POSITIVE DEVIANCE: AN INNOVATIVE APPROACH TO RESEARCHING BREASTFEEDING DISPARITIES IN AFRICAN-AMERICAN WOMEN IN THE UNITED STATES

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Overview

- Breastfeeding in African-American (AA) Women
- Positive Deviance (PD)
  - Methodology
  - Breastfeeding research examples
- “Breastfeeding experiences of African-American Women in the WIC program: A Positive Deviance Inquiry”
- Conclusion

Did you know the Positive Deviance Initiative is located at Tufts University here in Boston? [www.positivedeviance.org](http://www.positivedeviance.org)

Gaps in the Literature

- Majority of the research is quantitative
- Few studies examine actual breastfeeding experiences of AA women
- Very few studies examine characteristics of breastfeeding AA women
- Qualitative methods useful for examining individual experiences

What enables some members of the community to find better solutions to pervasive problems than their neighbors who have access to the same resources?
Positive Deviance

According to behavioral theory:
- Behavior that deviates from the norm to produce favorable outcomes (Heckert, 1997)

According to research methods:
- Participatory approach to identify solutions to community problems within the community

PD Methodology

Steps of the Positive Deviance Approach
1. Define the problem, perceived causes, and community norms
2. Identify individuals in the community who already exhibit the desired behavior
3. Discover the unique practices/behaviors that enable the Positive Deviants to find better solutions to the problem than others in the community (Positive Deviance Inquiry)
4. Design and implement interventions that enable others in the community to access and practice new behaviors
5. Determine the effectiveness of the intervention
6. Disseminate the intervention to a wider constituency

TRADITIONAL vs. PD PROBLEM-SOLVING APPROACH

TRADITIONAL
- Flows from problem analysis towards solution
- Externally Fueled (by “experts” or internal authority)
- Top-down, Outside-in
- Deficit Based “What’s wrong here?”
- Begins with analysis of underlying causes of problem
- Solution Space limited by perceived problem parameters

POSITIVE DEVIANCE
- Flows from identification and analysis of successful solution to problem solving
- Internally Fueled (by “people like us”, same culture and resources)
- Down-up, Inside-out
- Asset Based “What’s right here?”
- Begins with analysis of demonstratedly successful SOLUTIONS
- Solution Space enlarged through discovery of actual parameters

Why PD and BF Disparities?

- Traditionally focuses on resource poor communities
  - AA women, especially low-income, less likely to breastfeed, yet some are successful
- Has been used to research BF internationally
  - Vani Sethi et al (2003): assessment of infant feeding practices in a relocated slum in Dehi, India
  - Only 1 published study on AA & BF (Ma & Magnus, 2011)
    - Recommended qualitative methods to better understand characteristics of positive deviants among breastfeeding WIC mothers

Breastfeeding experiences of AA Women in the WIC program: A Positive Deviance Inquiry

- Purpose: to explore the breastfeeding experiences of low-income African-American women using the Positive Deviance approach.
- Research Questions
  1. How did mothers form the intention to breastfeed during pregnancy?
  2. What enabled mothers to initiate and sustain breastfeeding during the first few weeks after birth?
  3. What enabled mothers to continue breastfeeding for 6 months or longer?
Data Collection

Focus Group Findings

- AA women & BF
  - Slavery & wet-nursing
  - Vulnerability
  - Pride & Body Image
  - Media
  - Cross-cultural counseling

- During pregnancy:
  - Benefits vs. duration
  - Last minute decision
  - Low knowledge

- BF initiation/first weeks
  - Pumping
  - Grandma’s guilt

- Long term BF:
  - Stay at home moms
  - Social Support
  - Advocacy & legal rights
  - Privacy vs. public

Positive Deviants

<table>
<thead>
<tr>
<th>Age</th>
<th># Child</th>
<th>Work Status</th>
<th>Avg. BF (mo.)</th>
<th>Description of Story</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Zipporah</td>
<td>28-2</td>
<td>At home</td>
<td>1.5</td>
<td>HELPP syndrome w/ 1st baby</td>
</tr>
<tr>
<td>2. Ibbie</td>
<td>23-2</td>
<td>At home</td>
<td>12</td>
<td>Post-partum depression w/ 2nd baby</td>
</tr>
<tr>
<td>3. Kandy</td>
<td>30-3</td>
<td>PT</td>
<td>10</td>
<td>Former teen mom who used fast pump</td>
</tr>
<tr>
<td>4. Mariah</td>
<td>32-1</td>
<td>At home</td>
<td>16</td>
<td>Baby w/ heart defect; single mom</td>
</tr>
<tr>
<td>5. Renatta</td>
<td>32-5</td>
<td>PT</td>
<td>9.8</td>
<td>BF difficulty w/ 5th baby; new WIC PC</td>
</tr>
<tr>
<td>6. Shanta</td>
<td>23-2</td>
<td>FT</td>
<td>10</td>
<td>Works FT at night; pumps before work</td>
</tr>
<tr>
<td>7. Amy</td>
<td>34-4</td>
<td>FT</td>
<td>9</td>
<td>Former smoker; grandma’s remedies</td>
</tr>
<tr>
<td>8. Trina</td>
<td>24-4</td>
<td>student</td>
<td>5.6</td>
<td>Has 1 y/o and is BF 6 week old baby</td>
</tr>
<tr>
<td>9. Lee</td>
<td>31-3</td>
<td>At home</td>
<td>11</td>
<td>Toddler uninterested in weaning</td>
</tr>
<tr>
<td>10. Eve</td>
<td>35-3</td>
<td>WIC PC</td>
<td>8.5</td>
<td>Former teen mom; WIC PC for 8 years</td>
</tr>
<tr>
<td>11. Kayla</td>
<td>28-5</td>
<td>WIC PC</td>
<td>8</td>
<td>Donkey baby; WIC PC for 3.5 years</td>
</tr>
</tbody>
</table>

Interview Findings

- During pregnancy:
  - Prenatal classes
  - Lack of BF family history
  - Health providers didn’t stress
  - WIC
  - Religion

- BF initiation:
  - Health complications
  - Each child is different
  - WIC PC

- First few weeks
  - Pumping & engorgement
  - Other BF moms
  - No BF in public

- Long term BF:
  - Bonding
  - Stay at home
  - Supportive husbands
  - Milk supply
  - Easy, can introduce other foods

Example of Positive Deviance

"I was like 1% of all the black people in my community that breastfed my child. We had one of the lowest breastfeeding rates for black women. It’s like 1%. I was like the only one black woman that breastfeeds in my county… When I breastfeed I do think that helped his heart because I can’t even tell that he has a heart defect. Even the doctors when he goes to his doctor for his checkups, he said he couldn’t believe the improvements that he made in a year’s time. It makes me feel great. I feel like I have really succeeded in parenting by breastfeeding."

- Mariah, mother of 1

Public Health Implications

- African-American women are breastfeeding
  - Remember historical and sociocultural complexities

- Positive Deviance:
  - Challenges how BF in AA women is addressed as a ‘problem’
  - Encourages focusing on existing community solutions & opportunities to address disparity
  - Informs design & implementation of culturally appropriate BF interventions.
Conclusion

“If we can assist some low-income black women to have successful breastfeeding experiences, they in turn can be models for a new style of infant feeding.”

(Corbett, 2000, p80)

Thank You