of underlying causes of behavioural change-related problems dictates that they must all be addressed before viable solutions can be found. Although in many cases, the analysis may be 'correct', the immediacy of the problem for those whose lives and welfare are at risk, renders that 'truth' TBU: true but useless!

The millions of children in the world today who are severely malnourished do not have the luxury of waiting until the issues of poverty, lack of access to adequate sources of water and sanitation, food distribution patterns, etc. can be addressed. They are at risk *today* of never achieving their physical and intellectual potential and in some cases of not surviving.

The presence, however, of a few very poor families in their communities with well-nourished children (positive deviants) provides us with proof that it is indeed possible today, despite poverty, inadequate water and sanitation, to have a well-nourished child. Positive deviance, then, not only provides us with an *impetus* for action, but with an accompanying *strategy* as well.

A critical component of the definition of 'positive deviants' is that PD individuals have exactly the same resource base as their non-positive-deviant neighbours. Hence, whatever they are doing, whatever resources they are using to achieve their successful outcomes, are, by definition, accessible to their neighbours. By identifying the special beliefs and practices of the positive deviants and then making them accessible to the community, a *demonstrably successful* strategy is provided which can be acted on *today*.

Using the PD approach in Vietnam in collaboration with Save the Children, more than 250 communities rehabilitated an estimated 50,000 malnourished children from 1991 to 1999. Moderate and severe malnutrition in children under the age of three in the programme communities was reduced by an estimated 55%–85%. Of even greater significance, their younger siblings, many of whom were not yet born at the time of the nutrition programme implementation, are benefiting from the same levels of enhanced nutritional status. Simply stated, positive deviance provided a tool for radically changing the conventional wisdom regarding nutrition and childcare practices in these communities.

Because the PD approach is based on current demonstrably successful behaviours identified within the community, it is, by definition, 'culturally appropriate' in any setting. The transferability of the model has facilitated its replication in countries as diverse

as Nepal, Cambodia, Mozambique, Bolivia, Egypt, Bhutan, Myanmar, Mali, Bangladesh, Tanzania, Haiti, Guatemala, Bolivia and Honduras.

Positive deviance inquiry: cornerstone of the PD approach

The positive deviance inquiry (PDI) lies at the heart of the PD approach. It is the tool that enables us to discover the unique practices/beliefs that enable the positive deviant members of the community to outperform or find better solutions to problems than their neighbours.

The PDI was used in Vietnam to discover how a number of very poor families in the pilot programme area were able to adequately nourish their children, while their neighbours of the same economic status were unable to do so. The PDI revealed that in every case where a poor family had a well-nourished child, the mother (or caregiver) was going out to the rice paddies and collecting tiny shrimps and crabs and adding these to the child's diet, along with the greens from sweet potato tops. Although readily available and free for the taking, the conventional wisdom held these foods to be inappropriate, or even dangerous for young children.

Along with the addition of the shrimps/crabs and greens, there were other positive deviant practices including frequency of feeding, good hygiene, timely health-seeking behaviour and quality of care of the child. It was evident that the use of these practices provided enough of an advantage to produce a well-nourished child despite the poverty of the PD family.

One important implication of these findings was that, contrary to conventional wisdom, it was not necessary to first change people's economic situation in order to have healthy, well-nourished children. Indeed, local health volunteers noted that, in contrast to the poor 'positive deviants', there were a number of children from relatively well-off families in the commune that suffered from serious malnutrition. Through the PDI, then, the villagers came to understand that good nutrition is not necessarily correlated with wealth or income.

The choice of the word 'inquiry' in 'positive deviance inquiry' is worthy of note. Rather than call the process a 'study', which implies a more rigorous examination of positive deviant behaviours, including control groups and statistical analysis of findings, the emphasis is on a quick, practical 'inquiry' which enables the community to act immediately. Hence, scientific rigour is sacrificed in favour of expeditious programme implementation.

Criteria for use of the PD approach

Although the greatest documented success of the PD approach has been in the field of community nutrition, there are many other appropriate applications of the approach.

If the objective of a project is social or behavioural change in current prevalent practices and if there are some individuals in the community today who already exhibit the desired behaviour, then PD provides a useful tool to inform programme design.

It is important to note that PD is most appropriately utilised where the problem to be addressed is widespread (i.e. the norm) and those exhibiting the desired behaviour are in the minority (see Table 1).

Female genital mutilation provides an excellent example of another successful application of the PD approach. A request for help from the Female Genital Mutilation

<i>Programme objective Social/behavioural change DESIRED BEHAVIOUR</i>	<i>Current practice prevalent in community</i>	<i>DESIRED BEHAVIOUR already practised in community</i>	<i>Use PDI approach</i>
Exclusive condom use (HIV prevention)	95% of commercial sex workers and clients have unprotected sex.	5% of commercial sex workers are always able to get clients to use condoms.	→ ✓
Attendance of girls from poor families at school	85% of girls from poor families do not attend school.	15% of girls from poor families attend school.	→ ✓
Enhance nutritional status of adults living on Native American Reservation	62% of adults are obese.	38% of adults are not obese.	→ ✓
Decrease cross-border trafficking of girls	60% of girls from poor families are lured into trafficking.	40% of girls from poor families remain in the community.	→ ✓
Eliminate practice of female circumcision	95% of women are circumcised.	5% of women are not circumcised.	→ ✓

Note: percentages in table are used for illustrative purposes only.

Table 1 ILLUSTRATIVE CRITERIA FOR ASSESSING THE APPROPRIATENESS OF UTILISING THE PD APPROACH

(FGM) Task Force in Egypt provided an opportunity for CEDPA (Centre for Development and Population Activities) to experiment with PD methodologies. Over 95% of all women in Egypt are circumcised. This painful and potentially dangerous procedure is practised in Cairo as well as in remote villages throughout the country. Young girls around the age of nine undergo female genital mutilation, often without the slightest understanding of what is happening to them or why.

The practice is tightly interwoven in the fabric of Egyptian life and, as such, is strongly resistant to change. With a 95% prevalence rate, the task for non-governmental organisations (NGOs) and the few religious leaders advocating against the practice seemed insurmountable. How does one succeed in changing a tradition practised by 95% of the people?

PD turned the question around. ‘How has it been possible for the 5% of women who are not circumcised to escape the social and religious pressures to undergo the procedure to which their neighbours of the same religious, social and economic status have succumbed?’

Using a PDI, local NGOs and their community partners discovered the positive factors that enabled the PDs—in this case families who had not circumcised their daughters and husbands who had willingly married uncircumcised women—to go against the prevailing social norms. Although it has been less than two years since the project inception, the PD approach has already resulted in numbers of confirmed averted female circumcisions. Perhaps of equal importance, it has provided an empowering new perspective on the problem and solutions for those advocating its eradication.

In Egypt the enlisting of PDs as advocates against the practice of FGM was extremely successful. The willingness and, in many cases, eagerness of PDs (women who were not circumcised, parents and grandparents who had resisted circumcising a daughter or

granddaughter) to talk about the practice reverberated throughout their communities. Having enlightened Sheiks and medical doctors campaign against FGM was not nearly as compelling as learning from friends and neighbours that it was possible in that community to be a 'virtuous woman' without undergoing the procedure.

The PDs (fathers, mothers, grandparents and husbands of uncircumcised women) shared the very personal factors that motivated and enabled them to withstand the pressures to conform to the practice of FGM. The specific Arabic words and phrases they used in describing their experience were later utilised by local advocacy workers with great impact.

Positive deviance and advocacy

Positive deviance provides an excellent tool for advocacy regardless of subject matter, as long as the ultimate goal relates to behavioural change. In another example, groups advocating the use of condoms among commercial sex workers to reduce the incidence of HIV have found the PD approach very promising. The reality is that in many brothels where condoms are the exception rather than the rule, some commercial sex workers (the PDs) are consistently successful in getting their clients to use condoms: a potentially life-saving behaviour.

The use of PD provides two distinctive advantages for those working in advocacy. First, by discovering and sharing the actual successful practices and behaviours utilised by the PDs, advocates can make those behaviours accessible to others. The second is the enlistment of the PDs themselves as advocates. For example, commercial sex workers who are identified and recognised as PDs are often eager to share their 'safe sex' strategies with their colleagues. The enlistment of PDs as advocates is a powerful tool in promoting the desired behaviour; they have 'been there', they 'speak the language' and are therefore much more credible than outsiders.

An international non-governmental organisation (INGO) working in Myanmar in communities where the excessive use of alcohol among unemployed villagers was rampant used the PD approach to learn how it was possible for a few unemployed villagers to avoid the practice. Alcoholism had been identified by members of the community, particularly women, as a major barrier to improving health and welfare of marginal families.

The PDs shared their successful coping mechanisms thus enabling the INGO workers to understand the dynamics of alcoholic abstinence and rehabilitation among demoralised, unemployed villagers. Of greater significance, several of the PDs volunteered to work with alcohol abusers in the community, expressing their belief that they would be more effective, credible advocates than the INGO workers.

Positive deviance and sustainability

Sustainability presents one of the greatest challenges for organisations working in the field of development. Improvements in the lives of individuals and communities during a period of collaboration with outside players are common. Continuation of those benefits *after* the external players have left is the exception.

Traditional development efforts are often 'needs-based'. The point of departure is frequently an assessment of community needs, subsequently met through the provision of *external* resources. During the programme implementation the community has access to the needed resource through their development partners. After the programme has

'finished', however, and the external-implementing partner has departed, the villagers often return to their pre-programme status.

PD provides a radically different approach. The 'needed resource', it posits, 'already exists within the community'. PD is the tool to help the villagers to find it. Hence, the answer to the community's problems can be found today *within* the community. Not only does this approach ensure that the critical resources are 'owned' by the community, but it also ensures that the problem's solution is discovered and 'owned' by them as well. The sense of ownership is a formidable factor in the sustainability of community development efforts.

Positive deviance is an unusually respectful development approach. Rather than focusing on community weaknesses inherent in the questions: 'What is wrong here? What do you need? How can we help you?', PD asks, 'What are your resources? What is going right here? How can *you* utilise *your* resources to solve *your* problems?'. The very core of PD is the belief in the wisdom and untapped resources inherent in the community.

