

THEORIES & MODELS IN HEALTH EDUCATIONS

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OBJECTIVE

At the end of this lecture students will be able to:

- Discuss the role of the theories/models in HE
- Describe the most common theories used in HE
- Discuss the advantages & limitations of each theories/models

What is theory

It is:

“A set of interrelated **concepts**, **definitions**, and **proposition** that present a systematic view of phenomena by specifying **relations among variables** with the purpose of **explaining and predicting** the phenomena”

- Theories explain why, what, how and when a particular behavior occurs.

Theory ...

- They are, by nature, abstract, and don't have a specified content or topic area.
- Like empty coffee cups, theories have shapes and boundaries, but nothing inside.
- They become useful when filled with practical topics, goals, and problems.

Models

- Are generalized, hypothetical descriptions, often based on an analogy, used to analyze or explain something.
- Models “...a subclass of theory”
- Representations of theories
- *Models may draw on a number of theories to help understand a particular problem in a certain setting or context.*

Conceptual framework

- Many of the theories are not well developed or have not been rigorously tested.
- Because of this, they often are called *conceptual frameworks* or *theoretical frameworks*; here the terms are used interchangeably.

Theory ...

- "theories are interpreted in different ways depending on the **stage of development of the field of study** (Bandura 1986).
- In advanced disciplines, **theories integrate laws**; in less advanced fields, theories **specify the determinants** governing the phenomena of interest."
- The term *theory* is used in the latter sense in *Health Behavior and Health Education*, because the field is still relatively young.

Concepts, Constructs and Variables

- *Concepts* are the building blocks—the primary elements—of a theory.
- *Constructs* are concepts developed or adopted for use in a particular theory.
The key concepts of a given theory are its constructs.
- *Variables* are the operational forms of constructs.

Origins of HP theories

- Most from **behavioral & social sciences**:
 - psychology, sociology, marketing, management & political sciences.
- Most HP theories were developed by social scientists in USA.
- As such reflects **western values & assumptions**.
- Most of the theories are **not highly developed, nor extensively tested**.

Considerations when reviewing Theories

- There is **no right or wrong theories**, it is just d/nt ways of looking at health issues
- It is a **guide lines** for **understanding change & developing appropriate programs**, not absolute rules or laws governing how change takes place.
- It is based on **very narrow assumptions** about individual behavior change
- Theories **should never be applied without a thorough understanding** of the individuals, organizations & communities

Fitting theory to the field of practice

- No single theory dominates HE and HP
- Some theories focus on individuals as the unit of change.
- Others examine change within families, institutions, communities, or cultures.
- Adequately addressing an issue may require more than one theory, and no one theory is suitable for all cases.

Fitting theory...

- *Effective practice depends on using theories and strategies that are appropriate to a situation.*
- Selecting an appropriate theory or combination of theories **helps take into account the multiple factors** that influence health behaviors.

Fitting theory...

- Choosing a theory does not begin with a theory
- Instead, starts with a thorough assessment of the situation:
 - the units of analysis or change,
 - the topic, and
 - the type of behavior to be addressed.
- **Different theoretical frameworks are appropriate and practical for different situations, so be selective.**

Characteristics of a Useful Theory

- A useful theory makes **assumptions** about a behavior, health problem, target population, or environment that are:
 - **Logical**
 - **Consistent with everyday observations;**
 - **Similar to those used in previous successful programs; and**
 - **Supported by past research in the same area or related ideas.**

Some fundamental concepts of theory

Understanding the application of theory requires mastery of the following fundamental concepts.

1. Theory is dynamic
2. Theories have different paradigms
3. Theories have multiple functions
4. Theory guides planning
5. Theory is a tool

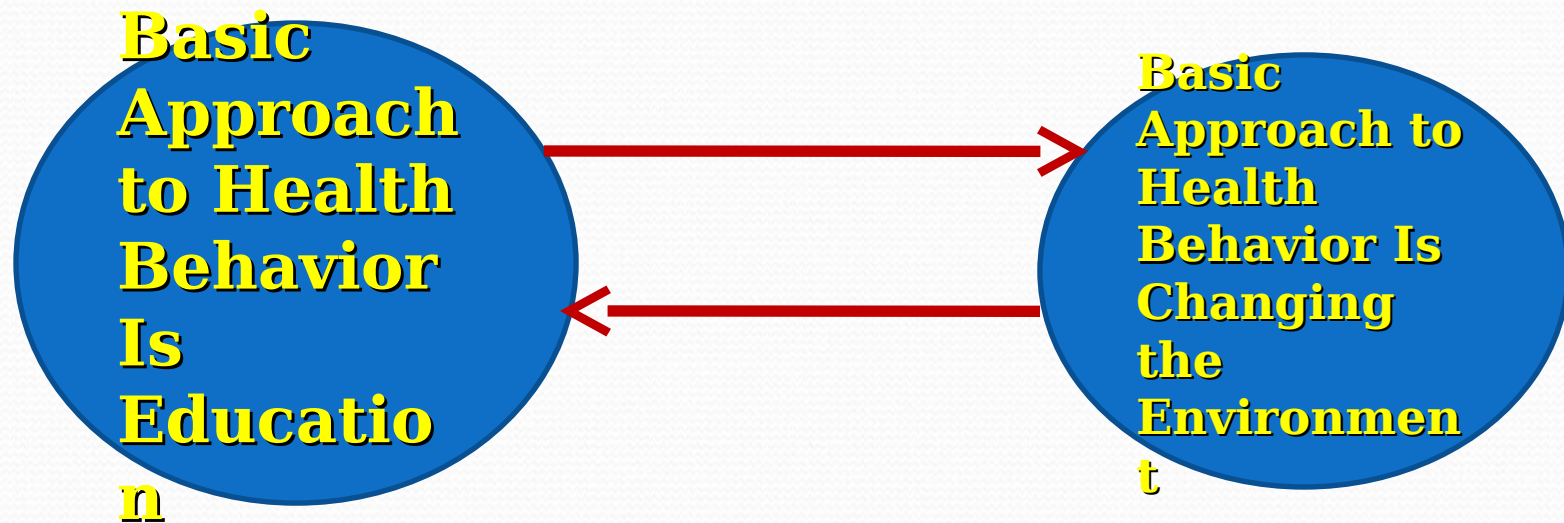
1. Theory is dynamic

- Theories are seldom static; instead they change and evolve to better serve public health (Crosby, Kegler, and DiClemente, 2002).
- As practice needs change, research is conducted to help identify new solutions.
- Theories are utilized to inform these solutions.
- Theory cannot be rigid, simply because people and public health issues are diverse and continually evolve.

2. theories have different paradigms

- A paradigm may be something that is a recognized part of thinking and problem solving.

A Continuum of Theory



3. theories have multiple functions

- Theory aids public health intervention efforts in multiple ways, depending on the specified objectives to be achieved.

“Why phase”

1. Why do people engage in behaviors that increase their risk and
2. What factors predict adoption of health-protective behaviors?

“how phase”

- understanding how people go about actually adopting, performing, and possibly repeating the health- protective behavior in question.

4. Theory guided planning

- Health promotion programs generally starts from community assessment.
- Community assessments include extensive identification of physical, social, legal...factors that may be related to the health behaviors in question.
- **Theory-based planning frameworks can be used to guide these assessments, which in turn can be used to plan** the action steps of the health promotion program.
- Eg. PRECEDE-PROCEED model, MATCH model

5. Theory is a tool

- Much like biostatistics, theory is a necessary system of thinking needed to efficiently understand and address public health problems.
- It is a means to an end, with the “end” being some form of tangible benefit to public health.
- Theories, as a set of tools, have the potential to facilitate or streamline the planning process.
- Indeed, nearly every prevention opportunity will have a corresponding theory (or theories) that can greatly aid the task of intervention development and dissemination.

How are theories used in HP?

Health promoters apply theories to:

- **Understand** the individuals, organizations & communities they work with
- **Guide** the selection & development of appropriate HP strategies
- **Explain** the factors promoting & inhibiting change at the individual, community & societal level

THE ROLE OF THEORY IN HEALTH BEHAVIOR

- Provide a conceptual framework for selecting key constructs hypothesized to influence health behavior.
- Facilitates the complex process of organizing and understanding information
- Provides a useful reference point to help keep research and implementation activities clearly focused.

THE ROLE OF THEORY...

- Theories are useful during the various stages of **planning, implementing, and evaluating** interventions.
- Program planners can use theories to shape the pursuit of answers to ***Why? What? How?***
- Search for **why** people are not following public health and medical advice or not caring for themselves in healthy ways.*

THE ROLE OF THEORY...

- They can help pinpoint *what* one needs to know before developing and organizing an intervention program.
- They can provide insight into *how* to shape program strategies to reach people and organizations and make an impact on them.
- They also help to identify *what* should be monitored, measured, and compared in a program evaluation (Glanz, Lewis, and Rimer, 1996; Glanz, Rimer, and Lewis, 2002).

THE ROLE OF THEORY...

- Theory can also help planners to identify the most **suitable target audiences**, methods for fostering change, and outcomes for evaluation.
- So, program planning, implementation, and monitoring processes based in theory are more likely to succeed than those developed without the benefit of a theoretical perspective.

Categories of Theories & Models

Several ways of categorizing theories & models

1. Planning models

(theories/models of implementation):

- used for planning, implementing & evaluating HPP
 - eg. PRECEDE-PROCEED MODEL

2. Behavior change theories

(change process theories):

- help to explain how behavior change takes place

Categories...

- **Behavior change theories** can be further classified on the basis of being directed at the level of:
 - a) Individual (Intrapersonal);
 - b) Interpersonal; or
 - c) Community.

Categories...

Another classification

1. Explanatory theory (theory of the problem)
2. Change theory (theory of action)

Another classification

1. Theories explaining health behavior change in individuals
2. Theories explaining change in communities
3. Theories explaining change in organizations
4. Theories explaining the development of healthy public policy

Explanatory theory & change theory

1. Explanatory theory (theory of the problem)

- *Describe and identify* why a problem exists
- Predict behaviors under defined conditions
- Guide the search for modifiable factors like knowledge, attitudes, self-efficacy, social support, and lack of resources
- Examples: HBM, TPB, and PAPM

2. Change theory (theories of action)

- Guides the development of health interventions.
- It spells out concepts that can be translated into program messages and strategies, and
- Offers a basis for program evaluation.
- Examples:
Community Organization and Diffusion of Innovations theories.

Explanatory & change theory...

- Explanatory theory sheds light on the nature of the *problem* and helps to identify the range of factors that the health promoter might seek to modify.
- In contrast, change theory informs the development and implementation of intervention strategies.

1. Individual Health Behavior Model

- Focus on individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits
- Health Belief Model
- Theory of Reasoned Action/Planned Behavior
- Trans-theoretical Model/Stages of Change
- ETC

2. Interpersonal Health Behavior Theories/Models

Focus on interpersonal processes including relationship with family, friends, and peers

- Social Cognitive Theory
- Health Locus of Control
- Elaboration Likelihood Model

3. Community level Models

- Community-level models are frameworks for understanding **how social systems function and change**, and how communities and organizations can be **activated**
- **Diffusion of Innovation**
- *Community Organization and Other Participatory Models*
- *Communication Theory*

HEALTH BELIEF MODEL

1. The health belief model (HBM)

- The HBM has been developed by a group of psychologists in the 1950s to explain **why people would or would not use health services**
- The model is used in explaining and predicting preventive health behavior, as well as sick-role and illness behavior.
- **It emphasizes the intellectual dimension of health behavior.**

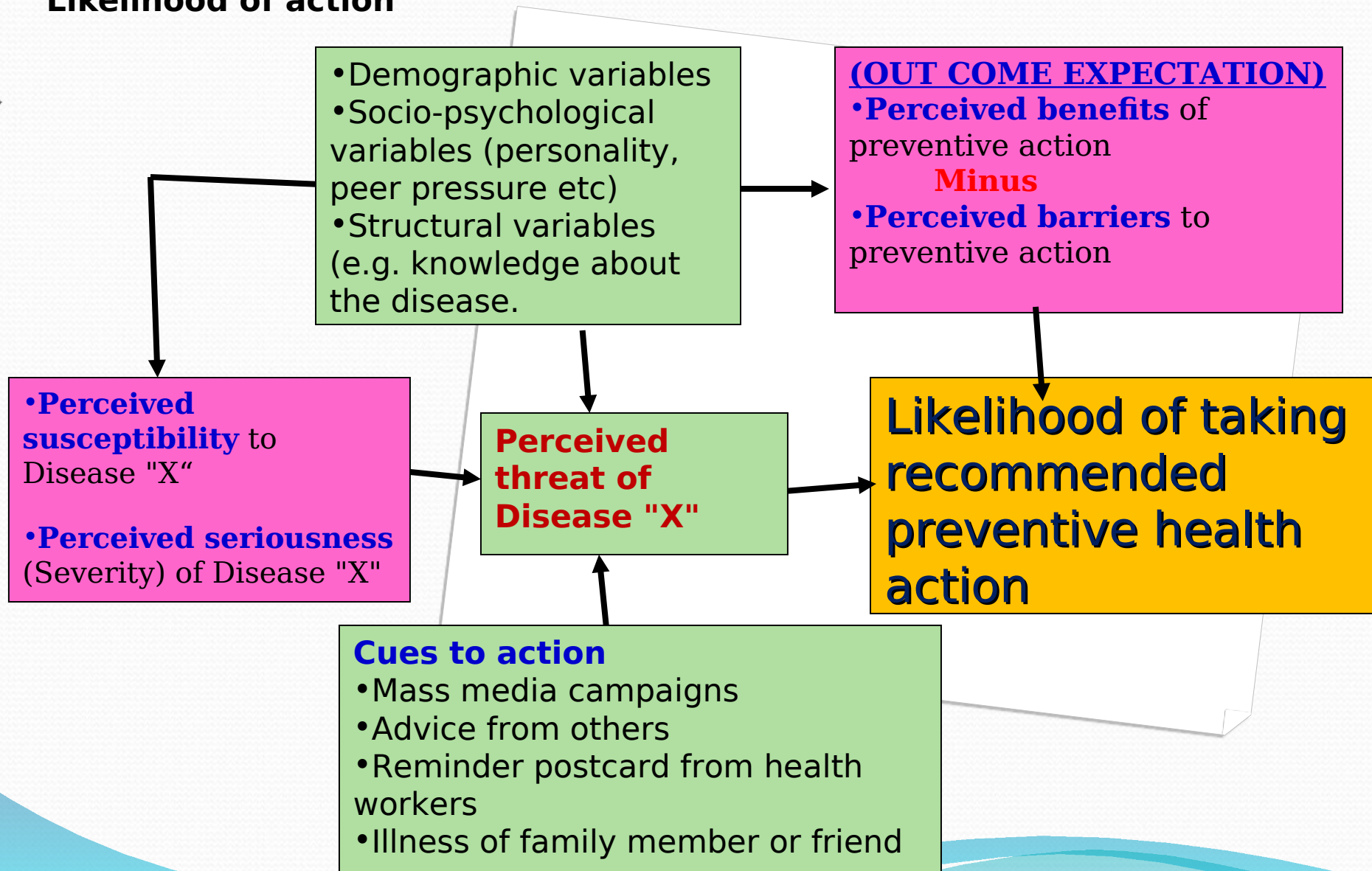
Components of the HBM

- **Perceived Susceptibility**-the belief that one is at risk of contracting a health problem
- **Perceived severity**-the belief that a health problem is serious
- **Perceived benefit**-the belief that changing one's behavior will reduce the threat
- **Perceived barriers**-a perception of the obstacles to changing one's behavior eg. Cost, side effect, culture...
- **Self efficacy**-the belief that one has the ability to change one's behavior
- **Cues to Action** - may be internal or external.

HEALTH BELIEF MODEL

Individual perception
Likelihood of action

Modifying Factors



Health belief model...

- A person's motivation to undertake a health behavior can be divided into three main categories:
 1. Individual perceptions,
 2. Modifying behaviors, and
 3. Likelihood of action.

Health belief model...

- **Individual perceptions** are factors that affect the perception of illness or disease. It includes: general health value, perceived susceptibility, and perceived severity.
- **Modifying factors** include demographic variables, perceived threat, and cues to action.
- **The likelihood of action** is the likelihood of taking the recommended preventive health action.

Perceived threat

- is made up of the perception that one is **susceptible** to illness (i.e. Personal risk) & the perception that the illness is **serious**.
- The perception of personal health threat is influenced by at least three factors:
 - ✓ general health values
 - ✓ specific beliefs about vulnerability &
 - ✓ Beliefs about the consequences of the disorder.

Outcome expectation

- Is made up of the perceived benefits of the specified action minus the perceived barriers to the action
- Overall, **perceived barriers** to the practice of the health behavior is the most powerful dimension influencing whether or not people actually practiced a particular health behavior.
- Once an individual perceives a threat to his/her health and is simultaneously cued to action, and his/her perceived benefits outweighs his/her perceived barriers, then that individual is most likely to undertake the recommended preventive health action.

Drawbacks of the HBM

- 1. Different questions are used in different studies to tap the same beliefs.***

Consequently, it is difficult both to design appropriate **tests of the model and to **compare results across studies**.**

- 2. Factors other than health beliefs like **SES** also **heavily influence** the practice of health behaviors.***
- 3. The HBM appears to predict health behaviors best when other demographic factors, such as **SES** and education, have already been considered.***

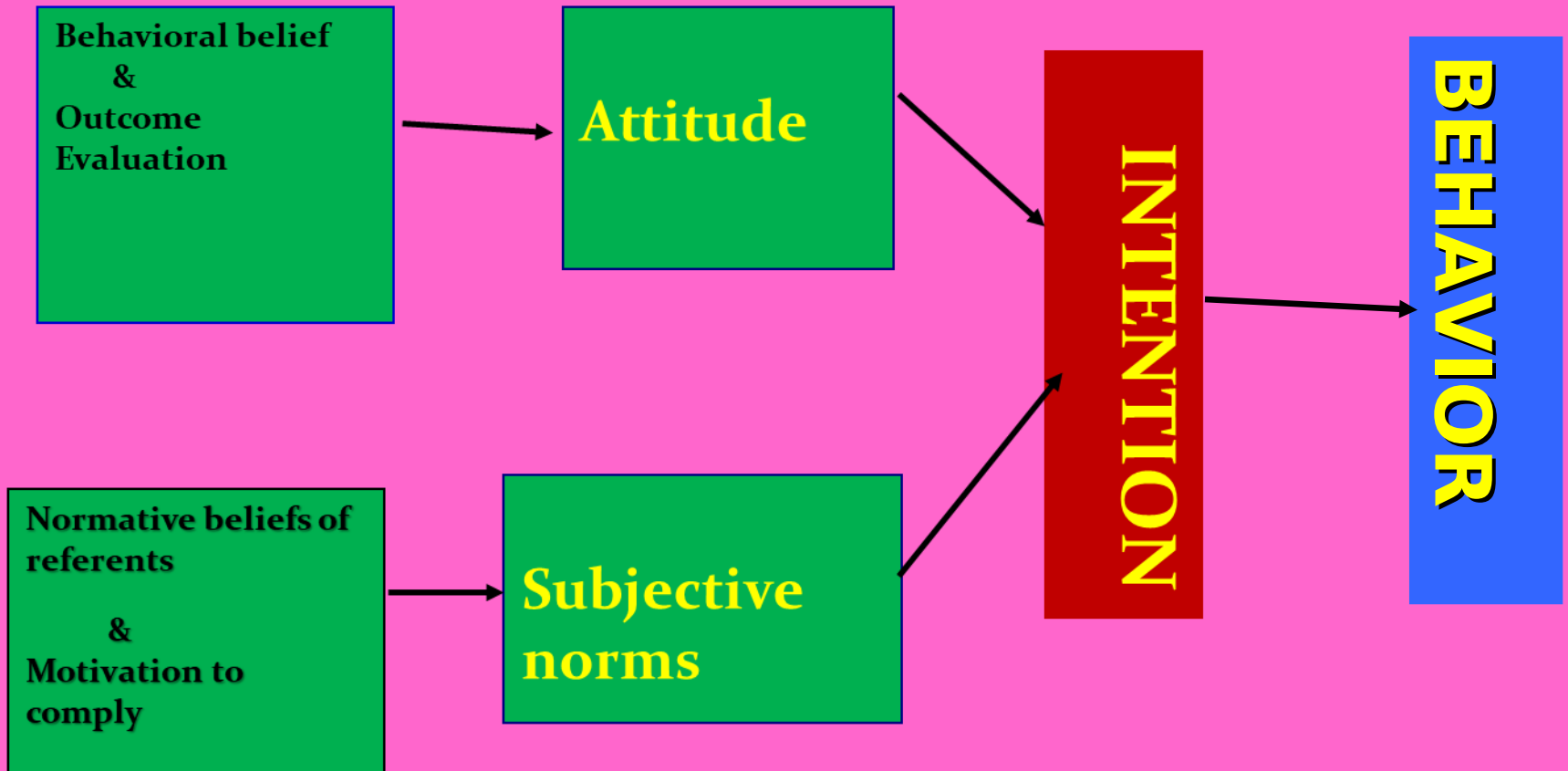
Theory of Reasoned Action (TRA) & Planned Behavior (TPB)

Introduction

- **TRA** was introduced by **Fishbein** in **1967**
- Modified & Refined over time (eg. Ajzen & Fishbein, 1980)
 - concerned with the **prediction** and **understanding** of **human behavior**
- It was designed to explain all human behavior that is **under volitional control**

Assumption:-

- The theory rests on the assumptions that humans are:
 - rational,
 - have control over their behavior, and
 - seek out, utilize, and process all available information about pending decisions before they take actions (Crawley & Koballa, 1994).
- therefore, Ajzen and Fishbein refer to their approach as "a theory of reasoned action" (Ajzen and Fishbein 1980).



The theory of reasoned action.

it can be represented by the equation:

$$B \sim I = w_1 [AB] + w_2 [SN]$$

$B \sim I$ = intention to perform the behavior,

AB = attitude towards the behavior,

SN = subjective norms and

w_1 and w_2 = the respective weights associated with the

attitude and subjective norms.

- ✓ This model provides for the weighting of attitudinal and normative components in order to reflect their relative importance in determining behavioral intentions.

$BA = \text{Sum of } (bi) \times (ei)$

BA = belief-based attitude score

bi = behavioral beliefs

ei = outcome evaluations

$BSN = \text{Sum of } (nb) \times (mc)$

BSN = Belief-based subjective norm score

nb = normative beliefs and

mc = motivations to comply

TRA...

- **Intentions** are most immediate influence or determinant of **behaviors**

If one has **intend** to perform a behavior then it is likely that he/she will do so, if **not intend** then it is unlikely to be performed.

- Performing a **behavior** is a *function* of **intention** to perform the behavior

TRA...

- **Intention** :- function of two basic determinants: one **personal** and the other **social**
- Personal factor = **attitude** toward the behavior
- The social factor = **subjective norm (SN)**

SN is the person's perception of the **social pressures** put on that person to perform or not perform the behavior in question.

TRA...

The importance of the two components(**attitude & subjective norm**) in determining intentions may **vary** from one behavior to another and from one individual to another

In general, individuals will intend to perform a behavior when they **evaluate** it positively and when they **believe** that **important others** think they should perform it.

TRA...

Determinants of Attitude toward an Act

- **Behavioral beliefs** = The person's **beliefs** that the behavior leads to certain *outcomes* and
- **Evaluation of outcome** = his or her **evaluations** of those *outcomes*

TRA...

- An **attitude** toward a behavior can be predicted by the ***product*** of the ***outcome evaluation*** and ***belief strength***

➤ **Implications of this approach:**

Two people may have the same set of beliefs about a behavior but a totally different attitude because of different outcome evaluations or belief strengths

TRA...

- **Intervention: By**

- Changing what ***beliefs*** are salient in a situation
- Changing ***evaluations*** of beliefs
- Changing ***strength*** of belief

TRA...

Determinants of Subjective Norms

1. Normative beliefs
2. Motivation to comply

1. Normative beliefs = belief about what a specific *referent* person thinks one should or should not do regarding the behavior

Referent = specific individual or group who may influence one's behavior

TRA...

- For any given behavior at a given time, we will have a set of **salient referents**
 - For each **referent**, we have a ***normative belief***, what we think that referent would want us to do
2. For each ***referent***, we have a specific level of ***motivation to comply*** with their wishes for us

TRA...

E.g. If some one believes that **other people think** he/she should stop smoking or chewing chat ,and **motivated** to comply with those normative beliefs then he/she may assume that it is a ***norm***(subjective)

TRA...

- A person's **subjective norm** is a function of their ***normative beliefs*** for salient referents, and ***motivation to comply*** with these different referents

- **Implications of this approach:**

Two people may have the **same set of referents** about a behavior but a totally different SN.

Applications

Based on this theory we can think about health habits

- One of the strength of this approach is behavioral intention is measured at a very **specific** (***behavioral*** and ***normative beliefs***) rather than a **general** level

Application...

- In the past decades has strongly influenced **attitude-behavior** researches
- Numerous applications on health and health related concerns like **FP, substance abuse, patient satisfaction, immunization, HIV/AIDS** and **hypertension** was observed

Limitations

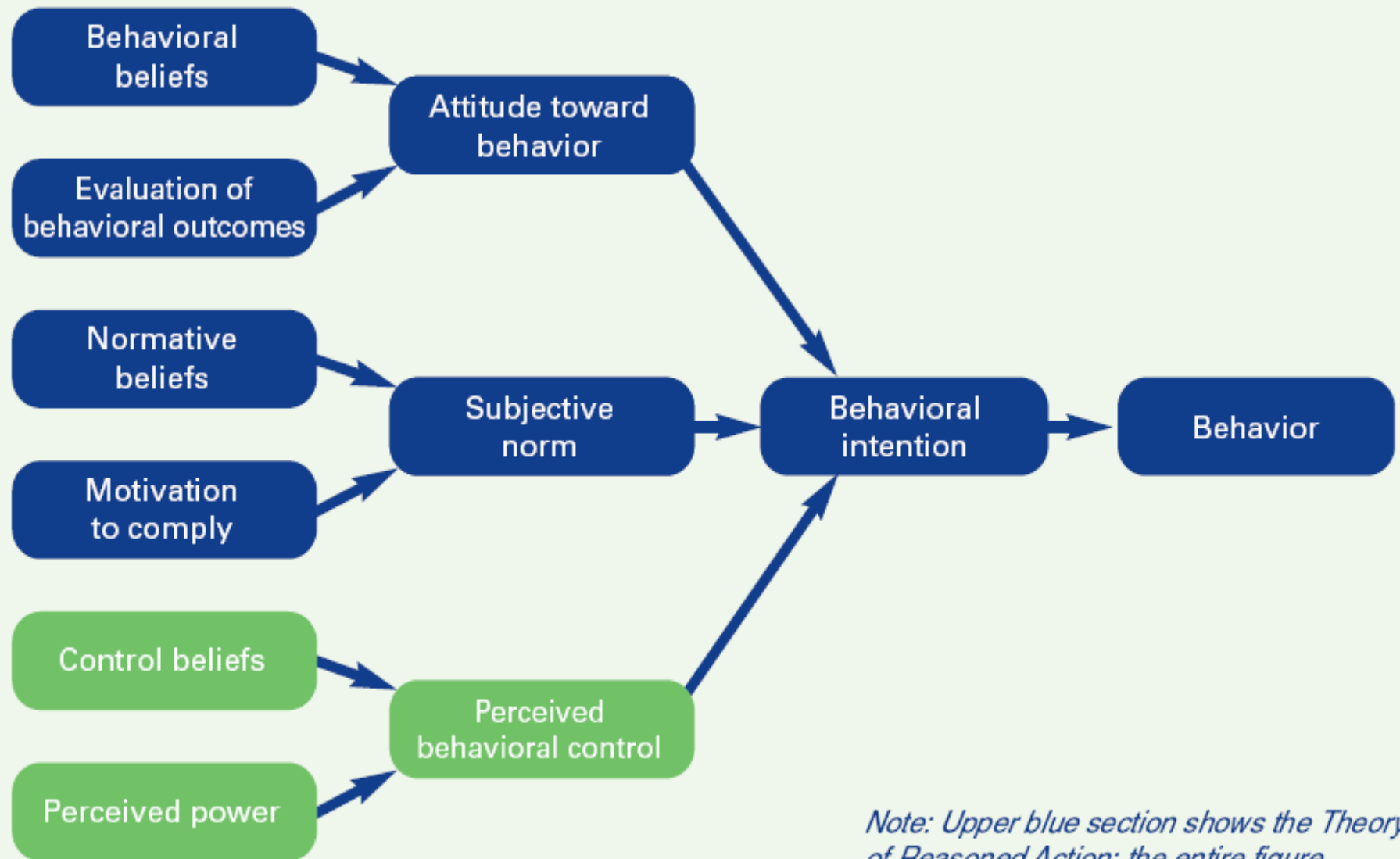
- Not appropriate for predicting or explaining behavior in situations where people had **little power** over events **around**, i.e **if there is non volitional control**
- It is almost entirely **rational** and does not provide explicitly for **emotional** fear arousal elements such as perceived susceptibility to illness

Extensions (TPB)

- To improve the predictive power of TRA, Ajzen(1985) added a **third** construct (**Perceived behavioral control**) to the original theory to **account** for the performance of behaviors which **are not completely under the subject's control**.



Theory of Planned Behavior



Note: Upper blue section shows the Theory of Reasoned Action; the entire figure shows the Theory of Planned Behavior.

it can be represented by the equation

$$B \sim I = w_1[AB] + w_2[SN] + w_3[PBC]$$

- **PBC = sum of (cb)x(pc)**
cb = control beliefs
pc = power of a control

TPB...

Perceived behavior control:

- is a perceived ease or difficulty in performing a behavior
- It Cover **non volitional factors** which interfere with ones attempt to perform a behavior
- Made up of **control beliefs** and perceived **power of a control**

TPB...

The **TPB** predicts two possible effects of **perceived behavioral control** (PBC) on behavior:

- (1) PBC reflects motivational factors that have an **indirect** effect on behavior through intentions, also
- (2) PBC reflects actual control and has a **direct** link to behavior not mediated by intentions.

TPB...

Scope and Application of TPB

- Provide useful information for the development of ***communication strategies***
- In evaluation studies, **voting** behavior, disease prevention behavior, birth control behavior, consumption prediction

Example

Researches on whether teachers intend to *teach about HIV/AIDS in school.*

TPB...

- Despite their significant role of the theory, it shows some *limitations*, and as a result, various *modifications* and *extensions* have been suggested.
- Even Ajzen and Fishbein (1980, p.246) clarify that "the theory is still *in the process of development*. "
- Therefore, **further research** exploring TRA and TPB will offer an opportunity to enhance the ability to *understand, explain, predict*, and *influence* numerous human behaviors, not to mention consumer or health behavior

When does intention predict behavior?

3 conditions

- Intention and behavior must correspond in **specificity** of action, target, context and time frame.
- Intention does not change in the interval between assessment of intention and assessment of behavior.
- The behavior in question is under volitional control.

Transtheoretical model (stages of change)

Introduction

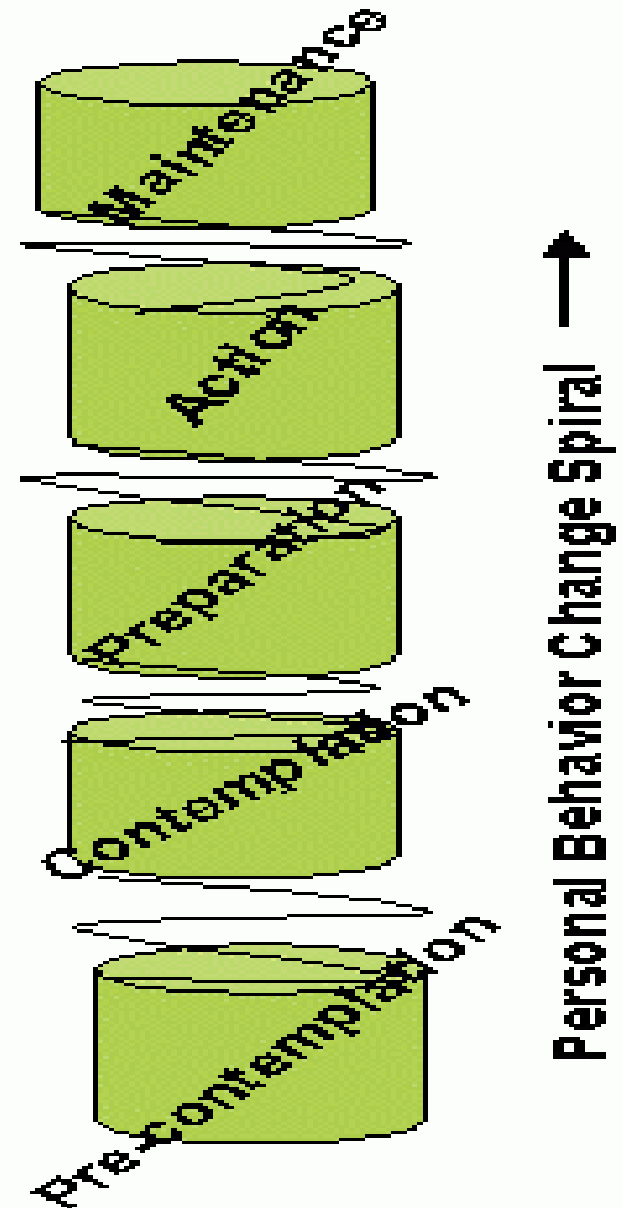
- Evidence suggest that behavior change occurs in stages or steps
- Movement through these stages is not linear
- But, rather cyclical involving pattern of adoption, maintenance, relapse & re-adoption over time .

Introduction cont'd

- Prohasska and Di-clemente (1984) have formally identified the dynamics and structure of staged behavior change
- In attempting to explain these patterns of behavior they developed a transtheoretical model
- They proposed that behavior change occurs in
5 distinct stages
through which people move
in a
cyclical or spiral pattern

Stages of change

1. Precontemplation
2. Contemplation
3. Decision
4. Action
5. Maintenance
6. Termination



STAGES OF BEHAVIOR CHANGE

1) Precontemplation (“**ignorance is bliss**”)

- Person does not thinking about changing behavior

2) Contemplation (“**sitting on the fence**”)

- Thinking about changing behavior in the near future
- People are aware that a problem exist and
 - are seriously considering taking some action to address the problem
 - but, they have **no commitment** to undertake action

3) Preparation (**testing the waters**)

- Making a plan to change behavior
- Person decided to act
- Prepares to under take the desired change
- Requires :
 - gathering information
 - finding out how to achieve the change
 - ascertaining skills necessary
 - deciding when change should take place`

4) Action (“go for it”)

- Implementing the plan to change behavior
- Individuals actually modify their behavior, experiences, or environment in order to overcome their problems or to meet their goals

5) Maintenance (“steady as she goes”)

- Continuation of behavior change
- People work to prevent relapse & consolidate the gains attained in the action stage
- ***Characteristics :***
 - Stabilization of the new behavior
 - Avoidance of relapse

6. Termination

- The person has zero temptation and ability to resist relapse.

Summary

- Everyone is not ready to change behavior
- Behavioral change occurs in a cyclical process that involves both progress and periodic relapse.
- People are thought to progress through these 5 stages at varying rates.
- Even with successful behavior change, people are likely to move back & forth along the continuum a number of times before attaining the goal of maintenance

Summary ...

- Tailoring interventions (designing health programs) to match a person's readiness or stage of change is essential.
 - eg - *Consciousness raising*
(Precontemplation)
 - *Self re-evaluation*
(Contemplation)
 - *Providing skills*
(Action)
 - *Reinforcement, Supporting environment*
(Action, Maintenance) ,etc.

Social Cognitive Theory (SCT)

Social Cognitive Theory

- Social Cognitive Theory (SCT) describes a dynamic, ongoing process in which **personal factors, environmental factors, and human behavior** exert influence upon each other
- According to SCT, three main factors affect the likelihood that a person will change a health behavior: (1) self-efficacy, (2) goals, and (3) outcome expectancies.
- If individuals have a sense of personal agency or self-efficacy, they can change behaviors even when faced with obstacles.

SCT...

- As a person adopts new behaviors, this causes changes in both the environment and in the person.
- SCT evolved from research on Social Learning Theory (SLT),
which asserts that people learn not only from their own experiences, but by observing the actions of others and the benefits of those actions.

SCT...

- Bandura updated SLT, adding the construct of self-efficacy and renaming it SCT.
- Though SCT is the dominant version in current practice, it is still sometimes called SLT.
- It has been used successfully as the underlying theory for behavior change in areas ranging from dietary change to pain control

SCT...

- Self-efficacy is the core concept in SCT
- Self-efficacy is the perception of one's own capacity for success in organizing & implementing a pattern of behavior that is new, ...
..... based largely on experience with similar actions or circumstances encountered or observed in the past

- Strategies for increasing self-efficacy include:
 - ✓ Setting incremental goals (e.g., exercising for 10 minutes each day);
 - ✓ Behavioral contracting (a formal contract, with specified goals and rewards); and
 - ✓ Monitoring and reinforcement (feedback from self-monitoring or record keeping)

SCT...

- According to the theory learning takes place through:
 - 1.Direct experience:** learning by doing
 - 2.Indirect or vicarious experience:** learning through observing others doing the job
 - 3.Cognitive learning:** the storing & processing of complex information (evidence based)

Assumptions

There are several versions of SLT, but researchers currently share three basic tenets :

- **Tenet 1:** Response consequences (such as rewards or punishments) influence a particular behavior.
- **Tenet 2:** Human being can learn by observing others, in addition to acting personally.
- **Tenet 3:** Individuals are most likely to model behavior observed by others.

Key Constructs of The Theory

<i>Concept</i>	<i>Definition</i>
Reciprocal determinism	The dynamic interaction of the person, behavior, and the environment in which the behavior is performed
Behavioral capability	Knowledge and skill to perform a given behavior
Expectations	Anticipated outcomes of a behavior

Key Constructs of the Theory

Self-efficacy

Confidence in one's ability to take action and overcome barriers

Observational learning (modeling)

Behavioral acquisition that occurs by watching the actions and outcomes of others' behavior

Reinforcements

Responses to a person's behavior that increase or decrease the likelihood of reoccurrence

REINFORCEMENT

- *Reinforcements are responses to behavior that affect whether or not one will repeat it.*
- *Positive reinforcements (rewards) increase a person's likelihood of repeating the behavior.*
- *Negative reinforcements may make repeated behavior more likely by motivating the person to eliminate a negative stimulus (e.g., when drivers put the key in the car's ignition, the beeping alarm reminds them to fasten their seatbelt).*

- *Reinforcements can be internal or external.*
- *Internal rewards are things people do to reward themselves.*
- *External rewards encourage continued participation in multiple-session programs, but generally are not effective for sustaining long-term change because they do not bolster a person's own desire or commitment to change.*

Limitations:

- The theory's comprehensiveness and complexity make it difficult to make it operational.
- Many applications of the SCT focus on one or two constructs, such as self-efficacy, while ignoring the others.



DIFFUSION OF INNOVATIONS THEORY (DOI)

Dol...

- process by which innovation is communicated through certain channels over time among the members of a social system
- The four main elements of the definition are:
 - I. Innovation
 - II. Communication channels
 - III. Time
 - IV. Social system

I. Innovation

idea, practice, or object that is **perceived** to be new by an individual or other unit of adoption

- The **Characteristics** which determine an innovation's rate of adoption are:

1. **Relative advantage**

-is the degree to which an innovation is perceived as better than the idea it replace

Characteristics...

2. Compatibility

-is the degree to which an innovation is perceived as being consistent with the existing values, past experiences, and needs of potential adopters

3. Complexity

-is the degree to which an innovation is perceived as difficult to understand and use

Characteristics...

4. Trialability

-is the degree to which an innovation may be experimented with on a limited basis

5. Observability

-is the degree to which the results of an innovation are visible to others

II) communication channels

-It is the means by which messages get from one individual to another.

Mass media

Interpersonal

III. TIME

- the three time factors are:
 - (a) innovation-decision process
 - (b) innovativeness
 - (c) innovation's rate of adoption

a) The Innovation - Decision Process

- **/The Adoption Process /** - the process an individual passes from first knowledge of an innovation to confirmation of his decision.
- Five stages through which innovation passes:

5 stages of Innovation- Decision Process...

1. **Awareness/knowledge**-exposure to existence of the innovation
2. **Interest/persuasion**-the individual becomes interested in the new idea
 - seeks additional information about it
3. **Evaluation/decision**-individual mentally applies the innovation to his present and anticipated future situation
 - and then decides whether or not to try it
 - commitment to its adoption

5 stages...

4. **Trial/implementation**-the individual makes full use of the innovation
5. **Adoption/confirmation**-the individual decides to continue the full use of the innovation
 - reinforcement based on positive outcomes from it

Re-invention, Rejection and Discontinuance

Re-invention, Rejection and Discontinuance

- **Re-invention** - the degree to which an innovation is changed or modified by a user in the process of its adoption
- **Rejection** - decision not to adopt an innovation
- **Discontinuance:** is a rejection that occurs after adoption of the innovation.

-disenchantment -dissatisfaction with it's performance

12/18/25 -replacement - adopt a better idea

b) ADOPTER CATEGORIES

based on their innovativeness

- Diffusion process - occurs within society, as a group process;
- Adoption process-pertains to an individual.

Adopter Categories according their innovativeness:

1. innovators

- *active information seekers of new ideas*
- are the first 2.5% of the individuals in a system to adopt an innovation

2. Early adopters

- *very interested in the innovation but not the first to sign up*
- the next 13.5% of the individuals in a system to adopt an innovation
- **Characteristics:**
 - integrated part of the local social system,
 - greatest degree of opinion leadership in most systems,
 - serve as role model for other members or society,
 - respected by peers, and
 - successful

3. Early majority

- is the next 34% of the individuals in a system to adopt an innovation.
- ***need external motivation to get involved***
 - interact frequently with peers
 - seldom hold positions of opinion leadership
 - deliberate before adopting a new idea

4. Late majority

- is the next 34% of the individuals in a system to adopt an innovation.
- ***are skeptics and will not adopt an innovation until most people in the social system have done so***
 - pressure from peers,
 - economic necessity,
 - cautious

5. Laggards

- are the last 16% of the individuals in a system to adopt an innovation.
- ***last to become involved by a mentoring program or through constant exposure and have limited communication networks***
 - possess no opinion leadership
 - isolates
 - point of reference in the past
 - suspicious of innovations

Cumulative percentage of adopters

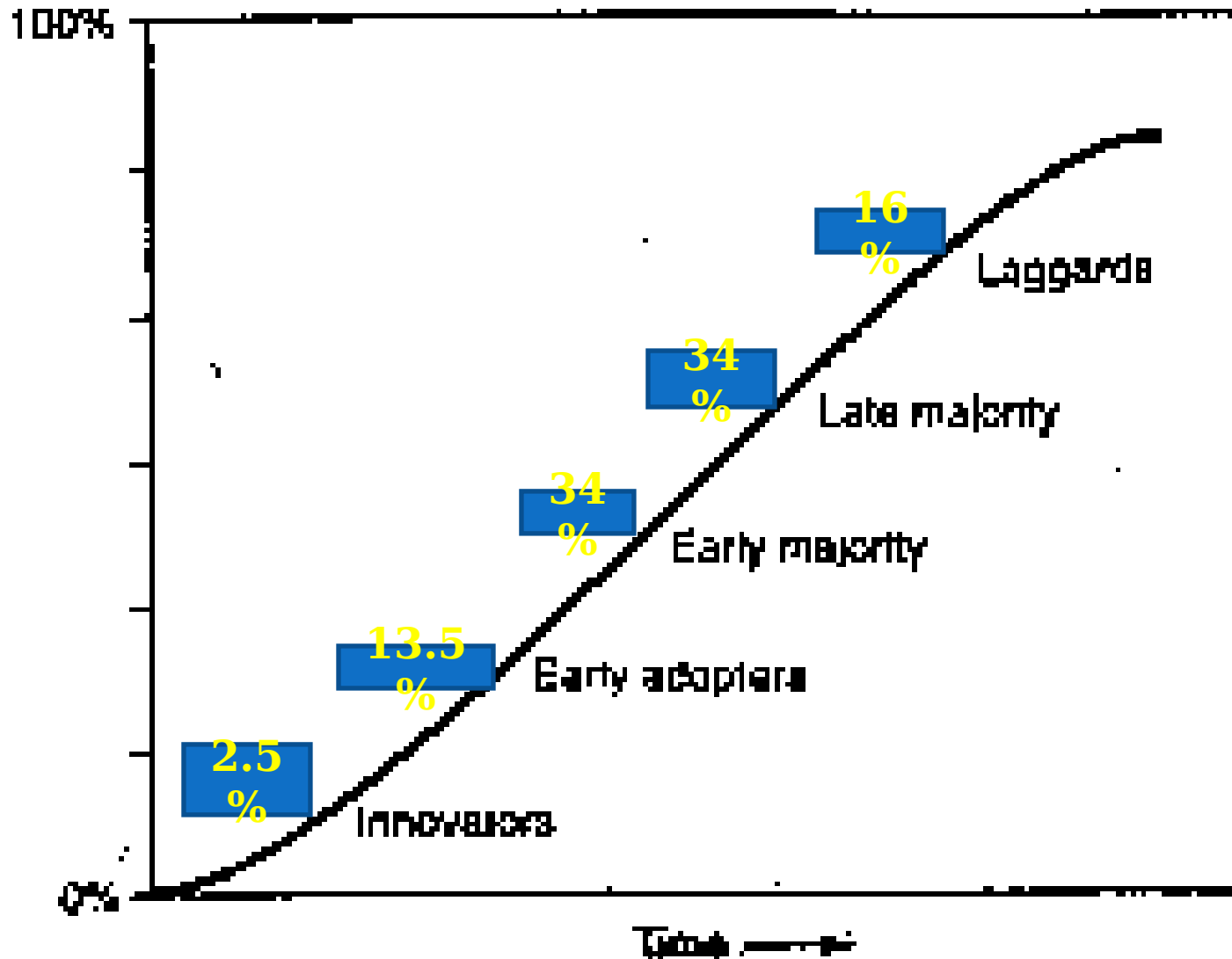
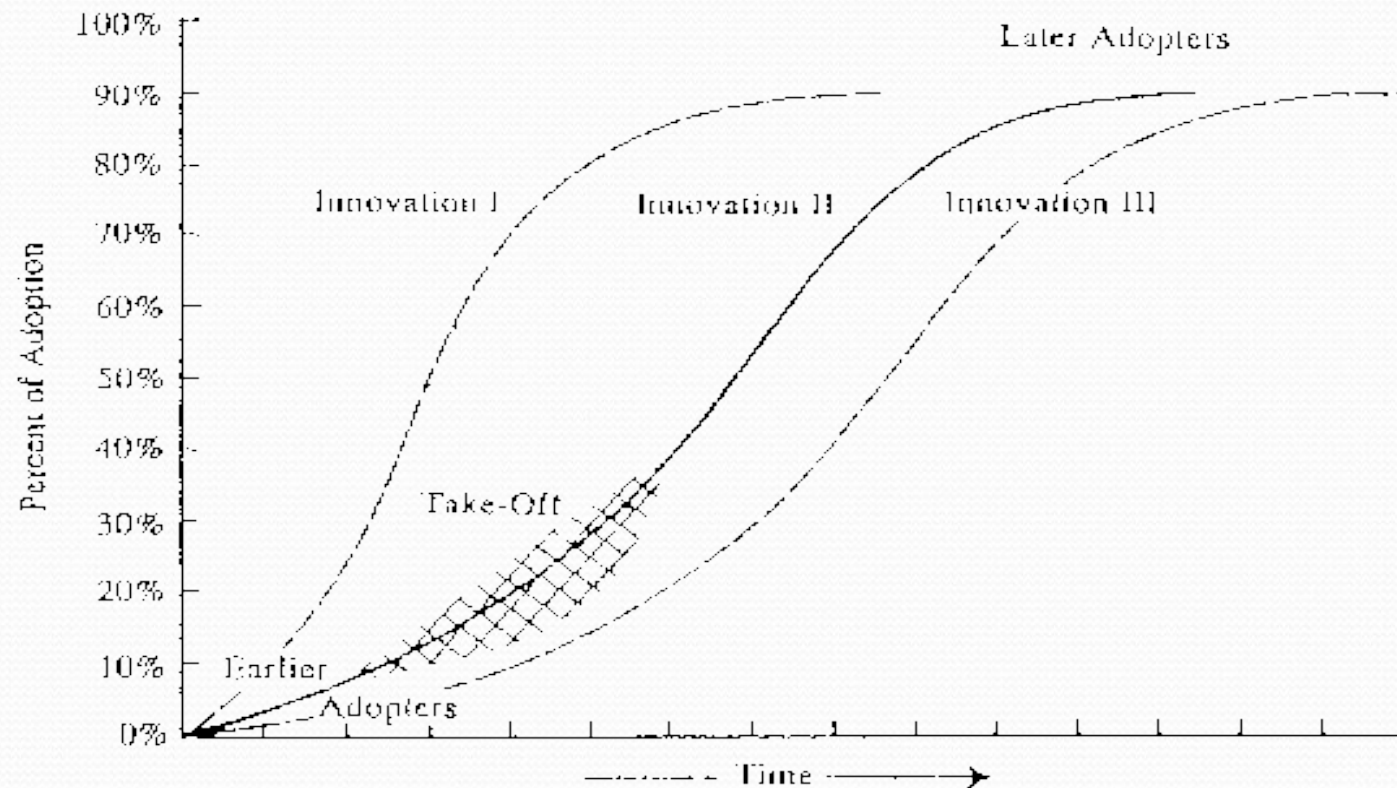


Figure 9

c) THE RATE OF ADOPTION

- The relative speed with which an innovation is adopted
- Measured by number of adopters at a given time
- Influenced by characteristics of the innovation

Diffusion of different innovations



IV. SOCIAL SYSTEM

- a set of interrelated units that are engaged in joint problem solving to accomplish a common goal.
- **Norms**-established behavior patterns of the members of the social system
- **Opinion leadership** -who have relatively frequent informal influence over the behavior of others

social system...

- **change agent** - who positively influence innovation decisions, by mediating between the change agency and the relevant social system
- **Critical mass** - enough individuals have adopted the innovation that the rate of adoption becomes self-sustaining

Key Concepts/Constructs

- Characteristics of innovation
- Adoption Process
- Adopter Categories
- Social Roles in innovation



Thank you!!