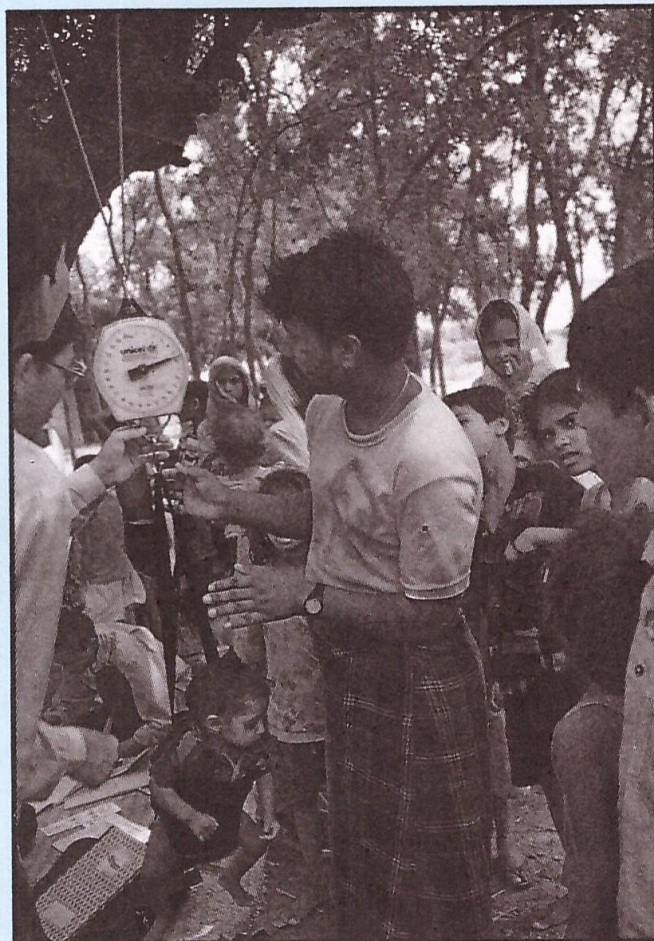


# CHILD CENTERED EDUCATION APPROACHES



## POSITIVE DEVIANCE

As an  
INTRODUCTION

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## **Introduction:**

Early childhood care and development is prerequisite for healthy physical and mental growth in later years of life. Children who lack proper nutrition health and hygiene care during initial years are likely to develop various infections and deficiencies causing diseases leading to retarded physical and mental growth. In Nepal, high infant and child morbidity is mainly due to malnourishment and under nourishment caused by illiteracy, ignorance and lack of health facilities especially in rural areas. Role of parents especially mothers are crucial child rearing and they are considered responsible for proper childcare. But due to women's duties and over load of work at home and outside, mothers are neglecting their children. Besides, knowledge and skills, women are acquire or develop through education are also lacking. The women who are always engaged in household and field works also have very poor health. They are not aware of their own health situation and nutrition and therefore do not know the nutritional needs of their young children. Most of women lack proper knowledge about child care, feeding and health practices.

## **What is Positive Deviance?**

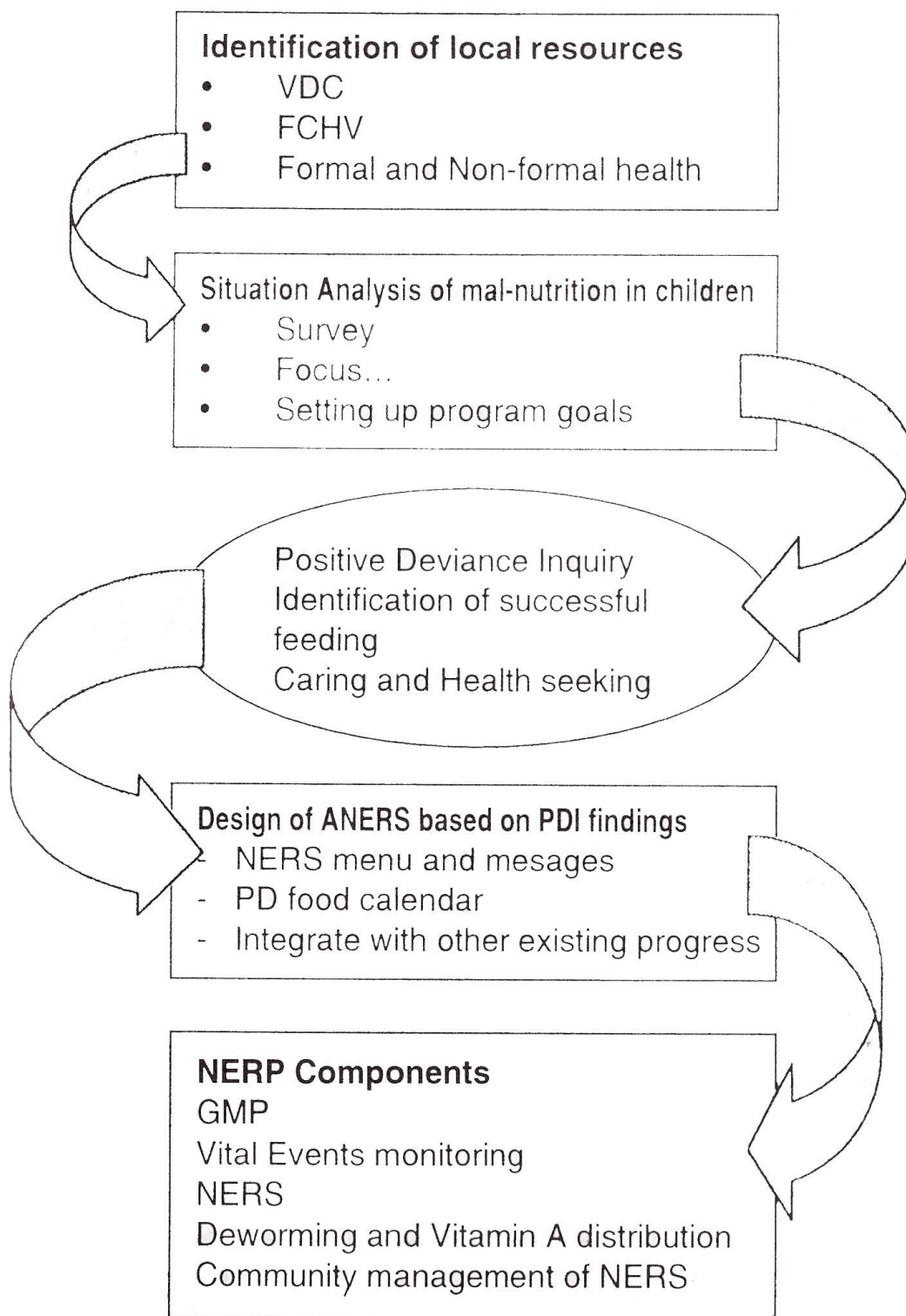
The term **positive deviance** in terms of nutrition is used to describe a performance relating to well health, growth and development and positive childcare practice of certain children in comparison to performance of other children in the community and family. It is seen as a form of social, behavioural, and psychological adaptability to nutritional stress. In the study, positive deviance refers to a few adequately nourished children when most children living in the same socio-economic status are not. Before the study, it is necessary to find out weight of all children of that community for measuring the status of children.

## ***What are our objectives?***

- To uplift and sustain the health status of malnourished children through mobilising the local resources.
- To improve the malnourished child health situation within the project area by implementing Positive Deviance approach.
- To make the community members aware, particularly the mothers to use the locally available nutritious food.
- To develop the community ownership to help themselves run positive deviance programme in their area for their children.
- To rehabilitate identified malnourished children into the community.
- To enable the families to sustain the rehabilitation of those children at home on their own.
- To prevent malnutrition in young children in the community.
- To show the importance of local resources.



## Conceptual Framework



### ***The target group:***

The target beneficiaries of the programme are not only children but also mothers. Even though, our target group is children under five because they are most vulnerable group, children under five years may never reach their full physical and intellectual potential if they are malnourished. 90% of brain will develop under the age of six. The entry point of the programme is nutritionally at risk children (with second and third degree malnourishment) from different communities. Through the programme will mobilise the entire community around to rehabilitate the children at risk, the strength and solution to the community problem are sustainable only if the community's needs are identified by themselves and are directly addressed using the local community resources.

### ***Strategy:***

Work with the group/community, draw a resources from the community, empower the community members through the trainings, discussions, meetings and motivation. Not for the community but with the community where community provides:

- Planning
- Controlling
- Guidance

And organization provides:

- Training/technical support
- Co-ordination
- Necessary materials

### ***Methodology:***

We need to be very clear to start the programme. Community has to accept it, without acceptance of the program if we start NERP centres for rehabilitation the programme will be dependent. Therefore, it must be very clear to internalise the situation.

### *The first step household registration*

A household registration is an activity performed to obtain the number of people in the community and the number of people in each household. We carry out the household registration to make sure no one is left out of the program. We must know the name, sex, and age of each person in each household so that we can identify these groups. We need to have regular updates of household information in order to ensure that this information remains relevant. Changes must be made when people move into household, out of the household, babies born in a household, family member die and other changes.

A facilitator should be responsible for 50-60 households in hilly area and 80 in terai, in order for them to be able not only to do their job well but also pay attention to their assigned families during the entire process of the programme implementation.

We need to provide the training on household registration for health volunteers, facilitators, community leaders and CBOs members. Later, they can continue the programme without hesitation. After completion of the household registration, committee members, leaders, CBOs members, volunteers should meet and calculate the different information such as number of households, number of children, number of people etc.

### *The second step is identification of malnourished and well-nourished child*

Identification of malnourished well-nourished child through the growth monitoring programme. The growth monitoring programme involves weighing children once every two months in order to monitor the growth of all the children under five years old in community. In normal development, a young child must put on weight, as he or she grows older.



Through the GMP if children are malnourished we can give immediate attention to the child. Health Volunteers and Facilitator are responsible for the growth monitoring programme. They can take support from community leaders as well as health centre. Since Ministry of Health has a policy to weigh the children eight times a year, we should co-ordinate with the District Health section.



The objective of growth monitoring of the child is to identify the children who are severely malnourished for rehabilitation. During the weighing, the Children Facilitator should encourage the mothers who have healthy children to maintain their children's good health. In Nepal, malnutrition is a common problem among the children. Therefore, we need a program to identify malnourished children in our community in order to help them. Once a child has been identified as suffering from malnutrition, Volunteers, Facilitators, mothers and family members can help rehabilitate the child. We need to provide training on growth monitoring for those who will be part of the programme. After completion of the growth monitoring programme the group should discuss with the community

and show them the data of the children as to how many children are malnourished and how it effects on child development and also focus on how we can solve these problems through positive deviant family. Because in general it is found that peoples perception about malnourishment is due to poverty, which is not true. Through the weighing of the children, we will have information/data that some very poor family have well-nourished child and some well-off family have malnourished child.

*The third steps Positive Deviance study:*

From GMP results it gives the children's situation that there are many families with malnourished children in our community. We also know however, that there are some very poor families who have well-nourished children. Therefore, we need to visit some poor families with well-nourished children at home to find out about the food they use, feeding practices, their child rearing techniques and their health care practices. Whatever we learn from these families we need to practice it to rehabilitate the malnourished children in the community to help them become healthy and strong. That means, we learn how to solve the problems using the knowledge and resource of the people from the community. We should take example from the poor family who have well-nourished children, show to other well off and other families who have malnourished children. Before going to the study, team should be familiar about how to do a positive deviant study. Therefore, we need to provide trainings to health volunteers, facilitators, CBOs members, community leaders and other concerned persons on positive deviance study training.



During the study, we need to ask the questions about good food, good care and good health. While during the study we should also observe the feeding practices, personal hygiene and sanitation (toilet, cooking utensils, kitchen garden, water, and courtyard) and conduct interaction between children and caretaker or family members including parents.

### **"GOOD FOOD"**

- How old is your child?
- Are you still breast-feeding?
- What are you feeding your child now?
- What food do you give to your child?
- How old was your child when you stopped breast-feeding?
- What do you feed your child each day?
- When do you feed rice?
- If child does not want to eat, what do you do?
- Yesterday night what type of food did you give?
- Where do you get foods?
- How many meals a day do you feed?
- Do you give snacks every day?
- What did you feed your child this morning?
- Does your child eat the same food you prepare for family, if no, what kind of food you prepare for your children?

### **"GOOD CHILD CARE"**

- Who is taking care of the child every day?
- Who feeds the child every day?
- How do you care the child?
- Before going to work, do you give any advice to your caretaker?
- If yes, what advice do you give?
- How many hours do you spend with your child every day?
- Do you take your child with you while you are going to work/out?

## **"GOOD HEALTH CARE"**

- How many times this child has been sick in the last six months?
- What were the problems?
- What do you do when the child is sick?
- What do you feed when he/she is sick?
- What treatment do you give her/him?
- In what situation do you take your child to health post?
- Has he/she been fully immunised?
- What do you do when your child has flu, fever or cold?
- What are the most important factors you think which make your child healthy?

### **Dirrhoea:**

- Has your child suffered from diarrhoea in last two weeks?
- How did you care?
- Do you have ORT packet, if yes, may I have look?
- When your child suffers from diarrhoea, what kind of food/soups do you provide and why?

### **ARI:**

- Since the last weeks, did your child have ARI problem?
- What treatment did you provide?

### **Others:**

- Do you give Vitamin "A"? How many times?
- Do you give deworming, if yes whom do you consult and how many times?

### **Safe Motherhood:**

- How many times did you undergo check up while you were pregnant and with whom?
- What kind of food do you prefer?
- How many times did you get immunized?



- What are the things that you really care?
- Did you take any medicine, if so to whom did you consult?
- During your delivery time, who helped you? Do you use delivery kit?
- What did you do your collustrom? Did you throw away or fed to your child?
- What kind of food did you eat after the delivery?
- Do you use family planning?

**The following question may be asked to the mother-in-law.**

- When do you start to give supplementary food to your child?
- What type of food will be good for one year and two years old children?
- What types of food are bad for children and why?
- When your grand child got sick, what type of food do you provide?

**Father:**

- Do you take care of your child?
- What did you do when your child got sick?
- Do you feed the child?
- During your wife's pregnancy and delivery period, how did you help her?

After completion of the positive deviant study volunteers, facilitators, CBOs members, leaders, committee members need to discuss about findings and develop a seasonal food calendar. From that calendar we will know what kind of food is available in the community which will make it easy to develop menu later.

### ***Committee Formation:***

Positive Deviance programmes is based on community even though; there is a need of helper committee whose main responsibility is managerial as well as supervisory role. In the community leaders, health volunteers, mothers should be involved and need to take initiative for GMP programme, and NERP centres.

### ***Nutrition Education Rehabilitation Programme (NERP)***

A NERP centre is a place set up in each hamlet to rehabilitate severely and very severely malnourished children. A NERP is a place to give mothers and family members knowledge in new ways to feed and care for their children at home so that they are able to practice at home. This centre is organised each month by volunteer in each village. Each NERP center should have maximum of 20 children. One or two volunteer will be responsible for one NERP center.



The child we need to support is severely malnourished child; one of the best ways to help the malnourished child is enrolling them in NERP centres where children will get



additional food as a medicine. When people become sick we usually take medicine but after getting well we stop to take medicine. Similarly, as children start getting food as medicine and after rehabilitation of the child, instead of stopping to provide the foods we should encourage to continue the all good food, good care and good health habit.

A good way for families to Practice the knowledge learned from the NERP is through daily food contribution. By making a food contribution, the mothers and the families will form a daily habit on giving these foods to their children at home and their children will grow healthy and strong. Together we need to work for rehabilitation the malnourished children. Rehabilitation means each child to gain enough weight to move from second or third degree to well nourish. The most important food for rehabilitating malnourished children is contributed by the mothers and family members each day.

The good food based on the positive deviance families that people/family could contribute are: vegetables, beans, fruits, wild foods and fruits, crab, fish, bamboo shoot, rice, maize, millet, potato, sweet potato etc. and from the organisation to contribute egg, butter (ghee), iodine salt. The mother and families are ready and willing to share their responsibilities in helping their children grow healthy and strong.

Before conducting the NERP centers there is need to provide training about NERP and how we can conduct the NERP where health volunteers, facilitators, CBOs members, leaders can participate the training. After the training, the team should discuss about NERP concerning people and mothers and also develop seasonal food calendar and menus for the NERP. The menu should be based on positive deviant study and local available resources, which will be handed at NERP centers but center should be made by the community members.

NERP is conducted for 15 days. On the last days of NERP, children will be weighed and whichever children will have enough weight as per their age, those will be the graduate and would be encouraged to continue the same habit and also NERP will be closed for 15 days during the off days, Facilitator/volunteers will have home visits and have a discussion with mother on positive deviance. On the 31st day again growth-monitoring programme should take place where all the children below five years should participate in the growth-monitoring programme. From the next day NERP should start program for malnourished children accordingly. NERP will continue for one year and during this period if children does not gain enough weight then she/he should be taken hospital/health centers for the treatment.

*In the NERP there are two main components, they are:*

- \* Nutritious food preparation and provide food for children.
- \* NERP Messages: NERP messages are developed by the volunteers/facilitators during the training. These messages should be based on deviant child, deviant food and deviant mother and deviant family. And these messages are based on preventive health, nutrition, and child caring practices (including breast-feeding) and personal hygiene. Facilitators provide messages through drama, song, games, events and discussion. For the NERP messages facilitators need subject-wise posters, games, materials and clear messages.

### **What are the NERP messages ?**

- Personal hygiene.
- Breast feeding
- Diarrhoea
- Immunisation



- How to make good meal
- How to take care child ?
- Safe motherhood

**Process Monitoring Tool and Indicators/Expected Results.**

- Household registration of the community.
- Growths monitoring of the child 0-5 years age identify the malnourished and wellnourished child.
- Identify the positive deviant child/family
- Community discussion– make them aware about the program.
- Positive Deviance training – trained facilitator, volunteers, CBOs members, committee members, and leaders.
- Conduct NERP centre for 14 days.
- Growth of the child from the center on the 15 day.
- Closed the NERP for 15 days – home visit by the facilitator/volunteer.
- Growths of the child from the same community on the 31st day identify the malnourished and well-nourished children.
- On the day 32 again conduct NERP for the children who were malnourished.
- Accordingly, continue the NERP for one year.
- From the second year monitor the growth the child every second month and home visit.

**During the home visits volunteers/facilitators need to discuss on following things.**

- Frequency of food/breast feeding has been increased or not, if not, why ? If yes, how many ?
- Does mother and children/other family members use to wash hands before preparing the food and before eating the meal ?

- Does mother/grand mother keep in mind about nutrition or which food gives what during preparing the food ? If yes could you give the name of food prepared today ?
- Do mothers spend more time with their children and do they talk with their children including father ?
- When children get sick, do they take the child to the health posts or local healers/dhami and jhankris ?

These are some information about positive deviance programme, which are sometimes need to be changed as per the situation. But Positive Deviance Programme should be based on community and without acceptance of knowing the programme by the community we should not start the positive deviance programme.

