



Human health behavior

N.B.


**The backbone
of**

Sociology



By

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“Never regret being a good person,
to the wrong people. Your behavior
says everything about you, and their
behavior says enough about them.”

Mindax Creator

A dark, rainy scene with a person holding a black umbrella on a balcony. The background is a blurred cityscape at night with some lights visible.



Definition of behavior:

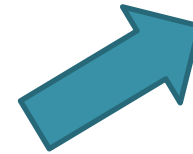
It is the response of the organism to various stimuli or inputs, whether internal or external, conscious or subconscious, overt or covert, and voluntary or involuntary.

Human Health Behavior

Motivation
تحفيز
(dynamic)



Related to
health
**(health
behavior)**



Stimuli

Response

Behavior



Not
Related to
health

Types of health behavior

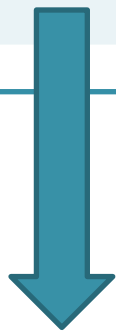
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graph TD; A[Types of health behavior] --> B[Health directed behavior]; A --> C[Health related behavior]; B --> D[Observable acts that are undertaken with a specific health outcome in mind. E.g. drug compliance]; C --> E[actions that may have health implications, but are not undertaken with a specific health objective in mind e.g]; E --> F[ ]; style F fill:none,stroke:none
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Health directed behavior

Observable acts that are undertaken with a **specific** health outcome in mind. E.g. drug compliance

Health related behavior

actions that may have health implications, but are not undertaken with a **specific** health objective in mind e.g



Types of Health related behavior

Preventive Health behavior

person wants to avoid being ill or having a problem **e.g. a mother takes her child for immunization**

Sick role behavior

e.g. a sick employee takes a vacation because he is ill, he takes treatment and obeys his doctor's advice

Illness behavior

a person recognizes signs or symptoms that suggest a pending illness **e.g. a mother gives her child cough medicine after hearing her wheeze**

Health problem

- May take many different components, therefore it may be



Risk factor
before disease
actually occurs



Screening
finding after
occurrence of
disease but
before
symptoms
appear



Symptom of a
disease



complication or
consequence
of the disease



Illness behavior

- **People are differently in front of symptoms:**

1. **Fail to go to the doctor.**
2. **Go late.**
3. **Go with minor symptoms.**



Behavior in illness



Feeling symptoms

Do nothing

Self treatment

Go to pharmacy

Go to doctor

compliance

cure

No compliance

complication

Feeling symptoms

Do nothing

Self treatment

Go to pharmacy

Go to doctor

compliance

cure

No compliance

complication

Doctor' behavior

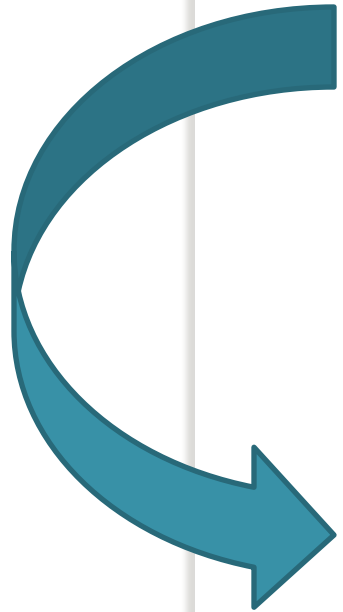
Doctor behaf badly against minor complaints



Pts feel frustrated

Pts feel doctors uninterested

Both types of feelings influence subsequent consulting behavior & medical ttt adherence & health.



Factors that affect illness behavior

- Age, sex, level of education, culture, religion, past experience
- Seriousness of symptoms/signs
- If these symptoms affect the ordinary life
- Persistence and frequency of symptoms
- Personal tolerance to symptoms
- Level of knowledge, cultural opinion about these symptoms
- Severity of illness or being fatal.
- Stigma : community opinion towards patients of that illness
- Availability of medical services & treatment
- Trusted services and health providers

Patient's compliance

- **Adherence to the advice of health care professionals [includes]:**

- 1. Preventive health behavior.**
- 2. Keeping medical appointments**
- 3. Self care actions.**
- 4. Taking medications as directed.**

Patient's incompliance

- Almost **50%** of prescribed medications have health impacts.
- Doctors may be effective with only **55-60%** of pts.
- Pts may become ill due to non adherence.

10-25% of hospital admission due to non adherence

Factors associated with adherence

- **First:**

Pts has to understand what they are really asked to do.

- **Second:**

Pts must remember what they are told.

- **Third:**

Pts must be satisfied with the doctor and consultation.



Knowledge & behavior



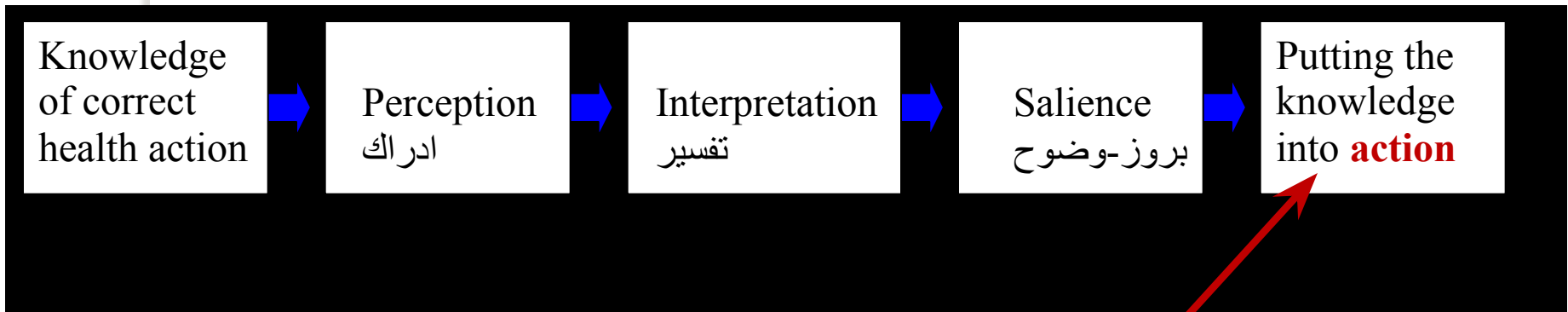
From Data to Wisdom



The Information Hierarchy

- **Data**
 - ▶ The raw material of information
- **Information**
 - ▶ Data organized and presented by someone
- **Knowledge**
 - ▶ Information read, heard or seen and understood and integrated
- **Wisdom**
 - ▶ Distilled knowledge and understanding which can lead to decisions

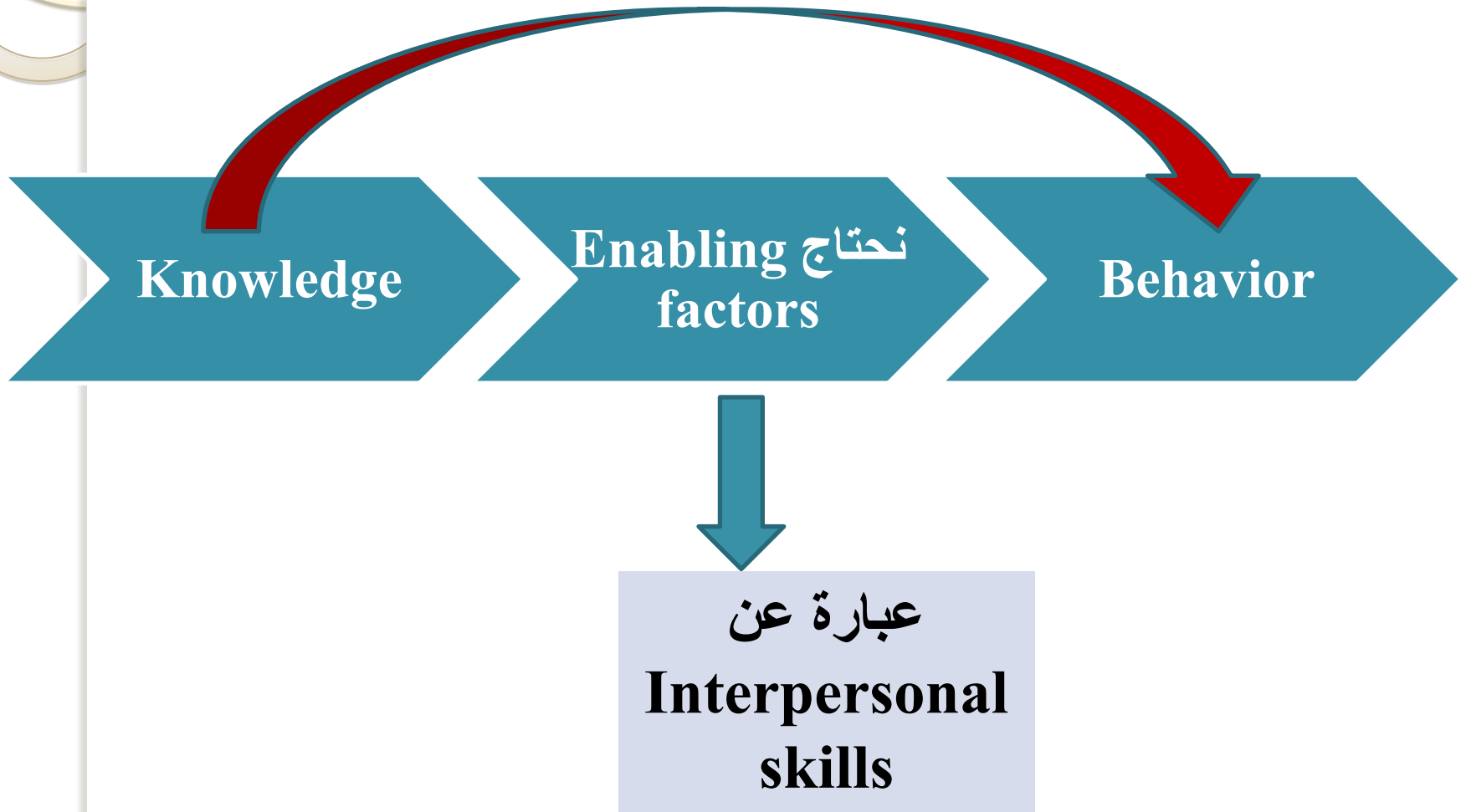
PHASES BETWEEN KNOWLEDGE & BEHAVIOUR



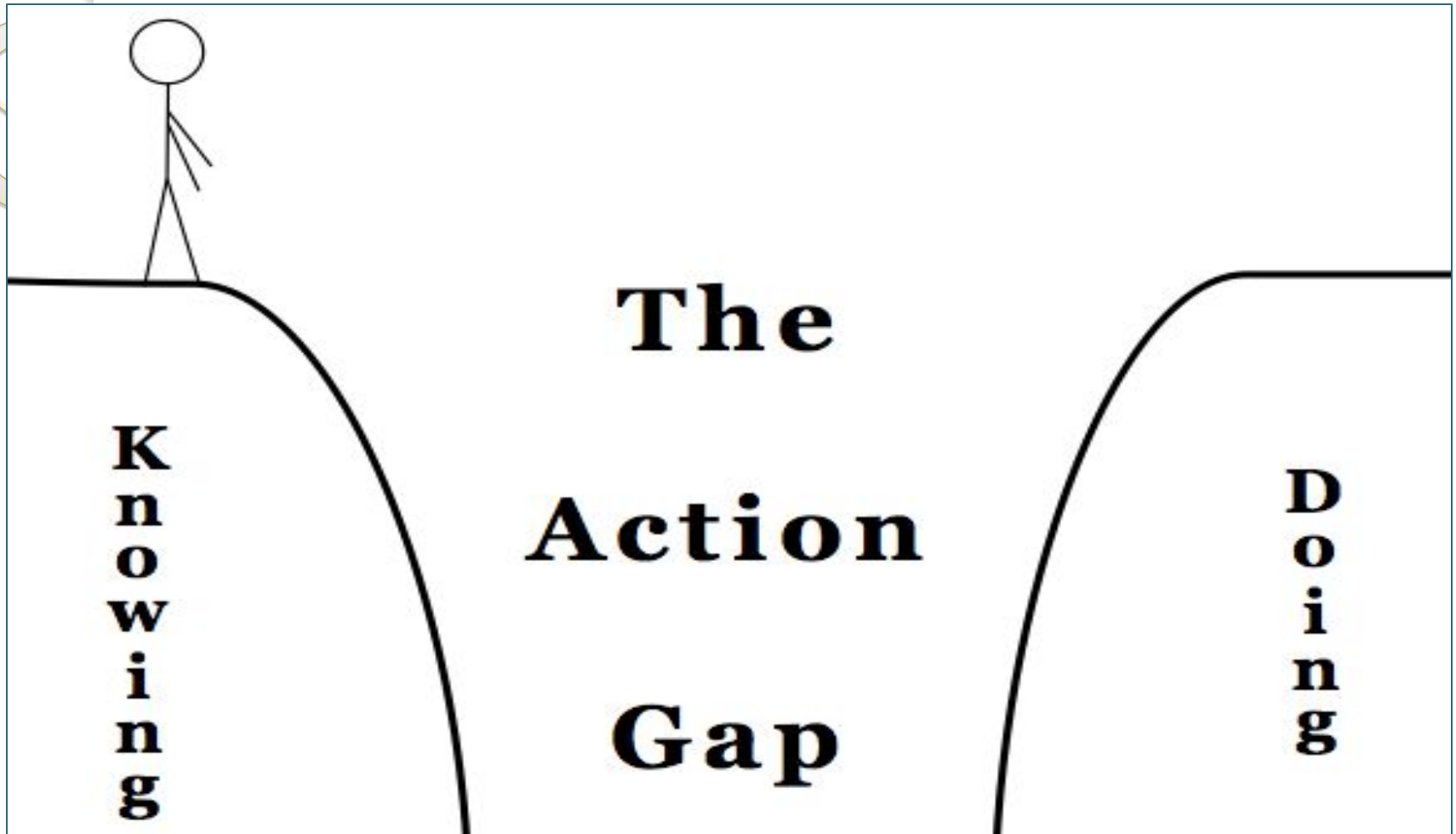
Internal & external factors:

As values قيم , attitudes اتجاهات & beliefs معتقدات

KNOWLEDGE AND BEHAVIOUR



Knowledge-action gap



Knowledge



Belief



Attitude



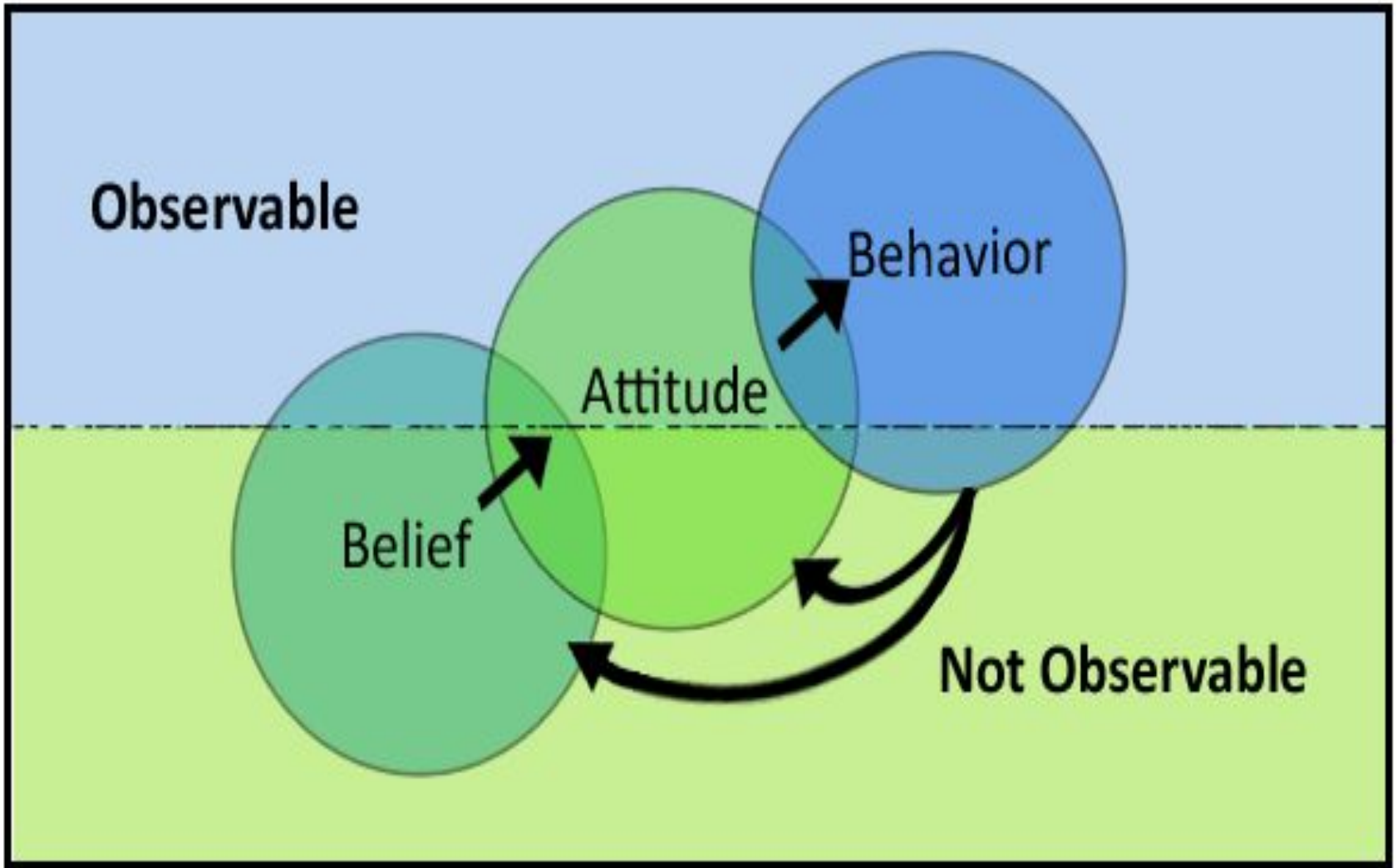
Value



Behavior

Believes معتقدات ,
Attitudes الاتجاهات ,
values قيم &
behavior السلوك





Observable

Behavior

Attitude

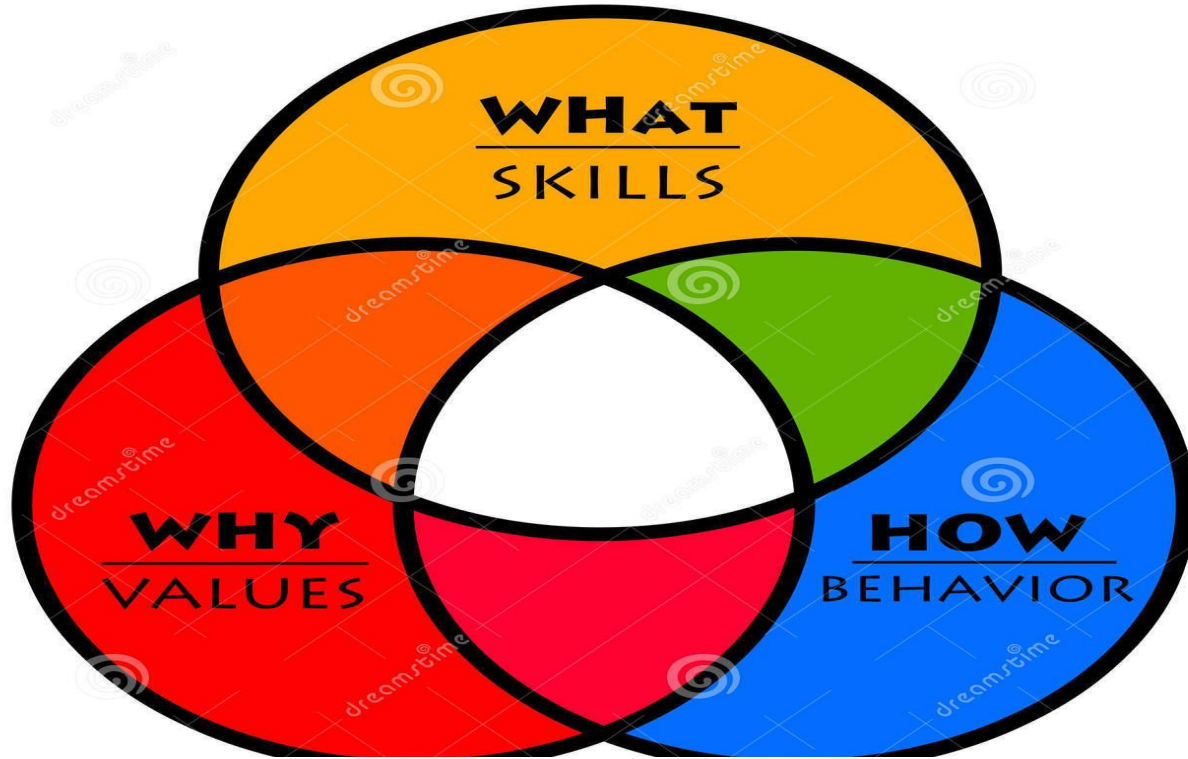
Belief

Not Observable

Believes, VALUES AND BEHAVIOR

- A **belief** معتقد represents the information a person has about an object or action. It links the object to some attribute. (in rural areas pregnancy is a physiologic process)
- **Values** قيم are acquired through socialization and are those emotionally charged beliefs which make up what a person thinks is important.

Values & behavior

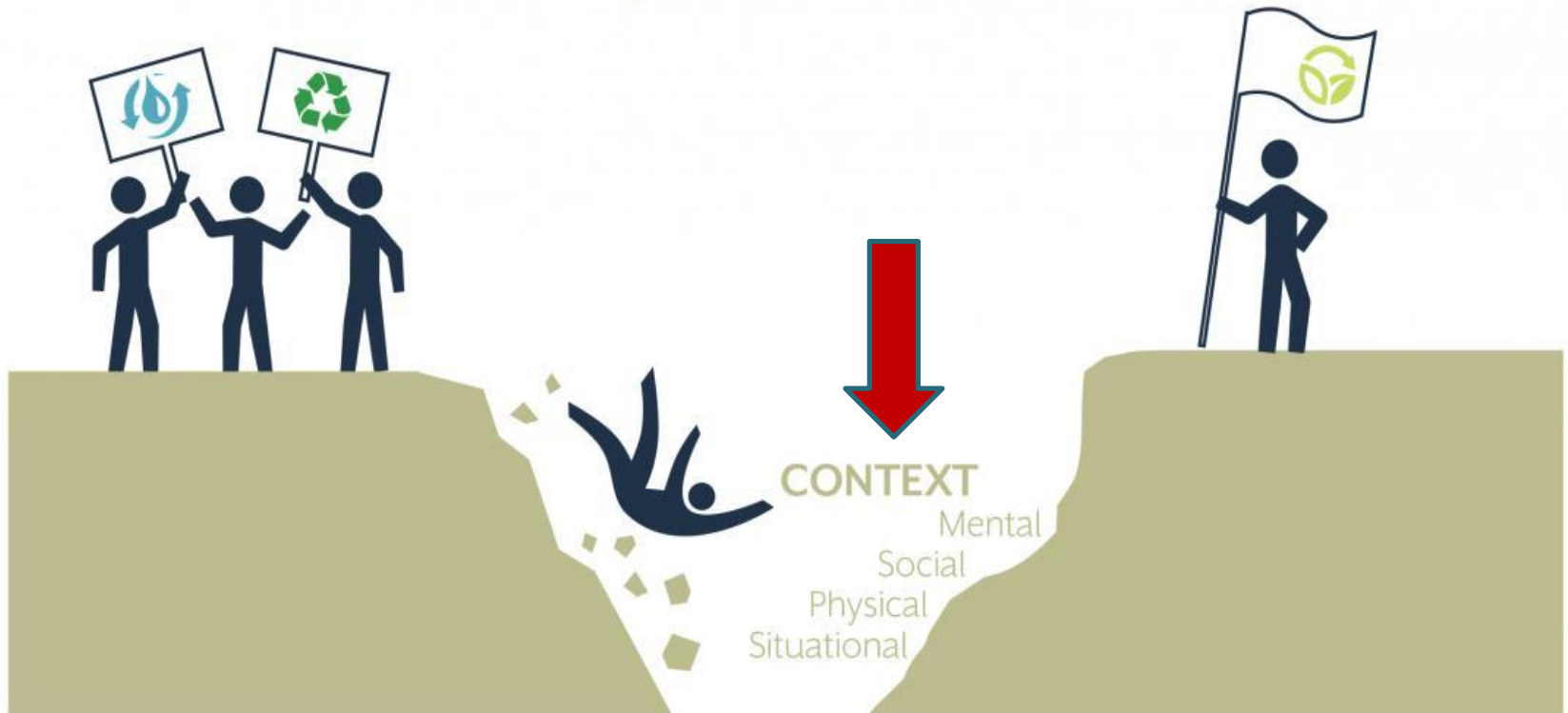


ATTITUDES and BEHAVIOUR

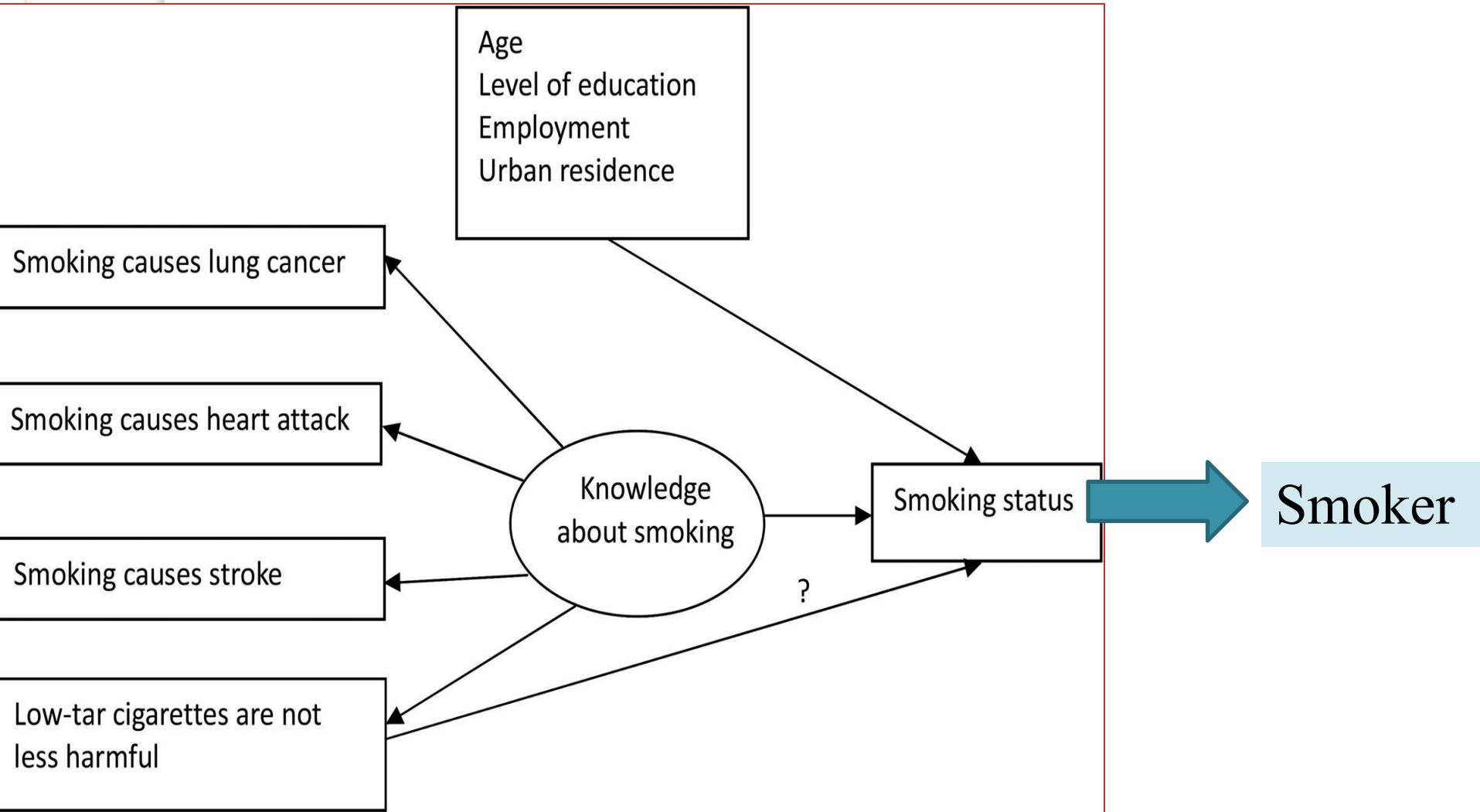
- Attitudes **اتجاهات** are value-based social judgment which possess a strong evaluative component
- **Attitudes** have different components - cognitive (**belief**), emotional (**feeling**) and behavioral (**predispositions to act**)


Intention-action gap

The Intention-Action Gap



e.g. Negative attitude to smoking





To thrive in life you
need three bones.
A wishbone.
A backbone.
And a funny bone.

Reba McEntire

Models of behavior change





How do we translate the models/theories into practice?

Aim of all models:

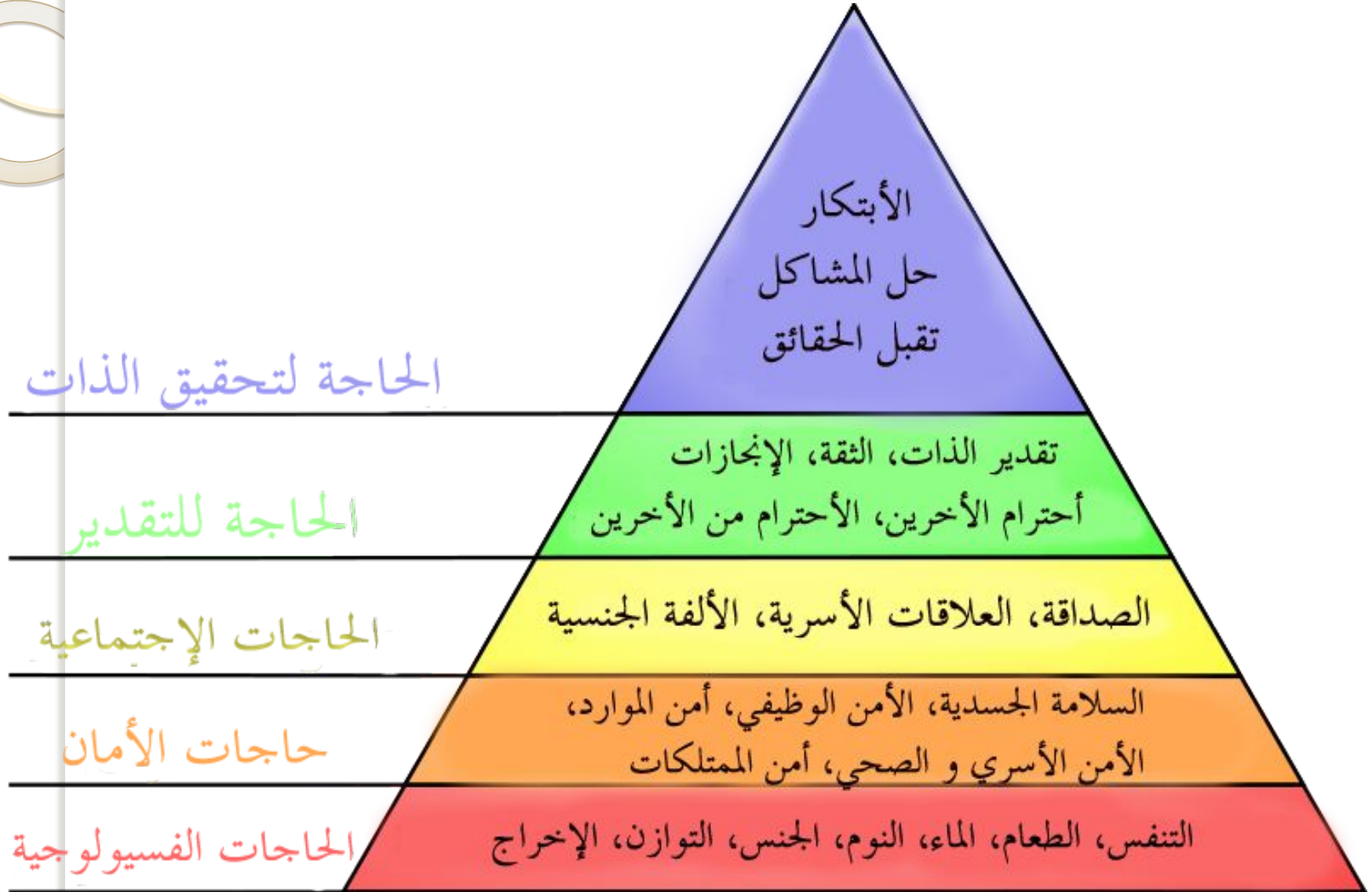
- **For diseased: to decrease complications**
- **For healthy: H. promotion & prevention of hazards.**



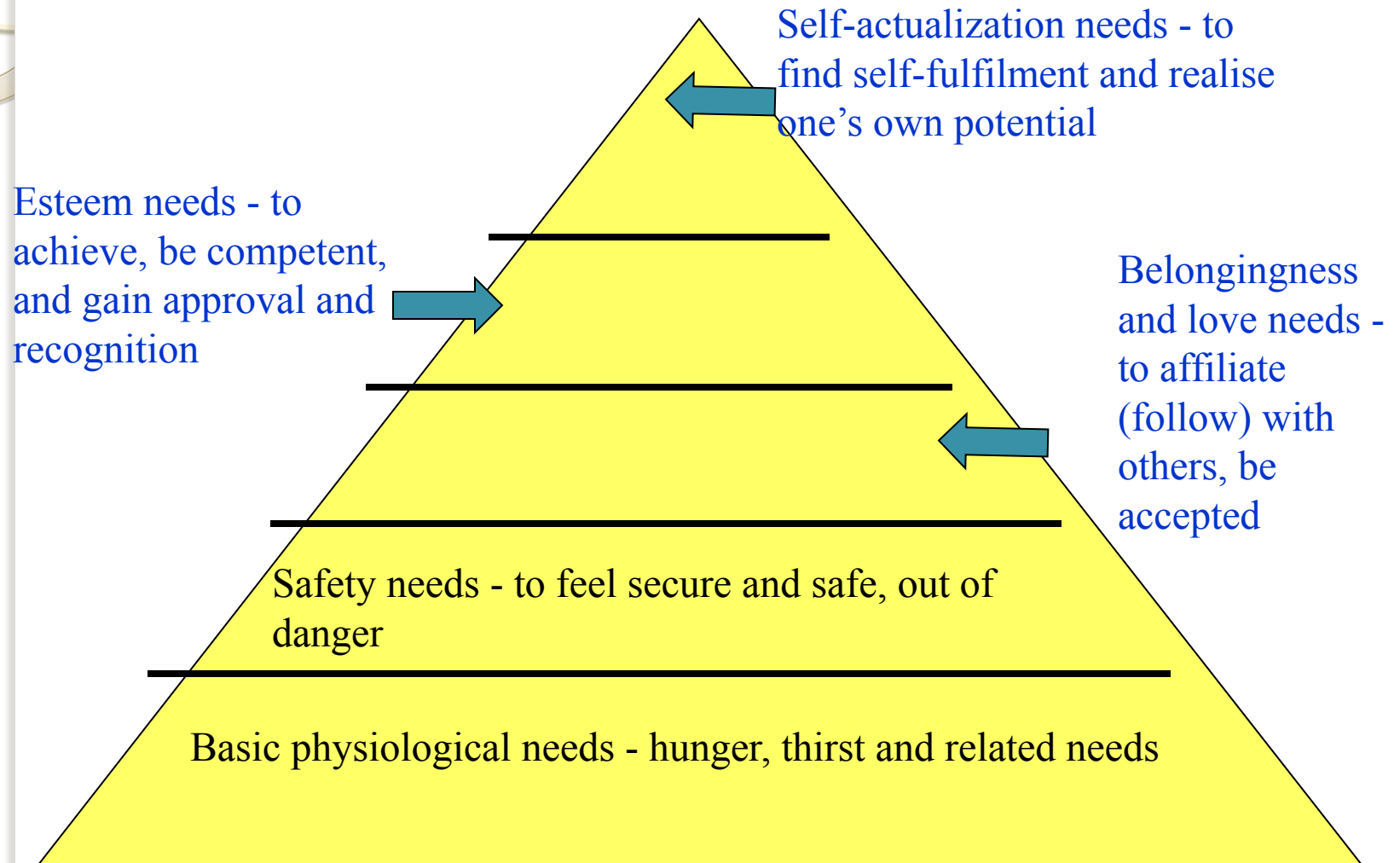
I. MASLOW'S HIERARCHY OF NEEDS

(Maslow - 1968)

MASLOW'S HIERARCHY OF NEEDS



MASLOW'S HIERARCHY OF NEEDS





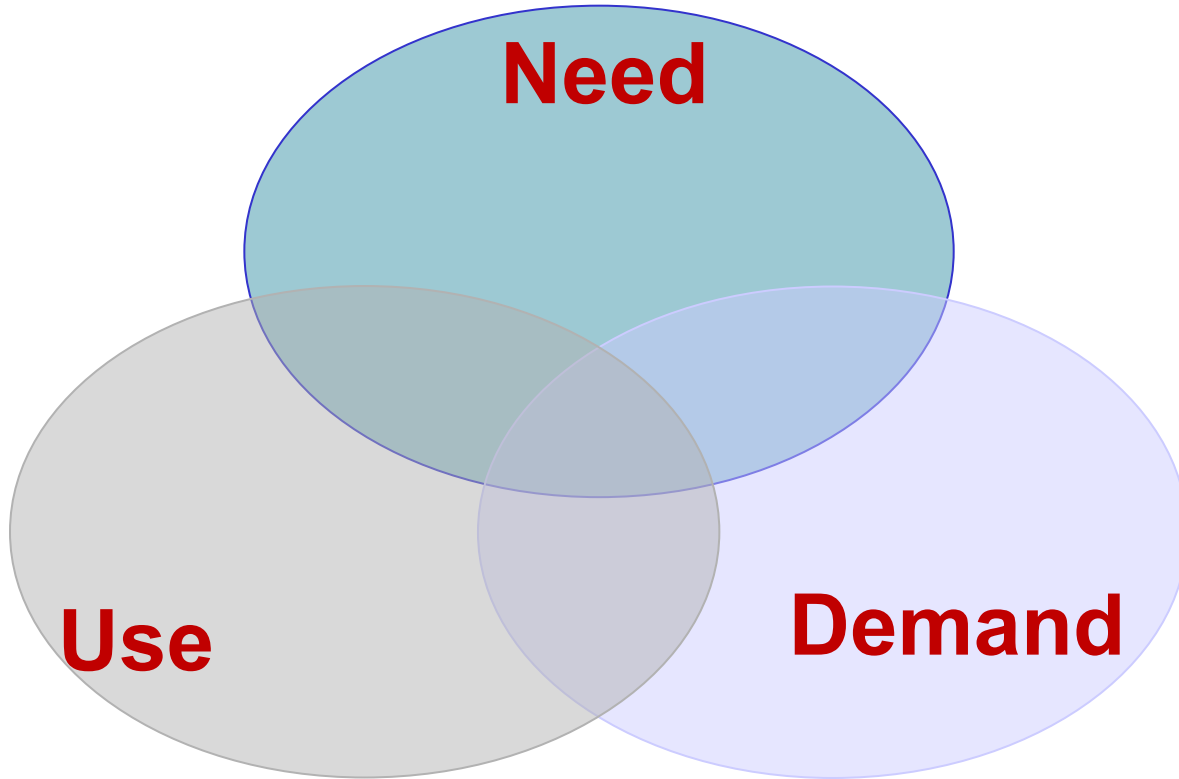
- **Needs**


- **Demands**

- **Use**

ما الفرق بينهم????????????????????

What is the difference between Need, demand, & use احتياج, مطلب, استخدام



- 
- **Need:** Require (something) because it is essential or very important rather than just desirable. **What are the types of needs?**
 - **Demand:** **مطلب** expression of felt need.
 - **Use:** **استخدام** demands which are met through services.

2. THE HEALTH BELIEF MODEL

(Rosenstock and Becker - 1974)



Perceived susceptibility to problem



Perceived threat



Perceived seriousness of consequences of problem



Perceived benefits of specific action



Outcome expectations



Perceived barriers to taking action

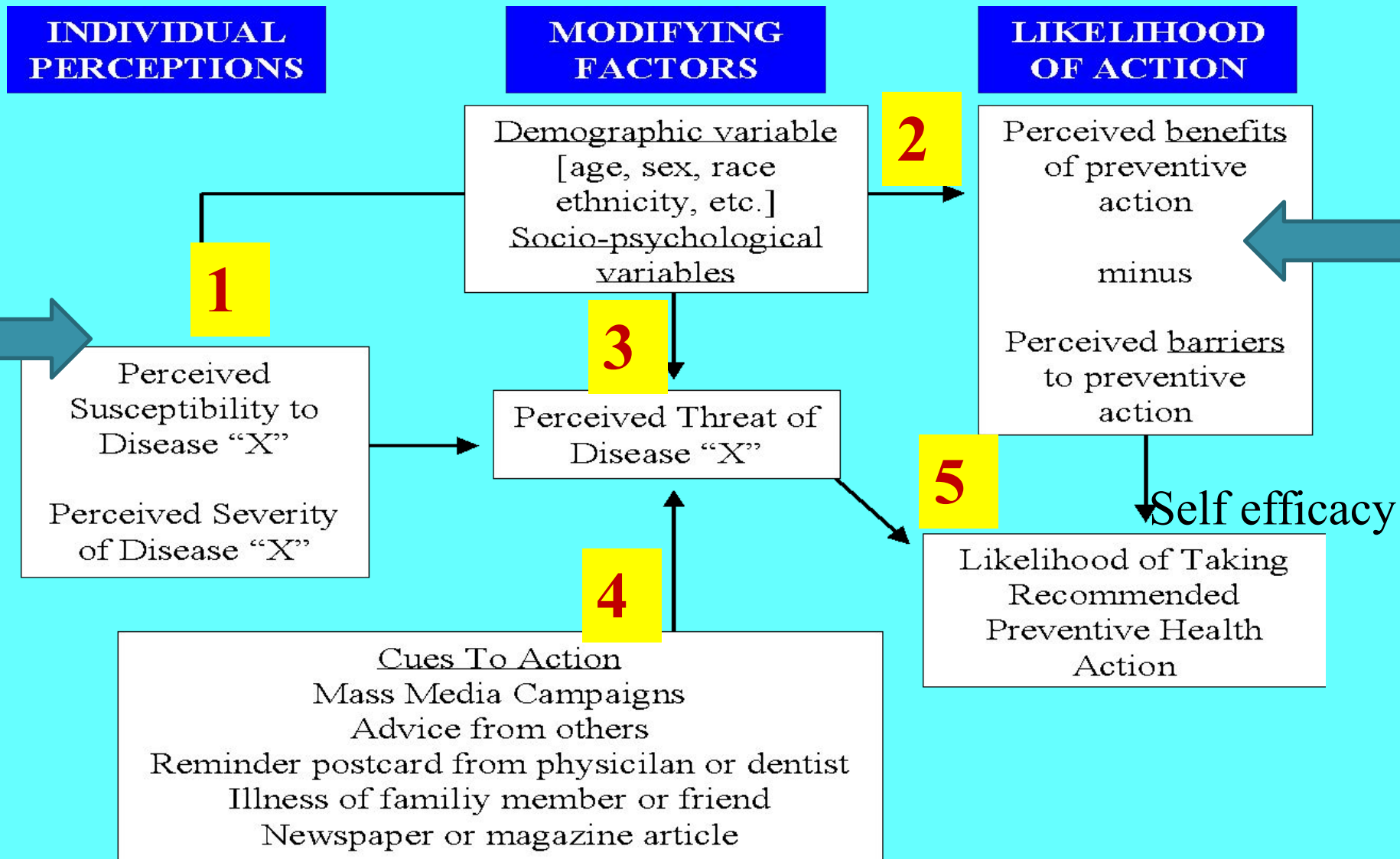


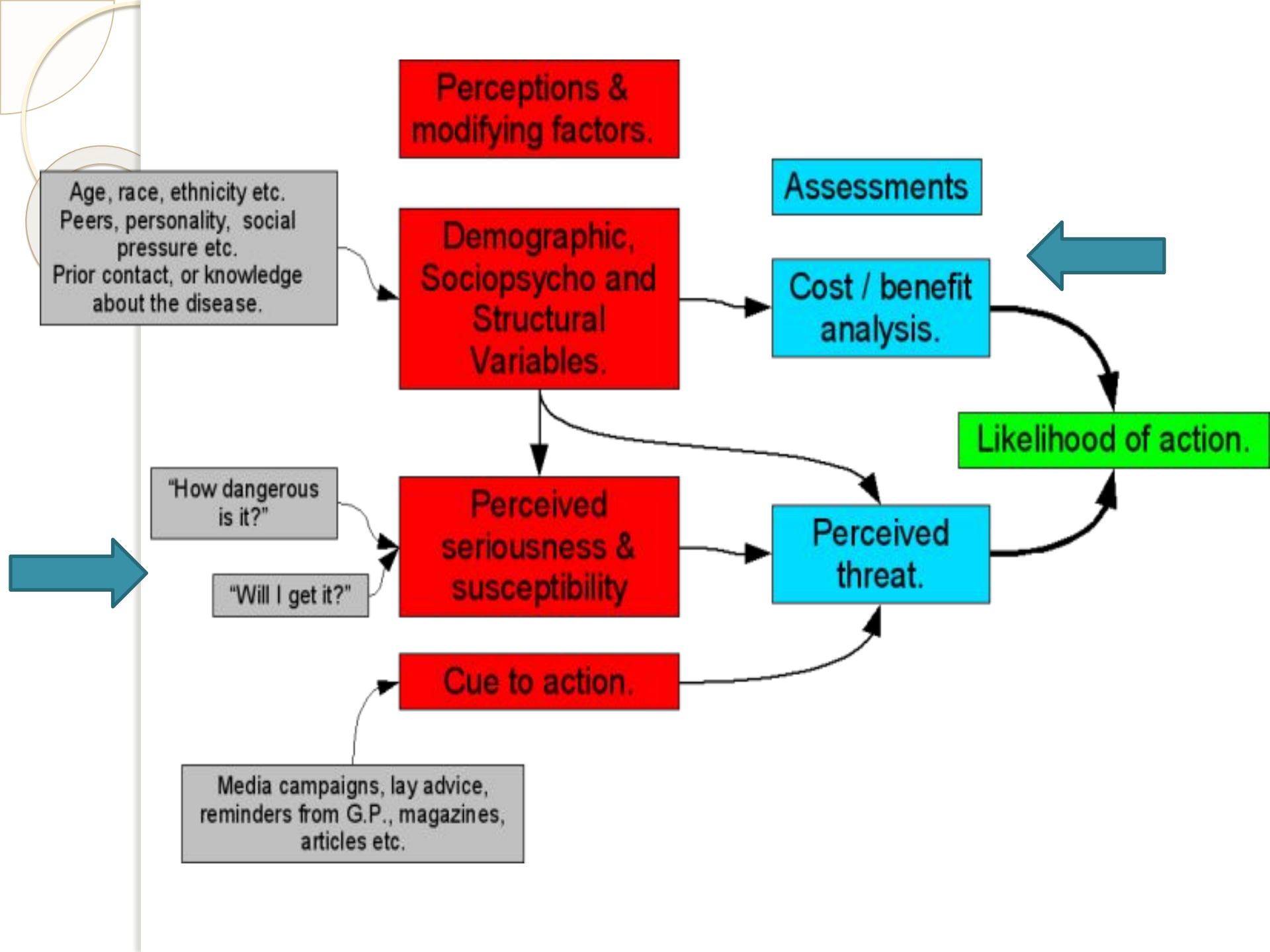
Self efficacy
(Perceived ability to carry out recommended action)

Cues to action



HEALTH BELIEF MODEL





MODIFIED HEALTH BELIEF MODEL AS APPLIED TO HIV/AIDS PROGRAMME

Perceived susceptibility

Young man has been engaging in sex with multiple partners.

Perceived Severity

Young man believes that AIDS is a death sentence since there is no cure.

Perceived Threat

Young man believes that he is at risk because friend is ill.

Cues to Action

Radio messages explaining the need for safe sex. Peer education on safe sex and HIV.

Benefits/ barriers

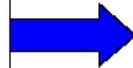
- Condoms are easy to use, one can feel safe
- Condoms not readily available, costly

Desired Behaviour

Young man buys and uses condoms regularly.

Self-efficacy

Young man has had practice using condoms and feels confident to use them.



HEALTH BELIEF MODEL



Two major factors influence the likelihood that a person will adopt a recommended preventive health action

First they must feel personally threatened by disease i.e. they must feel personally susceptible to a disease with serious or severe consequences

Second they must believe that the benefits of taking the preventive action outweigh the perceived barriers to (and/or cost of) preventive action”

The HBM is more descriptive than explanatory, and does not suggest a strategy for changing health-related actions

3. STAGES OF CHANGE MODEL (Prochaska and DiClemente -1984)



Revolving door

STAGES OF CHANGE MODEL

(Prochaska J & DiClemente C, 1984)



STAGES OF CHANGE MODEL

It takes a holistic approach, integrating a range of factors such as

- ❑ the role of personal responsibility and choices, and
- ❑ the impact of social and environmental forces that set very real limits on the individual potential for behaviour change

Healthy Eating

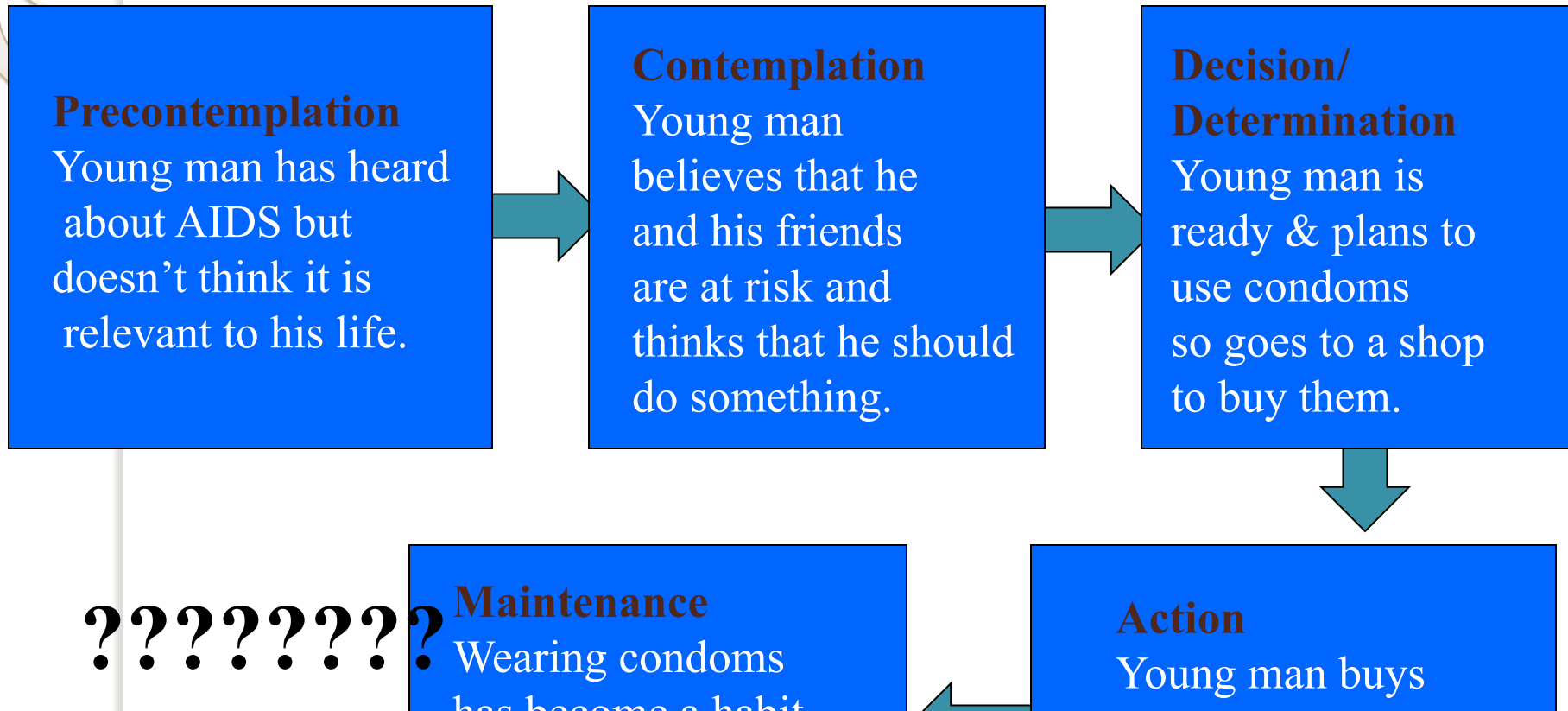
Pros

- ✓ have more energy
 - ✓ improve my health
 - ✓ lower my risk for health problems
 - maintain a healthy weight
 - ✓ feel proud of myself
 - ✓ set an example for friends and family
-

● Cons

- ✓ may spend more money and time on food
 - ✓ may need to cook more often at home
 - ✓ may need to eat less of foods I love
 - ✓ may need to buy different foods
 - ✓ may need to convince my family that we all have to eat healthier foods
-

Stages Of Change Model As Applied To HIV/AIDS Program



Termination

was not part of the original model and is less often used in application of stages of change for health-related behaviors.

Conclusion

- From all these theories & models we can conclude that the most important variables underlying behavioral performance are:





Variables underlying behavioral performance

1. The person must have formed a strong **positive intention** (or made a commitment) to perform the behaviour.
2. There are **no environmental constraints** that will make it impossible to perform the behavior.
3. The person has the **skills** necessary to perform that behavior.



Variables underlying behavioral performance

4. The person believes that the **advantages** (benefits, anticipated positive outcomes) of performing the behavior outweigh the **disadvantages** (costs, anticipated negative outcomes).
5. The person perceives more **social** (normative) pressure to perform the behavior than to not perform the behavior.

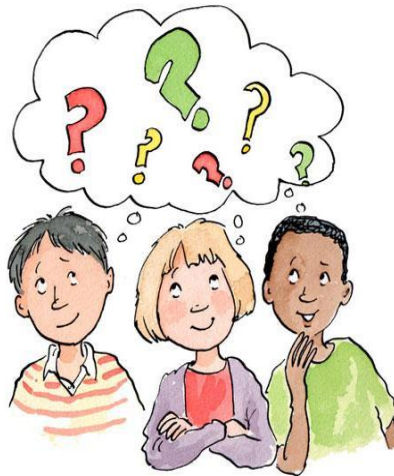


Variables underlying behavioral performance

6. The person perceives that performance of the behavior is more **consistent than inconsistent** with his or her self image, or that it's performance does not violate personal standards that activate negative self-actions.
7. The persons emotional reaction to performing the behavior is more **positive than negative;** and

Variables underlying behavioral performance

8. The person perceives that he or she has the capability to perform the behavior under a number of different circumstances...”





Applications

I-

- Ahmed is 18 years old, student. He is drug addict, there are many students in his school also addicts. Ahmed thinks that addiction can harm his life and wishes to change to be better but he is worried about stigma to his family. How can you help Ahmed using HBM?



2-

- samia is 35 years old, she became obese after labor. She is not happy being obese. Her husband dislike fatty females. How can you help samia to loose weight?



3-

- Nada 20 years old was exercising plenty of sports in school and club. Now she is feeling unfit and begins to gain weight as she is working now as clerk in a company. How can you help her to exercise again?



4-

- How can you design a program for self examination of breast for Egyptian women for early detection of cancer breast using one model of behavior change?

THANK YOU

