CHAPTER TWO
HEALTH AND BEHAVIOR

Individual Assignment

1. Community diagnosis
2. The current family health problem with covid-19

Objectives

- Describe the concept of behavior
- Identify the factors that affect behavior.
- Discuss on the relationship between behavior and health describe the factors that affect learning.

INTRODUCTION

- Based on the definition, many behaviors are related to health either directly or indirectly. Identifying behaviors will be very helpful to understand the complex relationship between health and behavior.
- **Behavior can be defined as an action that has a specific frequency, duration, and purpose, whether conscious or unconscious. It is associated with practice. It is what we “do” and how we “act”.**

Basic Causes of human behavior

- Human behaviors are affected by multiple factors. Many of these factors operate within the environment. People are in continuous interaction with the environment. Includes social, cultural, economic, political, physical environments, etc. Of course genetic potential also contributes to the development of a behavior. Genetic behaviors are inherited. For example females breast-feed their children. However, environment influences potential.
- Health education is an instrument to shape, modify, change or develop behavior.

Factors affecting behavior

1. Predisposing factors

- Provide the rationale or motivation for the behavior to occur
- Knowledge
- Beliefs
- Attitudes
- Confidence
- Values

❑ Example: Consulting a health care provider for an illness.

Behavior cont’

2. Enabling factors

- These factors enable a motivation to be realize (understand). It Includes:
- Availability and or accessibility of health resources.
- Community, government laws, priority and commitment to health
- Health related skills

Behavior cont’

3. ***Reinforcing factors***

- ✓Family
- ✓Peers
- ✓Teachers
- ✓Employers
- ✓Health providers
- ✓Community leaders
- ✓Decision-makers

Changes in behavior

A. Natural Change

- Our behavior changes all the time. Some changes take place because of natural events or processes such as age and sex related behaviors. Pregnancy related behavior is one example of a natural change of behavior

B. Planned change

- **Transtheoretical model of behavior change**

  The Transtheoretical Model of Change, a theoretical model of behavior change, which has been the basis for developing effective interventions to promote health behavior change.

- The Transtheoretical Model is a model of intentional(delibrate) change. It is a model that focuses on the decision making of the individual

Stages of Change:

- The Temporal Dimension

- **Precontemplation** is the stage in which people are not intending to take action in the foreseeable future, usually measured as the next six months
- **Contemplation** is the stage in which people are intending to change in the next six months. They are more aware of the pros of changing but are also acutely aware of the cons.
- **Preparation** is the stage in which people are intending to take action in the immediate future, usually measured as the next month. They have typically taken some significant action in the past year. These individuals have a plan of action.

Stage cont’

- **Action** is the stage in which people have made specific overt modifications in their life-styles within the past six months. Since action is observable, behavior change often has been equated with action
- **Maintenance** is the stage in which people are working to prevent relapse but they do not apply change processes as frequently as do people in action. They are less tempted to relapse and increasingly more confident that they can continue their change.
- **Termination** - "individuals have zero temptation and 100% self-efficacy... they are sure they will not return to their old unhealthy habit as a way of coping"

THEORIES OF HEALTH EDUCATION

1.The Health Belief Model

- The health belief model has been developed by a group of psychologists in the 1950s to “help explain why people would or would not use health services (Rosenstock, 1966)”. It is one of the most frequently used in health behavior applications of health. The theory has helped to explain different behaviors related to health.

Components of the Health Belief Model

1,**Perceived susceptibility or risk:** perception of the risk of contracting a health problem.

2,**Perceived severity**

The person must perceive the potential seriousness of the condition in terms of pain or discomfort, disability, economic difficulties, death, etc.

3,**Perceived benefits:** individual could be to refrain (cease) from unprotected sexual intercourse and the benefit is perceived as having less risk or not getting HIV/AIDS.

Cont’

4,Perceived barriers

- Barriers may act as obstacles to adopting the recommended behavior. This includes cost, side effects, culture and convenience.
- Following the above example the individual has already adequate knowledge about the disease and transmissions and has developed positive attitudes towards the use of condoms or protected sexual intercourse.

2.Theory of Reasoned Action (Behavioral intention)

- The model assumes that behavioral intention is the basis for a behavior to be adopted. Reasons or intentions behind the action determine the practice. The use of condom or protected sexual intercourse requires development of changes in the feelings and behavior of individuals. In order to develop these changes, individuals should be able to see the values of being healthy and the problems related to the disease (HIV/AIDS) if one gets it. Therefore the intention comes form the values attached to the behavior.

3.Social Learning Theory (SLT)

- Unlike the two theories discussed above, the social learning theory examines behavior in relation to the environment. SLT believes that behavior is dynamic. It emphasizes that people self-regulate their environments and actions. The interaction of people with their environment is multi-lateral (Environment, people and behavior interact).

SLT cont’

- According to the theory, learning takes place through:
- Direct experience: learning through doing.
- Indirect or vicarious experience: through observing others doing the job.
- Cognitive learning: the storing and processing of complex information (evidence based).

4.The PRECEDE-PROCEED model

- PRECEDE is an acronym standing for: Predisposing, Regulatory, and Enabling Constructs in Educational Diagnosis and Evaluation.
- The PROCEED part stands for policy, Regulatory, and organizational constructs in Educational and Environment Development.
- The PRECEDE-PROCEED model is a combination of all the other models. The model is the most frequently utilized model in health promotion programs. The model was conceived by Green and developed for more than two decades by Green and et al.

Precede cont’

- The PRECED part was conceived in 1970s. In the 1980s the PROCEED part was developed as a continuation of the PRECEDE and the model was complete for health promotion planning, implementation and evaluation.

PRECEDE cont’

- The PRECEDE framework direct initial attention to outcome rather than inputs. Outcomes include desired behavioral changes such as use of family planning methods.

PROCEED

- The PROCEED part provides additional steps for developing policy and initiating the implementation and evaluation process. The series of diagnostic procedures, implementation and evaluation phases have been included as an extension of the PRECEDE framework.

There are nine phases with in the PRECEDE-PROCEED model

- The first five phases are that of the PRECEDE part which is helpful for diagnosis of a problem, and
- The rest four phases are that of the PROCEED part for implementation and evaluation

PHASE 1: SOCIAL DIAGNOSIS

PHASE 2: EPIDEMOLOGICAL DIAGNOSIS

PHASE 3: BEHAVIORAL AND ENVIRONMENTAL DIAGNOSIS

PHASE 4: EDUCATIONAL AND ORGANIZATIONAL DIAGNOSIS

PHASE 5: ADMINISTRATIVE AND POLICY DIAGNOSIS

PHASE 6: IMPLEMENTATION

PHASE 7: EVALUATION (PROCESS)

PHASE 8: EVALUATION (IMPACT)

PHASE 9: EVALUATION (OUTCOME)