Discuss issues in health promotion.
(25 marks)

The health belief model (HBM) (Hochbaum, 1958) explains how health behaviours are influenced by the individual’s beliefs about their health and the factors that affect it. Demographic and socio-psychological factors are important because they affect health beliefs.

The model suggests that we hold two main beliefs about our level of risk for any health issue, such as disease, drug abuse or dangerous driving. Perceived vulnerability is a judgement of the likelihood that we will be affected, and perceived seriousness is a judgement about how bad it could be if we are affected. Together these determine whether the issue is a threat – if it is, any action taken will depend on the balance of perceived barriers and perceived benefits. A person may still need a cue to action despite the benefits outweighing the costs – such as a severe bout of pain. These 5 factors predict whether or not a particular individual will perform positive health behaviours in a given situation.

Consider a man with high cholesterol who believes that changing his eating habits will reduce his risk of dying of a heart attack (perceived benefit) even though the diet will be less tasty (perceived barrier). He is more likely to stick to the diet than someone who believes that the fuss about cholesterol levels is all hype (low perceived seriousness) or that no one in their family has a heart problem so they are not at risk (low vulnerability). A friend dying of a heart attack might encourage him to stick to the diet (cue to action). The HBM suggests that people in high-risk groups must be informed of the seriousness of a condition, also reducing any perceived barriers they may face. Importantly, just providing new information is not enough; any new knowledge must change beliefs otherwise it will not alter behaviour. Gardener et al. (2010) found that, following the scare about the MMR vaccine, parents were still worried about the risks of the vaccination and were relatively unaware of the advantages of having their children vaccinated.

Evidence for the HBM comes from a study by Abraham et al. (1992) studied teenagers’ beliefs about condom use and found that belief was not enough, as predicted by the HBM. Although aware of the benefits of using condoms, the seriousness of HIV and their vulnerability to it, condom use was prevented by perceived barriers, including loss of pleasure, awkwardness of use and anticipated conflict with their partner. Such evidence has external validity as it is based on people’s beliefs about real illnesses in the context of actual opportunities for action.

Murray and McMillan (1993) tested the HBM in relation to breast self-examination (BSE). They asked women about health beliefs such as: ‘My chances of getting cancer are great’ (vulnerability), ‘I am afraid to even think about cancer’ (seriousness), ‘if cancer is detected early it can be successfully treated’ (benefits) and ‘I just don’t like doctors or hospitals’ (barriers). They also questioned the women’s knowledge of