Theories of Rehabilitation Promotion, Disease & Disability Prevention

UNIT 1

Introduction

Prevention is better than cure, it is a universal statement which has stated by the scientists. Most of disability and non-communicable diseases which lead to disability. Most most of them is possible to prevent by maintaining discipline life style, proper food habit and adequate physical activities. Proper rehabilitation promotional activities can play vital role to prevent different disease and disabilities. So its proper application is important.

Time needed to finish this unit	Approximately 3 weeks

Lessons of this unit

Lesson 1: Definition of public health, Rehabilitation promotion
Lesson 2: Strategies of Rehabilitation promotion and disease and/or disability prevention
Lesson 3: Demonstrate and application of health believe model in prevention of disability
Lesson 4: Social learning theory

Lesson 1: Definition of public health, health or rehabilitation promotion

Learning Objectives

After completion of this lesson learners will be able to

- understand public health and health promotion.
- acquire knowledge about current practice of public health and rehabilitation promotion.

Keywords	Public health, health and rehabilitation promotion

Subject-matter

1.1.1. Background of Public Health

Public health plays an important role in disease prevention efforts both in the developing world and in developed countries, through local health systems and non-governmental organizations. The World Health Organization (WHO) is the international agency that coordinates and acts on global public health issues. Most countries have their own government public health agencies, sometimes known as ministries of health, to respond to domestic health issues. For example, in the United States, the front lines of public health initiatives are state and local health departments. The United States Public Health Service (PHS), led by the Surgeon General of the United States, and the Centers for Disease Control and Prevention, headquartered in Atlanta, are involved with several international health activities, in addition to their national duties. In Canada, the Public Health Agency of Canada is the national agency responsible for public health, emergency preparedness and response, and infectious and chronic disease control and prevention. The Public health system in India is managed by the Ministry of Health & Family Welfare of the government of India with state-owned health care facilities.

1.1.2. Public Health and Modern Spectrum

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighbourhood, or as big as an entire country or region of the world.

Public health professionals try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research – in contrast to clinical professionals like doctors and nurses, who focus primarily on treating individuals after they become sick or injured. Public health also works to limit health disparities. A large part of public health is promoting healthcare equity, quality and accessibility.

Modern public health practice requires multidisciplinary teams of public health workers and professionals including the following: physicians specializing in public health, community medicine, or infectious disease; Physiotherapist, occupational Therapist, Speech Therapist, psychologists; epidemiologists; biostatisticians; medical assistants or Assistant Medical Officers; public health nurses; midwives; medical microbiologists; environmental health officers or public health inspectors; pharmacists; dentists; dietitians and nutritionists; veterinarians; public health engineers; public health lawyers; sociologists; community development workers; communications experts; bioethicists; and others.

There is a great disparity in access to health care and public health initiatives between developed nations and developing nations. In the developing world, public health infrastructures are still forming.

1.1.3. Current Practice of Public Health

Most governments recognize the importance of public health programs in reducing the incidence of disease, disability, and the effects of aging and other physical and mental health conditions, although public health generally receives significantly less government funding compared with medicine.

The World Health Organization (WHO) identifies core functions of public health programs including

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping a research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Monitoring the health situation and assessing health trends.

In particular, public health surveillance programs can

- Serve as an early warning system for impending public health emergencies;
- Document the impact of an intervention, or track progress towards specified goals; and

- Monitor and clarify the epidemiology of health problems, allow priorities to be set, and inform health policy and strategies.
- Diagnose, investigate, and monitor health problems and health hazards of the community.

Applications in health care

Seeking to improve population health through the implementation of specific population-level interventions, public health contributes to medical care by identifying and assessing population needs for health care services, including:

- Assessing current services and evaluating whether they are meeting the objectives of the health care system;
- Ascertaining requirements as expressed by health professionals, the public and other stakeholders;
- Identifying the most appropriate interventions;
- Considering the effect on resources for proposed interventions and assessing their cost-effectiveness;
- Supporting decision making in health care and planning health services including any necessary changes;
- Informing, educating, and empowering people about health issues.

1.1.4. Purposes of Public Health

Organized according to the "three fundamental purposes of public health" — assessment, policy development, and assurance — the essential services include the following:

Assessment:

- Monitor and evaluate health status to identify community health problems;
- Diagnose and investigate health problems and health hazards in the community;

Policy development:

- Inform, educate, and empower people about health issues;
- Mobilize community partnerships to identify and solve health problems;
- Develop policies and plans that support individual and community health efforts;

Assurance:

- Enforce laws and regulations that protect and ensure public health and safety;
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable;
- Assure a competent public and personal health care workforce;

- Evaluate effectiveness, accessibility, and quality of personal and population-based health services;
- Research for new insights and innovative solutions to health problems.

The essential Public Health Services

- Monitor and evaluate health status to identify community health problems;
- Diagnose and investigate health problems and health hazards in the community;
- Inform, educate, and empower people about health issues;
- Mobilize community partnerships to identify and solve health problems;
- Develop policies and plans that support individual and community health efforts;
- Enforce laws and regulations that protect and ensure public health and safety;
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable;
- Assure a competent public and personal health care workforce;
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services;
- Research for new insights and innovative solutions to health problems.

1.1.5. Background of Health Promotion

The "first and best known" definition of health promotion, promulgated by the *American Journal of Health Promotion* since at least year 1986, is "the science and art of helping people change their lifestyle to move toward a state of optimal health". This definition was derived from the 1974 Lalonde report from the Government of Canada which contained a health promotion strategy "aimed at informing, influencing and assisting both individuals and organizations so that they will accept more responsibility and be more active in matters affecting mental and physical health". Another predecessor of the definition was the 1979 *Healthy People* report of the Surgeon General of the United States, which noted that health promotion "seeks the development of community and individual measures which can help... [People] to develop lifestyles that can maintain and enhance the state of well-being".

1.1.6. Definition of Health Promotion

Health promotion is "the process of enabling people to increase control over their health and its determinants, and thereby improve their health", according to the World Health Organization's (WHO) 2005 Bangkok Charter for Health Promotion in a Globalized World.

"Health Promotion is the art and science of helping people discover the synergies between their core passions and optimal health, enhancing their motivation to strive for optimal health, and supporting them in changing their lifestyle to move toward a state of optimal health. Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice."

1.1.7. Health for All

Health for All is a programming goal of the World Health Organization (WHO), which envisions securing the health and wellbeing of people around the world that has been popularized since the 1970s. It is the basis for the World Health Organization's primary health care strategy to promote health, human dignity, and enhanced quality of life.

Health for All means that health is to be brought within reach of everyone in a given country. And by "health" is meant a personal state of wellbeing, not just the availability of health services – a state of health that enables a person to lead a socially and economically productive life.

- Health For All means that health should be regarded as an objective of economic development and not merely as one of the means of attaining it.
- Health for All demands, ultimately, literacy for all. Until this becomes reality it demands at least the beginning of an understanding of what health means for every individual.
- Health for All depends on continued progress in medical care and public health. The health services must be accessible to all through primary health care, in which basic medical help is available in every village, backed up by referral services to more specialised care. Immunisation must similarly achieve universal coverage.
- Health for All is thus a holistic concept calling for efforts in agriculture, industry, education, housing, and communications, just as much as in medicine and public health. Medical care alone cannot bring health to in hovels. Health for such people requires a whole new way of life and fresh opportunities to provide themselves with a higher standard of living.

Learners Activities	Make an example of health promotion activities

Summery

Health and rehabilitation education and promotion leads to decrease the rate of disability occurrence which is usually preventable, especially non-communicable disease and disabilities due to pregnancy.

Study Skill

Short Questions

- Define public health and health promotion.
- Describe the Purpose of public health
- What are the Current practice of public health?
- Describe Health For All.

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Lesson-2: Strategies of Health Promotion and Disease Prevention

Learning Objectives

After completion of this lesson students will be able to

- conceptualize the strategies of health promotion and disease prevention in disability.

Keywords	Preventive strategy

Subject-matter

1.2.1. Basics about Health Promotion

Disease prevention focuses on prevention strategies to reduce the risk of developing chronic diseases and other morbidities. Health promotion is increasingly recognized as an effective way to improve and protect the health of individuals, populations, and communities leading to improved population health outcomes. Rural residents can benefit from health promotion and disease prevention programs scaled for use in rural communities, which have a more fragile supply of resources to support effective implementation. Health promotion and disease prevention programs can empower individuals to make healthier choices and reduce their risk of disease and disability. At the population level, they can eliminate health disparities, improve quality of life, and improve the availability of healthcare and related services.

Health promotion and disease prevention programs often address social determinants of health, which influence modifiable risk behaviours. Social determinants of health are the economic, social, cultural, and political conditions in which people are born, grow, and live that affect health status. Modifiable risk behaviours include, for example, tobacco use, poor eating habits, and lack of physical activity, which contribute to the development of chronic disease.

1.2.2. Typical activities for health promotion and disease prevention programs include

- **Communication:** Raising awareness about healthy behaviours for the general public. Examples of communication strategies include public service announcements, health fairs, mass media campaigns, and newsletters;
- **Education:** Empowering behaviour change and actions through increased knowledge. Examples of health education strategies include courses, trainings, and support groups;

- **Policy:** Regulating or mandating activities by organizations or public agencies that encourage healthy decision-making;
- **Environment:** Changing structures or environments to make healthy decisions more readily available to large populations.

1.2.3. Health Promotion Strategies

Health Communication

Health communication strategies can inform and influence large numbers of people on ways to improve their health. Examples of media strategies to convey health messages include the following components:

- Radio
- Television
- Newspaper
- Flyers
- Brochures
- Internet
- Social media

Using a variety of communication channels can allow health messages to shape mass media or interpersonal, small group, or community level campaigns. Health communication strategies aim to change people's knowledge, attitudes, and/or behaviors; for example

- Increase risk perception
- Reinforce positive behaviors
- Influence social norms
- Increase availability of support and needed services
- Empower individuals to change or improve their health conditions

Effective health communication strategies include the following component

- Use of research-based strategies to shape materials and products and to select the channels that deliver them to the intended audience;
- Understanding of conventional wisdom, concepts, language, and priorities for different cultures and settings;
- Consideration of health literacy, internet access, media exposure, and cultural competency of target populations;
- Development of materials such as brochures, billboards, newspaper articles, television broadcasts, radio commercials, public service announcements, newsletters, pamphlets, videos,

digital tools, case studies, group discussions, health fairs, field trips, and workbooks among others media outlets.

Health Education

Health education provides learning experiences on health topics. Health education strategies are tailored for their target population. Health education presents information to target populations on particular health topics, including the health benefits/threats they face, and provides tools to build capacity and support behavior change in an appropriate setting.

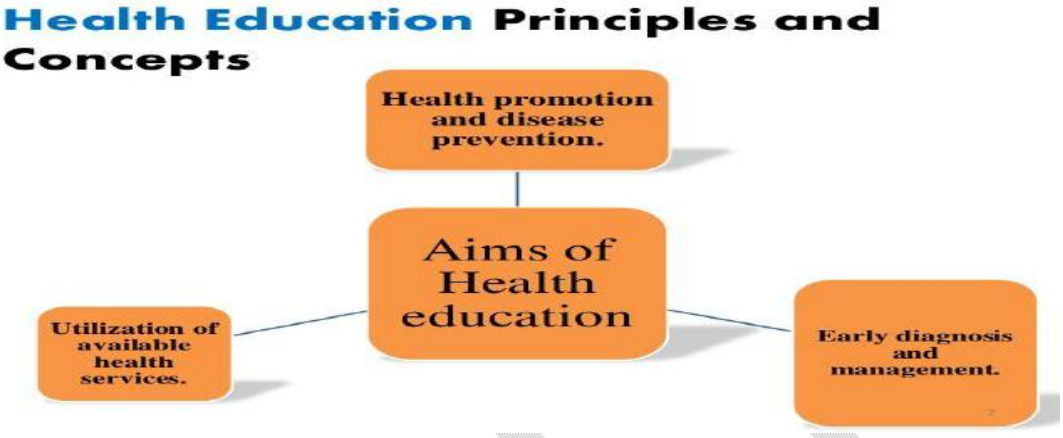
Examples of health education activities are

- Lectures
- Courses
- Seminars
- Webinars
- Workshops
- Classes

Characteristics of health education strategies

- Participation of the target populatio;
- Completion of a community needs assessment to identify community capacity, resources, priorities, and needs;
- Planned learning activities that increase participants' knowledge and skills;
- Implementation of programs with integrated, well-planned curricula and materials that take place in a setting convenient for participants;

- Presentation of information with audio-visual and computer based supports such as slides and projectors, videos, books, CDs, posters, pictures, websites, or software programs;
- Ensuring proficiency of program staff, through training, to maintain fidelity to the program model.



Health Policy

Health policy is a tool for achieving health promotion and disease prevention program goals. Policy decisions are made by organizations, agencies, and stakeholders. Policy decisions influence community planning and development, such as transportation systems, affordable housing, safe parks, and recreational areas.

Policies can be used to complement health promotion approaches. **Examples of policy approaches are:**

- Legislative advocacy
- Fiscal measures
- Organizational changes
- Taxation
- Regulatory oversight

Fig: Health Policy Objectives

Several components of developing health policy include

- Engaging partners, stakeholders, and community members in the early stages of program development;
- Surveying the population(s) of interest to learn about desired policy changes and strategies for integrating them into existing guidelines, settings, or organizational operations;
- Using health impact assessments to demonstrate the rationale for policy changes;
- Ensuring enforcement of new policies;
- Ensuring regular review of new policies to evaluate effectiveness and impact on population health outcomes.

Environmental Strategies

Environmental strategies involve changing the economic, social, or physical surroundings or contexts that affect health outcomes. Environmental strategies address population health outcomes and are best used in combination with other strategies.

Examples of environmental strategies

- Increasing the number of parks, greenways, and trails in the community,
- Establishing smoke-free zones,
- Promoting smoke-free public events,
- Decreasing the price of healthy food options in vending machines,
- Eliminating or increasing the price of unhealthy foods in vending machines,
- Requiring the use of safety equipment in a work setting to avoid injury.

1.2.4. Barriers to Health Promotion and Disease Prevention in Rural Areas

Rural communities experience a higher prevalence of chronic conditions than their urban counterparts. Examples of chronic conditions include heart disease, cancer, chronic respiratory disease, stroke, and diabetes. Rural communities also experience higher rates of mortality and disability than urban communities. Limited access to health promotion and disease prevention programs and healthcare services contribute to these health challenges.

Examples of social determinants that are barriers for rural communities in accessing healthcare include

- Higher poverty rates, which can make it difficult for participants to pay for services or programs;
- Cultural and social norms surrounding health behaviours;

- Low health literacy levels and incomplete perceptions of health;
- Linguistic and educational disparities;
- Limited affordable, reliable, or public transportation options;
- Unpredictable work hours or unemployment;
- Lower population densities for program economies of scale coverage;
- Availability of resources to support personnel, use of facilities, and effective program operation;
- Lack of access to healthy foods and physical activity options.

These shared barriers provide context for the needs of rural communities and an understanding of the strategies that will be most effective to address rural barriers to care.

1.2.5. Opportunities for Heath Promotion and Disease Prevention in Rural Areas

Rural programs are well positioned to implement successful health promotion and disease prevention strategies. Because rural programs that provide healthcare and public health services are often smaller in scale, it may be easier to make organizational changes to adapt to new opportunities. Rural programs also often have closer community connections and collective interest in improving health. This may make it easier to implement health promotion and disease prevention strategies. These strengths may help rural communities to overcome barriers to implementing health promotion and disease prevention programs.

Other strengths are

- Strong social connections;
- Emphasis on relationships with family and neighbours;
- Supportive communities;
- Common shared values;
- Willingness and confidence to confront challenges;
- Centralized communication channels;
- Creativity and devotion to achieving success.

Learner's Activity	Health promotion practice in rural area

Summary

Health and rehabilitation promotion is the key of health service management at primary level for healthy nation. But in developing country still it is not doing properly and adequately. So it is crying needs to start and continuation of rehabilitation promotion at all level of health services.

Study Skills

Short Questions

- What is health promotion?
- What are the strategies of health promotion?
- What are the barriers of health promotion?
- What are the opportunities of health promotion in rural areas?

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Lesson-3: Demonstrate and application of health believe model in prevention of disability

Learning Objectives:

After completion of this lesson learners will be able to

- conceptualize health believe model.
- acquire knowledge about health believe model in preventing disease and disability.

Keywords	Health believe model in disability

Subject-matter

1.3.1. Background of Health Believe Model

One of the first theories of health behavior, the health belief model was developed in the 1950s by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal at the U.S. Public Health Service to better understand the widespread failure of screening programs for tuberculosis. The health belief model has been applied to predict a wide variety of health-related behaviors such as being screened for the early detection of asymptomatic diseases and receiving immunizations. More recently, the model has been applied to understand patients' responses to symptoms of disease, compliance with medical regimens, lifestyle behaviors (e.g., sexual risk behaviors), and behaviors related to chronic illnesses, which may require long-term behavior maintenance in addition to initial behavior change. Amendments to the model were made as late as 1988 to incorporate emerging evidence within the field of psychology about the role of self-efficacy in decision-making and behavior.

1.3.2. Definition of health belief model (HBM)

The **Health Belief Model** (**HBM**) is a psychological health behavior change model developed to explain and predict health-related behaviors, particularly in regard to the uptake of health services. The health belief model was developed in the 1950s by social psychologists at the U.S. Public Health Service and remains one of the best known and most widely used theories in health behavior research. The health belief model suggests that people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy explain engagement (or lack of engagement) in health-

promoting behavior. A stimulus, or cue to action, must also be present in order to trigger the health-promoting behavior.

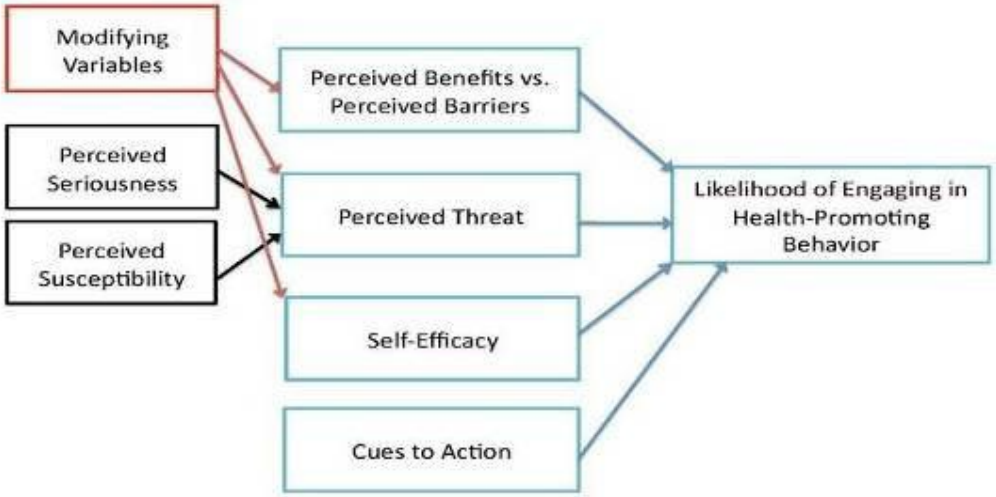


Fig: Health Believe Model

1.3.3. Theories of health belief model (HBM)

Perceived severity

Perceived severity refers to the subjective assessment of the severity of a health problem and its potential consequences. The health belief model proposes that individuals who perceive a given health problem as serious are more likely to engage in behaviors to prevent the health problem from occurring (or reduce its severity). Perceived seriousness encompasses beliefs about the disease itself (e.g., whether it is life-threatening or may cause disability or pain) as well as broader impacts of the disease on functioning in work and social roles.

Perceived susceptibility

Perceived susceptibility refers to subjective assessment of risk of developing a health problem. The health belief model predicts that individuals who perceive that they are susceptible to a particular health problem will engage in behaviors to reduce their risk of developing the health problem. Individuals with low perceived susceptibility may deny that they are at risk for contracting a particular illness.

The combination of perceived severity and perceived susceptibility is referred to as perceived threat. Perceived severity and perceived susceptibility to a given health condition depend on knowledge about the condition. The health belief model predicts that higher perceived threat leads to higher likelihood of engagement in health-promoting behaviors.

Perceived benefits

Health-related behaviors are also influenced by the perceived benefits of taking action. Perceived benefits refer to an individual's assessment of the value or efficacy of engaging in a health-promoting behavior to decrease risk of disease. If an individual believes that a particular action will reduce susceptibility to a health problem or decrease its seriousness, then he or she is likely to engage in that behavior regardless of objective facts regarding the effectiveness of the action. For example, individuals who believe that wearing sunscreen prevents skin cancer are more likely to wear sunscreen than individuals who believe that wearing sunscreen will not prevent the occurrence of skin cancer.

Perceived barriers

Health-related behaviors are also a function of perceived barriers to taking action. Perceived barriers refer to an individual's assessment of the obstacles to behavior change. Even if an individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers may prevent engagement in the health-promoting behavior. In other words, the perceived benefits must outweigh the perceived barriers in order for behavior change to occur. Perceived barriers to taking action include the perceived inconvenience, expense, danger (e.g., side effects of a medical procedure) and discomfort (e.g., pain, emotional upset) involved in engaging in the behavior. For instance, lack of access to affordable health care and the perception that a flu vaccine shot will cause significant pain may act as barriers to receiving the flu vaccine.

Modifying variables

Individual characteristics, including demographic, psychosocial, and structural variables, can affect perceptions (i.e., perceived seriousness, susceptibility, benefits, and barriers) of health-related behaviors. Demographic variables include age, sex, race, ethnicity, and education, among others. Psychosocial variables include personality, social class, and peer and reference group pressure, among others. Structural variables include knowledge about a given disease and prior contact with the disease, among other factors. The health belief model suggests that modifying variables affect health-related behaviors indirectly by affecting perceived seriousness, susceptibility, benefits, and barriers.

Cues to action

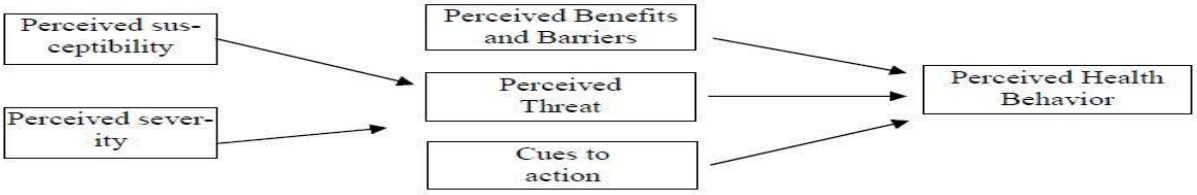
The health belief model posits that a cue, or trigger, is necessary for prompting engagement in health-promoting behaviors. Cues to action can be internal or external. Physiological cues (e.g., pain, symptoms) are an example of internal cues to action. External cues include events or information from close others, the media, or health care providers promoting engagement in health-related behaviors. Examples of cues to action include a reminder postcard from a dentist, the illness of a friend or family member, and product health warning labels.

Self-efficacy

Self-efficacy was added to the four components of the health belief model (i.e., perceived susceptibility, seriousness, benefits, and barriers) in 1988. Self-efficacy refers to an individual's perception of his or her competence to successfully perform a behavior. Self-efficacy was added to the health belief model in an attempt to better explain individual differences in health behaviors. The model was originally developed in order to explain engagement in one-time health-related behaviors such as being screened for cancer or receiving an immunization. Eventually, the health belief model was applied to more substantial, long-term behavior change such as diet modification, exercise, and smoking. Developers of the model recognized that confidence in one's ability to effect change in outcomes (i.e., self-efficacy) was a key component of health behavior change.

1.3.4. Applications of Health Belief Model

The health belief model has been used to develop effective interventions to change health-related behaviors by targeting various aspects of the model's key constructs. Interventions based on the health belief model may aim to increase perceived susceptibility to and perceived seriousness of a health condition by providing education about prevalence and incidence of disease, individualized estimates of risk, and information about the consequences of disease (e.g., medical, financial, and social consequences). Interventions may also aim to alter the cost-benefit analysis of engaging in a health-promoting behavior (i.e.,increasing perceived benefits and decreasing perceived barriers) by providing information about the efficacy of various behaviors to reduce risk of disease, identifying common perceived barriers, providing incentives to engage in health-promoting behaviors, and engaging social support or other resources to encourage health-promoting behaviors.



Concept	Definition	Application
Perceived Susceptibility	*One's opinion of chances of getting a condition*	*Define population(s) at risk based on a person's features or behaviour. Heighten perceived susceptibility if too low*
Perceived Severity	*One's opinion of how serious a condition and its sequelae are*	*Specify consequences of risk and condition*
Perceived Benefits	*One's opinion of the efficacy of the advised action to reduce risk or seriousness of impact*	*Define action to talk: how, where, when; clarity the positive effects to be expected*
Perceived Barriers	*One's opinion of the tangible and psychological costs of the advised action*	*Identify and reduce barriers through reassurance, incentives, assistance*
Cues to Action	*Strategies to activate "readiness"*	*Provide how-to information, promote awareness, reminders*

Fig: Application of Health Belief Model

1.3.5. Limitations of Health Belief Model

The health belief model attempts to predict health-related behaviors by accounting for individual differences in beliefs and attitudes. However, it does not account for other factors that influence health behaviors. For instance, habitual health-related behaviors (e.g., smoking, seatbelt buckling) may become relatively independent of conscious health-related decision making processes. Additionally, individuals engage in some health-related behaviors for reasons unrelated to health (e.g., exercising for aesthetic reasons). Environmental factors outside an individual's control may prevent engagement in desired behaviors. Research assessing the contribution of cues to action in predicting health-related behaviors is limited. Cues to action are often difficult to assess, limiting research in this area.

Learner's Activity	Make examples of different health models

Summary

Different health belief model developed and administrated at different time as required and everyone has greater implication according to thought.

Study Skills

Short Questions

- What is health believe model?
- What are the theories of health believe model?
- What are the applications of health believe model?
- What are the limitations of health believe model?

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Lesson-4: Social learning theory

Learning Objectives

After completion of this lesson learners will be able to

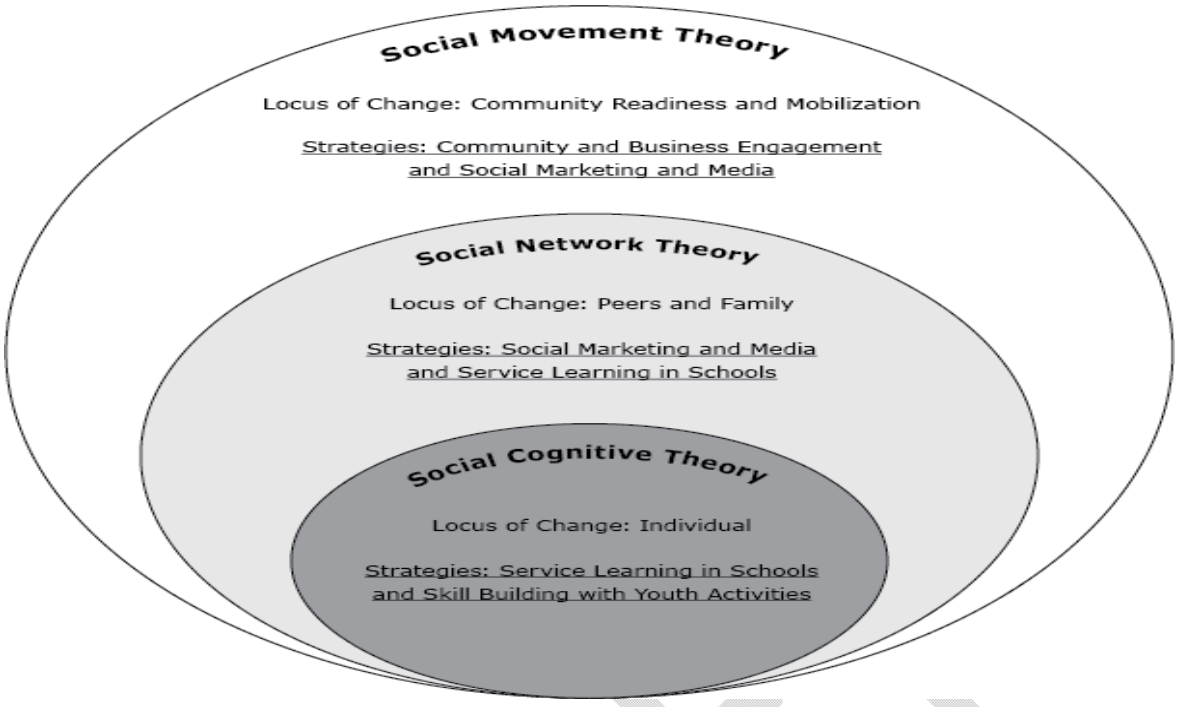
- understand the different social learning theories.
- application of social learning theories.

Keywords	Social theories, Learning

Subject-matter

1.4.1. Basics about Social Learning Theory

Social learning theory is a theory of learning and social behavior which proposes that new behaviors can be acquired by observing and imitating others. It states that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. In addition to the observation of behavior, learning also occurs through the observation of rewards and punishments, a process known as vicarious reinforcement. When a particular behavior is rewarded regularly, it will most likely persist; conversely, if a particular behavior is constantly punished, it will most likely desist.



1.4.2. Social Learning Theories

Social learning theory integrated behavioural and cognitive theories of learning in order to provide a comprehensive model that could account for the wide range of learning experiences that occur in the real world. As initially outlined by Bandura and Walters in 1963 and further detailed in 1977, key tenets of social learning theory are as follows:

- Learning is not purely behavioural; rather, it is a ***cognitive* process** that takes place in a social context;
- Learning can occur by **observing a behavior *and* by observing** the consequences of the behavior (**vicarious reinforcement**);
- Learning involves observation, extraction of information from those observations, and making decisions about the performance of the behavior (observational learning or **modelling**). Thus, learning can occur without an observable change in behavior;
- Reinforcement plays a role in learning but is not entirely responsible for learning;
- The learner is not a passive recipient of information. Cognition, environment, and behavior all mutually influence each other (**reciprocal determinism**).

Observation and direct experience

Typical stimulus-response theories rely entirely upon direct experience (of the stimulus) to inform behavior. Bandura opens up the scope of learning mechanisms by introducing observation as a possibility. He adds to this the ability of modelling - a means by which humans "represent actual

outcomes symbolically" These models, cognitively mediated, allow future consequences to have as much of an impact as actual consequences would in a typical S-R theory. An important factor in social learning theory is the concept of **reciprocal determinism**. This notion states that just as an individual's behavior is influenced by the environment, the environment is also influenced by the individual's behavior. In other words, a person's behavior, environment, and personal qualities all reciprocally influence each other. For example, a child who plays violent video games will likely influence their peers to play as well, which then encourages the child to play more often. This could lead to the child becoming desensitized to violence, which in turn will likely affect the child's real life behaviors.

Modelling and underlying cognitive processes

Social learning theory draws heavily on the concept of modelling as described above. Bandura outlined three types of modelling stimuli:

1. **Live models**, where a person is demonstrating the desired behavior,
2. **Verbal instruction**, in which an individual describes the desired behavior in detail and instructs the participant in how to engage in the behavior,
3. **Symbolic**, in which modelling occurs by means of the media, including movies, television, Internet, literature, and radio. Stimuli can be either real or fictional characters.

Exactly what information is gleaned from observation is influenced by the type of model, as well as a series of cognitive and behavioural processes, which are described below:

- **Attention -** in order to learn, observers must attend to the modelled behavior. Experimental studies have found that awareness of what is being learned and the mechanisms of reinforcement greatly boosts learning outcomes. Attention is impacted by characteristics of the observer (e.g., perceptual abilities, cognitive abilities, arousal, past performance) and characteristics of the behavior or event (e.g., relevance, novelty, affective valence, and functional value).
- **Retention -** In order to reproduce an observed behavior, observers must be able to remember features of the behavior. Again, this process is influenced by observer characteristics (cognitive capabilities, cognitive rehearsal) and event characteristics (complexity). The cognitive processes underlying retention are described by Bandura as visual and verbal, where verbal descriptions of models are used in more complex scenarios.
- **Reproduction -** By reproduction, Bandura refers not to the propagation of the model but the implementation of it. This requires a degree of cognitive skill, and may in some cases require

sensorimotor capabilities. Reproduction can be difficult because in the case of behaviors that are reinforced through self-observation (he cites improvement in sports), it can be difficult to observe behavior well.

- **Motivation -** The decision to reproduce (or refrain from reproducing) an observed behavior is dependent on the motivations and expectations of the observer, including anticipated consequences and internal standards. Bandura's description of motivation is also fundamentally based on environmental and thus social factors, since motivational factors are driven by the functional value of different behaviors in a given environment.

Evolution and cultural intelligence

Social learning theory has more recently applied alongside and been used to justify the theory of cultural intelligence. The cultural intelligence hypothesis argues that human possess a set of specific behaviors and skills that allow them to exchange information culturally. This hinges on a model of human learning where social learning is key, and that humans have selected for traits that maximize opportunities for social learning. The theory builds on extant social theory by suggesting that social learning abilities, like Bandura's cognitive processes required for modelling, correlate with other forms of intelligence and learning.

Social Learning in Neuro Sciences

Recent research in neuroscience has implicated mirror neurons as a neurophysiology basis for social learning, observational learning, motor cognition and social cognition. Mirror neurons have been heavily linked to social learning in humans. Mirror neurons were first discovered in primates in studies which involved teaching the monkey motor activity tasks. One such study, focused on teaching primates to crack nuts with a hammer. When the primate witnessed another individual cracking nuts with a hammer, the mirror neuron systems became activated as the primate learned to use the hammer to crack nuts.

1.4.3. Applications of Social Learning Theories

Criminology

Social learning theory has been used to explain the emergence and maintenance of deviant behavior, especially aggression. Criminologists Ronald Akers and Robert Burgess (RARB) integrated the principles of social learning theory and operant conditioning with Edwin Sutherland's Differential Association Theory to create a comprehensive theory of criminal behavior. Burgess and Akers emphasized that criminal behavior is learned in both social and non-social situations through combinations of direct reinforcement, vicarious reinforcement, explicit instruction, and observation.

Both the probability of being exposed to certain behaviors and the nature of the reinforcement are dependent on group norms.

Developmental psychology

In her book *Theories of Developmental Psychology*, Patricia H. Miller lists both moral development and gender-role development as important areas of research within social learning theory. Social learning theorists emphasize observable behavior regarding the acquisition of these two skills. For gender-role development, the same-sex parent provides only one of many models from which the individual learns gender-roles. Social learning theory also emphasizes the variable nature of moral development due to the changing social circumstances of each decision: "The particular factors the child thinks are important vary from situation to situation, depending on variables such as which situational factors are operating, which causes are most salient, and what the child processes cognitively. Moral judgments involve a complex process of considering and weighing various criteria in a given social situation."

For social learning theory, gender development has to do with the interactions of numerous social factors, involving all the interactions the individual encounters. For social learning theory, biological factors are important but take a back seat to the importance of learned, observable behavior. Because of the highly gendered society in which an individual might develop, individuals begin to distinguish people by gender even as infants. Bandura's account of gender allows for more than cognitive factors in predicting gendered behavior: for Bandura, motivational factors and a broad network of social influences determine if, when, and where gender knowledge is expressed.

Management

Social Learning theory proposes that rewards aren't the sole force behind creating motivation. Thoughts, beliefs, morals, and feedback all help to motivate us. Three other ways in which we learn are vicarious experience, verbal persuasion, and physiological states. Modeling, or the scenario in which we see someone's behaviors and adopt them as our own, aide the learning process as well as mental states and the cognitive process.

Media violence

Principles of social learning theory have been applied extensively to the study of media violence. Akers and Burgess hypothesized that observed or experienced positive rewards and lack of punishment for aggressive behaviors reinforces aggression. Many research studies have discovered significant correlations between viewing violent television and aggression later in life and **many have**

not, as well as playing violent video games and aggressive behaviors. The role of observational learning has also been cited as an important factor in the rise of rating systems for TV, movies, and video games.

1.4.4. Creating social change with media

Entertainment-education in the form of a telenovela or soap opera can help viewers learn socially desired behaviors in a positive way from models portrayed in these programs. The telenovela format allows the creators to incorporate elements that can bring a desired response. These elements may include music, actors, melodrama, props or costumes. Entertainment education is symbolic modeling and has a formula with three sets of characters with the cultural value that is to be examined is determined ahead of time:

1. Characters that support a value (positive role models)
2. Characters who reject the value (negative role models)
3. Characters who have doubts about the value (undecided)

Within this formula there are at least three doubters that represent the demographic group within the target population. One of these doubters will accept the value less than halfway through, the second will accept the value two-thirds of the way through and the third doubter does not accept the value and is seriously punished. This doubter is usually killed. Positive social behaviors are reinforced with rewards and negative social behaviors are reinforced with punishment. At the end of the episode a short epilogue done by a recognizable figure summarizes the educational content and within the program viewers are given resources in their community.

1.4.5. Why this type of social modelling helps with social change?

Through observational learning a model can bring forth new ways of thinking and behaving. With a modeled emotional experience, the observer shows an affinity towards people, places and objects. They dislike what the models do not like and like what the models care about. Television helps contribute to how viewers see their social reality. Media representations gain influence because people's social constructions of reality depend heavily on what they see, hear and read rather than what they experience directly. Any effort to change beliefs must be directed towards the sociocultural norms and practices at the social system level. Before a drama is developed, extensive research is done through focus groups that represent the different sectors within a culture. Participants are asked what problems in society concern them most and what obstacles they face, giving creators of the drama culturally relevant information to incorporate into the show.

Psychotherapy

Another important application of social learning theory has been in the treatment and conceptualization of anxiety disorders. The classical conditioning approach to anxiety disorders, which spurred the development of behavioral therapy and is considered by some to be the first modern theory of anxiety, began to lose steam in the late 1970s as researchers began to question its underlying assumptions. For example, the classical conditioning approach holds that pathological fear and anxiety are developed through direct learning; however, many people with anxiety disorders cannot recall a traumatic conditioning event, in which the feared stimulus was experienced in close temporal and spatial contiguity with an intrinsically aversive stimulus.

School psychology

Many classroom and teaching strategies draw on principles of social learning to enhance students' knowledge acquisition and retention. For example, using the technique of guided participation, a teacher says a phrase and asks the class to repeat the phrase. Thus, students both imitate and reproduce the teacher's action, aiding retention.

Social learning algorithm for computer optimization

In modern field of computational intelligence, the social learning theory is adopted to develop a new computer optimization algorithm, the social learning algorithm. Emulating the observational learning and reinforcement behaviors, a virtual society deployed in the algorithm seeks the strongest behavioral patterns with the best outcome. This corresponds to searching for the best solution in solving optimization problems. Compared with other bio-inspired global optimization algorithms that mimic natural evolution or animal behaviors, the social learning algorithm has its prominent advantages. First, since the self-improvement through learning is more direct and rapid than the evolution process, the social learning algorithm can improve the efficiency of the algorithms mimicking natural evolution. Second, compared with the interaction and learning behaviors in animal groups, the social learning process of human beings exhibits a higher level of intelligence. By emulating human learning behaviors, it is possible to arrive at more effective optimizers than existing swarm intelligence algorithms. Experimental results have demonstrated the effectiveness and efficiency of the social learning algorithm, which has in turn also verified through computer simulations the outcomes of the social learning behavior in human society

Learner's Activity	Make an example of Social Learning theories

Summary

Different social learning theories have individual plan of active and strategy which is systematic and comprehensive and followed some prescribed norms and values.

Study Skills

Short Questions

- What is social learning theory?
- Describe different social learning theories.
- What are the applications of social learning theories?
- Why this type of social modelling helps in social change?

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