



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

THE PROBLEM

Appropriate infant and young child feeding (IYCF) practices are critical for optimal child growth and development¹. Despite some progress, IYCF practices are still sub-optimal in Ethiopia². 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) interventions³. To aid the design and delivery of high-impact interventions, it is important to identify SBCC approaches that work in the local context. SBCC interventions are multi-faceted by design and need to be context-specific, and evidence-based to be effective. 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.



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METHODOLOGY

We conducted a rapid review to synthesize local evidence and included studies that were conducted in children aged 0-23 months. We included quantitative studies that evaluated programs providing some form of SBCC or nutrition education intervention. Study designs considered included randomized controlled trials, cluster-randomized trials, quasi-experimental studies, and repeated cross-sectional project evaluations. The review was limited to peer-reviewed studies done in Ethiopia that were published in English. The eight core IYCF indicators recommended by the World Health Organization (WHO) were selected as outcomes. Seven studies met these criteria. These studies were critically appraised, and the quality of their evidence rated.

KEY FINDINGS

SBCC interventions were found to be effective in improving IYCF practices in Ethiopia when implemented at scale. 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. The use of multiple SBCC approaches, communication channels, and more intense exposure to interventions, showed the largest effect on IYCF practices.

Improvements in several IYCF indicators were seen with SBCC interventions. Early initiation of breastfeeding, exclusive breastfeeding, timely intro-

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2. Central Statistical Agency [Ethiopia] and ICF. Ethiopia demographic and health survey 2016. Addis Ababa, Ethiopia and Calverton, Maryland, USA: CSA and ICF; 2016.

3. Contento IR. Nutrition education: linking research, theory, and practice. *Asia Pacific journal of clinical nutrition* Jones & Bartlett Learning; 2010.

duction 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. The effect of SBCC intervention on core IYCF indicators is presented below.

Early initiation of breastfeeding: Early initiation of breastfeeding increased with both SBCC intervention and conventional interventions delivered as part of the healthcare system⁴. However, more improvement (7% increase) was seen with SBCC intervention.

Exclusive breastfeeding under six months: The pre- and post-intervention evaluation⁵ of a large-scale SBCC program implemented for 24 months, showed a significant increase in exclusive breastfeeding by 9%.

Continued breastfeeding at one year: Interventions did not show an impact on continued breastfeeding.

Introduction of solid, semi-solid or soft foods: Timely introduction of complementary foods increased significantly in those who received SBCC interventions⁵.

Consumption of Iron-rich or Iron-fortified Foods: SBCC interventions did not significantly improve consumption of iron-rich or iron-fortified foods.

Minimum Diet Diversity (MDD): SBCC interventions significantly improved MDD by 6%⁴. MDD also increased by 3% in a pre- and post-SBCC intervention evaluation⁵. A study that provided nutrition education also reported an improvement in MDD⁵.

FURTHER INFORMATION: The extended brief and the manuscript from which information for this brief was drawn from are available on the NIPN website (<http://www.nipn.ephi.gov.et/>).

Minimum Meal Frequency (MMF): MMF improved with the SBCC intervention group (a 6% increase)⁴. A large improvement in MMF was seen in a pre- and post-SBCC intervention evaluation (26% increase)⁵. A large-scale community nutrition education program also improved meal frequency⁷.

Minimum Acceptable Diet (MAD): MAD marginally improves with SBCC intervention (5% differential increase)⁴. MAD also improved (by 3%) with conventional interventions delivered as part of the healthcare system⁵.

RECOMMENDATIONS FOR DESIGN AND IMPLEMENTATION OF SBCC INTERVENTIONS

- 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 the availability, accessibility, and affordability of food.
- Large-scale SBCC intervention implementation should be coupled with implementation science to facilitate the 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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