

1) Health Belief Model: The Health Belief Model is a paradigm used to predict and explain health behavior based on the Value–Expectancy Theory and Lewin's Theory. Cognitive– perceptual factors include (1) the individual's perceptions, (2) the importance of health, (3) the perceived self–efficacy or conviction that one can carry out behavior to achieve desired outcome, (4) the definition of health, (5) the perceived health status, (6) the perceived benefits of health promoting behavior, and (7) the perceived barriers to health promotion actions. Behavioral factors–previous experience with behaviors that promoted well–being, gaining of necessary knowledge or skill Cues to action or variables affecting the likelihood of the person's initiating or maintaining health behaviors may be of internal or external origin. Which emphasizes the importance of cognitive mediating processes in the regulation of behavior is categorized into cognitive–perceptual factors, modifying factors, and variables affecting the likelihood of actions. External cues include conversations with others about their efforts and resulting success; support of significant others; mass media problems about health; family health status; and environmental variables on the level of readiness of the person, family, or group to follow health promotion activity. The Health Belief Model states that the client's perception of health states and risk of disease and the person's probability for taking appropriate health care actions depend on the person's value of health, perceptions about disease, perceived threat of disease, perceptions about the medical team and therapy plans, past experience, contact with risk factors, level of participation in regular health care, life aspirations, and various motivating factors in the environment. Perceptions are modified by: (1) demographic variables of age, sex, race, and ethnicity; (2) socio psychologic variables of personality, social class, or peer pressure; (3) structural variables such as knowledge about the disease and personal contact with the disease. The Health Belief Model, developed in the early 1950s, (1) explains why some people who are well take action to avoid illness but others fail to do so; (2) predicts persons who will use preventive measures; and (3) presents interventions that might increase participation in health–protecting or prevention behaviors. He believed perceptions about the susceptibility to illness and about seriousness of the illness affect whether the person denies illness, engages in primary prevention, or seeks early treatment. Action to prevent illness and the perceived way to treat disease are also affected cues to action, including the mass media campaigns, advice from others, reminder postcards from health care professionals, illness of a family member or friend, and newspaper or magazine articles. Interpersonal influences–expectations of significant others, family patterns of health care, interactions with health professionals 4. These factors are the primary motivational factors for initiating and maintaining health promotion behavior.