SOCIAL COGNITIVE THEORY FOR HEALTH PROMOTION

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“People’s level of motivation, affective states, and actions are based more on what they believe than on what is objectively the case.”

Albert Bandura
Health promotion can be operationalized through utilization of the social cognitive theory, also called social cognitive approach by Albert Bandura, the proponent of SCT. The central organizing principle of SCT is that there is a continuous dynamic interaction between behavior and personal, social-environmental factors—this is relevant for health promotion action as seen here.

A comprehensive health promotion framework is described in the Ottawa charter (WHO, 1986) which emphasizes empowerment of people to take ownership of their own health and reorienting of health services to help create an environment where healthy choices are facilitated; where there is equity and access to health resources for all and where social and community support is available. These processes can be facilitated by the SCT approach.
SCT helps health promotion orientation and focus shift as shown. Enabling adequate emphasis on the users of health services and the environment they live in (the software); rather than the traditional, narrow focus of health services on supply, infrastructure (the hardware).

**WHY SCT FOR HEALTH PROMOTION?**

- By focusing on the dynamic triad of behavior, its personal, and social-environmental influences, SCT shifts the focus of health promotion from:

  - A Disease model → A Health model
  - Medical interventions → Healthy food choices & lifestyle changes
  - Supply side factors → Demand side factors

  **Self management is good medicine (Bandura, 2004)**
Nutrition – ensuring food and nutrition security, is an essential pre-requisite for health and the HP action framework presented is equally relevant for nutrition action – adequate access to food and health care (equity), social support for facilitating desired nutrition practices; emphasis on inter-sectoral action (nutrition specific and nutrition sensitive). SCT components focusing in self efficacy, positive outcome expectancies, observational learning and reinforcement help develop effective and comprehensive health-nutrition interventions (including communication strategies) – explained in next slide.
Key elements of SCT (explain briefly each) contribute to HP as outlined in Ottawa charter:

- Building healthy public policy which emphasizes individual as well as environmental influences (example - in an obesogenic environment weight maintenance is a challenge)
- Developing efficacy and confidence to enable people to make and sustain healthy choices
- Community action for social support and positive reinforcement
- Reorienting services towards effective inter-sectoral convergence (e.g. health, nutrition, water-sanitation)
WIFS- Weekly iron-folic acid (IFA) supplementation is a national program for school children and adolescents: once weekly IFA given under supervision to children in school and out of school (along with deworming and other health interventions): a Health and Education Department collaboration.

Urban health department (Vadodara) - has initiated WIFS strengthening project to improve compliance of IFA, nutrition counseling, monitoring, social support (parents’ involvement and sensitization).

As the nutrition technical resource person, I am coordinating this effort with the health department, drawing on the useful principles of SCT (next slide).
WIFS STRENGTHENING INFORMED BY SCT-KEY STEPS

- Formative research: study of supply and demand side factors influencing implementing of WIFS- mobilizing school health officers (SHOs) for data collection to build ownership
- Developing a WIFS strengthening model
- Training: a) nodal school teachers; b) SHOs
- Sensitization meetings for parents (community support) and class monitors (peer support)
- Design, production, distribution of appropriate print and visual media to encourage compliance and build positive expectation of benefit of IFA
- Observational learning: Use of local TV channels, print media; peer experiences/narratives; local celebrity endorsements
- Positive Reinforcement to sustain progress – appreciation/recognition
- Integrating WIFS in the more comprehensive school health program

Formative research has helped highlight the child, parent, school and health department related factors influencing implementation and monitoring of WIFS- the strengths and gaps (this phase - completed)
The findings (and the national WIFS program document) will inform the development of a comprehensive WIFS strengthening model based on which the following will take place in the next 6 months-
- Training, sensitization meetings, developing and dissemination of print and visual media (booklets, posters, multi-media), MIS system
- SCT elements will inform the above steps as shown in the slide (explain; give examples)
- Improved WIFS model will be integrated into the more comprehensive school health program and the Iron-Plus Initiative of GoI, to be introduced in the urban health system soon
HOW DOES SCT DIFFER FROM OTHER APPROACHES USED FOR HEALTH PROMOTION?

SOCIAL COGNITIVE APPROACH

- Highlights the dynamic interaction of individual behavior and personal, environmental factors
- Emphasizes the importance of capability to perform behavior and self-efficacy/confidence to sustain desired behaviors
- Calls for social support and positive reinforcement; particularly important for women to be able to change towards desired practices

COMMONLY OBSERVED COMMUNICATION APPROACHES FOR HEALTH—NUTRITION PROMOTION

- Traditional IEC-BCC programs in health sectors (and nutrition within health) focus mainly on one-way communication and the production of IEC materials (not much on their effective use or reach)
- Focus mainly on information exchange rather than transforming knowledge to behavior change
- Inadequate emphasis on family centered communication
A comprehensive health promotion framework is described in the Ottawa charter (WHO, 1986) which emphasizes empowerment of people to take ownership of their own health and reorienting of health services to help create an environment where healthy choices are facilitated; where there is equity and access to health resources for all and where social and community support is available. The 5 action points as shown here can be operationalized through utilization of the social cognitive theory, also called social cognitive approach by Albert Bandura, the proponent of SCT. The central organizing principle of SCT is that there is continuous dynamic interaction between behavior and personal, social-environmental factors – this is relevant for health promotion action as seen here
REFERENCES


PROF. SHUBHADA KANANI
(Ph.D, Foods And Nutrition)

- An academic for over 25 years in the Department of Foods and Nutrition, M.S. University of Vadodara
- Currently senior nutrition adviser for government urban health-nutrition programs in Vadodara city (Gujarat, India)
  And
- Member of coordinating team for school nutrition & fitness programs in city schools
- Nutrition counselor

A key area of interest and expertise is in BCC focused nutrition interventions