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The Social And Biological Determinants Of Obesity

Table of Contents

1. Introduction.....	4
2. Obesity and Overweight.....	5
2.2 Obesity In The UK.....	5
2.2 The Causes Of Obesity.....	5
2.3 Social learning theory.....	6
3. Attitudes, Components and Formation.....	9
3.1 Attitudes.....	9
3.2 Components of Attitude.....	9
3.3 Attitude Formation.....	10
4. Theory of Planned Behavior And Its Impact on Obesity.....	11
4.1 Intention.....	12
4.2 Attitude towards behavior.....	12
4.3 Subjective norm.....	12
4.4 Perceived behavioral control.....	13
4.5 Limitation.....	13
5. Recommendation.....	13
6. Conclusion.....	14
References.....	15

1. Introduction



Figure 1.

Source: truevaluepaint.com

By using core ideas, this study gives information on origins of obesity and its influence on both physical and psychological health utilizing a number of approaches - Social Learning Theory (SLT), Attitudes and Theory of Planned Behaviour (TPB). The Social Learning Theory (SLT), Attitudes and Theory of Planned Behaviour (TPB) is used in this report to illustrate the the determinants of social and biological behaviors. The paper includes illustrative and theoretical examples as well as a comprehensive description of the social learning theory and theory of planned behavior. The report also demonstrated the holistic approach in the determinants of human behavior in the psychological field – why and how humans develop variety of personalities, values, and attitudes. It creates goals that address the link between health and biology, individual behavior, health services, societal issues, and health promotion. Health is a condition of total physical, mental, and social well-being, rather than just the absence of sickness or disability (WHO,1948, cited in Abraham et al, 2008).

The paper also suggest the measures needed to be taken by the clinical Commissioning Group (CCG) to prevent the increase in the rate of obesity in their patients and the strategy required to promote a good health – health promotion (WHO, 1998).

2. Obesity and Overweight

Obesity is regarded as a major public health threat since it raises the risk of a variety of illnesses, such as such as type II diabetes, stroke, high blood pressure, certain cancer. It lowers quality of life, limits functional ability, and raises morbidity and death rates (Afridi et al., 2003). Obesity affects children and adults alike. The causes of obesity are a multidisciplinary problem that requires a multidisciplinary approach.

2.2 Obesity In The UK

One of the most common health issues in the UK is obesity. According to National Health Service survey, between aged 10 to 11 children, one in every five and in adults one in every four are obese. The method use to detect if a person is obese is the application of body mass index (BMI). National Health Service (NHS, 2019) described the cause of obesity as lack of physical activity, overeating, genetic conditions and medical reasons (Certain medicines, including some corticosteroids, medications for epilepsy and diabetes) are the cause of Obesity.

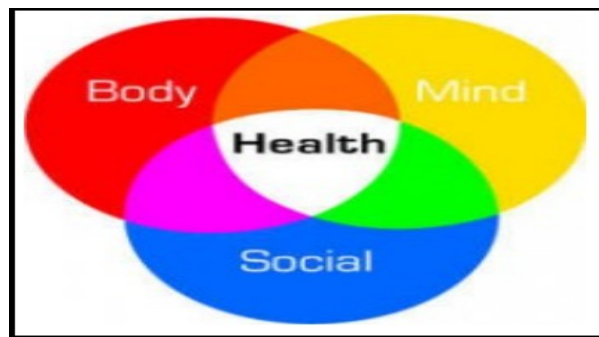


Figure 2.1

The human body, mind in health psychology

2.2 The Causes Of Obesity



Figure 2.2

Obesity. Source: Bharat, D., (2020). netmeds.com

This chapter discusses the influence of environmental social construct and its relationship to obesity. Today's social lifestyle; physical inactivity - sedentary lifestyle on computer games, overeating and energy-rich diet and addictive nature to smoking, vaping and alcoholism due to how to society is structured promotes the development of obesity (Visscher, and Seidell, 2001). Individuals learn what later eventually become a habit through their surroundings, school, family, and friends. According to Cameron (2007), social connections - interpersonal, social network effects - have an impact on individual lifestyle, which equivocally influences the aetiology of obesity.

2.3 Social learning theory

Learning include gaining and changing information, skills, methods, beliefs, attitudes, and behaviors. There are varieties of ways in which individual acquire cognitive, verbal, physical, and social abilities (Schunk, 2012).

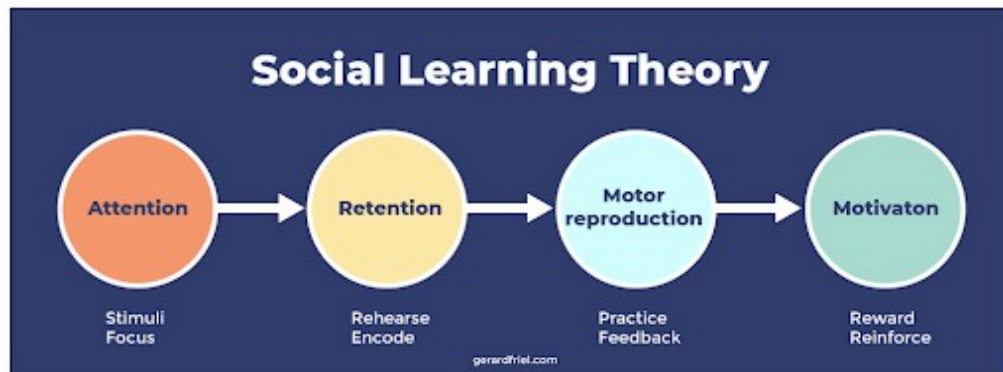


Figure 2.3

SLT. Source: Tracy, R., (2020). gerardfriel.com

In the society children are enclosed on all sides by many important characters - parents, the school instructors, famous social media actors and actresses, friends and peers. Models are people who have been observed (McLeod, 2016). Through observation and imitation the models present the image of different types of conduct, such as pro and anti-social, gender differences and so on. Social learning theory is a branch of behavioral science that aims to explain how actions are learnt and how the social environment influences their performance (Burns, 1979).

Bandura devised the Bodo Doll experiments, which became well-known. Children observed people modelling either aggressive or passive behavior toward a toy, the Bodo Doll, in this study.



Figure 2.4



Figure 2.5

SLT. Source: Mize, L., (2018). teachmetotalk.com

Albert Bandura developed Social Learning Theory and employed classical and operant conditioning theories. Albert Bandura's social learning theory suggested, humans learn primarily via observation and modelling (Bandura, 1977). Bandura's thesis goes beyond the common belief that learning occurs as a result of direct contact with the environment. According to Bandura, learning may occur simply by witnessing the conduct of others. People learn through observing others, according to the fundamental domain of social learning theory. This idea is made up of several components :



Figure 2.6

Source: educationcorner.com

Elements of Social Learning Theory

- Attention - Individuals must pay attention to be modelled behavior in order for learning to take place during observation.
- Retention - Individuals must recall the modelled actions if they are to learn from observed behavior.
- Reproduction - The observer now has to transform the modelled behavior into suitable individual actions.
- Motivation - Reproducing observed behavior necessitates some movement. It is doubtful that an individual would make the effort to imitate the modelled conduct if there there was no motivation to do so.

The social learning theory clarifies how individual create propensities and behavior base on what they learn from the environment and individuals - guardians, companions around them. And one of the causes of obesity – unhealthy eating habits, lack of physical activities are the attitudes individual develop as a result of what individual learn from the media, family which has a negative influence on health.

3. Attitudes, Components and Formation

3.1 Attitudes

Physical inactivity is one of the social causes of obesity, and it is nurtured by our attitude (Cameron, 2007). Body fitness entails both physical and psychological well-being. For example, the advent of social media reshaped people way of life and made it more difficult for individual to participate in physical activities. Adolescents and adults alike have developed an attitude of engaging with peers online for extended periods of time – browsing, chatting and playing all sort of computer games.

Attitude is more than simply a mood or emotion; it is a type of experience that is essentially evaluative and pertains to specific things, events, people, or situations. Individuals communicate their sentiments by evaluatively characterizing the objects of their experience (Eiser, and Van der Pligt 1988). Attitude is formed as a result of personal experience or upbringing, and may have a significant impact on behaviour. In general, attitude may described as a tendency to judge things in a certain manner. It is influenced by what individual has learnt to believe about the world, himself and others, as well as what he has learned to enjoy and dislike, and how he has learned to respond to people, things, and circumstances.

3.2 Components of Attitude

A one component model posited by Thurstone (1928), described a person's feeling as positive or negative to an object, a person, action or event. The two-component model was proposed by Allport (1935), who stated that 'mental preparedness' should be addressed as well — our

knowledge, experience, and thinking processes all affect whether we have a good or negative reaction to an object, person, activity, or situation. M. Smith described attitude as a three-component structure consisting of affective, behavioural, and cognitive components in 1942. The ABC model of attitudes was another name for this structure (Smith, Bruner and White, 1956). As a result, the term "attitude" was defined as "consciousness, evaluation, and readiness to act."

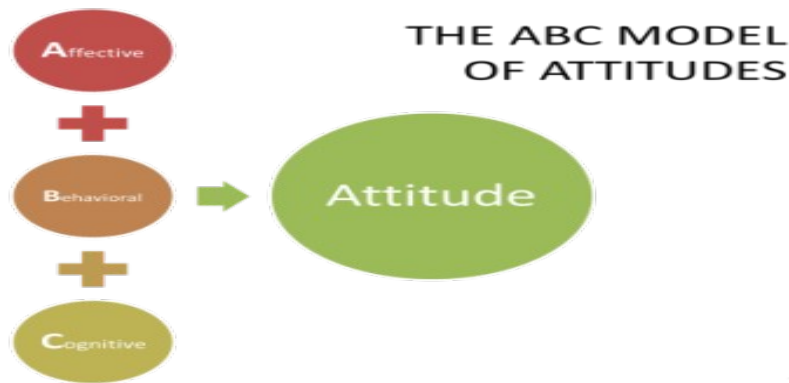


Figure 3.

Three-Component Model of Attitude

- **Affective Component** : The feeling an individual has over an object, a person, an issue, or an event.
- **Behavioral Component**: The impact of attitude on behavior.
- **Cognitive Component** : Thoughts and belief on a subject.

3.3 Attitude Formation

Attitude formation occurs through three stages - direct experience, classic conditioning and observational learning. The attitude model's three components are totally reliant on one another. They are so intertwined that any modification to one of them will surely result in a change to the whole system (Katz, 1960).

In the causation of obesity, the outcome of an individual's lack of physical activity and excessive time spent playing computer games is a direct experience owing to the influence of their experience. A typical conditioning example is media manipulation and certain direct targeted advertisements on schools. For example most of the advertisement on the media influence the viewers which on the other hand may affect their health. Having said that classic conditioning altered attitudes. Observational learning (Unhealthy dietary intake) may affect and influence our views about diet, people, locations, and activities.

4. Theory of Planned Behavior And Its Impact on Obesity

The theory of planned behaviour is an extension of the theory of reasoned action (Fishbein and Ajzen, 1975), necessitated by the original model's inability to cope with activities over which humans have only partial volitional control. Ajzen's (1991) theory of planned behaviour is perhaps the most well-known theory that analyses attitudes and behaviour. According to this idea, a variety of circumstances influence whether or not individual views are mirrored in his actions. To better explain which persons behave in which ways, the theory of planned behaviour (TPB) has been used successfully in myriad of behavioral domains, to predict and explain a variety of health behaviors and intents, including unhealthy eating – one of the causes of obesity, smoking, drinking, using health services, breastfeeding, and drug use, to mention few.

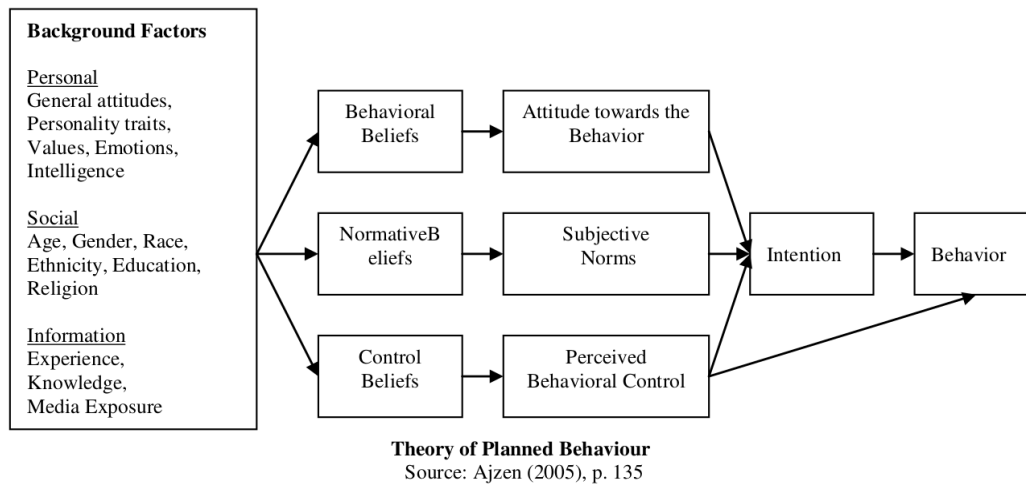


Figure 4

4.1 Intention

Behavioral intention is the theory's initial component, and it refers to the motivating elements that impact behavior (Ajzen, 1991). The more grounded the desire to take part in a certain activity, the more plausible it is that the conduct will be carried out. According to Ajzen (1991) of theory of planned behavior (TPB), three core determinants explain behavioral intention : attitude toward the behavior, subjective norm concerning the behavior, and perceived behavioral control and it shape an individual's behavioral intentions.

4.2 Attitude towards behavior

The individual's attitude toward the action is the personal element and crucial; this attitude is the individual's positive or negative assessment of executing the specific behavior of interest. Behavioral beliefs and outcome assessments make up attitude.

4.3 Subjective norm

The third component is the subjective norm, which is a social demand to do or not perform a specific action. This factor is termed subjective norm because it deals with perceived normative prescriptions. Example

4.4 Perceived behavioral control

Perceived behavioral control, which refers to people's perceptions of how easy or difficult it is to conduct the action of interest, is also important in the TPB. People intend to execute a behaviour when they favourably value it, when they are under social pressure to do so, and when they feel they have the resources and opportunity to do so.

4.5 Limitation

One of the most prominent criticisms of the theory of planned behaviour (TPB) is that it gives no weight or relevance to emotion, which some behaviorists considered as one among many significant aspects in determining or driving action. Obesity studies have found a strong link between BMI and emotional issues.

5. Recommendation



The proposed recommendation for Clinical Local Commissioning Group (CCG).

Figure 5

Because TPB's application provides helpful information for predicting health behaviours and planning and conducting health promotion and disease prevention initiatives, the CCG is recommended to accept and apply its implementation. The implementation will aid to maintain and improve health, reduce the risks of obesity (Rimer and Glanz 2005).

People's health awareness is also known to be influenced by communication factors such as interpersonal communication and attention to health information in the media (Li and Bautista). As a result, using the TPB as a foundation examines how communication variables - interpersonal communication and media attention - as well as TPB components - attitudes, social norms, and perceived behavioural control - relate to healthy lifestyle intention in CCG. However, not all health-related projects and efforts are equally successful. Those who are most likely to accomplish desired goals have a thorough grasp of the health behaviours in question as well as the context in which they occur.

6. Conclusion

Some of the social causes of obesity might - physical inactivity, overeating and energy-rich diet and addictive nature to unhealthy habit and the interpersonal and social network effects, are explained by the Social Learning Theory. Attitude theory described how individual attitude is formed using its ABC components. The individual direct experience, classic conditioning and observational learning play a key role on how attitude is formed. The attitude reflects on individual social lifespan. Theory of planned behavior simply explained the method Clinical Commissioning Group needs to put in place in order to promote the health of their patients. Another strategy for combating the obesity problem has been to incorporate a healthy learning attitude - increased physical activity, particularly lifestyle activity, and reduced time spent in sedentary activities and the watching of TV, according to this report, are methods to aid balance the public health hazards associated with obesity over the lifetime.

References

Ajzen, I., (1991) *Attitudes, Personality And Behaviour*. 2nd edn. New York: Open University Press.

Ajzen, I., (2005) *Attitudes, personality and behavior*. Maidenhead: Open University Press, p.135.

Abraham, C., Conne, M., Jones, F., and O'Connor, D. (2008) *Health psychology: Topics in Applied Psychology*. London: Hodder Education.

Afridi, A., K., Mahpara Safdar, M., Khattak, M., M., and Alam, K. (2003) 'Health Risks of Overweight and Obesity', *An Over View*, 2. pp. 350-360 doi:10.3923/pjn.2003.350.360.

Allport, F.H. (1935). *Attitudes*. In C.M. Murchison (Ed.), *Handbook of social psychology*, pp. 798-844). Worcester: Clark University Press.

Bandura, A. (1977) *Social Learning Theory*. New York: General Learning Press.

Bharat, D., (2020) 1594712425_obesity_big_600.jpg Available from:

<https://www.netmeds.com/health-library/post/obesity-causes-symptoms-and-treatment>

(Accessed:5th July 2021).

Bruno, F., (2002) *Psychology A Self-Teaching Guide*. Hoboken, N.J.: Wiley, p.2.

Burns, K., L., (1979) 'Social Learning Theory and Behavioral Health Care', *Psychotherapy and Psychosomatics*, 32(1-4), pp. 6-15 doi:10.1159/000287368.

Cameron, D., (2007) *Obesity Spreads Through Social Networks*. Available at:

<https://hms.harvard.edu/news/obesity-spreads-through-social-networks> (Accessed: 14th July,

2021).

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Eiser, R., J., and Van der Pligt., J. (1988) *Attitudes and Decisions*. New York: Routledge.

Fishbein, M., and Ajzen, I. (1975) *Belief, attitude, intention and behaviour An instruction to theory and research*. Mass: Addison-Wesley.

Institute of Medicine Staff, (2001) *Health and behavior : the interplay of biological, behavioral, and societal influences / Committee on Health and Behavior, Research, Practice, and Policy, Board on Neuroscience and Behavioral Health, Institute of Medicine*. Washington, D.C.: National Academy Press.

Katz, D. (1960) 'The functional approach to the study of attitudes', *Public Opinion Quarterly*, 24(2), pp. 163–204. <https://doi.org/10.1086/266945>.

McLeod, S., A., (2016) *Bandura - Social Learning Theory Simply Psychology*. Available at: <https://www.simplypsychology.org/bandura.html> (Accessed: 4th July, 2021).

Mize, L., (2018) *babies_mimic.jpg* Available from: <https://teachmetotalk.com/2018/04/06/imitation-toddlers-learn-everything/> (Accessed: 15th July 2021).

Mize, L., (2018) *How Toddlers Learn EVERYTHING*. *imitation.jpg* Available from: <https://teachmetotalk.com/2018/04/06/imitation-toddlers-learn-everything/> (Accessed: 10th July 2021).

National Health Service, (2019) Available: <https://www.nhs.uk/conditions/obesity/> (Accessed: 10th July, 2021).

Nichols, M., L., (no date) *Children with autism learn social skills by imitating others*. *teacher_and_child_autism.jpg* Available from:

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Birmingham West Midlands
United Kingdom

<https://www.kindermusik.com/mindsonmusic/children-with-autism-learn-social-skills-by-imitating-others/> (Accessed: 5th July 2021).

(no date) featured-social-learning-theory-guide.jpg <https://www.educationcorner.com/social-learning-theory-guide.html> (Accessed: 5th July 2021).

(no date) *color-psychology* color-psych-final.jpg Available from:
<https://www.truevaluepaint.com/color-101/color-psychology> (Accessed: 11th July 2021).

Rimer, B. and Glanz, K., (2005) *Theory at a glance*. 2nd edn. [Bethesda, MD]: U.S. Dept. of Health and Human Services, National Institutes of Health, National Cancer Institute. p.4.

Schunk, D., (2012) *Learning theories: An Educational Perspective*. 6th edn. Carolina del Norte: Pearson.

Smith, M. B., Bruner, J. S., and White, R. W. (1956). *Opinions and personality*. New York: John Wiley & Sons.

Tracey R., (2020) *Social Learning Theory*. googleusercontent.png Available from:
<http://www.gerardfriel.com/instructional-design/social-learning-theory/> (Accessed: 15th July 2021).

Thurstone, L. L. (1928). *Attitudes can be measured*. American Journal of Sociology, 83, 529–554.

Visscher, T., and Seidell, J., (2001) 'The Public Health Impact of Obesity', *Annual Review of Public Health*, 22(1) pp. 355-375 DOI:10.1146/annurev.publhealth.22.1.355.

WHO, (1998) *Life in the 21st century*. Geneva: World Health Organization.