

THE HEALTH BELIEF MODEL

CC-10 (Health Psychology) Unit 2; SEM III

By

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The health belief model

- The health belief model was developed initially by Rosenstock (1966) and further by Becker and colleagues throughout the 1970s and 1980s in order to predict preventive health behaviors and also the behavioral response to treatment in acutely and chronically ill patients.
- The health belief model has been used to predict a wide variety of health-related behaviors.

Components of the HBM

- The HBM predicts that behavior is a result of a set of core beliefs, which have been redefined over the years. The original core beliefs are the individual's perception of:
 - susceptibility to illness (e.g. 'my chances of getting lung cancer are high');
 - the severity of the illness (e.g. 'lung cancer is a serious illness');
 - the costs involved in carrying out the behavior (e.g. 'stopping smoking will make me irritable');
 - the benefits involved in carrying out the behavior (e.g. 'stopping smoking will save me money');
 - cues to action, which may be internal (e.g. the symptom of breathlessness), or external.
- The HBM suggests that these core beliefs should be used to predict the likelihood that a behavior will occur.
- In response to criticisms the HBM has been revised originally to add the construct 'health motivation' to reflect an individual's readiness to be concerned about health matters (e.g. 'I am concerned that smoking might damage my health').
- Becker and Rosenstock (1987) suggested that perceived control (e.g. 'I am confident that I can stop smoking') should be added to the model.

Using the HBM

- If applied to a health-related behavior such as screening for cervical cancer, the HBM predicts regular screening for cervical cancer if an individual perceives that she is highly susceptible to cancer of the cervix, that cervical cancer is a severe health threat, that the benefits of regular screening are high, and that the costs of such action are comparatively low.

Support for the HBM

- Several studies support the predictions of the HBM. Research indicates that dietary compliance, safe sex, having vaccinations, making regular dental visits and taking part in regular exercise programmes are related to the individual's perception of susceptibility to the related health problem, to their belief that the problem is severe and their perception that the benefits of preventive action outweigh the costs (e.g. Becker 1974; Becker et al. 1977; Becker and Rosenstock 1984).
- Norman and Fitter (1989) examined health screening behavior and found that perceived barriers are the greatest predictors of clinic attendance. Several studies have examined breast self-examination behaviour and report that barriers (Lashley 1987; Wyper 1990) and perceived susceptibility (Wyper 1990) are the best predictors of healthy behavior.
- Research has provided support for the role of cues to action in predicting health behaviors, in particular external cues such as informational input. In fact, health promotion uses such informational input to change beliefs and consequently promote future healthy behavior.

Support for the HBM

- Information in the form of fear-arousing warnings may change attitudes and health behavior in such areas as dental health, safe driving and smoking (e.g. Sutton 1982; Sutton and Hallett 1989).
- General information regarding the negative consequences of a behavior is also used both in the prevention and cessation of smoking behavior (e.g. Sutton 1982; Flay 1985). Health information aims to increase knowledge and several studies report a significant relationship between illness knowledge and preventive health behavior.
- Rimer et al. (1991) report that knowledge about breast cancer is related to having regular mammograms. Several studies have also indicated a positive correlation between knowledge about breast self-examination (BSE) and breast cancer and performing BSE (Alagna and Reddy 1984; Lashley 1987; Champion 1990).

Conflicting findings

- Janz and Becker (1984) found that healthy behavioral intentions are related to low perceived severity, not high as predicted, and several studies have suggested an association between low susceptibility(not high) and healthy behavior.
- Hill et al. (1985) applied the HBM to cervical cancer, to examine which factors predicted cervical screening behavior. The results suggested that barriers to action was the best predictor of behavioral intentions and that perceived susceptibility to cervical cancer was also significantly related to screening behavior. However, benefits and perceived severity were not related.
- Janz and Becker (1984) found that the best predictors of health behavior are perceived barriers and perceived susceptibility to illness.
- Becker and Rosenstock (1984) in a review of 19 studies using a meta-analysis that included measures of the health belief model to predict compliance, calculated that the best predictors of compliance are the costs and benefits and the perceived severity.

Criticisms of the HBM

- The HBM has been criticized for these conflicting results. It has also been criticized for several other weaknesses, including: Its focus on the conscious processing of information (for example, is tooth-brushing really determined by weighing up the pros and cons?);
- Its emphasis on the individual (for example, what role does the social and economic environment play?);The interrelationship between the different core beliefs (for example, how should these be measured and how should they be related to each other? Is the model linear or multifactorial?);The absence of a role for emotional factors such as fear and denial;
- It has been suggested that alternative factors may predict health behavior, such as outcome expectancy and self-efficacy.
- (Seydel et al. 1990; Schwarzer 1992);Schwarzer (1992) has criticized the HBM for its static approach to health beliefs and suggests that within the HBM, beliefs are described as occurring simultaneously with no room for change, development or process; Leventhal et al. (1985) have argued that health-related behavior is due to the perception of symptoms rather than to the individual factors as suggested by the HBM. Although there is much contradiction in the literature surrounding the HBM, research has used aspects of this model to predict screening for hypertension, screening for cervical cancer, genetic screening, exercise behavior, decreased alcohol use, changes in diet and smoking cessation.



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