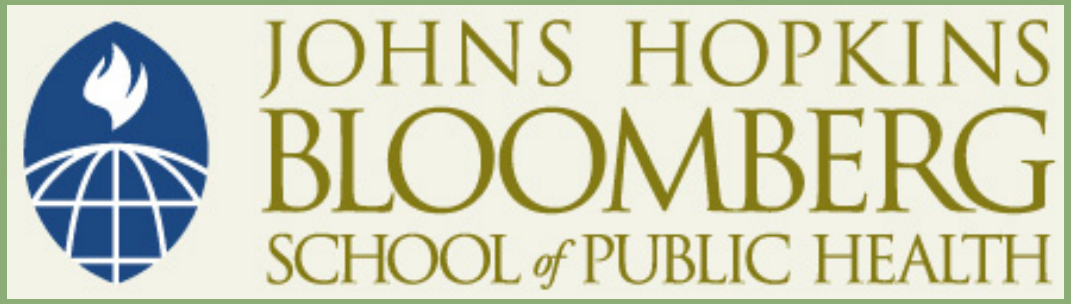

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Section D

Other Models of Decision Making

Health Belief Model (Rosenstock and Becker)

- Perceived *severity* of the condition (HIV)
- Perceived *risk of acquiring* HIV
- Perceived *benefits of taking actions* to prevent acquiring HIV
- *Barriers to taking an action* to prevent acquiring the condition

Theory of Reasoned Action

- Intention to take an action is determined by:
  - Person's attitude toward the behavior (e.g., beliefs about the outcomes of the behavior and the value of these outcomes)
  - Influence of a person's social environment or subjective norm (e.g., others' opinions of what I should do)

Theory of Reasoned Action/Planned Behavior

- Three factors influence whether and to what extent behavioral intent shapes our behavior
  1. *Volitional control*: we must have control over our behavior (often there are other factors outside our control that influence our behavior (e.g., income)
  2. *By looking at behavior you can't deduce intent*: I may intend to prevent HIV and may have done something that I thought would protect me, but I did something that made no difference because I didn't really know what to do

Source: Fishbein, Ajzen.

Theory of Reasoned Action/Planned Behavior

3. *Behavioral intent and behavior must be measured at the same time*: attitudes change over time, so to look at behavior and attitudes at two different times tells us little. Behavioral intent and attitudes co-vary (as one changes so does the other).

Source: Fishbein, Ajzen.

Gist Theory

- Decisions are not reasoned in a logical stepwise process; rather, people use *gist-based* cognition
- Gist-based or fuzzy reasoning are mental representations quickly made based on getting an overall sense or gist of the situation
- Adolescents use gist-based reasoning *less* than adults (Farley and Renya)