Dear participants,

In Semester 1, you participated in a study titled “You shouldn’t have eaten that!: Predicting healthy eating choices from the theory of planned behaviour and normative influence”. This study was conducted as part of a fourth year Honours project by Stefanie Plows under the supervision of Dr. Winnifred Louis. Thank you very much for participating, we really appreciate it! Below we’ve included a brief summary of the results. If you would like to ask any questions about the research or findings, you can contact Winnifred at w.louis@psy.uq.edu.au. If you are interested in reading other similar studies on decision making, check out http://www.psy.uq.edu.au/~wlouis.

Purpose of the study
The main aim of this study was to examine the role of norms, which are informal standards or rules that guide behaviour, in influencing healthy eating intentions and behaviour. We used three theoretical models. The “theory of planned behaviour” (Ajzen, 1991) says that people will do a particular behaviour based on three factors: their favourable or unfavourable attitudes towards the behaviour; whether or not they think that important people in the life approve of them doing the behaviour (the ‘subjective norm’); and whether or not they feel they have control over the behavior. “Norm focus theory” (Cialdini, Reno, & Kallgren, 1990) says that two different types of norms are important—descriptive norms (what other people do) and injunctive norms (what other people approve of). Also, the “referent informational influence” model (Terry & Hogg, 1996) says that group level variables need to be measured as they are more important than individual factors (e.g., what other students think and do about sun protection could be more important than what family and non-uni friends do).

As well as looking at the models from past research, we wanted to see if the framing of healthy eating messages (in terms of risks to the self versus risks to the family) would impact upon eating intentions. We thought that the normal message of health campaigns (that people should act healthily to avoid the risk of disease later) was perhaps more influential for people with an individualistic orientation. In contrast, we thought that a message which encouraged people to act healthily to avoid causing their family grief and suffering could be more influential for people with a collectivist orientation.

Demographic information about participants
141 University of Queensland students completed the study in exchange for course credit in undergraduate psychology courses. Most participants (80%) were female.

Preliminary results of the study
Planned Behaviour Variables. Moderate support was found for the planned behaviour model in the context of general healthy eating practices. However, the current study did not replicate the robustness of the theory, as previously demonstrated in the literature. We found that attitudes and interpersonal injunctive norms were not predictive of healthy eating intentions, and intentions did not affect dietary behaviours. Perceived behavioural control did, however: participants who felt that they had more control over their eating behaviour were more likely to intend to engage in healthy eating, and were more likely to reflect this in their behaviour.

Framing of messages. We expected to find that individualists intended to eat most healthily after being exposed to self-focused healthy eating messages and collectivists to eat most healthily after being exposed to family-framed healthy eating messages. Unfortunately, our results did not confirm these expectations. Frame had no effect, even when you took into
account whether people had a more individualistic or collectivist orientation. This may be because the sample was mostly young, healthy students, so the consequences of unhealthy eating presented in the messages would probably not occur to either self or family for a number of years, if not decades. So participants may have simply ignored the messages.

**Referent influences.** We found support for the effect of group injunctive norms upon eating behaviour in line with theoretical models. Taking the results at face value, it seems that the endorsement of healthy eating practices by a referent group is more influential than what the group actually eats in terms when it comes to predicting what a group member will eat. For **descriptive norms**, people’s intentions to eat healthily were predicted by what important others actually eat. However, because of methodological challenges with this study, we need to conduct more research to understand what was going on.

**Conclusion and Implications**

Overall, the study found support for three influential behavioural decision making models (theory of planned behaviour, norm focus theory, and referent informational influence model). Our results further expanded on the healthy eating literature by exploring how family and self framed messages impact upon healthy eating intentions of individualists and collectivists.

The results of the study have a number of implications for future intervention campaigns aimed at increasing healthy eating. We found that the key predictors of healthy eating were interpersonal descriptive norms (what significant others actually eat), referent group injunctive norms (what other students approve of), and perceived behavioural control. Healthy food consumption levels in Australia are still problematic, placing many people at increased risk of a number of preventable diseases. This makes future research into healthy eating and campaigns to promote healthy eating very important.

**Thanks again!**

Thank you so much for your participation in the study. We really appreciate it! If you have any questions or comments, please contact Winnifred at the email address supplied above. We would be more than happy to hear from you.

**Suggested References for Future Reading:**


