

3.0 WHY WILL  
YOUR PROGRAM  
WORK?

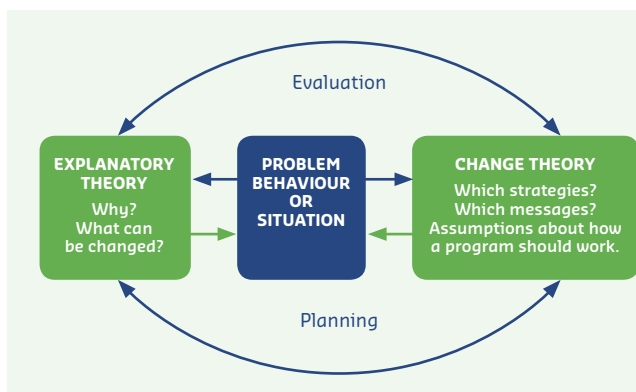
# 3.0 WHY WILL YOUR PROGRAM WORK?

Understanding the health behaviours of a specific target group – what people do and why – can be very difficult. We need to understand what motivates certain human behaviours, especially risk-taking behaviour, in order to influence and change behaviour. Successful health interventions assist people to maintain and improve their health.

**In this section:**  
 Why use theories?  
 Stages of Change Model  
 Health Belief Model

Behaviour change theories are tools for practitioners to develop and evaluate health interventions that are based upon a systematic understanding of the dynamics of health behaviour and the external influences that affect them (see Figure 3.1).

**Figure 3.1: Using explanatory theory and change theory<sup>8</sup>**



## 3.1 Why use theories?

Not all programs will demonstrate positive results and achieve their program goal.

**Programs that are more likely to succeed in achieving their desired results are those that are based upon a solid understanding of the health behaviours of the target group, and the context or setting in which they occur.**

Theories can be applied to a range of different situations, settings and target groups. They provide guidance and offer insight on how to create a successful and strong program with sustainable behaviour changes.

### What is a theory?

Theories generally consist of a set of definitions and concepts that will describe or predict actions, events or circumstances by demonstrating a relationship between the factors (or determinants) which influence change.

You can influence behaviour change at three levels:

<b>INDIVIDUAL</b>
Changing an individual's behaviour
<b>INTERPERSONAL</b>
Changing the behaviour of a small group of people
<b>COMMUNITY</b>
Changing the behaviour of a whole community

There are a variety of theories and models available (see Table 3.1 for examples).

**Table 3.1: Examples of behaviour change theories and models**

Individual level	Interpersonal level	Community level
Health Belief Model	Social Cognitive Theory	Communication Theory
Stages of Change Model		Diffusion of Innovation
Theory of Planned Behaviour		Community Organisation Theory

We will now illustrate how two commonly used behaviour change theories can be applied to planning a health intervention to change an individual's behaviour:

- Stages of Change (or Transtheoretical) Model
- Health Belief Model.

Theories give planners tools for health promotion that are based on an understanding of health behaviour.

## 3.2 Stages of Change Model

The Stages of Change (or Transtheoretical) model was developed by Prochaska and DiClemente<sup>9</sup>. The model defines a person's individual motivation and readiness to change their behaviour.

**Figure 3.2: Stages of Change model**

The Stages of Change model has 5 stages:

- 1. Pre-contemplation stage**  
Individual is not concerned with or aware there is a health problem
- 2. Contemplation stage**  
Individual is aware of the health problem and considering what to do about it (if anything)
- 3. Preparation stage**  
Individual has decided to take action and begins to research options
- 4. Action stage**  
Individual decides on a plan of action and implements it
- 5. Maintenance stage**  
Individual continues to implement their action plan

The Stages of Change model recognises that behaviour change is a **process not an event**.

Individuals may be at different stages and will require different strategies to move them to the next stage. A range of health interventions may therefore be appropriate when trying to change the behaviour of more than one individual.

Figure 3.3 shows how the Stages of Change model can be applied to understanding an individual's behaviour in relation to accessing sexual health testing and what strategies or activities may be suitable to move the individual to the next stage.

The Stages of Change model allows for relapse and movement between the stages. It also illustrates how within a population, different

**Figure 3.3: Example – Application of the Stages of Change model to sexual health testing**

- 1. Pre-contemplation**  
The individual is not even aware of or concerned about sexual health testing  
*Suggested strategies: awareness raising e.g. posters, radio ads, pamphlets*
- 2. Contemplation**  
The individual has heard or read about screening services and is wondering whether this is something they should do and what testing might involve  
*Suggested strategies: information/education sessions, website information*
- 3. Preparation**  
The individual decides they will have a sexual health test and starts to find out more about screening services available in their area including opening hours, costs, getting there, what the tests involve  
*Suggested strategies: removing barriers e.g. costs, location, access, eligibility*
- 4. Action**  
The individual makes an appointment and goes to a sexual health testing service  
*Suggested strategies: appointments are available, testing experience is acceptable and culturally appropriate, feedback collected on individual's testing experiences, and any issues addressed*
- 5. Maintenance**  
The individual goes for regular screening  
*Suggested strategies: reinforcing the importance of testing at each appointment, continued efforts to normalise screening in the community*

Further information is available at the following link:

**Transtheoretical Model**

<https://web.uri.edu/cprc/transtheoretical-model/>

## 3.3 Health Belief Model

This model is one of the **most popular theories used in behaviour change**.

The second model we will illustrate is the **Health Belief Model** (or **HBM**) first developed by Rosenstock (1966) and further developed

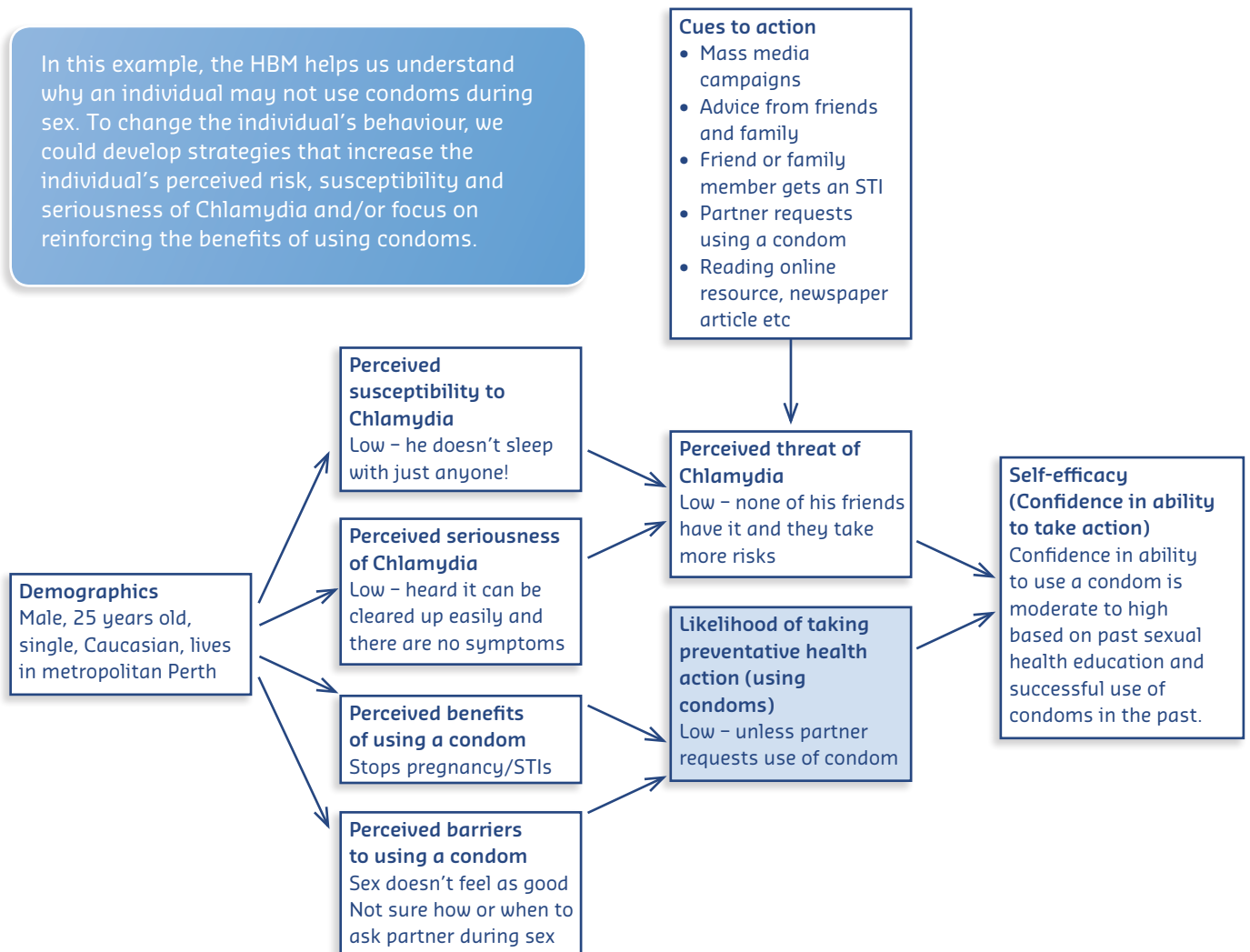
by Becker in the 1980s<sup>10</sup>. The HBM **predicts the actions of an individual** based on the individual's **perceptions of risk** related to a health problem (**perceived susceptibility** and **perceived severity**). It also addresses the **perceived benefits** to avoiding the threat and factors that can influence their decisions to act.

If an individual perceives the risk of a health issue to be low and/or the benefits associated with taking any action to be less than the associated inconvenience or costs, they may not take any action and may not change their behaviour.

Further information is available at the following link: **Health Belief Model.** This document discusses the Health Belief Model in more detail. [www.jblearning.com/samples/0763743836/chapter%204.pdf](http://www.jblearning.com/samples/0763743836/chapter%204.pdf)

Figure 3.4 illustrates application of the Health Belief Model for a young male and their likely use of condoms based on their health beliefs.

**Figure 3.4: Application of the Health Belief Model to likelihood of using condoms**



### 3.4 I'm stuck! Where can I get more information?

Please contact SiREN at [siren@curtin.edu.au](mailto:siren@curtin.edu.au) or visit the SiREN website [www.siren.org.au](http://www.siren.org.au) for more information about using theories to inform program planning. The following links and references may also be useful.

**E-Book: Theory at a glance.** This e-book is a succinct summary of commonly used theories in public health. [https://cancercontrol.cancer.gov/brp/research/theories\\_project/theory.pdf](https://cancercontrol.cancer.gov/brp/research/theories_project/theory.pdf)

**Book: Theory in a Nutshell 3rd Edition (2010).** By Donald Nutbeam, Elizabeth Harris, and Marilyn Wise. A useful guide to theories that are commonly used in health promotion.