

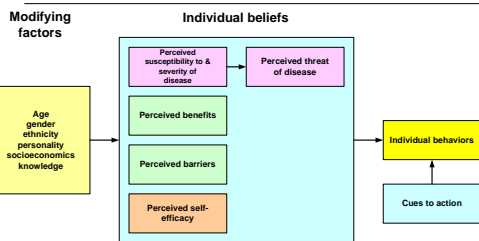
# Health Belief Model

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## Overview

- 1. Introduction on the constructs
- 2. Applications
- 3. Key learning points
- 4. Comments and discussion

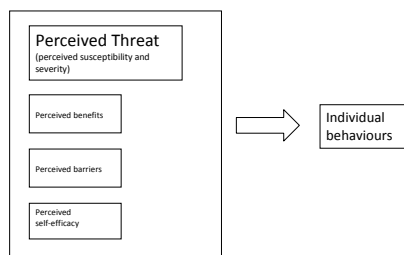
Health Belief Model Components and Linkages  
(Champion & Skinner, in Glanz et al., 2008)



## Key learning point (1):

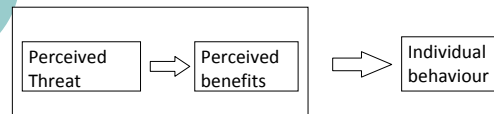
- Relationships among the constructs
  - "Although the HBM identifies constructs that lead to outcome behaviours, *relationships between and among these constructs are not defined*. This ambiguity has led to variation in HBM applications." (Glanz et al., 2008, p.50)
  - Indeed, relationships (dynamics) among the constructs need to be considered for effective behavioural intervention.

## Some constructs are more powerful predictors for behavioural change than others (Glanz et al., 2008)



e.g. perceived susceptibility > preventive health (HIV-) behaviour  
perceived benefits > sick-role behaviour (HIV+)

## Some constructs have impacts on other constructs



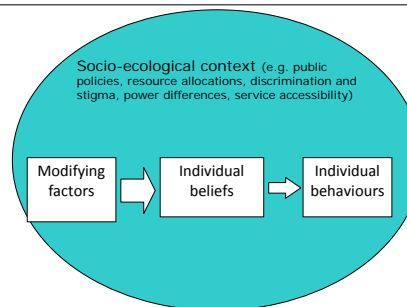
- e.g. promoting HIV/STI testing

## Key learning point (2)

### ○ Socio-ecological implication of HBM

- "Diverse demographic, sociopsychological, and structural variables may influence perceptions and, thus, indirectly influence health-related behaviour." (Glanz et al., 2008, p.50)
- Socio-ecological perspective > emphasis on modifying factors
- E.g. people who are homeless and HIV infection

## Socio-ecological context of HBM



## Summary

- Analysis of the health behaviours
- Dynamics among the constructs
- Socio-ecological context