Editorial

Message Framing in Health Education: Which Message Framing is more Effective?

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Today, one strategy that has received increased attention in the health education literature is message framing. Framing has been shown to impact attitudes toward and intentions to engage in health behaviors. However, how message frame may alter individuals' decisions to have health behavior, and under which conditions different frames are effective for different health behavior remain to be investigated.

Message framing is based on Prospect Theory [1], a behavioral economic theory that posits that framing a behavior in terms of the costs of not adopting the behavior (loss-framed), or benefits of adopting health behaviors (gain-framed) can have significantly different effects on individuals' decision making [1, 2].

This theory proposes that individuals' receptivity to different message frames would depend on the perceived risk of the behavior being advocated by the message [2]. Specifically, loss-framed messages were proposed to be more effective when advocating behaviors associated with greater risk or uncertainty (e.g., screening behaviors, which involve some risk of detecting an undesired illness). In contrast, gain-framed messages were proposed to be more persuasive when advocating behaviors associated with relatively safe or certain outcomes (e.g., preventive behaviors, which are highly effective if used correctly) [3, 4]. In addition, the effectiveness of the message frame is attributed to individual characteristics, as well as message presentation characteristics [5]. About individual characteristics, it has been, for instance, hypothesized that gender may moderate message framing effects due to gender differences in risk perception [6].

To see how message presentation characteristics might work, imagine a patient newly diagnosed with diabetes who is presented with the treatment options of lifestyle modification and medication. Reaction to a framed message

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about those options could be influenced by his/her perception of risk for the two behaviors. He/she might view eating a healthy diet and exercising as relatively safe because they are common behaviors associated with health more generally. In contrast, he/she may view taking medication as riskier because it is relatively less familiar than eating a healthy diet and exercising. Based on risk perceptions, one might expect him/her to be more persuaded to engage in lifestyle modification if presented with a gain-framed appeal but more persuaded to take medication if presented with a loss-framed appeal [7].

Given the importance of messages in changing behavior, and this fact that different message frames work differently for different people, target behaviors, and situations, more studies should examine the conditions under which gain- and loss-framed messages can promote healthy behaviors and reduce risk behaviors.

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