

Health psychology assignment

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This essay will discuss strengths and weaknesses of Casein's theory of planned behavior model in predicting Indo use and to prevent sexually transmitted diseases. Sutton, Emcee and Glean (1999) used the theory of planned behavior to predict the condom use intentions of young English people. And TPTB does not only predicts the majority Of the population it can also predict the condom usage behaviors minorities such as immigrants (Salaried-Penn. Lee, Montgomery, Hoop & Miracles, 2003). Yet the meta-analysis Of Librarian, Johnson.

Fishbone and Mulberries (2001) argued that TPTB is efficient at predicting wide-range Of health behaviors except for condom use because there is not enough considerable evidence. Or the Other hand the findings Of Remarriage and Conner (2001) suggests that TPTB predicts 21 and 36 per cent in actual behavior far either health or non-health-related behaviors and between 40 and us per cent of variance in behavioral intention. However condom usage requires relational/coordinative decision making and social pressures influences this decision whereas PIP explains human behaviors on an individual rationality (Choc, 2008). Pa is rat the only social health model that predicts health behaviors when S compared with, the health belief model (HUB). HEM offered a better prediction of condom use behavior because HUB explains human behaviors with cognitive elements such as outcome expectation, perceived threat and self-efficacy (Becker, 19/4) but Wanders and Hood (1 claimed chat personal normative belief is an important predictor of condom use behavior, yet critics of social cognition theories have argued that the theories are effectively irrefutable and tautological (Ogden, LULL).

Moreover, Marks suggested that the published studies used null hypothesis elimination with small samples of university pupil or smaller samples of patients and the validity, power, inerrability and power of these studies is questionable. Flowers, Sheerer, Bewail and Smith (1997) theorizes sexual activity as social activity and in order to determine one's choice of sexual acts context of the activity should be taken into account, also Rhodes (1995) draw attention to the situations where constraints and habits prevent the possibility of calculated decision making.

Coleman et al. , (2001) made a contemporary input and said that gay men shows compulsive behavior and they prioritize the emotions rather than avoiding sexually transmitted disease. TPTB has methodological flaws that might cause problems in predicting condom usage behaviors.

The studies examining the capability of the TBP usually address only a specific health behavior (Bryan, Fisher and Fisher, 2002) and majority of the research about the theory of planned behavior do not consider the importance of performing a health behavior on a long-term basis, however health behaviors are not immediately observable, health behaviors have to be performed repeatedly in order to increase the benefits. (Rives & Sheerer, 2003) Also, it is argued that past behavior determines the current behavior rather than the cognitions described by TPTB (Sutton, 1994). Lastly, Spring et al. (2004) argued that using self-selected participants in studies related to TAP can bias the study towards positive findings and interfere with the generalization. References Librarian, D. , Johnson, B. T. , Fishbone, M. , & Mulberries, P. A (2001) Theories of reasoned action and planned behavior as models of condom use a meta-analysis. *Psychological bulletin*, 127(1), 142. <https://assignbuster.com/health-psychology-assignment/>

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Sutton, S. , Emcee, D. , & Glean, A. (1999). A comparative test of the theory of reasoned action and the theory of planned behavior in the prediction of condom use intentions in a national sample of English young people. *Health Psychology*, 18, 72-81. Spring, B. , Doran, N. , Pagoda, S. , Schneider, K. , Pennington, R. , & Headier, D. (2004). Randomized controlled trial for behavior smoking and weight control treatment: effect of concurrent versus sequential intervention. *Journal Of Consulting and Clinical psychology*, 72(5), 785. Critically discuss the influence of social factors associated with onset and maintenance of alcohol dependence.

The cost and availability of alcohol and drugs openly impact overall types of use (Goodbye & Maynard, 1 988), another factor associated with young people s onset and maintenance of alcohol dependence is parental influence (Van den Kinder, Van den Men, Vet & Overrules, 2011) Also the family could be a risk or protective factor in the development of drinking patterns. Individuals with supportive families are less likely to have problem tit alcohol when compared to the people with UN-supporting families (Buy, Wattle, Foxtrot, Insurgents, & Reeling. 2002).

Martina, Ellison, & MacAfee (2009) argued that friends and peers plays a substantial role in young people ; s drinking behavior and alcohol dependence, however Cycles and Barber (1999) argued that young people who are interested in extracurricular activities are less likely to develop problems related to alcohol, although Lorene, Seville, Grief and Great (2004) conducted studies anemone French adolescents who participate in sports and their alcohol consumption, hey noted that adolescents who participate in sports may be more inclined to risky drinking practices.

A previous study conducted by Electric, Mailman, Presley and Cashing (1998) showed the alcohol use of students with diverse levels of college athletics, this supports the claim of Seville, Grief and Great. People who drink to overcome negative feelings and emotions experience high rates of problems related to alcohol dependence and addiction, on the other hand people who drink for social motives is less likely to be associated with problems with alcohol dependence (Sentences, Knife, Game & Engel's, 2005; Sentences, Stewart & Cooper, 2008) References ELI, E. H. , wattle, R. G. , F-croft, D. R. , Insurgents, J.

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Journal Of studies on alcohol and drugs, 72(3), 408. Give a supported argument for the inclusion of environmental factors within the Bio-Psycho-Social model understanding of stress. Many scholars have raised the dilemma of whether the strain and stress of modern civilization are particularly harmful, because of their difference from the type of

environmental settings which humans evolved as species (Seer, 1974; Bobbed, 1970; Dubos, 1965). This essay is going to give a supported argument or the inclusion of environmental factors within the Bio-psycho-Social model understanding of stress.

The environmental stress that cause stress will be discussed and criticized. Contracts (2007) argued that combination of social, psychological and biological factors can help understand health rather than purely biological terms, yet Engel (1977) claimed that in order to understand how behavior and biology interact scientists should move from groups to individuals, Engel claimed that there are various aspects of life which have an impact on health involving such factors as work, relationships, vying environment, community, knowledge and practice of health-promoting or health-damaging behavior.

Sells (1963) also supported Engel's claim by arguing stress can be influenced by physical environments which have everlasting characteristic. Previous research of environmental stress all accent that stress is mainly a relational concept signifying an imbalance between individuals' goals and environmental opportunities (Evans, Colombo & Shearer 1988; Lazarus & Cohen, 1977), Kerrey (1994) claimed that increased noise levels can increase workplace accident rates, stimulate aggression and create stress.

Cohen and Weinstein (1982) supported Secker's claims by saying that noise is an environmental stress; moreover their study shows that unpredictable and loud noise exposure increases skin conductance and heart rate, the Munich Airport Study (Evans, Hedge & Bulling, 1995) showed that noise-exposed children had significantly higher endocrine levels indicating

increased levels of stress, Latter finding of Heathers study is consistent with this study (Haines et al., 2001) Lastly Brandenburg, Fooleries, Whitewasher and Salaam (1980) found that raised cortisol levels are linked with noise.

Another environmental stress factor is crowding, crowding is a psychological state that occurs when needs for space exceed the available supply (Stoos, 1972) Crowding is usually accompanied by negative effects such as stress, anxiety and tension (Freedman, 1975).

A study measuring endocrine levels under different density conditions noted catecholamine were elevated & Frankness's, (1978). Also, another study found that crowded shoppers have increased levels of cortisol (Hashes & Plucky, 1975), however Lillo, Epstein and Carline (1975) did not find an increase in crowded dormitory residences. Lastly, Evans (1988) found that heart rate, blood pressure and skin conductance increases related with density.

The environmental stress have been discussed and criticized and in order to understand and treat stress; the noise and crowdedness should be included in the bio-psycho-social model, however environmental stress factors have limitations as well, firstly there is no stable ecological theory environmental stress which can cause the experiment approaches to the study of stress and also have to consider that individual differences in the reply to stress in the environment because the influences of premature environment of any organism have subordinates high impact on the organism's orientation to stress (Carson & Driver, 1966) The researches who had elder participants are not reliable because, elder participants usually suggested greater sensitivity to their physical surroundings (Layton, 1980), Allele, J. Epstein, Y, & Carline, <https://assignbuster.com/health-psychology-assignment/>

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Stools, D. (1972). On the distinction between density and crowding: Some implications for future research. *Psychological review*, 79(3), 275. Despite the availability of information about healthier lifestyles, why does there remain a gap in health inequalities between socio-economic classes? In UK people living in the richer areas will die an average of seven years later compared to those living in the poorer areas (Heron et al., 2009).

Also, unskilled workers are more likely to die from cancer when compared to professional workers (Cancer Research UK, 2005), these studies have shown the health inequalities between socio-economic classes and this essay will discuss why there is a gap between health inequalities. Wilkins and Marmot (2003) argued that the social predictors of health are; Early childhood development, stress, unemployment, addiction, availability of healthy food, active travel, however people with low income cannot access some of the predictors such as healthy food or active travel. Some people may be even unemployed and this causes a gap between people who are on the higher status of socio-economic status (SEES) and people who are on the lower end of the SEES.