Health Belief Models: relevance to HIV? AIDS

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How is theory used?

- Some form of theory already is the basis of prevention interventions.
- Ideas about what determines behaviors/ strengths and needs as individuals and as a community – hands-on knowledge about what works is informal theory.
- **Formal theory** - principles and methods about prevention and behavior change that have already proven useful in some areas of disease prevention and behavior change.
- Theories provide a framework for the goals of an intervention/ help explain aspects of risk-taking behavior when working with a new population.
- Using theories to design HIV prevention interventions can help improve programs, saves valuable time and resources.
Health Behaviour Models

- Behaviour change is a complex process, often difficult to achieve and sustain.
- Health professionals realize that, in their work to encourage healthy behaviours, they are competing against powerful forces, involving social, psychological and environmental conditioning.
- Information is not enough.
- The benefits of behaviour change must be compelling.
A. Health Belief Model

- The Health Belief model is one of the first behaviour change theories developed.
- According to this model, changes in behaviour depend on five factors:
Factors

- **Perceived severity**: the belief that a health problem is serious
- **Perceived threat**: the belief that one is susceptible to the problem
- **Perceived benefit**: the belief that changing one's behaviour will reduce the threat
- **Perceived barriers**: a perception of the obstacles to changing one's behaviour
- **Self efficacy**: the belief that one has the ability to change one's behaviour
A woman has become aware that her husband has other girlfriends (perceived threat). She knows that her friends became HIV+ as a result of their partners also having multiple sexual relationships (perceived severity). Her nurse tells her that abstaining from sexual intercourse or using a condom will decrease the risk (perceived benefit). She is given condoms. Abstaining is difficult because they married and she is worried about using condoms (perceived barriers). On 3 Talk she hears a lady talk about her positive experiences with condoms. She begins using condoms and finds success with this routine (self efficacy).
Health Belief Model

- The provides insights for why people make health decisions and creates a process for encouraging change.
- It is also useful in understanding how to design health education programs and persuasive messages.
B. Stages of Change or Trans-theoretical Model (Prochaska, 1979)

Provides a framework for explaining how behaviour change occurs.

- **Precontemplation**: not thinking about changing behaviour
- **Contemplation**: thinking about changing behaviour in the near future
- **Decision**: making a plan to change behaviour
- **Action**: implementing the plan to change behaviour
- **Maintenance**: maintenance of new behaviour
The transtheoretical model views behaviour change as a process in which individuals are at various stages of readiness to change.

- The Stages of Change Model is not linear.
- People can enter and exit at any point and some people may repeat a stage several times.
Stages of Change
A Spiral Model

‘Linear progression is a possible but relatively rare phenomenon with addictive behaviours

J Prochaska
A patient is vaguely uncomfortable not using condoms and may have even have thought about it, but is content to not use them (precontemplation). His friends have been talking among themselves about using condoms so he decides to talk to someone at the clinic (contemplation). After looking at his options, he takes some condoms for use. (decision). He uses a condom that evening (action). After a few times he stops using condom but feels uneasy about this (contemplation and action). With encouragement from his partner he keeps trying (decision) and finally manages to continue regular use for a few months (action). It's been a year that he’s regularly used condoms, ensures that he visits the clinic for a supply and he pre-arranged with his partner that they will not engage in sex if he has no condom (maintenance).
Stages of Change

Effective Introduction of Change Process

Precontemplation  Contemplation  Preparation  Action  Maintenance

Consciousness Raising  
Social Liberation  
Emotional Arousal  Self Re-evaluation  
Commitment  
Reward  Countering  Environmental Control  Helping Relationships
The Transtheoretical model acknowledges that not everyone is ready to change behaviour.

This model is useful in designing health programs targeted at particular stages of change or for moving individuals through different stages.
C. Social Cognitive Theory

(Bandura 1977)

- Behaviour change is influenced by the environment, personal factors, and aspects of the behaviour itself.
- The theory explains the education process through a number of "constructs."
SCT constructs which have applications in health education are:

- **Reinforcement**: Reinforcements are either positive or negative consequences of a behaviour.
- **Behaviour capability**: In order for a change to take place, one must learn what to do to change and how to do it.
- **Expectancies**: The value one places on the expected result. If the result is important to the person, the behaviour change that will yield the result is more likely to happen.

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STC constructs…

- **Self efficacy**: Belief in one's ability to successfully change one's behaviour. Self efficacy is connected with another construct called "outcome expectations." These are the benefits one expects to receive by changing one's behaviour.

- **Reciprocal determinism**: The dynamic relationship between the individual and the environment.
Social Cognitive theory

helps a health educator understand the complex relationships between the individual and his or her environment, how actions and conditions reinforce or discourage change, and the importance of believing in and knowing how to change.
Model of Medical Help Seeking among urban Africans

Symptoms
- Physical/ Psychological

Understanding of Symptom
- Do not know/
  - Medical lay cultural

Beliefs
- Cultural, Self-blame
- Medical/ Body malfunction

Social Support

Analytic

Actions- Barriers

Triggers

Self-Help (OTC)

Prayer/ Religious rituals

Cultural
- Traditional/ Faith Healer

Wait for Remission

Self perception getting worse

Other Barriers
- Money, Transport, Leave, etc.

Medical