

用健康信念模式设计健康教育项目

Health education project designed by health belief mode

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【中图分类号】R193 【文献标识码】B 【文章编号】1002-9982(2005)10-0793-02

【关键词】健康信念模式; 设计; 健康教育

根据健康信念模式, 有 4 个关键因素会影响人们的行为改变。在设计健康教育项目时我们应该考虑每一个因素。无论一个人是采取预防行为还是开始一个治疗过程, 他/她都会根据他们对每一个因素的认知来决定他们未来的行为。这 4 个因素分别是: 易感性、严重性、益处和障碍。

易感性

易感性是一个人对危险的认知, 它与一个人采取预防行为与否有关。不同的人对易感性的认知不同。有些人认为他们对某种行为所带来的后果非常敏感, 而有些人则不这样认为。有些人认识到了他们对艾滋病的易感性, 而有些人则认为他们得艾滋病的危险很低或他们对艾滋病不易感。人们如何看待自身的易感性将会影响到他们的行为。

严重性

人们对严重性的判断也不同。有些人可能认为普通感冒很严重, 而有些人则不以为然。很多人认为艾滋病很严重, 但与其他人相比, 有些人会把艾滋病看得更严重。由于某些著名人士患有艾滋病并活了很长时间, 因此, 艾滋病在人们的心目中就不象以往那样严重了。

对易感性和严重性的交互作用会影响到人们的行为。一个人也许会认为他们对疾病的易感性很低, 但一旦他们得病, 他们会认为很严重。艾滋病就是一个例子。因为他们认为自己得艾滋病的几率很低, 所以他们可能会不在乎自身的行为。

严重性不仅仅与健康、疾病及可能的死亡有关。得病意味着失去工作和收入, 这是一个很严重的问题。在这种情况下, 对严重性的判断是经济方面的。疾病还会影响人们去做他们喜欢做的事情。在这种情况下, 严重性的判断就与失去快乐有关了。认识到严重性会带来许多不同的后果意味着健康教育工作者需要搞清楚这些可能性, 从而可以利用这些信息去鼓励人们改变行为。

益处

一个人采取一种行动是因为他/她相信他们将会从这种行动中获益, 而且这种益处对个人有意义。例如, 安全套的使用是为了预防艾滋病, 但如果人们不相信安全套会非常有效, 或者如果他们由于其他原因而不愿意使用安全套, 那么对这些人来说, 使用安全套的潜在益处也许就不值得一提了。随之而来的结果是, 与那些认为安全套有效、相信使用安全套有好处的人相比, 这些人使用安全套的可能性就很小了。

障碍

采取行动总会遇到障碍。例如, 一个人想用安全套, 但他/她的性伴侣不想用, 或者在需要安全套的时候却难以得到。甚至当某些人知道他们对艾滋病很敏感而且知道采用安全套可以预防艾滋病时, 很小的障碍也许仍会阻止他们采取预防行为、降低风险。障碍可以包括舒服与否、成本大小、社会的接受程度、旅行时间、身体上的疼痛、不方便, 以及许多其他的因素。

与克服障碍的相关成本相比, 如果随之而来的好处并不是很大, 那么一个人可能不会采取行动。所以, 益处和障碍相互作用的方式非常象严重性和

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易感性的相互作用方式。

有时采取非常具体的行动可以消除行动障碍。例如，可以降低安全套的价格，或者免费发放安全套。有很多方法可以使安全套在更多的地方得到。当政府提倡使用安全套时，人们可能会比较容易地谈论这些事情，因此使用安全套的可能性也会增大。更多的讨论会使人们更自然地谈论这些话题、而没有不舒服的感觉，从而可以减少社会/文化方面存在的对使用安全套的障碍。

健康信念模式表明，理解严重性和易感性的相互作用以及益处和障碍的相互作用对理解行为是很重要的。这个模式表明一个人采取行动和改变行为是这4个因素联合作用的结果。因此，健康教育工作者在设计项目时必须尝试着去理解目标人群是如何看待这4个因素的。健康教育需要增加对个人易感性和严重性的认识以及增加对不采取预防行为的后果的认识。健康教育还需要强调采取行动的好处，并且尽可能地消除一些障碍。

所以，健康教育工作者的任务不仅仅是关注人们对易感性、严重性、益处和障碍的看法，他们还要采取必要的行动去消除那些影响行动的障碍。消

除障碍通常会让那些能控制这些障碍的人参与进来，在他们的帮助下改变目标人群的行为。在这里，我们应该看到健康教育工作者除了要关注目标人群，还要对那些能控制目标人群生活环境的人予以关注。

了解人群的人口学特征可以帮助我们了解人们是如何看待这4个因素的。老年人看待事物经常不同于年轻人，男性看待事物不同于女性，受教育多的人看待事物不同于受教育少的人。因此，健康教育者需要了解这些差异对人们认知的影响，从而生产一致性的信息。

健康信念模式还有一个变量叫‘行动线索’。行动线索是那些促使人们采取行动的关键因素。它们可以简单地只是一个关于安全套使用或儿童免疫的招贴画，或者可以复杂到一个与朋友面对面的讨论。找出那些有助于行动的线索对健康教育者非常有帮助。在现实生活中，健康教育者正尝试着寻找发现行动线索的方法，这些行动线索将有助于促使个体采取行动。也可以说行动线索事实上就是健康教育项目。

[收稿日期] 2005-04-10 [本文编辑] 庞静

·简讯·

2005年及今后几年世界艾滋病运动的主题——“遏制艾滋，履行承诺”

“遏制艾滋，履行承诺 (Stop AIDS, Keep the Promise)”这一主题的提出源于2003年召开的确定世界艾滋病运动主题的磋商会上。当时将“关注妇女，抗击艾滋”确定为2004年的主题，但同时也出现了两个备选主题，即与艾滋病做斗争中的个人的责任和义务。考虑到世界艾滋病运动倡导履行《HIV/AIDS 承诺宣言》和随之产生的政治承诺，刚刚建立的全局指导委员会 (Global Steering Committee) 推荐“遏制艾滋，履行承诺”作为2005年及今后几年世界艾滋病运动的主题。

作为人类与艾滋病斗争史上的一座里程碑，各国政府首脑和官员均同意履行《HIV/AIDS 承诺宣言》(Declaration of Commitment on HIV/AIDS)。各国政府认识到，在应对 HIV/AIDS 全球流行带来的危害的过程中需要有政府的领导、务实的态度、强有力的行动。尽管各国曾经都做出各种承诺，但这次是大家首次共同认识到艾滋病是一个全球性的危机，需要全球共同合作来与之做斗争。

《HIV/AIDS 承诺宣言》列出了具体承诺，各国需要在本国内通过开展包括预防知识宣传、减少歧视、建立卫生机构、提供必须的卫生资源、确保对感染者和病人提供治疗、关怀和尊重等在内的各种活动来履行承诺。大部分承诺均有实现的具体期限，履行承诺能起到确保各国采取必要的行动、为与艾滋病斗争的政府和非政府工作人员提供支持和所需资源的作用。为了与艾滋病做斗争，该宣言一再强调政府、组织、个人参与的重要性，包括各国政府、联合国相关组织、商业组织、工人组织、宗教组织、媒体以及最为重要的感染者和病人。世界艾滋病运动注重对参与活动的承诺，号召各国履行他们在《联合国特别大会承诺宣言》中做出的承诺，同时履行他们为确保《联合国特别大会承诺宣言》实现而做出的承诺。这些历史性的承诺，即在对艾滋病的斗争中行动起来，并不是只针对政府领导，与其他社会公民也有直接关系。每个人都应在对艾滋病的斗争中有所作为。希望所有人都能在各国政府承诺的鼓舞下，来支持世界艾滋病运动，每个人都履行诺言。就像联合国秘书长安南在特别会议中说的那样：艾滋病是人类所共同面对的问题，每个人都应重视艾滋病。

(武俊龙)

Health Education Projects Designed by Health Belief Model

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Key Words Health Belief Model; Design; Health Education

According to health belief model, there are 4 factors that will influence behavior change. Each factor should be taken into account when developing a health education program. No matter whether an individual is going to adopt a preventive behavior or begin a treatment, he/she will decide future behavior based on his/her perception on each factor. These 4 factors are susceptibility, severity, benefits, and barriers.

Susceptibility

Susceptibility is one's perception about risks. It is related to whether one will adopt preventive behavior. People's perception about susceptibility varies. Some think they are very vulnerable to the outcome of certain behavior; while others do not. Some realize their susceptibility to HIV/AIDS; on the other hand, some consider themselves at low risk of HIV/AIDS, or they are not vulnerable to HIV/AIDS. How people look at their own susceptibility will influence their behaviors.

Severity

People's judgment about severity also varies. Some may think a common cold is very severe; while others do not consider it as a problem. Some may think HIV/AIDS is bad, but other people may think it even worse. Since several celebrities have survived for a long time after suffered from HIV/AIDS, it is not considered as severe as before.

The interaction between susceptibility and severity will influence behavior. An individual may think his/her susceptibility to certain disease is very low; but once he/she gets it, they will think it very severe. HIV/AIDS is one such example. Since people think their risks of getting HIV/AIDS is very low, they may not care too much about their behavior.

Severity is related to health, diseases, and possibly deaths. Moreover, illness may mean losing job and income, which is a very severe problem. In such circumstances, judgment about severity is economic oriented. Illness may also stop people doing something they like. In such circumstances, judgment about severity is related to losing happiness. Realizing different outcomes of severity, health educators should be clear about these possibilities, and make use of the information to encourage behavior change.

Benefits

An individual takes certain behavior because he/she believe he/she will benefit from it, and this benefit is meaningful. For example, people use condom to prevent HIV/AIDS. But if they do not believe the effect of condoms, or if they are reluctant to use condoms for some other reason, then the potential benefits of using condoms may seem worthless. As a result, the possibility that these people will use condoms is very low compared with those who believe that condoms are effective and beneficial.

Barriers

There are always barriers when taking some behavior. For example, one wants to use condom, but his/her partner does not want to, or condoms can not be obtained when needed. Even when some people know they are very sensitive to HIV/AIDS and condoms are preventive, they may still not use it to reduce the risk only because a small barrier. Barriers can be comfort, cost, social acceptance, travel time, convenience, and so on.

If the benefits of certain behavior are not comparable to the cost of overcoming the barriers, then it is unlikely that the individual will take the behavior. Hence the interaction between benefits and barriers is similar to that between severity and susceptibility.

Sometime specific procedure can get rid of barriers, for example, reducing the price of condoms, or giving out free condoms, or making condoms available at more locations.

When the government encourages condom use, it will be easier for people to talk about it, and the likelihood that they will use it will be elevated. More discussion will enable people to talk about these topics more naturally without discomfort. Therefore the social/cultural barriers to condom use will be reduced.

Health belief model suggests that it is very important to understand the interaction between severity and susceptibility, and between benefits and barriers. This model indicates behavior change is the result of all 4 factors. Thus, health educators should try to understand how the target population perceive the 4 factors when developing an educational program. Health education should increase knowledge about susceptibility and severity, as well as the outcomes of not taking preventing measures. Health education should also emphasize the benefits of behavior change, and eliminate the barriers as much as possible.

Health educators' job is not only focusing on people's perception about susceptibility, severity, benefits, and barriers, but also using necessary procedure to eliminate barriers that will influence behavior. Participation of those who have control over barriers will help to eliminate the barriers and change behavior of the target population. Here, we should realize that health educators need to give attention to those who can control the living environment of the target population, beside the target population itself.

Knowing demographic information can help us understand how people perceive the 4 factors. Elders usually have different perceptions from young people; males have different perceptions from female; and those who are well educated have different perceptions from those who are poorly educated. Hence, health educators should know these differences and their influence on people's perceptions, and then produce compatible message.

Another variable in health belief model is called "cues to action". They are the key factors that prompt people to take action. They could be as simple as a pamphlet about condom use or children's immunization; or as complicate as a face to face discussion

with friends. It is very important for health educators to finding out these cues to action. In real life, health educators are exploring methods to find cues to action, which will encourage individual to take the action. It can also be said that cues to action are actually health education programs.