

‘As long as you have some of that, it cancels it out’: How advertisers use guilt to sell us quick-fixes for our unhealthy behaviour

Lance Barrie*. *University of Wollongong*. lanceb@uow.edu.au
Sandra C. Jones. *University of Wollongong*. sandraj@uow.edu.au

Keywords; advertising, choice, consumer, health, food.

Abstract

In a society with numerous guidelines for ‘healthy living’, people make conscious decisions to substitute or trade certain health behaviours with others. The current study investigates young adults’ perceptions of messages in advertising which imply that use or consumption of a product may have health benefits or may even provide a ‘solution’ or trade-off for a consumer who has made (or would like to make) a suboptimal health behaviour choice. Using focus groups and a survey, we found that these types of decisions are common, and that people spontaneously recall editorial and advertising messages that convey such messages. Responding to an advertisement for low carbohydrate beer, young adult consumers perceived messages that suggest alcohol consumption could be traded for exercise.

Introduction

Increasing rates of obesity and spiralling incidence of chronic disease have led governments and health agencies to develop and promote guidelines for consumers to keep themselves healthy. These include guidelines for exercise (Australian Government, 1999), nutrition (Ball *et al.*, 2003), alcohol consumption (NHMRC, 2009) and sleep (Gallicchio and Kalesan, 2009).

Anecdotal evidence suggests that people make conscious decisions to substitute or trade certain health behaviours with others, for example exercising more if they smoke or eating healthy foods if they are not getting enough sleep. Similarly, previous studies have shown that the consumption of candy/sugar is inversely related to alcohol consumption, leading to the hypothesis that people may make conscious decisions to decrease alcohol with increasing sugar consumption and vice versa (Mannisto *et al.*, 1997).

The Role of the Media in Promoting Health Behaviour Trade-offs

Print and electronic media are an important source of health information for many people, and influence both perceptions of susceptibility and decisions about whether to engage in health-protective behaviours (Escobar-Chaves and Anderson, 2008; Kelly *et al.*, 1999; Lane, Polednak and Burg, 1989; Meissner, Potosky and Convissor, 1992; O’Keefe, Hartwig Boyd and Brown, 1998; Weaver *et al.*, 2009). In this context, ‘media’ information includes both editorial content and advertising messages, each of which are both potentially influential and potentially misleading (e.g., Jones, 2004).

The current study investigates young adults’ perceptions of messages in advertising which imply that use or consumption of a product may have health benefits or may even provide a ‘solution’

or trade-off for a consumer who has made (or would like to make) a suboptimal health behaviour choice. In its most extreme this would include the promotion of pharmaceutical products as a quick-fix alternative to meaningful behaviour change (Frosch *et al.*, 2007). However, more subtle messages are evident in advertising for food, supplements, and other consumer goods; for example, an advertisement for low-fat milk that suggests drinking it means you don't need to go to the gym.

Method

Focus Groups

We conducted six focus groups with undergraduate university students (n=37) to explore the implicit and explicit health behaviour trade-offs made by this group of young people. Two of the groups were male-only, two female-only and two mixed gender. The focus group moderator utilised a discussion guide which commenced with a general discussion about health-related behaviours, before moving on to discuss their understanding, and use, of 'trade-offs' in relation to healthy behaviours. Finally, participants were asked whether they had seen messages in the media about health behaviour trade-offs, what these messages were, and how effective they perceived them to be.

Survey

Participants were recruited on campus in the university's first week of session in 2009. During this first week, there are several days in which numerous stalls and activities are set up all over the campus. The research team set up a stall which was manned by two research assistants who approached students as they walked past, asking them if they would be willing to complete a survey that would take 10 minutes of their time. As a thank you they received a small incentive for participating (a soft drink or a packet of chips).

The first section of the questionnaire was for a related study that addressed the setting and attainment of health-related goals and limits (reported elsewhere). Respondents then viewed a copy of an advertisement for the product type which generated the most spontaneous discussion in the focus groups. They were asked what they thought was the main message of the advertisement (open-ended), whether they had seen the advertisement before, whether they would purchase the product, and who they thought the advertisement was targeting (open-ended). The final page of this section contained a reproduction of the advertisement – emphasising the tagline – and asked respondents to select one of four possible interpretations of the message (“Do *you* think this means...”). The final section of the questionnaire contained demographic questions (gender, age, marital status, living arrangements, student status, and weekly income); and health status/behaviour questions (weight, height, current levels of smoking, alcohol consumption, and exercise).

Results

Focus Groups

In response to the opening question about health behaviours in general, the majority of

participants mentioned diet and/or eating (including weight/obesity and food supplements), followed by exercise, alcohol consumption and use of other recreational drugs. As might be expected given that the participants were university students, they also mentioned lifestyle factors such as sleeping, stress management and relaxation.

Why do people make trade-offs?

When asked why people make trade-offs, the majority of participants identified ‘guilt’ as the reason; that is, people make trade-offs to justify decisions that they would otherwise feel guilty about.

‘It’s the justification thing; if I have this then if I go to the gym then it equals out and doesn’t matter.’ [Female 1]

However, the participants also thought that most people do not follow through with the justification and that the concept of a trade-off (or the internal promise to engage in the positive behaviour) was simply a way to make them feel better about themselves.

‘I think most of the time people are like, yeah, I’m going to do that, and then something will happen and they’ll be, Oh no, I’ll do it later, like the weather will be different and so, I can’t go for a swim or I can’t go for a run. Or some people will be, Do you want to do this, and a lot of the time something comes up or you just excuse it, like I’ll be all right, I’ll be all right, it won’t effect me that much.’ [Female 2]

Health behaviour trade-offs and the Media

The majority of participants were able to recall both ‘articles’ and ‘advertisements’ that related to health behaviour trade-offs, predominantly on television and in magazines. Diet, exercise and alcohol were the most commonly recalled examples.

A number of groups mentioned advertisements for low carbohydrate beers, which promoted a justification for drinking this type of beer without worrying about weight gain. Some participants also noted that these advertisements positioned low-carb beers (incorrectly) as a ‘healthy’ option.

‘They’ve got low carb beer so you can drink more of that without worrying about your weight.’ [Mixed 2]

‘And the Pure Blondes, they’re low carbs so they’re healthier so you can drink more.’ [Female 1]

Energy drinks were also mentioned, with some participants perceiving the message to be that they promote trading off exercise and a healthy diet for a quick fix in a can. The trade-off between diet and exercise was a common theme, reflecting the earlier Another of the commercial examples mentioned was a nutrient water drink called Rehab, sold with the tagline “be bad drink good”. Participants felt this would appeal to people their age as it implies you can trade-off eating unhealthy as long as you drink ‘Rehab’. Interestingly, they also noted that these were being handed out for free on campus.

Participants also recalled a number of advertisements for foods, supplements and medications that implied that consumption could ‘wash away your sins’; with the advertised product acting as a quick fix trade-off for the unhealthy behaviour, without the need for the effort of engaging in a

healthy behaviour (such as exercise) or avoiding an unhealthy behaviour (such as excessive drinking). These included detox and energy drinks, diet foods/shakes and OTC analgesics.

Survey

A total of 339 surveys were collected; seven were excluded due to missing data, resulting in a total sample of 332. Of these participants, 46.4% ($n = 153$) were male, and 53.6% ($n = 177$) were female. The average age of participants was 20.7 ($SD = 3.84$). As shown in Table 2, the majority were single (77.1%), living with parents (41.3%) or friends (31.6%), full-time students (94.3%), and earning less than \$300 per week (78.6%).

In relation to health status/behaviours, the majority were in the normal weight range (72.5%), were non-smokers (91.3%), consumed alcohol at least weekly (72.5%), and engaged in exercise less than five days per week (65.4%).

Main messages of advertisement

The stimulus advertisement was for Boag's Classic Blonde (a low carbohydrate beer). The main image is a full-page photograph of a man running in a marathon; the right-hand corner of the page shows a 375ml bottle of the advertised beer. The tagline reads "After he wins he'll run to the pub, grab some beers, then run home."

In response to the open-ended question ("in your opinion, what is the main message of this ad?") the most common themes identified by the respondents were:

- Drinking beer in moderation is OK as long as you exercise ($n=31$)
- You can drink Boag's Classic Blonde and still be in great physical shape ($n=44$)
- Boag's is a healthier alternative – low in carbohydrates and gives you energy ($n=61$)
- Beer is a reward for hard work; you should drink beer to celebrate ($n=37$)
- Boag's is a beer for winners and is associated with success ($n=19$)
- Exercise and beer are part of the Australian culture and identity ($n=3$)

Of the respondents, 54.8% ($n = 182$) reported that they seen or heard of Boag's Classic Blonde before. When asked "what do you know about the product", they generally knew that Boag's Classic Blonde was a beer, contained less carbohydrates than regular beers, had been advertised on TV and in print, and tasted OK. Just under 30% of respondents ($n = 97$) reported that they would purchase Boag's Classic Blonde. The respondents thought that this ad was specifically targeting young people aged between 18 and 25, health-conscious people, young male adults, and athletes or those that exercise regularly.

In response to the prompted question (where respondents were again shown the advertisement, with the text highlighted, and asked to state which of four statements best represented the main message, if any), the most commonly selected statement was "drinking beers is the right way to celebrate victory" (46.7%), followed by "it is ok to have a few beers if you go for a run" (22.9%).

Discussion

It was clear from focus group discussions and the survey responses that, consistent with anecdotal evidence and the limited published literature, our respondents were aware of the concept of health trade-offs. They considered these to be a common occurrence, and freely admitted to making such decisions themselves as well as being aware of friends doing so.

Trade-offs were considered to be most frequent in relation to weight management – the trade between food intake and exercise. However, they were also commonly made in relation to alcohol consumption, drug use, and sleep. Our participants recognised that the benefit of such trade-offs is predominantly psychological – enabling them to feel less guilty or ‘better’ about themselves – with a general consensus that they often don’t follow through with the deal they have made with themselves.

The top-of-mind trade-offs raised in the focus groups were consistent with media messages, and many of the participants spontaneously raised examples of advertisements they had seen that utilised these concepts. When we showed the Boag’s Classic Blonde advertisement to our survey respondents, the most common unprompted messages related to trade-offs between drinking and exercise (such as “drinking beer in moderation is OK as long as you exercise” and “you can drink Boag’s Classic Blonde and still be in great physical shape”) and that this product was a ‘healthy’ alternative. Thus, it is apparent that the messages in advertisements such as this are consistent with the trade-offs that our respondents report making and recall seeing in the media.

There is a striking similarity between the messages in advertisements for low-carb beer (as well as low-calorie alcohol and ‘green’ produced alcohol) and earlier messages for cigarettes. The tobacco industry has long been criticised for the promotion of cigarettes using terms such as ‘light’ and ‘mild’ which suggest they are less harmful than ‘regular’ cigarettes (Peace et al, 2009). These advertising messages facilitate consumers engaging in a decision process by which they consume more of a harmful good if they consume it in the form of its ‘less harmful’ substitute (Mialon and Mialon, 2005).

While not directly relevant to aims of the current study, it is important to note that the second most common type of open-ended response to the advertisement, and the most commonly selected prompted interpretation, was that drinking beer is associated with/a reward for success. The current ABAC guidelines state that an alcohol advertisement must “*not suggest that the consumption or presence of alcohol beverages may create or contribute to a significant change in mood or environment and, accordingly must not depict the consumption or presence of alcohol beverages as a cause of or contributing to the achievement of personal, business, social, sporting, sexual or other success*”. It would appear that at least some consumers perceive the message in this advertisement to be bordering on a breach of this Code.

This research was conducted with convenience samples of university students, and the survey study assessed only a small number of advertisements. Future, more rigorous, research should utilise larger and more representative samples and a wider range of advertisements.

Conclusion

It appears that advertisers are tapping into this guilt-reducing mechanism that is inherent in health behaviour decisions, enabling them to promote consumption of unhealthy products with the psychological reassurance that they can trade-off unhealthy consumption against other health-

enhancing behaviours.

References

- Australian Government, 1999. National physical activity guidelines for adults. Department of Health and Aged Care, Australian Government, Canberra, Australian Capital Territory.
- Ball, K., Mishra, G.D., Thane, C.W., Hodge, A., 2003. How well do Australian women comply with dietary guidelines? *Public Health Nutrition* 7 (3), 443–452
- Escobar-Chaves, S.L., Anderson, C.A., 2008. Media and Risky Behaviors. *The Future of Children* 18 (1), 147-180.
- Frosch, D.L., Krueger, P.M., Hornik, R.C., Cronholm, P.F., Barh, F.K., 2007. Creating demand for prescription drugs: A content analysis of television direct-to-consumer advertising. *Annals of Family Medicine* 5 (1), 6-13.
- Gallicchio, L., Kalesan, B., 2009. Sleep duration and mortality: a systematic review and meta-analysis. *Journal of Sleep Research* 18 (2), 148-158.
- Jones, S.C., 2004. Coverage of breast cancer in the Australian print media – does advertising and editorial coverage reflect correct social marketing messages? *Journal of Health Communication* 9 (4), 1-17.
- Kelly, B.J., Leader, A.E., Mittermaier, D.J., Hornik, R.C., Cappella, J.N., 2009. The HPV vaccine and the media: How has the topic been covered and what are the effects on knowledge about the virus and cervical cancer? *Patient Education & Counselling* 77 (2), 308-313.
- Lane, D.S., Polednak, A.P., Burg, M.A., 1989. The impact of media coverage of Nancy Reagan's experience on breast cancer screening. *American Journal of Public Health* 79, 1551-1552.
- Mannisto, S., Uusitalo, K., Roos, E., Fogelholm, M., Petinen, P., 1997. Alcohol beverage drinking, diet and body mass index in a cross-sectional survey. *European Journal of Clinical Nutrition* 51, 326-332
- Meissner, H.I., Potosky, A.L., Convissor, R., 1992. How sources of health information relate to knowledge and use of cancer screening exams. *Journal of Community Health* 17, 153-165.
- Mialon, H.M., Mialon, S.H., 2005. Sinful indulgences, soft substitutes, and self control. *Applied Economics Letters* 12, 719-722
- O'Keefe, G.J., Hartwig Boyd, H., Brown, M.R., 1998. Who learns preventive health care information from where: cross-channel and repertoire comparisons. *Health Communication* 10, 25-36.
- Peace, J., Wilson, N., Hoek, J., Edwards, R., Thomson, G., 2009. Survey of descriptors on cigarette packs: still misleading consumers? *Journal of the New Zealand Medical Association* 122 (1303). Available at: <https://www.nzma.org.nz/journal/122-1303/3801/> (accessed 06/06/11)
- Weaver III, J.B., Thompson, N.J., Weaver, S.S., Hopkins, G.L., 2009. Healthcare non-adherence decisions and internet health information. *Computers in Human Behavior* 25 (6), 1373-1380.