1 Intention and behavior toward eating whole grain pasta on a college dining campus: 2 Theory of Planned Behavior and message framing

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15

16 Abstract

The consumption of whole grains has several health benefits, however, most US consumers -17

including young adults – do not meet the recommended consumption intake. To understand the 18 19 underlying factors affecting the intention and consumption of whole grain pasta, a survey based

on the Theory of Planned Behavior (TPB) was developed and administered to US college 20

- students. For four weeks, participants (n = 325) either did not receive any information (control) 21
- or received weekly messages on the health benefits of whole grain pasta (e.g., high fiber and

22 23 niacin contents) in the forms of gain- (treatment 1) or loss-framed (treatment 2) information.

Variables of the TPB model and consumers' perceptions were investigated both at Time 1, when 24 the first message was received (week 0), and at Time 2, one month after the intervention (week 25 4). Results from the two moments were compared. We found that the TPB measures and 26

27 perceived usefulness were not influenced by the treatment group; however, the gain-framed

message engendered greater message engagement than the loss-framed one. Finally, results from 28

29 the structural equation model showed that attitude, subjective norms, and perceived behavioral 30 control were positively associated with the intention to consume whole grain pasta, and the

31 intention was a strong determinant of participants' behavior. Based on our results, implications

- and suggestions for future studies are discussed. 32
- 33

34 **1. Introduction**

35 Substantial socio-environmental changes from adolescence to college can be challenging for 36 many young adults (Christoph, Ellison, & Meador, 2016). In a situation in which young adults 37 are now faced with making their own dietary choices, this transition is often associated with unhealthy eating habits (Quick, Wall, Larson, Haines, & Neumark-Sztainer, 2013; Stok, Renner, 38 Clarys, & Deliens, 2018), which can contribute to overweight and obesity and other diet-related 39 diseases (Kann et al., 2018; World Health Organization, 2014). Therefore, campus dining 40 programs are working to change the perception of nutrition and healthy eating within their food 41 eateries (Franchini, Biasini, Rosi, & Scazzina, 2023). From new and innovative design strategies 42 and different approaches to healthy menus to the inclusion of more produce, many campus 43 dining programs have tested and used health principles and guidelines to nudge customers' 44 45 decisions (Andreani, Sogari, Wongprawmas, Menozzi, & Mora, 2023). One example comes 46 from the US-based Menus of Change program. Menus of Change, founded in 2012 by the CIA 47 and Harvard School of Public Health, is an initiative to achieve healthy and sustainable menus, 48 with the tagline "The Business of Healthy, Sustainable, and Delicious Food Choices". Menus of 49 Change University Research Collaborative (MCURC) was established with working groups of scholars and campus dining leaders interested in using college and university dining as a 50 platform to establish and accelerate efforts to move campus diners towards healthy menus. 51

Healthy eating habits should include high consumption of food considered to be healthy, such as fruit, vegetables, and other high-fiber options, such as whole grains¹ and legumes (U.S. Department of Health and Human Services and U.S. Department of Agriculture & US

¹ "Grains and grain products made from the entire grain seed, usually called the kernel, which consists of the bran, germ, and endosperm. If the kernel has been cracked, crushed, or flaked, it must retain the same relative proportions of bran, germ, and endosperm as the original grain in order to be called whole grain. Many, but not all, whole grains are also sources of dietary fiber."(U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2015, pag.96).

55 Department of Agriculture, 2015). Among healthy food choices, whole grain intake is a pivotal 56 aspect to be considered in weight management and overall health of young adulthood, which 57 helps in overweight and obesity prevention (Quick et al., 2013).

58 Grains, including whole grains, are staple foods in many countries of the world (European 59 Commission, 2019) and can be consumed as single foods (e.g., rice, oatmeal), or included as an ingredient in many food products (e.g., breads, cereals, crackers, and pasta) (U.S. Department of 60 Health and Human Services and U.S. Department of Agriculture & US Department of 61 Agriculture, 2015). Evidence showed that higher consumption of whole grains and dietary fiber 62 is inversely associated with the risk of obesity and weight gain (Maki et al., 2019; Slavin, 2005), 63 type 2 diabetes mellitus and cardiovascular disease (Ye, Chacko, Chou, Kugizaki, & Liu, 2012). 64 Because of the health benefits linked to dietary fiber (see Jones & Engleson, 2010 for a more 65 comprehensive review), governmental institutions and nutritional experts have developed 66 nutrition education and health promotion campaigns to recommend the inclusion of whole grains 67 in the diet (Jones & Engleson, 2010; Marquart, Wiemer, Jones, & Jacob, 2003; Shepherd et al., 68 69 2012). For instance, the 2015–2020 Dietary Guidelines for Americans suggests that a healthy eating pattern should include grains, at least half of which should be from whole grains (U.S. 70 Department of Health and Human Services and U.S. Department of Agriculture & US 71 Department of Agriculture, 2015). 72

Previous reserach (e.g., Wongprawmas et al., 2021) indicates that the availability of whole grain options at comparable prices to conventional ones could be beneficial for students since it may mitigate consumption barriers such as availability and price (Meynier, Chanson-Rollé, & Riou, 2020). Moreover, another barrier to consuming whole grain products is consumers' negative perceptions of their sensory attributes (i.e., taste and texture) (Bisanz & Krogstrand, 2007;
Dammann, Hauge, Rosen, Schroeder, & Marquart, 2013).

Despite the relevance whole grains have in a healthy diet, limited research (Ugunesh, Siau, 79 80 Mohd Sanip, & Koo, 2023; Weingarten & Hartmann, 2023) has investigated the links between consumer attitudes, intention, and behavior to consume whole grain foods, especially among 81 young adults. Therefore, we tested the Theory of Planned Behavior (TPB) (Ajzen, 1991) - which 82 is an expectancy-value model of behavior change - to measure the variables influencing the 83 consumption of whole grain pasta. The TPB model postulates that behavioral intention is the 84 central determinant of behavior. Previous systematic reviews have demonstrated that the TPB 85 and similar psycho-social theories (e.g. the Theory of Reasoned Action, TRA) can serve as 86 reliable tools for predicting sustainable (e.g., Biasini et al., 2021) and health-promoting 87 88 behaviours (e.g., McEachan, Conner, Taylor, & Lawton, 2011), including healthy eating 89 behaviours (e.g., McDermott et al., 2015). These reviews have shown that, in general, attitude towards the behaviour is the most significant predictor of intention, and intention is the most 90 91 significant predictor of behaviour (McDermott et al., 2015; Biasini et al., 2021). Biasini et al. 92 (2021) observed a wide range of explained variance in intention (7-87%) and/or behaviour (3-81%) across different applied models and study designs. As suggested by these authors, 93 longitudinal studies can provide a prospective prediction analysing the causal relationship 94 95 between dependent and independent variables, which would be otherwise precluded in cross-96 sectional investigations (McEachan et al., 2011; Biasini et al., 2021).

97 Based on these considerations, first, the model we tested hypothesizes that the intention to 98 include whole grain pasta in the diet is influenced by the attitude (a person's favorable or 99 unfavorable evaluation of the behavior), the subjective norms (what other people think one

100 should do), and the perceived behavioral control (the perceived ease or difficulty of performing 101 the behavior). Second, we hypothesized that the prospective behavior (actually eating whole 102 grain pasta), measured after four weeks (Time 2), is determined by the intention and perceived 103 behavioral control. Figure 1 shows the theoretical framework. In addition, past studies suggest 104 that whole grain food consumption could be promoted by using positive information about its 105 health benefits presented at the point of consumption. One study by Sogari et al. (2019) found 106 that a psychological health benefit (i.e., vitamin benefits reduce fatigue) related to whole grain foods significantly increased the number of individuals preferring whole grain vs. regular pasta. 107 Another study by Weingarten and Hartmann (2023) showed that repeated exposure to positive 108 109 information about the health benefits of whole grain increased attitudes and led to higher intentions to consume such products. Therefore, the use of health claims and messages to 110 encourage the consumption of whole grain pasta over regular pasta is one communication 111 112 strategy that could support the shift toward a healthy eating pattern. Based on this evidence, it is relevant to understand the effectiveness of different communication strategies on the attitude 113 towards whole grain options in terms of the framing effect, i.e. decisions are influenced by the 114 way the outcomes are presented (Dolgopolova, Li, Pirhonen, & Roosen, 2022). Meta-analysis 115 results have recently indicated that product attributes framed as gains have a higher effect on 116 117 attitudes and intentions than product attributes framed as losses (Dolgopolova et al., 2022). Other 118 researches have indicated that encouraging positive behaviors by evoking loss aversion is not 119 necessarily a guiding principle when it comes to health benefits (e.g., Gallagher & Updegraff, 120 2012). Dolgopolova et al. (2022) have suggested that loss-framed messages are mainly effective 121 when it comes to decisions involving significant risk, and that food choices are not associated 122 with an immediate high level of risk. Thus, a secondary aim of our study is to understand

123 whether providing information on the health benefits of whole grains, under two different 124 framing conditions (gain vs. loss-framed), would influence the TPB measures as well as other 125 variables (e.g., perceived usefulness of eating whole grain pasta).



Figure 1 Theoretical framework of the Theory of Planned Behavior (TPB) in Time 1 (main
survey in week 0) and Time 2 (follow-up survey after 4 weeks).

129

130 **2. Methods**

131 *2.1 Data Collection and the Sample*

Data collection was carried out across several dining halls at Cornell University, Ithaca, NY, US in spring 2019. An online questionnaire was distributed using the Qualtrics LLC platform (Provo, US), and included attitudinal and motivational items derived from the TPB framework, as well as questions on overall eating habits. Some survey sections, including the message frames, were revised to improve the clarity of their meaning and reduce the total survey length to approximately 12 minutes. The entire survey was pre-tested with 50 students and Faculty staff members. The data collection took place during dinner time in front of the pasta station in a dining setting (Time 1). A final sample of 499 college students (female 53.6%, mean age 18.8y), all pasta consumers, participated in this study. Participants mostly had a healthy weight range (Body Mass Index between 18.5 and 24.9), were mainly omnivores with a slightly high proportion of flexitarian and vegan or vegetarian, and only 10% had dietary or healthy restrictions. Table 1 shows the full set of socio-demographics of the participants.

One month after Time 1 (Time 2), a follow-up questionnaire was sent via email to all the 144 145 participants in order to evaluate whether any changes in their attitudinal variables occurred and to assess the reported consumption behavior of eating whole grain pasta over the last month. 146 Most of the participants returned the electronic questionnaire on the day they received it, and few 147 of them completed it in the following days. A final sample of 325 respondents returned the 148 questionnaire. The full survey flow (Time 1 and Time 2) is shown in Figure A1 in the Appendix. 149 150 The two surveys at the two time points were linked through the student ID number. Following 151 the completion of the study, participants received a monetary compensation of \$5. The study was approved by the Institutional Review Board (IRB) of the Office of Research Integrity and 152 153 Assurance of Cornell University (Protocol Number: 1810008359).

155 Table 1. Socio-demographic characteristics, lifestyle variables, and health-related factors156 reported for the total sample and by the groups at time 1

Variables	All	Informat	<i>p</i> -value		
K /		Control	Gained-	Loss-	
/			frame	frame	
n	499	100	202	197	
%	100	20.0	40.5	39.5	

Age ¹ (mean, sd)	18.8	18.6	18.9	18.8	0.267
	(1.16)	(1.13)	(1.16)	(1.17)	
Gender ²					0.451
Male	44.4	41.0	47.5	42.9	
Female	53.6	59.0	49.5	55.1	×.
Others or prefer not to answer	2.0	0.0	3.0	2.0	
BMI^1	22.9	22.0	23.1	23.1	0.267
	(5.79)	(5.00)	(5.77)	(6.16)	
Eating behavior ²				S	0.357
Omnivore	80.1	79.0	83.2	77.6	
Vegetarian	6.6	6.0	4.0	9.7	
Vegan	3.2	3.0	3.0	3.6	
Flexitarian	8.8	11.0	7.9	8.7	
Others	1.2	1.0	2.0	0.5	
Dietary/Healthy restrictions ²		/			0.461
Yes	10.4	10.0	8.9	12.2	
No	87.8	90.0	88.6	85.7	
Prefer not to answer	1.8	0.0	2.5	2.0	
Self-perception of overall health ³	5.0	6.0	5.0	5.0	0.145
	(4.0-6.0)	(4.2-6.0)	(4.0-6.0)	(4.0-6.0)	
Physical excercise ³	4.0	4.0	4.0	4.0	0.255
	(3.0-5.0)	(3.0-5.0)	(3.0-5.0)	(3.0-5.0)	

Note: Data are presented as the mean (SDs) for continuous variables, as number (%) for nominal variables, and as
the median (IQRs) for categorical variables. SDs = standard deviations. IQRs = Interquartile ranges. BMI: Body
Mass Index. N = 498 for age, gender, eating behavior, dietary/healthy restrictions, self-perception of overall health;

160 N=481 for BMI; and N=495 for physical exercise.

161 ¹ANOVA. ²Pearson chi-square. ³Kruskal–Wallis Test.

Self-perception of overall health: How healthy do you consider yourself? (from very bad = 1 to very well= 7)
Physical exercise: How often do you usually engage in physical exercise (30 minutes of exercise)?
(from never = 1 to more than 3 times per week = 5. They can choose "I do not want to answer").

165

166 2.2 Measures

The main survey (Time 1) consisted of three sections. The first section included the message or 167 framing treatment (control, gain-framed, and loss-framed messages) - details are reported in 168 section 2.3. In the two treatment groups, the participants were asked to carefully read the 169 170 information provided. The second section was structured to measure the various components of the TPB (Ajzen, 1991) and other factors in relation to the participant's behavior of including 171 whole grain pasta in the diet over the next month (for details see Table A1). The TPB survey 172 173 items and the health claims were based on a review of the existing literature (Fishbein & Ajzen, 2011) followed by a revision by two nutrition experts as well as three experts in social sciences. 174 Finally, the third section of the survey included socio-demographic data (i.e., participants' age, 175 gender, and Body Mass Index²), self-perception of overall health, physical exercise, eating 176 behavior, and dietary/healthy restrictions. 177

For the TPB section, all measures were assessed using a 7-point scale, from strongly disagree (1) to strongly agree (7). Two items measured the Perceived Behavioral Control (PBC), which is related to the control of performing the behavior. Three items assessed the Subjective Norms (SN), which is an individual's perception of social pressure on the way a person should or should

 $^{^{2}}$ The body mass index, abbreviated as BMI, is a measure of a person's weight relative to height that correlates well with body fat (Eurostat, 2017). A person is considered underweight if they have a BMI below 18.5, normal weight between 18.5-24.9, and overweight if they have a BMI greater than or equal to 25.

not demonstrate a specific behavior. Attitude towards the behavior (ATT), which represent the degree of a favorable or unfavorable evaluation of a specific behavior, was based on two items about the likelihood that consuming whole grain pasta would result in personal beliefs (i.e., tasty, easy). Behavioral Intention (INT) is the willingness of an individual to perform a specific behavior and it was measured using three items.

The factors of the TPB model have prior determinants: ATT is guided by behavioral beliefs about the likely consequences of performing the behavior, SN is driven by the normative beliefs about the opinions/expectations of important others, and PBC is influenced by the control beliefs about barriers and facilitators to perform that behavior (Fishbein & Ajzen, 2011). All these beliefs (n=12) were measured using a 7-point Likert scale from strongly disagree (1) to strongly agree (7).

In addition, we asked about the perceived usefulness of whole grain pasta, which measured subjects' perceptions of performance and effectiveness gains from eating whole grain pasta (e.g., stay in shape, improve work performance) by using three 7-point Likert scaled items.

Two factors were also used to evaluate the quality of the messages provided in the two information conditions. The first factor was the consumer evaluation of the message (Hung & Verbeke, 2019), which was based on five items with a 7-point Likert scale, to measure several characteristics of the health claim, including familiarity, understandability, credibility, interest, and importance. The second factor was the argument quality of the message (Bhattacherjee & Sanford, 2006), which was used to measure whether the information provided was helpful, valuable, informative, and persuasive, by using four 7-point Likert scaled items.

203 Four weeks after the initial survey (Time 2), assessed participants' behavior was also assessed by 204 using two measures of reported behavior using a 7-point scale (Fishbein & Ajzen, 2011). In the first item, respondents were asked to indicate how frequently they consume whole grain pasta, on 205 206 average, ranging from 'never' to 'almost every day'. In the second item, participants were asked whether they had included whole grain pasta in their diet at least once over the past month. In 207 addition, attitude, intention, and perceived usefulness were measured again in Time 2 using the 208 209 same items as in Time 1. Note that all canteens on the Campus offer whole grain dishes daily; 210 therefore, product availability is not a barrier for the participants.

211

212 2.3 Intervention with health messages

At the beginning of the study, participants were randomly assigned to either a no-information group (control, n=77) or one of the two treatment groups, namely gain-framed (n=134) or lossframed (n=114) messages. Students in the gain or loss-framed treatment received four messages about whole grain pasta health benefits. The health benefits were adapted by authorized health claims.

In the US, a food-related health claim³ must be approved by public authorities (i.e. the Food and Drug Administration, FDA) and must be supported by a significant body of research showing the relationship between the food/constituent and a health effect in humans. Based on this context, four specific health claims related to whole grains were considered (Table A2). Moreover, following previous works (see Deliens et al., 2016 for a systematic review) a media-based approach was used to communicate such expected healthy benefits. In our study, we decided to

³ "Health claim means any claim made on the label or in labeling of a food, including a dietary supplement, that expressly or by implication, including "third party" references, written statements (e.g., a brand name including a term such as "heart"), symbols (e.g., a heart symbol), or vignettes, characterizes the relationship of any substance to a disease or health-related condition." (Food and Drug Administration, 2023).

use health claims in the form of messages considering both general benefits of whole grain foods
(e.g., fibers have positive effects on weight management) and more specific ones (e.g., the
relationship between fibers and gut health or bowel function) (EFSA Panel on Dietetic Products,
Nutrition, and Allergies (NDA), 2010).

228 For the two treatment groups, we decided to convey identical information but differently framed in terms of gains or losses associated with an expected outcome (Dolgopolova et al., 2022). A 229 230 gain-framed message might take the form of "If you perform the advocated action, desirable 231 outcome X will be obtained", whereas a loss-framed message might be "If you do not perform the advocated action, desirable outcome X will be avoided" (O'Keefe & Jensen, 2008). The 232 233 rationale is that one type of framing may be more effective than another at promoting health 234 behavioral change (Gallagher & Updegraff, 2012). Participants in the treatment groups read a 235 similar health message that differentiated for details of either the benefits of including whole 236 grain pasta (gain-framed), or the health dangers of not including whole grain pasta (loss-framed). In addition, participants in the two treatment groups received four emails (one per week) that 237 238 included a different health claim message, still considering the same framework group (gain-239 framed or loss-framed) and were blinded to the other intervention.

Thanks to the online platform used to send out personalized emails (mailchimp.com), we were able to electronically assess whether the recipient opened the email with the health claim message. For those who did not open it, a reminder was sent the following day. However, we cannot be sure whether the participants actually read the text incorporated in the email. The information sent via email was different every week to avoid the boredom of reading the same message and the risk of dropping out of the study. The messages were sent to participants in a random order. In this way, the subjects were exposed to all four types of claims (see Table A2) in

order to have a broader knowledge of the several beneficial roles of eating whole grain food.

248

249 2.4 Data Analysis

Descriptive statistics were used to report the percentages, median, means, and standard deviations. One-way ANOVA, Pearson Chi-square, and Kruskal-Wallis tests for independent samples were performed in order to determine the existence of significant differences between the control and treatment groups regarding the socio-demographic data, lifestyle variables, and health-related factors.

The internal consistency, validity, and reliability of ATT, SN, PBC, INT, and Perceived 255 Usefulness (PU) factors were tested using Cronbach's alpha, factor loadings (λ), and composite 256 reliability (CR), respectively, and considering all participants at each time point (Time 1 and 257 258 Time 2). Discriminant validity was tested by comparing the square root of the AVE of each construct with the inter-construct correlation (Bagozzi & Yi, 2012). Then, the internal 259 consistency was assessed for each factor at each time point in all groups. Almost all of 260 261 Cronbach's alphas of each factor at each time point were above the acceptable threshold ($\alpha >$.60) (van Griethuijsen et al., 2015). Eleven composite variables were created by averaging the 262 263 items within each factor (Table 2). Details of the internal consistency of each factor of the TPB 264 model and other variables in Time 1 and Time 2 are presented in Table A3.

265 One-way ANOVA tests were used to analyze the impacts of different health claim messages as 266 well as the effects of providing information under two different framing scenarios (gain vs. loss-267 framed) on the TPB measures. Repeated measures ANOVA was used to examine the interaction of time and information treatments on attitude, intentions, and perceived usefulness at baseline (week 0) and week 4. The results indicated that there were no different effects between the control and the framings nor differences among health claim messages.

272 Therefore, the following Structural Equation Modelling (SEM) model analysis was performed on the total sample without separating groups according to the framings. A SEM approach was used 273 274 to test the theoretical framework presented in Figure 1. SEM allows the specification of a model with both latent (e.g., attitude towards including whole grain pasta in the diet) and observed 275 variables (e.g., the questionnaire items) (Kline, 2016). The latent variables, namely the abstract 276 phenomena that cannot be directly measured by the researcher, have been analyzed using 277 confirmatory factor analysis (Byrne, 2010). Confirmatory Factor Analysis (CFA), often referred 278 279 to as the measurement model, is used when the researcher has some knowledge of the underlying 280 latent variable structure or wishes to evaluate a priori hypotheses driven by theory. In our case, to improve the overall goodness-of-fit of the model, we decided to apply the latent variable 281 structure for all TPB variables but PBC, for which we used the observed averaged variable. The 282 goodness-of-fit of the models was assessed using χ^2 and their degrees of freedom (df), Tucker-283 Lewis Index (TLI), comparative fit index (CFI), root mean square error of approximation 284 (RMSEA) with a 90 % confidence interval, and the standardized root mean square residual 285 (SRMR). Statistical analysis was performed using SPSS v.28.0 and AMOS v.27.0 statistical 286 287 software (IBM Corporation, Armonk, NY, USA).

288

3. Results

290 *3.1. Descriptive statistics*

291 Table 2 shows the descriptive statistics of the latent and observable variables: the factor loadings 292 of the variables items (λ) above 0.50, CR values above 0.70, Cronbach's α above 0.70 with the 293 only exception of PBC (0.62), and AVE values above 0.50 show strong reliability, and 294 convergent validity of all factors in the measurement model. The results demonstrate a moderately positive consumer attitude toward including whole grain pasta in their diet (mean 295 score: 4.75). Nevertheless, subjective norms did not show to greatly influence consumers (3.57) 296 whereas they reported relatively strong control over the behavior (5.49). Again, consumers 297 exhibited a moderately positive intention to include whole grain pasta in their diet (4.23). In 298 general, participants reported consuming whole grain pasta occasionally (4.63). 299

300 As shown in Table 3, the squared root of the AVE of each construct was greater than the 301 Spearman's rank-order correlation between the constructs, which also indicates the discriminant 302 validity of the model.

303

305 **Table 2.** Mean values (standard deviation, SD) of single items and TPB constructs, factor 306 loadings (λ), composite reliability (CR), average variance extracted (AVE) and Cronbach's α of 307 the total sample (N=499) and follow-up (N=325)

Time 1	Ν	Mean (SD)	λ	CR	AVE a	
Attitude (Including whole grain pasta in my				•		
diet over the next month will be)	499	4.75 (1.48)		0.74	0.59 0.70)
Difficult/Easy	499	4.98 (1.67)	0.59	57	1	
Not tasty/Tasty	499	4.51 (1.72)	0.92			
Subjective norm	499	3.57 (1.41)		0.92	0.79 0.90)
Most people who are important to me think						
that I should include whole grain pasta in my						
diet over the next month	499	3.69 (1.54)	0.95			
Most people who influence my decisions	Ŧ					
think that I should include whole grain pasta						
in my diet over the next month	499	3.61 (1.45)	0.93			
It is expected that I should include whole						
grain pasta in my diet over the next month	499	3.41 (1.65)	0.78			
Perceived behavioral control	499	5.49 (1.13)		0.84	0.72 0.62	
I believe that including whole grain pasta in						
my diet over the next month is possible	499	5.43 (1.33)	0.85			
The decision to include whole grain pasta in						
my diet over the next month will be only up	499	5.56 (1.34)	0.85			

to me

Intention	499	4.23 (1.55)		0.91	0.77	0.91
I intend to include whole grain pasta in my						
diet over the next month	499	4.40 (1.64)	0.89			
I will try in anyway to include whole grain						
pasta in my diet over the next month	499	4.25 (1.68)	0.84	•	$\mathbf{\Lambda}$)
I will definitely include whole grain pasta in						
my diet over the next month	499	4.03 (1.74)	0.89	Ú,		
Follow Up (Time 2)	N	Mean (SD)	λ	CR	AVE	α
Behavior	325	4.63 (1.71)		0.77	0.62	0.76
Behavior In the past month, how often have you	325	4.63 (1.71)		0.77	0.62	0.76
Behavior In the past month, how often have you included a meal with whole grain pasta in	325	4.63 (1.71)		0.77	0.62	0.76
Behavior In the past month, how often have you included a meal with whole grain pasta in your diet?	325	4.63 (1.71)	0.83	0.77	0.62	0.76
Behavior In the past month, how often have you included a meal with whole grain pasta in your diet? I have included whole grain pasta in my diet	325	4.63 (1.71)	0.83	0.77	0.62	0.76
<i>Behavior</i> In the past month, how often have you included a meal with whole grain pasta in your diet? I have included whole grain pasta in my diet at least once in the past month	325 325 325	4.63 (1.71) 3.84 (1.70) 5.42 (2.10)	0.83	0.77	0.62	0.76

308

309 Table 3. Spearman's rank-order correlations (ρ) between the TPB constructs including the
310 squared root of the AVE of each construct (reported in bold)

	ATT	SN	PBC	INT	BEH
ATT	0.77 ().22***	0.30***	0.45***	0.32***
SN		0.89	n.s.	0.58***	0.31***
PBC			0.85	0.25***	0.16**
INT				0.88	0.55***

BEH

0.79

311 Note: ATT = attitudes; SN = subjective norms; PBC = perceived behavioral control; INT = Intentions; BEH =
312 behavior; *** indicates significance at p<0.001, ** significant at p<0.01, ns=not significant

313

314 We also tested the effects of information (gain vs. loss-framed) on the TPB constructs and other variables in Time 1 and Time 2 (see details in Appendix Table A3). No significant differences 315 316 between control, gain- and loss-framed groups were found for the TPB measures and PU, neither in Time 1 nor Time 2. Regarding how participants evaluate the type of message and the quality 317 318 of the argument, significant differences were found between the gain- and loss-framed condition. 319 The gain-framed message was found to slightly but significantly engender greater message 320 engagement in terms of overall evaluation (M= 4.86) and quality of the message (M=4.77) than the loss-framed message (overall evaluation: M=4.16, and quality of the message: M = 3.96). 321 Interestingly, the results of repeated measures ANOVA (Table 4) suggested that time (Time 1 vs. 322 323 Time 2) had a positive impact on perceived usefulness (p < 0.001), intention (p < 0.001) and attitude (p = 0.006). Nevertheless, there was no significant effect of the interaction of time and 324 treatments (framing) for perceived usefulness (Wilks lambda = 0.99, F = 2.41, p = 0.092), 325 intention (Wilks lambda = 0.99, F =1.10, p = 0.334) and attitude (Wilks lambda = 0.99, F =0.42, 326 p = 0.659). The explanation for this finding could be that the request to fill out a follow-up 327 questionnaire in the control group might have positively affected the perceived usefulness of and 328 329 intention to consume whole grain pasta in Time 2.

- 330
- 331

Variables	Variables Times		iables Times Wilks					F	Partial	<i>p</i> -value	
	Tin	ne 1	Tin	ne 2	lambda		eta				
	Μ	SD	Μ	SD	-		squared				
ATT (N = 325)	5.20	1.46	5.52	1.34	0.95	7.73	0.05	0.006	X		
PU (N = 325)	4.35	1.10	4.84	1.12	0.86	51.99	0.14	< 0.001	\mathbf{O}		
INT (N = 225)	4.18	1.55	4.41	1.49	0.96	13.70	0.04	<0.001			

333 Table 4. Results of repeated measures ANOVA

334 Note: ATT = Attitude; PU = Perceived usefulness; INT = Intentions; M = Means; SD = Standard Deviation.

335

336 *3.2. Effect of beliefs*

The correlations (ρ) between behavioral, normative, and control beliefs with their relative
constructs (attitudes, subjective norms, and PBC, respectively), intention to eat whole grain pasta
over the next month, and behavior are reported in Table 5.

Intermediate correlation levels ($\rho = 0.40-0.70$) are reported for the association of normative 340 341 beliefs with subjective norms and behavioral beliefs with attitude to eating whole grain pasta (p = 0.40). In particular, parents' and friends'/partners' opinions are the two normative beliefs that 342 primarily affect subjective norms and intention. Regarding behavioral beliefs, the two most 343 relevant beliefs associated with eating whole grain pasta are a long-term investment for the 344 345 individual and less diet-related diseases. Control beliefs are negatively associated with PBC, in particular, for the higher costs of whole grain pasta and the perceived lack of availability in the 346 347 dining halls. These represent the main barriers that decrease the perceived ability of respondents to perform the behavior. Finally, the link between control beliefs and intention has positive 348 349 values, although it is almost non-significant.

- 350 The effect of the beliefs on behavior is less relevant ($\rho \le 0.30$) and significant only for normative
- 351 and behavioral beliefs.
- 352
- 353

xed >

Table 5. Spearman's rank order correlations (ρ) between beliefs and their respective direct measure (attitude, subjective norm, and perceived behavioral control – PBC), intention, and behavior.

Beliefs	ρ	Sig.	ρ	Sig.	ρ	Sig.
Control beliefs	PBC		Intention		Behavior	
ConBel1	0.11	**	0.11	**	0.03	ns
ConBel2	-0.28	***	0.08	*	-0.03	ns
ConBel3	-0.28	***	0.20	***	0.06	ns
ConBel4	-0.09	**	0.08	*	0.06	ns
Behavioral beliefs	Attitude		Intention		Behavior	
BehBel1	0.40	***	0.40	***	0.24	***
BehBel2	0.43	***	0.38	***	0.18	**
BehBel3	0.45	***	0.42	***	0.22	***
Normative beliefs	Subjective norm	s	Intention		Behavior	
NorBel1	0.62	***	0.41	***	0.14	**
NorBel2	0.66	***	0.41	***	0.18	**
NorBel3	0.45	***	0.32	***	0.08	ns
NorBel4	0.51	***	0.35	***	0.09	*
NorBel5	0.54	***	0.33	***	0.17	**

Note: *** indicates significance at the 1% level, ** significant at 5% level, * indicates significance at the 10% level,
ns=not significant.

The results of the SEM analysis with standardized path coefficients and R² are reported in Figure 361 2, while the unstandardized coefficients and standard errors are reported in Table A4. The SEM 362 363 analysis was performed on the entire sample because framing had no effect on the TPB measures. The results show that there is a satisfactory fit between the hypothesized model and 364 the data ($\gamma 2$ (df) = 112.61 (37); CFI = 0.975; TLI = 0.955; RMSEA (90% C.I.) = 0.064 (0.051-365 0.078)). Overall, the TPB model explains 53.2% of the variance for the intention to consume 366 whole grain pasta over the next month (measured in Time 1), and 44.5% of the variance in the 367 self-reported behavior measured in Time 2. Attitude, subjective norms, and perceived behavioral 368 control are significant predictors of the intention to consume whole grain pasta over the coming 369 month. Specifically, subjective norms ($\beta = 0.50, p < 0.001$) and attitude ($\beta = 0.36, p < 0.001$) 370 have a greater influence on the intention than the PBC ($\beta = 0.16$, p < 0.001). The intention is also 371 a strong determinant of the behavior to consume whole grain pasta ($\beta = 0.68$, p < 0.001), 372 measured after four weeks (self-reported behavior). 373



Figure 2. Results of the TPB model in Time 1 (n=499) and in Time 2 (n=325).

376 Notes: *** indicates a significant difference at p < 0.001, n.s. = not significant. Goodness-of-fit statistics: χ^2 (df) = 377 112.61 (37); CFI = 0.975; TLI = 0.955, RMSEA (90% C.I.) = 0.064 (0.051-0.078).

378

4. Discussion and Conclusions

380 Understanding how the behavior towards the inclusion of whole grain products is formed becomes a crucial stage to develop efficient healthy food choice strategies. In our study, the TPB 381 model provides a significant explanation for the variance of the intention to consume whole grain 382 383 pasta over the next month ($R^2=0.53$), as well as the (self-reported) prospective behavior (R²=0.45). Thus, our results of the TPB model show that when individuals have strong attitudes, 384 subjective norms, and perceived behavioral control toward eating whole grain pasta, their 385 386 intention to eat this product increases, and this higher motivation would be strongly associated with the actual behavior. Similar results were found in other studies with regard to healthy 387 dieting; for instance, in studies conducted by Hagger et al. (2006), the applied models explained 388 389 69% (Hagger & Chatzisarantis, 2006) and 56% (Hagger, Chatzisarantis, & Harris, 2006) of the intention, with relatively high variability in the explained behavior (66% and 32%, respectively). 390 391 In line with previous studies (Biasini, Rosi, Scazzina, & Menozzi, 2023; Sogari et al., 2022), the intention well predicts young adults' behavior. In particular, subjective norms (i.e., the perceived 392 social influence) affected the intention more than the attitude and PBC (Li, Long, Laubayeva, 393 Cai, & Zhu, 2020). Usually, adolescents or young adults are more influenced by social and peers 394 395 than other age groups, and this may explain why subjective norms have a stronger influence on 396 intention in the TPB model (Barberis, Gugliandolo, Costa, & Cannavò, 2022; Friedman et al., 397 2022). In our case, the effect of behaviors of other students in the canteen (the social context) 398 might affect the participant's motivation to comply.

Providing health messages at the point of consumption could, however, steer consumer decisions and be an effective method of delivering strategies to increase healthy eating. A message can be framed either to promote the advantages of consuming a particular food (gain-framed) or to stress the negative outcomes of not consuming that particular food (loss-framed) (Gallagher & Updegraff, 2012). The success of various message-framing strategies is usually assessed by measuring consumer behaviors, intentions, or attitudes (Dolgopolova et al., 2022).

405 Our findings show no effect of frame condition on the TPB measures in Time 1. This is in line with a review by Gallagher & Updegraff (2012) that showed no significant effect of framing on 406 attitudes and intentions. Moreover, our results align with recent findings by Weingarten and 407 Hartmann (Weingarten & Hartmann, 2023), who found that participants did not change their 408 behavior toward whole grain consumption directly after receiving the first messages on the 409 410 health benefits. Ottersen et al., (2022) conducted a study with Norwegian consumers to test 411 whether daily mobile phone text message reminders about animal welfare, and the environmental 412 and health consequences of meat would reduce people's meat consumption. They showed that 413 meat consumption did not change. Therefore, simply reminding consumers about these issues 414 may not be enough without further interventions as eating and dietary habits are strongly entrenched behaviors that are primarily controlled by autonomic processes. 415

Our study is one of the few to assess the self-reported prospective behavior change (after four weeks of intervention) as a measure of message framing persuasiveness (Gallagher & Updegraff, 2012). As suggested by Meynier et al., (2020) information provision will more likely lead to a behavioral change if the information is provided on more than one occasion. For instance, Weingarten and Hartmann (2023) found that providing information over time about the health benefits of whole grain consumption contributed to increasing the positive attitude and

422 behavioral intentions to consume such products. However, in Time 2, we found no impact of the 423 informative message (health information) on attitude, intention, and the reported behavior of eating whole grain pasta. This could be also due to the weekly information treatment (once per 424 425 week), rather than a more intense exposure (daily messages for 14 days, as in the case of Weingarten and Hartmann (2023)). Another possible reason could be that information messages 426 might have a short-lived effect on participants rather than other types of messages. For instance, 427 428 Carfora et al., (2019) showed that participants exposed to emotional messages experienced a more enduring and long-lasting effect than information-type messages. 429

The specific characteristics of the sample (young adults with a healthy status) may be one reason 430 why the health claim message did not have an impact in changing the perception towards whole 431 grain. Past studies (e.g., Rothman & Updegraff, 2011) suggest that gain-framed and loss-framed 432 433 messages may be amplified when the message is of high personal relevance, which might not be 434 our case. Another possible reason for the lack of impact from the message is that it did not specifically target consumers' relevant beliefs (Fishbein & Ajzen, 2011; Weingarten & 435 436 Hartmann, 2023). In our study, we found that the opinions of important others (e.g., parents, friends, and partners) were the strongest normative beliefs influencing the subjective norms (de 437 Leeuw, Valois, Aizen, & Schmidt, 2015); whereas the two most important behavioral beliefs 438 439 relating to eating whole grain pasta were a personal long-term investment and the possibility of 440 having fewer diet-related illnesses. Hence, the messages and interventions should target 441 changing these key beliefs in order to lead to the desired changes.

442 However, gain-framed messages were evaluated in terms of "Consumer evaluation" and 443 "Argument quality" better than loss-framed ones. The positive message about the health 444 consequences associated with eating whole grain pasta was considered to be more appropriate, helpful, valuable, and persuasive. Thus, in line with the literature (Dolgopolova et al., 2022;
Gallagher & Updegraff, 2012; Rothman, Bartels, Wlaschin, & Salovey, 2006), our results
confirm the higher appropriateness of gain-framed health messages when encouraging behavior
with 'little risk' compared to loss-framed messages (more persuasive with a 'significant risky'
behavior to perform).

450 Several limitations of our study occur. The first limitation is that we collected data only from a 451 single University in the US, with a limited targeted population. Therefore, based also on the characteristics of this convenience sample (students enrolled in a US college), generalization of 452 the findings to the broader population may be limited. Second, this study used self-report 453 measures about the behavior of eating whole grain pasta which may be subject to response biases 454 or limited memory. Third, although we focused our analysis on the individuals who actually 455 456 opened the emailed messages, we cannot be sure whether the messages were truly read by the participants. Despite these limitations, we believe that our work will serve as a stimulus for 457 further investigation on how to better develop communication strategies for the health benefits of 458 whole grain products. Future research could explore different types of messages in terms of 459 460 content and formats, as well as evaluate the results after a longer exposure. If concentrating on young adults, further studies could also consider testing the information across multiple dining 461 halls to evaluate whether results are consistent across different cities. Finally, partnerships 462 463 between nutrition, social scientists, and culinary professionals could support the development of 464 relevant and useful information materials about whole grains consumption benefits.

465

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- 632

635 Appendices



Table A1. Constructs and Items

Codes	Constructs and items
	Behavioral beliefs (<i>l</i> = strongly disagree; 7 = strongly agree) (time 1)
BehBel1	If I include whole grain pasta in my diet over the next month I believe I will live a
	better quality of life in my old age
BehBel2	If I include whole grain pasta in my diet over the next month I believe I will have
	made a long-term investment for myself
BehBel3	If I include whole grain pasta in my diet over the next month I believe I will have
	less diet-related diseases in my life
	<i>Normative beliefs</i> (1 = strongly disagree; 7 = strongly agree) (time 1)
NorBel1	My parents think I should include whole grain pasta in my diet over the next month
NorBel2	My friends/partner think I should include whole grain pasta in my diet over the next
	month
NorBel3	Nutritionists think I should include whole grain pasta in my diet over the next month
NorBel4	My doctor thinks I should include whole grain pasta in my diet over the next month
NorBel5	Chefs think I should include whole grain pasta in my diet over the next month
	<i>Control beliefs</i> (<i>1</i> = <i>strongly disagree;</i> 7 = <i>strongly agree</i>) (time 1)
ConBel1	The limited advertising from the dining halls/restaurants I usually go does not
	encourage me to include whole grain pasta in my diet over the next month
ConBel2	The higher costs of whole grain pasta stops me from including this product in my
Y	diet over the next month
ConBel3	The lack of availability in the dining halls I usually go stops me from including
	whole grain pasta in my diet over the next month
ConBel4	The limited information from public authorities about whole grain benefits does not

encourage me to include whole grain pasta in my diet over the next month Attitude towards the behavior (time 1 and time 2) For me, including whole grain pasta in my diet over the next month (7-point scale) ATT1 Difficult - Easy ATT2 Not tasty - Tasty **Subjective norm** (1 = strongly disagree; 7 = strongly agree) (time 1)SN1 Most people who are important to me think that I should include whole grain pasta in my diet over the next month Most people who influence my decisions think that I should include whole grain SN2 pasta in my diet over the next month SN3 It is expected that I should include whole grain pasta in my diet over the next month **Perceived behavioral control** (1 = strongly disagree; 7 = strongly agree) (time 1) PBC1 I believe that including whole grain pasta in my diet over the next month is possible PBC2 The decision to include whole grain pasta in my diet over the next month will be only up to me **Behavioral Intention** (1 = strongly disagree; 7 = strongly agree) (time 1 and time 2) INT1 I intend to include whole grain pasta in my diet over the next month INT2 I will try in anyway to include whole grain pasta in my diet over the next month INT3 I will definitely include whole grain pasta in my diet over the next month **Behavior** (after one month) (7-point scale) (time 2) In the past month, how often have you included a meal with whole grain pasta in Beh1 your diet? Never - Almost always Beh2 I have included whole grain pasta in my diet at least once in the past month. False-True

643 Table A1. (Cont.)

Codes	Constructs and items
	Consumer evaluation of the claim $(1 = strongly disagree; 7 = strongly agree) (time 1)$
ConsEval1	I am familiar with the health claim I just read
ConsEval2	I understand this health claim
ConsEval3	This health claim is credible
ConsEval4	This health claim is interesting
ConsEval5	This health claim is important
	Argument quality $(1 = strongly disagree; 7 = strongly agree)$ (time 1)
ArgQual	The information provided about whole grain pasta is informative
ArgQua2	The information provided about whole grain pasta is helpful
ArgQua3	The information provided about whole grain pasta is valuable
ArgQua4	The information provided about whole grain pasta is persuasive
	Perceived Usefulness (1 = strongly disagree; 7 = strongly agree) (time 1 and time 2)
PercUse1	Including whole grain pasta in my diet will help me to stay in shape (e.g.,
	maintaining my body weight).
PercUse2	Including whole grain pasta in my diet will improve my work performance
	(e.g., make my working/studying life more productive).
PercUse3	Including whole grain pasta in my diet will make my diet more balanced and
	healthy (e.g., right amount of fiber intake).

647 **Table A2.** In italic the messages shown to participants.

Message Health benefits of Gain framed message Loss-framed message (Lfm) eating whole grain (Gfm)

 1
 Better chance of If you include whole grain If you do not include whole

 success
 in pasta in your diet, you might grain pasta in your diet, you

 maintaining
 your have a better chance of might not have a better chance

 body weight (BW)
 success in maintaining your of success in maintaining your

 body weight.
 body weight.

2 Its fiber content will *If you include whole grain If you <u>do not</u> include whole contribute to your pasta in your diet, its fiber grain pasta in your diet, a lack normal bowel content will contribute to of fiber content will <u>not</u> function (BF) <i>your normal bowel function. contribute to normal bowel function.*

3 content If you include whole grain If you do not include whole Niacin will pasta in your diet, its niacin grain pasta in your diet, a lack (vitamin B3) contribute to the content (vitamin B3) will of niacin (Vitamin B3) will not reduction of tiredness contribute to the reduction of contribute to the reduction of and fatigue (T&F) tiredness and fatigue. tiredness and fatigue. Its fiber content will If you include whole grain If you do not include whole 1 promote your healthy pasta in your diet, its fiber grain pasta in your diet, a lack gut (HG) content will promote your of fiber content will not healthy gut. promote your gut health.

Four different types of health messages were developed, based on the latest scientific opinion on the substantiation
of health claims related to (1) whole grain (EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA), 2010),
(2) wheat bran fibre and increase in faecal bulk (EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA),
2010a), and (3) niacin and reduction of tiredness and fatigue (EFSA Panel on Dietetic Products, Nutrition and
Allergies (NDA), 2010a).

X

Variable	N. of	of Control					Gain Frame			Loss Frame				<i>p</i> -value ^a
	Items	Ν	Cronbach's	М	SD	Ν	Cronbach's	М	SD	N	Cronbach's	Μ	SD	
			alpha				alpha				alpha			
Time 1 ATT	2	100	0.628	4.750	1.319	202	0.717	4.849	1.566	197	0.702	4.655	1.473	0.426
Time 2 ATT	2	77	0.598	4.773	1.344	134	0.748	4.787	1.516	114	0.756	4.956	1.351	0.572
Time 1 PU	3	100	0.762	4.443	1.062	202	0.825	4.315	1.141	197	0.847	4.201	1.221	0.225
Time 2 PU	3	77	0.837	4.714	1.016	134	0.861	4.925	1.157	114	0.824	4.818	1.140	0.408
Time 1 SN	3	100	0.857	3.443	1.311	202	0.905	3.705	1.370	197	0.897	3.504	1.497	0.216
Time 1 PBC	2	100	0.559	5.505	1.067	202	0.616	5.505	1.116	197	0.643	5.472	1.185	0.951
Time 1 INT	3	100	0.902	4.120	1.496	202	0.918	4.297	1.611	197	0.897	4.191	1.517	0.613
Time 2 INT	3	77	0.933	4.416	1.369	134	0.931	4.368	1.572	114	0.907	4.450	1.479	0.910
Time 2 Bahavior	2	77	0.732	4.727	1.572	134	0.760	4.493	1.746	114	0.768	4.676	1.803	0.566
Time 1 ConsEval	5	-	-		-	202	0.622	4.857	0.886	197	0.742	4.154	1.127	< 0.001
Time 1 ArgQua	4	-			-	202	0.859	4.774	1.132	197	0.908	3.956	1.415	< 0.001

Table A3. Internal consisten	ey of TPB constructs and	other variables in Time	1 and Time 2
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Note: TPB = theory of planned behavior; ATT = Attitude; PU = Perceived usefulness; SN = Subjective Norms; PBC = Perceived Behavioral Control; INT = Intention; ConsEval = Consumer evaluation of the claim; ArgQua = Argument Quality. M = Means; SD = Standard Deviation. ^a Comparison between groups using ANOVA tests.

Table A4. TPB Model: unstandardized beta coefficients, standard errors (S.E.), p-values, in Time 1 (n=499) and in Time 2 (n=325).

Predictors	Path coefficients		
Predictors of Behavioral Intention (in Time 1)	Beta	S.E.	р
ATT	0.565	0.076	< 0.001
PBC	0.220	0.051	< 0.001
SN	0.604	0.055	< 0.001
Predictors of Behavior (in Time 2)	Beta	S.E.	р
INT	0.612	0.057	< 0.001
PBC	0.077	0.067	0.250

naviore. Note: ATT: attitude towards the behavior; SN: subjective norms; PBC: perceived behavioral contro