

THE POSITIVE DEVIANCE APPROACH: A BEHAVIOUR-INFLUENCE ANALYSIS OF A POSITIVE DEVIANCE NUTRITION PROJECT IN VIETNAM

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1 Introduction

In 1990, a small project was initiated in a group of four villages in Vietnam, with a combined population of 20,000 people. The aim was to reduce child malnutrition; almost two-thirds of Vietnamese children aged under 5 then suffered from some form of malnutrition. In these 4 communities over 1,200 out of 2,000 children aged under 3 were malnourished. Within six months the project had succeeded: without distributing food, improving water supplies, or increasing the villagers' incomes. Eventually it reached over 2 million people in almost 60 times as many villages around the country as were in the initial project.

Many conventional interventions address problems by developing solutions which are variously expensive, hi-tech, expert-oriented, or top-down, and which can take several years to implement effectively. Such approaches can be seen in different sectors (such as, agriculture, health, and education) in both high-income and developing countries. This small project developed the opposite kind of solution; it succeeded by exploiting a set of resources that are often overlooked – existing 'positive' behaviours, and social interactions within communities. It was low-cost, low-tech and sustainable.

The project managers, Jerry and Monique Sternin, were working for Save the Children, who had been invited by the Government of Vietnam to develop a programme to enable poor villagers to solve the problem of child malnutrition in a sustainable way¹ Contributing to the problem were a US-led economic embargo; a series of typhoons which had destroyed the rice harvest and rice seedlings needed for the following year's crop; the collapse of collectivist farming and the allocation of farming land for villagers to feed themselves; and traditional supplementary feeding programmes that only provided temporary solutions as they were expensive and unsustainable.

The project team therefore had to develop an approach which did not rely on external resources. Moreover, it had to demonstrate success within six months – if it did not, their 6-month visas would not be extended.

2 Phase I – Behaviour Influence analysis

In each of the four pilot villages, a village health committee (VHC) was established. The VHC then chose health volunteers from among the existing women's union network to help initiate the project. They were firstly trained to weigh children and measure their height; they then weighed and measured all the children in the village.

After the survey ended, the Sternins – working with their colleague and interpreter, Ms Nguyen Thanh Hien, and the VHC in each of the 4 villages (henceforth together referred to as 'the project team') - began not by focusing on the most malnourished children, but on children who were bigger and healthier than average and who were in the poorest of three income groups. These children deviated positively from the majority of children who were malnourished; therefore the approach was called *Positive Deviance*.²

These children were well-nourished even though their families were as poor as or poorer than those in which malnourished children were growing up. Different wealth and income levels therefore could not explain why they were well-nourished, nor could differential access to water and other resources – they all lived in the same village.

The explanation lay in the different behaviours of the children and their families. These behavioural differences were identified mainly by observing how the parents prepared and cooked food, how their children ate, and how the families cared for these children. Food and body hygiene and health-seeking behaviours were also observed. This approach to childhood malnutrition is a holistic approach, which views nutrition in terms of 'eating behaviours' as well as in terms of food, and takes into account various influences on these behaviours; social and cultural influences are particularly important.

Observations were primary – what people say they do or will do does not always correspond to what they actually do. This was also true in the four villages. What the caretakers reported doing and what they actually did often differed. This was not because they were being disingenuous, but rather because they were not conscious of all their actual practices. The practices had become habits and some were performed without active thought.

Through observation, the team discovered four main differences between the behaviours of families of well-nourished children, and those of families with malnourished children.

1. Well-nourished children were fed high-protein shrimp and crab, and vegetables (sweet potato greens) rich in the vitamin beta-carotene and in iron and calcium
2. Well-nourished children were eating smaller meals, more often, than malnourished children; the latter were fed only twice a day, before and after their parents worked in their rice fields. However, young children having small stomachs, they could only take in a portion of the food they were given. In contrast, the parents of well-nourished children instructed their caretakers (an older sibling, a grandparents or a neighbour) to feed the children several times while they were away; the children therefore ate 4 or 5 times a day. They were taking in twice as many calories every day as malnourished children, who had access to exactly the same resources – both groups were offered the same amount of food.
3. Well-nourished children's parents or older siblings were actively managing their diets and eating patterns:
 - a. They collected the crab and shrimp, and vitamin-rich vegetables, and
 - b. They hand-fed their children where necessary; they also practiced active feeding (coaxing the child to eat when he/she had a poor appetite)
 - c. Parents of well-nourished children shared child care & home work; they also taught older siblings how to look after the younger children when they were away working in the fields.
4. They followed strict hygienic practices: they washed their and their children's hands before and after eating; they also cleaned the food appropriately.

While observing actual behaviour and interviewing the caregivers were the primary sources of information, the team also talked with the families of malnourished children. Through these informal chats they discovered more about the influences maintaining eating behaviours that resulted in malnutrition. These included traditional beliefs regarding cold and hot foods: the parents of these children believed that shrimps and crabs weren't appropriate for children and that sweet potato greens were 'low class food.' The team subsequently addressed these beliefs in an unusual, non-intuitive way that turned out to be very effective (see '*Reactance*,' below).

3 Phase II : Behaviour influence practice

Armed with this information, many conventional project managers would be tempted to tell the parents of malnourished children what they had discovered. The team did not do this. They had learned from previous experience that telling mothers and other caregivers about better nutrition practices would not change their behaviour. Moreover, it could prove counterproductive, generating unintended consequences – in other contexts such an approach has made listeners resistant to change (see *Reactance*, below).

The team's view was that the mothers needed to practise the 'positive' behaviours of healthy families themselves. In addition, the team focused on and involved other important stakeholders, including some who are sometimes overlooked – for example, grandmothers (often the most influential person regarding the traditional practices), fathers (major decision makers in the household) and older sibling- caregivers.

Together with the health volunteers, the team devised a behaviour change programme which focused on practice rather than knowledge. This focus on influencing behaviour rather than simply on providing information has proved to be a key element in bringing about lasting behaviour change across the range of issues addressed by the positive deviance approach.

It had several components.

1. For two weeks, the mothers or other caretakers of malnourished children took their children to a neighbour's house for a few hours every day. Together with a volunteer, they practised the 'positive' behaviours observed in the families of well-nourished, but poor, children. They
 - a. washed their and their children's hands and their children's feet before (and after) cooking and eating;
 - b. cooked the nutritious form of meals themselves, using new recipes with crabs, shrimps and sweet potato greens;
 - c. fed it to their children, as an extra meal;
 - d. practiced active feeding: they didn't just let their children eat on their own;
 - e. practised other basic health & childcare practices, including child stimulation - interactive activities to promote child psycho-social and emotional development.
2. To help ensure that the changed behaviours were sustained, a family member had to collect crabs or shrimps, and vegetables, to give to the mother or caretaker to take to the neighbour's house – this was the 'price of admission' to the sessions. It helped ensure that the new behaviours became habits; and it meant that the new behaviours were supported by other family members who collected the nutritious food items.
3. To make the outcomes of the changed behaviours visible, all the children were weighed on the first and last days of the two-week period in the presence of caregivers and village leaders. Those who reached normal nutritional status during the preceding two weeks were 'graduated.' Those who did not were signed up for another two-week set of sessions the next month. Every two months the village health committee and local leaders met. They were then displayed in a chart on a public notice board, so that everyone could see what progress was being made. This activity alone was an engine for change - the community assessed the progress of individual children, and the progress of the children as a group. In so doing they associated their progress with the adoption of new behaviors, thus encouraging other caregivers and families to do the same, through imitation and the development of social norms (see Section 5).

This was repeated for the following two months.

3.1 OUTCOMES

By the end of the first year of the project, more than 1,000 children had been enrolled in nutrition sessions; more than 80% of them 'graduated' – they reached normal nutritional status.

An external evaluation, three years after the project began, confirmed its effectiveness. The evaluation also made a remarkable discovery. Firstly, the project was sustainable in conventional terms: the changed behaviours were maintained after the session ended – this was impressive in itself, as no external resources were involved. The children who ‘graduated’ had retained normal nutritional status: their malnutrition had been ‘cured’.

Secondly, younger siblings, who had not been born during the implantation of the project, also had normal nutritional status – even though it had been common that when an older child in a family was malnourished, younger children probably would be too. Malnutrition had not only been ‘cured’; it had also been prevented.

4 Phase III: Scaling up.

After 1 year it was clear that the project had succeeded. It was then scaled up in 2 stages.

It was firstly expanded three-fold from 4 to 14 villages over the next two years.

Secondly, as news of the success of the positive deviance approach spread, organisations and government entities (such as the People’s Committee and the Women’s Union) that wanted to replicate the approach came to the province to learn how to apply it.

Each of the 14 villages served as a ‘social laboratory’ for exposure to the approach at different stages of implementation. Together, they comprised what came to be called a ‘living university’ for both curing and preventing child malnutrition.

Visitors learned the approach in 4 stages:

- learning the conceptual framework
- observing the behaviours of the parents and caretakers of well-nourished children in poor families, and the behaviours of the children themselves
- meeting with their local counterparts to learn about challenges and ways of overcoming them
- hands-on participation.

Then they returned to their home areas (districts) to implement the approach, which they used as their own ‘mini-living university’ for further project expansion in nearby areas.

Over the next seven years, the programme eventually reached 2.2 million people in 250 villages – over 60 times as many villages as in the initial phase. An estimated 50,000 malnourished children were rehabilitated through the efforts of more than 400 ‘living university’ graduate teams.

5 Discussion

The success of the positive deviance approach in Vietnam depended on a number of factors. The first was the idea of positive deviance itself.

A second consisted of the methods the team used to persuade the majority of parents to change the ways in which they fed their children. This was not as easy as it sounds – changing engrained habits is often difficult. Moreover, persuading the majority to adopt the behaviours of the minority is considerably trickier than the reverse. It was made even more difficult in the Vietnam nutrition project because the project team were going against two forms of conventional wisdom.

1. Firstly, conventional wisdom among villagers was that feeding children with shrimps, crabs and greens from sweet potato tops was inappropriate or even dangerous.

2. Secondly, the natural instinct of most project people who have discovered a better way of doing something is to 'teach' it.³ The project team did not do this. They had learned from their previous experience that telling mothers about nutrition would not change their behaviour; the mothers needed to practise the eating behaviours of healthy families themselves. They put into practice the Vietnamese saying:

A thousand hearings aren't worth one seeing, and a thousand seeings aren't worth one doing.

They succeeded in large part because the methods they used reflected various basic principles of behaviour. These principles are fundamental to human behaviour. Most have been elucidated only since 1945, particularly over the past 40 or so years, by various researchers in the behavioural and related sciences.⁴ Nicholas Christakis, co-author of *Connected*, Robert Cialdini, author of *Influence*, Daniel Kahneman, who was awarded the Nobel Prize in Economics⁵, and Richard Thaler, co-author of 'Nudge',⁶ are among the best known of these researchers, but there are many others.

Whenever behaviours change, various principles of behaviour are involved. Those involved in the positive deviance approach in Vietnam are briefly described below. Several contributed not only to the success of the project, but also to its sustainability.

5.1 SOME PRINCIPLES OF BEHAVIOUR INVOLVED IN THE POSITIVE DEVIANCE APPROACH TO MALNUTRITION IN VIETNAM

Framing: *Different ways of presenting the same issue often evoke different responses (Kahneman, 2012)⁷. For instance, whenever a problem occurs, a not uncommon question is: 'what mistakes are people making, and how can they be persuaded to stop making them?' This problem-seeking mind-set may generate various negative responses and emotions: for example, fault-finding, buck-passing, defensiveness, avoidance, resentment, irritation, anger, or depression.*

Positive deviance instead frames the issue differently and asks: 'is anyone doing things right? If so, how can we influence others to do things right, too?' Some of the principles involved in answering this last question follow.

Similarity: *People tend to believe and trust those who are similar to themselves more than they believe and trust those who are different. Similarity helps shape our views and our lives, by operating within the groups to which we belong and through the social networks which weave around us.⁸ (Cialdini, 2008).*

The 'model parents' in the Vietnam project were similar to the caretakers whom they were learning from them; all people living in the same village. In contrast, many development projects aiming to help poor or marginalized people involve outsiders teaching 'beneficiaries,' often in a top-down manner. Outsiders do not understand the learning context of those whom they are trying to help as well as the 'beneficiaries' do.

Social comparison: *Comparison is involved in many aspects of cognition and social behaviour. 'The mind is wired so that we are always looking at things around us in relation to others... This holds true for physical things... for experiences... and for ephemeral things such as emotions and points of view.' (Ariely, 2009).*

Social comparison is a fundamental psychological process (Hogg and Vaughan, 2010); people compare aspects of themselves and of their lives with those of other 'reference individuals' or 'reference groups,' especially those similar to themselves. The things compared include physical appearance, pay, clothes and consumer goods. Social comparison makes an important contribution to subjective well-being (Frank, 2010).

In the Vietnam project, mothers with malnourished children compared the ways in which they fed their children with those of the 'positive deviant' mothers; this not only encouraged behaviours that were 'positive' in terms of nutrition and health, it also implicitly discouraged less positive behaviours.

Imitation: *Imitation is a basic learning mechanism, particularly in children; it is faster than learning by trial and error. It is a deeply rooted mode of human behaviour. It has a neurological basis; when we see someone eat or run, for example, specialized 'mirror neurons' fire in the same part of the brain that would be activated if we ourselves were eating or running. It is as if our brains practise something that we have merely been watching; this makes it easier for us to exhibit the same behaviour in future. Imitation is one of the basic processes by which behaviours spread through social networks (Christakis and Fowler, 2011).*

Mothers with malnourished children learned various positive behaviours by repeatedly imitating their peers over two-week periods; and over additional two-week periods, if necessary, until measurable improvements in the children were evident. Another feature of behavior change was a day off, when caregivers were invited to practice the new behaviours at home.

Social norms: *These refer to the behaviour of others. Individuals tend to do what most other people do, especially in groups and in communities. Social norms include the tendency of people to do what they believe, or are told, is 'norm-al' – beliefs and information play important roles in their influence on behaviour.*

*'How people behave often depends on how they see – and perceive – others as behaving,' Sen points out in Development as Freedom (2001). 'Much depends, therefore, in the reading of prevailing behavioural norms '(The) skilful use of social norms can be a major ally of non-profit enterprises that call for committed behaviour.'*⁹

As more and more mothers and other caregivers began providing their children with healthy food items, new social norms were established; such behaviours were no longer performed by a small ignored minority.

Visibility: *We are a 'visual dependent' species – sight uses a larger part of the human brain cortex than do the other 4 senses, leading people to rely more heavily on visual information than on any other kind. (Koger and Winter, 2010).*

Growth charts showed the progress of children's in an easily understandable, visual form.

Also, within weeks the recovering children experienced physical and psychological changes which were visible not only to their caregivers but to all in the community: they became more active, cried less and slept better, and they did not need to be carried all the time

Feedback: *Feedback is a central component of learning, and of behavioural influence in general. It seems to be effective because it has both informational and motivational properties: it tells participants about their movement towards a goal. (Koger and Winter, 2010).*

The Vietnam project provided several forms of *feedback* to the caretakers of malnourished children and the community at large through the creation of feedback loops using informal and formal social networks.

- feedback from the 'model parents' and from other learners, in villagers' houses
- feedback from the volunteer health workers, in villagers' houses
- feedback through the aggregated nutritional data of all the children in the target group on a regular basis in the community centre

Positive emotions: *The benefits of positive emotions were described in a seminal paper, 'What good are positive emotions?' by Barbara Fredrickson (1998). She concluded, from a diverse range of studies, that positive emotions promote flexible problem solving and innovative solutions: they 'broad and build' our repertoires of thoughts and actions, and are better suited to dealing with major, complex problems than are negative emotions, and approaches which focus on problems rather than on solutions (see framing)*

The project elicited positive emotions on several occasions:

- The village health volunteers, when they presented the findings of the initial survey to the Project team, were asked: 'Is it possible for a very, very poor child in this village to be well-nourished?' They replied, excitedly, *Co, co!* - 'It is! It is!'
- The caretakers of children whose nutritional status the project was trying to improve evidently enjoyed the food preparation, cooking and feeding sessions in their neighbours' houses, partly because it was benefiting their children, and partly because it was a social occasion.
- All the children were weighed on the first and last days of the two-week session in the presence of caregivers and village leaders. The weight increases (around 75% of the children gained weight during each session) were greeted with applause, and sometimes with hoots of approval. The caretakers of previously malnourished children were clearly delighted when they saw not only that their children had become healthier, but that they had also become considerably more active.

Autonomy: *A growing body of behavioural science research suggests that the desire to be autonomous, 'to behave with sense of volition and choice,' is a basic human motivation (Deci, 2004).*

The discovery by the village health volunteers that the solution to a long-standing problem was already being applied within the village was powerfully motivating. From the outset of the project it enabled the community to feel ownership for discovering the solution to their own problem.

This sense of ownership was reinforced by the 'peer-to-peer' learning method used in the project; the solution to the malnutrition problem was not taught in a top-down 'vertical' manner by outsiders, it was diffused 'horizontally' between villagers themselves. The methods used allowed this process to take place.

Mothers did not have to queue up to passively receive donated food which arrived in the village at unpredictable times, disrupting their schedules, as they had done with an earlier external supplementary feeding programme. They obtained the new nutritious food items themselves; they participated in deciding when the cooking and feeding session would be held. They owned the project in a way that they had not with the previous supplementary feeding programme.

Reactance: *Occurs when an individual or group is told what to do and 'reacts' against it (Cialdini, 2008). It is the psychological term for the process underlying a negative response to a request or instruction that is inappropriately made, or which is perceived to unacceptably infringe the autonomy of the person being told what to do. It is not always obvious to project managers: it can take the form of villagers not continuing with a new intervention after the people who have taught it have left the community. It may therefore be a factor contributing to the lack of sustainability of projects that fail.*

Finally, what was not done, and what did not happen, were also important: there was no reactance to the behaviour changes that took place. This was because the Project team did not tell the parents of malnourished children that some of their beliefs were wrong and were harming their children's health. If they had done so, this might have 'hardened' these beliefs – it might have caused parents to reject the idea of changing their behaviour, as this would mean that they had been wrong, and that they themselves were harming their children's health.¹⁰ Observing the behaviours of similar others rather than listening to 'top-down' information provided by different outsiders allowed these parents to see with their own eyes what the parents of well-nourished children were doing, and to practice these different behaviours themselves, in a social setting. The idiom 'seeing is believing' is more than just a saying: it reflects a basic principle of human behaviour.

Jerry Sternin (Pascale, Sternin and Sternin, 2010) later commented:

*'It's easier to act your way into a new way of thinking,
than to think your way into a new way of acting'*

The social setting meant firstly that they encouraged each other through the progress they were making; it secondly meant that the learning process was enjoyable: they did not learn by studying a book in isolation; they learned in the company of their friends.

Because the solutions to the malnutrition problem came from within the village, and because villagers learned new behaviours from each other, reactance did not occur. Most importantly, the behaviour changes and the improvements in child health were doubly sustainable: not only was malnutrition cured in malnourished children, it was prevented in children who had not yet been born.

6 The main elements of the positive deviance approach: a summary

As noted above, the effectiveness of the positive deviance approach depends on several elements. These are summarised below:

Positive deviance as a mind-set – this mind-set, or way of viewing something, consists of several insights about communities that have emerged from four decades of practical work in countries around the world:

Communities are diverse – their diversity is their strength.

Communities contain low-visibility resources; these resources can be used to solve many problems which communities face, but they often remain untapped, partly because they are almost invisible, and partly because the conventional mind-set is to look for solutions outside communities. One reason they are difficult to see is that the most important pair of resources often comprises individual behaviours and social interactions. These are already solving the problem in question within the community (they are therefore *positive*), but they are not generally recognized (they *deviate* from standard practice or from conventional wisdom). Behaviours and social interactions are not as salient as machines and appliances, which is why technological solutions are often favoured. Other important resources are varied experience, creativity, imagination, and practical know-how.

These resources are diffused within the community – another reason they are difficult to see. They are not concentrated in the leadership of the community, in high-status or high-profile individuals, or in external experts. They may exist within a particular minority group, or they may be diffused among a number of people. Communities are diverse – their diversity is their strength.

Communities self-organise – they can draw on these resources to solve a problem, once it has been identified within the community

A focus on specific positive behaviours and interactions and on practicing them – It is easier to act your way into a new way of thinking, than to think your way into a new way of acting. This focus on practice more than on knowledge has proved to be a key element in bringing about lasting behaviour change across the range of issues addressed by the positive deviance approach.

Applying principles of behaviour – to bring about changes in the behaviours of the majority of the community, so they come to adopt the positive behaviours of the minority. Some of these principles were described in the previous section.

Interactions in social settings – the Vietnam project took place in two main social settings: villagers' houses, which were transformed into social learning venues, and community meetings. In these meetings the people's committee members (political & administrative leaders), the Women's Union members/health volunteers (mass organizations) and health staff (government ministry) met regularly to focus on young children. These 'silo organizations' had never previously worked together on children's health issues. The Positive Deviance approach, and the methods it involved, allowed them to connect, work and innovate together.

Social settings facilitated various interactions: between people, between organisations and – importantly - between the principles which influence behaviour. They also provided positive encouragement and positive experiences.

Positivity more broadly – as well as the idea of positive deviance, positivity also encompasses:

- **a focus on solutions** rather than on problems: a focus on questions such as ‘what is working? How and why? How can we do more of it?’ rather than ‘what’s broken and how do we fix it?’
- **a positive mind-set**: the view that communities have untapped resources; if appropriately exploited, these resources can be used to solve certain problems that were previously assumed to be solvable (if at all) only with considerable external support. These resources include individuals or groups (positive deviants) who are better able to solve certain problems than others
- **a focus on positive behaviours**: the activities of these individuals which solve the problems in question
- **eliciting positive emotions**¹¹: these included
 - the hope expressed by community members (when aspects of the approach were first described to them), that between them they could indeed solve these problems;
 - the pleasure expressed by community members when they later saw the improvements in their children’s health.
- **positivity creates a virtuous circle**: positive comments and feelings motivate people to participate more, or better, while negative criticism prompts either withdrawal (avoidance) or a negative response (a form of reactance). Negativity initiates and maintains vicious circles: withdrawal reduces participation, which dampens overall participation; negative responses prompt further negative responses.

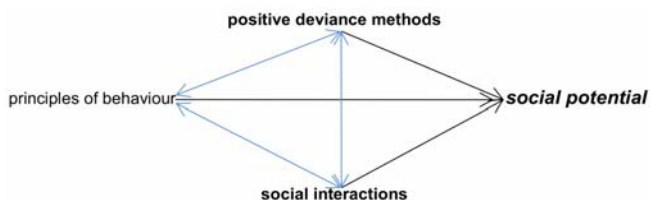
Participation – the more stakeholders who participate in developing and applying solutions:

- the more likely it is that resources which were previously overlooked will be applied, and
- the less likely it is that a few individuals or groups will impede progress.

Sustainability as a cornerstone – these elements combine to greatly increase the likelihood than the solutions to a particular problem will be maintained over time. Sustainability is almost always achieved by the Positive Deviance approach, firstly because the behaviours and interactions that can solve the problem in question are already being successfully practised. Secondly, they are being practiced within the community, and so they fit the local context and culture, and they take into account local constraints and opportunities.

7 Realising Social Potential

These components together helped realise ‘social potential,’ a neologism which captures this three way relationship. It is the potential of people and organisations to achieve things, when they are linked in various ways, that they could not achieve (or that they could only inadequately achieve), when acting individually.



In the Vietnam nutrition project, positive deviance methods were the central component of a three-part package by which the potential of communities to greatly improve the nutritional status of their children using their own resources was realized. Before these methods were used, this social potential remained largely unrealised – nearly two thirds of the children were malnourished. The PD methods exploited various principles of behavior in several ways: they not only linked people, they make the invisible visible, thereby facilitating both learning and action.

They also motivated action, by applying several principles of social behavior, and through the positivity they involved – they drew attention to positive behaviors that already existed in the community and they elicited positive emotions, both during the process of social learning, and during the feedback sessions.

8 Wider influence

8.1 INFLUENCE IN VIETNAM, INTERNATIONALLY, AND ACROSS A RANGE OF SECTORS

The importance of the Vietnam nutrition project lies not just in the impact it has had on child malnutrition in a number of villages. It also lies in the wider influence which the innovative positive deviance approach it embodied has had in Vietnam, internationally, and across a range of sectors.

...within Vietnam,

A small project, initiated in only four villages, exercised influence around the country through several processes

- the Women's Union and district health staff shared their experience at national conventions, bringing village health committee members and volunteers to tell their own stories of how the project succeeded
- the project influenced the work of the Vietnamese National Institute of Nutrition; five staff members were deputized to Save The Children for two years; they helped to expand the project from 4 to 14 villages.
- each of these 14 villages served as a 'social laboratory,' which served as a form of social petri dish for growing the PD approach. Representatives from communities and organisations from other provinces wanting to replicate it visited the villagers to learn how to apply it.

...internationally,

The Positive Deviance approach has been and is being applied in both the South and the North: in North, Central and South America; Africa, the Middle East, Europe, South, SE Asia and East Asia.

...to a number of issues in the areas of health, education, nutrition, and social problems.

These issues include childhood malnutrition, maternal health, neo-natal mortality, mental health, reproductive health, HIV/AIDS, malaria, hospital acquired infections, female access to education, school drop-outs, student retention, student achievement, agricultural development, smoking, female genital mutilation, girl trafficking, domestic violence, corruption.

8.2 SEVERAL FACTORS HELP EXPLAIN THE INFLUENCE WHICH THE PROJECT HAS HAD

The influence which the approach has had, and continues to have, can be explained in terms of several factors:

Sustainability: much of the appeal of the Positive Deviance approach lies in the fact that this is inherently sustainable; it uses resources that already exist within communities and organisations. If the project had installed flush toilets in every village household it is unlikely that it would have been replicated.

Stories: one way in which influence spreads is through stories, especially those based on personal experience. The development of the project itself is a fascinating story: how could a small project succeed in drastically reducing malnutrition in four villages without distributing food, improving water supplies, or increasing villagers' incomes? In addition, village health committee members and volunteers who were invited to speak at national conventions shared their own stories, from their own perspectives, of how the project succeeded.

Social networks. The three organizations which nominated members to form village health committees were part of national networks. The stories their members told were transmitted through these networks.

Positivity: the positive focus of the approach in Vietnam was both inspiring and motivating for people and organizations that participated in it and observed it in practice. In the stories they told they could justifiably say: 'we did it ourselves' or 'they did it themselves.'

Participation: as well as villagers, national and local government bodies participated in the project from the outset.

Principles of behavior: the positive deviance approach reflects various fundamental principles of behavior, which help explain why it strikes a chord with those who participated in it and with those who visited the 14 'social laboratory' villages: it resonates with these principles. They also help explain why stories of the success of the original project spread so rapidly. The two principles of behavior which underlie the workings of social networks, imitation and social norms, also played central roles in the original project's success: the parents and caretakers of malnourished children imitated the behaviors of the parents of well-nourished children, and new social norms for feeding children became established.

Monitoring and evaluation (M&E):

Internal - the Vietnam project was monitored and evaluated through a participatory process; this allowed both literate and illiterate community members to take part, through the use of visual methods (see 3.1 above). M&E, if carried out appropriately, provides rapid feedback. These four elements - *participation, feedback which is visual and rapid* (see 5.1 above) - generate internal credibility: the results are believed by community members. These four elements help reinforce the changes in behaviors (and in attitudes and beliefs) which the PD approach aims to bring about. Participatory M&E thereby avoids *reactance* (see 5.1 above), which can occur if M&E is carried out inappropriately, or if the results of M&E are presented inappropriately; one or both of these problems can occur if only external evaluations are carried out

External - the Vietnam project was evaluated externally and independently (see 3.1 above). The external, independent nature of the evaluation increased the credibility of the project outcomes for government bodies and other organisations, and thus contributed significantly to the influence which the project had. A major benefit of this particular external evaluation was that an outcome was identified that project participants had not spotted. Malnutrition had not only been 'cured' among most children in the village; it had also been prevented, in many households, in their future siblings. This further increased the credibility and influence of the project.

Both internal and external M&E contributed to the influence which the project had. Some projects fail to be influential due to a disjunction between reports provided by outsiders (or by project managers) and the views of those whom they are supposed to benefit. If the former claim that a project succeeded, but the latter don't believe this – or vice-versa – visitors to a project may spot the difference, and the project will fail to have any influence (as well as probably failing in its primary objectives).

9 Conclusion - think global, act local, link global

The positive deviance approach was first applied to a major issue, child malnutrition, in four villages in Vietnam in 1991. Within seven years it had been used in 250 villages – over 60 times as many as in the initial phase. In 1999 the Positive Deviance Initiative was established, to promote and advise on its application to a number of issues internationally. The Positive Deviance Nutrition programme alone has been successfully applied by Ministries of Health, UNICEF, and by local and international NGOs in over 40 countries across the world.

It has since successfully been applied to a variety of seemingly intractable problems in diverse sectors, in high-, middle- and low- income countries.

The Positive Deviance Initiative is now putting into practice a version of the adage ‘Think global, act local’ that is relevant to the connected world of the new millennium:

Think global, act local, link global.

Appendix: the steps involved in applying the Positive Deviance (PD) approach

An invitation to change: A PD inquiry begins with an invitation from a community that wishes to address an important problem they face. This is an important first step for ownership by the community of a process that they will lead.

Define the problem: This process occurs with the community at the centre of defining the problem for themselves. This will often lead to a problem definition that differs from the outside “expert” opinion of the situation. A quantitative baseline is established by the community. This baseline provides an opportunity for the community to reflect on the problem given the evidence at hand, and also measure the progress toward their goals. This is also the beginning of the process to identify stakeholder and decision-makers regarding the issue at hand. Additional stakeholders and decision-makers will be pulled in throughout the process as they are identified.

Determine the presence of PD individuals or groups: Through the use of data and observation, the community establishes that there are Positive Deviants in their midst.

Discover uncommon practices or behaviours: This is the Positive Deviance Inquiry. The community, having identified positive deviants, sets out to find the behaviours (and attitudes or beliefs) that allow the PD approach to succeed. The focus is on successful strategies, not on making a hero of the person using the strategy. This self-discovery of people/groups ‘just like me/us’ who have found successful solutions constitutes “social proof” that this problem can be overcome now, without outside resources.

Project design: Now that the community has identified successful strategies, they decide what strategies they would like to adopt, and design activities to help others access and practice these uncommon, positive, behaviors. Project design is not focused on spreading “best practices” but helping community members “act their way into a new way of thinking” through hands-on activities.

Monitoring and evaluation: PD-informed projects are monitored and evaluated through a participatory process. As the monitoring will be decided on and performed by the community, the tools they create will be appropriate to the setting. This can allow even illiterate community members to participate through pictorial monitoring forms or other appropriate tools. Evaluation allows the community to see the progress they are making towards their goals and reinforces the changes they are making in behaviours, attitudes, and beliefs.

Scaling up: The scaling up of a PD project up may happen through many mechanisms: the “ripple effect” of other communities observing the success and engaging in a PD project of their own, through the coordination of NGOs, or organizational development consultants. Whatever the way in which the project is scaled up, the process of community discovery of PDs in their midst remains vital to the acceptance of new behaviours, attitudes, and knowledge.

Further details

Further details about the Positive Deviance approach and its many applications, and about the various participatory methods that it involves, can be obtained by visiting the Positive Deviance Initiative website:

<http://www.positivedeviance.org/>

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Notes

¹ This 'sustainable way' involved identifying and replicating behavioural solutions that already existed within the community, as described below.

² The term "Positive Deviance" initially appeared in nutrition research literature with the publication of a book entitled 'Positive Deviance in Nutrition,' co-authored by Tufts University nutrition professor, Marian Zeitlin, in 1990, where she compiled a dozen surveys that documented the existence of "Positive Deviant" children in poor communities who were better nourished than others. In this book, Zeitlin and her colleagues advocated for the use of this concept to address childhood malnutrition issues at the community level by identifying what was going right in the community in order to amplify it, as opposed to focusing on what was going wrong in the community and fixing it.

³ In contrast, 'social learning' from one's peers can be quite powerful. It has even been used to help ethnic minority students to do well in calculus and to enjoy learning it, too (see 'The Calculus Club', in Rosenberg (2011)).

⁴ '*behavioural sciences*' refers to various disciplines in psychology (cognitive and social psychology, for example), together with neuro-economics and behavioral economics; these mostly focus on individuals and small groups.

'related sciences' refers to those disciplines studying the contexts in which behavior takes places; these disciplines include environmental psychology, organisational psychology, organisational learning, social network science, and the study of communities.

⁵ His co-researcher, Amos Tversky, would have shared the Nobel Prize with him, had he not died in 1996.

⁶ Kahneman and Tversky's research has led (among other things) to a much better understanding of how we think, and how we make decisions and judgments. Kahneman and Tversky helped establish the new discipline of behavioural economics. The '3rd generation' of behavioral economists has begun to apply behavioural economics to development issues – see '*More than good intentions*' by Dean Karlan and Jacob Appel, and '*Poor Economics*' by Abhijit Banerjee and Esther Duflo

⁷ Kahneman, in '*Thinking, Fast and Slow*' (2012), describes how (in a study his collaborator Tversky carried out with colleagues at Harvard Medical School) most doctors recommended one treatment rather than another, simply because of the particular way it was framed - even though both had identical outcomes. The first framing was that 'the one-month survival rate (following surgery) is 90%'. The second framing was that 'there is 10% mortality in the first month (following surgery)'. Significantly more doctors recommended surgery when it was framed in terms of survival than when framed in terms of mortality.

⁸ However, similarity can also promote 'groupthink,' which can lead to the reinforcement of behaviours which aren't in a child's best interests; for example, the 'groupthink' beliefs – held by the majority of people in the project villages before the Positive Deviance intervention began - that shrimps, crabs and sweet potato greens were not appropriate for young children. Three examples of groupthink which led to disasters – the Bay of Pigs and the US Challenger and Columbia shuttle disasters are described in Goldstein, Martin and Cialdini (2007).

One of their conclusions is striking: 'Group decision-making can be improved by promoting criticism and scepticism of all viewpoints, *especially those favoured by the group's leaders.*' (emphasis added). This in turn can be brought about by the full participation of all stakeholders in projects, a process which often involves what Chambers (1983) describes as 'reversals.' However, traditional authority structures makes achieving such reversals difficult, which is why careful attention to the way in which participation is framed (see section 5) is important.

For example, it can be framed as a way of curing and preventing problems in a cost-effective and sustainable way by identifying and replicating behaviours that already exist - but which remain unseen, until viewed seen through the lenses of positive deviance and participatory approaches which 'make the invisible visible.'

⁹ Sen (2001), footnote 56 to chapter 11.

¹⁰ An imperfect analogy is an organ transplant: if the transplanted organ is too different from the host body, it is rejected. Similarity facilitates acceptance.

¹¹ The benefits of positive emotions were described in a 1998 paper, 'What good are positive emotions?' by Barbara Fredrickson. She concluded, from a diverse range of studies, that positive emotions promote flexible problem solving and innovative solutions: they 'broaden and build' our repertoires of thoughts and actions, and are better suited to dealing with major, complex problems than are negative emotions and approaches which focus on problems as things to be fixed, rather than as opportunities for building on and developing existing strengths.