

Basics of Health Promotion and Education Intervention
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Lecture - 07
Health Risk Behavior Vs. Health Promotion Behavior

Okay. So, we are already in pursuit of understanding basics of health promotion and education intervention. And we have completed our first week. We have completed the first lecture of the second week. We have understood the basics of health behavior. Now today in this lecture, we will be understanding what is health risk behavior. And what is health promotion behavior.

You know what are the differences and how these two are linked. Because these are the basic issues or basic behaviors that we will be discussing throughout this course. Because either it will be a health risk behavior, or it will be a health promotion behavior that we need to either say decrease, or we need to either check. We need to reduce the health risk behaviors, or we may need to promote the health promotion behaviors.

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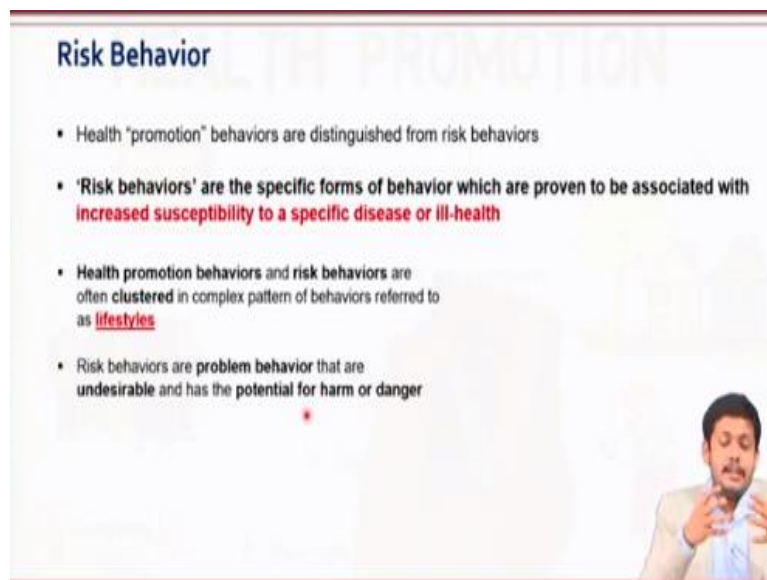
So the concepts covered are the concept of risk behavior. Next, the behavior spectrum for health risk to health promotion that I was discussing that this is a spectrum, what are the links. The expectancies and reasons of health risk behaviors. In this part, we will be discussing about why people choose to do a certain form of behavior.

Then we will be discussing our self-efficacy, motivation, intention. And we will be having certain examples of health promotion and risk behaviors.

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So let us first start discussion with risk behavior. This is the very interesting, the intriguing part of public health, health promotion. And this is where everything related to public health started, because if you go back to the history of public health, you will be finding out that risk behavior forms the core. So it is imperative that health promotion behavior and health risk behavior are distinguished within themselves.

So, what are risk behaviors? Risk behaviors are the specific forms of behavior which are proven to be associated with increased susceptibility to a specific disease or illness, right? The important part here is the increased susceptibility to a specific disease or illness. Now when we think about health promotion behaviors and health risk behaviors, you can easily understand that not always we have all the bad things.

And not always we have all the good things, we have a mixture of them. It is similar in case of health promotion and health risk behavior. It is a complex interplay between health promotion behavior and health risk behavior and the behaviors are often clustered. This is finally called as the lifestyles. You have heard the term lifestyle diseases, the chronic diseases, the lifestyle diseases.


So, what we tend to focus through these terms is that the behaviors, the cluster of behaviors, the balance between health promotion behaviors, and the health risk behaviors. We always tend to improve on the health promotion behaviors. And we always try to decrease the health risk behaviors. So, health risk behaviors are basically the problem behavior that are undesirable and has the potential for harm.

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Health risk to health promotion behaviors

Behavior	Health	Illness		Sick Role	
Identity	Healthy	Feel Sick		Am Sick	
Role Performance	Usual Social Roles	Diminished Function	Preparing to Enter Sick Role	Being in Sick Role	Leaving Sick Role
Health	Health	Asymptomatic Disease	Symptoms	Dx	Treatment Outcome

The continuum from health to disease (Source: Kasl and Cobb, 1966)



See the potential for harm is basically very important to stamp a particular behavior as a health risk behavior. If we take the example of smoking, you all have known that the Doll and Hill study regarding lung cancer, smoking, the concepts. Now what happened with those studies is that the particular behavior of smoking, it was stamped as a bad behavior, because it ultimately led to certain risks like that of a lung cancer.

So that was a risk behavior. Now we move to the spectrum of health risk to health promotion behaviors. In our previous lecture, we were discussing about Kasl and Cobb's three types of behaviors, right? And we also discussed that there may be a spectrum. And in this lecture, we are actually discussing the spectrum. What Kasl and Cobb in 1966 long back devised was a kind of a matrix?

The spectrum is represented in terms of a matrix. In the first row you have the behavior. In the second row, you have identity of the person. How the person is identifying himself or herself. Next is the role performance, what role is being performed. And finally in the last row, is you have the health status. First behavior is the health behavior.

From the three different behavior types of Kasl and Cobb the first one is a health behavior. Next is the illness and next is the sick role behavior. So, what happens with health behavior? Here the person is identifying himself as a healthy individual using the usual social roles are there. And in fact, the health status may be healthy or it may gradually culminate into asymptomatic diseases.

Now this part is a spectrum of disease. You can consider it as a spectrum of disease, from health to disease to treatment and outcome. You can consider this in this way. So, with health behavior, what happens is the person is healthy and maybe the person in asymptomatic disease phase. What happens with illness is the person is feeling sick. There is diminished function and the person is already preparing to enter the sick role.

And what happens is, the person is now experiencing the symptoms and there may be diagnosis in this point. So finally, after illness, what happens the person ultimately enters the sick role. And the person now says that okay, I am sick, the role performance say is being in the sick role. And after that, leaving the sick role.

See through this matrix, what we can understand is when we consider the spectrum from health risk to health promotion, you can see from this part from the end point of health, till the earlier point of illness, we have a risk issue. When the risk is high, the

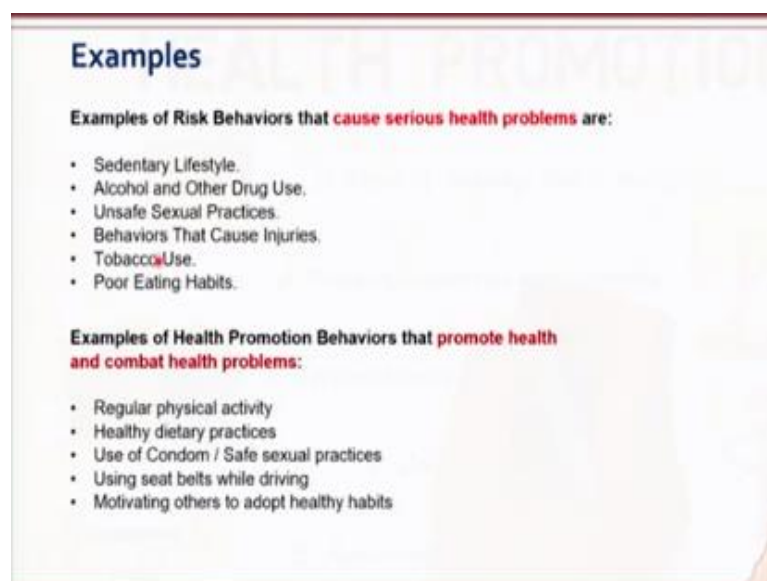
person ultimately enters into illness. When the health promotion is high, the person is not entering into the illness, but the person is remaining healthy.

Again, in this junction between illness and sick role, the person may be ill but the person is not taking up the sick role. The sick role may be positive, the sick role may even be negative. In a sick role a person may behave in a hopeless way or a person in a sick role may behave in a very optimistic way. There also is the issue of health promotion and health risk. Optimism here is in fact a health promoting behavior.

Again, when the person is leaving the spectrum, the Kasl and Cobb's three different behaviors, when the person is leaving the sick role, the person is now ready to leave the sick role and, in this point, the person is again adapting to certain behaviors which may be risk behavior, which if risk behavior, they may ultimately lead back to illness. From sick role the person may again lead back to illness.

Again, if the person is now adopting certain health promotion behaviors, good behaviors per se, the person will return back to being healthy. So, through this matrix from health to sick role or the three typical behaviors, we can understand how health risk and health promotion are spread throughout a single continuum.

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Examples

Examples of Risk Behaviors that cause serious health problems are:

- Sedentary Lifestyle.
- Alcohol and Other Drug Use.
- Unsafe Sexual Practices.
- Behaviors That Cause Injuries.
- Tobacco Use.
- Poor Eating Habits.

Examples of Health Promotion Behaviors that promote health and combat health problems:

- Regular physical activity
- Healthy dietary practices
- Use of Condom / Safe sexual practices
- Using seat belts while driving
- Motivating others to adopt healthy habits

So let us take certain examples. The examples of risk behaviors that cause serious health problems. Let us first go back to this slide. What this slide was saying, there is the increased susceptibility of a specific disease or ill health and it is undesirable and

there is potential for harm or danger. This is the basics for risk behavior. Now let us go back to the examples.

So how do we classify or how do we understand whether that particular behavior is a risk behavior or not? We consider all those points. That is why I have mentioned that causes serious health problems. Those are all the serious health problems that I have mentioned in the previous slide. You can consider sedentary lifestyle as a risk behavior. Alcohol and other drug usage a risk behavior.

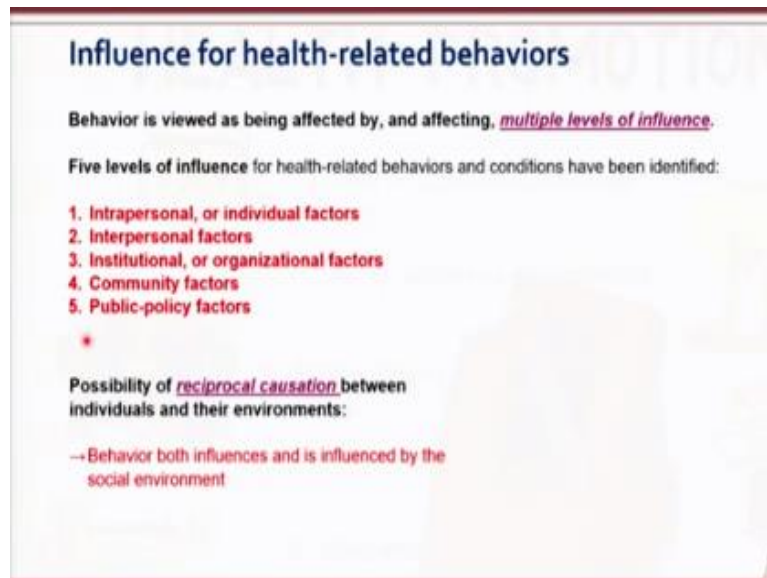
Unsafe sexual practices. The injury prone behaviors like reckless driving or violence. Tobacco use and poor eating habits. These are all examples of bad behaviors or risk behaviors, which ultimately culminate into certain health issues. But if we take these examples, which are on the other side of the spectrum what I have already exemplified here. See you take the example of regular physical activity.

You take the example of healthy dietary practices. And on the other spectrum of unsafe sexual practices, you consider safe sexual practices and use of for example barrier contraceptive methods say condom. Then in case of reckless driving, you consider two issues like not driving recklessly, a sense driving with full confidence, with a full sense, full sense of responsibility and using the seatbelts while driving.

These are all see, these are in a spectrum, risk behavior is on this side and the health promotion behavior is on this side. So, they form in fact a continuous range. And for poor eating habits, you are motivating others to adopt healthy eating. And yourself, you yourself, you are practicing the healthy eating behavior.

This is per se very important in case of adolescence, because that is when the habits are formed. So, the health promotion and health risk behaviors both are very important, when we consider the adolescent behaviors, because we get to see the dynamic interplay between these two in case of the adolescence very clearly.

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Now we move on to the influence for health-related behaviors. These are basically the influencers. What you have to understand is that the influences are in fact, there are multiple levels of influence in case of a health-related behavior. See, we are not discussing about health directed behavior. We are now discussing about health-related behaviors. So these are in fact, there are multiple levels of influences.

And in fact, from the textbook of health promotion, the book by Karen Ganz, we have five levels of influence for health-related behaviors and conditions. The first one is interpersonal or individual factor. See, you remember, in the first lecture of this week, we started on with the concept of health behavior with the specific term individual because health behavior starts with the individual.

So here, the first level is the intrapersonal or the individual factors. Because it starts with the individual. Next is the interpersonal factors between two individuals. You have one individual. Suppose it is me; me, myself, it is intrapersonal. I am discussing or my dynamics with another person, it then gets into interpersonal factors. Next is the institutional or organizational factor.

When we are forming an organizational milieu whatever percolate within that milieu, it is the institutional or organizational factors. Then there are community factors and the public policy factors. These are the five levels of influence. See public policy factors, these are in fact rated even higher than the community factors.

Because ultimately, public policy is a very important part of directing an individual to perform a particular behavior. For example, there are, in tobacco control program, there are initiatives that there should not be no smoking in public places. So, this is a public policy related issue.

What happens through this is the smoking related behavior is curbed through implication or through actually performing or enacting the public policy that is already there. Apart from the levels of these five levels of influence, there may be reciprocal causation between individuals and their environments. So, what happens to reciprocal causation is it forms like a circle.

How a circle is formed? A health behavior, see it influences and again it is also influenced by social behavior or a social environment per se. The behavior is influencing the environment, the environment is again influencing the behavior. This is how the reciprocal causation is there.

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Expectancies and reasons of choosing a health behavior

- Emphasize the **importance of expectancies** as **determining individuals' decisions** about how to act.
- They suggested that behavior and decisions are based upon **an elaborate, but subjective, cost/benefit analysis** of the likely outcomes of differing courses of action.
- It is assumed that individuals generally aim to **maximize utility** and so **prefer behaviors which are associated with the highest expected utility** (i.e., *lots of benefits and few costs*).
- Each behavior may have **differing subjective expected utilities** because of the value of the different outcomes associated with each behavior and the probability of each behavior being associated with each outcome.

Video inset: A man in a light-colored shirt speaking.

Now we move on to expectancies and reasons of choosing a health behavior. Here, we will be giving you a glimpse of why people tend to choose a particular behavior be it a risk behavior, or I mean be it a health promotion behavior. Here we will be having a bit of understanding through expectancies and reasons. What happens is the importance of expectancies as determining an individual's decision about how to act.

It is emphasized when ultimately, we device or when ultimately, we say the particular term health behavior. The importance of expectancy is what I am expecting out of that particular behavior. Here there are certain different theories. There are different research going on regarding these expectancies. We have theories of classical economics coming into play. We have theories of behavior and economics coming into play.

We have theories of classical psychology coming into play. All theories, all principles, all the motives basically of discussing these expectancies are to understand what is determining the individual's decision about how to act. So ultimately how an action is done or how a health behavior is chosen. What I have here highlighted in red is lots of benefit and few costs.

In a technical way, we can say that an individual assumes or individual tries to maximize the utility and prefers a behavior which in fact is associated with the higher amount of utility but for that utility, the person is not spending too much. Here spending is not only in terms of money, spending can be in terms of mental energy as well.

So, what we have understood till now is that the reason behind choosing a behavior in a large way is very much subjective. That is why each behavior may have a differing subjective expected utility. Because of this differing subjective expected utilities, because these are not objective expected utilities. Because through objective expected utilities, what are objective expected utilities?

When we identify or we measure the utilities through certain set of standardized measurement tools or questionnaires or whatever be those case. But in those case, we have certain specific points outlined for measurement of utility. That is objective. But here we are not talking about the objective utility because objective utility is a measurement issue.

Here we are discussing about subjective expected utility. Because the expected utility here is completely subjective to the particular individual, right? So, because of that subjective component, there might be differing subjective expected utility. And that

will ultimately lead to the different choices in health behavior. A person may ultimately choose a risky health behavior, a person may ultimately choose a good health behavior.

A child, both the child is going to the same environment, both the child is exposed to the same environment. But despite that, a child may choose to drive a bicycle very recklessly on the road, which will ultimately make him prone to accidents and other child may be prone to riding a more cautiously, the bicycle more cautiously.

So, this is how the subjective utility may come into play over here because I have already said for adolescence the dynamics is very clear. Here the subjective utility for the child who is adopting the good behavior may be that the child is thinking of something else, something beyond just going fast back to home, right?

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So, the power of outcome expectancies is there to predict the intentions and behavior. The expectancies, subjective expectancies and the issue is here the power of outcome expectancies. Research provides an important insight into why individuals perform behaviors like they do and also, they find out the useful targets for interventions for behavior change.

Because see, we were discussing about expectancies and reasons for choosing a particular behavior. If we understand the expectancies, what are the subjective expectancy, what are the outcome expectancies, what are the power for that outcome

expectancies, these are all abstract concepts, but if we are able to understand all this, we can devise a very proper health promotion intervention from them.

In a nutshell, the expectancies and reasons, they can be affected by several factors, like those which we were discussing in the previous lecture. They may be affected by perceptions of an individual, culture, values and beliefs. They may be self-efficacy, motivation and intention. All these will ultimately lead to the actual performance of behavior.

Now how these are linked and how the models, models you remember? Models are basically may be amalgamation of certain theories. So those models, the health behavior models we will be discussing later on. But to give you an overview of how these things act, this arrow diagram may be of help.

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Culture

- Culture refers to values and beliefs emanating from one's ethnic and/or religious backgrounds, typically transmitted across generations as part of the community's identity.
- Culture is a distinctive way of life of a group of people consisting of shared behavior which is recognized, approved and cherished by society.

The **impact** of culture on public health is manifold and is manifested in:

- Health behaviour
- Health attitudes and beliefs
- People's perceptions of and responses to public health guidelines and recommendations

Example:

- ✓ Traditional Chinese medicine and Ayurveda represent Chinese and Indian cultures respectively, and people's preference for and use of these practices must be taken into consideration while framing public health policy.

Now we move on to what is culture. Culture refers to the values and beliefs emanating from one's ethnic and religious backgrounds. It is in fact a distinctive way of life of a group of people consisting of a shared behavior which is recognized and approved or in fact cherished by a society. So, before we move little bit deeper into culture, you see, we have used two terms, values and beliefs. So, what are they?

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Values

- Values are **principles or standards of behavior**, one's judgement of what is important in life. They are the **basic and fundamental beliefs that guide or motivate attitudes or actions**.
- Values **stem from beliefs and are the things that are considered important by the society** e.g., equality, honesty, education, effort, perseverance, loyalty, faithfulness, etc.
- **Example:** Indians commonly believe that anyone who respect elders and care for their ageing parents will be rewarded in after life.

Values. The values are principles or standards of behavior. One's judgment of what is important in life is very important consideration for value. And they are basically the basic and fundamental beliefs that guide or motivate attitudes or actions. See through values we gain the value judgment component. Value, the particular term value implies a judgment part of it.

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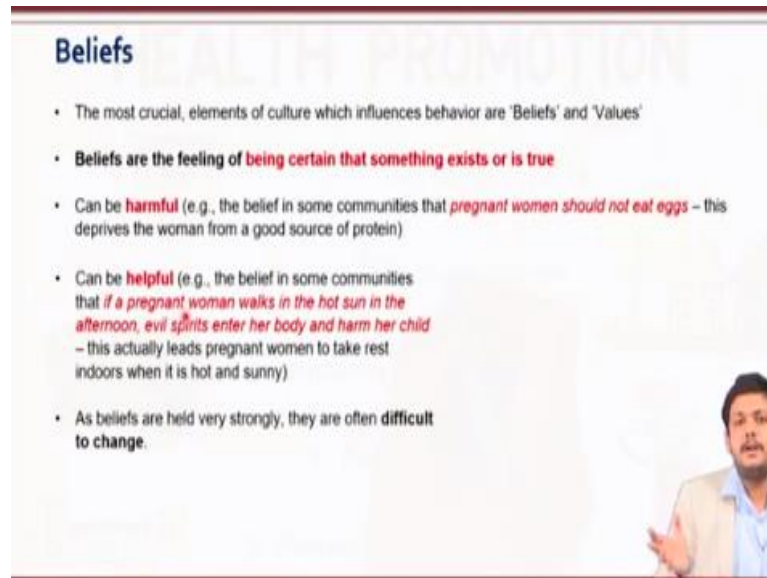
Values

- Values help shape behaviors by **suggesting what is to be sought or avoided**
- Values often suggest **how people should behave**, but they cannot accurately reflect how people **actually do behave** e.g., people value good health, but find it hard to quit smoking
- **Give rise to attitudes** which are value-laden social judgements which can bias the kinds of things a person will remember about an event and even the kinds of information they will seek out on a subject
- **Long standing values and beliefs evolve as traditions**

So, what value adds to a discussion of health behavior? Values basically shape the behaviors by suggesting what is to be sought or what is to be avoided. So, what to do and what not to do. Values often guide these issues. And values often suggest how people should behave. So that is why health behavior in discussion felt behavior values are very much important.

It is not only the culture, culture broken down into values of this culture. The values are important in choosing people what to do and what not to do. Indirectly that is to helping people to choose how to behave, right? So ultimately, the long-standing values and beliefs they evolve as traditions.

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Beliefs

- The most crucial, elements of culture which influences behavior are 'Beliefs' and 'Values'
- Beliefs are the feeling of **being certain that something exists or is true**
- Can be **harmful** (e.g., the belief in some communities that *pregnant women should not eat eggs* – this deprives the woman from a good source of protein)
- Can be **helpful** (e.g., the belief in some communities that *if a pregnant woman walks in the hot sun in the afternoon, evil spirits enter her body and harm her child* – this actually leads pregnant women to take rest indoors when it is hot and sunny)
- As beliefs are held very strongly, they are often **difficult to change**.

We have understanding of several traditions in our system. We call this as the tradition. So, what is tradition? Traditions are basically the long-standing values, right? Now we move on to beliefs. The most crucial elements of culture, which influences behavior are beliefs, and values. Values we have discussed. Now we are discussing beliefs.

Beliefs are basically the feeling of being certain that something exists or is true. So, what are beliefs? Beliefs are basically the feeling of being true or the feeling of having something which may be there or which may not be there. But I personally choose to think that it is already there, the trueness of it. They can be harmful, and they can also be helpful.

But for values what we have to remember is that as beliefs are always held very strongly. So, when we take on when we hold on to something very strongly, it is very difficult for us to move away from that. So that is what happens with beliefs. If there is a very firm belief about something it is very difficult to change.

In our immunization drive throughout the country during the days of Mission Indradhanush and so on and so forth, the basic essence was that the resistant areas where the beliefs were that immunization was harmful for their children. The basic essence was that to impart knowledge, to impart awareness so that those beliefs are broken down.

The beliefs, those were already in place that immunization was harmful, were not apt. So, the interventions like campaigns, interventions like pamphlets, and the ASHA didis and anganwadi workers, they were going from home to home, house to houses. So, beliefs can be harmful, they can be helpful. What happens with harmful beliefs is that it ultimately leads to a bad incident.

Like for example, when a pregnant woman is believed to have not been given the privilege of eating eggs. Now this deprives the woman from a good source of protein. This is an example of a harmful belief. And for a helpful belief what happens? If a pregnant woman walks in the hot sun in the afternoon, evil spirits will enter her body and harm her child.


Now this belief is helpful because actually this will ultimately lead to rest for that particular individual. But as we are discussing, that the beliefs are very difficult to change because we often hold on to them very strongly.

And what happens with beliefs is that the immunization during those immunization days, these beliefs regarding that immunization were bad, were held so strongly that all the interventions, all the health promotive behaviors, all the campaigns everything were in place in a very stringent mode and then only we could cover all the villages and we ultimately succeeded through different Mission Indradhanush phases for this immunization drive in our country.

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Self-efficacy

- + **Bandura** introduced the concept of self-efficacy in health behavior models
- + **Confidence in performing a behavior**
- + **Health Action Process Approach** explicitly differentiates between various types of self-efficacy unlike other models that incorporate self-efficacy as such
- ◆ **Task (Motivational) Self-efficacy:** One's confidence in **being able to start to engage in the behavior** even when one doesn't feel like doing the behavior (e.g., lacking in some form of motivation).
- ◆ **Coping (Volitional) Self-efficacy:** One's confidence in **continuing to perform the behavior** in instances when time is needed (e.g., when one does not see immediate benefits; or when the behavior takes a while to become routine).
- ◆ **Recovery Self-efficacy:** One's confidence in **re-engaging in the behavior** after setbacks.



Next, we move on to the concept of self-efficacy. This is, the concept of self-efficacy was basically devised by Albert Bandura. And what is self-efficacy? It is in fact the confidence in performing a particular behavior. Now we discussed three types of self-efficacy. First is the task self-efficacy. Next is the coping self-efficacy. And the third one is the recovery self-efficacy.

What happens with tasks self-efficacy is that it is one's confidence in being able to start to engage in the behavior. It is starting to engage. Next is the coping or self-efficacy where the person is confident in continuing to perform the behavior. The person started, then continued. And in the recovery self-efficacy what happens? One's confidence in re-engaging in the behavior.

That means started the behavior, continued the behavior, now the re-engaging the behavior. These three forms the three different types of self-efficacies.

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Motivation

- "Motivation ... Involves arousing, persisting, sustaining and directing desirable behavior"
- B.F. Skinner
- "Motivation is the state of the individual which disposes him to certain behavior for seeking goal" - Woodworth
- The process that initiates, guides, and maintains goal-oriented behaviors.

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An important consideration while we discuss health behavior models would be motivation. Now motivations, you will be coming across motivation when we go through the protection motivation theory, the PMT theory. That was more utilized during this COVID pandemic during different researches. So basically, what is motivation? We have several definitions for motivation.

But actually, what is motivation? It is that process which is in fact initiates, see initiates, guides and maintains goal-oriented behavior. So, goal orientation is very essential for motivation.

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Motivation

Characteristics of Motivation:

- Personal and internal feeling
- Involves the biological, emotional, social, and cognitive forces that activate behavior
- Art of stimulating
- Produces/ directs goal
- Motivation can be either positive or negative

Motivation can be:

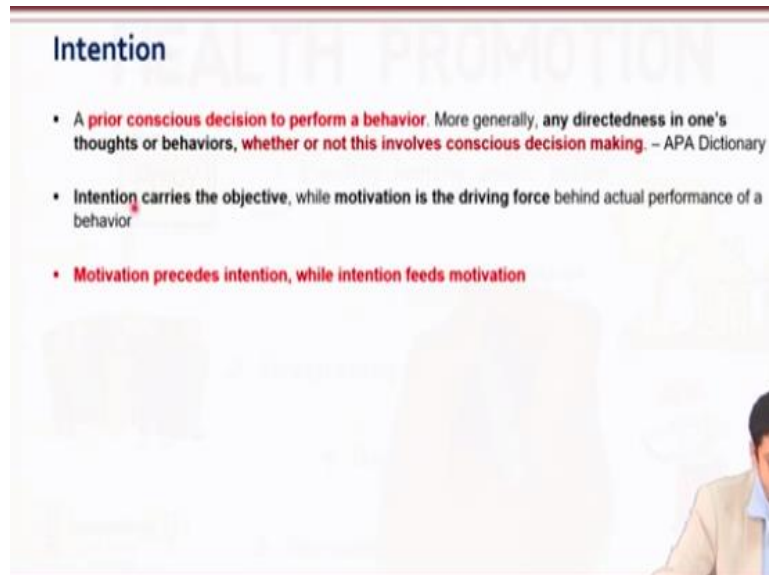
- Internal
- External

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So, motivations are basically personal and internal feeling. There may be biological, emotional and social and cognitive forces. Motivation stimulates an individual from

within and may stimulate others. And what I have already mentioned is that it is a goal directed thing. It can be internal or external. That I have already mentioned that it is the art of stimulating, it can come from within. It maybe internally or it may be external.

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Then we come to this topic of intention. What is intention? Intention is a prior conscious decision to perform a behavior. The American Psychological Association dictates that more generally any directedness in one's thoughts or behaviors, whether or not this involves conscious decision-making forms the basis for intention. Intention in fact carries objectives.

And what happens with intention, the interplay between intention and motivation is that motivation, it precedes intention and before intention there is motivation. And ultimately when there is intention, it again feeds motivation to bring about more changes. That means to influence intention again. So, this is again a cyclical process.

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CONCLUSION

- Health promotion behaviors and health risk behaviors are on the opposite in a behavioral spectrum
- Choice of a behavior between health promotion behavior and health risk behavior depends on the expectancies of an individual
- The choice and the expectancies are **multifactorial**
- People analyze cost-benefit aspect of behavior in the own way - **subjective**

So, from our discussion in this lecture, we have understood several important things in basics of health behavior. These are all the basic concepts that we will be utilizing as we go on with our discussion in this course. First is the health promotion behaviors and risk behaviors being on the opposite in a behavioral spectrum. That I have told.

A spectrum, in one side there is health risk behavior and on the other, there is health promotion behavior. There is a choice of behavior between health promotion behavior and the health risk behavior depends on the expectancies of the individual. We discussed about the expectancies and the reasons behind choosing a particular behavior. That behavior may be a risk behavior that may be a health promotion behavior.

But that is directed through individual expectancies. And those expectancies are subjective in nature. And these are multifactorial in nature and also subjective. And that subjective nature is dictated through the cost benefit or cost effectiveness analysis that is conducted inside one's own head or that is called the mental computing part.

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CONCLUSION

- Culture, values, beliefs, self-efficacy, motivation, intention are important concepts when discussing about health behavior and health promotion
- Motivation and intention are not the same.
- While motivation precedes intention, intention on the other hand feed motivation

The culture, values, beliefs, self-efficacy, motivation, intention, all are important concepts when we were discussing about health behavior and health promotion, because these are all the influencers. Some, we discussed in our earlier lecture like knowledge, awareness, practice, and we discussed about their differences.

And in this lecture, we focused on culture, values, beliefs, and introduced the concept of self-efficacy, motivation and intention. We will be discussing about the self-efficacy and intention in a bit more detail in specific health behavior models, right? Before we conclude, so let us not forget that motivation and intention, they are not the same. Motivation precedes the intention part. But when an intention is there, it again feeds the motivation.

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RESOURCES

- Glanz K, Viswanath K, Rimer B. Health Behavior: Theory, Research, and Practice, 5th ed. San Francisco, Calif.:Jossey-Bass;2015.
- Dobe M. Health promotion and Education: Foundations for Changing Health Behavior, 1st ed. Kolkata:Academic Publishers;2022.
- Prestwich A, Kenworthy J, Conner M. Health Behavior Change - Theories, Methods and Interventions. Routledge; 2018.

So these are the resources that I think you should at least go through. So that is it for this week. Thank you.