Rationale for the Health Belief Model

Rationale for the Health Belief Model (HBM)

Using Health Belief Models can assist medical personnel to recognize the health concerns from the patient’s perspective. In many cases, patients and families are referred or given health education programs without an assessment of their learning needs and are expected to follow the treatment plan. Medical personnel can empower patients to become active participants by including them in the decision making process through adequate collection of information from the patient’s perspective.

The Health Belief Model (HBM) is one of the most widely used conceptual frameworks for understanding health behavior. Developed in the early 1950s, the model has been used with great success for almost half a century to promote greater condom use, seat belt use, medical compliance, and health screening use, to name a few behaviors.

The HBM is based on the understanding that a person will take a health-related action (i.e., use condoms) if that person:

1. feels that a negative health condition (i.e., HIV) can be avoided,
2. has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition (i.e., using condoms will be effective at preventing HIV), and
3. believes that he/she can successfully take a recommended health action (i.e., he/she can use condoms comfortably and with confidence).

The Health Belief Model is a framework for motivating people to take positive health actions that uses the desire to avoid a negative health consequence as the prime motivation. For example, HIV is a negative health consequence, and the desire to avoid HIV can be used to motivate sexually active people into practicing safe sex. Similarly, the perceived threat of a heart attack can be used to motivate a person with high blood pressure into exercising more often.

It is important to note that avoiding a negative health consequence is a key element of the HBM. For example, a person might increase exercise to look good and feel better. That example does not fit the model because the person is not motivated by a negative health outcome — even though the health action of getting more exercise is the same as for the person who wants to avoid a heart attack.
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Resources for More Information on the Health Belief Model

Books


Web Sites

University of South Florida — Health Behavior Change: Theories and Models

http://www.med.usf.edu/~kmbrown/hlth_beh_models.htm
http://www.med.usf.edu/~kmbrown/HBMInteractive_Handout.htm

American School Health Association — Behavioral Theories

http://www.cast.ilstu.edu/temple/behthe.htm

Articles

