

Primary Health Care Initiatives (PHCI) Project  
Contract No. 278-C-00-99-00059-00  
Abt. Associates Inc.

## **HEALTH BEHAVIOR CHANGE**

### **LEARNING OBJECTIVES:**

By the end of this session trainees are expected to:

- understand the stages of health behavior change
- understand the factors that influence health behavior change
- enumerate the main approaches to health behavior change.

### **TEACHING STRATEGIES:**

- Lecture.
- Small groups exercise.
- Case discussion.

### **EQUIPMENT AND MATERIALS NEEDED**

- Flip chart and transparencies
- Overhead projector
- White board and markers

### **LEARNING POINTS:**

- Knowledge and education about behavior related health problem does not necessarily mean that patient will change their behavior
- Actual change of risk behavior dependant on many factors:
  - Knowledge and education regarding risk
  - Family and cultural values
  - Peer attitudes and pressures
  - Relationship with and trust of health care providers
  - Personal self-image
  - Present versus future perspectives
  - Readiness to accept a change in health-related behavior
- Intervention – health provider can identify and help patient think through their willingness to change
- Once patient willing to accept change (Preparation and Action phase) – health provider can help patient set up a realistic, achievable program to change behavior
- Stages of behavior change and health provider strategies (see below tables)

## Stages of Health Behavior Change

Stage of Change	Patient Characteristics
Precontemplation	The problem exists, but the patient minimizes or denies it
Contemplation	The patient is thinking about the problem and the advantages and disadvantages of continuing with the problem or try to change it.
Preparation	The patient commits to a time and plan for resolving the problem.
Action	The patient makes daily efforts to overcome the problem.
Maintenance	The patient has overcome the problem and continues to watch for recurrence of the problem.
Relapse	The patient has gone back to the problem behavior on a regular basis after a period of successful resolution.

## Stages of Health Behavior Change, and Provider Interventions

Stage of change	Patient Characteristics	Health Provider Strategies
Precontemplation	Denies problem and its importance. Is reluctant to discuss problem. Problem is identified by others. Shows reluctance when pressured. High risk of argument.	Ask permission to discuss problem. Inquire about patient's thoughts. Gently point out discrepancies. Express concern. Ask patient to think, talk, or read about situation between visits.
Contemplation	Shows openness to talk, read, and think about problem. Weighs pros and cons. Dabbles in action. Can be obsessive about problem and can prolong stage.	Elicit patient's perspective first. Help identify pros and cons of change. Ask what would promote commitment. Suggest trials.
Preparation/ Determination	Understands that change is needed. Begins to form commitment to specific goals, methods, timetables. Can picture overcoming obstacles. May procrastinate about setting start date for change.	Summarize patient's reasons for change. Negotiate start date to begin some or all change activities. Encourage to announce publicly. Arrange a follow-up contact at or shortly after start date.

<b>Stage of change</b>	<b>Patient Characteristics</b>	<b>Health Provider Strategies</b>
Action	<p>Follows a plan of regular activity to change problem.</p> <p>Can describe plan in detail (unlike dabbling in action of contemplator).</p> <p>Show commitment in facing obstacles.</p> <p>Resists slips.</p> <p>Is particularly vulnerable to abandoning effort impulsively.</p>	<p>Show interest in specifics of plan.</p> <p>Discuss difference between slip (a single episode of failure) and relapse (repeated episodes of failure)</p> <p>Help anticipate how to handle a slip (single episode of failure)</p> <p>Support and re-emphasize advantages of changing.</p> <p>Help to modify action plan if aspects are not working well.</p> <p>Arrange follow up contact for support.</p>
Maintenance	<p>Has accomplished change or improved through focused action.</p> <p>Has varying levels of awareness regarding importance of long-term vigilance.</p> <p>May already be losing ground through slips or wavering commitment.</p> <p>Has feelings about how much the change has actually improved life.</p> <p>May be developing lifestyle that precludes relapse into former problem.</p>	<p>Show support and admiration.</p> <p>Inquire about feelings and expectations and how well they were met.</p> <p>Ask about slips, any signs of wavering commitment.</p> <p>Help create plan for intensifying activity should slips occur.</p> <p>Support lifestyle and personal redefinition that reduce risk of relapse.</p> <p>Reflect on the long term nature of this stage as opposed to the more immediate gratification of initial success.</p>
Relapse	<p>Consistent return to problem behavior after period of resolution.</p> <p>Begins as slips that are not effectively resisted.</p> <p>May have cycled back to precontemplation, contemplation, or determination stages.</p> <p>Lessening time spent in this stage is a key to making greater progress toward fully integrated, successful, long-term change.</p>	<p>Discuss relapse as a learning opportunity in preparation for next action stage.</p> <p>Ask about specifics of change and relapse.</p> <p>Remind patient that contemplation work is still valid (reasons for changing).</p> <p>Use “when,” rather than “if,” in describing next change attempt.</p> <p>Normalize relapse as the common experience on the path to successful long-term change.</p>

### 1. Group Exercise

You realize that smoking causes a lot of illness in your community. As a health care provider you want to try to do something to help people stop smoking. Using the Health Behavior Change Model, discuss how you would approach this problem on an individual basis with your patients.

### 2. Group Exercise

Fatima is a 30 years old mother of 6 children. Her youngest child is a one year old baby girl. Her neighbor Alia is a 26 years old mother of three children. Alia's youngest child is a one year old baby boy. The two mothers live in a village provided with a primary health care center. Antenatal, family planning (FP), and well-baby clinic services are provided at the

health center in a nearby town. Alia is utilizing the FP services at the town health center while Fatima is not using these services.

Question: Using the Health Behavior Change Model, what are the possible explanations for this discrepancy in behaviors of these mothers towards FP?

### **3. Group Exercise**

Using the Health Behavior Change Model, what are the steps to be taken in designing a "Weight reduction program"?

### **4. Group Exercise**

It seems that our youth are not well educated in the area of reproductive health (RH). As a health educator, you were consulted in designing a education program in RH addressing the youth. How do you use the Health Behavior Change Model in designing this program?

## **CRITICAL ELEMENTS OF EVALUATION FOR COMPETENCE**

- Understand the stages of health behavior change
- Able to identify the stages of health behavior change
- Able to provide interventions for health behavior change