

THE HEALTH BELIEF MODEL

DESCRIPTION

- This chapter will discuss The Health Belief Model, Protection Motivation Theory and how to use the model in the behavior case analysis



OBJECTIVES



General

- The student able to analyze the health behavior problem with the theory of Health Belief Model and the Protection Motivation Theory

Specific

- Student can explain the frame of health belief model and all variables (Perceived of Susceptibility, Perceived of Seriousness, Perceived of benefits, Perceived of barriers, Cues to action)
- Student can explain the frame of protection motivation theory and all variables (Perceived of seriousness, Perceived of vulnerability, Self efficacy, Response effectiveness,
- Student can use the frame in the behavior case analysis

Historical Origins of the Model

- Lewin's Field Theory (1935)
 - Introduced the concept of barriers to and facilitators of behavior change
- U.S. Public Health Service (1950's)
 - Group of social psychologists trying to explain why people did not participate in prevention and screening programs.
 - Two major influences from learning theory:
 - Stimulus Response Theory
 - Cognitive Theory

Stimulus Response Theory

- Learning results from events which reduce the psychological drives that cause behavior (reinforcers)
- In other words, we learn to enact new behaviors, change existing behaviors, and reduce or eliminate behaviors because of the consequences of our actions.
- Reinforcers, punishments, rewards

Cognitive Theory

- Emphasize the role of subjective hypotheses and expectations held by the individual.
- Beliefs, attitudes, desires, expectations, etc.
- Influencing beliefs and expectations about the situation can drive behavior change, rather than trying to influence the behavior directly.

Value-Expectancy Theory

- **Expectancy:** person believes that increased effort leads to improved performance
- **Instrumentality:** person believes that improved performance leads to a certain outcome or reward
- **Outcomes:** person values that reward or outcome

HBM

- HBM is a value-expectancy theory
- Based on these assumptions:
 - People desire to avoid illness or get well
 - People believe that a specific health action **that is available to him or her** will prevent illness
- Initial development based on probability-based studies of 1200 adults
 - People who believed they were susceptible AND believed in the benefits of early detection were much more likely to be screened for TB.

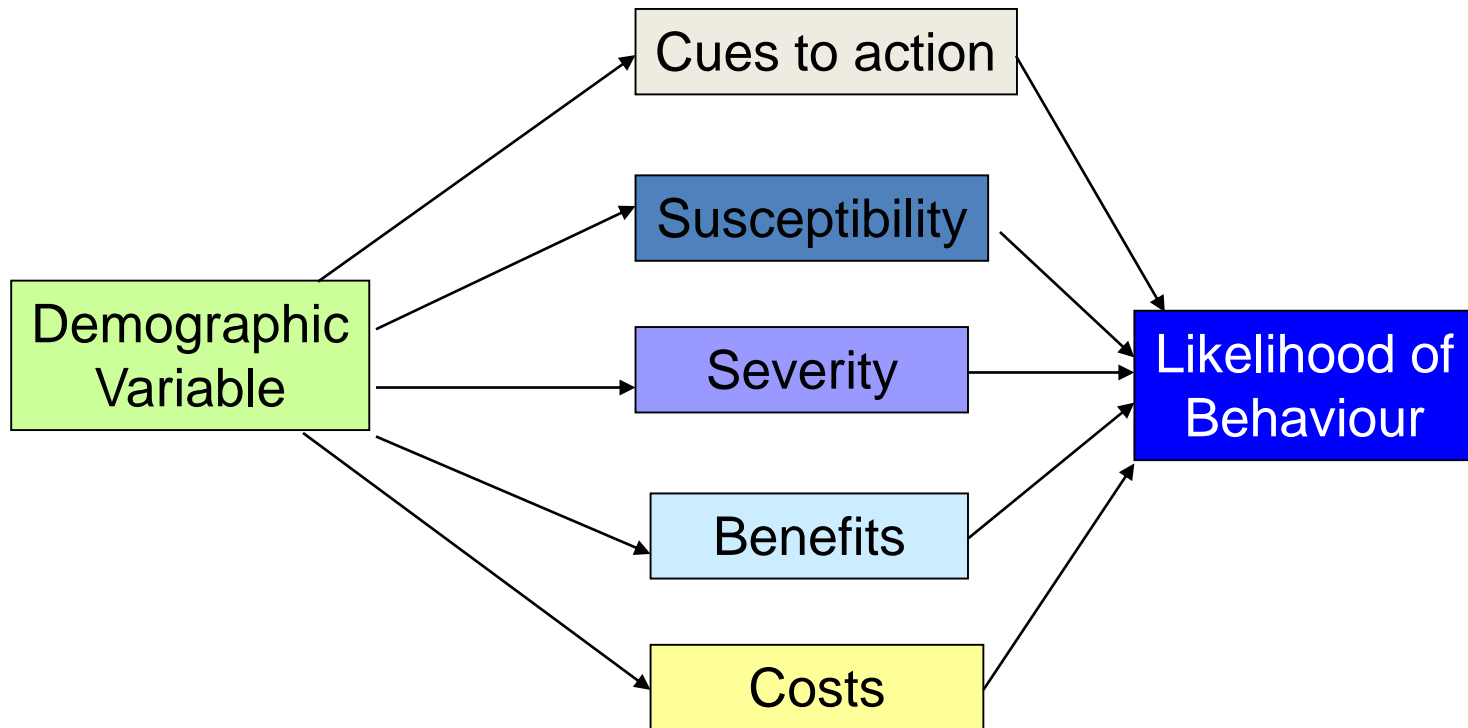
HEALTH BELIEF MODEL (HBM)

Rosenstock 1966, Becker 1970, 1980

- HBM first proposed by Rosenstock, 1966 and then refined by Becker, et al 1970 and 1980
- HBM is used to predict preventive health behavior and behavioral responses to the treatment of patients with acute and chronic diseases
- But lately HBM is used to predict various health-related behaviors



Basics of Health Belief Model



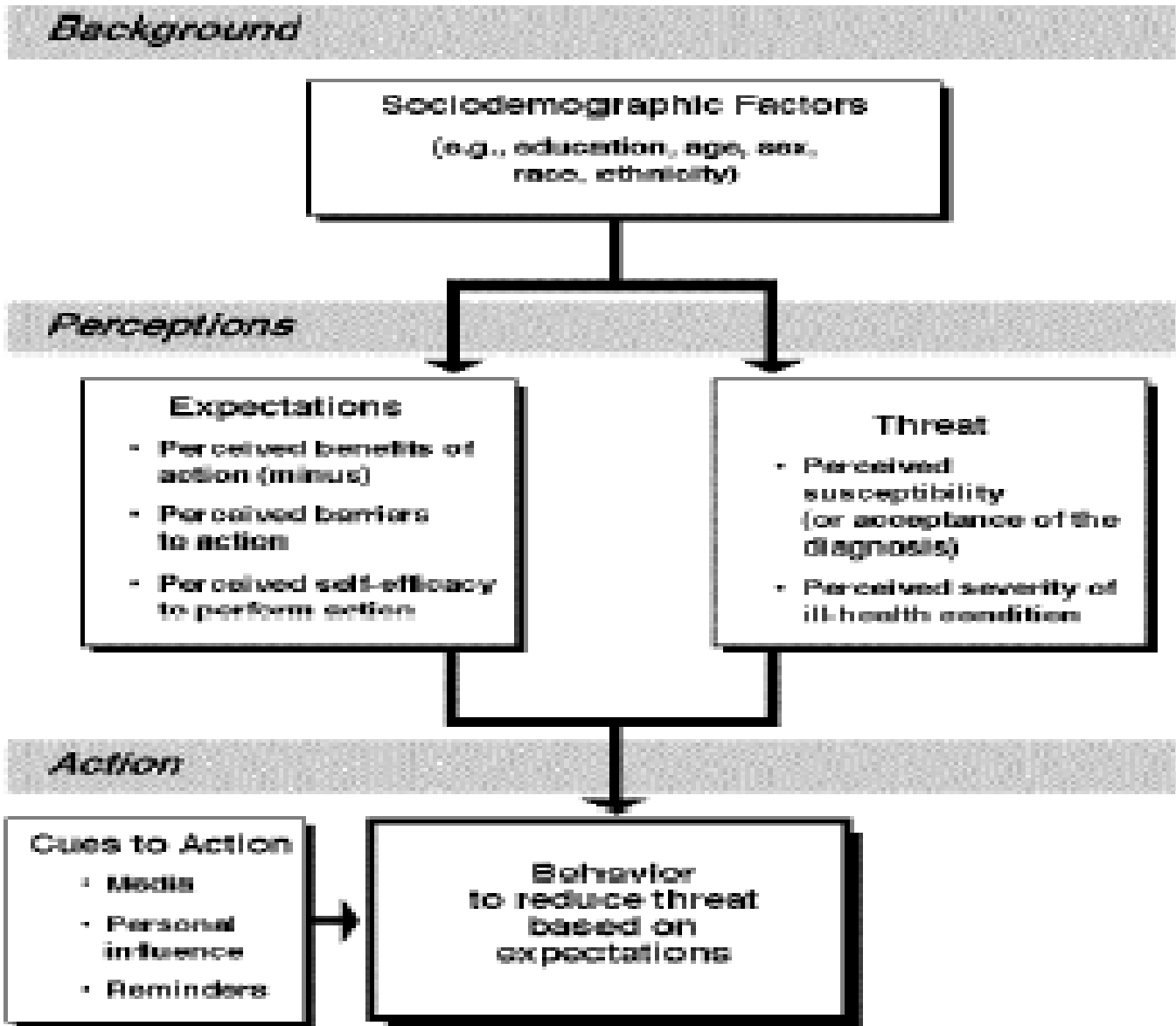
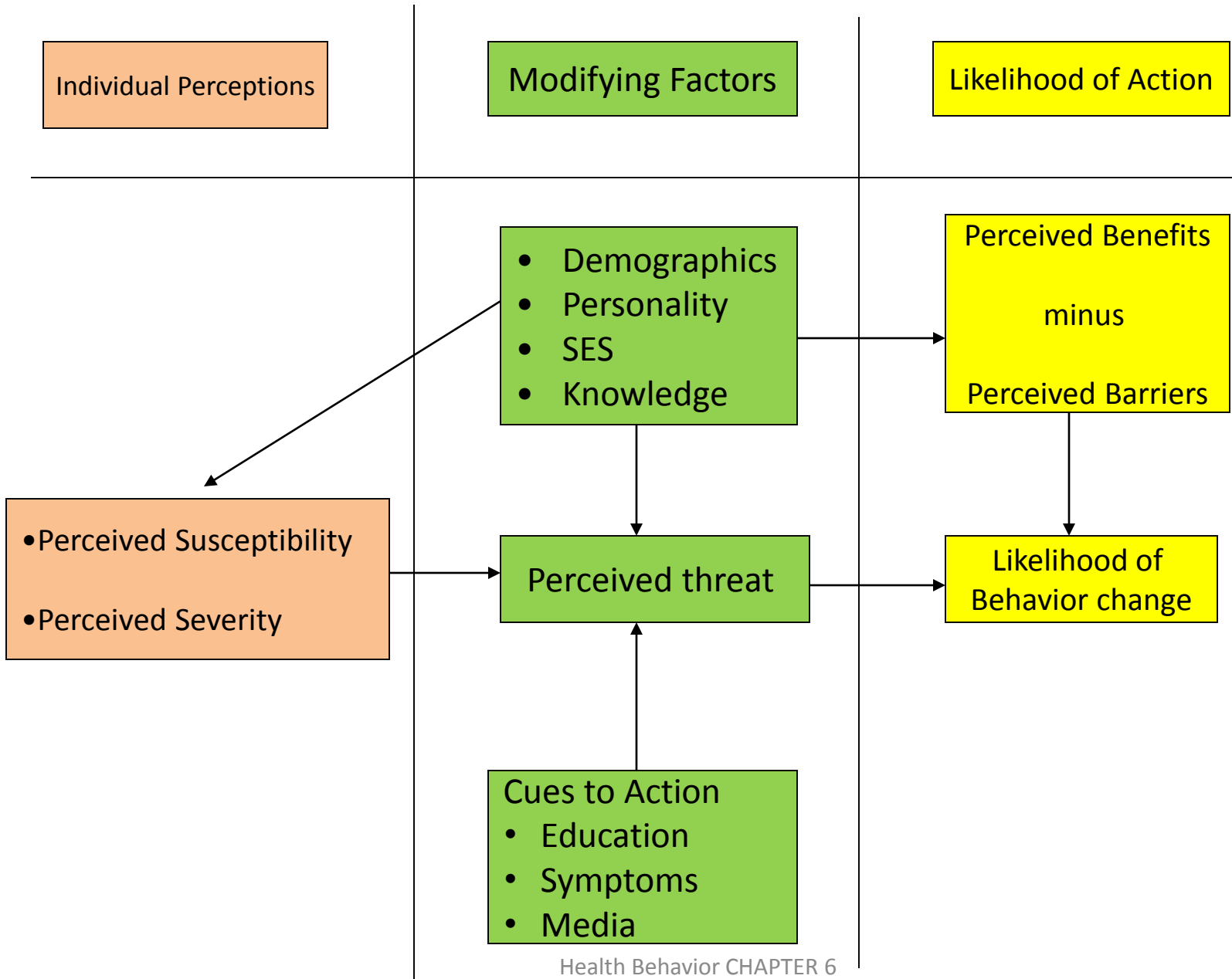


FIGURE 1. A Schematic Outline of the Health Belief Model Proposed by Rosenstock, et al., 1990



Components of HBM

- Perceived Susceptibility: how likely do you think you are to have this health issue?
- Perceived Severity: how serious a problem do you believe this health issue is?
- Perceived Benefits: how well does the recommended behavior reduce the risk(s) associated with this health issue?
- Perceived Barriers: what are the potential negative aspects of doing this recommended behavior?

Additional Components of HBM

- Cues to Action: factors which cause you to change, or want to change. (not systematically studied)
- Self-Efficacy: one's "conviction that one can successfully execute the behavior required to produce the outcomes" (Bandura, 1977).
 - As the health concerns of the nation have shifted to lifestyle-related conditions, self-efficacy has taken on greater importance, both as an independent construct, and as a component of HBM

Susceptibility to illness

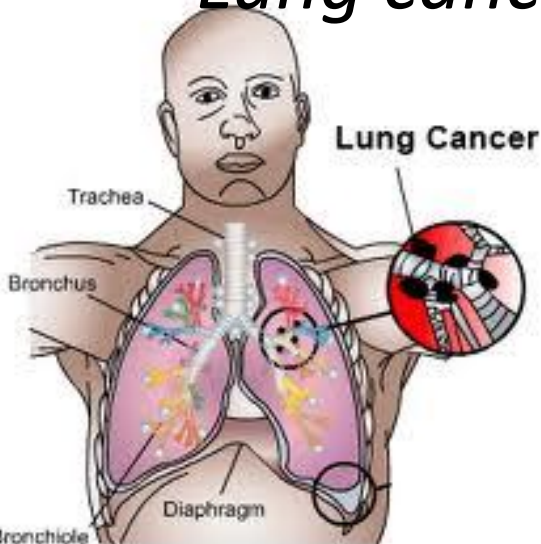
- People perception of risk of disease
- Someone who feels affected by the disease may be more to feel threatened
- *“My chances of getting lung cancer are high”*



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The severity of the illness

- People perception of the severity of an illness due to certain behaviors
- If someone believes the more severe disease as a result it will be increasing threat
- *“Lung cancer is a serious illness”*

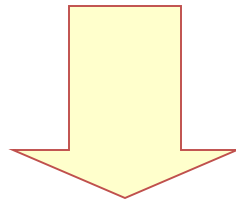


The cost involved in carrying out the behaviour

- The cost is not only financially but also things that are psychological such as worry, shame, pain, etc.
- *“Stopping smoking will make me irritable”*



- Susceptibility to illness
- The severity of the illness
 - The cost



Perceived of Threats
(Persepsi tentang Ancaman)

Threats

- The threat of encouraging individuals take action to prevent disease
- But if the threats are too great even to put fear that inhibits the action because they feel helpless/hopeless.

How to reduce belief of threat

- In order to reduce the threat, offered an alternative action by health workers
- Whether individuals agree or not with alternative behavior depending on the perception of the benefits and barriers to implementation



The Benefits Involved in Carrying Out the Behaviour

- A person will not receive the health behavior recommended unless he is convinced that these behavior could reduce the threat or profitable.
- *“Stopping smoking will save me money”*

Cues to action

- Affects a person in getting a correct understanding challenged vulnerability, severity, and loss of prevention and treatment performed, can come from internal and external factors.
- ***Cues to action***
 - *Internal (The symptom of breathlessness)*
 - *External (Information from leaflet)*

Individual Readiness to do the behavior

- Individual readiness is high when $\text{Benefits} > \text{barriers}$
- Individual Readiness low when $\text{Benefits} < \text{barriers}$
- If benefits and barriers are high \rightarrow the conflict \rightarrow will be difficult to resolve

Other variables: Demographic, Social Psychology and the Structural

→ Preparing conditions : the individual's perception and the perceived of benefits of preventive action.

**Do other application of HBM on
your own case!**

PROTECTION MOTIVATION THEORY (PMT)

Protection Motivation Theory

(Rogers, 1984)

- Extension and re-working of HBM
- Intention to protect oneself is the proximal determinant of health behavior

INTRODUCTION

- Rogers (1975, 1983, 1985) developed a PMT which is a continuation of the HBM theory by incorporating several additional factors.

Protection Motivation Theory

- Intention is dependent on four components:
 - 1) perceived susceptibility
 - 2) perceived severity
 - 3) Self-efficacy
 - 4) Response efficacy (benefits versus barriers)
- Susceptibility and severity are considered “perceived threat”
- Response efficacy and self-efficacy are considered “coping efficacy”

Where Do We Intervene?

- Educate about threat (vulnerability, susceptibility)
 - Fear appraisals
- Educate about coping (response efficacy, self-efficacy)
 - Health education

Application Exercise

- Please choose a health behavior and population
- Assume you are an advertising specialist contracted to develop a persuasive communication (poster, news advertisement etc.) to improve the health behavior for the population
- Create a message that includes severity, susceptibility, response efficacy, and self-efficacy for the target population

PMT concept

- PMT is a process of threat assessment and response evaluation process that resulted in the intention to implement the adaptive response (protection motivation) or maladaptive (putting someone at risk)
- PMT is a theory of behavior that serves to develop interventions to reduce the threat in individuals with research and integrate the concept of psychological, sociological and other related fields.

PMT Model

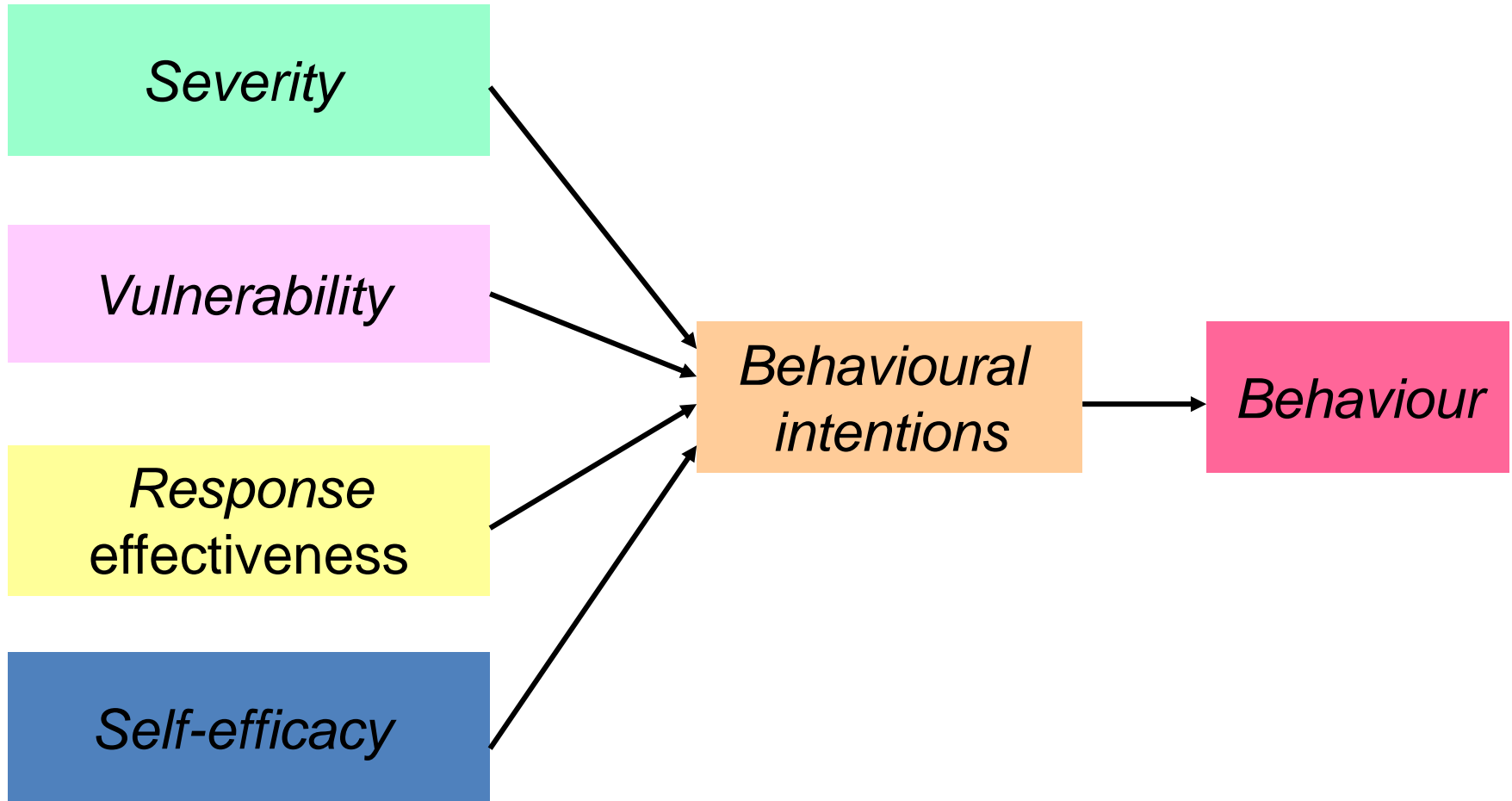
- Explain why people do not live healthy behaviors (threat and vulnerability)
- Offers to health behavior change to the prevention and motivation
 - Offering the effectiveness of behavioral assessment is recommended
 - Increasing confidence in the ability of self-consider other factors that support (eg, cost)

PMT shows that health-related behaviors is formed from four components:

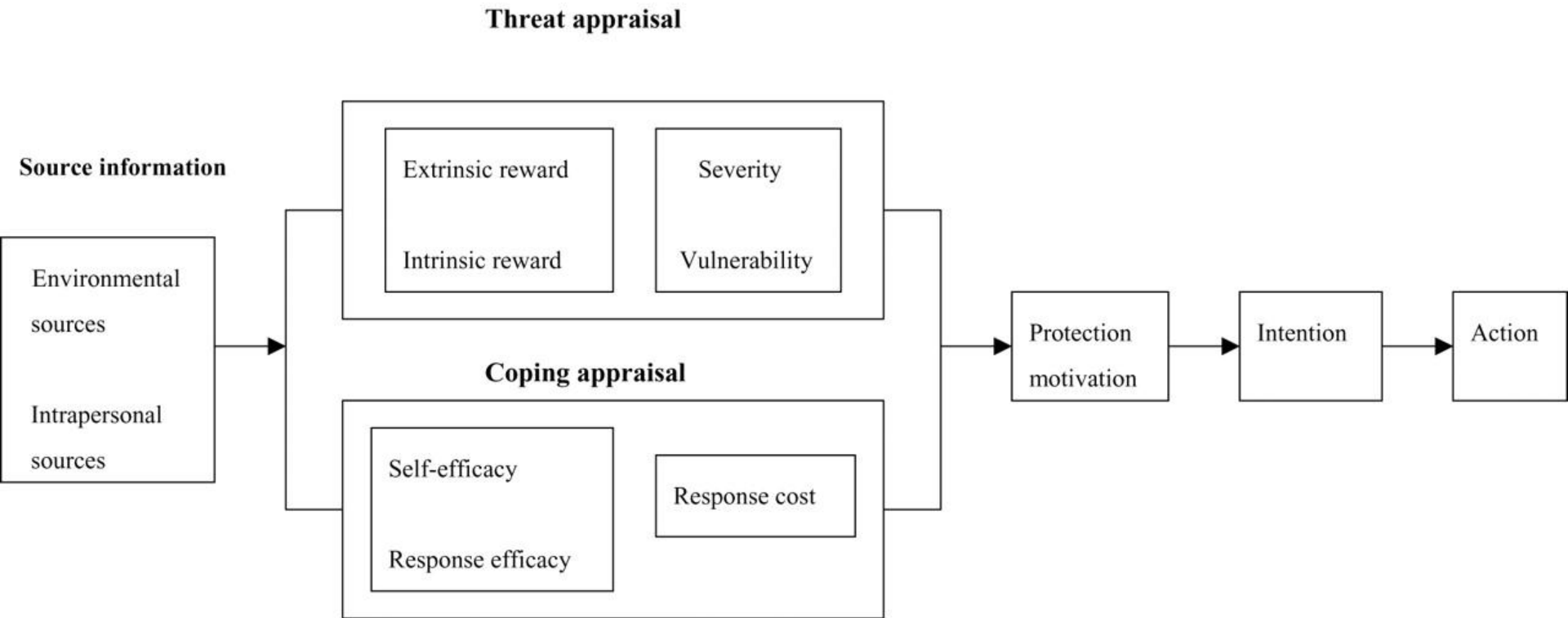
1. *Severity*
2. *Vulnerability*
3. *Response effectiveness*
4. *Self-efficacy*

+ *fifth component : Fear*

THE BASIC OF PROTECTION MOTIVATION THEORY



Protection motivation theory



Wu, Y. et al. *J. Pediatr. Psychol.* 2005 30:127-137; doi:10.1093/jpepsy/jsi001

Protection motivation theory

PMT explain :

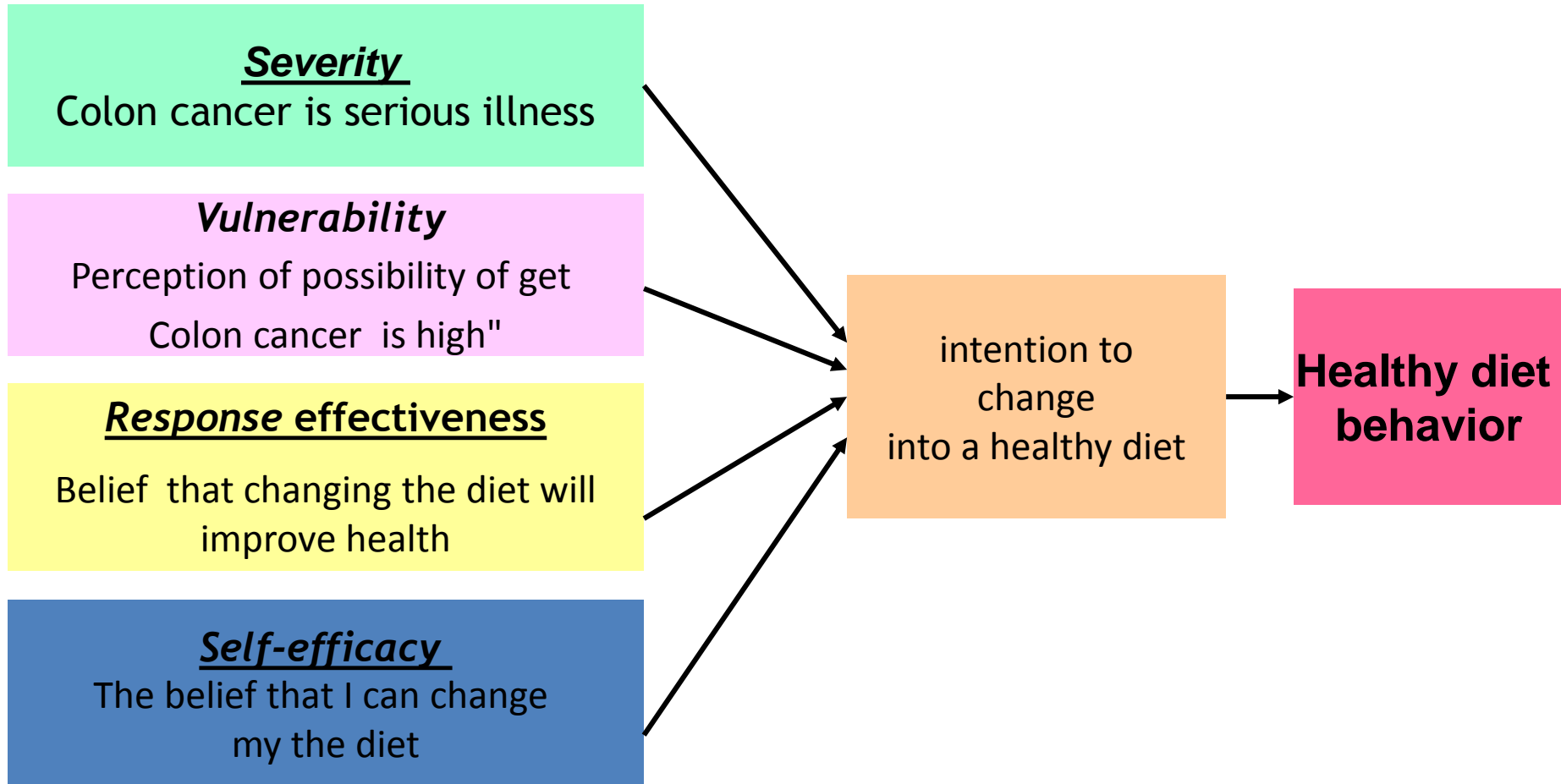
- *Severity, vulnerability, fear → threat appraisal*
- *Response effectiveness, self efficacy → coping appraisal*

Resources of Information

- Environment (eg, verbal persuasion, observation learning)
- Intrapersonal: (eg important experience)

PROTECTION MOTIVATION THEORY

Application on Diet behavior



**Do other application of PMT on
your own case!**

References

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Thank You...