

APPLICATION OF BEHAVIOURAL CHANGE COMMUNICATION FOR HEALTHY LIVING

by

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INTRODUCTION

- People generally understand that living healthily is the best way to control problems like diabetes mellitus, hypertension, hyperlipidemia and obesity. However, what people actually do tend to be very different.
- People do not change their food choices just because we tell them to or because they know they should. The key to successful nutrition counseling is to assess and identify the person's stage or readiness for change and match the intervention to it.

Why Do People NOT Change Behavior?

- People may not
 - Understand the message
 - See themselves as vulnerable
 - Trust the bearers of the message
- People may
 - Think the short-term benefits of current behaviors outweigh the long-term risks
- Some “healthy choices” are costly
- Recommended behavior may conflict with beliefs
- After all, people believe that malaria is a common disease and is not so serious

Can you name more reasons?

BEHAVIOUR CHANGE

- Behavior change requires a focus on the broad range of activities and approaches that affect the individual choosing food and beverages in his or her community and home environment.

Factors That Influence Behavior Change

- Predisposing factors:
 - Knowledge, beliefs, and attitudes based on life experiences as well as gender, age, race, socioeconomic background
- Enabling factors:
 - Skills and abilities, resources available; can be positive or negative
- Reinforcing factors:
 - Presence or absence of support, encouragement or discouragement from those around you

Factors That Influence Behavior-Change

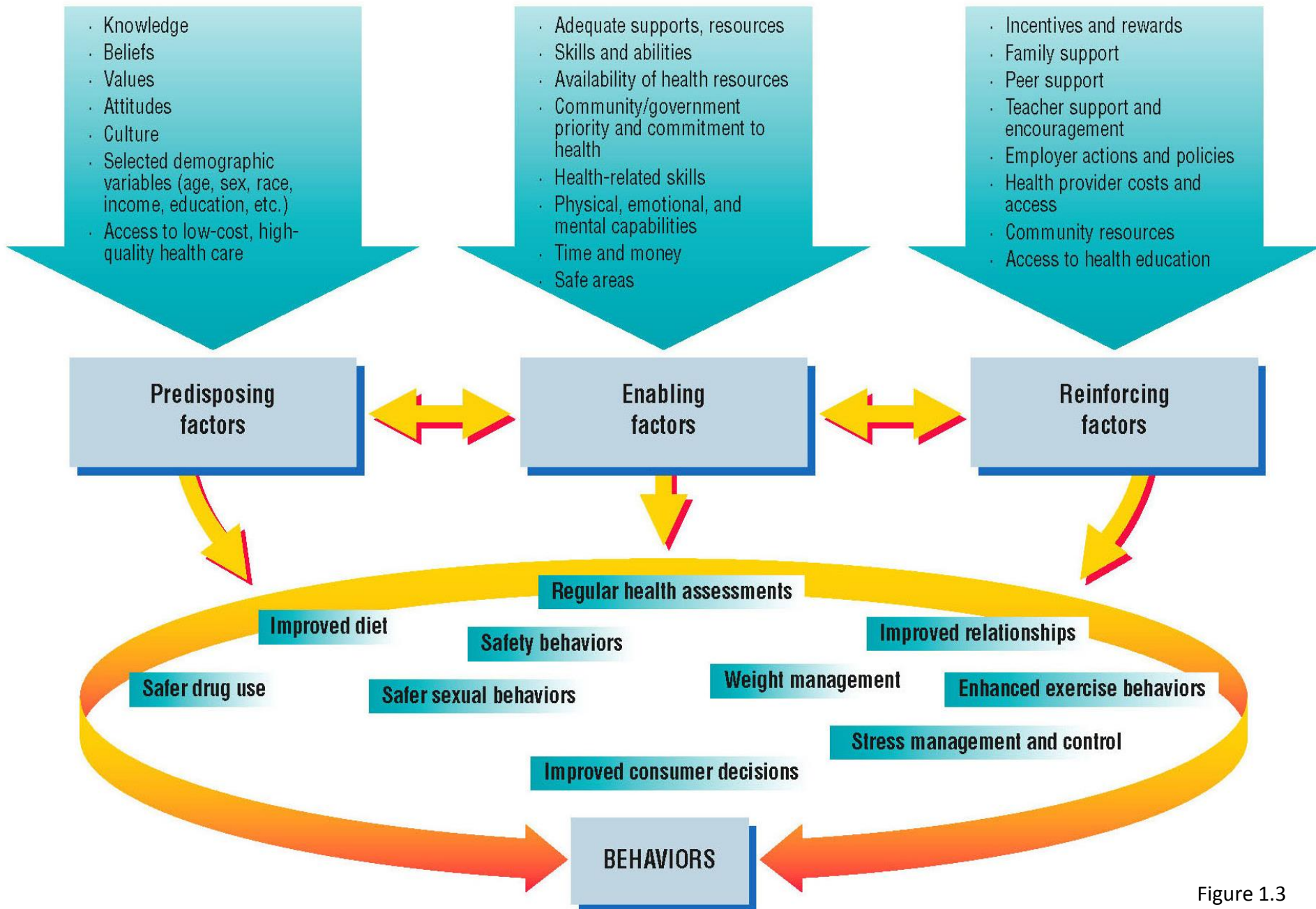


Figure 1.3

MODELS FOR BEHAVIOUR CHANGE

- Health Belief Model
- Social Cognitive Theory
- Theory of Planned Behaviour
- Transtheoretical Model (TTM) Or Stages Of Change Model

Health Belief Model

- The health belief model (HBM) focuses on a disease or condition, and factors that may influence behavior related to that disease.
- The HBM has been used most with behaviors related to diabetes and osteoporosis, focusing on barriers to and benefits of changing behaviors.
- First developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels.
- Developed in response to the failure of a free tuberculosis (TB) health screening program.

Component of HBM

- **Perceived susceptibility:** An individual's belief regarding the chance that he or she may get a condition or disease
- **Perceived severity:** An individual's belief of how serious a condition and its consequences are
- **Perceived benefits:** An individual's belief in the positive effects of the advised action in reducing the risk or the seriousness of a condition
- **Perceived barriers:** An individual's belief about the tangible and psychologic costs of the advised action
- **Self-efficacy:** An individual's belief that he or she is capable of performing the desired action
- **Cues to action:** Strategies to activate one's readiness to change a behavior

Transtheoretical Model (TTM) Or Stages Of Change Model

- The transtheoretical model (TTM), or stages of change model, has been used for many years to alter addictive behaviors and often is described as “tailored education.”
- It is a framework for understanding clients’ readiness to change to healthier eating practices.
- People who need to make changes progress through six identified stages NAMELY:

- **Precontemplation:** The individual has not thought about making a change.
- **Contemplation:** The individual has thought about making a change but has done no more than think about it.
- **Preparation:** The individual has taken some steps to begin to make the desired change.
- **Action:** The individual has made the change and continues it for less than 6 months.
- **Maintenance:** The individual has continued the behavior for longer than 6 months.
- **Termination:** The individual no longer thinks about the change; it has become a habit. Changes maintained for 5 years.

Example: Stages of Behaviour change...

Diabetes

Stage 1 Precontemplation

I don't have
disease



Why should
I change ????

Stage 2 Contemplation

I am no more
Happy... I am
worried... I am
having
Diabetes



- I want to LIVE...
I will save myself
- Prevention is
better then cure

Stage 3 Preparation

I am ready to
change



- Learn regarding
healthy practices
- Filter facts from
Myths
- Doctor calling

Stage 4 Action

I am doing...



- Dietary changes
- Physical activity
- Regular
medicines

Stage 5 Maintenance

I will continue
to do....



- Positive re-
inforcement,
Negative re-
inforcement
and awarding
- Opinion leader

MODEL FOR COUNSELLING STRATEGIES

- **Motivational interviewing (MI)** - MI is a client centered, semi-directive method of engaging individuals in treatment or behavioral change.
- MI is non-judgmental, non-confrontational and non-adversarial.
- It is “a particular way to help people recognize and do something about their present or potential problem.” It is especially useful with clients who are ambivalent about or reluctant to change. It helps to resolve the ambivalence and move them toward change.

Principles of MI

- Express empathy.
- Develop discrepancy.
- Avoid arguments.
- Roll with resistance.
- Support self-efficacy

Who May Benefit from MI:

- Health related behavior changes
 - Examples: smoking, diet, exercise
- Treatment/medication adherence
 - Examples: medication routine, maintaining medical appointments, individual and/or group counseling or support sessions
- Substance and/or alcohol abuse
 - Can be used in conjunction with the 12-step program or in lieu of 12-step program.
- Child welfare
 - Working with the parents and/or external support systems
- Emotional behavior control
 - Example: anger management, processing, verbalizing

- **WHAT ARE THE BARRIERS TO NUTRITION COUNSELING?**