

Effectiveness of Social and Behavior Change Communications (SBCC) to Improve Infant and Young Child Feeding Practices in Ethiopia

BACKGROUND

Appropriate infant and young child feeding (IYCF) practices are critical for optimal child growth and development. Despite some progress, the implementation of IYCF practices is still sub-optimal in Ethiopia. A key component of a strong, synergistic approach for improving the health and nutritional wellbeing of children is the use of social and behavior change communication (SBCC) interventions.

The purpose of this review was to identify the types of SBCC approaches that are used in Ethiopia and to assess their effectiveness to improve IYCF practices.

We conducted a rapid review to synthesize local evidence and included studies that were conducted in children aged 0-23.9 months, that included a SBCC or nutrition education intervention, and that reported on IYCF outcome indicators. Seven studies met these criteria, were critically appraised, and the quality of their evidence rated. The eight core IYCF indicators recommended by the World Health Organization (WHO) were selected as outcomes.

KEY FINDINGS

- SBCC interventions were found to be effective in improving IYCF practices in Ethiopia. These interventions were more effective compared to traditional nutrition education interventions that only focus on individual behavior change.
- SBCC interventions that were the most effective used multiple platforms, segmented the audience, had multiple contact points, and were multisectoral.
- Improvements in several IYCF indicators were seen with SBCC interventions. Early initiation of breastfeeding, exclusive breastfeeding, timely introduction of complementary feeding, minimum diet diversity (MDD), minimum meal frequency (MMF), and minimum acceptable diet (MAD) all showed some improvement. A large-scale SBCC intervention study reported a differential increase of 6% in MDD in the group that received SBCC intervention compared to the control group who received standard routine nutrition services through the health system.



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CONCLUSION

SBCC interventions were effective in improving some IYCF indicators when implemented at scale. The use of multiple SBCC approaches, communication channels, and more intense exposure to interventions, showed the largest effect on IYCF practices. However, only a limited number of studies were found that reported the effect of SBCC and nutrition education interventions implemented at scale on IYCF practices in Ethiopia. Among the studies that were reviewed, there were notable differences in how IYCF indicators were assessed. Some studies did not use the WHO recommended indicators to assess IYCF practices. This reduced available data and limited the amount of information used to synthesize evidence on the eight core IYCF indicators.

RECOMMENDATIONS

- Reinforcing messages by using multiple communication channels is critical.
- SBCC interventions alone cannot lead to a large improvement in IYCF. These interventions should be coupled with other interventions to improve availability, accessibility, and affordability of food.
- Large-scale SBCC intervention implementation should be coupled with implementation science to facilitate systematic uptake of research findings and evidence-based practices into routine practice and to improve the quality and effectiveness of nutrition service delivery.

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