EXERCISE AND BEHAVIOURAL CHANGES

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Introduction

Exercise is an integral component in the management of many chronic, lifestyle-related diseases. Studies demonstrated that exercise is medicine and necessary for health (American College of Sports Medicine, 2014; Dishman et al., 2013; Lavie et al., 2013; Ross et al., 2016). Despite the well-known benefits of physical activity for health in non-communicable diseases (NCDs) patients, they tend to have a low level of physical activity and are less physically active than the general population (Osborn, Nazareth, & King, 2007). Understanding the factors that are associated with physical activity in NCD patients will provide important information for the design of interventions to increase physical activity in this population. A critical examination of psychological theories and models help to explain and predict exercise behaviour (Wankel, 1997). Such theoretical models such as Health Belief Model (Strecher & Rozen, 1997), Social-Ecological Model (Stokols, 1992, 1996), Theory of Reasoned Action (Fishbein & Ajzen, 1975), Theory of Planned Behaviour (Ajzen, 1985), Transtheoretical Model (Prochaska & DiClemente, 1983) etc. have studied the exercise behaviour and its effective factors (Taylor et al., 2006). Hence, in order to facilitate greater understanding of the relevant literature, this paper will be described these theories and models related to exercise and behavioural changes.

Health Belief Model

The Health Belief Model (HBM) is one of the most frequently used models in explaining health behaviours (Painter, Borba, Hynes, Mays, & Glanz, 2008). It has identified five health beliefs that are linked to practicing health-related behaviours: (a) perceived susceptibility to the health threat, (b) perceived severity of the health threat, (c) perceived benefits and barriers related to the behaviour, (d) cues to action, and (e) self-efficacy. It has been shown that people with a higher level of self-efficacy are more likely to perform physical activity (Ferrier, Dunlop, & Blanchard, 2010; Mo, Blake, & Batt, 2011). A meta-analysis also revealed that interventions that used vicarious experiences and feedback on past or others’ performance produced significantly higher levels of physical activity self-efficacy (Ashford, Edmunds, & French, 2010). Despite its broad applications in