

## INTRODUCTION

**Introduction.** Consumers have attitudes towards a wide range of attitude objects. Our attitudes are formed throughout life and are activated when decisions need to be made about specific actions, such as choosing certain products or services, deciding how to behave in specific situations (participating or not participating, buying or not buying, choosing or not choosing, etc.). An attitude formation is as the result of a multicomponent process, consisting from certain components (cognitive, affective, and behavioural). At the cognitive component (level) of attitudes formation, the process of attitudes formation is influenced by cognitive factors: individual experience, knowledge, information, beliefs and opinions about the object of attitude. The consumer education level is directly related to the consumers in memory available information, knowledge, awareness, which is attributed to cognitive attitude-forming factors. As already identified in the authors' (E. Kondrotienė, A.P. Bakanauskas, E. Jezukevičienė) previous research, the cognitive attitude component and its factors shape attitude toward health. As the result of formed attitudes is behavior, how do the cognitive attitude shaping factors – consumer education, knowledge – reflect in health behavior?

**Scientific problem.** What is the impact of consumer education level on health behavior and how it reflect in health behavior?

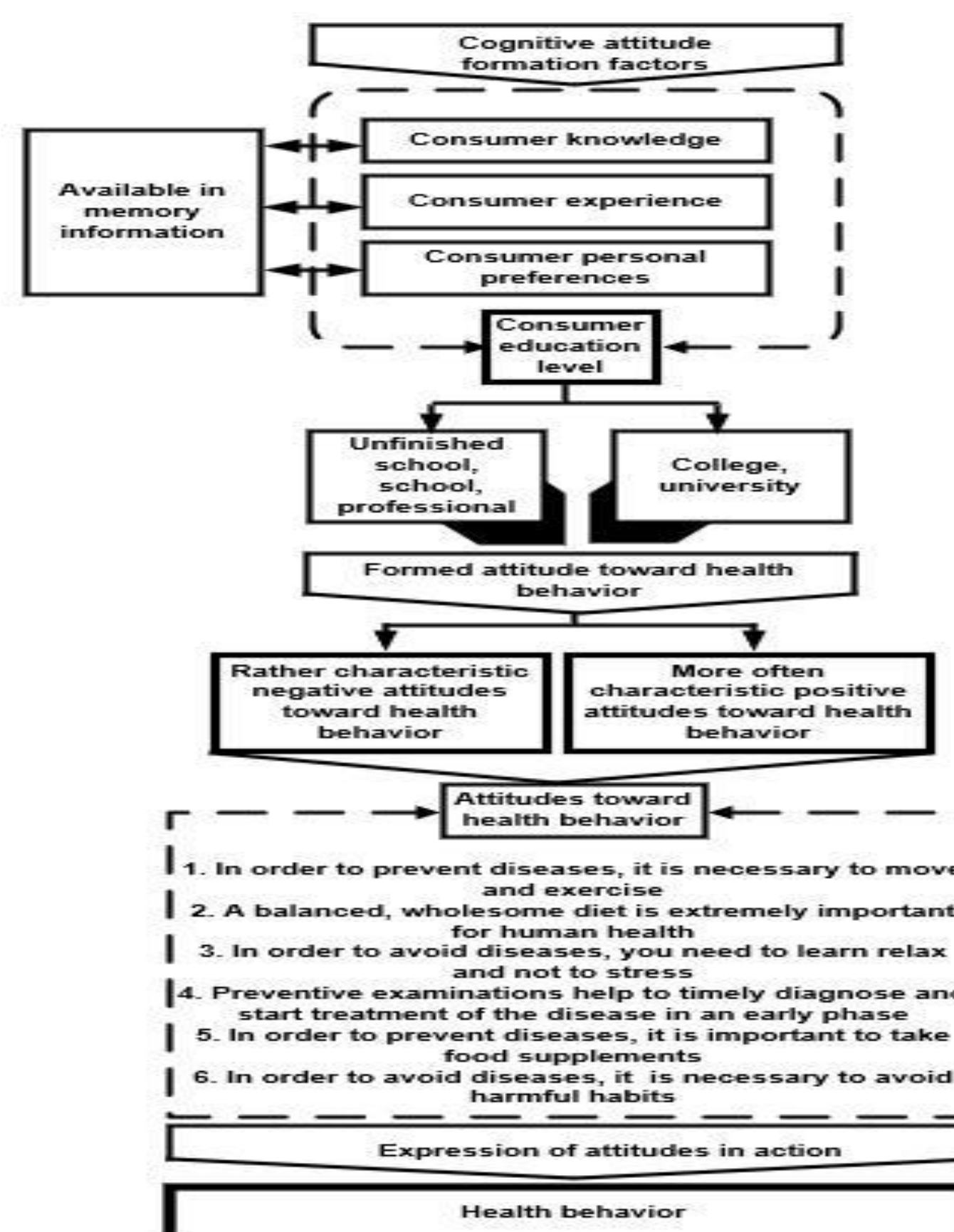
**The aim of research.** To reveal the cognitive attitude formation factor – consumer education level impact – on consumer health behavior.

**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 and Kruskal –Wallis test were used.

## Theoretical background

## Main findings

The research results revealed, that the level of consumer education has a significant impact on consumer health behavior in Lithuania. The higher the level of education of the consumer is, the more positive attitudes toward health they have, the often the health behavior is characteristic for him. According to the results of the research, health behavior is less common among Lithuanian consumer with lower education (professional, school education or not finished school). In summary, the cognitive attitude-forming component - knowledge, education - is the cause of the consumer's health behavior, (they form the attitude), and the expression of attitudes in action (health behavior) is the result of the formed attitudes toward health. Visually it could be represented as following:



## MAIN RESULTS AND CONCLUSIONS

- The cognitive component of attitude formation (consumer education, knowledge) makes not only a significant influence on consumer's attitudes formation toward health, but also on health behavior. Empirical quantitative research revealed, that consumer with higher education are more likely to have positive attitudes toward health, compared to those with lower education level (professional, unfinished school, or school). Empirical research results reveal, that the biggest causal impact on such a behavior make cognitive attitude shaping component and its' internal cognitive factors: lack of knowledge, information (education impact). By strengthening the cognitive attitude forming factors (education, knowledge) it is possible to stimulate more interest, get more information, deepen knowledge about health. More positive attitudes toward health could mean more often the expression attitudes in action – health behavior.
- Evaluating the results of the empirical research, the health behavior is characteristic for about 70 % of Lithuanian consumer. Most often, health behavior is common in 60-65 years target group, in the segment with higher education, between consumer, working in a managerial occupation, for consumers, who grew up to 18 years of age with both parents. In the general assessment of the health behavior of Lithuanian consumer, a tendency is observed, that the older the consumer is, the more health behavior is characteristic for him. It is likely that the factors of knowledge, in memory available information and experience, what a person accumulates during life (cognitive component) make the impact here, as well as, judging by the trend observed in the results of the study, that a significant part of the Lithuanian population takes care of their health because they are afraid of disease, it is possible that the affective – the fear of disease factor plays a big role here. These are guidelines for further research.
- Evaluating the results of the empirical research and analyzing the 3 dimensions of health behavior separately (health-promoting behavior, health-protecting behavior and avoidance of harmful behavior), the most dominant direction in the health behavior of the Lithuanian population is the direction of health-protecting behavior (the use of preventive diagnostics, the use of food supplements, vaccination, preventive laboratory tests, following the recommendations of specialists). Looking in more detail, health-protecting behavior is more common in 60-65 year old consumer target, more characteristic for women, according to occupation, it is more common for specialists, managers, and those who grew up only with their mother until the age of 18.
- Vaccination and the use of preventive measures are also attributed to the health-protecting behavior. Evaluating the results of the empirical study, it was found that vaccination against dangerous diseases is the least common among Lithuanian population groups with higher non-university education and professional or lower (school) education. This would suggest a tendency for these consumer groups to have the least knowledge and information about the benefits of vaccination. Lithuanian consumer with higher university education were more likely to have positive attitudes about pandemic management during the pandemic period. Lithuanian consumer with higher university education were more likely to have positive attitudes about managing COVID19, such as "I follow the instructions of specialists (wear a mask, disinfect hands and surfaces, avoid public places, gatherings of people)", "Only responsible behavior can stop the pandemic", "It is imperative that as many people as possible get vaccinated". Lithuanian consumer with a higher university education were less likely to have such negative attitudes about the management of the pandemic, as "Panic about the coronavirus is created by the media and politicians", "I do not believe in the effectiveness of the vaccine against COVID-19", "I am afraid of the side effects of the vaccine", "Vaccines cause more diseases nor does it protect against them. Mostly these skeptical attitudes were characteristic for Lithuanian consumer with professional and lower (school, unfinished school) education. As can be seen from the studied attitudes, other preventive measures of pandemic management (for example, wearing a mask, disinfecting hands, avoiding public gatherings, following other instructions of specialists) were more common among Lithuanian consumer with higher university education. In summary, consumer education level plays a big role not only for attitude formation toward health, but also for health behavior. Also consumer education level has made a significant impact for COVID pandemics behavior.