TERJADINYA PERILAKU dan TEORI PERILAKU

Disampaikan oleh:
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After reading this chapter, the student will be able to:

• Define behavior definition
• Compare the differences between a model and theory.
• Describe the role of models and theories in changing health behavior.
• Identify the constructs in the social cognitive theory, the health belief model, the integrated behavior model, the transtheoretical model of behavior change, and the theory of planned behavior.
• Discuss changes over time and how these models and theories align with changing health behaviors.
• Bartholomew,LK; Parcel, GS; Kok,G; Gottlieb, NH.2006.PLANNING HEALTH PROMOTION PROGRAMS: An Intervention Mapping Approach. San Fransisco, US: Jossey Bass
Behavior Individual & Interpersonal Environment Theory
Prinsip dasar perilaku

Ada stimulus → ada respon
Perilaku

• Yg dapat dilihat langsung (overt):
  • Praktek, tindakan, keterampilan

• Yg tidak dapat dilihat secara langsung:
  • Persepsi, motivasi, pengetahuan, keyakinan, sikap, nilai, dsb
Definisi Variabel Utama dalam kajian Behavior

• Persepsi: segala hal yang diterima oleh panca indra

• Pengetahuan: pemahaman intelektual dgn fakta, kebenaran, dan prinsip yg diperoleh melalui penglihatan, p’alam’ & laporan

• Keterampilan: kemampuan utk melakukan sesuatu dng baik, diperoleh dr bakat, latihan atau praktek

• Keyakinan/kepercayaan: penerimaan atau kepercayaan thdp fakta sbg kebenaran tanpa dibuktikan

• Sikap: perasaan, disposisi atau posisi (suka tidak suka, setuju vs tak setuju) thdp suatu objek

• Intensi : niat untuk melakukan suatu tindakan

• Nilai: ide, hal-hal yg ideal, kebiasaan yang melibatkan respon emosional
Beberapa aspek dalam behavior, suatu contoh:

- Pesan kesehatan itu menakutkan (persepsi)
- Bersalaman dengan penderita AIDS tidak menularkan virusnya (pengetahuan)
- Makan ikan dapat membuat bayi saya sakit (kepercayaan)
- Kesehatan adalah aspek utama dalam hidup saya, sehingga saya selalu minum tablet besi (nilai)
- Menurut saya, sebaiknya JKN diwajibkan bagi WNI (sikap)
- Saya akan berolahraga secara teratur (kecenderungan untuk bertindak/intensi)
- Saya merokok sehari 10 batang (tindakan)
<table>
<thead>
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<th>Problem and intervention levels</th>
<th>Theories</th>
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<td>Individual</td>
<td>Learning theories</td>
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<td>Information-processing theories</td>
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<td>Health Belief Model</td>
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<td>Protection Motivation Theory</td>
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<td>Theory of Planned Behavior</td>
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<td>Goal-related theories</td>
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<td>Transtheoretical Model</td>
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<td>Precaution Adoption Process Model</td>
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<td>Attribution theory</td>
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<td>Relapse Prevention Theory</td>
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<td>Persuasion Communication Model</td>
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<td>Elaboration Likelihood Model</td>
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<td>Theories of Self-regulation theory</td>
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<td>Interpersonal environment</td>
<td>Social Cognitive theory</td>
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<td>Diffusion of Innovations Theory</td>
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Beberapa teori pendidikan kesehatan terjadinya perilaku:
Health beliefs model

Demographic Variables
(age, sex, marital status, race, etc.)

Sociopsychological Variables
(culture, SES, lifestyle, family, friends, group pressure, etc.)

Perceived Susceptibility
(eg, definition of healthy weight, overweight, obesity; genetics; family history; cultural view of weight; lifestyle)

Perceived Severity (Seriousness)
(life threatening, restricts activities; limits wardrobe options; physical limitations, social stigma; criticism; mockery, etc.)

Perceived Benefits of being at healthy weight
(look better; feel better; no diseases; nicer wardrobe; more energy; role model; etc.)

Minus

Perceived Barriers to losing weight
(low motivation; apathy; low priority; lack self-control; too busy; lack reliable information; lack support; no time to exercise; etc.)

Perceived Threat of becoming obese and developing obesity-related illnesses and conditions

Likelihood of making efforts to lose weight or maintain a healthy weight

Cues to Action (illness of family members; mass media; weight loss programs tight fit of clothes; joint pains; lack of energy; pre-existing health conditions; physician recommendations; etc.)

Self-Efficacy
Confidence in ability to sustain a weight loss program (dieting history, need credible information; social support, etc.)
Health Beliefs Model

In order to change a behavior a person must believe he/she is:
• Susceptible to illness
• Occurrence of condition will have a serious impact on life
• Following a particular set of health recommendations will be beneficial
• Barriers to following to recommendations can be overcome
• Recommendations will have psychological benefits
Theory of Reasoned Action (TRA) & Theory of Planned Behavior (TPB)

Behavior intention merupakan prediktor perilaku
Theory of Reasoned Action & Planned Behavior

External variables

- Demo graphic variable
- Attitude toward targets
- Personality traits
- Other individual difference variables

Behavioral beliefs
- Evaluation of behavioral outcomes
- Attitude toward behavior

Normative beliefs
- Subjective norms
- Motivation to comply

Control beliefs
- Perceived control
- Perceived power

Intention to perform the behavior

Behavior
Social Learning Theory

Cognitive Factors (also called “Personal Factors”):
- Knowledge
- Expectations
- Attitudes

Determines Human Behavior

Environmental Factors:
- Social norms
- Access in community
- Influence on others (ability to change own environment)

Behavioral Factors:
- Skills
- Practice
- Self Efficacy
Social Learning Theories

- Knowledge of health risks and benefits of various health behaviors
- Perceived self-efficacy of one’s ability to control one’s own health behaviors
- Outcome expectations related to the consequences of particular health behaviors
- Personal health goals established by individuals
- Perceived facilitators of the desired health behaviors
- Perceived impediments to the desired health behaviors (Bandura, 2004)
Social Learning Theory

Central premise:

• Personal knowledge and beliefs, the beliefs of important others, and the physical and emotional environment influences what a person conduct → a change in one of these factors has implications for the other factors.

• **A strength of SLT** if that it **focuses on behavior, rather than knowledge and attitudes**

• The concepts, with their definitions and implications, provide ways of addressing the physical and social environment, mastery of skills, self-monitoring, rewards and incentives, and small steps for goal completion.
<table>
<thead>
<tr>
<th>Construct</th>
<th>Sample Application</th>
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<tbody>
<tr>
<td>Knowledge of health risks and</td>
<td>“I’m 50 pounds overweight, which puts me at increased risk for several diseases,</td>
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<tr>
<td>benefits</td>
<td>including heart attack, stroke, and diabetes. If I lose some weight, those risks</td>
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<tr>
<td></td>
<td>will go down.”</td>
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<tr>
<td>Perceived self-efficacy</td>
<td>“It’s realistic for me to stop eating so many calories each day and get to the</td>
</tr>
<tr>
<td></td>
<td>gym several times a week to burn some calories.”</td>
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<tr>
<td>Outcome expectations</td>
<td><strong>Physical and material:</strong></td>
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<tr>
<td></td>
<td>“It will be great to fit into some of my clothes again and I will treat myself to</td>
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<tr>
<td></td>
<td>a new pair of jeans when I drop two sizes.”</td>
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<td></td>
<td><strong>Social:</strong></td>
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<tr>
<td></td>
<td>“My boyfriend will be happy if I can slim down.”</td>
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<td></td>
<td>“I won’t miss the dirty looks I get when I take a seat next to someone on the bus</td>
</tr>
<tr>
<td></td>
<td>who thinks I take up too much room.”</td>
</tr>
<tr>
<td>Personal health goals</td>
<td>“I’m not sure if I’ll ever be able to lose fifty pounds, but I can at least try</td>
</tr>
<tr>
<td></td>
<td>to lose ten pounds.”</td>
</tr>
<tr>
<td>Perceived facilitators</td>
<td>“I got this great new pedometer that tracks my steps and syncs to my phone so I</td>
</tr>
<tr>
<td></td>
<td>can make sure I get in enough activity every day.”</td>
</tr>
<tr>
<td></td>
<td>“I found this website that lets me log my food into an online journal and calculates</td>
</tr>
<tr>
<td></td>
<td>my calorie intake.”</td>
</tr>
<tr>
<td></td>
<td>“My wife also wants to lose some weight so we can do this together.”</td>
</tr>
<tr>
<td>Perceived impediments</td>
<td>“It’s embarrassing to go to the gym and be around all those physically fit people.”</td>
</tr>
<tr>
<td></td>
<td>“I’m going to have to take two different buses to get to the gym.”</td>
</tr>
<tr>
<td></td>
<td>“My friends are not going to want to give up nachos and beer when we go out for</td>
</tr>
<tr>
<td></td>
<td>Friday night happy hour.”</td>
</tr>
</tbody>
</table>
An Integrated Behavioral Model

- Feelings about behavior
  - Experiential attitude
  - Instrument attitude

- Behavioral beliefs
  - Perceived norm
    - Injunctive norm
    - Descriptive norm

- Normative beliefs - others’ expectations

- Normative beliefs - others’ behavior

- Control beliefs
  - Personal Agency
    - Perceived control
    - Self efficacy

- Efficacy beliefs

- Knowledge and skills to perform the behavior

- Salience of the behavior

- Intention to perform the behavior

- Environmental constraints

- Habits

- Behavior
Diskusikan

• Mengapa seorang penderita diabetes yang tahu kalau harus mengurangi konsumsi gula, namun tetap minum minuman ringan bersoda?
• Mengapa seorang remaja rajin melakukan olah raga?
Diffusion Innovation Theory

Antecedents

1. Personality characteristics (e.g., general attitude toward change)
2. Social characteristics (e.g., cosmopolitanism)
3. Perceived need for the innovation
4. Etc.

Social system variables

1. Social system norms
2. Tolerance of deviacy
3. Communication integration
4. Etc.

Perceived characteristics of innovations

1. Relative advantage
2. Compatibility
3. Complexity
4. Triability
5. Observability

Process

Knowledge
Persuasion
Decision
Confirmation

Communication sources (Channels)

Necessary conditions

Antecedents

Communication sources

Adoption

Continued adoption
Discontinuance

1. Replacement
2. Disenchantment

Consequences

Later adoption
Continued rejection

Time
Central premise:

Most people do not change behavior easily or quickly. Some change earlier than others.

Very useful theory when planning an intervention addressing groups of people (macro level interventions).
Stages of Innovation

• Knowledge--Individual is aware of innovation and has acquired some information about it

• Persuasion--Individual forms an attitude about the innovation--either in favor of or against it

• Decision--Individual performs activities that lead to either adopting or rejecting the innovation

• Confirmation--Individual looks for reinforcement for his decision and may change it if he is exposed to counter-reinforcing messages
Diffusion of Innovations

Innovations that are successful must meet certain criteria:
• Compatible with existing value systems and lifestyles
• Flexible
• Appear more advantageous than previous practices
• Reversible
• Low risk
• Perceived as having greater benefits than costs
How to change behavior?
Behavior change need

Preparation or readiness
Willingness
Ability to change
Tahapan perubahan (Prochasca, 1998)

- Prekontemplasi (belum mau berubah/sadar, ingin)
- Kontemplasi (sudah sadar/ingin/berpikir tapi belum beraksi)
- Persiapan (langkah awal utk bertindak)
- Tindakan
- Pemeliharaan
<table>
<thead>
<tr>
<th>Stage/major outcome</th>
<th>Intervention approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Novel information, persuasive communication, experiences</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Information, persuasive communications, experiences</td>
</tr>
<tr>
<td>Preparation</td>
<td>How to inform, skill development, attitude changes</td>
</tr>
<tr>
<td>Action</td>
<td>Skill, reinforcement, support, self-management, attitude and attribution change</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Relapse prevention skills, self management, social and environmental support</td>
</tr>
</tbody>
</table>
Stages of change

**Precontemplation**
There is no intent to change behavior.

**Contemplation**
There is an intent to change behavior in the next six months.

**Preparation**
An action plan has been created for behavior change in the next thirty days.

**Action**
The individual is making observable changes or has made changes within the past six months.

**Maintenance**
Behavior change has been maintained for at least six months.

**Termination**
Changed behavior has become permanent and automatic.

*Figure 2.2 Transtheoretical Model: Stages of Change*
<table>
<thead>
<tr>
<th>Change Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Experiential Processes</em></td>
<td></td>
</tr>
<tr>
<td>Consciousness raising</td>
<td>The individual seeks new information to gain understanding about the problem behavior in general and how it affects him or her personally. Actions include feedback, observation, confrontations, interpretations, bibliotherapy (selected reading), and media campaigns.</td>
</tr>
<tr>
<td>Dramatic relief</td>
<td>The individual experiences emotions related to behaviors and expresses feelings about the problem behavior and potential solutions. Actions include role-playing, personal testimony, and grieving.</td>
</tr>
<tr>
<td>Environmental reevaluation</td>
<td>The individual assesses how personal behavior affects the surrounding physical and social environment as well as the people in it. Actions include empathy training, interventions, testimonials, and public service announcements.</td>
</tr>
<tr>
<td>Self-reevaluation</td>
<td>The individual assesses his or her self-image, comparing the image of the self with the unhealthy behavior to an image of self without the unhealthy behavior. Actions include value clarification, imagery, and exposure to health role models.</td>
</tr>
<tr>
<td>Social liberation</td>
<td>The individual has access to alternative resources and assistance for behavior change. Resources may be broad such as no-smoking zones or dining areas free of unhealthy choices or may be more specific for particular populations that are sometimes underserved (e.g., minority health initiatives, health promotion for homosexuals, etc.).</td>
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## Processes of Change

<table>
<thead>
<tr>
<th>Behavioral Processes</th>
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<tbody>
<tr>
<td>Behavioral Processes</td>
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<tr>
<td>Helping relationships</td>
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<tr>
<td>The individual develops trust, acceptance, and support during attempts to change a problem behavior. Actions include building rapport, therapeutic alliances, and calls to counselors or other support persons.</td>
</tr>
<tr>
<td>Self-liberation</td>
</tr>
<tr>
<td>The individual makes a commitment to change a problem behavior, including belief in the ability to change. Actions include decision-making therapy, new year’s resolutions, public testimony, logotherapy (psychotherapy based on acceptance of self), and commitment-enhancing techniques.</td>
</tr>
<tr>
<td>Counterconditioning</td>
</tr>
<tr>
<td>The individual replaces problem behaviors with healthy behaviors. Actions include relaxation techniques, desensitization, affirmations, and other forms of positive self-talk.</td>
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<tr>
<td>Reinforcement management</td>
</tr>
<tr>
<td>The individual establishes a reward system for successes in behavior change. Actions include rewarding oneself or being rewarded by others for particular achievements in the behavior change process.</td>
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<tr>
<td>Stimulus control</td>
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<tr>
<td>The individual identifies and removes triggers for the problem behavior and replaces those with healthy or nonproblematic prompts. Actions include avoidance, rearrangement of environment, and adding prompts and techniques to cope with temptations.</td>
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</table>
Comparison of the Theories

Table 2.4  Presented Theories and Their Constructs

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<thead>
<tr>
<th>SCT</th>
<th>TTM</th>
<th>HBM</th>
<th>TPB</th>
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<tbody>
<tr>
<td>Knowledge of health risks and benefits</td>
<td>Stages of change:</td>
<td>Perceived susceptibility</td>
<td>Perceived attitude</td>
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<tr>
<td>Perceived self-efficacy</td>
<td>Precontemplation</td>
<td>Perceived severity</td>
<td>Subjective norms</td>
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<tr>
<td>Outcome expectations</td>
<td>Contemplation</td>
<td>Perceived benefits</td>
<td>Perceived control</td>
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<tr>
<td>Personal health goals</td>
<td>Preparation</td>
<td>Perceived barriers</td>
<td>Internal:</td>
</tr>
<tr>
<td>Perceived facilitators</td>
<td>Action</td>
<td>Goes to action</td>
<td>Information, skills, and abilities</td>
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<tr>
<td>Perceived impediments</td>
<td>Maintenance</td>
<td>Self efficacy</td>
<td>Willpower</td>
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<td></td>
<td>Termination</td>
<td></td>
<td>Emotions</td>
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<tr>
<td>Processes of change:</td>
<td>Consciousness raising</td>
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<td>Opportunity and time</td>
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<td></td>
<td>Dramatic relief</td>
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<td>Dependence on others</td>
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<td>Environmental reevaluation</td>
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<td></td>
<td>Stimulus control</td>
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<td></td>
<td>Decision balance (pros and cons)</td>
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<td>Self-efficacy</td>
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Theories and common construct:
Eight variables as key determinants of behavior

1. The person has formed a strong positive intention (or made a commitment) to perform the behavior
2. No environmental constraints make it impossible for the behavior to occur
3. The person has the skills necessary to perform the behavior
4. The person believes that the advantages of performing the behavior outweigh the disadvantages (attitude)
5. The person perceives more social (normative) pressure to perform the behavior than not to do so
6. The person perceives that performing the behavior is more consistent than inconsistent with his or her own self-image (personal norms, personal standards)
7. The person’s emotional reaction to performing the behavior is more positive than negative
8. The person perceives that he or she has the capability to perform the behavior under a number of different circumstances (perceived self-efficacy, perceived behavioral control)
3 hal yg penting utk membentuk perilaku

• Niat positif yang kuat
• Keterampilan utama utk melakukan perilaku tersebut &
• Tidak ada hambatan untuk melakukan perilaku tersebut
5 factor yang mempengaruhi kekuatan dan arah niat

• Sikap,
• Tekanan sosial,
• Citra diri,
• Reaksi emosi, dan
• Efikasi diri
Rangkuman beberapa teori perilaku untuk menjelaskan terjadinya perilaku

- Capability
- Motivation
- Opportunity
- Behaviour
Terima kasih atas perhatiannya dan semoga sukses