

# Social and behavioral theories for public health

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## **Objectives**





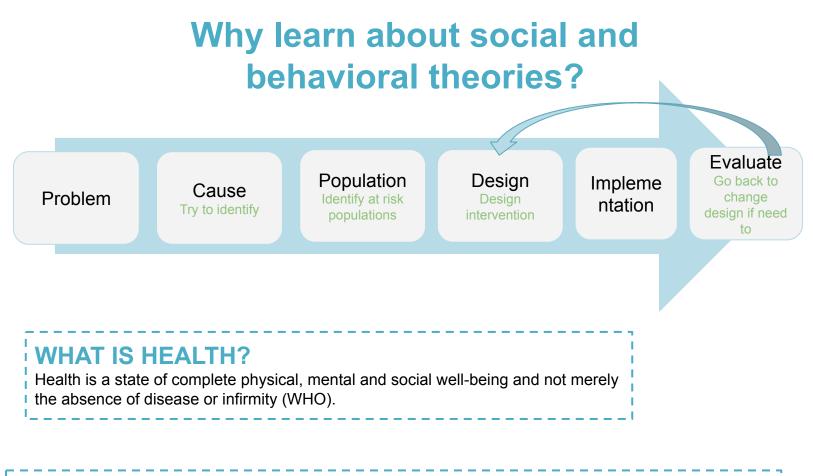
Define health behaviors and understand how behavioral change happens



Understand how social and behavioral theories can be used to identify, conceptualize and resolve different public health issues



Familiarize students with limitations of these theories



### public Health:

Dr notes **from slides:** 1) Prevent disease and death, 2) promote a better quality of life, and 3) create environmental conditions in which people can be healthy by intervening at the institutional, community, and societal level. -Theory based and evidence-based interventions. -Minimize negative outcomes.

## **Health behaviors**

- actions taken by individuals that affects health or mortality
- Can be intentional or unintentional
- Can promote or diminish the health of the actor or others
- Can be measured on group and population level, not just individual
- Dynamic(they change), in constant change over time, context, and lifespan

Dr notes from slides:

Not just cessation of risky behaviour but adoption of healthy behaviour and/or screening programmes and also change in behaviours of practitioners

## **Health behaviors**

A patient in your clinic is a heavy smoker. What would you do to help them stop smoking?

Will she stop smoking?



## So you need to know why people change behaviors and why not?

# Why **don't** people change their behaviors?

- Changing deep-rooted behavior patterns is **challenging**
- People don't always act rationally
- Everyone is **different**, and every behavior is **different**.
- People have **some** (not total) control over their actions.
- Behavior takes place in **social and physical** environments.

# Why **do** people change their behaviors?

Factors that can predict behavior change include:

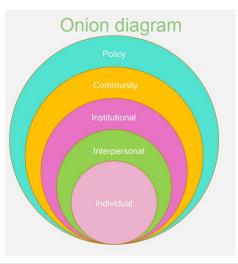
- Societal
- Economic
- Emotional
- -Cognitive

These factors are can influence and impact each other.

### Social ecological model

Interpersonal: Family members or classmates

Institutional For example marriage Policy مثلا قرانين تنصها الدولة Individual one to one



### → Rationale for using Behavior Change Theories

1-Identify problem and assess the cause

2-Understand **different factors** that influence whether people will change and adhere to these changes in the long-term.

3-Identify at-risk population

4-Identify points for possible change

5-Design and implement theory and evidence-based interventions

6-Evaluate and finetune to ensure positive outcomes and diminish negative outcomes

### → (Descriptive) Health Belief Model

Based on two concepts:

- The desire to avoid illness or get well in case of illness.

- The belief that a specific health action will prevent, or cure, illness.

Consists of **six** components:

- 1. **Perceived susceptibility** (يتأثرون او يتحسسون اكثر) a person's subjective perception of the risk of contracting a disease or developing an illness.
- Perceived severity (يبدا الخوف والحس بالمسؤولية) a person's feelings on the seriousness of contracting an illness or disease (or leaving the illness or disease untreated). Can include medical and/or social consequences.
- 3. **Perceived benefits** a person's perception of the effectiveness of various actions or behaviors that can reduce or cure the illness or disease.
- 4. **Perceived barriers** a person's feelings on the obstacles to the health action. Can be related to cost, danger, unpleasantness, time or convenience.
- 5. **Cue to action** The stimulus needed to trigger the decision-making process to accept a recommended health action. Can be internal (e.g., chest pains, wheezing, etc.) or external (e.g., advice from others, illness of family member, newspaper article, etc.).
- 6. **Self-efficacy** The level of a person's confidence in his or her ability to successfully perform a behavior.

<sup>-</sup> Theory is based on the concept of a person believing in a personal threat of an illness and believing in in the effectiveness of the recommended health behaviour or action. It can predict the likelihood of the person adopting the behaviour.

<sup>-</sup> no account for economy, politics; assumes equal access; assumes cues to action are widely prevalent in encouraging people to act and that "health" actions are the main goal in the decision-making process.

### Theory of planned behavior

#### Dr notes from slide:

Theory was invented to explain all behaviors over which people have the ability to exert self-control.

Used successfully in breastfeeding, and substance use, among others. The TPB states that behavioral achievement depends on both motivation (intention) and ability (behavioral control). It distinguishes between three types of beliefs - behavioral, normative, and control

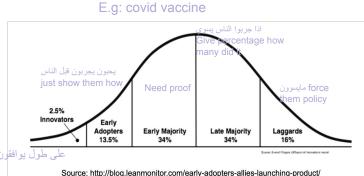
- Attitudes: the degree to which a person has a favorable or unfavorable evaluation of the behavior of interest. It entails a consideration of the outcomes of performing the behavior.
- Subjective norms: The belief about whether most people approve or disapprove of the behavior. It relates to a person's beliefs about whether peers and people of importance to the person think he or she should engage in the behavior.
- Perceived behavioral control A person's perception of the ease or difficulty of performing the behavior of interest.
  Perceived behavioral control varies across situations and actions, which results in a person having varying perceptions of behavioral control depending on the situation.
- intention: The motivational factors that influence a given behavior where the stronger the intention to perform the behavior, the more likely the behavior will be performed.

#### Limitations:

It assumes the person has acquired the opportunities and resources to be successful in performing the desired behavior, regardless of the intention.

- It does not account for other variables, like fear,, mood, or past experience.
- No account of environmental or economic factors.
- It assumes that behavior is the result of a linear decision-making process, and does not consider that it can change over time.

## → Diffusion of Innovation Theory



Laggards - Bound by

of change and are the

conservative. Very sceptical

hardest group to appeal to.

Strategies to appeal to this

fear tactics as well, and pressure from people in the

other adopter groups.

population include statistics,

tradition and very

**Innovators :** First to try the innovation. They are interested in new ideas and risk takers. You don't need much to convince this group to adopt an innovation.

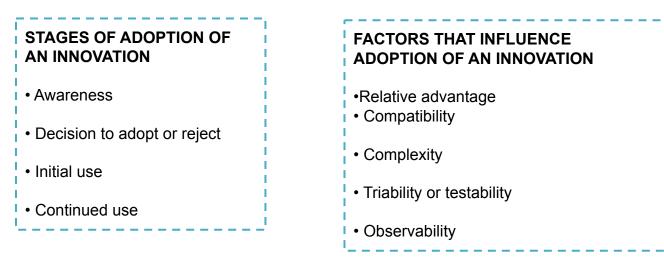
#### Early Adopters -

Represent opinion leaders. They are aware of the need to change and are comfortable adopting new ideas. Do not need information as much information on how to adopt.

#### Early Majority – Rarely

leaders, yet adopt innovations before the average person. May need to see the evidence before adopting. Strategies to appeal to this population include success stories and evidence on the effectiveness of the innovation. Late Majority – Sceptical of change and will only adopt an innovation after it has been tried by the majority. Strategies to appeal to this population include information on how many other people have tried the innovation and have adopted it successfully.

## → Diffusion of Innovation Theory



## **Theories of Behavior Change**

### **Social Norms Theory**

- Unwritten rules about what is acceptable in a given society or group of people or a "reference group".
- Often maintained by positive and negative social sanctions
- Descriptive and injunctive norms can overlap
- People generally think what others do is what they approve of

## **Types of social norms**

#### DESCRIPTIVE

INJUNCTIVE

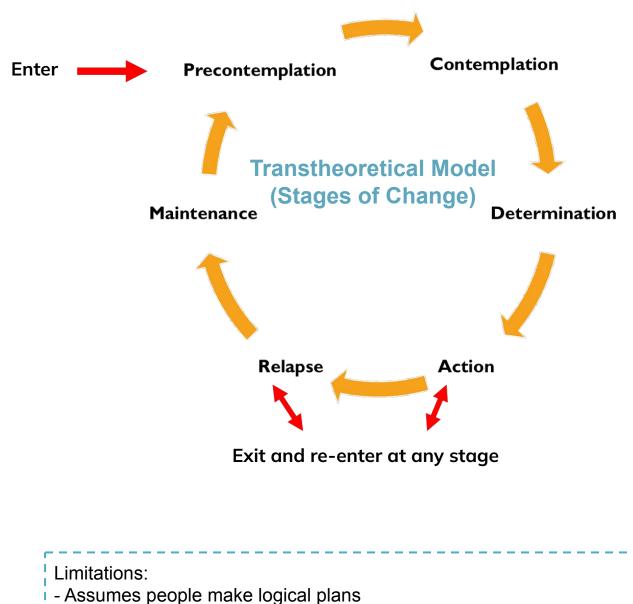
- What people believe others do

-What people believe others approve and disapprove of Dr notes from slides: social norms are rules of action shared by people in a given society or group; they define what is considered normal and acceptable behaviour for the members of that group

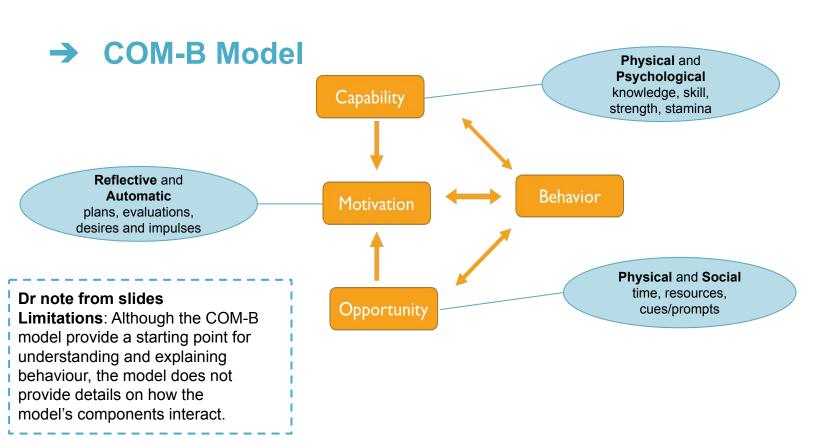
### **Gender Norms**

Gender norms are social norms defining acceptable and appropriate actions for women and men in a given group or society.

# Transtheoretical Model (Stages of Change)



- No clear sense of how much time is
- needed for change Lines are arbitrary so no set criteria to
- determine the person's stage of
- change. Ignores social context and
- socio-economic influences.



### COM-B Model and Behaviour Change Wheel (BCW) Framework

-COM-B Model and Behaviour Change Wheel (BCW) Framework (Mitchie, Atkins and West 2014) -Integrated 19 of the most effective frameworks integrated into one model.

-9 Intervention dimensions and 7 policy dimensions.

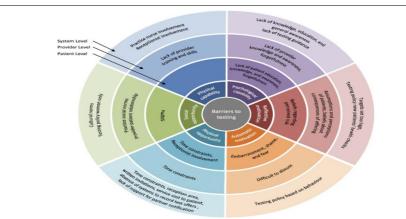
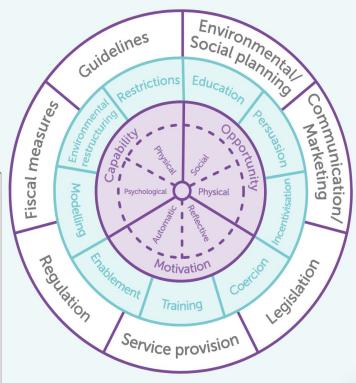


Fig. 3 Barriers to chlamydia testing at system, provider, and patient levels mapped on to the subcomponents of COM-B model



## → BCW

### Stage 1: Understand the behavior

- Define the problem in behavioural terms
- Select target population
- Specify target behaviou
- Identify what needs to change

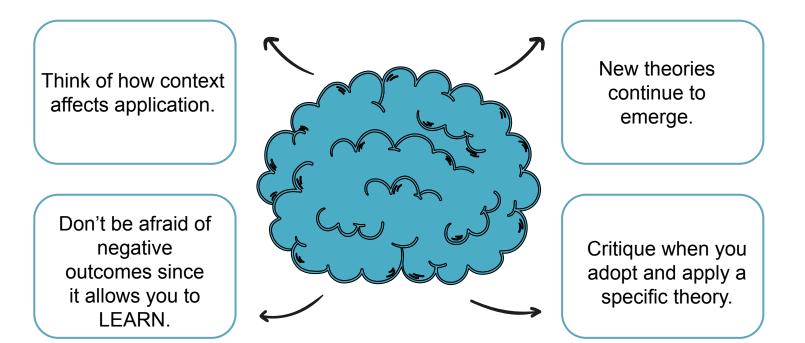
# Stage 2: identify intervention options

- Identify intervention functions
- Identify policy categori

# Stage 3: identify content

- Identify behaviour change techniques
- Identify mode of delivery

### ➔ THEORIES ARE NOT SET IN STONE



Thanks to all leaders and members from team 439 and team 441



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