

ANTITHETICAL HEALTH PRACTICES: THE THEORIES OF PLANNED BEHAVIOUR AND REASONED ACTION

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ABSTRACT

This paper intends to look into the reason why people engage in unhealthy behaviours. The theory of reasoned action and planned behaviour was x-rayed as propounded by Fishbein and Ajzein (1975) as explanation for this phenomenon. Generalized unhealthy behaviours and practices were discussed and narrowed down to why people dispose their solid waste indiscriminately. Health education may produce changes in knowledge and understanding in way of thinking and also facilitate the acquisition of skills that may affect changes in behaviour and lifestyle (Owei, 2005). The paper attempts to explain these anomalous behaviours using the theory of reasoned action. The need for Health Education was emphasized and the role of the health educator in goal attainment was stressed. The role of government in restricting unhealthy behaviour emphasized by soliciting government to build a healthy policy, create supportive environment strengthen community mobilization and improve distribution of health services for effectiveness was emphasized.

Keywords: Unhealthy behaviour, Health problems, Solid Waste, Indiscriminate disposal, Health action.

INTRODUCTION

Many Health problems confronting the world today are moderated by actions and inactions of the people. Health behaviours play a key role in people's health and well-being. Behavioural factors play major roles in each of the twelve leading causes of death including chronic diseases such as heart diseases, cancer and stroke which are the major causes of death globally (Abanobi & Ewuzie 2000; Glanz, 2010; Gochman, 2010). Every now and then, are seen smoking, take alcohol and indulge in indiscriminate social and sexual behaviours that could endanger their health and lead to untimely death and economic loss to the nation. Owie (2003) reported that the great majority of people who pollute the public highways with human and solid waste agreed that such behaviour is unhealthy and damaging to environment. Apparently, situational constraint forces them to engage in such contraindicated behaviours. At the Ottawa conference, in 1986 WHO re-defined health as the capacity of individual to deal with everyday life. There is no doubt that every individual, group or community strives at all times to attain the highest level of health (optimal well-being); this will be an unrealistic goal if proper attention is not given to positive health behaviours which are the cardinal points of health education.

- The concept of health behaviour
- The theory of reasoned action in respect to why people behave unhealthily
- The role of school / education in correcting unhealthy behaviour
- The role of health education in behaviour change.
- The role of government in behaviour change.

Concept of Health Behaviour

Over the years, our association with people, things and the environment has been defined as the action of individuals, group and organisation as well as the determinants and consequences of these actions (Glanz 2010). Gochman (2010) defined health behaviour as those personal attributes such as beliefs, expectations, motive, values, perceptions and other cognitive

elements, personality characteristics including affective and emotional state traits, overt behaviour patterns, actions and habits that relates to health maintenance, health restoration and health promotion. In a nutshell, health behaviour could be seen as our actions, predisposition and observable mannerism towards health.

Health behaviour is the most significant factor in relation to the determinants of disease and health condition. Through our health behaviours we can change or adapt to environmental situations and make the best out of our hereditary defects in such a way that we can increase the opportunity of living healthily (Abanobi & Ewuzie, 2000; Glanz, 2010) as we can also increase opportunity of living unhealthy.

Abanobi and Ewuzie (2000) opined that health behaviour is an outcome of past and present influence. This also indicates that our decision to behave in a particular way is influenced by our needs, abilities, experience and environment. Also our emotion, belief can also influence behaviour. Clawon (2008) reported that people behave in certain ways based on their perception, belief, conclusions and from their social forces including cultural, political and economic factors which shapes our health behaviours. (Basu, 2011; Gwatkin, 2012). Other studies reflected that the difference in health status may be due to inequalities in access to preventive care and treatment. For instance people from lower socioeconomic status are more likely to require health care services but are less likely to receive them. This suggest that charging socioeconomic circumstances such as increasing inequalities in income and other factors like education and social class have impact on health status of people to behave healthily or otherwise (Laaksonen, Prattala & Karisto, 2001; Lynch, Kaplan & Salonen, 2010; Smith, Barthley & Blanc, 2011; Kitagawa & Hauser, 2012).

Explaining Health Behaviour Through The Theories of Reasoned action and Planned Behaviour.

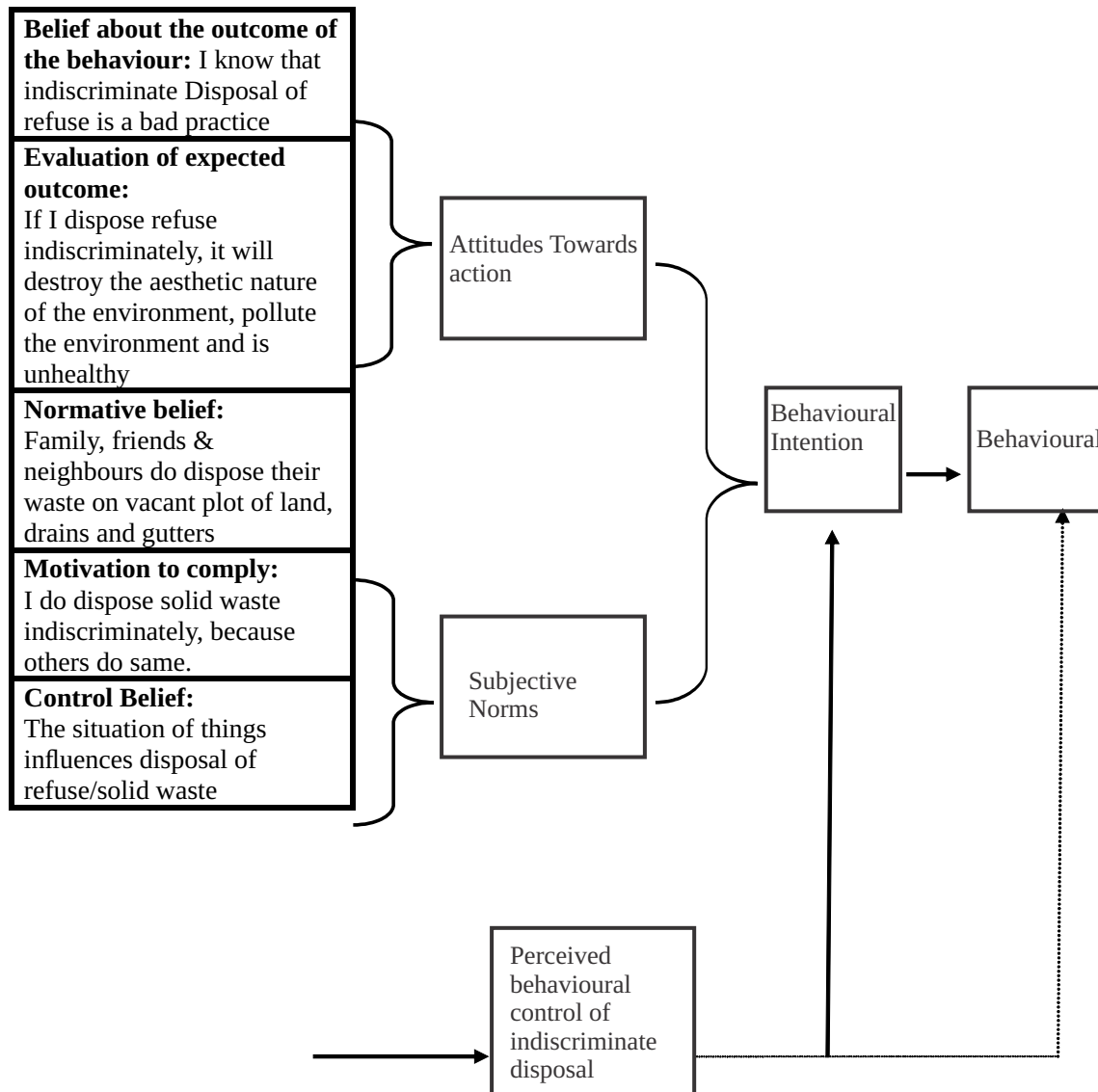
The theory of reasoned action and planned behaviour was propounded by Fishbein and Ajzein (1975). They opined that most socially relevant behaviour is under volitional control and that a person's intention to perform a particular behaviour is both the immediate determinant and single best predictor of that behaviour. An intention to perform a particular health behaviour is influenced by attitude towards the action, including individual's positive or negative belief and evaluation of the outcome of the behaviour (Sutton, 2011, Fishbein & Ajzein 1975). Intention is also influenced by subjective norms; including perceived expectations of important others like family and friends with regard to a person's behaviours; and the motivation for a person to comply with other wishes (Stroebe, 2015; Sutton, 1997; Fishbein & Ajzein, 1975).

The theory of reasoned action indicated that if people evaluated the suggestion behaviour as positive (attitude) and if they think there significant others wanted them to perform the behaviour (subjective norms) this result in a higher intention (motivation); therefore they are most likely to do so (Ajzein 1975; Fishbein & Ajzein 1975). The correlation of attitude and subjective norms to behavioural intention brings about the action which is the behaviour. The theory of planned behaviour is more on "perceived behavioural control" thus theory of reasoned action was extended in theory of planned behaviour to cover volitional behaviour for predicting behavioural intention and actual behaviour. These theories consider social influence such as social norm and normative belief, based on collectivistic culture-related variables. Given that an individual's behaviour might very well be located in the dependent on the social networks and organisation.

Since most socially relevant behaviour are under volitional control, one can deduce that most behaviours like smoking, illicit use of drugs, poor dietary habits, risky behaviours like unprotected sex, multiple partners, reckless driving indiscriminate disposal of solid waste on every nooks and crannies of cities are all products of unhealthy lifestyles practices, and are influenced by attitudes, norms, belief and subjective norms held by those who perform them.

Why do People Dispose Solid Waste Indiscriminately

The theory of reasoned action and planned behaviour provide some clue to why people dispose solid waste indiscriminately. See Fig 1:



Adapted from Stroebe, 2000.

Belief about the outcome of behaviour: This crops up from ones knowledge feelings, emotion, and perception about a particular behaviour. Ideally, the knowledge of health risk and benefit are a pre-requisite to change in behaviour. Knowledge about a given concept comes from good school, good curricular design and health instruction. A good school will articulate on the curriculum design with the help of good resource personnel (Health educators). The resource personnel will help to bring about improve knowledge in health behaviour in particular, the learner need to know the convenience about health problem or the implication learner need to know the convenience about health problem or the implication inherent in indiscriminate disposal of refuse and the advantage of doing otherwise. If a person believed that indiscriminate disposal would eventually hurt everyone, or cause particular diseases the person may deist from the behaviour.

Evaluation about Expected Outcome: Health behaviour is affected by expected outcomes which may be of positive or negative effects on the behaviour. As a person’s positive and negative self-evaluation of health behaviour or status may influence the outcome. In this case, a person is able

to see how the behaviour manifests in some sort of contraindicated health condition. In the case of indiscriminate disposal of solid waste, the person is presented with the scenario of what indiscriminate disposal of refuse can cause or result to. This can influence one's behaviour towards disposal of refuse positively or otherwise. The results of the evaluation of outcome may be enough to continue or disengage from the activity.

Normative belief: These are individuals' beliefs about the extent to which other people who are important to them think they should or should not perform a particular behaviour. In general, researchers who measure normative belief also measure motivation to comply. We live in a community of family, friends and neighbours. The way they attend to situation for example: sanitation will influence our perception about the environment if they throw refuse indiscriminately, we may also have the likelihood to do same. Motivation to Comply: It is based on approval or disapproval of our behaviour from the important others (that is family and friends) can influence or energizes us to behave in a particular way. If we live in an environment where indiscriminate disposal is the order the day, one will get the approval to do or act likewise. This approval can be intrinsically or extrinsically inclined based on individuals' strength to comply and one's conscience.

Control Belief: This is of the view that there are two categories of persons. The internals and externals. The internal persons are of the view that whatever happens to their health is in their own control. These set of persons will take precautionary steps to ensure their safety and health status. They will utilize the service of health care providers as the need arises to prevent any form of illness or diseases state. They believe to be in control of their actions and health in general.

The external persons on the other hand believe that their health is under the control of external forces outside their own. These set of persons blame it on evil forces when they are sick, therefore their attitudes; approaches; predisposition towards issues of health behaviours is very low.

In Fig. 1 behavioural control is seen to be directly a function of control belief. It is the perceived ease or difficulty of performing a particular behaviour. It is also our behavioural control that is assumed to have a direct influence on our intention to behave in a particular way. But as the level of education increases, so the control dynamic also takes a different turn whereby people tend to develop more positive health behaviour.

From the illustration above of theory of reasoned action and planned behaviour, one can come to terms with the fact that "Our intentions could be influenced by variables which could act as a constraint to our behaviour". These situations constrain as seen from the theory of reasoned action stem from people's attitude, perceived belief, subjective norms and from social factors of socioeconomic inequalities and social disparity of infrastructure and service delivery systems (Basu, 2011; Kitagawa & Hauser 2012).

The Role of Health Education in Changing Unhealthy Behaviour

In the emergence of the 20th Century, health education was centrally delimited to the teaching of hygiene in schools; this health education was only centred on specific individuals. Upon the declaration of health education as a tool of health promotion, therefore health promotion is now a broader aspect that covers all areas of life. At Ottawa, WHO (1986) viewed health promotion as a process of enabling people to increase control over and to improve health. Here, health was seen as a resource of everyday life. To this extent health become a fundamental human right and essential element of human and nation's development. The objective of health education therefore was to make people value health as a worthwhile asset with a desire to live long and well. With the support of a health educator, people are to learn what they need to do to improve on their health; while health educators act as a facilitator. The ultimate goal of health education is to bring about fundamental change in the observable health behaviour of the people that harnesses the resource of knowledge, attitudes, values and social practices (Owei, 2005; Owei;2003).

It is generally belief that the more people value their health, the more they are willing to make appropriate allocation of resources to promote and safeguard it.

The role of health educator in health promotion therefore transcend beyond teaching hygiene into health advocacy and legislation for health. Furthermore, in legislation for health issues that will boost positive health behaviour, health educators are seen as acting as lobbyist and a politician advocating for health (Owei, 2005; Tones, 2022; Galli, 2012) emphasized that individual may experiment with unacceptable behaviour because he believes that since everybody is doing it, he/she has no choice but to participate in the behaviour. This reflects on the person self-esteem as a person with lower self-esteem is prone to learn helplessly.

Evidence has showed that people with high self-esteem have lesser problem of blindly following others. To this effect, a well-trained resourceful health educator can help boost the self-esteem of individuals in the school this will in turn help people in making the right health decision irrespective of the significant others around the person. From the forgoing, Health education is any intentional activity that is designed to achieve health and illness related learning that is some relatively permanent change in an individual's capability or disposition (Tones, 2002). Health education may produce changes in knowledge and understanding or way of thinking; it may influence or clarify values, it may also facilitate the acquisition of skills that may affect changes in behaviour and / or lifestyle (Owei, 2005; Tones, 2022).

Therefore health education focal point is to that emphasis people health action change positively. Health education through health promotion emphasis empowering individuals groups, to help sensitize their members on health issues. Two of WHO's priorities for health promotion in the 21st Century which seems sticking are: to increase investments for health development and then to increase community capacity and empower the individual (WHO, 1997). This narrowed down to health literacy which emphasized the need for access to education and information that will empower the individuals and communities. Health education is the key to developing individuals and communities the skills to enable them learn throughout the stages of life and to cope with chronic illness injuries.

This has to be facilitated in school, home, work/ industries setting and community settings. This is where the relevant of health educator is emphasized and their activities should not be restricted to the classroom, but to the communities, work places, industrial settings including local, state and federal parastatals. Health and safety department must be created and headed by a health educator. Health educators are now seen in the western world as wellness officers of whom their activities cut across all phase of live. The developing countries must embrace if human health behaviour on issues of wellness and healthcare can be improved.

The Family as an Agent of Behaviour Modification

Individuals come from a home and so the home of an individual is the first point of socialization, behavioural forming and modelling. Every family has within it the norms, culture, custom, belief and values system binding them. This could be transmitted to their children or members as they live together (Gall; 2010). To this extent, the point learning, re-enforcement social approval and/or disapproval of unhealthily may have his or her point of reference from any members of the family. There is need therefore for school-home co-operation in shaping the school child through Parent Teacher Association (PTA). Also school community base learning approach and community mobilization is very important.

The Royal of Government In Correcting Unhealthy Behaviour

Behaviour change is a difficult and complex one particularly when so many forces in the social, cultural and physical environment conspire against such change. The practice of promoting health arises not only from individuals motivations to lead a healthy lifestyle, but societal

responsibility is needed to ensure that people have the tool to promote their health (Adams & Jackson, 2011). Jakarta declaration on leading health promotion into the 21st century highlighted five strategize priorities which are: promote social responsibility for health; increase investment for health development, consolidate and expand partnership for health; increase community capacity and empowerment of individuals; and secure an infrastructure for health promotion (WHO, 1997), it is the government responsibility of each nation to build a healthy policy; create supportive environment, strengthen community mobilization and improve distribution of health services for moiré effectiveness. Also, social approach which requires an equitable and fair distribution of collective goods, institutional resources and equal opportunities for all is advocated for.

SUMMARY/ CONCLUSION

In the forgoing pages of this paper, some attempt has been made to examine the reason why people behave unhealthily. The basic concepts of health behaviour and the theory of reasoned action and planned behaviour mere used to explain these behaviours. The role of government in restricting unhealthy behaviours was emphasized by soliciting government to build a healthy policy, create supportive environment, strengthen community mobilization and improve distribution of health services for effectiveness, social justice for equitable and faire distribution of resource was re-emphasised.

The role of health education in behavioural change through informed knowledge and empowering individuals to make appropriate decision was emphasized. Function of the family in behaviour modification was highlighted as the role of the health educator, became a paramount importance.

Conclusively, this paper inferred that for positive health behaviour to be equitable distribution of health infrastructural services including accessibility, availability and affordability of the service is stressed.

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