

Health improvement behavior essay example

[Experience](#), [Belief](#)



\n[toc title="Table of Contents"]\n

\n \t

1. [Abstract](#) \n \t
2. [Health Improvement Behavior](#) \n \t
3. [The Health Belief Model](#) \n \t
4. [Application of the Health Belief Model](#) \n \t
5. [Application of the Planned Behavior Model](#) \n \t
6. [Comparison of the Two Models](#) \n \t
7. [Conclusion](#) \n

\n[/toc]\n \n

Abstract

People all over the world have a deep concern for their health, taking whatever steps available to ensure that they observe a proper lifestyle and live a risk-free life. In adopting their lifestyle, the people have to shun some behaviors and adopt others. This process of acquiring some behavior while avoiding others involves the use of a model of behavior. This essay looks at how an individual can shun the unhealthy eating behavior and adopt a healthy one. To do this, the essay will compare the health belief model and the planned action model to assess which of the two would be most effective in bringing about the behavioral change. In doing so, the essay will also look at the possible risk factors associated with an improper diet.

Health Improvement Behavior

Introduction: The Risk Behavior

Current technologies have made it easy to get everything in an instance, including the foods we eat. Whereas dieticians recommend that people should eat food in its natural or near natural form, the technologies have made sure that food is anything else but natural. There are the fortification and enrichment processes, milling and processing as well as the preservative processes. All these lead to the modification of the food to some extent that it can be harmful to the human body (Page R. and Page T., 2011).

Additionally, the lifestyle adopted by the people further puts their health at risk. Quite a large number of people observe a sedentary lifestyle, where they do not engage in any form of physical exercise. This combined with the poor diet have the potential to cause serious harm to the body.

Some of the risk factors associated with a poor diet and a sedentary lifestyle are as explained by Page R. and Page T. (2011). These include health risks such as heart diseases like high blood pressure and high cholesterol, diabetes, obesity, some variants of cancer, stroke, arthritis, respiratory problems, and some psychological disorders such as depression. The world Heart Federation (2012) further asserts these views by observing that people tend to dismiss the risk factors by arguing that they do not have the disease yet they do not observe a healthy diet. To demystify this issue, the federation indicates that the presence of the risk factor does not necessarily mean that the problem will set in, but the more the risk factors, the higher the susceptibility to the problem. Therefore, if an individual disregards the risk that is inherent, then the problem will be inevitable.

On a similar note, Revill (2006) puts an emphasis on the effect of an improper diet on the psychological well being of the individual. He argues that a poor diet leads to the insufficient supply of some essential minerals that are needed for the normal functioning of the brain. He further observes that nutritional deficiency could hamper the potential of the body to produce some essential amino acids which are needed for the psychological fitness, such as the production of some vital neurotransmitters. Another important amino acid, serotonin, is produced in insufficient amounts. All these factors add up to hamper the proper functioning of the brain.

The Health Belief Model

The Theory of Planned Behavior

The theory of planned behavior, otherwise called the theory of planned action (TPA) can also be used in adopting the proper eating habits. This theory works under the assumption that an individual's behavior is pre-determined by the individual's intention to perform the said behavior. That is, an individual sets his mind to adopting a given behavior. The intention therefore changes the attitude of the individual towards the behavior. This is the subjective norm of the individual. In line with the intention, the theory also puts into consideration the perceived behavioral control. This is where the individual feels that he has the ability to perform and control that behavior that is to be adopted. If the perception of control is great, then the individual is more likely to be driven towards adopting the behavior (University of Twente, 2010).

The two model behaviors can be implemented by use of other stage models such as the Health Action Process Approach (HAPA). If this model was to be used with either of the theories, it would mean that there has to be the motivation and the implementation stages for the healthy eating behavior (Health Psychology Department, 2011). This would be possible for the Health Belief Model but would be a bit complex in the Theory of Planned Behavior as it does not necessarily provide room for the motivation factor. The Precaution Adoption Process would be the most favorable for the Planned Action Theory. This is because the precaution adoption model is governed by cost-benefit, decision making perspective (Weinstein, 1988), which merges well with the planned action theory.

Application of the Health Belief Model

On the second level, the individual can use the model to ascertain whether there are health benefits that can be reaped from adoption of the healthy behavior. For instance, Page R. and Page T. (2011) explain that regular exercises can help in burning up the excess calories in the body. Once these calories are broken down, the risk for fat accumulation in the body is significantly reduced and the possibility to be obese is reduced. As such, the susceptibility to diabetes and heart problems is significantly lowered and so are other major health risks (Tierra, 1998). On this level, the individual can actually appreciate that there is a solution to the problem. However, the next challenge is as to whether the solution can be adopted, and this leads to the next and final stage of the health belief model.

In the last step, the model helps the individual believe that he can actually undertake the recommended healthy action. It aims at building the confidence of the individual in adopting the belief. In the case of adopting a proper feeding regime, the individual can assess whether the recommended actions are manageable. Take for instance, exercising as recommended by Page R. and Page T. (2011). The individual can decide to be having some 30 minutes or so of aerobics a day. This is not so much for a determined individual. Alternatively, the individual can decide to be taking a walk every day to the office and back, which helps to cut down on the sedentary lifestyle. Tierra (1998) gives the various types of foods and their classes, and how they should be eaten. The individual can therefore adopt it in order to avoid the health complications. Other recommended actions for controlling the heart conditions are equally manageable, as explained by the World Heart Federation (2012). These include quitting the use of tobacco since it is a precursor to heart diseases. Reduction of the fat intake can also reduce the possibility of fat imbalance which causes the heart problems. Similarly, a constant and regular exercise regime can help to cur the heart problems. An individual can therefore analyze these health actions, and if he finds it manageable, then he can adopt the healthy eating habits. As seen from the above illustration, the model progresses from one step to another, and can effectively lead an individual to adopting a healthy eating behavior, thereby distancing him from the diet related health problems.

Application of the Planned Behavior Model

The planned behavior model can also be used in adopting proper eating habits. This theory is largely based on the intention of the individual to adopt

the healthy diet. Therefore, the individual needs to have the initiative or the objectivity. For instance, a young woman concerned about her weight can decide to adopt a diet that will help to cut down on her weight. This decision is not necessarily based on the health benefits of a proper diet or on the knowledge of how the right body weight can be beneficial. The motivation factor is something purely independent of the health benefit. Nevertheless, there is the motivation that is derived from this.

Since there is the intention to change the behavior, the attitude of the individual towards the healthy behavior changes significantly. For instance, if the young woman who wants to lose weight learns that the proper diet can help her achieve her objective, then her attitude towards dieting changes. She starts shunning the junk food such as fatty foods, sugary foods and alcoholic beverages. She also learns on how to avoid the serious health conditions of anorexia bulimia and anorexia nervosa (Page R. and Page R., 2011) which is a major challenge for many young women striving to lose weight. Once her attitude towards healthy eating is changed, then she is well on her way to adopting it.

The last straw in this knowledge is the knowledge of the individual that she can control the new behavior that is acquired. In this case, the young woman can assess whether she can manage the behavior that she is to adopt. In essence, she will look at the various foods recommended for a losing weight diet and determine whether they are affordable and also fall within her preferences. On the exercising, she can assess whether her schedule can accommodate the extra hours needed for the exercise sessions. But most of

all, she should gauge her attitude and ensure that it has changed enough to carry out the healthy action with no strain.

Comparison of the Two Models

In comparison, the two models can be efficient in the adoption of a healthy eating habit and a healthy lifestyle. However, the health belief model seems to be fit for this purpose than the planned action model. The main reason for this is that the health belief model shows the need as to why the healthy diet should be adopted. It advocates for inform and transform sequence. It can be a preventive strategy. The planned action theory, on the other hand, is more of a curative strategy. This is because it advocates for the individual to have the motivation or intention for change, but is not concerned with developing the motivation. Therefore, it might not be effective in cases where the problem is irreversible once it has set in, such as obesity.

Conclusion

References

Health Psychology Department. (2011). The Health Action Process Approach. Retrieved on 20th Jan 2012 from <http://www.hapa-model.de/>

Page, M. R. & Page, T. S. (2011). Promoting Health and Emotional Well-Being in Your Classroom. Jones & Bartlett Publishers. Retrieved on 20th Jan 2012 from [http://books.google.co.ke/books?id=Wf4dcoFrzTwC&pg=](http://books.google.co.ke/books?id=Wf4dcoFrzTwC&pg=PA211&dq=poor+eating+habits&hl=sw&sa=X&ei=TU0aT4jOI8LIhAeNw_DEDA&ved=0CCwQ6AEwAA#v=onepage&q=poor%20eating%20habits&f=false)

[PA211&dq= poor+eating+habits&hl= sw&sa= X&ei=](http://books.google.co.ke/books?id=Wf4dcoFrzTwC&pg=PA211&dq=poor+eating+habits&hl=sw&sa=X&ei=TU0aT4jOI8LIhAeNw_DEDA&ved=0CCwQ6AEwAA#v=onepage&q=poor%20eating%20habits&f=false)

[TU0aT4jOI8LIhAeNw_DEDA&ved= 0CCwQ6AEwAA#v= onepage&q= poor %20eating%20habits&f= false](http://books.google.co.ke/books?id=Wf4dcoFrzTwC&pg=PA211&dq=poor+eating+habits&hl=sw&sa=X&ei=TU0aT4jOI8LIhAeNw_DEDA&ved=0CCwQ6AEwAA#v=onepage&q=poor%20eating%20habits&f=false)

Revill, J. (2006). Poor Diet Link to Rising Cases of Depression. The Guardian,

15th Jan 2006. Retrieved on 20th Jan 2012 from <http://www.guardian.co.uk/science/2006/jan/15/socialcare.food>

Tierra, M. (1998.) *The Way of Herbs*. Simon and Schuster. Retrieved on 20th Jan 2012 from <http://books.google.co.ke/books?id=1ynYaAooaY0C&pg=PA47&dq=observing+a+proper+diet&hl=sw&sa=X&ei=vk0aT4XeJoOmhAeRne2rDA&ved=0CEEQ6AEwAw#v=onepage&q=observing%20a%20proper%20diet&f=false>

University of Twente. (2010). Health Belief Model. Retrieved on 20th Jan 2012 from http://www.utwente.nl/cw/theorieenoverzicht/Theory%20clusters/Health%20Communication/Health_Belief_Model.doc/

University of Twente. (2010). Theory of Planned Behavior/Reasoned Action. Retrieved on 20th Jan 2012 from http://www.utwente.nl/cw/theorieenoverzicht/Theory%20clusters/Health%20Communication/theory_planned_behavior.doc/

World Heart Federation. (2012). Cardiovascular Disease Risk Factors. Retrieved on 20th Jan 2012 from <http://www.world-heart-federation.org/cardiovascular-health/cardiovascular-disease-risk-factors/>

Weinstein. (1988). The Precaution Adoption Process. *Health Psychology*, Vol. 7(4). Pp. 355-86. Retrieved on 20th Jan 2012 from <http://www.ncbi.nlm.nih.gov/pubmed/3049068>