

WHAT IS THE THEORY OF PLANNED BEHAVIOR?

The Theory of Planned Behavior helps program implementers design interventions that effectively address a particular behavior. When using this theory, implementers consider three types of beliefs that tend to guide human behavior: behavioral, normative and control.

Behavioral Beliefs	Normative Beliefs	Control Beliefs
<p>Behavioral beliefs produce a favorable or unfavorable attitude towards the behavior and guide considerations of positive and negative outcomes.</p> <ul style="list-style-type: none"> • If I make this decision, what will the outcomes be? • What are the benefits of this decision and what are the negative consequences I might experience? 	<p>Normative beliefs result in perceived social (or peer) pressure or <i>subjective norm</i>.</p> <ul style="list-style-type: none"> • What do others expect me to do? • How do they expect me to behave? • Will I be supported or ridiculed? 	<p>Control beliefs produce a behavioral control by impacting performance of the behavior.</p> <ul style="list-style-type: none"> • Do I have the necessary knowledge to make the decision? • Am I confident in my ability to behave this way? • If I decide to act, are the tools I need readily available to me?

When combined, attitudes towards the behavior, subjective norm and the perceived behavioral control result in the formation of an intention. Understanding these beliefs and the intentions they produce can provide clues on how to impact behavior change.

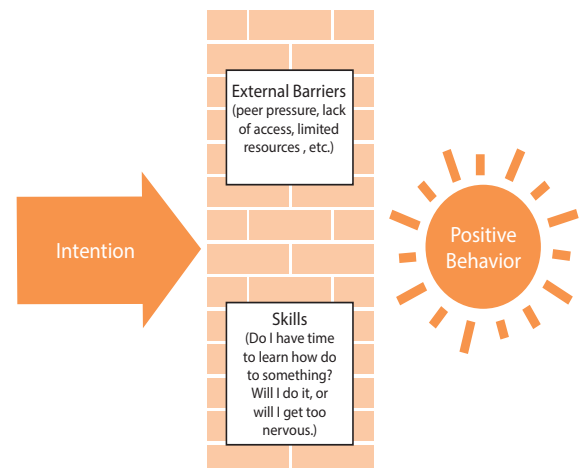


WHEN SHOULD THE THEORY OF PLANNED BEHAVIOR BE USED?

Consider using the **Theory of Planned Behavior** to design interventions that target health-enhancing individual behavior that may be socially unacceptable, such as condom use, smoking cessation, self check-ups, voluntary testing, medication adherence and other behaviors that warrant individual decisions but have a varying levels of social acceptability.

WHAT SHOULD IMPLEMENTERS KNOW?

Individuals are much more likely to intend to have healthy behaviors if they have positive attitudes about the behaviors, believe that subjective norms are favorable towards those behaviors and believe they are able to perform those behaviors correctly. Also, a person's intentions will be stronger when they have all three of the above than when they have only one. And, intentions matter – the stronger a person's intentions to have

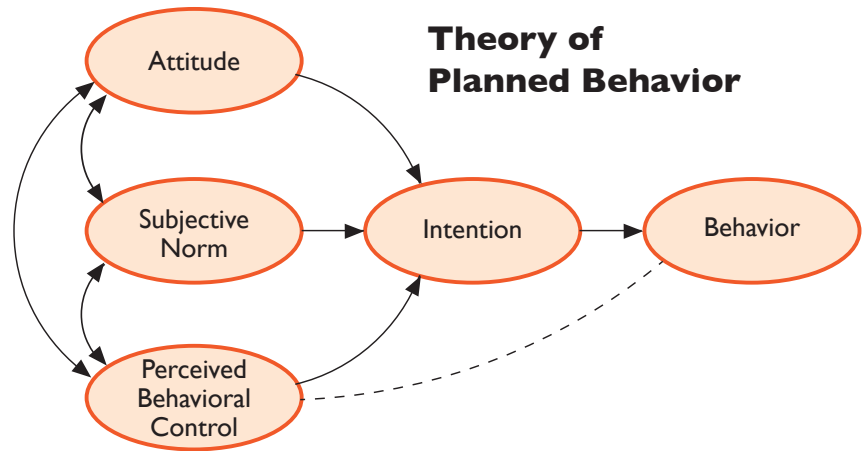


a healthy behavior, the more likely that person will actually perform that behavior. But, it is important to remember that many outside factors and restrictions can prevent an individual from performing a behavior, even when they have an intention to do so.

To eliminate barriers to positive behavior, implementers need to study the beliefs that control the subjective norm, the intention to perform a particular behavior and the actual behavior that is traditionally performed.

Understanding barriers to positive behavior and considering additional skills that individuals might need to succeed in taking action is extremely important for behavior change program design. Formative research and Knowledge, Attitudes and Behavior (KAB) assessments should be performed prior to launching program activity because the results can help implementers focus on issues that present the most barriers to behavior change.

It is up to program implementers to decide which areas the intervention will target – eliminating barriers to individual behavior change or promoting social attitudes favorable to change. The most effective interventions usually target several levels of barriers.



COMMIT Leads to Self-Efficacy Regarding Use of Bednets in Tanzania

The Communication and Malaria Initiative in Tanzania (COMMIT) was a behavior change communication program implemented between 2008 and 2012 that incorporated elements of the Theory of Planned Behavior. Through community outreach and television and radio spots, COMMIT sought to increase perceptions that bednets are the socially accepted approach for avoiding malaria, foster people's confidence in their ability to use bednets every night and improve the fatalistic attitude that malaria is an unavoidable and constant presence in people's lives.

The program's initial evaluation demonstrated that exposure to the activities improved the self-efficacy necessary to take action to prevent malaria. Nearly 77% of those exposed to the program put all their children under bednets the previous night, as opposed to 34.6% of those unexposed. Exposure to the campaign significantly increased the perception that nets are effective in stopping malaria and the belief that nets are useful and easy to use.

Social norms and the belief in one's ability to use nets effectively were significantly associated with net ownership. Thus, those exposed to the campaign activities, shifted their attitudes and were more likely to act on their intention to own and use a bednet.

REFERENCES:

Theory of Planned Behavior: <http://people.umass.edu/aizen/tpb.html>

Sample Questionnaires: <http://people.umass.edu/aizen/pdf/tpb.questionnaire.pdf>

A WHO Guide for Developing "Knowledge, Attitude, and Behavior" Surveys: http://whqlibdoc.who.int/publications/2008/9789241596176_eng.pdf