

Value-Expectancy Theories of Behavior

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Theories

- Health Belief Model

- ◆ <http://www.etr.org/recapp/theories/hbm/>
- ◆ Irwin Rosenstock. Historical Origins of the Health Belief Model. *Health Education Monographs*. Vol. 2 No. 4, 1974.
- ◆ M.H. Becker. The Health Belief Model and Personal Health Behavior. *Health Education Monographs*. Vol. 2 No. 4, 1974.

- Theory of Reasoned Action/Theory of Planned Behavior

- ◆ <http://www-unix.oit.umass.edu/~aizen/tpb.html>



Why do some people...?

- do things that are bad for their health such as smoke cigarettes?



Health Belief Model

Developed in 1950s by social psychologists (Godfrey Hochbaum, Irwin Rosenstock, Stephen Kegels) working in the U.S. Public Health Services in response to the failure of a free tuberculosis health screening program.

Focus is on individual's decision to avoid a negative health consequence.

- Susceptibility
- Severity
- Costs/Benefits
- Barriers



Susceptibility

- How likely one thinks a bad outcome (e.g., get sick or a disease) is if behavior persists (doesn't change).



Severity

- The consequence is perceived to be severe as opposed to mild.

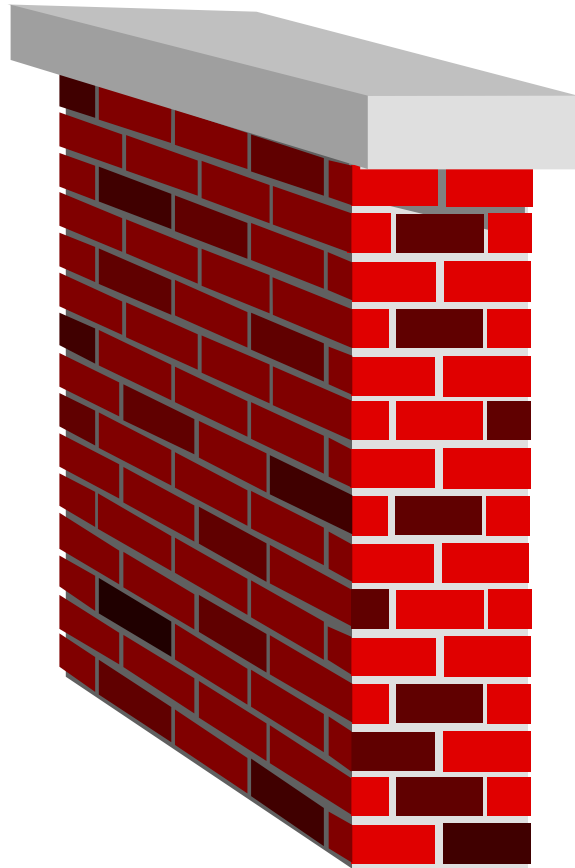


Benefits of Behavior

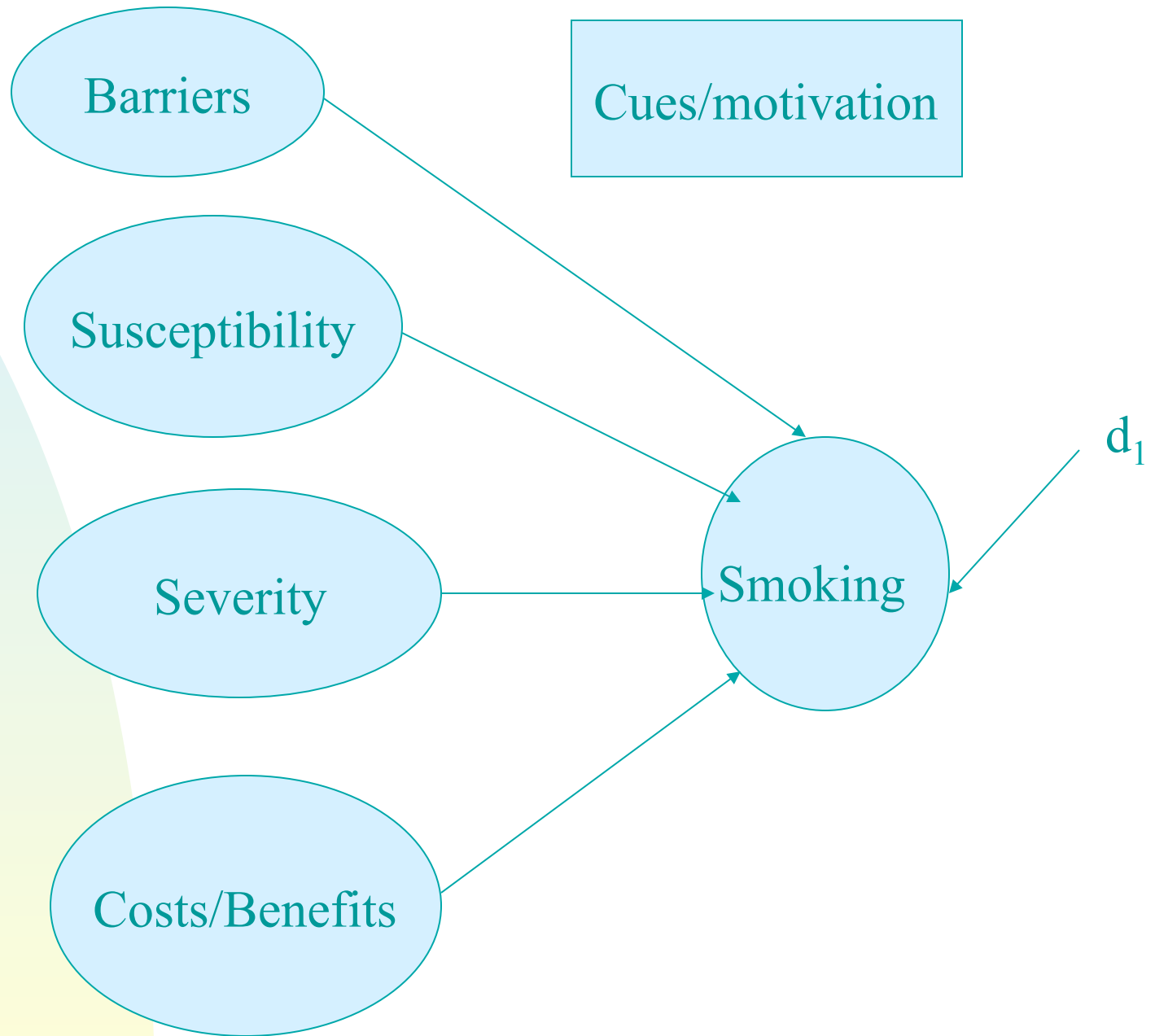
- The new behavior will reduce the likelihood of the negative consequence (e.g., disease).
- &
- Benefits are perceived to outweigh costs.



Barriers to behavior



- There are not significant psychological, financial, or other barriers to engaging in the behavior.



Jan is not likely to continue smoking because...

- She thinks that she might get lung cancer if she continues to smoke (**susceptibility**).
- She believes that dying from lung cancer is terrible (**severity**).
- Jane does not find smoking to be very pleasurable (**cost/benefits**).
- Her friends are supportive of her quitting (absence of **barrier**)



Jon is likely to continue smoking because

- He agrees with the tobacco industry-- smoking doesn't cause lung cancer (**susceptibility**).
- He believes that dying from lung cancer is not any worse than any other way of dying (**severity**).
- Jon feels that smoking relaxes him (**cost/benefits**).
- His friends offer him cigarettes (**barrier to quitting**)



Theory of Reasoned Action

- Attitudes
 - ◆ Beliefs (outcome expectancies)
 - ◆ Values
- Subjective Norms
 - ◆ Beliefs (about what others think you should do)
 - ◆ Motivation to comply
- Intentions



Attitudes

- One's positive or negative evaluation of performing a behavior
 - ◆ Beliefs: about the consequences of performing the behavior (outcome expectancies)
 - ◆ Values: appraisal (importance) of the consequences



Subjective Norms

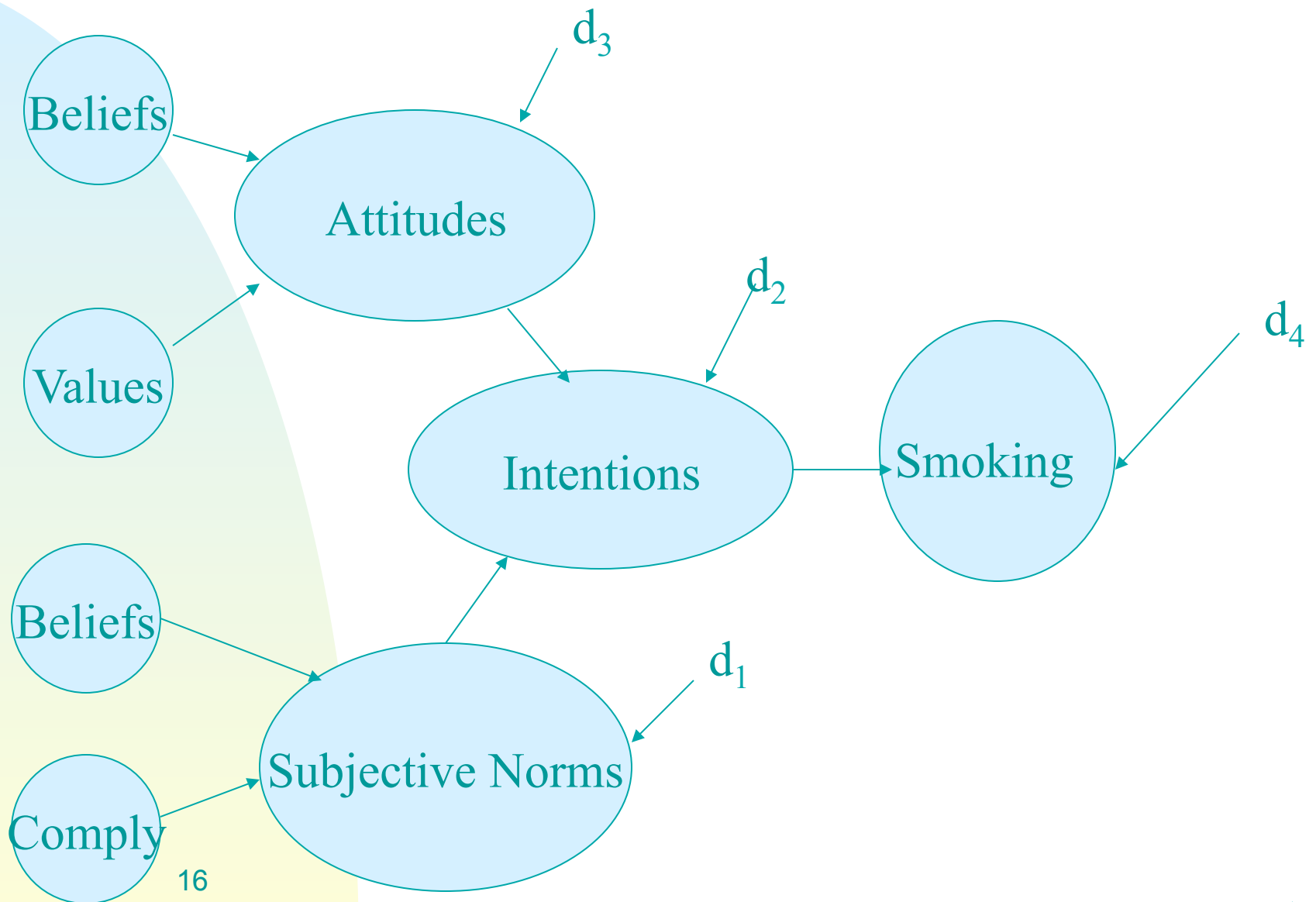
- One's perception of the social pressures to perform or not perform a behavior.
 - ◆ Beliefs: about whether specific individuals or groups think one *should* perform the behavior.
 - ◆ Motivation to comply with these people.



Intentions

- “Barring unforeseen events, a person will usually act in accordance with his or her intentions” (Ajzen & Fishbein, 1980, p. 5).





Someone likely to smoke

- ATTITUDE: Bob feels positive about smoking because he expects it will relax him and being relaxed is important to him (**beliefs** about the consequences and **values**)
- SUBJ NORM: Other students encourage Bob to smoke (**belief**) and he wants them to like him (**motivation to comply**)
- INTENTION: Bob intends (expects) to smoke with friends after school (**intentions**).



Theory of Planned Behavior

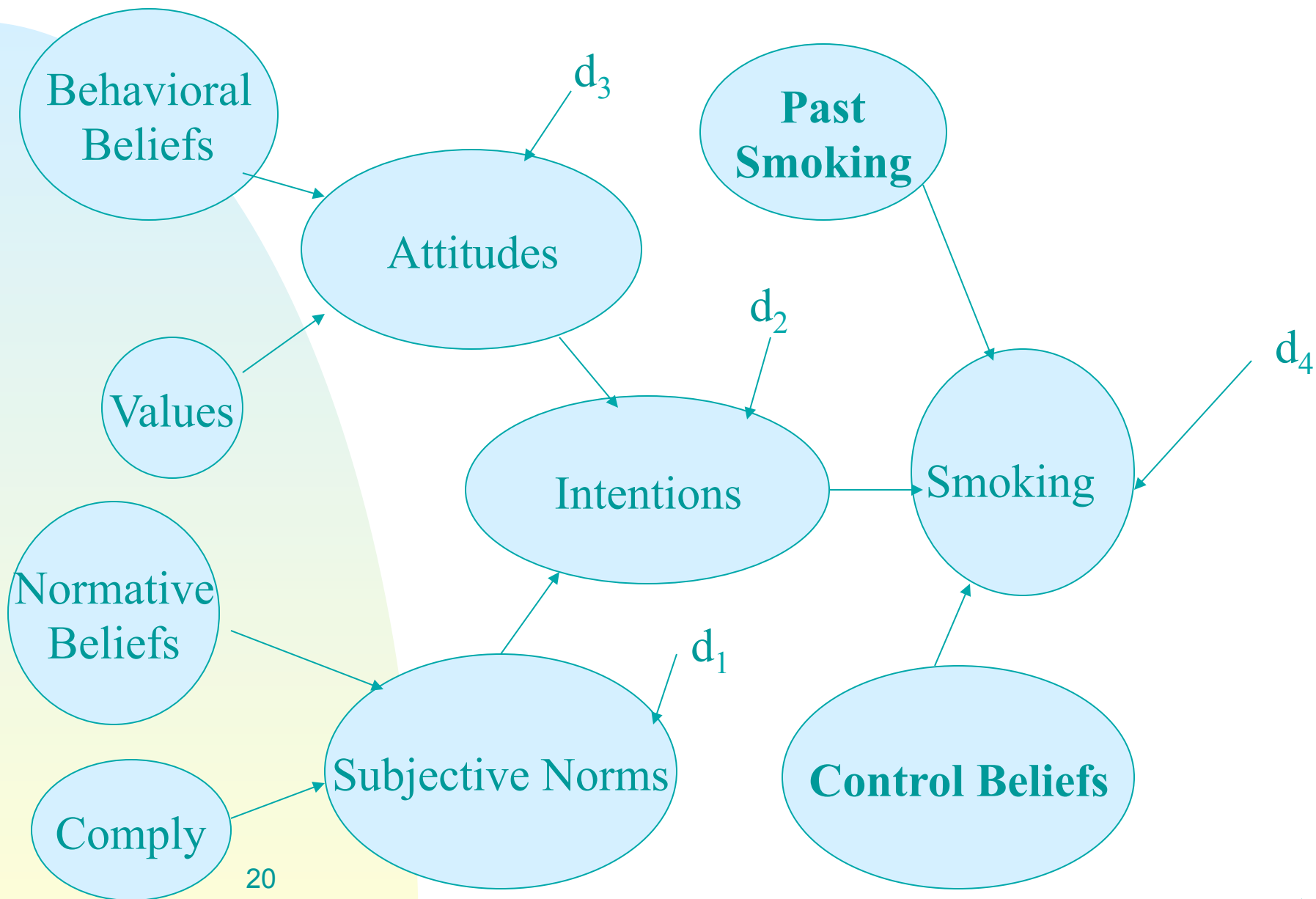
- Behavioral Control/Locus of Control/Self-Efficacy
 - ◆ Intention to behavior link is problematic when not fully under the individual's control
- Past Behavior
 - ◆ Always the best predictor of future behavior



Self-Efficacy

- Perceived ability to perform a task.
- Self efficacy predicts future behavior if there are adequate incentives and skills.





Questions?

