

INTRODUCTION

Introduction. The attitudes are formed using cognitive, affective or behavioural attitude formation components. The three components of attitudes formation (cognitive, affective, and behavioural) can be defined as causal components of attitudes formation. And the expression of an attitudes with action or behavior is the expression of attitude. Assessing this relationship, it is possible to assume a causal-consequential links between attitude and health behavior which would help to reveal the causal motives for individual's behavior. Empirical reseach revealed, that approx. 40 % of Lithuanian adults believe in health behavior, but do not perform it. Research into and knowledge of the factors shaping consumer attitudes could provide opportunities to analyze the causal motives for such a behavior.

Scientific problem. What factors shaping consumer attitudes influence exact consumer health behavior, that consumer believe in health behavior, but do not perform it.

The aim of research. To analyse the attitude formation factors influence on exact consumer health behavior, by presenting the result of empirical research and indicating the causal-consequential relationship between attitude formation and health behavior.

The methods of the research. Comparative analysis of scientific literature and exploratory quantitative research was conducted. Qualitative study design was not chosen because of the need to compare the links between attitudes and health behavior, and not the facts that are examined, but consumer experiences (Creswell, 2007). In order to make generalizations about health attitude and health behavior in Lithuanian society, a national representative survey among 18-65 years old Lithuanian residents was performed. To interview the respondents, CAWI (computer assisted web interview) method was used. Fieldwork was performed September 1- October 31, 2021. Analysis of the results was performed using SPSS software. In the first step of analysis, descriptive statistics was used. For summarizing the characteristics of the sample frequencies of answers were calculated, for answers' comparison in different socio-demographical groups crosstabulation technique was used. For exploring relationships between different attitudes and behavior correlation analysis was performed.

Theoretical background

Main findings

The survey results revealed the tendency, that almost 40% of the Lithuanian population believe in health prevention (health behavior), but do not perform this. The research results are presented in Table.

Demographic profile	Psychological profile and attitudes	Attitude formation factors shaping such a behavior	Result (health behaviour)
*First main part 18-29 years old, more men, when women, Lithuanian, adults (44%) *The second big respondent group is 30-49 years old, more men, when women, Lithuanian, adults (40%)	*Although they have positive attitudes about health behavior (support the need to move, the importance of a balanced diet for health, preventive diagnostics checks, in order to avoid harmful habits) this is not reflected in their behavior They more often do not avoid harmful habits	*Cognitive attitude formation (shaping) component - personal beliefs, knowledge (factors): 1. they do not tend to look for information about health, they are less likely to look for information in the media, on the internet, in health education seminars 2. they themselves are not interested about the knowledge of health, the deepening of knowledge 3. they have the belief, that too much undeserved attention is paid to health, that there is a lot of controversial information about health	Do believe in health behaviour, but do not perform it
*Educated (university bachelor, master), the biggest part of respondents – live in 5 big cities *The smallest group of them – divorced	*This behavior is typical for those, who spend a lot of time at the computer, on TV screens, on other technologies	Cognitive attitude formation (shaping) component –external information (factors): 1. they are lost in the abundance of information, because they believe there is a lot of controversial information about health 2. external stimuli: information from doctors, pharmacists (factors): they receive information on health from doctors and pharmacists (82% from all, who believe, but do not perform health behavior).	
No significant differences were found in the comparison of parental occupation or work position	*In this group, healthy eating habits are less common, a moderate and complete diet is less necessary, the consumption of inferior products is more common, and caring about physical condition and emotional health are less frequent. *They are less satisfied with their mental emotional physical health than those who perform health behavior	Affective attitude formation component- fear, feelings (factors): they have a strong sense of fear - fear of getting sick (more than those with health behavior)	
	*They consider, that too much undeserved attention is being paid to healthy lifestyles * They consider that there is a lot of controversial information about health behavior	Behavioral (conative) attitude formation component: they are less likely to have a behavioural factor than those with health behaviors (i.e. to take care about health because the parents have taught that).	

MAIN RESULTS AND CONCLUSIONS

- Empirical quantitative research revealed, that approx. 40% Lithuanian adults believe in health behavior, but do not perform it. Although they have positive attitudes about health behavior (support the need to move, the importance of a balanced diet for health, preventive diagnostics checks, in order to avoid harmful habits and behavior) this is not reflected in their behavior. Assessing the results, it is possible to identify causal-consequential links between attitude formation and health behavior and understand the causal motives of exact consumer health behavior.
- As we see in empirical research results, the biggest causal impact on such a behavior have cognitive attitude shaping component and its' internal cognitive factors: consumers cognitions, beliefs, information. There is also noticeable significant impact of cognitive attitude formation component and its' factor – external environment stimuli: information from doctors, pharmacists. The consumer (who believe in health behavior, but do not perform it) are less likely to look for information in the media, on the internet, in health education seminars, but they get information from external stimuli – doctors, pharmacists. It is likely that greater involvement of doctors and pharmacists in this target segment could contribute to the promotion of consumer health behaviors in order to protect health, strengthen health and prevent harmful behaviors. It is probable, that the involvement of doctors and pharmacists, as opinion leaders in this target group, could help to strengthen the cognitive component of attitude formation, to help to distinguish controversial information from reliable, and not get lost in the abundance of information about health. By strengthening the cognitive attitude forming factors it is possible to stimulate more interest, get more information, deepen knowledge about health behavior. These are guidelines for further research.
- The affective attitude shaping component and its' factors – fear, feelings, make the impact on consumers behavior (research result: believe in health behavior, but do not perform it). People, who believe in health behavior, but do not perform it, have strongly expressed fear of disease feeling (fear, feelings: a strong sense of fear, fear of disease, more than those with health behavior). It is possible, that with the help of the doctors and pharmacists this target group (who believe, but do not perform health behavior) could get more information about health behavior, and how to avoid diseases and its' consequences – economic, psychological, sociological, physiological consequences. It is possible, that knowledge about the prevention of disease is likely to reduce fear. These are guidelines for further research.
- There is no significant impact of behavioural attitude formation component on behavior believe, but not perform it (to take care about health, because the parents have taught that).
- Generally visible tendencies from research about attitude and health behavior: the older the person is, the more significant he believes in health behavior, the more significant this is represented in behavior. The older a person is, the more he cares about his health. The younger a person is, the more characteristic is following behavior – believe, but do not perform.