Positive Deviance approach for improving children’s nutritional status: experiences among mothers and community health workers in rural, southern Ethiopia

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I went to Ethiopia for collection of data to my Master thesis in Public Health. The fieldwork was conducted during November 2014 and January 2015. I was in a town, Sodo around 320 km south from Addis Abeba in Southern Nations Nationalities and Peoples Region (SNNPR).

Aim
The aim of this thesis was to describe the experience among mothers and community health workers in a rural area in south of Ethiopia about the Positive Deviance approach for improving children’s nutritional status.

Background
Positive Deviance approach (PD) is an approach to behavioral and social change. The approach has been used in international programs for example prevention of HIV/AIDS, malaria, sexually transmitted infections, promotion of breastfeeding and improving children’s nutritional status. In nutrition this approach is based on findings that in communities with poor resources, some families use positive practices and can bring up well-nourished children. The PD practices that have been identified can then be integrated into a nutrition program. These PD practices include successful feeding practices, caring and health seeking behavior. Malnutrition is closely related to poverty and for children the main reason is lack of appropriate food and appropriate feeding practices. Ethiopia has high numbers of children less than two years recording poor nutritional status.
**Setting**

The study took place in southern Ethiopia where a non-governmental organization has a project running that is applying the PD approach for rehabilitation malnourished children. The study was conducted in collaboration with Wolayta Sodo University after an Ethical approval was permitted from the Institutional Ethical Review Committee of School of Public Health, College of Health Sciences and Medicine, Wolayta Sodo University. Five focus group discussions with mothers and ten individual interviews with community health workers were conducted. Two research assistants participated in the data collection, one female and one male together with myself. The interviews were hold in their local language.

Before we started the data collection we went to the field with the research team and visited the program to have a better understanding and to see how it works. There was a group with 12 mothers gathered in a shadowed place, sitting on the ground with their kids on their knees. The mothers had contributed with food items from their homes, if there were very poor mothers they were asked to bring firewood instead. With this locally available food the mothers cook porridge. The first time the community health workers demonstrate how to cook and thereafter two different mothers did it every time they meet. Under these food sessions different health messages were distributed from the community health workers by talking and singing. Example of different food items that are used for the porridge are barley, flour, teff (locally available grain) butter, maize, tomatoes, carrot, red beetroot, potatoes, egg, green leaves, milk, food oil and iodized salt. Before the children ate the porridge they all washed their hands and a plate or cup brought from their home. After the children had ate the food the women started to sing and dance. It was fantastic to see their joy and happiness. The mothers met for twelve days with their moderate malnourished children and after these days most of the children were discharged. If not, they were admitted to a new two weeks session in a nearby place. It was very interesting to see how the program was running and also for me to come back to a place where I had been working in the field of nutrition 10 years ago.
Preparing of the porridge and the mothers gathering for the food session with their malnourished children

Cooking of the porridge and the mothers singing and dancing

**Result**

The big overall theme that came out from this thesis was: "**Witnessing children’s improvements and behavior change**". Four categories were emerged namely: Behavior change and be conscious about previous harmful behavior, Seeing benefits in children gives enthusiasm to continue, Transfers of skills through empowerment and communication and Influencing factors for the program to sustain.

Here are some snapshots of the result:

- The mothers state they have changed their behavior regarding improved feeding, hygiene, health seeking and caring practices.
The mothers tell they have been conscious about previous harmful behavior and have got an increased knowledge about appropriate feeding practices after attending the program.

Both the mothers and the community health workers state that the motivation to continue with the practices after attending the program is the children’s improvements.

The mothers tell they are sharing their knowledge with neighbors and helping each other with food items.

The community health workers say they face less sickness and less death in the community since the PD program started.

Timesaving and less workload for the community health workers.

There is an overall good acceptance about the program from both mothers and community health workers.

There is a big will to continue with the practices for the future.

Here come some quotes from the mothers and community health workers:

“We didn’t know that it (malnutrition) caused by shortage of food and lack of bodybuilding foods. Due to that reason that our infants were affected while we had food in our backyard...as they told we fed our infants and we observed that our children are becoming normal” (mother in focus group discussion 4)

“The benefit is for me. Having received the skills you taught us, I am going to use it for my future life whenever I give birth to a child as well I will tell to my nearby neighbor. I will teach others by showing them the benefits that we got. We are economically poor so that we share food (to mean available food in any of the households). If milk is not available in my home, it might be available in my neighbor’s home” (mother in focus group discussion 4)

“Mothers were motivated because they understood that the PD health programs take out their children from harm. The knowledge acquired from the program let them to implement at their home. They also told the benefits of the PD program to those not involved in the program” (community health worker)

The PD approach for improving children’s nutritional status seems to be very successful. Through the children’s improvements the participants are motivated to continue with the new practices. Through the awareness and by helping each other and sharing knowledge the mothers feel confident to raise their children healthy by local resources. Findings from the study may help for a better understanding of the experience of the PD approach for improving children’s nutritional status in the Ethiopian context.

The thesis can be obtained from the author.

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