SOME REMARKS ON THE ADVANCEMENTS IN THEORIES OF HEALTH BEHAVIOUR CHANGE

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НЯКОИ ЗАБЕЛЕЖКИ ПО ОТНОШЕНИЕ НА НАПРЕДЪКА В ТЕОРИИТЕ ЗА ПРОМЯНА НА ЗДРАВНОТО ПОВЕДЕНИЕ

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ABSTRACT: *Some problem items of the theories of health behaviour change are discussed. Health behaviour change could be as the cancellation of a chronic habit and the development of a new pattern of behaviour. These two types of changes are extremely difficult to unite by one single concept. The behaviour change can improve health condition of the person who changes his(her)self behaviour, or those ones who depend on that person. Each kind of the behaviour, which needs to be stopped, has its own history. Hence, the future theory aimed at a prediction of the result on health behaviour changing, in addition to what is already available in the theory of planned behaviour, should include: a stage of changing process; an essence of change; function of change: whether the person changes behaviour for itself or to improve behaviour of another; age of the person.*

Keywords: Health behavior, Change theories

Introduction

The criticism of the health behaviour change theories is complained by the aspiration of researchers to receive the most effective tool to predict the result of the influence on health behaviour changes. But already in the name of term - theories of health behaviour change – there is a problem which leads to the difficulty of theory creation. Health behaviour change could be as the cancellation of a chronic habit and the development of a new pattern of behaviour. These two types of changes are extremely difficult to unite by one single concept. What is the common idea in the teenager's desire to stop smoking and the foster family's desire to adopt a teenager? What is the probability that the teenager will stop smoking (that is will return to a former regular way of life) and the second one will prefer to live in a family (which will replace the orphanage where he's never had the duties as member of a family where each shares responsibilities)? Each kind of the behavior will result in better health of teenagers, but the different mechanisms of the result achievement are obvious.

There is another problem. The behaviour change can improve health condition of the person who changes his(her)self behaviour, or those ones who depend on that person. The teenager stops smoking because it damages his (her) health or the mother stops smoking when realizes that her child is exposed to a serious danger. Each of these people abandons vicious behaviour. And what is the probability that a pregnant woman, planning to use breastfeeding immediately after her baby's birth will do it in 4 months after the birth? Immediately after the child's birth she will be at home, and in 4 months, she will probably need to start working. Probably, her own desire will be to feed the child even longer, than she had planned before the baby's birth, but she will stop feeding it.

Each kind of the behaviour, which needs to be stopped, has its own history. For example, in our research it has been shown, that preschool children believe, that they will never punish their children when they grow up and became parents. Sixth-graders believe that they will punish the children using the same methods as their parents do now, and 9^{th}-graders think, that they will explain to their children their mistakes when the latter misbehave. The investigation of adults shows that before the birth of their children they believed that they would negotiate with their

children, but after their birth they began using the same methods which their parents used to apply. On the average parents preferred to use physical punishment for younger children and refused from this type of punishment when children became teenagers (Nikolaeva, 2006).

We found that a number of disciplinary methods influence children extremely negatively, forming a specific behaviour. At the same time children say, that they feel nothing when being punished, and replying to the question: «What do you feel when are rewarded?» say they feel uncomfortable or badly all the time.

In our research there are 25% of the children with this type of behavior (out of 500 children). This behaviour was accompanied with the changes of vegetative reaction under pleasant and unpleasant memories. We found that heart rate variability with positive memories has appeared lower, than with negative ones. Hence, they experience greater stress under positive influence. To change children's behaviour, it is necessary to change their parents' behaviour which is the result of their life-long experience. How parents' behavior could or couldn't change the health of the child?

But the behaviour which should be formed will have to have a history too. A woman before a child's birth when planning to use breastfeeding can not realize that after the birth she will have to organize her life according to the child's need. Every day after the birth she will adapting to this new behavior and this process will depend on a lot of circumstances which are difficult to unite under single factor.

Any modern theory will easily predict the probability of using condoms in sexual behavior of people when they have understood the danger of sexual relationships without using them. The analysis of the literature for the last few years shows, that all theories easily predict simple forms of behaviour, but the prediction of probability of teenagers of different age stopping smoking demands completion of the special theory by specific proposals (Moan, Rise, 2006).

Now the greatest distribution has received the theory of planned behavior (TBP) (Ajzen, 1991). It is widely used for prediction of various social behaviour, including behaviour of health. The proximal determinants of behavior in this theory are the intentions. Intentions reflect an individual's decision to exert effort to perform the behavior. They are assumed to be a function of

- an individual's attitude towards the behavior planning to change (i.e., a positive or negative evaluation of it);
- subjective norms which refer to an individual's perception of how important others in his (her) social environment wish or expect him (her) to behave in a certain way ;
- the perception of the behavior control (the person's own perception of how easy or difficult it is to execute the behavior.

Each of these components takes a different weight in the process of behavior changing prediction. The author of the theory (Ajzen, 1991) assumed only perception of the behavior control provides an accurate picture of the actual control and it should influence behavior directly and he thought that subjective norm is the weakest predictor of behavioral intention. The latest data testify, that this is true for the simple situation behavior changing, for example, the prediction of the probability of using condoms by adults (Gredig et all., 2006). But for the description of probability of whether the 11 year old teenager will stop smoking is necessary to consider not simply subjective norms, but it is necessary to complicate their structure. For this purpose some researchers add self-identity and moral norms (Moan, Rise, 2006). But when the same authors have wanted to predict the probability of, whether parents will stop smoking to improve the health of children, they have entered two more parameters: parent-identity and anticipated affective reactions of a particular behaviour (Moan et all., 2005).

Probably, the addition of all the components of social cognitive theory by Bandura (self-efficacy beliefs, outcome-expectance belief, proximal and distal goals and the intrapersonal and structural impediments) would increase efficiency of the theory of planned behaviour.

Some researchers divide the normative component (Cialdini, Reno & Kallgren, 1990) for

- injunctive norms (its are concerned with the social other's approval or disapproval);
- descriptive norms (its are concerned with what others do);
- moral norms (its describe what is right or wrong to do).

Now there is the proposal to reconceptualize each of the major constructs of the TPB as consisting of two components. In this variant of TPB attitudes are split into instrumental and affective

components, norms into injunctive and descriptive ones, perception of the behavior control into perceived difficulty (or self-efficacy) and perceived control components. This variant of TPB is proposed to name as "two-component" model of TPB (Ajzen, 2002).

This automatic doubling of each component of the theory speaks, more likely, about attempt to squeeze an infinite variety of variants of behavior changer to left hemisphere construct (it is known, that the left hemisphere of all researchers assumes serial processing the information with a binary course of type: a-nota).

Probably, more complex decision will be not to double each component, but to try to analyze in each complex case a causal chains of the parameters predetermining the future behaviour or describing former. Moreover, it is necessary to enter a temporary scale as it is offered stage-based theories (Prochaska, Velicer, 1997). These theories propose that behavior change is not a continuous process but something that occurs through a series of qualitatively different stages. It means that the problems people face in trying to change their behavior will differ at different stages in change process (Bridle et all, 2005).

Conclusion

Hence, the future theory aimed at a prediction of the result on health behaviour changing, in addition to what is already available in the theory of planned behaviour, should include:

- . A stage of changing process (contemplation where change is intended sometime in the future, the engaging in over change, maintenance of the process of behavior change);
- . An essence of change (to restore healthy behaviour or to create behaviour which the person did not possess earlier);
- . Function of change: whether the person changes behaviour for itself or to improve behaviour of another (in this case an obligatory component will be characteristics of this other person);
- . Age of the person.

Probably, such extensive additions will lead to creating separate theories for each of prospective items.

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