Communicating Healthy Lifestyle Choices in Primetime TV Advertisements

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Mass media continue to provide important channels for communicating information about personal health. This study aims to describe the knowledge, attitude and behavior of viewers regarding healthy lifestyle; explore whether the portrayals and messages in TV advertisements can influence people's attitudes and behaviors toward leading a healthy lifestyle; and find out how the viewers' knowledge, attitudes and behaviors regarding healthy lifestyles vary across subgroups by sex, age and socio-economic status. The paper reports on a survey of 200 prime-time viewers in Quezon City and key informant interviews of 36 prime-time viewers in Metro Manila. Results show that viewers are able to acquire information from the health advertisements that are relevant to them. They have a positive attitude towards these health messages and are willing to adopt some of the aspects of healthy lifestyle portrayed, however this does not translate to willingness to buy the product advertised.

Keywords: advertising, health behavior, healthy lifestyle, television

Health has been a frequent subject of studies and special attention is often given to the way health messages are communicated in mass media. The mass media is considered an important source of health information and can increase people's awareness of health matters (Dumo, 1997; Mejia, 1997; O'Keefe, Boyd & Brown, 1998, as cited in Morton & Duck, 2001; Ricaflanca, 2002). Advertisements with health as theme are used to attract consumers to buy a product or a service. The popularity of such advertisements highlights the importance of examining how health and healthy lifestyles are portrayed, and of looking into their potential influence on people's attitudes and behaviors. The succeeding sections will discuss the communication of health messages in media through advertising and the impact of advertisements on people's attitudes and behaviors

Health Messages in Media and Advertising

The media contains messages on health which are either implicitly or explicitly presented (Seale, 2002). Signorielli notes that media has always addressed issues

concerning health (1993). Given the ubiquity of health messages, it is evidently important to understand the positive and negative aspects of presenting health messages in media (Farquhar, 1994, as cited in Friend & Levy, 2002).

In America, television is the primary source of health information (Byrd-Bredbenner & Grasso, 1999). In fact, health-related content constitutes a major part of television programming (Signorielli, 1993). Although the focus of health in media is still pre-dominantly medical and curative in nature (Signorielli, 1993), several studies point out that there has been a significant change in the perspective of health communication. Such changes have been characterized by greater emphasis on health promotion and disease prevention (Cangelosi & Markham, 1994; Friemuth Edgar & Fitzpatrick, 1993; Rogers, 1996, as cited in Morton & Duck, 2001). This resulted in the employment of health-related messages presented in mass media that aim to change health practices.

Many health messages are incorporated in food and beverage advertisements. Some companies have altered their advertising strategies and shifted to health as their selling point as more and more products are being advertised for their health benefits (Freimuth, Hammond & Stein, 1988). The presentation of nutritional information is used as an advertising approach to sell a product, thereby resulting in an ideal picture of health and a healthy lifestyle (MacBride, 1980, as cited in Hovland & Wilcox, 1989; Signorielli, 1993). Useful information can be derived from advertisements because they reinforce and confirm health issues and problems (Garcia, 1998). In line with the role of media in communicating health messages, this study looks into how a healthy lifestyle is communicated in television advertisements. It also explores media's potential to effect positive health behaviors and influence people's attitudes regarding healthy lifestyle choices.

Audience Segmentation: Attitudes and Behaviors

Audience segmentation is employed in advertising to be more effective in promoting the products or services. The messages communicated vary, depending on the specific target audience. Slater defines audience segmentation as "a process wherein a large and heterogeneous population is divided into more homogeneous subgroups on the basis of shared characteristics known or presumed to be associated with a given outcome of interest" (1996, as cited in Boslaugh, Kreuter, Nicholson & Naleid, 2005). Hence, targeting the audience also entails using the specific media they subscribe to based mainly on such

characteristics as age, sex, and most especially socio-economic class. A large portion of television advertisements are presented in the prime-time block which reaches a vast and diverse set of audiences (Hackley, 2005).

Since people vary in terms of their health needs, their knowledge, attitudes and behaviors toward health messages vary as well. In this study, audience segmentation is considered when looking at how attitudes and behaviors might differ across socio-demographics lines. Segmentation is done on the basis of socio-demographics—age, sex and socio-economic status. Considering the varying characteristics of the prime-time audience, exploring audience segmentation in terms of demographic characteristics and how each relate to people's processing of and response to advertising messages is essential to our understanding of audience effects.

Media and Its Influence on Attitude and Behavior

Many attest to the capability of media to alter people's attitudes and behaviors (Freimuth, O'Keefe, Boyd & Brown, 1998; Freimuth, Hammond & Stein, 1988; Hyland, Wakefield, Higbee, Szczypka & Cummings, 2006; Kincaid, 2000; Morton & Duck, 2001; Potot, 2000). However, there are also those who oppose this idea, and many argue that the media can increase awareness and may influence intentions, but it does not guarantee change in behavior (Flay & Burton, 1990; Marcus, Owen, Forsyth, Cavill & Fridinger, 1998; Rogers & Storey, 1987, as cited in Morton & Duck, 2001). Klapper (1960) and Hyman and Sheatsly (1947) (in Morton & Duck, 2001) on the other hand, believe that instead of changing beliefs and behaviors, the media actually reinforces prevailing beliefs due to the audience's selective exposure to media messages that support their own way of thinking.

Germane literature indicates that mass media can serve as an important venue for disseminating health information (O'Keefe, Boyd & Brown 1998 as cited in Morton & Duck, 2001). Television can be an effective vehicle for addressing health issues as TV programs increase people's awareness on health matters (Dumo, 1997; Meija 1997; Ricaflanca, 2002). One example is the ***Kellogg***'s campaign to promote the consumption of fiber, and in the process, promote its own fiber-enhanced cereal. The campaign had a significant influence on the knowledge, attitudes and practices of consumers regarding the consumption of fiber in general (Freimuth, Hammond & Stein, 1988). In a similar light, smokers exposed to anti-smoking health campaigns were able to reduce and eventually quit smoking (Hyland et al., 2006).

Framework

This study utilized several theories and models in order to further understand the phenomenon in focus—the role of health advertisements in the audiences' adoption or non-adoption of a healthy lifestyle. These theories include the Social Cognitive Theory by Bandura, the Standpoint Theory as applied to communication by Wood and Stanback, the Health Belief Model developed by Hochbaum, Rosenstock and Kegels, the Protection Motivation Theory by Rogers and the Theory of Planned Behavior/Reasoned Action by Azjen and Fishbein.

The Social Cognitive Theory proposes that behaviors are highly influenced by internal personal factors, feelings and external environmental factors. Moreover, through the concept of "reciprocal determinism" (Glanz, Rimer & Lewis, 2002), it asserts that each of the three factors has the ability to influence and affect the others.

While the first theory emphasizes factors that influence behavior, the Standpoint Theory deals with those that affect a person's experience of a particular phenomenon. It states that a person's "multiple identities overlap" (Littlejohn, 2002: 89) and that these identities form that person's own standpoint regarding the phenomenon. Different people have different standpoints depending on their identities, which are dictated by their "race, class, gender, and sexuality" (Littlejohn, 2002: 89).

The Health Belief Model aims to "explain and predict behaviors" (Rosenstock, 1966), primarily by understanding a person's attitudes and beliefs. The first few constructs of the model were perceived susceptibility, perceived severity, perceived benefits and barriers. Collectively, they constitute the person's "readiness to act". Recent additions to the model are constructs such as "cues to action", which activate the person's readiness and "self-efficacy", which is the person's ability to successfully carry out a particular behavior.

The Protection Motivation Theory is concerned with how behaviors are facilitated by cognitive factors, and thus supports and complements the Social Cognitive Theory and the Health Belief Model even more. In fact, the concepts of perceived severity, perceived susceptibility (vulnerability in the Protection Motivation Theory) and self-efficacy can be found in both the Health Belief

Model and the Protection Motivation Theory. The latter however, is distinct due to its "threat appraisal process and coping appraisal process" (Rogers, 1983). The two processes may lead to two kinds of behaviors, the adaptive which will help to decrease the health risk, and maladaptive, which will increase the health risk. In relation to this, the concept of response efficacy is introduced. The response efficacy is the expectancy that the behavior to be carried out can eliminate the health risk (Rogers, 1983).

Finally, the Theory of Planned Behavior/Reasoned Action emphasizes the role of intention in behavior change. It proposes that intention determines the actual execution of a behavior. However, the intention is also influenced by one's attitude toward the behavior (Ajzen & Fishbein, 1980).

In utilizing the aforementioned theories, the audience's beliefs about what comprises a healthy lifestyle can affect his/her awareness and understanding of a health message. Their knowledge of health information is influenced by factors such as accessibility of sources, availability of time to seek out information and their interest in pursuing information on healthy lifestyle. Those with access to more sources, have more time to seek information and have strong interest in an issue may have more knowledge about health advertisements and health messages in general than those who do not.

Knowledge, in turn, affects their attitudes towards healthy lifestyle and their perception of the importance of a healthy lifestyle as projected in the health advertisements. The respondents' and informants' attitudes toward and the perceived importance of healthy lifestyle are also affected by their individual health conditions or diseases they have acquired or might acquire. Those with certain health complications might place greater emphasis on healthy lifestyles and give it more importance than those who do not.

How one feels toward a health message would affect one's willingness to adopt the healthy lifestyle choice depicted in the advertisement. The willingness to adopt healthy practices and cease unhealthy ones is affected by one's evaluation of the costs, either monetary or emotional, and the benefits, such as longevity. One's intention to adopt a behavior is predicted by the importance placed on perceived costs and the benefits of doing so. Those who place more weight on the benefits are more likely to have the intention to adopt healthy lifestyle than those who place more weight on the costs.

Actual behavior, which is either the adoption or non-adoption of a healthy lifestyle, is therefore influenced by the audiences' knowledge of, attitude towards and intention to adopt the healthy lifestyle choice that is portrayed in advertisements. Behavior is affected by the person's ability to adopt or maintain the health practices or to quit the unhealthy practices. If a person believes that he/she is capable of doing so, then he/she is more likely to adopt and maintain a healthy lifestyle.

Method

Research Design

This study employed both quantitative and qualitative approaches in its research design. The research methods were key informant interviews and a survey. These were used to obtain information regarding people's knowledge, attitudes and behaviors regarding healthy lifestyles. The key informant interviews provided in-depth information about the topic, while the survey method served as a supplement to identify trends regarding the attitudes and behaviors of different groups of people, classified by their socio-demographic characteristics. For the key informant interviews, an interview guide was developed. The guide probed into people's knowledge regarding a healthy lifestyle, assessment of their lifestyles, awareness of health advertisements, attitude toward the health messages and their practice of a healthy lifestyle. Finally, a two-page interviewer-administered questionnaire was used in the survey to determine people's awareness of health advertisements, attitudes toward health messages and their practices regarding healthy lifestyle.

Sampling Procedure

A total of 36 informants were selected for interview through criterion sampling, with each fitting subgroups defined by sex, age and socio-economic status.

For the survey, 200 respondents were selected through multi-stage sampling. Of all the cities in Metro Manila, Quezon City was chosen because it is the largest city in terms of land area and population, and is diverse in terms of age and socio-economic status (Quezon City, 2007). Simple random sampling was used to select four barangays, each representing a Quezon City district: Barangay Project 6 for District I, Barangay North Fairview for District II, Barangay Pansol for District III, and Barangay Kamuning for District IV.

However, due to high refusal rates in the area, the researchers replaced Barangay Kamuning with Barangay Sikatuna to represent District IV. Stratified random sampling was then used to determine the number of respondents to be selected from each barangay. Since the four barangays more or less have the same population size, 50 respondents were interviewed for each barangay. Convenience sampling was employed to select the respondents, given the high refusal rates when strategic probability sampling employing the Kish grid was used during the initial phase of the data-gathering period.

Data Gathering and Collection

The survey was administered to determine people's knowledge, attitudes and behavior toward adopting a healthy lifestyle. On the other hand, the key informant interviews were conducted to enable the researchers to probe deeper into the aspects of healthy lifestyle as communicated in advertisements. The interviews asked about reasons (motivations and barriers) behind the adoption or non-adoption of a healthy lifestyle.

Data Analysis Procedures

Findings from the key informant interviews were grouped into categories based on responses regarding knowledge, attitudes and behavior toward healthy lifestyle and were then analyzed through exemplars. On the other hand, data from the survey were analyzed through frequencies to describe the respondents and their viewing habits, and assess their lifestyles in terms of health and present health conditions. Frequencies were used as well as to determine the advertisements which the respondents were most familiar with and those which they think depict aspects of a healthy lifestyle. Mean scores were computed for each health message to determine the respondents' attitude toward the health messages of the advertisements, their perceived importance of health practices in the adoption of a healthy lifestyle and the health practices the respondents adopt from the health advertisements they see.

For the respondents' attitude, which is determined by whether they agree or disagree with the health message, scores were assigned to the responses: 5 = strongly agree, 4 = agree, 3 = neither agree nor disagree, 2 = disagree, and 1 = strongly disagree. Responses of "don't know", "not applicable" and refused were filtered out. Each respondent was assigned a value for attitude by computing a composite score which is the mean of their responses in the items on attitude. Respondents were also assigned composite scores for all the items regarding their perceived importance of health practices in maintaining

a healthy lifestyle. Their ratings of the health practices were scored as follows: 5 = very important, 4 = important, 3 = relatively important, 2 = unimportant and 1= very unimportant. Composite scores were also computed per healthy lifestyle dimension (i.e., physical fitness, proper diet, clean living, mental and emotional well-being, and prevention of diseases) to come up with a general idea of their perceived importance of the practices which belong to different dimensions. For the respondents' behavior measured by their adoption of the health practices they saw on the advertisements, scores were assigned as well to their responses: 5 = currently doing regularly, 4 = currently doing irregularly, 3 = done before but stopped, 2 = planning to do, and 1= no intention of adopting. Unchecked items will not be included in the computation of the respondents' composite scores. The computed mean and composite scores were used to describe trends in the responses.

Results

Knowledge, Attitudes and Behaviors Regarding Healthy Lifestyle

Respondents and Informants' Profile. In this study, 36 Metro Manila residents served as informants for the focus interview—there were equal number of males and females, young, middle-aged, and old informants, and informants of high, middle and low socio-economic status (SES). For the survey, 200 residents from the four barangays of Quezon City (Project 6, North Fairview, Pansol, and Sikatuna) served as the respondents. Majority (59%) were female and, in terms of age, the young comprised less than half (47.5%) of the respondents, while in terms of socio-economic status, most (72%) of the respondents belonged to the middle SES.

Lifestyle Assessment. When asked about their lifestyle, 40.5% of the respondents who answered the survey rated their lifestyles as fair and 35% rated their present health condition fair as well. However, when mean scores were computed, present health condition (3.69) was rated slightly higher than lifestyle (3.60).

The informants in the interviews, on the other hand, were asked whether they considered themselves as health conscious. Here, more informants claimed to be health conscious. This health consciousness is manifested mainly by monitoring what they eat and avoiding food which they consider to be unhealthy and bad for them.

Knowledge on Healthy Lifestyle. It was revealed in the key informant interviews that the informants' general idea of a healthy lifestyle was that of a holistic one, wherein all facets of life are healthy. More specifically, the primary aspects of healthy lifestyle identified by the informants included having a balanced diet, being physically active, having a sound mind, having no vices and being free from disease. The informants cited various sources of information regarding healthy lifestyle, ranging from media such as TV and magazines, to personal sources such as health experts and friends. Although the informants had varied sources, their most trusted sources were the same—health experts and respectable publications. Despite having different sources, most informants did not actively seek out information regarding healthy lifestyle. According to them, there is enough information already available to them in media and other sources, so there is no need to actively search for it.

Attitude Regarding Healthy Lifestyle. Moving on to the viewers' attitudes regarding healthy lifestyle, the respondents of the survey had a positive attitude toward the health messages of the advertisements. The highest rating was given to the message, "Protect your organs to live longer" (4.8), while the lowest rating was given to the message, "Looking good makes you feel good" (4.09).

The informants stated in the interviews that they generally feel positive toward the health messages in the advertisements, mainly because these serve as reminders to maintain a healthy lifestyle. Still, some disapproved of the health messages, saying they doubt the validity of such claims. Some believed that facts were being distorted to manipulate viewers. Some informants also objected to using food supplements to achieve good health.

Aside from the health messages of the advertisements, the informants were also asked about their attitude toward the healthy lifestyle portrayed in the advertisements. Many of the informants felt positive toward the healthy lifestyle portrayed in the advertisements as well, saying that it was realistic and attainable with determination and discipline. Conversely, those who did not feel positive toward the healthy lifestyle claimed that it was too idealistic and impractical for other people. Moreover, others felt negative toward the healthy lifestyle portrayed by the advertisements because these allegedly mislead viewers and promote dependence on the products or supplements.

Practice of Healthy Lifestyle. From the interviews, it was found out that the informants engaged in several healthy activities such as eating a balanced diet

and doing simple physical activities like walking, jogging or playing sports. They do these activities in order to prevent diseases and live longer. However, most of them also admitted having unhealthy practices, such as overindulging, eating unhealthy food, and having vices such as smoking and drinking. They said these unhealthy activities serve as stress relievers and are sometimes unavoidable during social occasions. The interviews also revealed that informants are influenced by personal factors such as their health condition and their own interests in doing the healthy practices that they do, while social factors such as peer pressure are the main influence for engaging in unhealthy practices.

Moreover, it was mentioned in the interviews that given the chance, they would want to go to a gym, get into a fitness program and go on a diet. At present, they are not able to do so because they lack time due to their busy schedules. Also, they would want to stop overindulging and avoid or cut down their vices. However, they are not able do so because they are long-standing habits that are difficult to stop.

Adoption of Healthy Lifestyle. In the survey, respondents were asked which health activities depicted in the advertisements they would adopt. "Including vegetables as part of the diet" had the highest mean score (4.64) while "taking food supplements" had the lowest mean score (3.35). The advertisements also had an effect on certain aspects of the informants' idea of a healthy lifestyle, as they provided new information.

Based on the interviews, the advertisements also influenced the informants to adopt certain aspects of the healthy lifestyle that were portrayed. However, the informants would adopt only those activities which they deemed to be relevant to them. They do not plan to purchase and use the products advertised.

Differences in Terms of Sex. In assessing their lifestyles, female respondents in the survey rated their lifestyles and present conditions higher than the male respondents did.

In the interviews, most females claimed to have a healthy lifestyle, while most males rated their lifestyle as moderately healthy to unhealthy. Likewise, females tended to be more health conscious than males. While most females were constantly health conscious, males only started being health conscious when they felt symptoms of ailments.

Female informants had a more holistic view of what constitutes a healthy lifestyle: a balance in the various aspects of life. The male informants, on the other hand, cited physical activities and sports.

Looking at their attitudes toward a healthy lifestyle, the survey results revealed that female respondents rated the health messages higher than the males did. More females regarded the health messages positively rather than negatively saying the messages helped to promote a healthy lifestyle. Males, on the other hand, believed that although the messages presented facts, these did not constitute sufficient information regarding a healthy lifestyle. Females also had a more positive view of the healthy lifestyle portrayed in the advertisements than the males. More females believed that the healthy lifestyle portrayed in the advertisement was realistic and attainable, while more males believed that the healthy lifestyle in advertisements was idealistic and generic.

The survey results also showed that the aspect of a healthy lifestyle that had the highest importance rating from the females was that of a healthy diet (4.77). Physical fitness garnered the highest importance rating from the males (4.59). On the individual items, females cited "eating nutritious foods and drinks" (4.91) as the most important, while the item with the lowest mean score was "taking food supplements" (4.18). For the males, "protecting the organs" had the highest mean score (4.85), while "avoiding or moderating alcohol intake" had the lowest ore (3.93).

In the interviews, female informants cited a balanced diet and exercise as part of their healthy lifestyle. Male informants, on the other hand, said they engaged in physical activities such as walking and jogging and sports to remain fit and to avoid diseases.

For the females, their unhealthy practices involved eating unhealthy food (sweets, salty foods and red meat), overeating and lack of exercise. The males, on the other hand, admitted to having vices and not getting enough sleep. Personal factors such as lack of discipline, laziness and the emotional gratification are the reasons that female informants continue with their unhealthy activities. For the male informants, factors such as social occasions serve as the context for doing unhealthy activities. Both male and female informants said that given the chance, they would want to work out in the gym or get into a fitness program. However, due to lack of time and discipline, they are not able to do so. They

would also want to quit their vices practices such as overindulging in unhealthy food. Lack of discipline, however, prevents them from quitting.

Differences in Terms of Age. The survey results showed that among all the age groups, respondents in the old group gave themselves the highest rating (3.67) for lifestyle in general, while the middle-aged group had the highest rating (3.80) for present health condition. The young group had the lowest rating for both lifestyle and present health condition with mean scores of 3.56 and 3.62, respectively. This trend is reflected in the findings of the focus interviews which showed that the old respondents considered their lifestyle as healthy because at their age, they needed their lifestyle to be healthy in order to live longer. Nonetheless, they rated themselves lower for present health condition because they are already experiencing health issues brought about by old age. Many of the informants from all age groups said they are health conscious. However, their reasons for doing so vary. The young are health conscious because they see it as a preparation for their future. The middle-aged are health conscious because they are starting to feel several health complications while the old are health conscious because they believe that they need to be so. The different age groups also emphasized different aspects of a healthy lifestyle. The young focused on physical fitness. The middle-aged emphasized the importance of having a sound mind and the ability to handle stress. The old focused on having no vices so they could live longer.

In terms of attitude, the middle-age group rated the health messages higher than any age group for most of the items, while the young group rated the messages lower than any age group for most items. However, the message, "Protect your organs" was unanimously given the highest rating by the respondents, with mean scores of 4.78, 4.83 and 4.77 for the young, middle-aged and old groups, respectively. The health message, "Looking good makes you feel good" was rated lowest by the young (4.05) and middle-aged (4.04), whereas "Being stress-free means being healthy" was rated lowest (3.73) by the old. Based on the findings from the interviews, however, the young and old felt positive toward the health messages of the advertisements, while the middle-aged were divided in their views. While many of them felt positive toward the health messages of the advertisements, some believed that those were just marketing strategies meant to increase profit. When asked about their attitude toward the healthy lifestyle portrayed in the advertisements, many of the informants regarded the healthy lifestyle in the advertisements positively,

because these served as reminders to lead healthy lives. However, many of the middle-aged informants raised concerns regarding the attainability of the activities in the advertisements.

Consistent with their high ratings of the health messages, the middle-aged group gave the highest ratings of importance to all aspects of a healthy lifestyle, except "good mental and emotional state," in which the young group had the highest rating. In terms of specific items, "eating and drinking nutritious foods and drinks" had the highest rating (4.92) and "moderating intake of fatty foods" had the lowest rating (4.23) from the young group. For the middle-aged, "protecting the organs" had the highest importance rating of (4.88), while including "vegetables as part of the diet" and protecting the organs had the highest rating (4.90) from the old. The middle-aged and old groups gave the lowest importance rating to taking "food supplements", with mean scores of 4.29 and 3.97 respectively.

In line with their idea of a healthy lifestyle, the young informants disclosed in the interview that they maintain a balanced diet with fruits and vegetables and exercise, perform physical activities such as walking or playing sports. They do these because they feel healthy when engaging in these activities. Middle-aged informants also maintain a balanced diet with less carbohydrate intake, exercise and play sports. Some of the middle-aged informants are also starting to cut down or quit their vices. This is may be attributed to the fact that some of the middle-aged informants admitted that they were starting to feel some complications in their bodies. The old informants maintain a balanced diet as well with more vegetables and do simple physical activities like walking and follow doctors' orders to stay healthy. They engage in these practices in order to avoid disease and live longer.

Despite being physically fit, the young informants had their share of unhealthy practices. Many of them overindulge, stay up late and have vices and explain these away as stress-relievers. The middle-aged and old, on the other hand, eat unhealthy food. They also have vices, such as smoking and drinking. They do these unhealthy activities because they find these enjoyable and also because of peer pressure. Difficulty in kicking a habit is also a problem. For all ages, personal factors are the biggest influence in practicing healthy activities. These personal factors include the person's health condition and susceptibility to disease and his/her interest in the health activities.

Given the chance, the young informants said they would want to get into a health program, go on a diet, take up a new sport, exercise and take vitamins. Those who said they wanted to get into a program, diet or take up a new sport, said they are not able to do so due to the lack of time. For those who want to take vitamins, the lack of money was the reason for not being able to do this. Those who indulge in food want to change this behavior but they also cite the emotional fulfillment they get from it. Those who have vices said that as of now, they have no intention of stopping these. The middle-aged informants would want to work out in the gym but because most of them are working, they don't have the time. They also would want to stop their vices, particularly smoking. The informants said they could not quit the unhealthy practices that they do because they have become accustomed to doing these activities and their bodies crave for these. The old informants, on the other hand, want to exercise but they are not able to do so because they tire easily. Those with vices also want to quit, but they are having a hard time doing so because they have been doing these unhealthy activities for a long time now.

Differences in Terms of Socio-Economic Status (SES). Middle SES and high SES survey respondents rated their present health condition higher than their lifestyle, while low SES respondents rated their lifestyle (3.64) higher than their present health condition (3.50). High SES respondents rated themselves higher than any other SES group for both lifestyle and health condition.

This trend is supported by the findings from the interview which show that high SES respondents consider their lifestyle as healthy despite certain health problems. Most informants are health conscious regardless of socio-economic status. The low SES respondents, however, associate health consciousness with age: they believe that one becomes more health conscious as one gets older. For the middle-aged SES informants, being health conscious is manifested mainly in their diet because they watch what they eat and follow doctors' orders regarding what to eat and what not to eat. The high SES informants have a broader view of being health conscious, meaning they watching their diet and engage in physical activities.

The informants' idea of a healthy lifestyle overlap and generally consists of having a balanced diet and exercise. However, having enough sleep, being able to handle stress, maintaining a happy disposition and being able to do things one needs to do were also part of the low SES informants' idea of a healthy lifestyle. The most important aspect of healthy lifestyle for the low SES group

was eating the right amount and kinds of food. Being free from disease was one aspect that was important to the middle SES informants, while balance in all aspects of life proved to be important among the high SES informants.

For all the health messages, the low SES group had the highest rating than any SES group in the survey. In terms of individual items, the low SES group rated the message, "Protect your organs," the highest (4.90) and "Looking good makes you feel good" the lowest (4.36). The middle SES group gave the highest rating to "Being healthy translates to a positive well-being" (4.94), while giving the lowest rating to "Looking good makes you feel good" (4.01). On the other hand, the high SES group, rated "You can do more if you are healthy" the highest (4.86) and "Being stress-free means being healthy" the lowest (4.00).

From the interviews, it was revealed that while some of the low SES informants regarded the health messages positively, most of them did not believe in the messages because these were shown in advertisements and were therefore used only to increase sales. More middle SES informants felt positive toward the messages of the advertisement in the sense that these are good for the body. However, some were concerned that people tended to just rely on the products without adopting healthy lifestyles. The high SES informants, on the other hand, agreed with the idea of promoting a healthy lifestyle but recognized other contributing factors to achieve this.

Consistent with their high ratings for the health messages, the low SES group respondents also had the highest importance ratings in the survey for most of the aspects of healthy lifestyle. Physical fitness and prevention of diseases had the highest rating (4.69) from the low SES group, while good mental and emotional state had the lowest (4.62). The middle SES group gave the highest (4.68) rating to healthy diet and the lowest rating to good mental and emotional state as well. The high SES group rated healthy diet as the highest (4.67) and prevention of diseases the lowest (4.36). Regarding specific items, the low SES group rated "protecting the organs" the highest (4.95) and "moderating intake of fatty food" the lowest (4.24). The middle SES had the highest rating for "protecting the organs" (4.87) but had the lowest rating for "taking food supplements" (4.18), a reflection of the concern of the middle SES informants about relying too much on health products. The high SES respondents also rated "taking food supplements" the lowest (3.93) and "including vegetables as part of the diet" the highest (4.93).

The interview findings showed that the low SES and middle SES had the same healthy practices such as having a balanced diet with fruits and vegetables, engaging in sports and other physical activities. They do these healthy activities to avoid disease and to live longer. The high SES informants, on the other hand, are able to meet their health needs by eating a balanced diet, engaging in physical activities, having exercise and avoiding or quitting vices. The low SES and middle SES informants drink and smoke, and have unhealthy habits, such as eating unhealthy foods, eating too much or not eating at the right time and staying up late. They say these are unavoidable and sometimes necessary in social settings, and because they have gotten used to doing these activities. The high SES informants, on the other hand, lack exercise and have vices as well. Personal factors like lack of discipline and gratification obtained from such unhealthy activities contribute to the continuation of these unhealthy practices. The informants' health condition and their vulnerability to diseases are their main reasons for engaging in healthy activities, while friends and peers are the main influence for unhealthy activities.

Given the chance, most of the low SES and middle SES informants would want to get into a diet or fitness program, undergo a general check up and take vitamins. However, they are not able to do these due to financial constraints. The high SES informants also wish to do physical activities like working out or going to the gym but are also not able to do so due because of their busy schedule or other priorities. The informants, including most of those in the low SES group, also said they would want to quit some of their unhealthy practices such as engaging in vices and overindulging. Nonetheless, they find it hard to resist these mainly because they have been used to doing them for a long time. The middle SES informants would want to stop their vices, but they find it hard to quit or cut down their vices saying these are unavoidable, especially when there are social occasions and they find themselves craving for their vices. This is not the case for the high SES informants, however, who would want to stop overindulging and eating unhealthy foods. The main thing that prevents them from doing so is the gratification they get from these unhealthy activities.

Discussion and Conclusions

Health messages in advertisements also had some effect on the knowledge, attitude and behaviors of the viewers. In previous studies, advertisements were found to have increased viewers' awareness (Dumo, 1997; Mejia, 1997;

Ricaflanca, 2002) regarding healthy lifestyle. By providing new information, the advertisements enhanced or changed the viewers' idea of a healthy lifestyle.

The advertisements also brought about a positive attitude toward a healthy lifestyle by providing various models and examples that the viewers can follow. Because of their visibility, the advertisements also served as reminders to viewers to be conscious of their health. This supports previous claims that media has the potential to sell positive health behavior (Wallack, Dorfman, Jernigan, & Makani, 1993).

Looking at their effect on viewers' behavior, it can be said that to some extent, the advertisements influenced viewers to adopt the healthful activities they portrayed, or at the very least instilled the intention to adopt a healthy lifestyle. This supports Kincaid's claim that media has the capacity to influence one's ideas and behavior (2000). However, findings also showed that although the viewers were willing to adopt some aspects of a healthy lifestyle, they will adopt only those that they deem relevant. This, on the other hand, reinforces the assertions of Hyman and Sheatsly (1947) and Klapper (1968) as cited in Morton and Duck (2001) which state that instead of changing beliefs and behaviors, the media actually reinforces prevailing beliefs due to the audiences' selective openness to media messages that support their own way of thinking.

Regarding the differences in knowledge and attitude across socio-demographics, the findings were consistent with the Standpoint Theory which stipulates that a person's experience of a particular phenomenon is affected by his or her multiple identities characterized by socio-demographics such as sex, age and class (Littlejohn, 2002). However, the differences regarding the reasons for the adoption or non-adoption of healthy lifestyle are better explained by the health theories of Protection Motivation and the Health Belief Model, wherein the concepts of perceived susceptibility and self-efficacy play a vital role. According to these theories, a person's health behavior is highly dependent on how vulnerable he or she is against health threats and how capable they are of adopting the desired health behavior (Rogers, 1983). In this study, the viewers' reasons for their adoption or non-adoption of a healthy lifestyle stemmed from whether or not they feel they are at risk of acquiring diseases brought about by an unhealthy lifestyle and whether they are capable of living a healthy lifestyle.

This study looked into how advertising affects viewers' knowledge, attitude and behavior regarding healthy lifestyle, as well as how the viewer's knowledge,

attitude and behavior regarding healthy lifestyle vary across socio-demographics of sex, age and socio-economic status. The health messages serve as reminders to live a healthy lifestyle. The health advertisements also influenced the audiences to adopt some of the health practices communicated, but only those that are relevant to them. The primary reason for the adoption of a healthy lifestyle is to live longer, while reasons for the non-adoption include the high cost or the lack of time to maintain a healthy lifestyle. The knowledge, attitude and behavior of viewers varied across socio-demographics as their respective sex, age and socio-economic status affected their take on healthy lifestyle. Over all, it can be said that advertisements increased awareness and elicited positive attitude regarding healthy lifestyle. However, they were not sufficient to cause its adoption readily because personal factors for non-adoption appear to have more influence on viewers.

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