Research report

Promoting the avoidance of high-calorie snacks. The role of temporal message framing and eating self-efficacy

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A B S T R A C T

Background: Message framing outcomes of healthy behaviours as occurring ‘every day’ vs. ‘every year’ can influence the temporal proximity and perceived likelihood of these outcomes. However, it is not known how pre-existing beliefs such as confidence in one’s ability to perform health-related behaviour interact with such messages. Objective: The purpose of this research was to investigate whether eating self-efficacy moderates the effect of temporal framing (day-frame vs. year-frame) on snacking behaviour. Methods: Participants (N = 95) completed the short form of the Weight Efficacy Lifestyle Questionnaire (WEL-SF) and read either a day-framed or year-framed message about the health benefits associated with avoiding snacking. Consumption of snacks was reported 7 days later. Findings: For those with low levels of eating self-efficacy (WEL-SF score < 4.3 on a 7-point response scale), the year-framed message was associated with lower levels of snacking than the day-framed message. Discussion: The current research identifies a key role for eating self-efficacy in shaping recipients’ responses to temporally framed messages about the health benefits associated with the avoidance of snacking.

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Introduction

The role of diet in excessive weight gain, obesity, and chronic diseases such as cardiovascular disease, diabetes, and some forms of cancer, is well documented (Boffetta et al., 2010; Brannon & Feist, 2009; Forslund, Torgerson, Sjöström, & Lindroos, 2005; Gandini, Merzenich, Robertson, & Boyle, 2000; Hooper et al., 2001; Joshipura et al., 2001; Kopelman, 2007; Liu, 2003; Lobstein, Rigby, & Leach, 2005; Ness & Powles, 1997; Wiseman, 2008), with a high frequency of snacking recognised as a significant contributor to the obesity epidemic (Miller, Benelam, Stanner, & Buttriss, 2013). There has been widespread dissemination of messages about the benefits of healthy diet. However, the current prevalence of eating-related problems (Tabassum, 2009) suggests that there is more to be done to develop effective health communication in this area.

The current study focuses on a simple manipulation of the way in which the benefits of healthy diet are framed. More specifically, in this investigation we turn to the conceptual rationale based on temporal framing (Chandran & Menon, 2004; Lo, Smith, Taylor, Good, & von Wagner, 2012) and explore the effects of day-framed and year-framed messages encouraging the avoidance of snacking. Extending current knowledge, we explore the potential moderating role of eating self-efficacy in this context.

Temporal framing

There are a number of approaches available to guide health educators in the development of persuasive communications (Chaiken & Eagly, 1989; Chaiken & Maheswaran, 1994; Kahneman & Tversky, 1979; Levin, Schneider, & Gaeth, 1998; Petty & Cacioppo, 1986; Rothman, Bartels, Wlaschin, & Salovey, 2006; Rothman & Salovey, 1997; Rothman, Wlaschin, Bartels, Latimer, & Salovey, 2008; Tversky & Kahneman, 1981). One promising strategy, drawing on Conventional Level Theory (Trope & Liberman, 2000, 2003, 2010), concerns temporal framing (Chandran & Menon, 2004). Temporal framing is the application of a time frame to a particular outcome such as ‘many people dying from heart disease’. For example, comparisons can be made between messages containing the sentence “every day” a significant number of people suffer the consequences of heart disease” and “every year” a significant number of people suffer the consequences of heart disease”. While objectively, the time frame does not convey information about the temporal distance of the events they describe (heart disease), it has been argued that the day and year frames ‘trigger disparate subjective temporal perceptions that systematically affect judgments of risk’, with day frames
associated with events that are closer in time (more proximal), and thus more concrete and probable than those associated with a year frame (Chandran & Menon, 2004; p. 376).

Chandran and Menon (2004) propose that day frames will be more effective within negative-valence messages because the threats to health appear more concrete and imminent. In contrast, year frames are expected to be more effective within positive-valence messages where avoidance of a health threat seems a distant prospect, heightening the perception of risk to health in the immediate future and increasing individuals’ motivation to act. While the research in this area is limited, the findings have supported these assertions (Chandran & Menon, 2004; Kees, 2011; Lo et al., 2012). It appears that temporal framing may be a simple and effective technique for enhancing the persuasive impact of health messages. However, many questions remain about whether individual differences moderate these effects. It is possible that individuals’ level of self-efficacy prior to exposure to health communications is influential. In particular, it may be more challenging to manipulate perceptions of whether health threats can be avoided amongst those who are confident in their ability to perform the targeted behaviour. The effects of temporal framing within gain-framed messages depend on manipulating the proximity and concreteness of avoiding a threat, and consequently, self-efficacy is likely to play an important moderating role.

The moderating role of self-efficacy

In both correlational and experimental studies, confidence in one’s ability to engage in recommended behaviour has been shown to be a strong predictor of whether this behaviour is achieved (Bandura, 1977, 1986, 1997, 2001; Bandura & Locke, 2003; Guillaumie, Godin, & Vézina-Im, 2010; Povey, Conner, Sparks, James, & Shepherd, 2000; Salovey, Rothman, & Rodin, 1998; Schwarzer, 2008; van’t Riet, Ruiter, Werrij, & de Vries, 2009, 2010; Werrij, Ruiter, van’t Riet, & de Vries, 2011). The current study is the first to test the moderating effect of self-efficacy on temporally framed (day-framed vs. year-framed) messages emphasising the health benefits associated with the avoidance of snacking at work1. Chandran and Menon (2004) argue that when an outcome is framed positively, year-framed messages make the health hazard appear more of a threat than day-frame messages. Hence, we hypothesised that for participants reporting low levels of eating self-efficacy there would be an effect of temporal framing on the avoidance of snacking, with those reading the year-framed messages about the benefits of reduced snacking reporting less snacking behaviour than those reading the day-framed messages. In contrast, we expected to find that if message recipients are confident that they are capable of exerting control over eating behaviour (high eating self-efficacy), then health communications about the consequences of adopting or not adopting a healthy diet will be equally beneficial in both day- and year-frame conditions. Those reporting high self-efficacy should be less susceptible to manipulations that are intended to alter perception of whether avoidance of risk is proximal and concrete or distant and abstract.

Method

Participants

One hundred forty-six participants completed the Time 1 measures, 51 failed to respond at Time 2, representing an attrition rate of 35%. Participants were staff at a university in the South of England (74 female) aged 22–66 (M = 42.44; SD = 11.07). Body mass index (BMI) ranged from 17.92 to 37.28, with an average at the higher end of the 21–25 normal BMI category (M = 24.37; SD = 3.77).

Design and procedure

The study employed a randomised prospective design, involving two waves of data collection2. University staff responded to an email inviting them to participate in an on-line survey about work-based eating behaviour, with the offer of a free lunch-time salad as incentive. At Time 1, participants were randomly assigned to receive either a day-framed or year-framed message about the benefits of avoiding eating high-calorie snacks. The use of these time frames is in keeping with previous studies in this area (e.g. Chandran & Menon, 2004; Lo et al., 2012). Allocation was based on a computer-generated numbers list. Participants completed Time 2 measures 7 days later.

Measures and manipulations

Demographic information

Participants were asked to indicate their age, gender, weight, and height. Body mass index (BMI) was calculated for each participant: BMI = weight (kg)/height (m)².

Baseline snacking behaviour

Following Luszczynska, Tryburcy, and Schwarzer (2007), baseline snacking behavior was measured with a single item ‘In the last 7 days at work, how many high-calorie snacks did you eat?’ Participants were provided with examples of snack foods (e.g. chocolate, crisps, salted nuts), and participants were given an open text box in which to respond.

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1 The use of a positive-valenced message following a statement about the health consequences associated with unhealthy diet is in keeping with messages typically used to encourage healthy dietary choices. For example, in the UK, the NHS Choices website states that ‘eating a healthy, balanced diet is an important part of maintaining good health, and can help you feel your best’. Previous research also indicates that the effectiveness of gain-framed health messages when encouraging ‘safe’ behaviours that are characterised typically by little ‘risk’ (e.g. dietary behaviour, exercise, dental flossing) and which are likely to result in a healthy outcome (see Rothman et al., 2006). Loss-framed messages (vs. gain-framed messages) are typically more persuasive when encouraging behaviours that may be construed as ‘risky’ to perform (e.g. mammography, HIV screening) given their potential to detect the presence of a serious health problem (Rothman et al., 2006; Rothman & Salovey, 1997).

2 Participants were invited to complete a second follow-up questionnaire, one month after completion of the initial follow up; receiving the offer of a free lunch-time salad as incentive to participate. The number of participants completing this survey was too small to conduct any further meaningful analyses.

3 It should be noted that subjective (self-reported) measures assessing height and weight were used to calculate body mass index (BMI).
Eating self-efficacy

Individual differences in eating self-efficacy at baseline were measured using the 8-item short form of the Weight Efficacy Lifestyle Questionnaire (WEL-SF; Ames, Heckman, Grothe, & Clark, 2012), e.g. ‘I can resist eating when I am anxious (or nervous),’ ‘I can resist eating when I am depressed (or down),’ ‘I can resist eating even when others are pressuring me to eat’, measured on a scale from 1 (‘disagree strongly’) to 7 (‘agree strongly’), \( \alpha = .88 \). The WEL-SF is designed to measure self-confidence for controlling eating behaviour in particular situations.

The framed health messages. Participants were asked to read a health message which detailed the benefits of avoiding snacks (following messages by Pavely & Churchill, in press). In order to manipulate temporal frame, the health consequences of snacking behaviour were presented as occurring either every day or every year. The day-framed message read: ‘EVERY DAY a significant number of people suffer the consequences of failing to eat healthily. For example, evidence suggests that people who avoid eating high-calorie snacks, compared to those who do not, are at lower risk of many serious life-threatening diseases and gain several potential health benefits. People who avoid eating high-calorie snacks have a LOWER RISK of: Heart disease, Stroke, High blood pressure, Type 2 diabetes, cancers (e.g. bowel cancer). Avoiding eating high-calorie snacks can also give you other HEALTH BENEFITS, such as: healthy looking skin and hair, healthy weight, and increased energy and vitality. We would like you to avoid eating high-calorie snacks at work over the next 7 days’. The words ‘EVERY DAY’ were replaced with ‘EVERY YEAR’ in the year-framed condition.

Time 2 snacking behaviour was measured using the same item as at baseline.

Data analysis

Table 1 summarises the descriptive statistics of the sample. Chi-square analysis and one-way ANOVAs revealed no significant differences between those in the day-frame condition \( n = 51 \) and those in the year-framed condition \( n = 44 \) in terms of gender, age, BMI, baseline snacking behaviour, and eating self-efficacy (all \( p’s > .30 \)). Chi-squared analysis and one-way ANOVAs revealed no significant differences on study variables between those responding at Time 2 and non-responders (all \( p’s > .68 \)). Bivariate correlations between baseline snacking behaviour, eating self-efficacy, age, BMI and Time 2 snacking behaviour are given in Table 2.

Moderated hierarchical multiple regression analysis was used to predict snacking behaviour. Continuous variables were standardised and categorical variables were dummy coded prior to analysis. We report and interpret the unstandardised regression coefficients. Gender (dummy coded with men allocated a value of 0, and women a value of 1), age, BMI, and baseline snacking behaviour were entered at step 1 to control for any effect of these variables on snacking behaviour. Condition (dummy coded with the day-frame message condition a value of 0, and the year-frame message condition a value of 1) was entered at step 2 to determine whether the experimental manipulation had an impact on snacking behaviour, followed by eating self-efficacy at step 3. Lastly, the interaction terms between condition and eating self-efficacy were entered at step 4 to explore whether any effect of the experimental manipulation on snacking behaviour was moderated by eating self-efficacy. Pending this interaction being significant, we planned to use the Johnson–Neyman technique to identify the particular levels of snacking at which there were significant differences according to condition (Johnson & Neyman, 1936; see Bauer & Curran, 2005; Hayes & Matthes, 2009).

Results

Predicting snacking behaviour. Gender, age, BMI, and baseline snacking behaviour entered at step 1, predicted 33% of the variance in snacking behaviour, \( F(4, 75) = 9.11, p = .0001 \). Inspection of the individual \( b \) values at this step revealed that baseline snacking \( (b = 1.79, p = .0001) \) entered as a significant predictor, with those eating more snacks in the past reporting greater levels of snacking.

Condition, entered at step 2, led to a marginal increase in the amount of variance explained by the model, \( \Delta R^2 = .03, F(1, 74) = 3.00, p = .09 \). Entering eating self-efficacy at step 3 failed to contribute significantly to the explained variance in snacking, \( \Delta R^2 = .01, F(1, 73) = 1.45, p = .23 \).

As predicted, the inclusion of the eating self-efficacy \( \times \) condition interaction term at step 4 significantly increased the overall amount of the variance explained by the model, \( b = 1.23, p = .05, \Delta R^2 = .03, F(1, 72) = 4.02, p = .05 \), and the final model accounted for 40% of the variance in behaviour, \( F(7,72) = 6.84, p < .0001 \) (see Table 3). Figure 1 depicts the regressions of behaviour on eating self-efficacy for those in the day-frame and year-frame conditions respectively. The shaded area highlights the region of significance identified using the Johnson–Neyman technique (Johnson & Neyman, 1936). As predicted, there was no significant effect of the temporal frame condition amongst those reporting higher levels of eating self-efficacy. However, amongst those with lower eating self-efficacy (scoring 4.3 or less on a 7-point response scale 1 [‘disagree strongly’] to 7 [‘agree strongly’]) participants in the year-frame condition reported less snacking over the previous 7 days than those in the year-frame condition. This cut-off point is close to the mean score of 4.45.

Discussion

Previous research has shown that simple temporal framing manipulations can be used to increase the persuasiveness of health messages (Chandran & Menon, 2004; Kees, 2011; Lo et al., 2012). The current study extends knowledge in this area by testing the prediction that individuals’ perceived capabilities to control eating behaviour (eating self-efficacy) would moderate the effects of temporal framing within messages about the benefits of avoiding snacking.

Results revealed a significant interaction between temporal framing and eating self-efficacy. As predicted, there was no effect of temporal frame for those reporting sufficient confidence in their ability to control eating behaviour; only those with lower expec-
tations about their ability to control eating behaviour appeared to respond to the manipulation. For those reporting lower levels of eating self-efficacy, findings were in line with previous research demonstrating the effect of temporal framing within positive valence messages (Chandran & Menon, 2004; Lo et al., 2012). Among these participants, those exposed to the year-framed message reported eating less snacks than those exposed to the day-framed message.

Chandran and Menon (2004) contend that positive-valence year-framed messages make avoidance of a health threat feel more distant – heightening threat in the immediate future and increasing individuals’ motivation to act. Indeed, their study on heart disease showed that a health-benefit presented in a year frame was associated with higher perceived risk and worry about the health threat. We did not measure risk perceptions in the current study. However, it is likely that participants with less confidence in their ability to control the targeted behaviour were more responsive to the message implying that avoidance of the health risk was a more distant and less easily achieved prospect. Previous research has indicated that health messages are more effective when they are framed to fit recipients’ pre-existing beliefs or preferences (e.g. Mann, Sherman, & Updegraff, 2004; Spiegel, Grant-Pillow, & Higgins, 2004). Further research is needed to test this theory in the current domain, in particular, whether the fit between the beliefs of those low in eating self-efficacy and the year-framed messages resulted in heightened risk perceptions, and greater receptiveness to and acceptance of the health recommendations.

It is important to note that the findings of this study may be limited by the reliance on self-report measures of snacking behaviour over the 7 days post-intervention. Though underreporting of dietary intake is often problematic (Huang, Roberts, Howarth, & McCrory, 2005), this should not have occurred differentially across the experimental conditions. Nevertheless, it would be prudent to replicate the study using a more reliable measure of snacking (e.g. a food diary). Self-report measures of individual difference variables such as eating self-efficacy also rely on the honesty and insight of the participants completing the questionnaire, and may be susceptible to processes associated with self-deception, ego enhancement and ego protection (Chan, 2009). Thus, it would also be constructive to explore whether the findings of the current study can be replicated using a measure of eating self-efficacy that does not rely on self-report, such as an implicit measure of food-specific inhibitory control (e.g. Houben & Jansen, 2011; Houben, Nederkoorn, & Jansen, 2013).

A further potential limitation is the high attrition rate. It is not uncommon to find attrition rates this high in on-line studies (Etter, 2006; Eysenbach, 2005; van ’t Riet et al., 2010). Findings revealed no significant differences on study variables between responders and non-responders. However, it is possible that the high attrition rate limits the generalisability of the study findings and this highlights the need for replication. Future research should also investigate the longer-term effects of temporal framing on avoidance of snacking since long-term maintenance of dietary change is difficult to achieve (Kumanyika et al., 2000).

Our findings suggest that individuals low in self-efficacy, who typically have the poorest health behaviours, may be more likely to make healthier choices if they receive messages including an ‘every year’ temporal frame. It seems plausible that eating self-efficacy might moderate the effectiveness of year-framed messages that are designed to encourage the avoidance of other risky dietary behaviour. For example, eating self-efficacy might moderate the effectiveness of year-framed messages that advocate the benefits of ‘approach behaviour’ such as fruit and vegetable consumption. This represents a profitable area for future research. Further research may also explore the moderating effect of self-efficacy on temporally framed health messages encouraging performance of non-dietary related behaviours, e.g. sunscreen use, smoking cessation and alcohol reduction.

Conclusions

Persuading people to adopt healthy dietary behaviours would substantially reduce illness morbidity and premature death in the UK, and increase work productivity. The results of the current study suggest that the characteristics of audience members can shape receptivity to persuasive health communication. In order to provide people with health information about diet-related behaviour that is most effective, persuasive appeals should be tailored to both the temporal context and to individual difference variables such as self-efficacy. Furthermore, in the light of the findings in the current study,
