

MODELS OF HEALTH PROMOTION: RELEVANCE & IMPLICATIONS FOR SA

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Health
Promotion
Foundations
Indaba



DEFINITION

HP

“HP is any event, process or activity that facilitates the protection or improvement of the health status of individuals, groups, communities or populations. The objective is to prolong life and to improve quality of life, that is to prevent or reduce the effects of impaired physical and/or mental health in those individuals who are directly (e.g. patients) or indirectly (i.e. carers) affected. *Health promotion includes both environmental and behavioural interventions*” (Marks et al, 2004)

INTRODUCTION & CONTEXT

First & Foremost for SA

HP: must be located within a **Health & Human rights** context (UN declaration & progressive realization of HR)

Implies a **bottom-up approach**. Research required to test community up-take based on suitability of programmes

Must strive towards **best-practice methods** to promote/advocate mental/physical well-being of SA society

Ultimately driven by the need to **SEEK FOR THE TRUTH** (what is the right way?) given historical facts

INTRODUCTION & CONTEXT ..cont.

Best Practice HP Models in SA calls for inter-disciplinarity: ranging from human & social sciences, medical sciences, education, economics & so on

HP needs to be located within microworld & macroworld of the individual: This implies

»»» HP models need to embrace **intra-ind factors** (e.g. Personality, Edu level, Intention, Motivation) & **extra-ind factors** (e.g. Family & community norms, Societal influences, Social & economic resources, Political contexts)

EXISTING MODELS

- In vogue for at least last 15/20 years: Social-Cognitive Models (SCM)
- Underpinned by assumption that individuals cognitively (think through) health promoting or health defeating behaviours
- Models provide adequate evidence for **efficacy** (including use of RCTs) **however** poor on **efficiency**: does not translate well for scale-up of approaches for broader societal impact

EXISTING MODELS...cont.

BEHAVIOUR CHANGE APPROACHES

- **Health Belief Model:** Health behavior of an individual is influenced by 2 major factors: (a) *perception of disease “threat”* & (b) *belief of extent to which preventive health behavior will be effective*
- **Theory of Reasoned Action/Planned Behavior:** (rests on *intention* to carry out behavior). Intention influenced by: (a) *attitude toward the action* & (b) *his/her subjective norms regarding the action*

EXISTING MODELS...cont.

Evolution to

Social-Cognitive Theories

- Underpinned by:(a) *Belief that a particular behavior will result in a specific outcome (**outcome expectation**) & (b) ability to perform the behavior (**self-efficacy**)*

Self-Regulatory Theories

Trans-theoretical Model: identifies 6 stages of change:

1. Pre-contemplation (2) Contemplation (3) Preparation (4) Action (5) Maintenance (6) Termination

EXISTING MODELS ...cont.

CRITICISMS

- Does not address the social & economic determinants of health
- Top-Down approach
- Assumes a direct relationship between knowledge, attitudes & behaviour (KAB)
- Assumes all individuals are equal as recipients of health literacy messages

RELEVANCE OF MODELS

- **Re-iterate:** Models presented are **high on effectiveness** under study conditions **BUT low on efficiency in real world conditions**
- Models are based on strengths of an established economy **NOT** emerging economies/middle income economies where there is still high levels of inequity & inequality
- **SO? PROPOSE:** Models that are framed by **social justice & social change** »»» calls for community participation/engagement

SUGGESTED HP MODEL(S)

Ideally: ffg 2 models should be considered for SA context

SELF-EMPOWERMENT MODELS (S-EM)

- **Empower** indiv to make healthy choices
- Empowered indiv/groups have control over their physical, social & internal environments
- S-EM: use **participatory learning techniques** to allow people examine their own values/beliefs/past socialization & understand the influence these factors have on the choices they make
- S-EM also uses constructs developed in Social Cog Models/CBT (e.g. self-efficacy & cognitive re-structuring)

SUGGESTED HP MODELS ...cont.

COMMUNITY-DEVELOPMENT APPROACHES

- AIM of Collective Action: improve health by addressing SES & environmental causes of ill-health within community
- Individ will act collectively to facilitate change within the environment
- 2 constructs are key: ***Critical Consciousness & Social Capital***
- Essentially Community Action/Development is:
People-Centred Health Promotion (P-CHP)

CHALLENGES:P-CHPM

- Issues of ***inter-group power*** within communities (ranges from CBOs, traditional systems, patriarchy, political....)
- Issues of ***intra-group power*** (e.g. displaced communities in conflict/competing for resources)

POLICY & FUNDING IMPLIC

- **Private/Public Partnerships**
- **Political Will: Systemic approach requires inter-sectoral strategy/policies (health, educ, social & eco devel, & so on)**
- **National/International Collaborative Initiatives for best practice methods**

THANK YOU

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