

Social and Behaviour Change Communication (SBCC) for Community Health and Nutrition: A Framework for Sustainable Behaviour Transformation in Public Health Programs

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ABSTRACT: Improving public health outcomes requires more than the delivery of services; it demands sustainable behavioural transformation within individuals, families, and communities. Social and Behaviour Change Communication (SBCC) has emerged as a critical strategy for promoting healthy practices, improving health service utilization, and strengthening community engagement. This paper examines the theoretical foundations, implementation strategies, and practical applications of SBCC in community health and nutrition programs. It synthesizes concepts such as the ecological model, behavioural determinants, the P-Process framework for communication planning, and behavioural economics approaches including Nudge theory. Drawing on community health experiences and case examples from maternal health, child nutrition, tuberculosis treatment adherence, adolescent health, and hygiene promotion, the

paper highlights the importance of culturally sensitive communication, multi-level interventions, and participatory community engagement. The findings suggest that SBCC strategies that integrate interpersonal communication, community mobilization, and policy-level support can significantly improve health behaviours and outcomes. Strengthening frontline worker capacity and leveraging behavioural insights can ensure sustainable and scalable public health interventions. The paper concludes with recommendations for integrating SBCC within national health systems and community-based health programs.

Keywords: *Social Behaviour Change Communication, Public Health Communication, Community Nutrition, Behaviour Change, Ecological Model, Nudge Theory.*

1. Introduction

Health interventions often focus on service delivery, infrastructure development, and medical treatments. However, many public health challenges persist because of behavioural and social determinants rather than purely biomedical causes. Practices related to nutrition, hygiene, maternal care, immunization, and disease treatment adherence are strongly influenced by beliefs, cultural norms, knowledge levels, and social environments.

Social and Behaviour Change Communication (SBCC) is a strategic approach designed to influence individual behaviours and social norms through systematic communication and community engagement. Unlike traditional information dissemination strategies, SBCC focuses on enabling sustainable behaviour change through dialogue, motivation, and participation.

SBCC has become a cornerstone of global public health strategies, particularly in low- and middle-income countries where social determinants strongly influence health outcomes. Programs targeting maternal and child health, nutrition, malaria control, tuberculosis treatment adherence, and sanitation have increasingly incorporated SBCC as a core component.

The concept of SBCC goes beyond simple awareness campaigns. It involves understanding behavioural determinants, engaging communities, addressing cultural barriers, and creating supportive environments that enable people to adopt healthier practices. Effective SBCC strategies combine interpersonal communication, mass media campaigns, community mobilization, and policy advocacy.

The need for SBCC is particularly evident in community nutrition programs. Malnutrition, anemia, and poor infant feeding practices often persist even where food resources and health services are available. Behavioural factors such as misconceptions, social pressures, and lack of motivation often prevent individuals from adopting recommended practices. Therefore, addressing these behavioural determinants through structured communication strategies is essential for sustainable health improvement.

This paper aims to explore the conceptual foundations and operational strategies of SBCC, focusing on its role in community health and nutrition programs. It examines key theoretical frameworks such as the ecological model, the P-Process communication planning framework, and behavioural economics approaches such as Nudge theory. The paper also highlights practical applications of SBCC through community-level case examples and provides recommendations for strengthening SBCC within public health systems.

2. Conceptual Framework of SBCC

SBCC can be defined as a systematic process that uses communication to influence behaviours and social norms in order to improve health and social outcomes. It integrates elements from communication theory, behavioural science, social psychology, and public health.

The central premise of SBCC is that behaviour change is not achieved merely by providing information. Behaviour is influenced by multiple factors including beliefs, attitudes, social norms, access to services, and environmental conditions. Therefore, communication strategies must address these determinants holistically.

SBCC differs from earlier communication approaches such as Information, Education, and Communication (IEC) and Behaviour Change Communication (BCC). IEC primarily focuses on disseminating information and raising awareness. BCC goes a step further by targeting individual behaviour change through counselling and educational interventions. SBCC expands the scope further by addressing social and structural determinants of behaviour and engaging communities and institutions in the change process.

SBCC emphasizes dialogue rather than one-way communication. It promotes participatory approaches where communities are involved in identifying problems, developing solutions, and implementing interventions. This participatory model enhances ownership and sustainability of behaviour change.

Another defining feature of SBCC is its multi-level approach. Behaviour change is influenced not only by individual knowledge but also by interpersonal relationships, community norms, institutional practices, and policy environments. SBCC interventions therefore operate across multiple levels simultaneously.

Frontline health workers such as community health volunteers, Anganwadi workers, and ASHA workers play a crucial role in SBCC implementation. They serve as trusted sources of information and act as bridges between health systems and communities. Their interpersonal communication skills are critical for addressing misconceptions, motivating families, and promoting positive health behaviours.

3. Behavioural Determinants in Community Health

Understanding behavioural determinants is essential for designing effective SBCC strategies. Behaviour is influenced by a complex interaction of psychological, social, cultural, and environmental factors.

One of the most common determinants is lack of knowledge. Many individuals are unaware of recommended health practices such as exclusive breastfeeding, balanced nutrition, or preventive health behaviours. However, knowledge alone does not guarantee behaviour change.

Misconceptions and cultural beliefs also play a significant role. For example, myths such as avoiding food during illness or believing that iron supplements are harmful can prevent individuals from adopting healthy practices. Addressing such misconceptions requires culturally sensitive communication strategies and community engagement.

Motivation is another important factor. Even when individuals are aware of recommended practices, they may lack the motivation to change long-standing habits. Behaviour change often requires gradual steps, continuous encouragement, and reinforcement.

Social and family pressures can also influence behaviour. Decisions related to maternal nutrition, infant feeding, or healthcare seeking are often influenced by family members such as husbands, mothers-in-law, and community elders. SBCC strategies therefore need to involve these stakeholders.

Self-efficacy or confidence in one's ability to adopt new behaviours also affects behaviour change. Individuals who believe they cannot successfully implement recommended practices may avoid attempting change. Encouraging small successes and providing supportive feedback can help build confidence.

Access to services is another determinant. Behaviour change is difficult when health services, nutritious foods, or sanitation facilities are unavailable. Therefore, SBCC must be integrated with service delivery improvements to ensure that recommended behaviours are feasible.

4. Ecological Model of Behaviour Change

The ecological model provides a comprehensive framework for understanding how multiple levels of influence affect behaviour. According to this model, behaviour is shaped by interactions between individual, interpersonal, organizational, community, and policy factors.

At the individual level, factors such as knowledge, attitudes, skills, and beliefs influence behaviour. Educational interventions and counselling can address these determinants.

The interpersonal level involves relationships with family members, peers, and social networks. Family support, peer influence, and social expectations can significantly affect health behaviours.

The organizational level includes institutions such as schools, healthcare facilities, and community organizations. These institutions can provide supportive environments for behaviour change through policies, services, and programs.

The community level involves cultural norms, traditions, and social structures. Community leaders, religious institutions, and social groups can influence community-wide behaviours.

Finally, the policy level includes laws, policies, and government programs that shape the broader environment. National health policies, nutrition programs, and social welfare initiatives can facilitate behaviour change at a population level.

Effective SBCC strategies address all these levels simultaneously. For example, improving child nutrition may require educating mothers, engaging family members, strengthening Anganwadi services, mobilizing community support, and ensuring government program implementation.

5. The P-Process Framework for SBCC Planning

Strategic communication planning is essential for effective SBCC implementation. The P-Process framework provides a structured approach for designing and implementing communication interventions.

The first step is analysis or inquiry. This stage involves identifying the health problem, understanding behavioural determinants, and defining target audiences. Data from surveys, community consultations, and research studies are used to inform program design.

The second step is strategic design. Communication objectives are defined, key messages are developed, and appropriate communication channels are selected. Strategies are tailored to the specific needs and contexts of target audiences.

The third step involves development and testing of communication materials. Educational materials such as posters, flipbooks, videos, and counselling tools are developed and tested with target audiences to ensure clarity and cultural appropriateness.

The fourth step is implementation and monitoring. Communication activities are conducted through community meetings, counselling sessions, media campaigns, and outreach programs. Monitoring indicators are used to track progress and ensure program quality.

The final step is evaluation and replanning. Program outcomes are assessed to determine whether behaviour change has occurred. Lessons learned are used to refine strategies and improve future interventions.

6. Behavioural Economics and Nudge Theory

Recent advances in behavioural economics have provided new insights into behaviour change strategies. Nudge theory suggests that small changes in the environment can influence decision-making without restricting individual freedom.

A nudge is a subtle intervention that encourages individuals to make healthier choices by modifying the context in which decisions are made. For example, placing nutritious foods at eye level in cafeterias can encourage healthier eating.

Nudge strategies include default options, reminders, social norm messages, and visual cues. These approaches make desirable behaviours easier, more visible, and more socially acceptable.

In public health programs, nudges can be used to encourage behaviours such as handwashing, vaccination, medication adherence, and healthy dietary choices. Because nudges are low-cost and non-coercive, they are particularly useful in resource-limited settings.

7. Applications of SBCC in Public Health

SBCC has been successfully applied across various health domains.

In maternal health programs, SBCC interventions encourage institutional deliveries and antenatal care. Community meetings, counselling sessions, and awareness campaigns can address misconceptions and promote safe childbirth practices.

In child nutrition programs, SBCC strategies promote exclusive breastfeeding, complementary feeding, and dietary diversity. Cooking demonstrations, mother support groups, and counselling sessions help mothers adopt healthy feeding practices.

In tuberculosis control programs, SBCC interventions improve treatment adherence by educating patients and families about the importance of completing medication courses.

Adolescent health programs use SBCC to promote menstrual hygiene, reproductive health awareness, and healthy lifestyles.

Hygiene campaigns use SBCC to promote handwashing, sanitation, and safe drinking water practices.

These examples demonstrate the versatility and effectiveness of SBCC in addressing diverse public health challenges.

8. Role of Frontline Workers in SBCC

Frontline workers such as Anganwadi workers, ASHA workers, and community health volunteers play a critical role in SBCC implementation. They interact directly with community members and provide personalized counselling and guidance.

Their responsibilities include providing accurate health information, addressing misconceptions, motivating families to adopt healthy practices, and facilitating community discussions.

Frontline workers also help link communities with health services and government programs. Their ability to build trust and maintain regular contact with community members makes them essential agents of behaviour change.

9. Challenges in SBCC Implementation

Despite its potential, SBCC implementation faces several challenges. Measuring behaviour change outcomes can be difficult because behavioural changes often occur gradually and are influenced by multiple factors.

Limited financial and human resources can also constrain SBCC programs. Sustained communication efforts require continuous training, monitoring, and resource allocation.

Cultural diversity and language barriers can make it difficult to design universally effective messages. Messages must be tailored to local contexts and cultural norms.

Misinformation and rumours spread through social media can undermine public health communication efforts. Addressing misinformation requires proactive communication strategies and community engagement.

10. Conclusion

Social and Behaviour Change Communication has emerged as a powerful strategy for improving public health outcomes. By addressing behavioural determinants and engaging communities in dialogue, SBCC promotes sustainable health practices and strengthens health systems.

Integrating SBCC within national health programs can enhance the effectiveness of interventions related to maternal health, nutrition, disease prevention, and sanitation. Multi-level approaches based on ecological models and behavioural insights can ensure long-term impact.

Strengthening the capacity of frontline workers, promoting community participation, and leveraging behavioural economics strategies such as nudges can further enhance SBCC effectiveness.

Future public health programs should prioritize SBCC as a core component of health promotion strategies. By combining evidence-based communication approaches with community empowerment, SBCC can contribute significantly to achieving sustainable health and development goals.

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