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**THE IMPACT OF SOCIAL INFLUENCE ON BABY FOOD
CONSUMERS' INTENTIONS AND ATTITUDES**

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Trabalho de Mestrado apresentado à Universidade Europeia como requisito parcial para a obtenção do grau de mestre em Gestão e Estratégia Empresarial

Orientadora: Doutora Professora Márcia Herter

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Abstract

It is widely known that several factors are involved and impact baby food consumer's behaviours. Communication (mainly with parents) is a very crucial aspect in Baby Food business, where understanding what really impacts the consumer intentions and attitudes can be a key success factor. In this sense, the present research aims to understand the impact of social influence on consumers' intentions and attitudes and how Regulatory Focus may moderate this relationship. In this stage, parents are very permeable to social influence coming from different social groups (both ingroup and outgroup). Although it is expected that other parents may have a greater influence (ingroup bias), paediatricians (outgroup) are still a reference that strongly influences parents' intentions and attitudes towards their baby. This high credibility that came from paediatricians could overlap the strength of ingroup bias and make the outgroup a stronger influencer. Another factor that can impact the communication success is the Regulatory Focus theory, that postulates that same individuals may have the same goals, but they differ in the way they will use to reach them (with promotion or prevention focus). In terms of communication, promotion-focused individuals seek information about desired properties of a product and those that are related to approaching positive outcomes. On the other hand, prevention-focused individuals tend to look for information regarding product's shortcomings and to product-related features that do or do not help them avoid negative outcomes. This research applied a quantitative research method. An experiment tested the influence of four different baby food communications (ingroup-promotion; ingroup-prevention; outgroup-promotion; outgroup/prevention) on consumers' intention to recommend, attitude toward brand, and intention to purchase. Results showed that Social influence did not impact intention to recommend. Attitude toward brand and purchase intention were positively impacted by the outgroup (versus ingroup). Relative to the Regulatory Focus as a moderator, there was no impact of the different communications using promotion/prevention on consumers' intentions and attitudes. Results are discussed for social influence, regulatory focus, and communication effectiveness for baby food consumption in theoretical and managerial levels.

Keywords: social influence; ingroup bias; outgroup; credibility; regulatory focus; baby food consumption.

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1 Introduction

It is widely known that several factors are involved on baby food consumers behaviours. Khan (2006, p. 9) defines consumer as “anyone who engages himself in physical activities of evaluating, acquiring, using or disposing of goods and services”. In this sense, despite child is the final consumer of the product and parents the purchasers, the present work will consider parents as consumers, once baby food communication and purchase experience are made fundamentally to parents (Fuentes & Brembeck, 2017). This stage of life (0-36 months) is a crucial growing moment where feeding plays a key role on infants’ nutritional status and on individual’s future health (Nicklaus, 2015). The market of infant nutrition usually includes all foods for children from 0 to 36 months, and the industry face many challenges on promoting these products. In Portugal, this business moves around 100M€/year (Nielsen, 2019), distributed by more than 15 companies. Communication, mainly with parents, is a very crucial aspect in the business of baby food, where understanding what really impacts the purchase moment can be a success key.

When a child arrives to the family, their parents are very permeable to be influenced. They are seeking for information and many factors can influence their consumer behaviour. Influence can come from ingroup people (all who share the same situation as parents, same beliefs, family) or from outgroup (people from another social category, different ways of thinking, race, and beliefs) (Dasgupta, 2004). According to the Social Identity Theory (SIT), people tend to favour ingroup (those who are close to them) instead of other groups (Tajfel & Turner, 1986; Rubin & Hewstone, 1998). In this case, the testimony and experience of other parents (ingroup) can impact their choices. On the other hand, paediatricians (outgroup) can have a strong influence on parents, since they have scientific and credible knowledge. Jost *et. al.* (2002) postulates that in specific cases (i.e., when people belong to disadvantage groups regarding academic/intellectual status) the outgroup can exert more favouritism. The medical community generally has a very high level of credibility due to its prestigious academic and professional career (McCarthy, 2019). Hovland, Janis, and Kelley (1953, p.21), in their formulation of communicator credibility, commented it as “the extent to which a communicator is perceived to be a source of valid assertions (his "expertness") and the degree of confidence in the communicator's intent to communicate the

assertions he considers most valid (his "trustworthiness")". Therefore, their credibility (of paediatricians perceived by parents) is a very important variable that must be taken into account, since it can influence the social preference by parents for outgroup (paediatricians).

Still related with consumer behaviour, psychological factors as motivation, perception, learning and memory can also play an important role (Kotler & Keller, 2012). In this context, and according Higgins (1997), there are two different basic motivational systems that regulate human behaviour, namely the promotion focus and the prevention focus. The Regulatory Focus Theory postulates that same individuals may have the same goals, but they differ in the way they will use to reach them. Regarding promotion focus, the individuals are more proactive in pursuing their goals or positive outcomes. Relative to prevention focus, people move away from what they do not want (Higgins, 1997).

Taking all this into account, one question arises: How communication using Social Influence (ingroup and outgroup) related to credibility can affect baby food consumers' intentions and attitudes? The main goal of this study is to understand how communication using Social Influence (ingroup and outgroup) related to credibility can affect baby food consumers' intentions (intention to recommend and intention to purchase) and attitude toward the promoted brand. The specific goals of this study are (1) analyse the credibility level that parents perceive in paediatricians (outgroup) compared with other parents in general (ingroup); (2) analyse how communication using social influence (ingroup and outgroup) can modify baby food consumers' intention to recommend; (3) understand how communication using social influence (ingroup and outgroup) can affect baby food consumers' attitude toward the promoted brand; (4) analyse how communication using social influence (ingroup and outgroup) can modify baby food consumers' intention to purchase; and (5) verify regulatory focus as a moderator variable in the relationship between social influence (ingroup and outgroup) and baby food consumers' intentions (intention to recommend and intention to purchase) and attitude toward the promoted brand.

This dissertation is motivated by a personal interest, once the author works in a marketing department of an infant nutrition business. Being a very attractive business, infant nutrition market represents a 71.4 billion U.S. dollars worldwide, with a growing perspective for the future (Mordor Intelligence, 2018). It is a very dynamic business, where the customer is constantly changing (different baby stages) and communication must be continuous and persistent (every day there are

new parents entering the category). Also, the continuous changes occurring all over the world – and at many levels – not only bring new challenges to people's lives but have an impact on the child nutrition business. For instance, prepared food is expected to hold its highest market share in the baby food segment in the near future (Mordor Intelligence, 2018). The current busy lifestyle of parents and the emergence of a variety of organic and healthy food for infants are the main responsible for the market size of the baby food segment. Consequently, communication in this area is a challenge that can make the difference for the success of the companies in this area (Mordor Intelligence, 2018).

The present dissertation is organised in five main chapters. It begins with an introduction presenting the scope of the work, its objectives and the interest in the topic addressed. The second chapter gathers the literature review, where all the theoretical foundation will be set, including the consumer behaviour, social influence, regulatory focus and communication topics. The following chapter, methodology, presents the techniques used to prepare and collect the necessary data for the work. The results are then presented and discussed on the fourth chapter. It ends with a chapter for conclusions and final considerations, such as the managerial implications, research limitations and suggestions for future studies.

2 Literature Review

The present chapter will address the theoretical fundamentals that support the aim of this work. Firstly, it will be presented the basics of communication and infant nutrition context since they are the fundamental ideas from which the present work derives. Then, the topic on consumer behaviour will be presented, involving their different definitions, perspectives and factors that influence it. The following chapter will address some of the consumers' intentions and attitudes, that in this specific case will be focused on intention to recommend, attitude toward brand and purchase intention. Finally, it will be presented the social influence and the regulatory focus theory. Regarding social influence, Tajfel & Turner (1986) are important authors that formulated the social identity theory that is a reference in this area, and they will be cited in the course of this work. On the other hand, regulatory focus theory were formulated by Higgins (1997) and in this work it will be adressed in communication context. Therefore, the present chapter is divided into five parts: communication and infant nutrition context, consumer behaviour, consumers' intentions and attitudes, social influence and regulatory focus theory,

2.1 Communication and infant nutrition context

Communication is a fundamental part of a day-to-day company business. Organizations use several ways to send their communications and messages to customers, such as through advertisements, brand names, social media, websites, logos, press releases, packaging, promotions, and visual images (Belch & Belch, 2009). Besides that, marketers recognize that there are some customers of particular interest because of their willingness to try new products and ability to influence the purchase intention of another customers, also known by influencers (Kotler & Keller, 2012). The way companies communicate with their target audiences depends on many factors and the knowledge of the communication process is key on the marketing strategy building, as well as what it means in terms of how they create, deliver, manage, and evaluate messages about their organization or their brands (Belch & Belch, 2009).

Communication is widely defined as the process of passing information, ideas or thoughts between a sender and a receiver (Schram, 1961). Although it might seem easy, the communication process is often very complex and there are some factors involved in its success: the nature of the message, the audience's interpretations of it, and the environment in which it is received. The perceptions and interpretations of the same message can differ among different people depending on the words, pictures, sounds and colours used in the communication (Schram, 1961). Wilbur Schramm, a famous communication theorist, has proposed a basic model that describes the communication process (Schram, 1961), as shown in Figure 1.

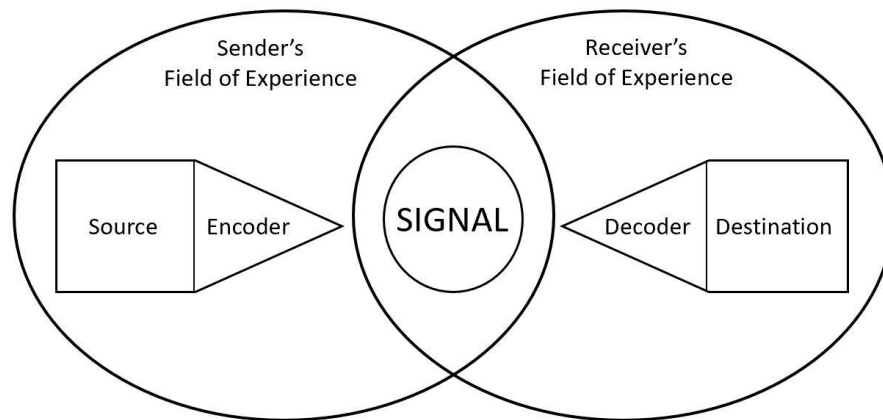


Figure 1. Communication process

Source: based on "The Process and Effects of Mass Communications" by W. Schram, 1961.

Here can be noticed three main elements: the Source/Sender, the Message and the Destination/Receiver. Theoretically, the flow starts on the Sender who encodes a Message and sends it via some channel to the destination, who receive and decode it. As Figure 1 shows, the more Field of Experience are common between Source and Destination, the more communication can take place. On the other hand, if there is no overlap between these two parts (or a small overlap), communication will be more difficult or impossible. Lastly, Noise is an element that is transversally present throughout the process and refers to any factor (external to the system) that hinders the natural communication process (Belch & Belch, 2009).

The Source can be an individual or a nonpersonal entity who has an information to share with another person or group of people. The perception that the Destination/Receiver has about the

Source/Sender will influence how the message is received and interpreted. For instance, the way in that Destination/Receiver believes in Source/Sender (for example in terms of knowledgeability and trustworthiness) will impact the delivery of the message. Therefore, marketers carefully choose every word, picture, symbol and image through which the message will be transmitted. This process, in which Source/Sender prepare the information in such a way that it will be understood by the Destination/Receiver, is known as encoding (Belch & Belch, 2009).

The message is the element that contains the information encoded by the Source. The message may acquire different formats (verbal/nonverbal, oral/written or symbolic) and must be adapted to the channel that will be used (Schram, 1961). The method by which the message is transmitted from the source to the destination is called channel. At a high level we can define two types of channels: personal and nonpersonal (Belch & Belch, 2009).

A personal channel implies face-to-face communication, that is, interpersonal contact. It can be made through salespeople or even by social groups such as friends, family, co-workers, and neighbours that often represent word-of-mouth communication- very relevant for consumers and broadly used by companies to influence them (Medjahdi & Saoudi, 2016; Smith & Vogt, 1995). Nonpersonal channels are all communications made without an interpersonal contact between source and destination. Nonpersonal channel is mostly related with mass media communications, such as radio spot, TV broadcast, direct mail and magazines. Differently from personal, nonpersonal channels are known to influence many individuals at one-time contact (mass communication) (Belch & Belch, 2009).

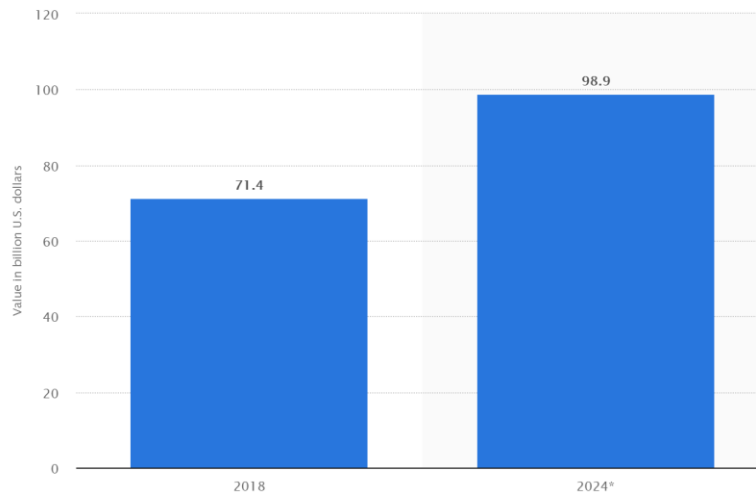
Destination is the person who will receive the message from the Source. The decoding process, that occurs after destination reads, hears or sees the communication, represents the moment when people transform the message received into their own thoughts. As it happens with the source, this process is highly influenced by one's field of experience, that is, the personal experience of a destination will influence the way he understands the message (which may not be the same as the source) (Schram, 1961).

The most effective communication process occurs when the message that the source wants to send (before the coding and decoding moments) is the right message which the destination receives and understands (after coding and decoding moments). For this reason, it is really important for companies to understand what are the real needs of customers are, their field of

experience, the best way to encode the message, and the most impactful channel through which they can communicate (Belch & Belch, 2009).

Knowing that everyone has their own field of experience and background, it is necessary to know deeply the communication's target in order to make it as efficient as possible. Parents are a very specific target that has characteristics which distinguish them from all others because the ultimate consumer is the most important thing for them: their children (Maudlin, Sandlin, & Thaller, 2012). This is a very important insight for marketers since parents are not so price sensitive and are willing to pay more for high quality goods that ensure safety and success (Maudlin, Sandlin, & Thaller, 2012). Every time parents have a baby, but mainly on the first, they are very vulnerable to opinions from family, media, healthcare professionals and friends. Furthermore, advertising in baby food specifically has a significant influence on food choices, food consumption and the health status of children today (Horgen, Harris, & Brownell, 2012). According to Koplan *et al* (2007), "families play a central role in childhood obesity prevention.(...) Innovative approaches are needed to provide families with relevant obesity prevention information, particularly information that is practical, that is easily implemented, and that does not judge or lecture parents".

Thus, communication in baby food can be an important element for companies both to promote their products and promote health through their products. Knowing which type of communication has the most impact in parents will help the brand to leverage its product. Infant Nutrition represents a very important value on the market worldwide: 71.4 billion U.S. dollars, with a growing perspective for the future (Figure 2).



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Figure 2. Market value of infant nutrition worldwide in 2018 and 2024 (in billion U.S. dollars)
 Source. Mordor Intelligence, 2018, <https://www.mordorintelligence.com/industry-reports/infant-nutrition-market>

There are some factors that lead to this growth perspective on infant nutrition market, such as the increase in working mother population, higher spending on baby health, and the rising demand for organic baby food (Mordor Intelligence, 2018). According to with recent surveys, parents are found spending more on their babies compared to previous years (Mordor Intelligence, 2018). Children are considered more worthy of protection than they used to be. In the next few years, it is expected a healthy growth of this market segment (Mordor Intelligence, 2018). At the moment, the fastest growing market is the North American (United States, Canada and Mexico), whereas the largest market is the Asia Pacific (China, Japan, India, Australia, South Korea, Rest of Asia-Pacific).

2.2 Consumer behaviour

The concept of consumer behaviour is quite broad and Solomon (2017, p. 28) defines it as “the study of the processes involved when individuals or groups select, purchase, use, or dispose of products, services, ideas, or experiences to satisfy needs and desires”. Khan (2006, p. 4) describes consumer behaviour as the “decision-making process and physical activity involved in

acquiring, evaluating, using and disposing of goods and services”. This integrative idea is also well present by Hoyer and MacInnis (2008, p. 5), who reinforces the concept of consumer behaviour as the “understanding whether, why, when, where, how, how much, how often, and for how long consumers will buy, use, or dispose of an offering”.

The concept of consumer behaviour involves more than the purchase of tangible products (goods) (Hoyer & MacInnis, 2008). According to Hoyer and MacInnis (2008, p. 3) consumer behaviour includes “consumers’ use of services, activities, experiences, and ideas such as going to the doctor, visiting a festival”. In its early stages of development, researchers addressed this matter narrowing it to the moment of purchase (Solomon & Stuart, 2000). However, it is now recognized that, despite exchange is an integral part of marketing, consumer behaviour is an ongoing process, and emphasizes the entire consumption process, which includes the things that influence the consumer before, during and after a purchase (Solomon & Stuart, 2000). Figure 3 illustrates some issues that arise through the stages in the consumption process (before the purchase, purchase and after the purchase) on both perspectives: consumer and marketer.

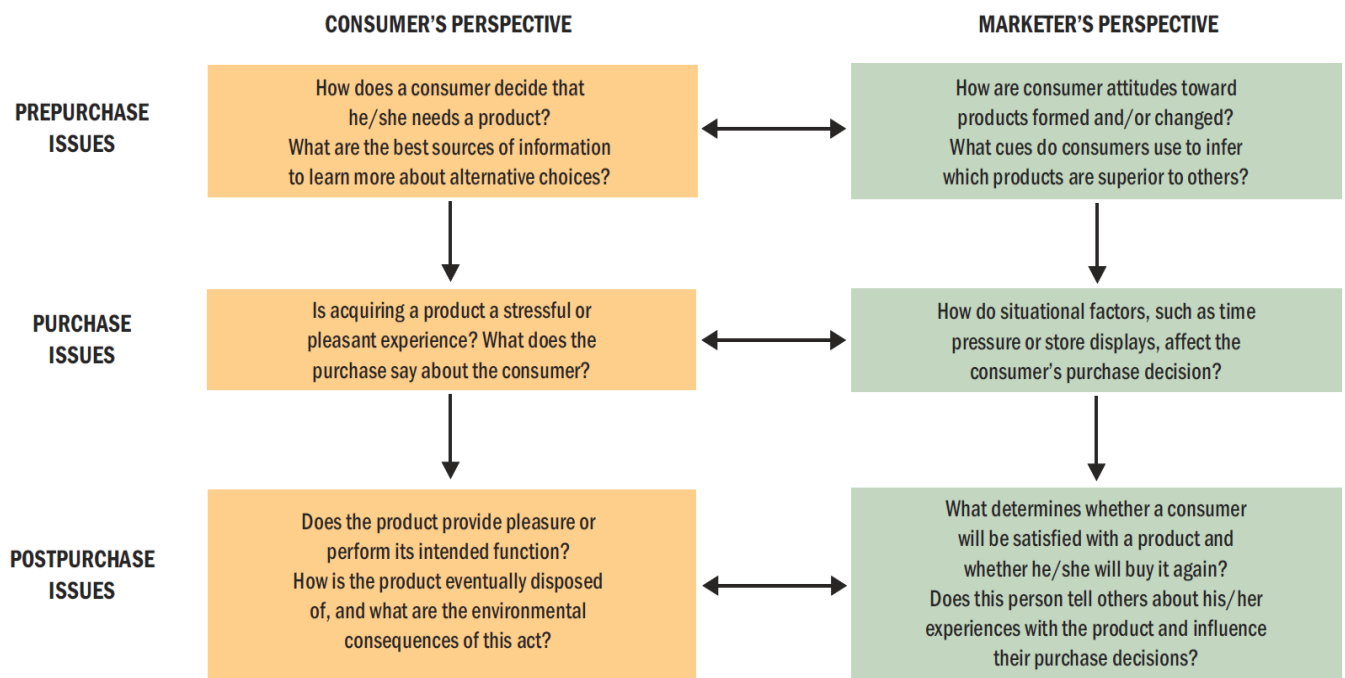


Figure 3. Stages in the consumption process

Source: “Consumer behaviour: buying, selling, and being” by M. Solomon, 2017, p.29

Consumers can take many forms, ranging from a child who wants the last videogame at the market to an adult who wants to take a flight to Maldives for some rest (Solomon & Stuart, 2000). Being a dynamic process, consumer behaviour can involve many people and does not necessarily reflect the action of a single individual (Hoyer & MacInnis, 2008). Thus, the individuals engaging in consumer behaviour can take on one or more roles. The purchaser may not necessarily be the consumer itself. In infant nutrition, for instance, the purchaser is normally the parent, and children ultimately become the consumer (Solomon M. , 2017). On the other hand, other person (family, friends, and experts) can act as an influencer, providing information useful for consumer’s decision (Solomon, 2017). However, in a broader view of the concept, consumer generally refers to anyone involved in one or all parts of the process (before, during, and after the purchase). Khan (2006) defines consumer as “anyone who engages himself in physical activities of evaluating, acquiring, using or disposing of goods and services”. To a better understand, the Table 1 summarizes some of the consumer behaviour roles.

Table 1
Some consumer behaviour roles

<i>Roles</i>	<i>Descriptions</i>
<i>Initiator</i>	The individual who determines that certain need or want is not being fulfilled and purchases a product to fulfill the need.
<i>Influencer</i>	A person who by some intentional or unintentional word or action influences the purchase decision.
<i>Buyer</i>	The individual who actually makes the purchase transaction mostly is the head of the family.
<i>User</i>	The person or persons who consume or use the purchase product.

Note. Source: “Consumer Behaviour and Advertising Management.” by M. Khan, 2006, New Age International Publishers, p.5

Despite children are the final consumer of the product and parents the purchasers, the present work will consider parents as consumers, once baby food communication and purchase experience are made fundamentally to parents (Fuentes & Brembeck, 2017). Understanding consumers’ needs is a relevant aspect in order to fulfil those needs in more efficient way and this should be the focus of every marketing strategy (Hoyer & MacInnis, 2008). The knowledge about

consumers, help organizations to define their market and to identify threats and opportunities for a brand (Noel, 2009). Market is constantly changing, and this knowledge helps to ensure that the product remains attractive to its core market.

A consumer’s buying behaviour is influenced by cultural, social, personal and psychological factors (Kotler & Keller, 2012). Thus, underneath these factors are several important demographic variables and dimensions that characterize a consumer and are basic to define companies’ targets (Solomon, 2017). Figure 4 summarizes the four main factors that influence consumer behaviour.

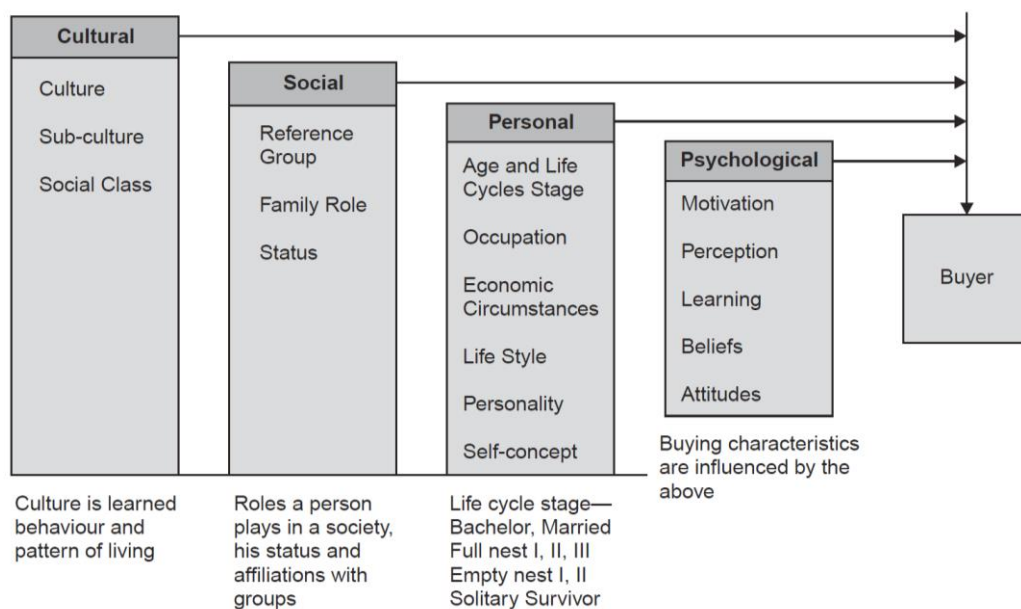


Figure 4. Factors that influence consumer behaviour
Source. “Consumer Behaviour and Advertising Management” by M. Khan, 2006, p.31

Khan (2006, p. 29) defines cultural influences as “a complex sum total of knowledge, beliefs, traditions, customs, art, moral law or any other habit acquired by people as members of society”. For instance, people in Thailand have patterns of consumption of food, clothing, savings, etc., that are different from the people of South of Africa. Examples of cultural factors can be Race, Ethnicity and Geography. Each city, country, and race have their own specifics, wants, and needs that influence the consumer behaviour (e.g., food and fashion).

In addition to cultural factors, personal factors such as Economic and Social class situation, Age, Gender and Lifestyle can influence consumer’s behaviour. For marketers, for instance, it is

important to know peoples' social class since people from same level normally have the same income and buying power (Coleman, 1983). Age naturally influences consumers' needs and wants. Although people of same age would differ in other ways, they tend to share a set of values and common cultural experiences. Differentiation by gender is another example that starts at a very early age and influences choices throughout life (Solomon, 2017). Finally, lifestyle, which includes how people feel about themselves, the things they value and the things they like to do in their spare time (Solomon & Stuart, 2000).

Relative to psychology, factors such as motivation, perception, attitudes, learning and memory can also influence consumer's behaviour (Kotler & Keller, 2012). And this is a relevant factor that influence the buying characteristics (the chapter 2.3 will bring more detail about consumers' intentions and attitudes) (Khan, 2006). Besides this, throughout this work the Regulatory Focus Theory will be addressed, a theory about how people approach pleasure and avoid pain and its underlying principles. More details about Regulatory Focus Theory will be provided in chapter 2.5.

Finally, social factors such as Family, Reference groups and Social roles and Status can also affect buying behaviour. Family structure, routine and education will tell if someone will be consuming more of certain products in deterrence of others such as healthy foods versus fast food (Solomon, 2017). Reference groups also play an important role on consumer behaviour. Reference groups are considered all the groups that have a direct or indirect influence on the attitudes or behaviour of an individuals (Kotler & Keller, 2012). In this work, will also be addressed a theory developed by Tajfel & Turner (1986), known as the Social Identity Theory. This theory proposes that there is an evaluative process regarding the self-concept through which people define themselves – what their group is (the ingroup) and what their group is not (the outgroup) – and the bias involved on individuals' decision (Tajfel & Turner, 1986). Chapter 2.4 will present in more detail the Social Influence.

2.3 Consumers' intentions and attitudes (intention to recommend, attitude toward brand and purchase intention)

This chapter will discuss the topic of consumers' intentions and attitudes that come from consumer's behaviours. In it will be addressed the intention to recommend, the attitude towards the brand and the purchase intention in more detail. These behaviours are extremely influenced by communication that companies produce because it is the first touchpoint for many consumers (Solomon, 2017; MacKenzie *et al*, 1986; Olney *et al*, 1991). For instance, empirical studies have found that consumers' consumption related beliefs and attitudes are significantly affected by negative information (Richey, Koenigs, Richey, & Fortin, 1975).

2.3.1 Intention to recommend

The intention to recommend is a consequence of customer satisfaction and can be a powerful marketing advantage (Solomon M. , 2017). An example of recommendation is the Word-of-mouth (WOM) concept, witch Solomon (2017, p.422) describe as the “product information that individuals transmit to other individuals”. The recommendation made by people we know, or people we identify with, tends to be more reliable and trustworthy than messages from more formal marketing channels (Hoyer & MacInnis, 2008). Once satisfied, the costumer might recommend it to friends, relatives, and colleagues. To assess the performance of companies' marketing, marketers often use scales to measure the intention to recommend because it is considered an important indicator of performance. A costumer that proactively recommend a product or a service, is normally a loyal customer that is more likely to buy again (Hoyer & MacInnis, 2008). With this data, marketers can approach why consumers may be willing—or unwilling—to recommend or purchase that brand. Thus, customers' “willingness to recommend” and “intention to purchase” a brand are assigned high priority in many studies (Farris, Bendle, Pfeifer, & Reibstein, 2010).

2.3.2 Attitude toward brand

According with Solomon (2017), an attitude is a “predisposition to evaluate an object or product positively or negatively”. Consumers form attitudes toward products and services, and these attitudes often determine whether consumers will purchase or not (Solomon M. , 2017). Khan

(2006, p. 121) define attitude as “a learned predisposition to respond in a constant favourable or unfavourable manner, in respect to a given object”.

Regarding attitude structure, there are two major perspectives. First, attitudes can be viewed as an evaluative response influenced merely by beliefs (Wyer, 1970). Second, the three-component model of attitudes asserts that beyond beliefs (cognitive component), affective and behavioural components also underlie attitudes (Solomon M. , 2017). Affective component is defined as the way decisions are driven by emotional responses to products (Muro & Murray, 2012) or “evaluative reactions that can be embodied” (Clore & Schnall, 2005, p.438). Behavioural component is defined by Solomon (2017, p. 286) as the “actions he or she takes toward the object or in some cases at least his or her intentions to take action about it”.

According to Khan (2006), attitude formation has three functions: Utilitarian function, Ego defensive function and Value expressive function. Utilitarian function is the extent in which consumers can achieve their desired needs, avoiding failure and disappointment. Ego defensive function is the way in which people are attracted toward products that gives them protection and reinforce their image in a society. Finally value expressive function, which helps to maintain self-identity among consumers and lead them to expression and determination (Khan, 2006).

Shimp (1981) postulates that when impacted by an ad, people can have four types of attitude formation: (1) they form both attitude toward the ad and attitude toward the brand if both brand and non-brand information of an ad are processed; (2) they will only shape attitude toward the ad if merely brand information of an ad is processed; (3) they will only form attitude toward ad if merely non-brand information of an ad is processed; (4) no attitude will be formed if neither brand information nor non-brand information is processed.

Attitude toward the brand can be defined as audiences' affective reaction to the advertised brand (Lutz, MacKenzie, & Belch, 1983). That is, to what extent audiences feel purchasing the brand is good-bad, wise-foolish and favorable-unfavorable (Lutz, MacKenzie, & Belch, 1983). Therefore, communication (e.g., advertising), builds a brand's beliefs (MacKenzie, Lutz, & Belch, 1986) and feelings (Olney, Holbrook, & Batra, 1991). These beliefs affect attitudes toward ads. leading consequently to attitudes toward the brands that are being advertised (Suh & Yi, 2006) and influencing on purchase intentions (MacKenzie, Lutz, & Belch, 1986). The corporate image of the advertiser can also influence the attitude toward brand. Corporate image is defined as the

associations and the meaning that a person has about a company or as evaluations, feelings, and attitudes toward a firm (Barich & Kotler, 1991; Keller & Aaker, 1992). Thus, advertisers' reputation can be affected by corporate image and corporate credibility, leading to beliefs about advertisers that consequently influence brand beliefs and attitudes (MacKenzie, Lutz, & Belch, 1986)

2.3.3 Purchase intention

Younus *et al*, (2015, p. 9) define purchase intention as “the preference of consumer to buy the product or service” Purchase intention is a very studied variable in marketing, that is included in many consumer research for different purposes such as new product concept and segmentation (Kalwani & Silk, 1982). Intention to purchase is only an intention, that is, the predisposition to purchase (not the act itself). Whereas some studies show that intention to purchase is influenced by perceived quality of a product or a brand, others mention that purchase intention came from an indirect feeling of satisfaction (Tsiotsou, 2005). According to Tsiotsou (2005), purchase intention is higher when consumer perceives a high-quality product in comparison to when consumer perceives a poor-quality product.

2.4 Social influence

As presented above, consumer's behaviour is influenced by social factors (Khan, 2006). In addition to individuals influencing each other, people often make decisions based on the norms and values of their important group memberships (Gaffney & Hogg, 2017). Yet, in the same reference group, people tend to favour their own group at the expense of other groups in terms of their evaluations, judgments and behaviour. These ideas are in accordance with the Social Identity Theory (Tajfel & Turner, 1986), which suggests that when people strongly identify with their ingroup (social group to which an individual psychologically identifies as being a member) and when their self-esteem is linked to the perceived worthiness of their ingroup, they will tend to

favour the ingroup and sometimes derogate other outgroups (social group which an individual does not identify with) (Rubin & Hewstone, 1998). So far, many studies have addressed this topic and documented people's tendency to immediately associate positive characteristics with their ingroups more easily than outgroups (ingroup bias) while they have the tendency to attribute negative characteristics to outgroups more easily than ingroups (outgroup derogation) (Dasgupta N. , 2004).

Several studies (Dasgupta *et al*, 2000; Richeson & Ambady, 2003; Dasgupta & Greenwald, 2001; Jelenec & Steffens, 2002; Perdue & Gurtman, 1990; Banse *et al*, 2001) showed that people's implicit intergroup preferences, assessed by indirect attitude measures, can reliably predict their membership in various social groups, typically those of high status. For instance, in terms of race, White Americans show, on average, a solid implicit preference for their ingroup and relative prejudice against African Americans (Dasgupta *et al* 2000; Richeson & Ambady, 2003). Regarding age, another dimension previously mentioned, the same occurred: young people (typically college students) have an implicit preference for their own group when compared to the elderly people (Dasgupta & Greenwald, 2001; Jelenec & Steffens, 2002; Perdue & Gurtman, 1990). Research also analyzed consumers' attitudes toward sexual minorities, whereas heterosexuals show strong evidence of ingroup favoritism and outgroup bias in their implicit attitudes toward lesbians and gay men (Banse, Seise, & Zerbes, 2001). Regarding to gender, the preference its not linear in the sense that both men and women express implicit positive attitudes toward women in general relative to men (Richeson & Ambady, 2001). Thus, in terms of attitudes, beliefs and behaviour, people have a strong tendency to favour their ingroup according to the social identity theory (Tajfel & Turner, 1986).

However, literature suggests that if the differences in groups are related to power and status, people can have different ingroup and outgroups reactions (Dasgupta, 2004). System Justification Theory posits that people who belong to advantage groups tend to implicitly favour their ingroup (versus competing outgroups) may be as much a function of the desire to preserve current social hierarchies (system justifying motive) as it is the desire to protect their self-esteem (ego-justifying motive) (Dasgupta, 2004). Regarding people who belong to disadvantage groups, the two motivations work in opposition – the desire to protect self-esteem lead to ingroup favoritism, whereas the desire to maintain current social status leads to outgroup favoritism (Dasgupta, 2004). Relative to age, people who belong to disadvantaged social group show outgroup favouritism as

older adults implicitly favour young people and show relative bias against the elderly to the same extent as young adults (Levy & Banaji, 2002; Nosek *et al.*, 2002). Similar findings were obtained relative to academic status. For example, Jost *et al.* (2002) assessed ingroup and outgroup reactions of students from San Jose State University relative to an higher status university (e.g., Stanford) and found that they were more likely to implicitly favour the outgroup than their own group, and more likely to implicitly stereotype their ingroup as insufficiently intellectual when compared to the outgroup. Therefore, social influence can serve as a marketing tool for companies communication since it has impact on consumer's attitudes toward brand when they associated through an experimental manipulation (Nightingale & Espinosa, 2018).

Thus, as this research will address two distinct social groups, this is a particularly important topic. In the present research, parents could have different perceptions of the intellectual status of other parents (ingroup) when compared to pediatricians (outgroup). The medical community generally has a very high level of credibility due to its prestigious academic and professional career (McCarthy, 2019). Therefore, credibility is a very important variable that must be taken into account, since it can influence the social preference by parents for outgroup (pediatricians).

Hoyer & MacInnis (2008, p. 131) define credibility as “the extent to which the source is trustworthy, expert, or has status”. Credibility is a significant area of research in communication and persuasion research. The conceptualization and measurement of credibility has been continuously developed by mass communication research for decades (West, 1994). Hovland & Weiss (1951) focused on factorial structure of credibility and have found several underlying component factors such as credibility, trustworthiness, and expertise. Researchers have pointed out that credibility of the message could be influenced by other factors in addition to the message itself, like source and medium (Metzger, Flanagin, Eyal, Lemus, & Mccann, 2003). Despite being expensive, one technique used to generate credibility is to engage an expert or a celebrity to tout a product (Solomon, 2017). Regarding the source credibility, research has shown that in most situations a highly credible source is more effective than a less credible source (Sternthal, Phillips, & Dholakia, 1978). Solomon (2017, p. 306) defines source credibility as “communicator's expertise, objectivity, or trustworthiness”. Still regarding the source, it also has been found that highly credible sources produce more positive attitude changes toward the position advocated and

to induce more behavioural changes than have less credible sources (Craig & McCann, 1978; Woodside & Davenport, 1974).

Thus, according with Social Identity Theory (Tajfel & Turner, 1986) and given that people tend to favour their own group at the expense of other groups in terms of their evaluations, judgments and behaviour, it could be expected that advertising using ingroup will positively influence consumers' intentions and attitudes (Tajfel & Turner, 1986; Gaffney & Hogg, 2017; Rubin & Hewstone, 1998; Dasgupta, 2004). However, it is important to take into consideration the credibility of the analysed groups since it may change the ingroup bias scenario. If differences in the credibility perceived by parents relative to other parents (ingroup) are lower than paediatricians (outgroup), than it could be expected that advertising using outgroup will positively influence consumers' intentions and attitudes. Therefore, the present dissertation formally proposes the following hypotheses:

H1: An outgroup (paediatricians) with a higher credibility level compared to an ingroup (parents) will positively affect consumer's (a) intention to recommend, (b) attitude toward brand, and (c) purchase intention.

2.5 Regulatory Focus Theory

From very early (ancient Greeks) that the hedonic or pleasure principle serves as a basis to psychologists and philosophers on understanding people's motivation (Higgins, 1997). However, Higgins (1997) wanted to go beyond the hedonic principle and examine more deeply how people approach pleasure and avoid pain, and its underlying principles.

A basic principle that underlie regulatory focus theory is the distinction of self-regulation with a promotion focus from self-regulation with a prevention focus. Regulatory focus theory postulates that same individuals may have the same goals, but they differ in the way they will use to reach them. Regarding promotion focus, the individuals are more proactive in pursuing their goals or positive outcomes. Relative to prevention focus, people move away from what they know they do not want (Higgins, 1997). The way people are self-regulated in both perspectives (promotion and prevention) is built from very early on individuals' life. Higgins (1997) gave an

example that clearly shows this dichotomy: the author shows how the interaction between children and caretakers (an interaction involving promotion focus versus prevention focus) can influence children's self-regulation and how they experience pleasure and pain.

First, consider caretaker-child interactions that involve a promotion focus. Here, children feel the pleasure of the presence of positive outcomes when caretakers give them rewards when they reach a goal or when they behave in a desired way. On the other hand, children feel the pain of absence of positive outcomes when caretakers take away a toy when they refuse to share it, end a meal when they do not want more, or even show disappointment when they do not achieve their goals. In this case, the individual experiences the pleasure and the pain on presence and absence of positive outcomes, respectively. In both cases (pleasure and pain), the message that the child holds is that what matters is to achieve goals, to fulfil expectations and attaining hopes.

Second, consider caretaker-child interactions that involve a prevention focus. Here, children feel the pleasure of the absence of negative outcomes when caretakers, for example, equip the house for children do not get hurt or constantly alert and train children for the potential dangers. On the other hand, children feel the pain of the presence of negative outcomes when caretakers, for example, they scold severely with the child for having done something wrong or being irresponsible. In this case, the individual experiences pleasure and pain through the absence and presence of negative outcomes, respectively. In both cases (pleasure and pain), the message that the child holds is that what matters is to be responsible, know the consequences well, meet obligations and ensure safety.

The previous examples show how socialization can influence the self-regulation in relation to desired end-states. Other situations or people can also influence the individual's self-regulation like friends, co-workers, family, feedback from a boss to an employee or from a teacher to a student (Pham & Higgins, 2005). Hence, tasks related to "gains" versus "non-gains" tend to activate a promotion focus, whereas tasks related to "losses" versus "non-losses" tend to activate a prevention focus (Shah & Higgins, 1997). Nevertheless, individuals can be only high in terms of promotion focus, or only high in prevention focus, as well as high in both or low in both. Curiously, it was found that people from individualistic cultures (like North Americans and Western Europeans) tend to be more promotion-focused, whereas people from collectivist cultures (like East Asians and Middle Easterners) tend to be more prevention-focused. Table 2 summarizes the main differences

between promotion and prevention in terms of individuals' needs, standards targeted, strategic tendencies and outcomes (Boesen-Mariani, Gomez, & Gavard-Perret, 2010).

Table 2

Differences between promotion focus and prevention focus

	Promotion	Prevention
Needs	• Growth and progress	• Security and protection
Standards targeted	• Ideal self (reflected by hopes and aspirations)	• Ought self (reflected by duties and obligations)
Strategic tendencies	• Approaching the desired state	• Avoiding the non-attainment of the desired state or avoiding a non-desired state
Outcomes	• Presence of positive outcomes • Ensuring that positive outcomes are obtained and avoiding errors and omissions	• Absence of negative outcomes • Ensuring the absence of errors and opting for good rejections

Note. Source: "Regulatory Focus: A Promising Concept for Marketing Research" by S. Boesen-Mariani, P. Gomez, M. L. Gavard-Perret, 2010, in *Recherche et Applications En Marketing (English Edition)*, 25, p.89

In terms of communication, promotion-focused individuals seek information about desired properties of a product and those that are related to approaching positive outcomes. On the other hand, prevention-focused individuals tend to look for information regarding product's shortcomings and to product-related features that do or do not help them avoid negative outcomes. (Florack, Ineichen, & Bieri, 2009). Bhatnagar and McKay-Nesbitt (2016) examined individuals' promotion versus prevention regulatory focus effects on a variety of environmentally responsible reactions. The authors found that stronger chronic promotion focus was associated with greater environmental concern, whereas there was no significant relationship between chronic prevention focus and such concerns (Bhatnagar & McKay-Nesbitt, 2016). Keller & Lehmann (2008) carried out a meta-analysis on health communication messages and examined 22 tactics and 6 individual characteristics on intentions to comply with health recommendations. They observed that the interaction effect between regulatory focus and message framing on behaviour intention was superior only when promotion was the regulatory focus. Regarding purchasing situation, Theriault, Aaker, and Pennington (2008) also find evidence that ads emphasizing a promotion focus of product benefits may be more effective than ads featuring a prevention focus as the temporal distance from the purchase increases.

Considering regulatory focus theory, researchers have suggested that the success of an advertisement might also depend on a message characteristic called “message’s regulatory focus”, which refers to the extent to which a message stresses that a product use either leads to achievements or to visible results in hazard reduction (Lee & Aaker, 2004). In other words, advertisement for “promotion-focused” viewers should suggest a product that boosts to achievements, whereas advertisements for “prevention-focused” viewers should suggest a product reduces the risk of hazard (Zhao & Pechmann, 2007).

As presented above, regulatory focus can impact the efficiency of an advertising (Bhatnagar & McKay-Nesbitt, 2016; Keller & Lehmann, 2008; Theriault, *et al*, 2008). A promotion-focused manipulation in advertising comprehends all the messages that boost to achievements, whereas prevention-focused manipulation are all the messages that promote hazard reduction (Zhao & Pechmann, 2007). Considering that social influence (namely ingroup vs. outgroup) have an impact on consumer’s intentions and attitudes, it could be interest to assess the moderating role of regulatory focus in that relationship. According to the Regulatory Focus Theory, promotion-focused individuals are riskier, and persistently pursue their goals even if it involves moving out of comfort zone (Boesen-Mariani, Gomez, & Gavard-Perret, 2010). On the other hand, prevention-focused individuals avoid non-desired states (including the discomfort zone) and aim to ensure the absence of errors (Boesen-Mariani, Gomez, & Gavard-Perret, 2010). For that reason, it is expected that the promotion focus fits better with an outgroup, that is, people who persistently pursue their goals and achievements (promotion) are more able to stay out of their reference group or comfort zone. On the other hand, it is expected that prevention focus better fit with ingroup, that is, people who avoid non-desired states (prevention) are people more able to stay in accordance of their reference group or comfort zone (ingroup). In this sense, it is expected that regulatory focus moderates the effect of social influence on consumers’ intentions and attitudes. Therefore, the present dissertation formally proposes the following hypotheses:

H2: The fit between promotion focus and outgroup will positively influence consumer’s (a) intention to recommend, (b) attitude toward brand, and (c) purchase intention.

H3: The fit between prevention focus and ingroup will positively influence consumer’s (a) intention to recommend, (b) attitude toward brand, and (c) purchase intention.

3 Methodology

The present chapter will address the methodology used in this study, which aims to contribute to the achievement of acceptable results. Firstly, a separate study was made to validate some elements used in the main study. This separate study will be discussed in chapter 3.3. All this chapter will describe the methodology regarding the main study, which aims to test the hypothesis. Therefore, the present chapter is divided into five parts: research method, research typology, separate study, procedure/measures and sample/sampling.

3.1 Research Method

Research methods can be classified in two different approaches (separately or together): quantitative research and qualitative research. The present research adopted the quantitative approach. Quantitative method, as the name says itself, involves amounts or quantities of one or more variables of interest. Leedy and Ormrod (2013, p. 94) defined quantitative research as the method to “measure variables in some numerical way, normally using commonly accepted measures of the physical world (e.g., rulers, thermometers, oscilloscopes) or carefully designed measures of psychological characteristics or behaviors (e.g, questionnaires, rating scales)”. According to Lakatos and Marconi (2003, p. 108), quantitative method is the “reduction of sociological, political, economic phenomena, etc., to a quantitative terms and statistical manipulation, which allows us to prove the relations of phenomena among themselves, and to obtain generalizations about their nature, occurrence or meaning”. According Leedy and Ormrod (2013, p. 95), the “quantitative method often starts with one or more specific hypotheses to be tested”. Researchers isolate the variables they want to study, they collect some form of numerical data through a standardized procedure, and use statistical procedures to analyze and draw conclusions from the data. In the other hand, qualitative method normally involves general research questions instead of specific hypothesis (Leedy & Ormrod, 2013). In this method, researchers collect an extensive amount of verbal data and/or nonverbal artifacts, organize it in a way that gives

them coherence, and use verbal descriptions to represent the situation they have studied (Leedy & Ormrod, 2013). Thus, in accordance with the aim of this research, which is understand how communication using social influence (ingroup and outgroup) related to credibility can affect baby food consumers' intentions (intention to recommend and intention to purchase) and attitude toward the promoted brand, the quantitative method is the most adequate to be used in this study.

3.2 Research Typology

Same as with the research method, research typology can have diferent classifications. In the present study, the design used is the experimental design, that aim to understand cause-effect relationships. In this type of research are considered many possible factors that might cause or influence a particular condition or phenomenon. It is supposed to control all influencial factors except the possible effects that are the focus of investigation (Leedy & Ormrod, 2013). Hernandez, Basso and Brandão (2014) defined experimental research as being mainly characterised by two factors: (1) manipulation of one or more independent variables; and (2) the control over the external variables trough different strategies, like the random assignment of the subjects to experimental conditions. In other words, randomization is an essential element of experimental research, allowing individuals to have the same likelihood of selection for all experimental conditions (Marczyk, DeMatteo, & Festinger, 2005). The present work is an experimental research where the cause-effect relationship between social identity theory and regulatory focus theory on consumer's intentions and attitudes will be tested.

Experimental design involves testing and manipulating hypothetical relationships between variables and understanding that interaction effect. Marczyk, DeMatteo and Festinger (2005, p. 133) defined that "an interaction effect is the result of two or more independent variables combining to produce a result different from those produced by either independent variable alone". In other words, the researcher manipulates independent variables' levels and observes the produced outcome on the dependet variable, while managing other variables' effects that can offer alternative explanations (Hernandez, Basso, & Brandão, 2014). In the present study, the independent variable is the social influence (ingroup and outgroup), while the dependent variables are consumers'

intentions and attitudes (namely the intention to recommend, attitude toward brand, and purchase intention). In addition to dependent and independent variables, the present study has a moderating variable as well, the regulatory focus. A moderating variable is a variable that influences the nature and strength of the relationship between independent and dependent variables without intervening on them (Leedy & Ormrod, 2013), as shown in Figure 5.

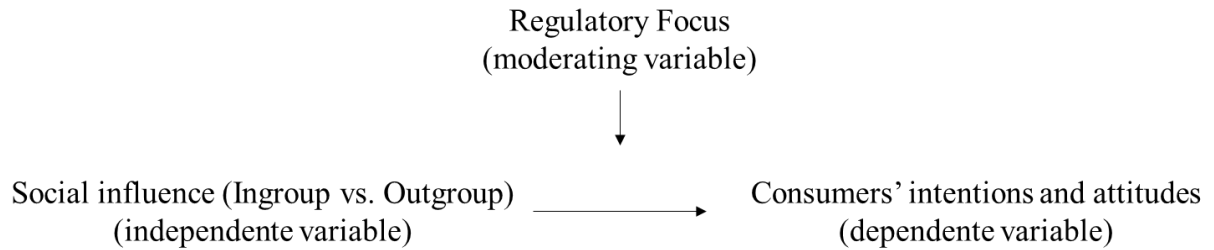


Figure 5. Relationship among independent, dependent and moderating variables.

Some variables (control variables) must be held constant to control the interpretation of results. In the present research, control variables are the attitude toward the ad, the number of children per participants and fruit pouches consumption.

3.3 Separate Study

To validate some of the elements that were used in the main test, it was necessary to develop a separate study. The main goal of the separated study was to assess the level of credibility that parents perceive in paediatricians (outgroup) compared with parents in general (ingroup). This study consisted in a survey conducted in portuguese, but in this section it will be described in english for a better understanding (the original version can be found in Appendix B). The survey for the separate studyt was built through Qualtrics tool, which generated a link later shared on social media (mainly on portuguese parents Facebook® Groups). The sample of the separate study was made of portuguese parents of children up to 3 years old.

The first question was to filter the target sample (parents of children up to 3 years old), ensuring that only those who belonged to the target could continue answering the survey. Then,

participants answered four questions to measure the credibility and expertise of paediatricians and parents and five sociodemographic questions. Credibility was measured by five items (Trust, Accurate, Fair, Tell the whole story and Unbiased) regarding the food recommendations made by paediatricians or parents, adapted from West (1994), whereas participants analysed each item using a seven-point Likert scale. For expertise, participants analysed five items (expert, experienced, knowledgeable, qualified and skilled) adapted from Ohanian (1970) regarding paediatricians and parents using a seven-point Likert scale. To assess the reliability of the items that assessed the credibility of paediatricians and parents, it was used the coefficient alpha (Cronbach's α), that showed high reliability for paediatricians (5 items; $\alpha = .83$) and parents (5 items; $\alpha = .83$). In terms of the reliability of the items which assessed the expertise of paediatricians and parents, it was used the coefficient alpha (Cronbach's α) as well, showing also a high reliability for paediatricians (5 items; $\alpha = .84$) and parents (5 items; $\alpha = .79$).

A total of one hundred and seventy-two participants answered the online survey, but just one hundred and sixty-eight were parents of children up to 3 years old. Of these one hundred and sixty-eight participants, only one hundred and two fully completed the questionnaire and were considered in the final sample. The gender distribution was: 2 males and 100 females. The average age of participants was 35.05 years ($SD = 4.80$). Of these, more than half (53,9%) had a bachelor's degree and 23,5% had a master's degree. Most participants (98%) are from Lisbon. Regarding the number of children, almost half of participants (47,1%) have one child, and 35,3% have two children.

Regarding the first question - "When you are going to purchase food your child, which of the following two recommendations do you think have greater credibility for you?" - there was a significant preference for the recommendations made by the paediatrician (89,2%) when compared to the recommendations made by parents (10,8%). These results show a strong evidence on the importance of paediatricians' recommendations in baby food consumption.

In terms of the questions that assess the credibility that parents perceive in paediatricians compared with parents in general, the five items of each question were merged into one to measure the credibility level as a whole. Thus, the average values of the answers show that the credibility of paediatricians ($M = 5.54$, $SD = 0.78$) is greater than that of the parents ($M = 4.48$, $SD = 1.03$).

In terms of the questions that assess the expertise perceived by parents in paediatricians compared with other parents in general, the five items of each question were merged into one to measure the expertise level as a whole. Thus, the average values of the answers show that the expertise of paediatricians perceived by parents ($M = 6.10$, $SD = 0.53$) is greater than that of the other parents ($M = 4.68$, $SD = 0.90$).

These results answer the first specific goal of this work that was to analyse the credibility level that parents perceive in paediatricians (outgroup) compared with parents in general (ingroup). The level of paediatricians' credibility is higher than parents and they show more trust in paediatricians' recommendations in baby food consumption than in other parents' recommendations. In this sense, these results will be considered in the main study.

3.4 Procedure and measures

Regarding the survey, it was made in Portuguese, but in this section it will be described in English for a better understanding (the original version can be found in Appendix A). Before starting the questionnaire, participants read a short explanation about the survey objectives and the instructions to answer correctly, inviting them to respond honestly since there were no right and wrong answers. The first question was to filter the target (parents of children up to 3 years old), ensuring that only those who belonged to the target could continue answering the survey. Then, after reading the introduction that called their attention to a given ad, participants analyzed one out of four ads, which were automatically randomized. Social influence and regulatory focus were manipulated by four created ads of fruit pouches which combined ingroup (vs. outgroup) and promotion (vs. prevention) focus. Participants in the ingroup condition saw a sentence on the top of the ad: "Product no.1 recommended by Portuguese parents*". In addition, participants in the ingroup condition were also presented with the following information: "*The most recommended product in a study made with 1400 parents". Regarding the outgroup condition, a manipulation was made by switching "parents" by "paediatricians". Therefore, on the top of the ad, participants saw the following sentence: "Product n°1 recommended by Portuguese paediatricians*". Moreover,

participants in the outgroup condition had also the information: “*The most recommended product in a study made with 1400 paediatricians”.

Regulatory Focus was manipulated with promotion and prevention information about the product features. The message framing was built similarly to other studies (White, MacDonnell, & Dahl, 2011). In the promotion condition, participants saw three sentences that boost health achievements: “Sugar free - proven benefit in the oral health of infants”; “Vitamins and Minerals - to promote healthy growth”; “With natural fruit fibres - to improve the baby's digestive comfort”. In the prevention condition, three sentences were built to promote hazard reduction: “Sugar free - proven to reduce tooth decay”; “Vitamins and Minerals - to avoid nutritional deficiencies”; “With natural fruit fibres - to decrease baby's digestive problems”. Both sentences manipulated the promotion and the prevention focus considering the same product features.

The four ads combinations between social influence manipulation and regulatory focus are shown in Table 3: (1) ingroup-promotion, (2) ingroup-prevention, (3) outgroup-promotion, and (4) outgroup-prevention. The chosen product were fruit pouches, which it is a convenience product that belongs to the growing infant nutrition market (Mordor Intelligence, 2018). Each ad was edited in order to maintain a common resolution, size and background for all the fruit pouches. All the images included the communications in the same area of the picture, in the same color, font and size of the writing. The final ads versions are available in Appendix C.

Table 3
Four different manipulations made in this work

	INGROUP	OUTGROUP
PROMOTION	<p>1</p> <p>“Product nº1 recommended by Portuguese parents*”; “*The most recommended product in a study made with 1400 parents”</p> <p>“Sugar free - proven benefit in the oral health of infants”; “Vitamins and Minerals - to promote healthy growth”; “With natural fruit fibres - to improve the baby's digestive comfort”</p>	<p>3</p> <p>“Product nº1 recommended by Portuguese paediatricians*”; “*The most recommended product in a study made with 1400 paediatricians”</p> <p>“Sugar free - proven benefit in the oral health of infants”; “Vitamins and Minerals - to promote healthy growth”; “With natural fruit fibres - to improve the baby's digestive comfort”</p>
PREVENTION	<p>2</p> <p>“Product nº1 recommended by Portuguese parents*”; “*The most recommended product in a study made with 1400 parents”</p> <p>“Sugar free - proven to reduce tooth decay”; “Vitamins and Minerals - to avoid nutritional deficiencies”; “With natural fruit fibres - to decrease baby's digestive problems”</p>	<p>4</p> <p>“Product nº1 recommended by Portuguese paediatricians*”; “*The most recommended product in a study made with 1400 paediatricians”</p> <p>“Sugar free - proven to reduce tooth decay”; “Vitamins and Minerals - to avoid nutritional deficiencies”; “With natural fruit fibres - to decrease baby's digestive problems”</p>

After exposure to one of four conditions, participants answered three questions to measure the dependent variables (intention to recommend, attitude toward brand and purchase intention), three manipulation check questions (to check if the manipulation was well perceived), three questions to manage the control variables and four sociodemographic questions. Regarding the dependant variables, they should analyse fourteen items. Three of them were built in Likert using a seven-point scale and the remaining eleven questions were built in semantic differential using a seven-point scale as well.

To measure the intention to recommend, interviewees were asked about three sentences adapted from Herter, Pizzutti dos Santos and Pinto (2014). The questions were relative to the willingness to recommend the product to a friend, to talk about the product to someone known and to make positive comments to other people regarding the product. In terms of attitude toward brand, nine items were used in a semantic differential of seven-point scale, adapted from Suh & Yi (2006), Yoo & Donthub (2001) and Batra & Ray (1986). Participants should specifically evaluate their attitude toward brand in the following items: unfavorable/favorable; vary bad/very good; very awful/vey nice; very unattractive/very attractive; very undesirable/very desirable; extremely unlikable/extremely likable; useless/useful; unimportant/important; unpleasant/pleasant. Regarding purchase intention, two items were used in a semantic differential of seven-point scale adapted from Yoo & Donthub (2001). Here, participants should evaluate their intention to purchase in the following items: I would not like to buy/I would like to buy; I do not intend to purchase/I intend to purchase. Table 4 shows the dependent and control variables, manipulation checks and respective evaluated items (transleted to english).

In terms of control variables, attitude toward ad was assessed through three items 3 items built in a semantic differential of seven-point scale adapted from Minard, *et al*, (1991): “Unfavourable/Favourable”, “Unattractive/Attractive” and “Unpersuasive/Persuasive”. The other two control variables assessed were the number of children and fruit pouches consumption patterns.

Regarding manipulation checks, the first two items assessed were about social influence (ingroup/outgroup), and the remaining four questions about regulatory focus (promotion/prevention) (Table 4). In addition to this, participants were asked about their identification with the ingroup and outgroup. The question made to the ingroup participants was built in 2 items in semantic differential of seven-point scale. The items were (taking Portuguese

parents into consideration): “They are not part of my social group/ They are part of my social group” and “They are not close to me/ They are close to me”. The same items were applied to the outgroup participants (the groups that viewed the communication 3 and 4) taking paediatricians into consideration.

Table 4
Evaluated items in the main study

Scale	Code	Item	Source	Cronbach's α^* Pearson's r^{**}
Intention to recommend	IR1	How likely are you to recommend this product to a friend?	Adapted from Herter, Pizzutti dos Santos, & Pinto (2014)	.96*
	IR2	How likely are you to talk about this product to someone you know?		
	IR3	How likely are you to make positive comments about this product to other people?		
Attitude Toward Brand	ATB1	Unfavourable/Favourable	(Suh & Yi, 2006)	.97*
	ATB2	Very bad/Very good	Adapted from Yoo & Donthub (2001)	
	ATB3	Very awful/Very nice		
	ATB4	Very unattractive/Very attractive		
	ATB5	Very undesirable/Very desirable		
	ATB6	Extremely unlikable/Extremely unlikable		
	ATB7	Useless/Useful	Adapted from Batra & Ray (1986)	
	ATB8	Unimportant/Important		
	ATB9	Unpleasant/Pleasant		
Purchase	PI1	“I would like to buy”	Adapted from Yoo & Donthub (2001)	.92**
	PI2	“I intend to purchase”		
Control Variables				
Attitude	ATA1	Unfavourable/Favourable		.91*

	ATA2	Very unattractive/Very attractive	Adapted from Minard, et al (1991)	
	ATA3	Very unpersuasive/Very persuasive		
Number of children	NC1	1/ 2/ 3/ 4 or +	Present Author	
Fruit pouches consumption	NC2	0/ 1-5/ 6-10/ 11 or +	Present Author	
Manipulation Checks				
Ingroup Outgroup	MC1	The ad presents a product recommended by Portuguese parents?	Adapted from Obst & White (2005)	
	MC2	The ad presents a product recommended by paediatricians?		
Promotion Prevention	MC3	The ad presents product benefits to health gains?	Adapted from White <i>et al</i> (2011)	,42**
	MC5	Does communication focus on promoting improvements to the baby's health?		
	MC4	The ad presents product benefits to disease prevention?		,57**
	MC6	Does communication focus on preventing problems for the baby's health?		
Ingroup p	MC7	They are not part of my social group/ They are part of my social group	Adapted from Obst & White (2005)	,86**

	MC8	They are not close to me/ They are close to me		
Outgroup (paediatricians)	MC9	They are not part of my social group/ They are part of my social group		,77**
	MC10	They are not close to me/ They are close to me		

Note: * Cronbach's α calculated in the present study; ** Pearson's r calculated in the present study

3.5 Sample and Sampling

As commented above, the design of the present study is the experimental design. There are three general research design categories: experimental, quasi-experimental, and nonexperimental (Marczyk, DeMatteo, & Festinger, 2005). The main factor which distinguishes experimental design is the randomization. If random assignment is used, it is considered a randomized experiment or true experiment. If random assignment is not used, then a second question must be asked: does the design use either multiple groups or multiple waves of measurement? If yes, the design is considered quasi-experimental. If not, the design would be considered nonexperimental (Trochim, 2001). The present study is an experimental study, justified by the use of Qualtrics tool, which allows the randomness of the experimental conditions. The experimental design proposed is a 2 (social influence: ingroup vs. outgroup) by 2 (regulatory focus: promotion vs. prevention) between subjects experimental design.

Normally, the choice of measurement strategy for data collection comes from the research question and the nature of the variables under investigation. According to Marczyk, DeMatteo and Festinger (2005) the main approaches to measurement and data collection in research methods are formal testing (psychological, educational, academic, intelligence), interviewing, global ratings, observation and biological measures. Taking into account the question of the present research and the involved variables, global ratings is the chosen approach for measurement. Global ratings are widely used in research to quantify a construct or variable of interest by asking the participant to

rate his or her response to a summary statement on a numerical continuum, and is commonly applied to measure attitudes and intentions (Marczyk, DeMatteo, & Festinger, 2005).

The target sample of the present research was made of portuguese parents of children up to 3 years old. The survey was made in Qualtrics, which generated a link later shared on social media (mainly on portuguese parents Facebook® Groups). In this sense, this is a nonprobability sampling, once some members of the population have no chance of being sampled (Leedy & Ormrod, 2013). Inside nonprobability sampling, the present work has a convenience sampling. In convenience sampling (also known as accidental sampling), a sample is taken from a group of people easy to contact or to reach. In other words, it takes people or other units that are readily available-for instance, those that arrive on the scene by mere happenstance (Leedy & Ormrod, 2013).

3.6 Statistical analysis

The analysis of the data obtained will be made using both univariate and bivariate analysis. Regarding univariate analysis, they are used when there is only one measurement in each element and comprise measures such as mean, standard deviation, mode and median (Malhotra, 2006). In terms of bivariate analysis, which are used for data analysis with two or more measures (Malhotra, 2006), it will be used statistical inference methods such as Student's t-test, ANOVA test and Chi-square test. For all tests will be used the software SPSS, which allows the best way to analyse each variable information.

4 Results

This chapter will present the obtained data from the tests applied in this work that allow to test the theoretical model. For all tests it was used the software SPSS. The following tests were used: T-test, Chi square and One-way ANOVA. To assess the reliability of dependent variables items, it was used the Cronbach's alpha and bivariate correlation (Pearson's r).

A total of two hundred and seventy-five participants answered the online survey, but just two hundred and thirty were parents of children up to 3 years old. Of these two hundred and thirty participants, only one hundred and thirty-seven fully completed the questionnaire. In this sense, the final sample considered in this work is one hundred and thirty-seven participants.

4.1 Demographic analysis

The gender distribution was 23 males and 114 females. The average age of participants was 35.32 years ($SD = 4.59$). Of these, nearly half (43,8%) had a bachelor's degree, and almost one-third (28,5%) had a master's degree. Most participants (85,4%) are from Lisbon, followed by Setúbal (5,1%). Regarding the number of children (that will be presented as a control variable), almost half of the participants (45,3%) have one child, and 46% have two children. In terms of fruit pouches consumption patterns (that will be presented as a control variable as well), most participants (57,7%) consume 1-5 pouches a week, while 37,2% don't consume this product. Due to the randomization of the manipulation, the sample was divided into four similar groups. However, after all invalid participants were deleted, groups stayed with a different number of participants, namely: 38 (1-ingroup/promotion), 33 (2-ingroup/prevention), 41 (3-outgroup/promotion) and 25 (4-outgroup/prevention).

Chi-square and one-way ANOVA were performed to verify if there were differences of demographic variables (gender and age) on the four conditions. In terms of gender, there is no significant difference between the groups ($\chi^2(3, N = 137) = 6.34, p = ns$). Regarding age, there is no significant difference between the groups as well ($F(3, 133) = 2.00, p = ns$).

4.2 Control variable and manipulation checks

In terms of control variables, the attitude toward ad was assessed with one-way ANOVA in 3 items, built in a semantic differential. The items analysed were “Unfavourable/Favourable”, “Unattractive/Attractive” and “Unpersuasive/Persuasive”. To assess the attitude toward ad as a whole, all 3 items were merged into one variable which did not show a significant difference between the four groups ($F(3, 133) = 2.39, ns$). This result suggests that participants displayed a similar level of attitude towards the four ads versions. To verify the reliability of the items that assessed the attitude toward ad, the coefficient alpha (Cronbach’s α) was used, showing high reliability (3 items; $\alpha = .91$). In terms of the number of children and fruit pouches consumption patterns, it was used chi-square and there were no differences among the four conditions ($\chi^2(9, N = 137) = 10.03, p = ns$ and $\chi^2(9, N = 137) = 6.49, p = ns$ respectively).

In order to verify manipulation efficacy, t-test was performed in 3 manipulation check questions. First manipulation check had six items built in Likert (seven-point scale). The first two items were about ingroup/outgroup, and the remaining four questions about promotion/prevention. The first item “the ad presents a product recommended by Portuguese parents” showed a significant difference between ingroup groups ($M = 4.82, SD = 1.82$) and outgroup groups ($M = 3.44, SD = 2.05; t(130) = 4.16, p < .001$), showing that the ingroup manipulations were correctly done. The second item “the ad presents a product recommended by paediatricians” showed a significant difference between ingroup groups ($M = 3.08, SD = 1.68$) and outgroup groups ($M = 5.35, SD = 1.78; t(133) = -7.63, p < .001$), showing that the outgroup manipulation was also efficient.

The remaining four items of manipulation checks were about promotion and prevention (two regarding promotion, and two regarding prevention). The two items about promotion and the two items about prevention were merged into one regarding promotion and other about prevention respectively. The items regarding promotion did not showed a significant difference between promotion groups ($M = 4.70, SD = 1.36$) and prevention groups ($M = 4.80, SD = 1.50; t(135) = .43, p = ns$), showing that manipulation was not correctly done. The items regarding prevention did not showed a significant difference between promotion groups ($M = 4.13, SD = 1.60$) and

prevention groups ($M = 4.54, SD = 1.72; t(135) = -1.47, p = ns$), showing that manipulation was also not well done. To verify the reliability of the items that assessed these four items, it was used the coefficient alpha (Cronbach's α), that showed high reliability (4 items; $\alpha = .81$). Despite these results, the message framing to both manipulations (promotion and prevention) was built similarly to other studies (White, MacDonnell, & Dahl, 2011).

The remain two manipulation checks were about the participants' identification with the ingroup and outgroup. Regarding the first item (MC7 and MC9), ingroup participants showed that they recognize more other parents in general as a part of their social group ($M = 4.53, SD = 1.73$) than outgroup participants recognize paediatricians as a part of their social group ($M = 3.92, SD = 2.08$). Regarding the second item (MC8 and MC10), ingroup participants showed that they consider that parents are closer to them ($M = 4.49, SD = 1.92$) than outgroup participants consider that paediatricians are close to them ($M = 4.38, SD = 1.83$).

4.3 Social influence on consumers' intention to recommend

T-tests were performed to verify the influence of ingroup and outgroup on the intention to recommend. Intention to recommend was assessed in 3 items built in Likert using a seven-point scale. In the first item (IR1) "How likely are you to recommend this product to a friend?", there was no significant difference between ingroup and outgroup groups ($t(135) = -.99, p = ns; M_{ingroup} = 4.34; M_{outgroup} = 4.61$). In the item (IR2) "How likely would you talk about this product to someone you know?", there was no significant difference between ingroup and outgroup groups ($t(135) = -1.28, p = ns; M_{ingroup} = 4.39; M_{outgroup} = 4.73$). In the item (IR3) "How likely are you to make positive comments about this product to other people?", there was no significant difference between ingroup and outgroup groups ($t(135) = -1.46, p = ns; M_{ingroup} = 4.27; M_{outgroup} = 4.65$). Finally, the three items were merged into one new variable to assess the intention to recommend as a whole. In this new variable, there was no significant difference between ingroup and outgroup groups ($t(135) = -1.28, p = ns; M_{ingroup} = 4.33; M_{outgroup} = 4.66$). These results reject the hypothesis H1(a) "An outgroup (paediatricians) with a higher credibility level compared to the ingroup (parents) will positively affect consumers' intention to recommend", because there was no significant difference

on answers of ingroup and outgroup groups. To verify the reliability of the items that assessed the intention to recommend, it was used the coefficient alpha (Cronbach's α), which showed high reliability (3 items; $\alpha = .96$).

4.4 Social influence on consumers' attitude toward brand

T-tests were performed to verify the influence of ingroup and outgroup on the attitude toward brand. Attitude toward brand was assessed in 9 items built in a semantic differential using a seven-point scale. In the first item (ATB1) "Unfavourable/Favourable", there was a significant difference between "ingroup" and "outgroup" groups ($t(135) = -2.54, p < .05$). In this case, outgroup participants scored higher their attitude toward brand compared to ingroup participants ($M_{\text{ingroup}} = 4.69; M_{\text{outgroup}} = 5.38$). In the item (ATB2) "Very bad/Very good", the difference was marginally significant between ingroup and outgroup groups ($t(135) = -1.90, p = .059$). In this case, outgroup participants scored higher their attitude toward brand compared to ingroup participants ($M_{\text{ingroup}} = 4.55; M_{\text{outgroup}} = 5.03$). In the item (ATB3) "Very awful/Very nice", there was a significant difference between ingroup and outgroup groups ($t(135) = -2.56, p < .05$). In this case, outgroup participants scored higher their attitude toward brand compared to ingroup participants ($M_{\text{ingroup}} = 4.61; M_{\text{outgroup}} = 5.26$). In the item (ATB4) "Very unattractive/Very attractive", there was a marginally significant difference between ingroup and outgroup groups ($t(135) = -1.85, p = .067$). In this case, outgroup participants scored higher their attitude toward brand compared to ingroup participants ($M_{\text{ingroup}} = 4.82; M_{\text{outgroup}} = 5.29$). In the item (ATB5) "Very undesirable/Very desirable", there was a significant difference between ingroup and outgroup groups ($t(135) = -2.17, p < .05$). In this case, outgroup participants scored higher their attitude toward brand compared to ingroup participants ($M_{\text{ingroup}} = 4.56; M_{\text{outgroup}} = 5.09$). In the item (ATB6) "Extremely unlikable/Extremely likable", there was no significant difference between ingroup and outgroup groups ($t(135) = 1.62, p = ns; M_{\text{ingroup}} = 4.58; M_{\text{outgroup}} = 4.95$). In the item (ATB7) "Useless/Useful", there was a significant difference between ingroup and outgroup groups ($t(135) = -3.28, p < .001$). In this case, outgroup participants scored higher their attitude toward brand compared to ingroup participants ($M_{\text{ingroup}} = 4.66; M_{\text{outgroup}} = 5.53$). In the item (ATB8) "Unimportant/Important", there was a

significant difference between ingroup and outgroup groups ($t(135) = -3.02, p < .01$). In this case, outgroup participants scored higher their attitude toward brand compared to ingroup participants ($M_{\text{ingroup}}=4.28; M_{\text{outgroup}}=5.11$). In the item (ATB9) “Unpleasant/Pleasant”, there was no significant difference between ingroup and outgroup groups ($t(135) = -.95, p = ns; M_{\text{ingroup}}=4.55; M_{\text{outgroup}}=4.79$). Finally, the nine items were merged into one new variable to assess the attitude toward brand as a whole. In this new variable, there was a significant difference between “ingroup” and “outgroup” groups ($t(135) = -2.52, p < .05$). In this case, outgroup participants scored higher their attitude toward brand than the ingroup participants ($M_{\text{ingroup}}=4.59; M_{\text{outgroup}}=5.16$). These results confirm the hypothesis H1(b) “An outgroup (paediatricians) with a higher credibility level compared to the ingroup (parents) will positively affect consumers’ attitude toward brand”, because the outgroup showed a significant higher score than the ingroup in most items and in the final merged variable. To verify the reliability of the items that assessed the intention to recommend, it was used the coefficient alpha (Cronbach’s α), that showed high reliability (9 items; $\alpha = .97$).

4.5 Social influence on consumers’ purchase intention

T-tests were performed to verify the influence of ingroup and outgroup on purchase intention. Purchase intention was assessed in 2 items built in semantic differential using a seven-point scale. In the first item (PI1) “I would like to buy”, there was a significant difference between ingroup and outgroup groups ($t(135) = -2.08, p < .05$). In this case, outgroup groups scored higher their attitude toward brand compared to ingroup groups ($M_{\text{ingroup}}=4.61; M_{\text{outgroup}}=5.23$). In the second item (PI2) “I intend to purchase”, there was also a significant difference between ingroup and outgroup groups ($t(135) = -1.99, p < .05$). In this case, outgroup groups scored higher their attitude toward brand compared to ingroup groups ($M_{\text{ingroup}}=4.39; M_{\text{outgroup}}=5.03$). Finally, both items were merged into a new one variable to assess the purchase intention as a whole. In this new variable, there was a significant difference between ingroup and outgroup groups ($t(135) = -2.08, p < .05$). In this case, “outgroup” groups scored higher their attitude toward brand than the ingroup groups ($M_{\text{ingroup}}=4.50; M_{\text{outgroup}}=5.13$). These results confirm the hypothesis H1(c) “An outgroup (paediatricians) with a higher credibility level compared to the ingroup (parents) will positively

affect consumers' purchase intention", because the outgroup showed a significant higher score than the ingroup in most of the items and in the final merged variable. To verify the reliability of the items that assessed the intention to recommend, it was used the bivariate correlation (Pearson's r), that showed high reliability (2 items; $r = .92$).

4.6 Social influence and regulatory focus on consumers' intention to recommend

To test the second and third hypothesis ((H2a) the fit between promotion focus and outgroup will positively influence consumer's intention to recommend and (H3a) the fit between prevention focus and ingroup will positively influence consumer's (a) intention to recommend), a two-way ANOVA was performed, where ingroup/outgroup was the independent variable, and promotion/prevention was the moderating variable on the dependent variables. In the new variable built (the set of 3 items, to assess the intention to recommend as a whole), results showed that the promotion/prevention variable does not moderate the effects of ingroup/outgroup variable on intention to recommend ($F(1, 133) = 0.00, p = ns$). These results reject the hypotheses H2a and H3a, because there were no significant results on promotion/prevention moderation.

4.7 Social influence and regulatory focus on consumers' attitude toward brand

In terms of the second dependent variable (attitude toward brand), results regarding the new variable built (the set of 9 items, to assess the attitude toward brand as a whole) showed that the promotion/prevention variable does not moderate the effects of ingroup/outgroup variable on attitude toward brand, $F(1, 133) = 0.03, p = ns$. These results reject the hypotheses H2b and H3b (H2b: The fit between promotion focus and outgroup will positively influence consumer's attitude toward brand; H3b: The fit between prevention focus and ingroup will positively influence consumer's attitude toward brand), because there were no significant results on promotion/prevention moderation.

4.8 Social influence and regulatory focus on consumers' purchase intention

In terms of the third dependent variable (purchase intention), results regarding the new variable (the set of 2 items, to assess the purchase intention as a whole) showed that the promotion/prevention variable does not moderate the effects of ingroup/outgroup variable on purchase intention, $F(1, 133) = 0.27, p = .61$. These results reject the hypotheses H2c and H3c (H2c: The fit between promotion focus and outgroup will positively influence consumer's purchase intention; H3c: The fit between prevention focus and ingroup will positively influence consumer's purchase intention), because there were no significant results on promotion/prevention moderation.

5 Conclusion

This research aimed to understand how infant nutrition market, a growing and healthy market, can be boosted using some marketing theories such as Social Influence and Regulatory Focus. The main goal was to understand how communication using Social Influence (ingroup and outgroup) related to credibility (of parents and paediatricians) can affect baby food consumers' intentions (intention to recommend and intention to purchase) and attitude toward the promoted brand. Regarding the first specific goal of this study (analyse the credibility level that parents perceive in paediatricians (outgroup) compared with other parents in general (ingroup)), the results in the separate study showed that paediatricians (outgroup) have more credibility perceived from parents when compared with themselves (ingroup). In this sense, it was expected that the outgroup could have more impact on consumers' intentions and attitudes than the ingroup. In terms of the three subsequent specific goals, it is known that the social component influence consumer behaviour (Khan, 2006). According to Social Identity Theory (Tajfel & Turner, 1986), people have a strong identification with their ingroup and sometimes derogate other outgroups (Rubin & Hewstone, 1998). The results of the present research corroborate this idea that communication using Social Influence can modify consumers' intentions and attitudes. Furthermore, the results of the present research suggest that the use of highly credible outgroup (paediatricians) recommendations on communication have a significant positive impact on consumers' intentions and attitudes when compared to communications using ingroup recommendations. Although seemingly contradictory to the Social Identity Theory and most of research in this area, these results are in accordance with Jost *et al* (2002), who postulates that in specific cases (i.e., when people belong to disadvantage groups regarding academic status) the outgroup can exert more favouritism. These results regarding the outgroup favouritism on consumers' intentions and attitudes were verified relative to attitude toward brand and purchase intention. The impact of social influence was not verified on intention to recommend. Intention to recommend it's a consequence of customer satisfaction, that is, when satisfied, the costumer might recommend it to friends, relatives, and colleagues (Farris, Bendle, Pfeifer, & Reibstein, 2010). In this case, parents didn't experience

the product, so social influence may not have any impact on a recommendation until they really try the product.

Regarding the last specific goal (verify regulatory focus as a moderator variable in the relationship between social influence and baby food consumers' intentions and attitudes), it was not verified any significant impact. It is known that consumers can be predisposed to be promotion focused or prevention focused and it is estimated that approximately half of consumers are chronically promotion focused, and the other half are prevention focused (Higgins, 1987; Lee, *et al*, 2000; Lockwood, *et al*, 2002). These results suggest that there are no specific trends (on promotion or prevention) in this sample, being half promotion-focused and the other half prevention-focused, or that the manipulation using promotion focus and prevention focus was not perceptible by participants.

5.1 Managerial implications

Taking these results into consideration, it is recommended that regarding infant nutrition business, marketers should consider the social influence in their communications. It is very important to consider the ingroup (parents) on communication, but the outgroup (specifically the paediatricians) have a bigger impact on consumers' attitude toward brand and purchase intention due to their credibility and expertise. Therefore, positive information about outgroup can serve as a marketing tool for companies' communication since it has impact on consumers' attitudes toward brand and purchase intention when they are associated with a high credibility outgroup.

These results were obtained through an unknown brand communication (the brand was specifically created for this work), so they can be even more applied to neutral perception brands. This is a particularly relevant factor for unknown brands or brands that want to enter in the market. In an extremely competitive market environment, the right choices about communication, like using a highly credible outgroup, can have a significant impact on consumers' behaviour.

5.2 Limitations and Future Research

Finally, the impact of these findings is limited by several considerations. The first limitation is regarding the regulatory focus findings as a moderator variable. The present study manipulated regulatory focus, so future research can verify consumers chronic tendency to promotion or prevention, and then apply the respective communication (promotion or prevention focused). Another possibility would be to ensure the visualization of the communication during a specific time (i.e. 45 sec.) and use more distinct sentences among them (some sentences were very similar between promotion and prevention). Another limitation is regarding the age of participant's children: the age range from 0 and 36 months represents widely different experiences both for the baby and for his parents. Also, specific phases have different needs (i.e. babies until 4 months only drink milk). In addition, children after 36 months still consume these products (despite they do not belong to the category). Therefore, it could be interesting to assess the impact of Social Influence and Regulatory Focus in the different stages of the child and in the subsequent years.

Finally, the sample was consisted by Portuguese parents. Like commented in the literature review, cultural component affects consumers' behaviour because each city, country, and race have their own specifics, wants, and needs. Therefore, future research with parents of different cultures could be important to generalise these results to other markets.

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Appendix A- Original questionnaire of the main study

Q1

Caro participante,

Este é um estudo que tem como objetivo avaliar a comunicação em produtos de Nutrição Infantil. É muito importante a sua participação, que é anónima, uma vez que se trata de um trabalho com um fim académico. Será pedido que atente para uma determinada comunicação e responda a um questionário sobre a mesma. Não há nenhuma resposta correta/incorrecta, pelo que se requer o máximo de honestidade no preenchimento do questionário. Tem uma duração prevista de 4 minutos. Muito obrigado pela sua participação!

Q2

Neste momento tem algum filho ou filha com idade igual ou inferior a 3 anos?

- Sim
- Não

Q3

Observe com atenção a comunicação seguinte. As perguntas que se seguem terão como base essa mesma comunicação.

(participants exposed to one of the four automatically randomized images, see appendix 3)

Q4

Considerando a comunicação anterior, qual a probabilidade de você:

	Extremamente improvável (1)	Muito improvável (2)	Improvável (3)	Nem provável e nem improvável (4)	Provável (5)	Muito provável (6)	Extremamente provável (7)
Recomendar este produto a um amigo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falar deste produto a alguém que conhece	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fazer comentários positivos acerca deste produto a outras pessoas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5

Tendo por base a comunicação anteriormente observada, por favor avalie a sua atitude em relação à marca “Fruta+” considerando os itens abaixo:

	1	2	3	4	5	6	7	
Desfavorável	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Favorável
Muito má	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muito boa
Muito desinteressante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muito interessante
Nada atrativa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muito atrativa
Nada desejável	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muito desejável
Nada agradável	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremamente agradável
Inútil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Útil
Nada importante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muito importante
Nada prazerosa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muito prazerosa

Q6

Tendo por base a comunicação anteriormente observada, por favor avalie a sua intenção de compra do produto considerando os itens abaixo:

	1	2	3	4	5	6	7	
Eu não gostaria de comprar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eu gostaria de comprar
Não tenciono adquirir	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eu tenciono adquirir

Q7

Relativamente à comunicação observada, avalie as frases abaixo numa escala de 1 a 7, sendo que 1 significa “discordo totalmente” e 7 “concordo totalmente”

	Discordo Totalmente (1)	Discordo (2)	Discordo parcialmente (3)	Não concordo nem discordo (4)	Concordo parcialmente (5)	Concordo (6)	Concordo Totalmente (7)
A comunicação apresenta um produto recomendado pelos pais e mães portuguesas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A comunicação apresenta um produto recomendado pelos pediatras portugueses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A comunicação apresenta os benefícios do produto no ganho para a saúde	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A comunicação apresenta os benefícios do produto para a prevenção de doenças	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>A comunicação foca na promoção de melhorias para a saúde do bebé</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>A comunicação foca na prevenção de problemas para a saúde do bebé</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8

Em relação aos pais e mães portugueses, avalie as afirmações abaixo:

	1	2	3	4	5	6	7	
<p>Não fazem parte do meu grupo social</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Fazem parte do meu grupo social</p>
<p>Não estão próximos de mim</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Estão próximos de mim</p>

Q9

Em relação aos pediatras portugueses, avalie as afirmações abaixo:

	1	2	3	4	5	6	7	
Não fazem parte do meu grupo social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fazem parte do meu grupo social
Não estão próximos de mim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Estão próximos de mim

Q10

Qual a sua opinião relativamente à comunicação observada (apenas à comunicação, não à marca):

	1	2	3	4	5	6	7	
Desfavorável	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Favorável
Nada atraente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Atraente
Nada persuasiva	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muito persuasiva

Q11

Qual a frequência com que consome ou consumia pacotinhos de fruta numa semana?

- 0
- 1-5
- 6-10
- 11 ou +

Q12

Quantos filhos tem?

- 1
- 2
- 3
- 4 ou mais

Q13

Qual é a sua idade? (insira apenas o número)

Q14

Qual o seu grau de escolaridade?

Ensino básico (até 9º ano)

Ensino Secundário (12ºano)

Licenciatura

Mestrado

Doutoramento

Q15

Qual o seu Género?

Feminino

Masculino

Q16

Qual a região onde reside?

Aveiro

Beja

Braga

Bragança

Castelo Branco

Coimbra

Évora

Faro

Guarda

Leiria

Lisboa

Portalegre

Porto

Santarém

Setúbal

Viana do Castelo

Vila Real

Viseu

RA Madeira

RA Açores

Appendix B- Separate Study Questionnaire

Q1

Caro participante,

Este é um estudo que tem como objetivo avaliar a comunicação em produtos de Nutrição Infantil. É muito importante a sua participação, que é anónima, uma vez que se trata de um trabalho com um fim académico. Será pedido que responda a um questionário. Não há nenhuma resposta correta/incorrecta, pelo que se requer o máximo de honestidade no preenchimento do questionário. Tem uma duração prevista de 3 minutos. Muito obrigado pela sua participação!

Q2

Neste momento tem algum filho ou filha com idade igual ou inferior a 3 anos?

- Sim
- Não

Q3

Quando vai fazer compras de alimentos para o seu filho, qual das duas recomendações abaixo acredita ter maior credibilidade para si?

- Recomendação do Pediatra
- Recomendação de outros pais e mães

Q4

Considerando a credibilidade das recomendações alimentares feitas pelos pediatras, avalie as frases abaixo numa escala de 1 a 7, sendo que 1 significa “discordo totalmente” e 7 “concordo totalmente”:

	Discordo Totalmente (1)	Discordo (2)	Discordo parcialmente (3)	Não concordo nem discordo (4)	Concordo parcialmente (5)	Concordo (6)	Concordo Totalmente (7)
Os pediatras são de confiança	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pediatras são precisos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pediatras são justos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pediatras são transparentes na sua abordagem total	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pediatras são imparciais	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5

Considerando a credibilidade das recomendações alimentares feitas pelos pais e mães, avalie as frases abaixo numa escala de 1 a 7, sendo que 1 significa “discordo totalmente” e 7 “concordo totalmente”:

	Discordo Totalmente (1)	Discordo (2)	Discordo parcialmente (3)	Não concordo nem discordo (4)	Concordo parcialmente (5)	Concordo (6)	Concordo Totalmente (7)
Os pais e as mães são de confiança	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pais e as mães são precisos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pais e as mães são justos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pais e as mães são transparentes na sua abordagem total	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pais e as mães são imparciais	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6

Considerando o conhecimento especializado dos pediatras, avalie as frases abaixo numa escala de 1 a 7, sendo que 1 significa “discordo totalmente” e 7 “concordo totalmente”:

	Discordo Totalmente (1)	Discordo (2)	Discordo parcialmente (3)	Não concordo nem discordo (4)	Concordo parcialmente (5)	Concordo (6)	Concordo Totalmente (7)
Os pediatras são especialistas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pediatras são experientes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pediatras têm conhecimento	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pediatras são qualificados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pediatras são habilitados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7

Considerando o conhecimento especializado dos pais e mães, avalie as frases abaixo numa escala de 1 a 7, sendo que 1 significa “discordo totalmente” e 7 “concordo totalmente”:

	Discordo Totalmente (1)	Discordo (2)	Discordo parcialmente (3)	Não concordo nem discordo (4)	Concordo parcialmente (5)	Concordo (6)	Concordo Totalmente (7)
Os pais e mães são especialistas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pais e mães são experientes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pais e mães têm conhecimento	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pais e mães são qualificados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Os pais e mães são habilitados	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8

Qual o seu Género?

O Feminino

O Masculino

Q9

Qual é a sua idade? (insira apenas o número)

Q10

Qual o seu grau de escolaridade?

O Ensino básico (até 9º ano)

O Ensino Secundário (12ºano)

O Licenciatura

O Mestrado

O Doutoramento

Q11

Quantos filhos tem?

- 1
- 2
- 3
- 4 ou mais

Q12

Qual a região onde reside?

- | | | | | | |
|------------------------------|----------------------------------|---------------------------------|--|--------------------------------------|----------------------------------|
| <input type="radio"/> Aveiro | <input type="radio"/> Beja | <input type="radio"/> Braga | <input type="radio"/> Bragança | <input type="radio"/> Castelo Branco | <input type="radio"/> Coimbra |
| <input type="radio"/> Évora | <input type="radio"/> Faro | <input type="radio"/> Guarda | <input type="radio"/> Leiria | <input type="radio"/> Lisboa | <input type="radio"/> Portalegre |
| <input type="radio"/> Porto | <input type="radio"/> Santarém | <input type="radio"/> Setúbal | <input type="radio"/> Viana do Castelo | <input type="radio"/> Vila Real | |
| <input type="radio"/> Viseu | <input type="radio"/> RA Madeira | <input type="radio"/> RA Açores | | | |

Appendix C – Communications of the Main Study

Image 1- (1) ingroup-promotion



Image 2- (1) ingroup-prevention



Image 3 - (3) outgroup-promotion

Produto nº1 recomendado pelos pediatras portugueses*

Sem ADIÇÃO DE AÇÚCARES

6 meses

FRUTA+

Maçã Cenoura e Manga

100% natural sem adição de açúcar

BIO

Benefício comprovado na saúde oral dos bebés

Vitaminas e Minerais para promover crescimento saudável

Com fibras da fruta natural Para melhorar conforto digestivo do bebé

Ingredientes especialmente selecionados para o seu bebé

*Produto mais recomendado num estudo realizado com 1400 pediatras

BIO

Image 4 - (1) outgroup-prevention

Produto nº1 recomendado pelos pediatras portugueses*

Sem ADIÇÃO DE AÇÚCARES

6 meses

FRUTA+

Maçã Cenoura e Manga

100% natural sem adição de açúcar

BIO

Comprovada na redução de cáries dentárias

Vitaminas e Minerais para evitar carências nutricionais

Com fibras da fruta natural Para diminuir os problemas digestivos do bebé

Ingredientes especialmente selecionados para o seu bebé

*Produto mais recomendado num estudo realizado com 1400 pediatras

BIO