



## Multi-theory model of behavior change: an appropriate model for creating health behaviors

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### **Letter to Editor**

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### **Dear Chief in Editor**

Evolving evidence shows that health promotion interventions that explicitly use models and theories that are rooted in social and behavioral sciences, are more effective than interventions without a theoretical framework [1]. Testing theories and models is a critical step that should be conducted before utilizing them for intervention development [2].

One of these emerging models is the need for experimentation, is a multi-theoretical models of behavior change. The designers have presented this model based on their experimental and empirical experience in the field of working with different sciences of behavior from 1981, using models and theories of knowledge, attitude, practice (KAP), health belief model, social cognitive theory, transtheoretical model, theory of planned behavior, emotional intelligence theory, social support theory, PRECEDE- PROCEED model, theory of the ability and the Farrier's model of adult education. They believe that the selected structures in this model are independent and not interdependent. They believe that this model can lead to a change in behavior at individual, group and social levels, especially for populations with a shortage of resources [3].

In this model, behavioral change is divided into two parts: the beginning of a behavior change and the maintenance of a behavior. The three structures of a change in behavior and how to modify them are:

- 1) Participatory dialogues (the benefits of changing behavior should be greater than the disadvantages of changing behavior)
- 2) Self-confidence (the ability of a person to change behavior that can be internal or external (others are important), use strategies

such as role playing, conduct behavioral steps, etc).

3) Change in the physical environment (such as access to resources that can be tangible to change the behavior) [4,5].

Also, the three maintenance structures of a behavior change and how to modify them are:

1) Emotional transformation (the ability to recognize emotions and transform them into behavioral change aims).

2) Exercise for change (including continuous

thinking about changing behavior, turning mid-term reforms into individual strategies, overcoming barriers and focusing on changing healthy behaviors, techniques such as keeping a personal journal, identifying and overcoming barriers to behavioral management).

3) Changes in the social environment (including the creation of social support that can help change behavior. Various experts, including health educators, nurse educators, nutritionists, etc. may help to facilitate the

changes in the social environment, and this change may be artificial or natural) [4,5].

The effectiveness of this model has been proven in studies on a variety of issues, such as predicting changes in physical activity behaviors, adequate sleep behavior, predicting the onset and maintenance of low food consumption, predicting the onset and maintenance of simple water consumption instead of consumption Sweet beverages [5] and promotion of vaccine against human Papillomavirus [4].

The designers also believe that, although this model has not been empirically tested for changing health behavior, it has the ability to improve and become a useful theory [3]. The multi-theory model explains the prediction of the beginning and the maintenance of the new behavior and there should be interventions based on this model for future health problems [5]. In this case, in order to improve this model and transform it into a theory, more studies should be done using this model and on many health behaviors. These studies should include both

types of predictive and descriptive studies as well as interventional studies using randomized controlled designs or even quasi-experimental and pre-experimental designs [5].

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