

CHAPTER II

LITERATURE REVIEW

The theory of reasoned action by Ajzen and Fishbein (1980)

The theory is based on the assumption that human beings are usually quite rational and make systematic use of the information available to them. It does not subscribe to the view that human social behavior is controlled by unconscious motives or overpowering desires, nor do it can be characterized as capricious or thoughtless.

1. Most behaviors can be predicted by the individuals' intentions.

2. According to the theory of reasoned action, a person's intention is a function of two basic determinants, one personal nature and the other reflecting social influence. The formula for computation is as follow.

$$I = f(A_3)w_1 + (S_1)w_2 \text{ -----(1)}$$

Where I = intention

A_3 = Attitude toward the behavior

S_1 = Subjective norm

w = Empirical weight

2.1 The personal factor is the individual's positive or negative evaluation of performing the behavior; this factor is termed " *attitude toward the behavior* ". It simply refers to person's judgment that performing the behavior is good or bad, that he or she is in favor of or against performing the behavior. People may differ, for example, in their evaluations of buying a video game, some having a favorable attitude and others an unfavorable attitude toward this behavior.

The formula for computations is shown as follow.

$$A_i = f(\sum b_i e_i) \text{ -----(2)}$$

Where b. = behavioral belief that behavior B leads to
consequence i

e. = evaluation of consequence i

2.2 The second determinant of intention is the person's perception of the social pressures put on him/her to perform or not perform the behavior in question. Since it deals with perceived prescriptions, this factor is termed "*subjective norm*". To return to the act of buying a video game, we may believe that most people who are important to us think we should buy a video game or that they think we should not do so. General speaking individuals will intend to perform a behavior when they evaluate it positively and when they believe that important others think they should perform

it. And consider the case of two women who hold positive attitudes toward using birth control pills and who perceive social pressures to not use the pills. What will be their intentions in this situation of conflict between attitude toward the behavior and subjective norm? To answer such questions, we need to know the relative importance of the attitudinal and normative factors as determinants of intentions. So the relative importance of these factors depends in part on the intention under investigation. For some intentions attitudinal considerations may be more important than normative considerations, while for other intentions normative considerations may be predominant. Frequently, both factors are important determinants of the intention. In addition, the relative weights of the attitudinal and normative factors may vary from one person to another. The formula for computation is as follows.

$$S_i = f(\sum n_i \cdot m_i) \text{ -----(3)}$$

Where n_i = normative belief that group or individual i think i should (or should not) perform the behavior

m_i = motivation to comply with group or individual i

3. The assignment of the relative weights to the two determinants of intention greatly increases the explanatory value of the theory. From the above example and imagine that



one woman intended to use birth control pills while the other did not intend to do so. Since the two women held identical attitudes and subjective norms, their differing intentions could not be explained in terms of these factors alone. However, the different intentions would follow if the first woman's intention was determined primarily by attitudinal considerations and the second woman's intention was primarily under the control of her subjective norm.

For more explanation, attitudes are a function of beliefs. General speaking, a person who believes that performing a given behavior will lead to mostly positive outcomes will hold a favorable attitude toward performing the behavior, while a person who believes that performing the behavior will lead to mostly negative outcomes will hold an unfavorable attitude. The beliefs that underlie a person's attitude toward the behavior are termed "*behavioral beliefs*". To illustrate, consider a man who believes that buying a video game would make his children happy, would permit his family to spend time together, and would provide interesting diversion at social gatherings with friends. A person holding such behavioral beliefs is likely to evaluate positively the act of buying a video game. In contrast, an individual is likely to hold an unfavorable attitude toward this behavior if he believes that buying a video game would provide only temporary

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amusement for his children, would add to the growing number of unused gadgets collecting dust in the attic, would be quite expensive, and would divert funds that could otherwise be invested in educational game.

Subjective norms are also a function of beliefs, but beliefs of a different kind, namely the person's beliefs that specific individual or groups think he should or should not perform the behavior. These beliefs underlying a person's subjective norm are termed "*normative beliefs*". General speaking, a person who believes that most referents with whom he is motivated to comply think he should perform the behavior will perceive social pressure to do so. Conversely, a person who believes that most referents with whom he is motivate to comply think he should not perform the behavior will have a subjective norm that puts pressure on him to avoid performing the behavior. For example, suppose that in the area of buying household products a woman is motivated to comply with what she perceives to be the wishes of her husband, her children, her mother, and her close friends. If she believes that these referents think she should buy a video game, her subjective norm will exert pressure to perform this behavior.

4. This theory has made no reference to various factors other than attitudes toward targets that social and behavioral scientists have invoked to explain behavior. Among

these factors are personality characteristics, such as authoritarianism, introversion-extroversion, and need for achievement; demographic variables, including, sex, age, social class, and race; and such factors as social role, status, socialization, intelligence, and kinship patterns.

There is plenty of evidence that factors such as attitudes toward targets, personality traits, and demographic characteristics are sometimes related to the behaviors, they do not constitute an integral part of the theory but are instead considered to be *external variables*. From the point of view, external variables may influence the beliefs a person holds or relative importance he attaches to attitudinal and normative considerations. But there is no necessary relation between any given external variable and behavior. Some external variables may bear a relation to the behavior under investigation while others may not, and even when a relationship is discovered, it may change over time and from one population to another.

5. The behavior to be studied should consider about

5.1 Action: single action or behavioral categories. Smoking or breast feeding are single actions but exercise is behavioral categories.

5.2 Target: The target of behavior of giving babies' food is breast milk.

5.3 Time: The exact time of the behavior to be studied.

5.4 Context: The situation to be studied.

ATTITUDE

It is said that "Attitudes can help people and also they can hurt people".

Theoretical view on attitude components

There are two main theoretical viewpoints about the essential nature of attitudes. The older one, called the "tri-componential viewpoint" holds that an attitude is a single entity but that it has three aspects or components, a cognitive component, consisting of the ideas and beliefs which the attitude-holder has about the attitude object, an affect component, which refers to the feeling and emotions one has toward the object, and a behavior component, consisting of one's action tendencies toward the object. This concept has the problem about its empirical validity and usefulness, as well as the consistency between these components.

The newer theoretical view of attitudes is that the three components are distinct separate entities which may or may not be related, depending on the particular situation, this viewpoint has been strongly advocated by Fishbein and

Ajzen (1980). They suggest that the term "attitude" be reserved solely for the affective dimension, indicating evaluation or favorably toward an object. The cognitive dimension (they label as "beliefs") was defined as indicating a person's subjective probability that an object has a particular characteristic. The behavioral dimension (they refer to as "behavioral intention,") was defined as indicating a person's subjective probability that he or she will perform a particular behavior toward an object.

Summary the formulas for computations are shown symbolically as follow.

1. $B \sim I$
2. $I = f(A_3)w_1 + (S_N)w_2$
3. $A_3 = f(\sum b_i e_i)$
4. $S_N = f(\sum n_i m_i)$

Where B = Behavior

I = Intention

w = Empirical weight

A_3 = Attitude toward the behavior

S_N = Subjective norm

b_i = Behavioral belief that behavior B leads
to consequence i

e_i = Evaluation of consequence i

- n. = Normative belief that group or individual
i think i should (or should not) perform
the behavior
- m. = Motivation to comply with group or
individual i

The applicability of the theories of reasoned action and planned behavior was used in the study of the cooperative behavior of condom use were examined (Kashima et. al, 1993). Results indicated that when behavioral conditions including the availability of a condom and an agreement with the partner to use it were satisfied, intention interacted with past behavior to predict actual behavior. These results imply that intentions which are consistent with past behavior are stable enough to be carried out in the face of the interpersonal dynamics of a sexual encounter. Jemmott (1991) also try to apply the theory of reasoned action to AIDS risk behavior: condom use among black women and the results suggest that the theory of reasoned action provides a potentially useful conceptual framework for interventions to change a key AIDS risk behavior among women.

Kirchhoff et. al,(1993) assessed the beliefs and attitudes of critical care nurses in Utah and Ohio. Result: Nurses believed the consequence of visiting was more positive for the patient from a psychological perspective than from a

physiological perspective but that the effects might differ depending on the patient, the visitor and the circumstances. They believed that visiting had negative consequences for families, because they became exhausted, and that visiting was disruptive for nursing care delivery. Their attitudes about effects of visiting on nursing staff were consistently more negative than were attitudes about the effects on the patient and the family. Nash et. al (1993) also found that some support for the theory of planned action which is an extension of the theory of reasoned action, as nurses' intention to conduct pain assessment was shown to be predicted by attitude, subjective norms and perceived control. Pederson (1993) compared two methods of teaching nursing students to care for persons with AIDS and use a questionnaire, base on Ajzen and Fishbein's theory for measurement. When compared with students who had listened to the lecture. students who had participated in structured controversy were more positive in general, and were significantly more positive on individual attitude and belief items. To understand dentists' behavior in treating patients with AIDS, Chen MS use the theory of reasoned action model and found that The dentist's intention to treat patients with AIDS or HIV infection, or those belonging to high risk group, is influenced by two belief components:(1) attitudinal variables, which are the dentist's beliefs about the consequences of treating such patients and

the value that these consequences have for him or her; and (2) normative variables, which indicate dentist's perceptions of how his or her reference group view the treatment of such patients in his or her practice and his or her motivation to comply with those views.

Related research

Goldenberg and Lashinger (1991) studied in the title of "Attitudes and normative beliefs of nursing students as predictors of intended care behaviors with AIDS patients: a test of the Ajzen-Fishbein theory of reasoned action" and found that students' attitudes and subjective norms were significant predictors of intentions to care for AIDS patients in their clinical experience ($R^2 = .29, p < .003$). [The multiple correlation between the two components of the model and intention was significant ($R = .39, P < .04$)]. In addition, qualitative data resembled those in previous reports of fear of contagion among health professionals. The effects of the instructional unit about caring for AIDS patients resulted in significant changes in both attitudes and subjective norms.