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HEALTH BELIEFS AND HEALTH ANXIETY AS PREDICTORS OF COVID-19 HEALTH BEHAVIOR: DATA FROM SERBIA

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Model.

Abstract. The end of 2019 and the beginning of 2020 were marked by the appearance of the virus SARS-CoV-2, which led to a health crisis around the world. Health preventive behavior was highlighted as, at that time, the only form of prevention of the spread of the disease. Factors that will lead people to adhere to the recommended forms of behavior have become the subject of research in various scientific disciplines. The Model of Health Belief is one of the dominant frameworks for studying health behaviors, and thus behaviors related to COVID-19. Health anxiety and beliefs about illness and preventive behavior are the starting point for considering the level at which individuals adhere to the recommended measures. The main goal of this research was to examine a model in which health anxiety and health beliefs are predictors of preventive health behavior in relation to COVID-19. The sample consisted of 420 respondents, 66.3% of whom were women. They completed an online questionnaire comprising the following instruments: Short Health Anxiety Inventory, COVID-19 Health Belief Scale, and COVID-19 Health Behavior Scale with two subscales—Protection in Social Contacts and Hygiene. After controlling for effects of gender and presence of chronic disease, perceived benefit of preventive behavior and the observed barrier can predict protection in social contacts. Hygiene can be predicted by the perceived benefit of preventive behavior and the perceived barrier. Health anxiety has not been shown to be a significant predictor of health behavior. The paper discusses the theoretical and practical implications of the obtained results. The obtained results partially support the Model of Health Beliefs. In order to increase the degree to which individuals adhere to health behaviors, the benefits of preventive behaviors should be emphasized while the barriers should be reduced.

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Introduction

In 2020, the world faced a new virus from the coronavirus family, causing infection in a large number of people. State and local level authorities appealed to the population to adhere to the recommended prevention measures: maintaining personal hygiene (thorough hand washing and use of disinfectants); maintaining social distance (physical distance of at least 1.5 m in contact, avoiding social gatherings); and wearing protective masks. However, evidence soon emerged that a significant number of people did not adhere to these measures, as well as a number that denied the seriousness of the new infectious disease. This is very worrying, especially if we take into account the data of the relevant ministry and competent institutions. At the end of 2020, the total number of infected people in the Republic of Serbia was close to 340,000, while the number of deaths from COVID-19 was over 3,200 (Institute for Public Health of Serbia “Dr Milan Jovanović Batut”, 2021). During the time period we collected research data (first half of 2021), the total number of infected people in Serbia rose to over 718,000, while the number of deaths from COVID-19 was over 7,000 (Institute for Public Health of Serbia “Dr Milan Jovanović Batut”, 2022).

The scientific community around the world has been mobilized to get answers to many questions about the new disease. In a relatively short time, a large number of research studies were conducted, which dealt with different aspects of behavior during a pandemic. The results of the research available at the beginning of 2021 show that women are more likely to adhere to the recommended preventive measures (Alves et al., 2020; Clark et al., 2020; Kim et al., 2020; Shahnazi et al., 2020; Vardavas et al., 2020), as well as those living in the city (Shahnazi et al., 2020), health care workers (Barakat & Kasemy, 2020; Kim et al., 2020; Vardavas et al., 2020) and people with higher education (Alves et al., 2020; Barakat & Kasemy, 2020; Kim et al., 2020; Vardavas et al., 2020). When it comes to the age of the respondents, the results are inconclusive. In most studies, older respondents (especially age ≥ 65) were found to adhere more to preventive measures (Barakat & Kasemy, 2020), while there are also studies where age has not been shown to be significant (Clark et al., 2020).

In addition to demographic variables, many others, such as personal and cognitive-behavioral, were examined. Personality traits have been shown to be significantly associated with adaptation to new behaviors (Chan et al., 2021), as well as with respect for prescribed measures (Nowak et al., 2020). Personal self-efficacy, threat assessment, and personal coping mechanisms proved to be important predictors (Bashirian et al., 2020). Those more knowledgeable about COVID-19 (Alves et al., 2020; Iorfa et al., 2020), as well as those who have positive attitudes towards such behavior, have proven to be more inclined to practice preventive behavior (Alves et al., 2020). The perception of risk from COVID-19 (Iorfa et al., 2020), the external locus of control directed towards health workers (Berg & Lin, 2020), coping planning and action planning (Lin et al., 2020) were also significantly related to preventive behavior.

The results of a large scientific study have shown that recommended health behavior contributes significantly to the avoidance of COVID-19 and that health beliefs remain significant predictors of health behavior even after controlling for personal and demographic variables (Clark et al., 2020). The Health Belief Model (Rosenstock, 1966; 1974) implies that all health beliefs can be grouped into several categories: perceived susceptibility to the disease; perceived severity of the disease; perceived benefit of behavioral change; and perceived barriers to action (Green & Murphy, 2014). Perceived susceptibility refers to how much a person perceives to be at risk to get a particular disease. The perceived severity of the disease implies the assessment of the severity of the physical, psychological, and social consequences that a possible disease may have. The last two aspects imply that each person makes an analysis of the benefits of the health behavior, as well as an analysis of possible obstacles that stand in the way of behavioral change. At the time we collected the data (first half of 2021), we found very few researches of relations between health beliefs and preventive behaviors during the COVID-19 pandemic. Previous research has shown that adherence to preventive measures during the COVID-19 pandemic can be predicted on the basis of perceived barriers (Barakat & Kasemy, 2020; Tadesse et al., 2020; Shahnazi et al., 2020), perceived susceptibility (Barakat & Kasemy, 2020; Clark et al., 2020), benefits (Barakat & Kasemy, 2020), and perceived severity of the illness (Berg & Lin, 2020; Clark et al., 2020).

Health anxiety is used to denote fears that arise from misinterpretations of bodily symptoms as indicating severe illnesses (Asmundson et al., 2001; Salkovskis et al., 2002). To reduce their fears, individuals suffering from health anxiety tend to seek additional information and perform safety behaviors (Abramowitz & Moore, 2007). Based on that rationale, we could expect that people with health-related anxiety will be more inclined to practice the recommended forms of behavior during a pandemic, because that will lower the risk of contracting the disease. We only found two studies on health anxiety during the pandemic. In the first, the researchers examined the tendency of individuals with health-related anxiety to

interpret somatic sensations as symptoms of COVID-19 (Cannito et al., 2020). The second study explored the possibility of health anxiety to predict fear of COVID-19 (Mertens et al., 2020). On the other hand, some studies have shown anxiety (Kim et al., 2020) and anxiety in relation to COVID-19 (Broomell et al., 2020) may be significant predictors of preventive behavior during a pandemic.

As the Health Belief Model is one of the dominant scientific starting point for predicting health behavior, there is a surprisingly small number of studies in which this model is used for studying adherence to preventive behavior related to COVID-19; furthermore, no such research has been found in our country. In addition, no study has been found in which health anxiety is treated as a predictor of preventive behavior related to COVID-19.

The main aim of this research was to examine the model in which health anxiety and health beliefs are predictors of preventive health behavior related to COVID-19. By preventive health behavior, we mean compliance with measures that are mandatory or recommended by competent institutions—maintaining social distance, wearing protective masks, frequent and thorough hand washing, use of disinfectants, etc.

Methods

The sample included 420 adults, age from 18 to 61 ($M = 31.65$; $SD = 12.72$). Two thirds of the respondents were female (66.3%), mostly from urban areas (78%). About 32% of the respondents indicated they suffer from some kind of chronic disease. Participants were collected by using snowball-sampling method (Goodman, 1961). The questionnaire was administered online, with initial distribution of survey link via Facebook and Viber. The study was approved by The Commission for Ethics in Research of Faculty of Philosophy in Kosovska Mitrovica. The data were collected in the first half of 2021.

In this research, in addition to collecting demographic data (age, gender, and presence of any chronic disease), we used the following questionnaires:

- *Short Health Anxiety Inventory* (SHAI, Salkovskis et al., 2002), which assesses the level of health anxiety without asking questions about the health status. The questionnaire consists of 18 items, each containing four statements that are scored from 0 to 3. The questionnaire consists of two subscales: the Illness Likelihood (14 items) and the Concern for Negative Consequences (4 items). The reliability of the first subscale in our study was Cronbach $\alpha = .71$, the second only $\alpha = .52$, and the whole questionnaire $\alpha = .73$. As the second subscale had unsatisfactory reliability, we adopted only the Illness Likelihood component in the further analysis as health anxiety.

- *The COVID-19 Health Beliefs Scale* (Živković et al., 2021), which assesses the expression of beliefs that respondents have in relation to COVID-19. This

scale consists of 15 items grouped into four subscales: observed susceptibility to COVID-19, observed severity of COVID-19 disease, observed benefit of preventive behavior, and observed barriers to preventive behavior. Respondents answer on a 5-point Likert-type scale, from 1 – completely disagree to 5 – completely agree. The reliability of subscales in our study had Cronbach values $\alpha = .70, .67, .79,$ and $.63$.

• *The COVID-19 Health Behavior Scale* was constructed for the purposes of this research. It consists of 14 items, with a range of answers from 1 – completely disagree to 5 – completely agree. The questions are designed to measure the degree of compliance with those forms of health behavior that are recommended by the competent health institutions and communicated to the public through various media. The examples of items are: “I talk to people from a distance of at least 1 meter”; “I use a surgical mask and hygienic gloves when I go out”; “I wash my hands with soap and water after contact with external objects”; and “I avoid close contact with people who have a fever, sneeze or cough”. Because this is the new measure, we performed Explorative Factor Analysis (EFA) and obtained two very interpretable factors. This two-factorial solution was adopted for further analyses. We named the two obtained factors Protection in Social Contacts (8 items, Cronbach $\alpha = .77$) and Hygiene (6 items, Cronbach $\alpha = .77$). They explained about 42% of variance of COVID-19 related health behavior. The internal consistence of total scale was Cronbach $\alpha = .85$.

Statistical analysis. To test correlations between main variables, we calculated Pearson’s r coefficient. To test the proposed model of predictors of COVID-19 related health behavior, we performed hierarchical linear regression analysis.

Results

The first step was to the calculate descriptive indicators of the main research variables. The data are shown in Table 1.

Table 1. Descriptive statistics of the main research variables

	Observed range	Mean	SD
Perceived benefits	4–20	16.83	2.98
Perceived barriers	3–15	4.87	2.24
Perceived susceptibility	4–19	9.83	2.97
Perceived severity	3–15	5.43	2.52
Health anxiety	0–21	8.46	4.19
Protection in social contacts	14–35	29.35	4.75
Hygiene	16–35	30.79	4.06

Our respondents perceive the benefits of preventive behavior to the greatest extent, while obstacles to the least. The observed susceptibility to COVID-19 is in the range of moderate, the observed severity of the disease is very low, as well as health anxiety. Our respondents have high scores of Protection in Social Contacts and Hygiene. Table 2 shows the correlations between aspects of health beliefs, health anxiety, and health behavior.

Table 2. Correlations between health anxiety, beliefs, behaviors, and age

Variables	1	2	3	4	5	6	7	8
1. Perceived benefits	-							
2. Perceived barriers	-.35**	-						
3. Perceived susceptibility	.38**	.07	-					
4. Perceived severity	.13**	.04	.172**	-				
5. Health anxiety	.11*	.03	.23**	-.00	-			
6. Protection in social contacts	.56**	-.27**	.30**	.11*	.03	-		
7. Hygiene	.46**	-.35**	.11*	.03	.00	.63**	-	
8. Age	-.02	.08	.26**	.04	-.01	.09	-.12*	-

* $p < .05$; ** $p < .01$.

Significant positive correlations were obtained between protection in social contacts and perceived benefits of preventive behavior, perceived susceptibility to disease, and perceived severity of COVID-19 disease. Significant and negative correlations were obtained with perceived barriers to preventive behavior. Hygiene-related health behaviors were positively correlated with perceived benefits of preventive behavior and susceptibility to COVID-19, and negatively correlated with perceived barriers to preventive behavior and age. Health anxiety was significantly positively associated with perceived susceptibility to COVID-19 and perceived benefit from the preventive behavior. The respondents' age was positively correlated with the observed susceptibility to COVID-19.

In order to test the significance of the obtained differences regarding the gender and the burden of chronic disease, we conducted two t-tests. The results show that women have significantly higher scores on the perceived benefit from preventive behavior ($t(418) = -3.24, p < .001$), health anxiety ($t(418) = -2.59, p < .001$), protection in social contacts ($t(418) = -3.55, p < .001$), and hygiene ($t(418) = -5.59, p < .001$). Men have significantly higher scores on perceived barriers to preventive behavior ($t(418) = 3.79, p < .001$). For other variables, no significant differences were obtained in relation to the gender. People suffering from a chronic disease perceive the benefit of preventive behavior to a lesser extent ($t(418) = -2.60, p = .003$), and perceive obstacles in preventive behavior to a greater extent ($t(418) = 2.78, p < .001$), as well as susceptibility to COVID-19 ($t(418) = 2.56, p = .003$). People suffering from a chronic disease showed a higher level of health anxiety compared to other respondents ($t(418) = 4.07, p < .001$).

Finally, to examine whether COVID-19 health behavior can be predicted by health anxiety and health beliefs, we conducted two hierarchical regression analyses, for two criterion variables. In order to control the impact of demographic variables, in the first step we entered gender, age, and chronic disease. In the second step, we entered health beliefs and health anxiety. The results are shown in Table 3.

Table 3. Hierarchical regression analyses for dependent variables Protection in Social Contacts and Hygiene

Predictors	Protection in social contacts		Predictors	Hygiene	
	ΔR^2	β		ΔR^2	β
Step 1	.048***		Step 1	.082***	
Gender		.177***	Gender		.251***
Age		.080	Age		-.109*
Chronic disease		-.027	Chronic disease		.005
Step 2	.318***		Step 2	.213***	
Gender		.098*	Gender		.168***
Age		.048	Age		-.108*
Chronic disease		-.109**	Chronic disease		.080
Perceived benefits		.496***	Perceived benefits		.386***
Perceived barriers		-.095*	Perceived barriers		-.186***
Perceived susceptibility		.087	Perceived susceptibility		-.020
Perceived severity		.038	Perceived severity		-.004
Health anxiety		-.073	Health anxiety		-.066
Total R ²	.367***		Total R ²	.295***	

* $p < .05$; ** $p < .01$; *** $p < .001$.

Models for both criteria proved to be significant (Protection in Social Contacts $F(5, 409) = 26.30, p < .001$; Hygiene $F(5, 409) = 18.99, p < .001$). After controlling for effects of gender and burden of a chronic disease Protection in Social Contacts can be predicted by the perceived benefit from preventive behavior and perceived barriers. These predictors explain about 37% of the variance of Protection in Social Contacts. By using the same regression model, it is possible to predict about 30% of the variance of Hygiene. However, health anxiety was not significant predictor of both criterion variables.

Discussion

The main objective of this study was to examine whether COVID-19 health behavior can be predicted based on health anxiety and health beliefs. Firstly,

we examined levels of protective health behavior. Our respondents have high scores both in terms of protection in social contacts and in terms of maintaining hygiene. This means that our respondents highly adhere to the recommended forms of health behavior during a pandemic. A satisfactory level of adherence to preventive behaviors has been obtained in other studies (Bashirian et al., 2020; Breakwell et al., 2021). When analyzing the expression of health beliefs regarding COVID-19, we can observe that our respondents mostly perceive the benefits of preventive behavior, while obstacles the least. However, while the perceived susceptibility to COVID-19 is in the low-to-moderate range, the perceived severity of the disease is very low. We cannot be satisfied with these results, because the perceived severity of the disease concerns the assessment of the severity of the physical, mental, and social consequences that a possible disease may have. Statistics on COVID-19 showed that it can be very serious disease, causes many deaths and long-term consequences. Rosenstock (1974) claimed that to adopt a health care behavior and avoid risks for diseases, the patient must believe he is susceptible to the disease; that the disease has serious (negative) impact, at least moderately; to believe that adopting certain behaviors is beneficial to reduce risks; and that barriers are not insurmountable. It is obvious that very low perceived severity of disease is not proper motivation for adoption/change of the health behavior. In other studies (Bashirian et al., 2020), all beliefs, including perceived severity of COVID-19, were very high. Informing the public about the unpredictability of COVID-19 and the severe and long-lasting consequences of this disease, as well as its lethality, is a part of the COVID-19 prevention campaign around the world, even in Serbia. This indicates that our society, even after a year and a half from the beginning of the pandemic was not convinced enough that the disease itself was serious, as well as its consequences. Variations in the severity of COVID-19 disease have been reported in other studies and depend on many factors (duration of a pandemic, education, presence of various diseases, etc.) (Barakat & Kasemy, 2020; Costa, 2020).

Aspects of COVID-19 health behavior are related to health beliefs. Protection in social contacts was positively correlated with perceived benefits of preventive behavior, perceived susceptibility to COVID-19, and perceived severity of the COVID-19 infection, while negative correlation was obtained with perceived barriers to preventive behavior. Health behaviors related to hygiene were positively related to the perceived benefits of preventive behavior and perceived susceptibility to COVID-19, and negatively related to perceived barriers to preventive behavior. These results are completely in line with the Health Beliefs Model (Rosenstock, 1966; 1974) according to which health beliefs represent the basis of health behavior and the model by which it is possible to achieve a change in behavior.

In this study, health anxiety was not significantly related to health behavior. These results are completely unexpected, given that an earlier study found that health anxiety can predict fear of COVID-19 (Mertens et al., 2020), and that individuals suffering from health anxiety tend to perform safety behaviors (Abramowitz & Moore, 2007). Our result could be explained by the fact that in the present study the health anxiety of the respondents was low and that perhaps different study design (with different levels of health anxiety) could provide more accurate findings. Also, health anxiety is a general state and it is possible that some COVID-19 related anxiety would be a significantly related with COVID-19 preventive behavior.

The age of the respondents was positively related only to the perceived susceptibility to COVID-19 and negatively related to the behavior related to hygiene, while there was no connection to protection in social contacts. The first result is quite expected, because the characteristic of this disease itself is that affects the elderly more often and in a more severe form, about which the public is constantly informed. The second and third results are surprising, because we expected the elderly to show higher scores on all forms of recommended health behavior. Results opposite to ours were obtained in some other studies (Kim & Kim, 2020; Vardavas et al., 2020), while in one study (Clark et al., 2020) age was not associated with health behavior. However, in one study in Serbia, results were obtained that partially support our results. The researchers found that younger respondents are more inclined to adhere to movement restrictions (Cvetković et al., 2020). The authors explain this by better adoption of messages that are placed through the media, which young people use much more often and partly by significant fines. In our study, women had significantly higher scores on both aspects of health behavior, health anxiety, and perceived benefits from preventive behavior, while men had higher scores on perceived barriers to preventive behavior. Such results were quite expected and obtained in previous research (Alves et al., 2020; Clark et al., 2020; Cvetković et al., 2020; Kim et al., 2020; Kim & Kim, 2020; Shahnazi et al., 2020). When it comes to respondents who suffer from a chronic disease, they have higher health anxiety compared to healthy respondents. This means that they are more inclined to interpret various bodily symptoms as a sign of a serious illness (Asmundson et al., 2001; Salkovskis et al., 2002). Chronic patients perceive less benefit from preventive behavior and perceive obstacles in preventive behavior to a greater extent, as well as susceptibility to COVID-19. These results indicate that chronically ill people see the situation in which they find themselves in a rather pessimistic way—they believe that they are at increased risk of getting sick and do not see the benefit of preventive behavior, but only obstacles. The reasons for that can be found in the messages that are distributed through the media, in which the vulnerability of chronic patients is emphasized. On the other hand, the possibilities for medical treatment of their underlying disease are drastically

reduced, especially for diabetes, chronic obstructive pulmonary disease, hypertension, heart disease, asthma, cancer, and depression (Chudasama et al., 2020). However, they do not show a higher level of preventive behavior compared to healthy respondents. Perhaps this can be explained by the otherwise very high level of preventive behavior, at the level of our entire sample.

Finally, this study showed that health behavior can be predicted based on some health beliefs of the respondents, but not based on health anxiety. We have already discussed the possible reasons for the lack of correlation between health anxiety and health behavior in the previous text. At this point, we will focus on the significant predictors of health behavior obtained in the present study. Protection in social contacts can be predicted on the basis of the perceived benefits of preventive behavior, perceived barriers, gender, and chronic illness of the respondents. Hygiene can be predicted based on the perceived benefits of preventive behavior and perceived barriers, gender, and chronic disease of the respondents. Both models are significant and can explain 37% and 30% of the variance in aspects of health behavior related to COVID-19, respectively. It is important to note that the perceived benefit of preventive behavior and the perceived barriers have significant predictive value for both aspects of health behavior, when demographic variables are controlled. These results partially support the Health Beliefs Model (Rosenstock, 1966; 1974); although, it is not clear why the perceived susceptibility to the disease and the perceived severity of the disease COVID-19 did not prove to be significant predictors. It is possible that our respondents, regardless of their own belief in susceptibility to the disease and the severity of the disease itself, were inclined to act in accordance with the recommendations if they perceived the benefit of that behavior and did not see significant obstacles. However, perceived susceptibility to the disease and the perceived severity of the disease COVID-19 were not significant predictors in some other studies, too (Karimy et al., 2021). A very small significance of susceptibility to the disease and the observed severity of the disease were obtained in an earlier study (Clark et al., 2020). Perceived barriers to preventive behavior were significant predictors of preventive behavior in other studies (Asmundson et al., 2001; Barakat & Kasemy, 2020; Karimy et al., 2021; Karl et al., 2021; Mahindarathne, 2021; Shahnazi et al., 2020; Shitu et al., 2022; Zewdie et al., 2022), as well as perceived benefits of preventive behavior (Barakat & Kasemy, 2020; Clark et al., 2020; Karimy et al., 2021; Karl et al., 2021; Mahindarathne, 2021; Vardavas et al., 2020; Zewdie et al., 2022). These results suggest that public information campaigns and the promotion of preventive health behavior in relation to COVID-19 should be designed to focus on clearly presenting the benefits that respondents derive from such behavior, as well as on reducing barriers to its implementation.

Study Limitations

This research has several limitations. The first concerns the self-reporting online way of collecting data. This method does not always lead to accurate data, because the answers may be caused by various motivational or cognitive processes (Araujo et al., 2017). The second limitation concerns the fact that two thirds of the respondents were women, therefore, we must be careful when generalizing the conclusions drawn. Third, our respondents were relatively young, so a sample of older respondents could give somewhat different results.

Conclusion

This research showed that if people believe that the recommended forms of health behavior related to COVID-19 are useful and that the barriers to their implementation are significant, they will be more prone to engage in preventive behaviors. This indicates the possibility that adult health behavior can be improved through campaigns that emphasize all the benefits of such behavior and insist on reducing barriers to their implementation (accessibility, security, etc.). Also, given the insignificant predictive value of health anxiety, susceptibility to disease, and perceived disease severity, we can conclude that intimidation campaigns, especially of younger adults, are not effective. Instead, the focus should be placed on highlighting the benefits and removing the barriers to health behavior during a pandemic.

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Здравствена уверења и здравствена анксиозност као предиктори здравственог понашања током пандемије ковида 19: подаци из Србије

Резиме

Крај 2019. и почетак 2020. године обележила је појава вируса SARS-Cov-2, који је довео до здравствене кризе широм света. Здравствено превентивно понашање истакнуто је као, у том тренутку, једини облик превенције ширења болести. Фактори који ће довести до тога да се људи придржавају препоручених облика понашања постали су тема истраживања различитих наука. Модел здравствених уверења је доминантан оквир за проучавање здравственог понашања, па самим тим и понашања у односу на ковид 19. Здравствена анксиозност и уверења о болести и превентивном понашању представљају полазну тачку за сагледавање нивоа у коме се појединци придржавају препоручених мера. Основни циљ овог истраживања био је испитати модел у коме су здравствена анксиозност и здравствена уверења предиктори превентивног здравственог понашања у односу на ковид 19. Узорак је састављен од 420 испитаника, већином жена. Онлајн упитник који су испитаници попуњавали састављен је из следећих инструмената: Кратког инвентара здравствене анксиозности, Скале здравствених уверења према ковиду 19 и Скале здравственог понашања у вези са ковидом 19 са две супскале: Заштитом у социјалним контактима и Хигијени. Заштита у социјалним контактима може се предвидети на основу опажене користи од превентивног понашања, опажених баријера, пола и оптерећености испитаника неком хроничном болешћу. Хигијена се може предвидети на основу опажене користи од превентивног понашања, опажених баријера и пола испитаника. Здравствена анксиозност није се показала као значајни предиктор здравственог понашања. У раду су дискутоване теоријске и практичне импликације добијених резултата, који делимично иду у прилог Моделу здравствених уверења. Они нам указују да,

ради повећања степена у коме се појединци придржавају здравственог понашања, треба наглашавати користи које имају од превентивног понашања и умањити препреке том понашању.

Кључне речи: здравствено понашање; здравствена анксиозност; Модел здравствених уверења.



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