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The Theoretical Aspects of Attitude Formation Factors and Their Impact on Health Behaviour

The article defines the theoretical features of the concept of the attitude phenomenon, the theoretical aspects of attitude formation, and discusses the factors forming the attitude and their connections with behaviour and health behaviour. The theoretical model of formation of attitude towards health behaviour is modelled by analysing the phenomenon of attitude and analysing the factors forming the attitude, using analysis of scientific literature.

Keywords: attitude, attitude formation, attitude formation components, components of attitude, behaviour, health behaviour.

Straipsnyje apibrėžiami teoriniai požiūrio reiškinio sampratos ypatumai, teoriniai požiūrio formavimo aspektai, aptariami požiūrį formuojantys veiksniai bei jų sąsajos su elgsena ir sveikatos elgsena. Nagrinėjant požiūrio reiškinį ir analizuojant požiūrį formuojančius veiksnius, panaudojant mokslinės literatūros analizę sumodeliuojamas teorinis požiūrio formavimo sąsajų su sveikatos elgsena modelis.

Raktiniai žodžiai: požiūris, požiūrio formavimasis, požiūrį formuojantys veiksniai, požiūrio komponentai, elgsena, sveikatos elgsena.

Introduction

The relevance of the topic. Consumer attitude is a constituent part of the consumer psychology science, researched in the context of psychology and marketing sciences, oriented towards cognitive processes of consumer psychology and behaviour assessment in terms of attitudes, habits, values, etc. The relationship of attitude, as well as of other individual social cognitive factors, and behaviour has been researched by various scientists in their studies performed in different periods (Wicker, 1969; Fischbein, 1977; Bentler, Speckart, 1979; Bagozzi, 1992; Ajzen, 2001, 2005; Chaiklin, 2011; Bohner, Dickel, 2011). Other researchers (Abraham, Sheeran, 1993; Schwartz, 2007; Can Kleef, van den Berg, Heederink, 2011, 2015) analysed various individual isolated emotional, cognitive, psychological aspects and their relationship with behaviour (e.g., individual assessment, emotions, reaction, etc.).

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The health and medicine science, which assesses the relationship of social, cognitive, psychological phenomena and factors with behaviour, encompasses the health behaviour research area. The analysed scientific literature presents researches of various isolated features characteristic of an individual, psychological factors and their relationship with health behaviour: through risk and threat perception (Harrison, Mullen, Green, 1992; Van der Pflight, 1994), through a relationship of habits and health habits with health behaviour (Rutter, 1989; Harrison, Muller, Green, 1992), through social learning influence on health behaviour (Rosenstock, Strecker, Beckler, 1988), through the impact of past behaviour on health behaviour (Norman, Corner, 1994, 2000; and other).

Presumptions prevail in health behaviour research (Adler, Matthews, 1994; Conner, Norman, 2000) that in the developed countries certain established attitudes or behaviour standards determine a big part of health conditions and deaths. It is also agreed that individuals can contribute to their health and wellbeing by use of health improvement behaviour (e.g., exercising) and avoidance of behaviour harmful for health (e.g., smoking).

Analysis of the scientific literature referred to in this article and the health behaviour phenomenon allows stating that in recent decades most health researches focused on the analysis of various health behaviour models and their components, involving certain social cognitive health behaviour mediators (motivational, behavioural enaction and multi-stage). Scientific literature (Adler, Matthews, 1994; Conner, Norman, 2000; and other) distinguish various factors affecting health behaviour: for example, factors characteristic of a person (social, personal, cognitive), external measures promoting health behaviour (excise duty on tobacco and alcohol, subsidies for sports equipment), legal restrictions (prohibition of harmful substances, imposition of fines). It is agreed that an individual can hardly affect legal, demographic, economic factors (Armitage, Conner, 2000; Conner, Norman, 2000; etc.). But there are social cognitive factors, most of which can be controlled and managed by or they mostly depend on the individual himself. These are: (1) accessibility of health care services; (2) attitude (towards a disease, preventive healthcare, etc.); (3) disease perception; (4) disease knowledge; (5) social networks; (6) demographic factors. It is believed that factors 2–5 (attitude, knowledge, information, the influence of others) are within control of the individual himself.

Hence, attitude, as one of the abovementioned factors decisive for health behaviour, is among the social cognitive factors controlled and managed by an individual, closely related to the individual's behaviour and health behaviour. Identification of factors forming a basis for such health behaviour has become an object of research of psychology and other health-related disciplines since the mid 80's.

Health behaviour researches are in general prevailed by the trends of consequential health behaviour researches, revealing the outcome of certain individual behaviour tendencies: for example, participation or non-participation in health screening programs, following or not following a healthy lifestyle, smoking or non-smoking, etc. However, assessing the consequences of the current health behaviour,

in light of the deteriorating public health both in Lithuania and globally, growing morbidity statistics of various chronic and autoimmune diseases (hypertension, ischemic heart disease, diabetes, oncological diseases), a question naturally arises about the causes of all these health behaviour trends. As attitude is treated as a factor within the individual's control, the science needs research, which, by use of attitude constitution and attitude formation aspects, would help to reveal the causal motives for an individual's health behaviour. Research into and knowledge of the factors shaping consumer attitudes could provide opportunities to analyse the causal motives for health behaviour. The science also attaches significant importance to research, which reveals how, by way of attitude formation, one could understand, forecast, model and influence the individual's health behaviour for the sake of health protecting and maintaining behaviour.

The scientific problem is formulated as to how the involvement of attitude formation factors could help to analyse the individual's health behaviour, indicating the causal theoretical motives for and relationship with such behaviour.

The research target: attitude and formation of attitude towards health behaviour.

The aim of the paper is to reveal the factors of attitude formation by presenting a theoretical model of the attitude formation factors and its influence on health behaviour, indicating the causal motives for and relationship with such behaviour.

The research methods: the paper is based on the conceptual analysis and generalization of scientific literature. The implementation of both the methods provides the main definitions and the main features of the attitude phenomenon concept and provides possibilities to analyse the main aspects, principles and factors of the process of attitude formation towards behaviour and health behaviour. An attitude in the scientific literature (Adler, Matthews, 1994; Conner, Norman, 2000; etc.) is mentioned as one of the social cognitive factors, affecting an individual's behaviour and health behaviour and controlled and managed by an individual. However, there is a lack of scientific research on attitude, as the effect of a social cognitive factor controlled by an individual on health behaviour. From the perspectives of attitude and attitude formation process, the main researches focus on research and analysis of individual attitude formation aspects (Ajzen, 2001; Hogg, Vaughan, 2005; Eagly, Chaiken, 1993, 2007; Petty, Briñol, DeMarree, 2007; Fazio, 2007; Schwarz, 2007; Gawronski, Bodenhausen, 2007; Pratkanis, Breckler, Greenwald, 2014) However, the research of the attitude phenomenon and the attitude formation process lacks not only the integral systemised solid analysis of attitude formation aspects but also analysis of their links to health behaviour. The qualitative research has been chosen to reveal a deeper generalized summarised view into the attitude formation process that allows not only to reveal the levels and factors of the attitude formation process but also to project their links to behaviour and health behaviour. Meantime, health behaviour research is prevailed by the research of isolated social cognitive factors affecting behaviour (Adler, Matthews, 1994; Conner, Norman, 2000) and consequential health behaviour research trends, revealing the result of the trends of certain behaviour of

an individual (Harrison, Mullen, Green, 1992; Adler, Matthews, 1994; Van der Pligt, 1994; Norman, Conner, 1994, 2000; Armitage, Conner, 2000; Chaiklin, 2011). However, there is a lack of scientific research, revealing the causal reasons for such a behaviour. The qualitative research methods were chosen for a deeper generalized understanding of an attitude, as a social cognitive causal behavioural factor, and for revealing the causal relationships between attitude formation, attitude formation factors and health behaviour, that helps to develop the general attitude formation toward a health behaviour model as a basis for further quantitative research.

The objectives of the article. After analysing the theoretical aspects of the attitude phenomenon concept and attitude formation, to identify all different factors that form attitude and to present a general theoretical attitude formation toward health behaviour model, revealing theoretical connections between attitude formation factors and health behaviour and indicating the causal theoretical relationship between attitude formation and such a behaviour.

The concept of the attitude phenomenon

We face attitude as a phenomenon every day. From when we are very young, parents (or other close environmental influences) try to convey their views on what is good or bad, right or wrong, positive or negative, and so on. Every day, a lot of information is transmitted to us through various channels, thanks to which we form a certain attitude towards particular objects.

Although the phenomenon of the attitude itself has been studied by various sciences for several decades, psychologists, sociologists, and marketers today are turning back to the study of attitude in various contexts. The reason is market globalisation, with concomitant globalisation of consumer wishes and preferences. Therefore, today, specialists in various fields face challenges around how to attract the attention of the target consumer in order to sell products or services to them, because the target consumer in today's market influences the formation of demand for most products and services. At the same time, there are specific service segments in the market (e.g., health care, disease prevention) where the formation of consumer preferences has not yet been fully researched, and the approach to these phenomena is revealed only in individual research fields. The question arises: what factors form consumers' attitudes towards specific objects? To answer it, let us analyse the phenomenon of the concept of attitude.

The concept of attitude phenomenon is extremely broad and multifaceted in the context of various disciplines. In a general sense, I would describe the phenomenon of attitude as the result of the psychological processes within an individual, including their beliefs and feelings, expressed towards a given object and able to lead to specific actions.

In XIX century, studying the phenomenon of attitude, G. V. Allport (1935) reviewed how various authors in his field interpreted the concept. Summarising their opinions and his own research insight, he concluded that attitude connoted a neuropsychic state of readiness for mental and physical activity, representing a state

of mind of the individual towards a value. An attitude characteristically provokes acquisitive or aversive, favourable or unfavourable, affirmative or negative behaviour towards the object it relates to. This reaction can be expressed in an indirect or explicit, conscious or unconscious, rational or irrational, positive, or negative way. Already in those definitions, there are discoverable connections between attitudes and specific action – behaviour – because attitudes are interpreted not only as the above-mentioned multifaceted reaction to a certain object, but also the tendency to act or behave towards specific objects, "mental" and "motor" (readiness to act) disposition towards a real object of perceived value.

In later research (Bem et al., 1972), the phenomenon of attitude was defined as the reaction to and individual evaluations of a given object. The attitude phenomenon is also analysed in terms of evaluation by exponents of marketing and psychology such as B. Lott and A. Lott (1985), S. Chaiken and Ch. Stangar (1987), I. Ajzen (2001), M. Hogg and G. Vaughan (2005) A. R. Pratkanis, S. J. Breckler and A. G. Greenwald (2014), and others. The above-mentioned authors define the concept of attitude using terms such as "cumulative evaluation", "acquired over time evaluation" and "favourable and unfavourable evaluation", a psychological tendency expressing the evaluation of given objects with a certain degree of favourability or unfavorability. From a psychological point of view, attitude is treated as an invisible psychological construct that influences a person's choices and decisions to act in a particular way. Assessing attitude as a psychological construct in this way presupposes many individual values, attitudes and feelings, so A. H. Eagly and S. Chaiken (1993, 2007) derive a broader interpretation of attitude from an emotional perspective, defining attitude as an "umbrella expression" covering an individual's psychological characteristics (feelings, emotions, values, etc.). To describe the phenomenon of attitude, the authors use three main components: evaluation, the object of attitude, and the tendency to act in a specific way in relation to the object being evaluated. Together, these elements indicate a person's propensity to evaluate a particular entity positively or negatively. The evaluation includes aspects of beliefs and thoughts about the object of the attitude, as well as intentions to act or behave in a specific way. From this perspective, the evaluations are inseparable from emotions and experience. Therefore, it is not by chance that in the studies of other authors such as K. Edwards (1990), G. A. Van Kleef, E. A. Van den Berg, and M. W. Heerdink (2015), the concept of the attitude phenomenon is explained using affective (emotional) and cognitive (experiential, knowledge-based) components. From the affective (emotional) aspect, attitude is defined as an emotional state expressed by evaluating a given object with a certain emotional reaction (positive or negative). Emotions can be described as relatively short-term (instantaneous), differentiated and intense responses to an object of attitude – a stimulus (e.g., a person, object, situation, or event) characterised by distinctive subjective experiences, physiological reactions, expressions, and tendencies of action. Judging from the discussion of the emotional aspect, emotions are the result of an empirical process, so the phenomenon of attitude is inseparable from empirical experience.

Attitude is related to personal experience and is formed through personal experience and evolves from positive or negative experiences (cognitive aspect) associated with the specific object being assessed to which the attitude is expressed. The cognitive component includes an individual's knowledge, beliefs and perceptions about the object of an attitude, acquired through direct experience of that object and the evaluation of new incoming and old available information, expressing an evaluation of an object with a certain emotional reaction, a certain favourability or unfavorability. Thus, an attitude is an "umbrella" expression of personal attributes (an individual's feelings, beliefs, expectations, evaluations, values, principles, etc.), accumulated over a certain period of time, together with information and knowledge, and inseparable from existing information/knowledge and newly acquired information about the objects of the attitude, and is both related to empiricism (experience) and developed over time, reflecting favourable or unfavourable reactions of the individual towards the object of evaluation.

In the neurolinguistic sciences (Ito, Cacioppo, 2001), the phenomenon of the attitude concept is inseparable from its circumstances and is defined as a psychological state in which, based on experience, it is decided to act accordingly in particular situations with regard to certain objects. The attitude is a "preconceived" notion that is "activated" in certain situations.

Scholars such as K. Edwards (1990), A. H. Eagly and S. Chaiken (1993, 2007), I. Ajzen (2001), R. H. Fazio (2007), N. Schwarz (2007), R. E. Petty, P. Briñol, K. G. DeMarree (2007), B. Gawronski, G. V. Bodenhausen (2007) and others who have studied the constitution and characteristics of attitude, and attitude as an object, agree that objects to which an attitude is expressed can be ideas, phenomena, events, people, groups, products, services, and so on. It is because of the links with the object of the approach that other scholars interpret the concept of the approach with the help of various scientific models. Scientific models provide an opportunity to explain the causal assessment of certain phenomena and the response to various stimuli, and most of them focus on modelling the relationships between emotions, cognition (experience), and behavioural components. For example, in the expectancy value model (Rosenberg, 1956), the approach is defined as an overall assessment based on aspects of expectations and expected value. In the most widely studied three-component model, also known as the ABC model (Eagly, Chaiken, 1993), the phenomenon of attitude is explained through the interfaces of three components: affective (feelings, emotions), cognitive (cognition-experience, knowledge), and conative (behavioural, act). We will discuss these models in more detail in the theoretical aspects of attitude formation.

By summarising the theoretical interpretations of the concept of attitude presented in the literature analysed, it is possible to form a general definition of an attitude concept (Table 1).

Attitude is acquired and accumulated in individual memory, invisible, a summarised evaluation of certain objects (concepts, people, events, products, services, ideas, social phenomena), an expression of psychological aspects of an individual's "umbrella" through beliefs, feelings, emotions, knowledge, experience, expectations, decisions, values, ethical, moral, social

Table 1. **Summary of the attitude concept definitions**

Detailed concept	Attributes	Expected results
Individual assessment of objects (concepts, phenomena, ideas, etc.) in certain situations, summarised evaluation	Acquired with time, stored in memory, individual, summarised	Emotional reaction to an object (indirect or explicit, conscious or unconscious, rational or irrational, positive or negative). Tendency to act. It is decided to act accordingly in relation to certain objects in certain situations. Expression in action. Action, response to the object under assessment. Behavioural projection. Behaviour.
State of mental, nervous, psychological readiness for a specific action, "mental" (perception) and "motor" (readiness to act) expression in relation to a real value object	Mental, nervous, psychological, motor	
"Umbrella" expression of individual psychological, personal characteristics (feelings, emotions, beliefs, values, etc.)	Expressing personal qualities, beliefs, values, ethical, moral principles	
Influenced by experience invisible individual invisible provisions, beliefs	Expressing knowledge, experience	
Psychological tendency, expressing the evaluation of certain objects, phenomena with a certain degree of favourability or unfavorability. An emotional state expressed by evaluating a certain object with a certain emotional reaction.	Expressing evaluation, favourable, unfavourable, emotional, cognitive	
Individual invisible construct formed on affective, cognitive or behavioural basis	Individual, invisible	

and other principles formed on the basis of emotional, behavioural or cognitive fields, expressing a certain belief and reaction to the evaluated object (e.g., positive or negative), un/willingness to act in relation to the evaluated objects in real situations. Extending this definition of attitude to cognitive and affective aspects, it can be said that attitude is influenced by experience, accumulated over a long period of time, and in a given situation expressed a set of individual invisible beliefs, positive or negatives feelings, a certain perception of the object, idea, phenomenon, event, problem, with an appropriate emotional response to a specific object or statement that can lead to a particular action.

The theoretical principles of the attitude formation

The phenomenon of attitude formation accompanies us throughout our lives because we belong to certain social groups and organisations that are constantly influencing us. In a general sense, it can be defined as a change of state, a shift, from

not having an attitude to a specific result – having a positive or negative attitude towards certain objects under the influence of certain attitude-forming factors. Attitude is formed and accumulated in our memory throughout life; it is "silent", in contrast to loudly expressed opinion, but is expressed and activated when decisions are needed to take specific actions – to choose certain products or services, to decide how to act in specific situations (whether to participate, buy, choose, etc.).

According to the scientific literature analysed, attitude formation will be depicted in this article in two ways:

1. As a phenomenon influenced by cognitive or affective factors.

2. As a result of a multicomponent process, consisting of certain components (cognitive, affective, and behavioural).

The attitude formation as a phenomenon influenced by cognitive or affective factors

Research by the scientists who have studied attitude formation (Zajonc, Markus, 1982; Petty, Fabrigar, Wegener, 1997; Ajzen, 2001; Maio, Haddock, Verplanken, 2019) reveals the influence of cognitive and affective factors on attitude formation. Affective factors are the influence of individual emotions and reactions. These are an individual's characteristics, values, beliefs, emotions, feelings and habits. These are affective (emotional) attitudes. In this case, the attitude is formed as an expression of certain personal evaluations (of self, others, events). Cognitive factors include the influence of external factors and are associated with the phenomenon of socialisation and the influence of our social environment, where attitudes are formed as a result of an individual's socialisation through direct experience, interaction with the environment, and interfaces or external relationships with other people. These are cognitively based attitudes (Figure 1).

In summary, affective (emotional) attitudes are formed are influenced by internal factors such as an individual's desires, values, feelings, sensations, and other internal personal factors. In this case, the attitude is shaped by the internal psychological needs of the individual that can be met (expressing certain values, emotions, habits,

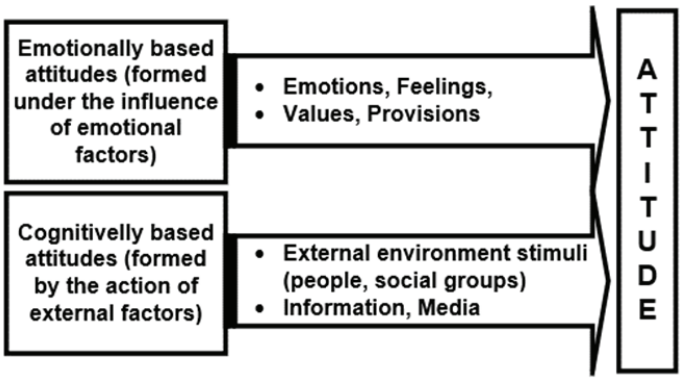


Fig. 1. **Emotionally and cognitively based attitude formation**

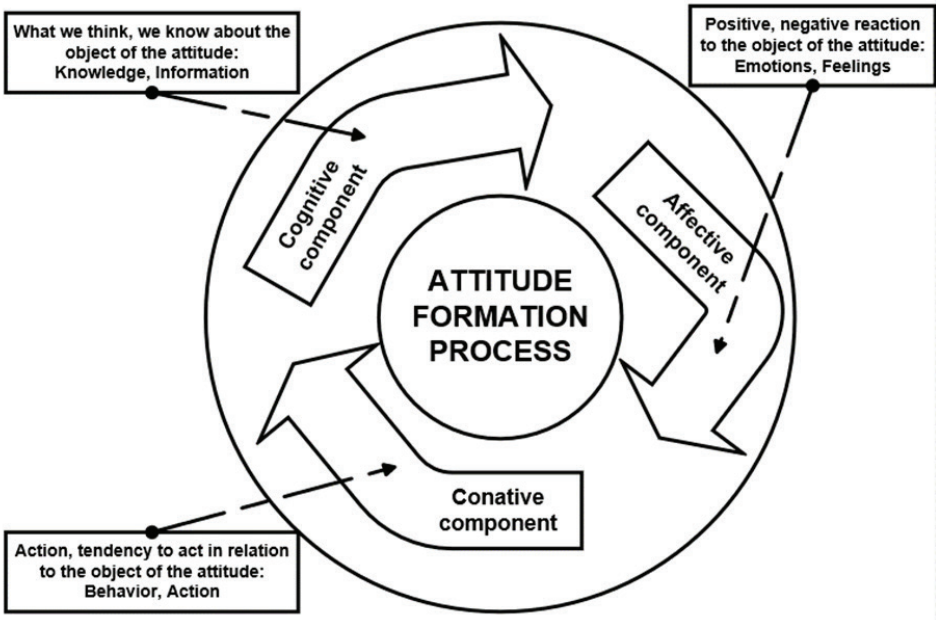


Fig. 2. **A three-component model of the attitude formation**

regrets, etc.). Cognitively based attitudes are formed under the influence of external environmental stimuli, influenced by information received from the outside, or – as a result of the process of external socialisation – based on the associations between the object of the attitude and the external environment.

The attitude formation as a result of a multicomponent process

S. J. Breckler (1984), K. Edwards (1990), A. H. Eagly and S. Chaiken (1993) and others treat the attitude formation as the result of a multicomponent process consisting of certain components (cognitive, affective, and behavioural). In the most widely described, three-component model of attitude formation, also called the ABC model in the scientific literature, the attitude formation consists of successive components that can be defined as cognitive (experience, cognition), affective (emotional, emotional) and conative (behavioural) (Figure 2).

We will analyse in more detail how the attitude formation process acts at each of the above levels and what factors influence it.

The cognitive component (level) of the attitude formation process

The literature analysis of the researchers who studied the phenomenon of attitude formation, namely S. J. Breckler (1984), I. Ajzen (1985, 2001, 2005), M. Fishbein

and S. Middlestadt (1995), C. Sanders (2010), M. Hogg and G. Vaughan (2011) and others, revealed that at the cognitive component (level) of attitude formation, the process is influenced by cognitive factors: individual experience, knowledge, information, beliefs and opinions about the object of attitude. In general, it can be stated that the cognitive component is the expression of the individual's perception, cognition and thoughts about the object of attitude and includes the individual's knowledge, understanding and beliefs about the object of attitude. The cognitive component of attitude formation is based on an individual evaluation of a certain object, which arises through direct experience with the assessed object, and then the reception and evaluation of the resulting information. Even the information factor is emphasised at the cognitive attitude formation level. Cognition can develop through previous exposure to communications or educational materials. This information includes both information stored in an individual's memory and newly received information in forming an attitude. The information available and assessed by the individual reflects a positive or negative previous experience with the assessed object. New information can come from sources of communication and education. The scientific literature (Ajzen, 2005; Oskamp, Schulz, 2014; and others) finds that information is inseparable from the effects of the external environment – the external stimuli from which it is derived (e.g. advertising, the internet, friends, family, social groups). Thus, the formation of an attitude today is inseparable from the information received from the mass media, from how it represents events. According to the above-mentioned authors, the external environment and its relevant stimuli have a particularly important influence on the formation of attitudes and even habits.

At the cognitive level of attitude formation, the initial individual evaluation of an object is made on the basis of available information and facts about the object being assessed, evaluating the object's advantages and disadvantages. An example of such an actual assessment could be actual "measurable" assessment criteria such as car fuel consumption, drug strength, and so on. Through these factual evaluations criteria objects (phenomena, products, services) are identified, separated from each other, and a certain attitude towards them is formed as objects of attitude. It should also be emphasised that negative information has a greater impact on shaping attitudes than positive data. At the cognitive level, attitudes can alter along with changing information. Based on information integration theory, the approach is formed based on specific information about the available object, and consumers are the solvers of their own problems and needs. As a result, they are constantly looking for new information as to their problems and needs change. How we receive and process this information forms the basis of the approach structure. When new information emerges, people evaluate it and combine it with existing information stored in long-term memory, and an appropriate attitude is formed. For example, warning health authorities that a particular food may have an adverse effect on health may force consumers to re-evaluate their attitude, negatively assessing the harmful product or even not consuming it at all.

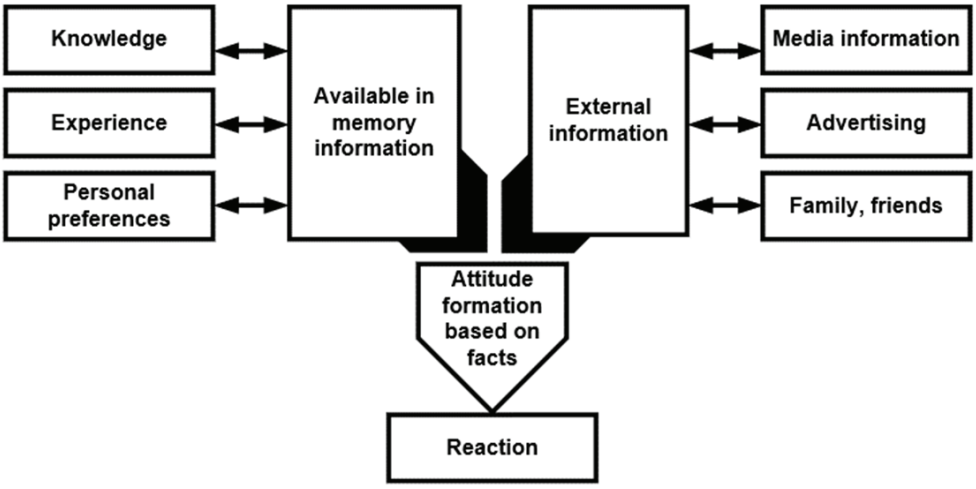


Fig. 3. **The cognitive component (level) of the attitude formation process and its influencing factors**

In summary, the cognitive component of attitude formation (level) represents certain fact-based individual norms of perception and their limits on what is right or wrong, good or bad, desirable or undesirable (knowledge, experience). It is influenced by the individual's internal evaluations (experience, the knowledge gained over time) and information received from the outside, based on the factual evaluation, and expresses certain beliefs or understandings about the object of attitude on the part of the individual. At the cognitive level, attitude formation is inseparable from the information, knowledge, and information received by the individual through external stimuli. Based on the cognitive aspects of attitude formation discussed, it is possible to distinguish the factors that influence attitude formation at the cognitive level (Figure 3).

Explanation: the result of cognitive attitude formation is the initial actual evaluation of the object, based on the available and received information, leading to a specific reaction. The reaction presupposes another level of attitude formation: affective (emotional).

The affective component (level) of the attitude formation process

The influence of emotions on attitude formation still remains the object of research and is highly controversial in evaluating the attitude formation process. The question arises of how often emotions are used to influence others, whether they actually influence attitude formation, and how strong or long-lasting an attitude is when based on the emotional evaluation that elicits an instantaneous reaction to the object of attitude – see D. DeSteno et al. (2004), G. A. Van Kleef et al. (2011), G. A. Van Kleef, H. Van den Berg, M. W. Heerdink (2015), and others. This is particularly noticeable when assessing the fact that an approach based

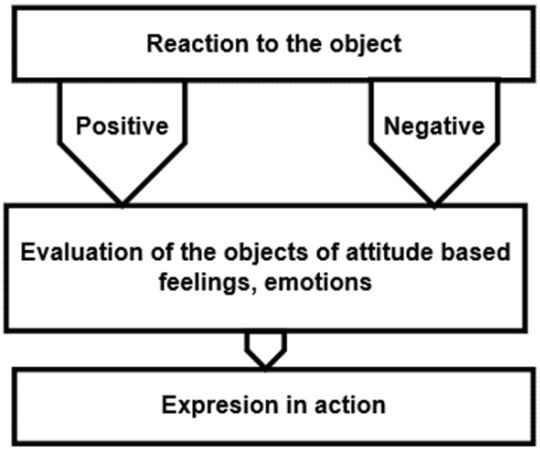


Fig 4. **Affective component (level) of the attitude formation process and its influencing factors**

on emotion is often not based on facts. It can be concluded that emotionally formed attitudes are often difficult for consumers to explain consciously, as they express not only certain feelings, moral beliefs, feelings, but also reveal a certain value system or religious aspects, and may change with the situation. For example, consumers may have a negative attitude towards cosmetics or medicines that are tested on animals because it goes against their moral beliefs.

Analysis of the research literature on the phenomenon of attitude formation, represented by many authors (Defleur, Westie, 1963; Breckler, 1984; Ajzen, 2001; Crano, Prislin, 2006; Bohner, Dickel, 2011; Chaiklin, 2011; Greenwald, 2014; and other) reveals that a certain emotional reaction to the object of attitude occurs when the attitude itself cannot be based on consciousness or facts, but on emotional evaluation. The emotional component of attitude formation is also called the affective component in the scientific literature because under the right conditions, it can cause an effect of different intensity – an effect based on specific beliefs. In summary, at the affective level of attitude formation, attitude formation is based on an emotional reaction to the object of attitude, which evokes particular emotions and leads to a certain expression in action – i.e., the third level of attitude formation (Figure 4).

Explanation: The result of the affective attitude formation is a reaction, influencing the evaluation of the object of attitude, based on feelings, emotions, and leading to expression in action. This expression presupposes another level of attitude formation – conative (behavioural, action).

The conative component (level) of the attitude formation process

At the conative (behavioural) level of attitude formation, a certain expression of attitude happens in action. It is an individual tendency to react with a certain action,

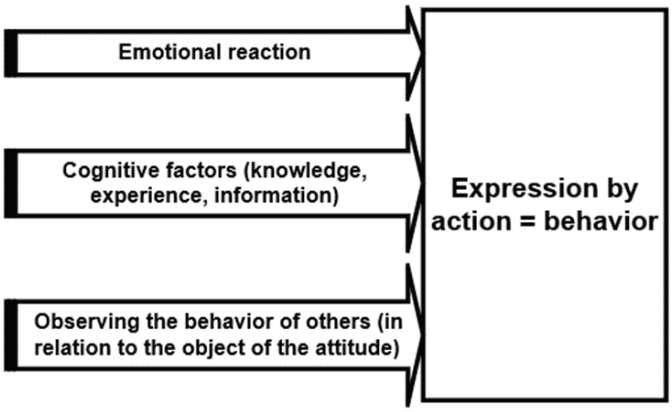


Fig 5. **The conative (behavioural) component (level) of the attitude formation process and its influencing factors**

to take action in relation to a specific object. The action of the components of behavioural attitude formation expresses the individual's reaction, opinion (favourable/unfavourable) towards the evaluated object (Defleur, Westie, 1963; Wicker, 1969; Ajzen, Fishbein, 1977; Fazio, Zanna, 1978; Ajzen, 2005; and others). The basis of behaviour can also be based on an individual's opinion, knowledge, knowledge of the object of the attitude, or observation of the behaviour of others, how it is treated in relation to a specific object, individual, or another stimulus (cognitive factor). In this case, the evaluation of the behaviour of others must influence a certain response of the individual - an action to the stimulus (Bem, 1972). In general, a behavioural component is a verbal or non-verbal expression of an individual's emotional response, even propensity, toward certain things, consisting of actions or observable reactions, arising from assessing one's own knowledge of an object of attitude or observing the behaviour of others actions with respect to the evaluated object and leading to a certain expression by action = behaviour (Figure 5).

At the conative (behavioural) level, the attitude formation is a verbal or non-verbal expression of an individual's emotional reaction, even inclination, knowledge about certain objects, and can influence actions and observable reactions arising from assessing one's own knowledge of the object of attitude or observing the behaviour or actions of others in relation to the object being assessed.

Relationship between attitude and behaviour

Behaviour as such can in general be defined as a discipline of consumer psychology science, encompassing processes involving individuals, specific consumers, their groups or organisations, in acquiring, purchasing, consuming products and services in order to have one's needs and wishes satisfied. The behaviour concept can include behaviour of an individual, consumer or consumer groups, but it

always includes the entirety of actions related to thinking, emotion and physical activity of a person demonstrating specific behaviour when searching for, acquiring, consuming, disposing of and evaluating specific products or services (Wayne, Deborah, 2008; Wayne, Deborah, Rik, 2018; and other). In general, consumer behaviour includes many actions of an individual or consumers, a variety of activities, experience and ideas occurring as individuals, consumers or consumer groups are becoming potential consumers of a product or service: from attending events, spending leisure time to visits to doctors and making charity donations. Consumer behaviour science is extensively intertwined with other disciplines such as psychology, social psychology, sociology, economics, cultural anthropology.

In the cognitive psychological aspect, consumer's or individual's behaviour is a reflection of consumer's attitude, habits and intentions, including consumer's or individual's perception, learning, emotion, personal traits, etc. (Solomon, 2004; East et al., 2017; and other).

The analysed scientific literature (Harrison, Mullen, Green, 1992; Adler, Matthews, 1994; Van der Pligt, 1994; Norman, Conner, 1994, 2000; Armitage, Conner, 2000; Chaiklin, 2011) revealed that the attitude as such is closely related to behaviour by several aspects. First, the definition of the concept of the attitude phenomenon supposes that an attitude can lead to a particular action. The analysis of attitude formation factors revealed that an attitude leads to its expression in the form of an action, i.e., to behaviour is respect of the object in question (Figure 2 and Figure 5). Hence, in summary, it can be stated that there is a direct connection between attitude formation factors, attitude and behaviour, where an attitude is the result of the attitude formation process, influenced by certain causal attitude-forming factors (cognitive, affective, and behavioural) leading to expression of an attitude by an action (Figure 6).

Assessing this **causal-consequential** relationship, it is possible to assume a causal-consequential relationship between attitude and behaviour, where attitude and its formative factors are the cause of behaviour, and behaviour is in turn the expression of attitude in action: so consequence, result.

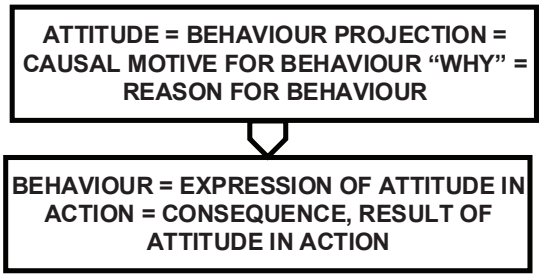


Fig. 6. **The causal-consequential relationship between attitude and behaviour**

Attitude toward health behaviour

The discipline of medical and health psychology defined the term "health behaviour" as any behaviour or activity, actions and habits of an individual, which are related to health care, health restoration and health improvement (Corner, Norman, 2000; etc.). Other scientists (for example, Stroebe, Stroebe, 1995) link the concept of health behaviour to a certain lifestyle of an individual, which is affected by our health habits and attitude. In the broad sense, the health behaviour phenomenon covers any activity, which is aimed at preventing diseases or detecting them in early stages and improving general health: it is **health improving behaviour** (for example, exercising, following healthy nutrition standards), **health protecting, preventive behaviour** (for example, participation in health screening programs, vaccination), **avoidance of harmful behaviour** (for example, avoiding smoking and excessive alcohol consumption).

Various scientific literature explains the health behaviour phenomenon by use of various health behaviour models, for example, the health belief model, the protection motivation theory, and general attitude and behaviour models (the theory of reasoned action (TRA) and the theory of planned behaviour (TPB)) to explain that the individual's health behaviour appears under the influence of various mediators, such as attitudes, beliefs, goals, intentions. For example, in the health belief model (HBM) (Rosenstock, 1966), health behaviour appears out of the perception of a disease threat and the aim to neutralise this threat. The perception of a disease threat depends on the perceived risk of the disease, susceptibility to the disease and the expected severity of disease consequences. It is believed that these two variables determine the probability that a person will take health related actions. For example, in the protection motivation theory (PMT) (Rogers, 1975), the health behaviour stimulus is the feeling of fear. Certain health behaviour arises out of the feeling of fear (e.g., fear of contracting a certain disease). The theory is based on threat assessment and overcoming the threat. The assessment of overcoming the threat includes the process of assessment of behaviour alternatives that can reduce the threat. It is believed that this process is based on a person's belief, an attitude that certain behaviour can eliminate threat and belief in one's ability to successfully perform recommended actions (self-protection).

Lithuania and the world use the World Health Organisation term "health prophylaxis", also called "disease prevention", to describe health behaviour, which allows creating a healthy society and is the most direct way of reducing unnecessary healthcare system expenses. It is the entirety of measures, which help to protect, improve and restore health and avoid diseases. In general, prevention is understood as specific behaviour of population and individuals, aimed at reducing the burden of diseases and related risk factors. These can be diagnostic tests, various testing, participation in early disease prevention programs, vaccination. It also includes lifestyle, habits, what an individual can do himself in order to avoid diseases (according to the WHO definitions). Primary prevention means actions aimed at avoiding manifestation of a disease (these can be health improving actions,

actions changing the impact of social and economic factors on health, provision of information, advice on behavioural and medical health risks), also clinical preventive services, such as vaccination. Secondary prevention is related to early disease diagnosing when that improves the probability of positive health outcomes (it includes such activities as evidence-backed screening programs intended for early detection of diseases or prevention of congenital defects).

The scientific literature analysed in the article reveals that attitude as such and attitude formation, by reason of extensiveness of its concept and phenomenon, merges both various isolated social cognitive factors researched by various scientists and affecting behaviour (knowledge and awareness, perception, available and received information, the influence of social groups, personal traits, values, and their expression, etc.) and cognitive and affective factors identified in the attitude formation process (fear, threat, perception of disease risk, self-protection, intentions, attitudes) and health behaviour mediators distinguished in health behaviour models. Merging these various attitude formation factors and connecting them to behaviour and health behaviour could allow forming a model of formation of attitude towards health behaviour, indicating the causal motives for and relationship with such behaviour (Figure 7).

Explanation:

In the general theoretical attitude formation toward the health behaviour model, the three levels of attitude formation (cognitive, affective, and behavioural) can be defined as causal components of attitude formation and are influenced by the specific factors, that shape the attitude.

The general theoretical model of formation of attitude towards health behaviour reveals the possibilities of using attitudinal factors (cognitive, affective, and behavioural) to understand not only the consequences of an individual's behaviour (involved – not involved, doing – not doing, performing – not performing, etc.) but also to predict the causes of this behaviour through the links between attitudinal factors and health: why participating or not participating, why doing or not doing, why performing or not performing, etc. This general theoretical model of formation of attitude towards health behaviour is to be verified in further research by empirical testing, based on specific questions about health behaviour (e.g., "Do you take food supplements"?), involving attitude formation factors, providing for causal motives for such behaviour ("Why?"). For example, one's agreement to the statement *"I take food supplements as I know that they help to prevent diseases"* could be explained through the cognitive attitude formation basis, which is affected by the cognitive attitude formation factor – knowledge, awareness. In this case, explaining it through a causal-consequential relationship between attitude and behaviour:

Taking of food supplements = CONSEQUENCE OF BEHAVIOUR, and the cognitive attitude formation factor – knowledge, awareness of food supplements = REASON FOR BEHAVIOUR.

For example, one's agreement to the statement *"I do not take food supplements as people in my nearest environment do not take them, either"* could be explained through the behavioural and cognitive attitude formation bases, where attitude formation factors could be "copying other persons' behaviour" (the behavioural

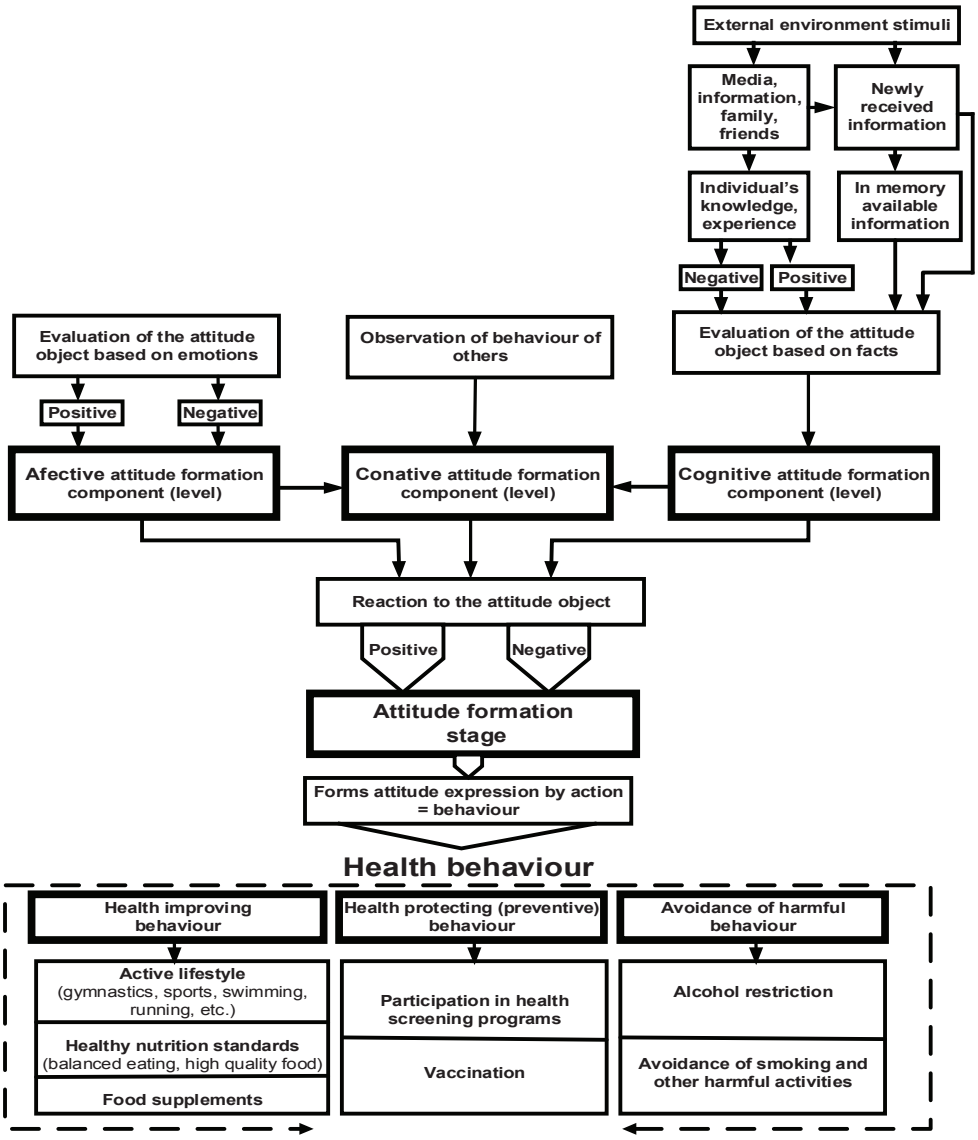


Fig. 7. **General theoretical attitude formation toward health behaviour model**

factor) and "influence of family and friends" (cognitive attitude formation factor). In this case, explaining it through a causal-consequential relationship between attitude and behaviour:

Not taking of food supplements = CONSEQUENCE OF BEHAVIOUR, and "copying other persons' behaviour" (the behavioural factor) and "influence of family and friends" (cognitive

attitude formation factor) = REASON FOR BEHAVIOUR.

Further research could go on to develop and improve the general theoretical model of formation of attitude towards health behaviour, discovering more of its components and their relationship with health behaviour, and verifying them by empirical testing.

Conclusions

1. The conceptual analysis and generalization of the scientific literature reveal, that an attitude is acquired and accumulated in individual memory, an invisible summarised evaluation of certain objects of attitude (people, events, products, services, ideas, social phenomena), an expression of psychological aspects of an individual's "umbrella" through feelings, emotions, beliefs, expectations, decisions, knowledge, evaluations and values; ethical, moral, social and other principles formed on the basis of emotional, behavioural or cognitive expression, expressing a certain belief and positive or negative reaction to the evaluated object, and a positive or negative disposition to act towards the evaluated objects in certain situations. Extending this definition of attitude to cognitive and affective aspects, it can be stated that attitude is influenced by experience, accumulated over a long period of time and expressed in a certain situation as a set of individual invisible beliefs, positive or negative feelings, a certain perception of the object of attitude (whether product, idea, phenomenon, event or problem), with an appropriate emotional response to an abstraction or a specific object or statement that can lead to a particular action.

2. The qualitative analysis of the scientific literature helped to identify, that an attitude formation can be treated as a set of internal (affective, emotional) and external (cognitive, information, environmental) factors. In this case, attitude formation takes place as a process influenced by affective and cognitive factors. An attitude formation also can be treated as a three levels process, integrating cognitive, affective, and behavioural components, that can be defined as causal components of attitude formation, and are influenced by the specific factors.

3. The qualitative analysis of the scientific literature revealed that an attitude is the result of all the attitude formation process. It is a specific result of having a positive or negative attitude towards certain objects under the influence of certain attitude-forming factors.

4. The qualitative analysis of the scientific literature article reveals, that the result of attitude formation is a retaliatory action, a certain behavioural tendency. This behaviour expresses the attitude of the individual, which, unlike loudly expressed opinion, is silent but activated in certain situations.

5. Based on a qualitative analysis of the scientific literature, the general theoretical attitude formation toward health behaviour model is presented. The model depicts attitude formation toward health behaviour as an integrated process of three components (levels) – cognitive, affective and behavioural, each influenced by certain causal factors – and endorses initial interpretations of the concept of attitude which defined it as an individual reaction to the object of the attitude revealed

in action. At the cognitive level, the attitude formation process is influenced by the individual's internal evaluations (experience, knowledge, information gained over time) and external factual evaluation of the object of attitude. The formation of an attitude at the cognitive level is the result of an individual's socialisation and reaction to external stimuli, leading or projecting into a specific expression of the individual through action – behavioural projection or behaviour (cognitively based attitudes). The affective attitude formation level takes place under the influence of emotions and is a certain individual emotional expression in reaction to the evaluated object, leading to a specific expression of the individual through action – behavioural projection or behaviour (affectively based attitudes). At the behavioural level, attitude formation is a verbal or non-verbal expression of an individual's emotional reaction to the objects of attitude, thus reactions that arise from the observation of the behaviour of others, or influence of past behaviour.

6. The general theoretical model of attitude formation toward health behaviour reveals, that the three levels of attitude formation (cognitive, affective, and behavioural) can be defined as causal components of attitude formation. And the expression of an attitude by action or with behaviour is the result of the attitude formed. From here it is possible to assume a causal-consequential relationship between attitude, behaviour and health behaviour.

7. The general theoretical attitude formation toward health behaviour model reveals possibilities, how through the involvement of mentioned attitude formation factors, one could assess not only the consequences of individual's behaviour and health behaviour (participates – does not participate, does – does not do, performs – does not perform, etc.) but also, through the involvement of attitude formation, foresee reasons for such behaviour (why one participates or does not participate, does or does not do, performs or does not perform, etc.). This general theoretical attitude formation toward the health behaviour model would allow us to foresee causal motives for health behaviour by asking specific questions, through the involvement of the causal-consequential relationship of attitude formation factors and health behaviour.

8. Based on the general theoretical attitude formation toward the health behaviour model, there is possible further research to be done on the causal-consequential relationship between attitude and behaviour in various fields (contexts), revealing which attitude-forming factors can influence different types of consumer behaviour. Research on attitudes and the factors that shape them in different fields would provide opportunities to model the behaviour of consumers and their respective segments through a cause-effect prism, based on the law that there are no coincidences, and every action, behaviour or behavioural trend has a cause.

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TEORINIAI POŽIŪRIO FORMAVIMO ASPEKTAI IR POŽIŪRĮ FORMUOJANČIŲ VEIKSNIŲ SĄSAJOS SU SVEIKATOS ELGSENA

Santrauka

Straipsnyje apibrėžiami teoriniai požiūrio reiškinio sampratos ypatumai, teoriniai požiūrio formavimo aspektai, aptariami požiūrį formuojantys veiksniai ir jų sąsajos su elgsena ir sveikatos elgsena. Analizuojant mokslinę literatūrą nustatyta, kad požiūris įgyjamas ir kaupiamas atmintyje kaip individualus, nematomas suvestinis tam tikrų požiūrio objektų (daiktų, žmonių, įvykių, produktų, paslaugų, idėjų, socialinių reiškinių) vertinimas, individo „skėtinė“ psichologinių aspektų išraiška per nuostatas, jausmus, emocijas, įsitikinimus, lūkesčius, sprendimus, vertinimus ir vertybes, etinius, moralinius, socialinius ir kitus principus; jis suformuotas emociniu, elgsenos arba pažinimo pagrindu, išreiškiantis tam tikrą individo įsitikinimą ir reakciją į vertinamą objektą, teigiamas ar neigiamas nuostatas veikti atitinkamai vertinamų objektų atžvilgiu tam tikrose situacijose.

Praplečiant šį požiūrio apibrėžimą kognityviniu ir afektyviniu aspektais galima teigti, kad požiūris yra patirties sąlygota, per ilgą laiką kaupta, tam tikroje situacijoje išreikšta individo asmeninių nematomų įsitikinimų, nuostatų visuma, asmens teigiami ar neigiami jausmai, tam tikras suvokimas apie požiūrio objektą (produktą, idėją, reiškinį, įvykį, problemą) su atitinkama emocine reakcija į abstrakciją ar konkretų objektą ar teiginį, galinti nukreipti į tam tikrą veiksmą. Išanalizavus straipsnio mokslinę literatūrą identifikuota, kad požiūrio formavimas yra keleto lygmenų procesas, vykstantis integruojant kognityvinį, afektyvinį ir elgsenos komponentus, kurie sujungia tam tikrus požiūrio formavimo veiksnius. Nagrinėjant požiūrio reiškinį ir analizuojant požiūrį formuojančius veiksnius, panaudojant mokslinės literatūros analizę, modeliuojamas teorinis požiūrio formuojančių veiksnių ir jų sąsajų su elgsena bei sveikatos elgsena modelis, atskleidžiantis sąsajas tarp požiūrį formuojančių veiksnių, elgsenos ir sveikatos elgsenos bei leidžiantis numatyti tokios elgsenos priežastis, pasitelkiant minėtus požiūrį formuojančius veiksnius.

Bendras teorinis požiūrio formuojančių veiksnių ir jų sąsajų su sveikatos elgsena modelis atskleidžia galimybes, kaip pasitelkiant minėtus veiksnius būtų galima vertinti ne tik individo elgsenos pasekmes (dalyvauja – nedalyvauja, daro – nedaro, vykdo – nevykdo ir pan.), bet ir numatyti šios elgsenos priežastis (kodėl dalyvauja ar nedalyvauja, kodėl daro ar nedaro, kodėl vykdo ar nevykdo ir pan.). Šį bendrą teorinį požiūrį formuojančių veiksnių ir jų sąsajų su sveikatos elgsena modelį būtų galima plėsti tolesniuose tyrimuose bei patikrinti empiriniu tyrimu, kuris leistų, užduodant konkrečius klausimus apie sveikatos elgseną, numatyti priežastinius tokios elgsenos motyvus pasitelkiant požiūrį formuojančių veiksnių ir sveikatos elgsenos sąsajas. Žvelgiant į dabartines vis blogėjančios visuomenės sveikatos tendencijas, tampa aktualūs tyrimai, atskleidžiantys, kaip pasitelkiant požiūrio formavimą (kuris priskiriamas prie paties individo valdomų reiškinių), būtų galima suprasti, prognozuoti, modeliuoti ir gerinti individo sveikatos elgseną.