

The Value of Positive Deviations

Look beyond the curve and you'll find the real key to social change lies at the edge.

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FTER PUBLISHING its 2010 edition, packaged in 32 leather-bound volumes that weighed 130 pounds, Encyclopedia Britannica ended its 244-year print-run rather unceremoniously.

Its competitive disrupter: the web-based Wikipedia. In early 2013, Wikipedia offered 26 million articles in 286 languages free of cost to anyone who could access its site.

In contrast to Britannica's cadre of centralized editors and "expert" writers, Wikipedia is edited and authored by tens of thousands of volunteers from across the globe. This allows Wikipedia to both expand and update its offerings in real time.

Wikipedia's disruptive dominance holds important lessons for social change practitioners. Its success reminds us that wisdom lies with ordinary people and is distributed widely; that there is value in inviting and including all constituents; and that the dominant hegemony of expert-driven command and control systems should be questioned. Simply stated, old normal ways of doing things should pave the way for a *new* normal.

Social change practitioners need to question normative ways of thinking, especially the bell curve. What is needed instead is an alternative conceptualization of social change: one that turns the classical expert-driven approaches on their head, valuing the wisdom that lies with unusual suspects.

This alternative is known as the positive deviance (PD) approach to social, organizational and individual behavior change. It is premised on the belief that in every community there are certain individuals or groups whose uncommon behaviors and strate-

gies enable them to find better solutions to problems than their peers, while having access to the same resources and often facing worse challenges.

the PD approach has been employed in over 40 countries

to address a wide variety of complex social problems: solving endemic malnutrition in Vietnam; decreasing neo-natal and maternal mortality in Pakistan; reducing school dropouts in Argentina; reintegrating returned child soldiers in northern Uganda; and controlling the spread of hospital-acquired infections in U.S. hospitals.

Childhood malnutrition in Vietnam

In 1990, Save the Children U.S. sent Jerry and Monique Sternin to Vietnam to implement a large-scale program to combat child-

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hood malnutrition. With 65% of all Vietnamese children under the age of five malnourished, Vietnamese officials challenged the Sternins to come up with a sustainable solution, and to show positive results within six months.

Tasked with the impossible, the Sternins wondered if the concept of positive deviance, codified by Tufts University nutrition professor Marian Zeitlin, might hold promise. Zeitlin was investigating why some children in poor households were better nourished than others. What were they doing that others were not?

Because childhood malnutrition rates were high in Quong Xuong District south of Hanoi, four of its village communities were selected for a nutrition survey. Some 2,000 children under the age of three were weighed and their locations mapped.

The Sternins posed the quintessential whodunit PD question: *are there any well-nourished children who come from very, very poor families?*

The response: Yes.

Indeed, there were some children from very poor families who were well-nourished. Those that had managed to avoid malnutrition without access to any special resources represented the positive deviants.

Through a process of community-led self-discovery, it became apparent that the PD families were practicing a few simple behaviors that others were not:

- Family members collected tiny shrimps and crabs from paddy fields and added them to their children's meals. These foods are rich in protein and minerals.
- Family members added greens of sweet potato plants to their children's meals. These greens are loaded with micronutrients. While these foods were accessible to everyone, most community members believed they were inappropriate for young children.
- PD mothers and caregivers were feeding their children smaller meals three to four times a day, rather than the customary two big meals twice a day; and
- PD mothers and caregivers were actively feeding their children, rather than just placing food in front of them. This made sure there was no food wasted.

After some trial and error, a two-week nutrition program was designed in each of the four intervention villages. Mothers whose children were malnourished were asked to forage for shrimps, crabs and sweet potato greens. The focus was not on informationtransfer, but rather on action, practice and embodied experience.

In the company of positive deviants, non-PD mothers of malnourished children learned how to cook new recipes using the foraged ingredients. These mothers practiced the behaviors that the PD families had discovered on their own.

Before feeding their children, mothers weighed them. No food was wasted as the children were actively fed. Upon returning



home, the non-PD mothers were encouraged to feed their children three or four small meals a day instead of the traditional two meals.

Such feeding and monitoring continued throughout the twoweek program. Mothers could actually see their children becoming noticeably healthier. The scales were tipping!

Then the project expanded to another 10 adjacent communities. Community members engaged in a process of self-discovering the PD behaviors, as opposed to importing them from neighboring communities. The process of self-discovery was found to be as important as the actual behaviors that were uncovered.

Research showed that malnutrition decreased by an amazing 85% in the first 14 PD communities.

The program was scaled up by building a *living university* around these 14 PD communities. Teams from other communities with high rates of malnutrition spent up to two weeks

"We dance round in a ring and suppose, but the secret sits in the middle and knows."

directly experiencing the essential elements of the PD process. When they returned home, they would implement the PD nutrition program in at least two local communities.

Through this lateral expansion, the PD intervention became a nationwide program in Vietnam, helping over 2.2

-Robert Frost

million people improve their nutritional status, including over 500,000 children. A later study, conducted by researchers at Emory University, showed successive generations of impoverished Vietnamese children in the program villages were well-nourished.

Centralized distributions and standard deviations

The normal (or Gauss) distribution, signified by the bell curve, is the most important distribution in the social sciences. Symmetrical and clustered around the mean, the curve allows us to specify the number of observations that fall under specific sections (see Figure 1 on page 17). While initially applied to describe measurement errors, the normal curve is now routinely used to describe variation in human phenomena such as weight, height, IQ or other health and lifestyle parameters.

Social scientists use the normal curve to make inferences about populations from sample statistics. By paying attention to the mean values and standard deviations with a representative sample, one can predict—with a high degree of confidence—the odds of solving a problem.

Normal bell curves, for instance, can tell social change practitioners that most African-American children who grow up in poor inner-city neighborhoods in a single parent household are highly unlikely to finish high school in a timely manner. Or that most Pashtun women living in mountainous communities of Pakistan's Khyber Pakhtunkhwa Province are at high risk for pregnancy-related complications. Or that most poor, uneducated and newly-married women in rural areas of India's Bihar State are highly unlikely to control their use of contraceptives.

In other words, social change practitioners can gain insights on the nature and scope of a social problem in a population, including what is normative-that is, what is the most likely case, scenario or outcome for most of people.

Such data, when collected and analyzed before designing an intervention, can help social change practitioners gauge the severity of a problem in a community. Actionable intervention strategies can then be employed to plug gaps and deficits.

Unfortunately, our record in solving social problems is highly dismal when normal distributions are used to gauge what ails most of the population.

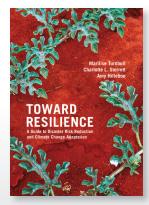
Nassim N. Taleb, author of The Black Swan, has extensively written about the pitfalls of overly relying on the bell curve, especially in social spheres. The bell curve glorifies mediocrity, disregarding the promise lurking in large deviations and outliers. By focusing attention on what is most probable, the unusual, the implausible and the exceptional are routinely ignored.

In contrast, in the positive deviance approach, the identification of the exceptional represents a starting point. In PD, the normal and normative are of secondary interest. The seemingly impossible and implausible are of most interest.

In calling for a new normal to solve complex social problems we ask to focus not on what is wrong with most people, but rather what is working with the very few, the exceptional, the positive deviants.

In Vietnam, this new normal was exemplified in the implausible

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question: are there *well-nourished* children who come from very, very poor families?

In the past two decades, this type of implausible PD question has been asked repeatedly to tackle a large number of intractable social problems.

For instance, in summer 2012, in collaboration with a dozen field researchers, I led a formative research inquiry in the urban slums of New Delhi. Our purpose was to provide data-driven inputs to the design of a mass media health campaign to promote small family size, emphasizing delay of first child and spacing between children, countering the preference for male children, and encouraging adoption of contraceptive methods.

Instead of gathering deficit-based "normative" data, we used new normal sensibilities to guide our fieldwork. Were there individuals, couples, or health workers who had found better family planning solutions than most of their peers without access to any extra resources? If so, what did they do?

By analyzing archival data and key informant interviews we identified several positive deviants. What were they doing that resulted in highly successful outcomes?

One respondent, a married woman, significantly reduced the risk of pregnancy by closely tracking her menstrual cycle and



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avoiding sex during the days she was likely to conceive. During these "no, no days" she employed a variety of excuses to avoid penetrative intercourse. She would tell her husband, "I am keeping a fast for a few days for your health." On her "yes, yes days" she coyly noted, "I go out of my way to please him."

While most married women in this setting would be unable to negotiate sex, our positive deviant had found a creative, culturallyappropriate way to reduce the risk of pregnancy. After all, how could a husband overrule his wife's sacred fast—one undertaken for *his* sake!

We also met a health worker who employed certain uncommon practices that yielded high rates of male vasectomy. When he organized vasectomy camps in rural areas, several men who previously had agreed to a vasectomy either did not show up on the appointed day or hesitated to be the first to undergo the procedure. Their dilly-dallying negatively impacted other participants' motivation and many assembled men would dissipate to the chagrin of camp organizers.

To overcome this problem, our health worker arranged for a few men who were already highly motivated vasectomy seekers to stride up—in open view of other men—and *demand* that they be the first to undergo the procedure. Post-procedure, they were purposely urged to stride out like a stallion, boasting about the ease and painless nature of the vasectomy. Such purposive planning and orchestration of vasectomy prospects by the health worker delivered significantly better vasectomy completion rates, in comparison to his peers.

While most health workers would shrug their shoulders when vasectomy prospects walked away, the PD health worker had hit upon an effective practice: present examples of proud, confident men in full view of others as social proof of the value of the procedure.

The important point here is that the fasting strategy of the married woman and the purposive social proof practice of the health worker represent exceptional, non-normal actions. These practices were discovered because we actively sought to find the statistical outliers, the positive deviants.

Our understanding of how to solve complex social problems faces an epistemological crisis. Existing ways of knowing and intervening have proved highly inadequate in addressing intractable problems.

Normal distributions hold social scientists in their seductive stranglehold. In glorifying the normative and the most probable, they disregard the exceptions, the improbable outliers. Thus social change practitioners are unsuspecting victims of their own trained incapacities.

The new normal, exemplified by the positive deviance approach, acknowledges that wisdom to solve complex social problems exists locally, albeit hidden from plain view. In seeking the exceptional among the ordinary and the improbable among the probable, social change practitioners hold the promise to uncover tacit wisdom and solutions that cost little and are more inclusive, adaptable and culturally appropriate.

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