1. Select a research article (from a professional journal) based on the model of your choice. The article should describe how concepts/constructs in the model direct the study.

2. Report the following to the class in your assigned discussion group:

* Briefly describe the article, the health topic it addresses and provide the reference.
* Describe the characteristics of the sample used in the study. Be specific. Include the number of participants, gender, age, race, SES.
* Using the model constructs, describe the research findings. Discuss which factors were most influential in supporting healthy behavior (or avoiding a risky behavior).
* Identify at least one non-significant finding of the study. Did this finding surprise you?  Why or why not?
* Do the author(s) suggest strategies for using the findings in practice? Based on the research findings, describe strategies that you would suggest.

3.  Discuss your findings in your discussion group. Is there a common factor (e.g., perceived threat, or perceived benefit) that seems to predict health behavior across the health problems discussed in your group? If not, what are the differences in predictors of health behavior between the studies discussed?

I chose an article from the National Institute of Health (NIH) that aimed to determine the association between aspects of the Health Belief Model and cigarette smoking among male pre-college students. The World Health Organization reports that over 4 million people die each year from tobacco related causes, and this figure is expected to 10 million by 2030. Most smokers take up the habit before they turn 18 and thus in order to reduce the prevalence of smoking in society today we need to find ways to prevent young people, particularly pre-college aged, from picking up the habit.

This study focused on 382 male pre-college students, randomly selected from eight different high schools in Isfahan, Iran in 2010. The average age of the students was 17.7 years. They were given a randomized questionnaire that consisted of demographics and five HBM construct measures, such as perceived susceptibility of smoking-related health problems and perceived benefits of non-smoking. Students were identified as smokers or nonsmokers based on their response to the question, “have you smoked at least one cigarette in the last month?”

The research showed that perceived susceptibility of smoking-related health problems was the most influential factor in driving non-smoking behavior. Non-smokers had a much higher mean score of perceived benefits in comparison to current smokers. Additionally, non-smokers had a much higher average score for perceived self-efficacy. Self-efficacy is “confidence in one’s ability to take action or to change a health-related behavior.” (DiClemente, Salazar & Crosby, 2013). This makes perfect sense, given that smokers likely suffer from addiction, which would hinder their ability to stop smoking.

One non-significant finding of the study was that there is no major difference in the perceived barrier to non-smoking between current and non-smokers. This is not surprising at all, because there should not be any barriers to non-smoking. Smoking is an action that an individual has to selectively choose to take part in. There is actually quite a large barrier to smoking, as cigarettes are costly, typically sold to only those 18 and older, and banned in public places in many countries. Therefore, the barrier is to smoking, not the other way around.