THE HEALTH BELIEF MODEL
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)

• 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

Demographic Variable

Cues to action

Susceptibility

Severity

Benefits

Costs

Likelihood of Behaviour

Background

Sociodemographic Factors
(e.g., education, age, sex, race, ethnicity)

Perceptions

Expectations
- Perceived benefits of action (minus)
- Perceived barriers to action
- Perceived self-efficacy to perform action

Threat
- Perceived susceptibility (or acceptance of the diagnosis)
- Perceived severity of ill-health condition

Action

Cues to Action
- Media
- Personal influence
- Reminders

Behavior to reduce threat based on expectations
Individual Perceptions

• Perceived Susceptibility
• Perceived Severity

Modifying Factors

• Demographics
• Personality
• SES
• Knowledge

Likelihood of Action

Perceived Benefits minus
Perceived Barriers

Perceived threat

Cues to Action
• Education
• Symptoms
• Media

Likelihood of Behavior change
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”
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

Percieved 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 Benefits > barriers
• Individual Readiness low when Benefits < barriers
• If benefits and barriers are high → the conflict → will be difficult to resolve
Preparing conditions: the individual's perception and the perceived 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

- Severity
- Vulnerability
- Response effectiveness
- Self-efficacy

Behavioural intentions

Behaviour
Protection motivation theory

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**

**Severity**
Colon cancer is serious illness

**Vulnerability**
Perception of possibility of getting colon cancer is high

**Response effectiveness**
Belief that changing the diet will improve health

**Self-efficacy**
The belief that I can change my diet

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intention to change into a healthy diet

Healthy diet behavior
Do other application of PMT on your own case!
References


• Smet, Bart. **Psikologi Kesehatan**. Grasindo. Jakarta 1994
Thank You...