**Health Belief Model**

*Perceived Susceptibility*
- I'm safe – I only have “clean” partners.

*Perceived Severity*
- Having an STD might really affect me…

**COST**
- Long wait
- Breaking up
- Embarrassment

**BENEFIT**
- Condoms = safety
- Respect for honesty
- Last longer

**Cue to Action**

**Theory of Reasoned Action**

Beliefs about behavior → Attitude toward behavior

Intention

Normative beliefs about Behavior → Subjective Norm

**Social Cognitive Theory**

- I know I can do it…!
**Consensus Model: key ingredients of BEHAVIOR CHANGE**

1. Intention
2. Absence of environmental constraints
3. Necessary skills
4. Benefits outweigh costs
5. Social support
6. Self-efficacy
7. Consistent with self-standards
8. Positive affect

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**Intention**

"I will ask my boyfriend to use a condom every time we have sexual intercourse."

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**Absence of environmental constraints**

"I can get condoms at the pharmacy."

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**Skills**

"I know how to use a condom."

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**Positive Attitude**

*benefits outweigh costs*

"Using a condom every time I have sex is a good thing to do."

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**Perceived norms**

"Most people who are important to me think I should use condoms."
Self-efficacy (confidence)

“Even though my boyfriend doesn’t like condoms, I’m confident I can get him to use them every time.”

Self-standards

“‘Real men’ always uses condoms when they have intercourse.”

Emotional reactions

“When I think of using a condom, I feel anxious…”

“Stages of Change” Model (change is an ongoing process)

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

“How easily the same task becomes difficult because ideas, beliefs, fears all impinge on performance, disrupting even those goals strongly desired.”

--Milton Erickson, MD

“Habít is habit, and not to be flung out of the window, but coaxed down the stairs a step at a time”

--Mark Twain