Processing Health Risk Messages

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Risk and Prevention
Perceived self-risk and prevention behaviors

- Health Belief Model proposes that increased vulnerability (self-risk) drives increased prevention

- Alternative 1: This relationship is reciprocal (Gerrard et al., 1996):
  - Perceptions of vulnerability to HIV reflect precautionary behavior
  - Thus, prevention may decrease reported vulnerability, if implemented or perhaps even planned
- Alternative 2: vulnerability may threat and potentially denial
Whose risk?

Others’ risks
- Serve as a relative benchmark for self-risk, and causal factor with contagious diseases
- Perceptions of others’ vulnerability may influence prevention intentions

Two Projects
- Portrayals of Group/Individual Others
- Threat and Locus of control in self/other portrayals
Identifiable others
THE IDENTIFIABLE PATIENT

Identifiability: the presentation or description of a single, often named individual as the subject of a message

- ID victims: More impact
- ID patients: More threat? (not necessarily, but threat must be managed)
Identifiability Manipulation

Genital Herpes

Results of a nationally representative study show that genital herpes infection (HSV-2) is common in the United States. Nationally, at least 45 million people ages 12 and older, adolescents and adults, have had genital HSV infection. However, as many as 90% don’t know it. Sometimes HSV-2 goes undetected for years since it produces no discernible symptoms and is not regularly tested for in the battery of routine sexually transmitted disease (STD) tests.

What exactly is it?

Genital herpes is an STD caused primarily by the herpes simplex virus type 2 (HSV-2). Signs typically appear as one or more blisters on or around the genitals. The blisters break, leaving tender ulcers (sores) that may take 2-4 weeks to heal the first time they occur. HSV-2 can be found in and released from the sores that the viruses cause, but it is also released between outbreaks from skin that does not appear to be broken or to have a sore.

How do I get it?

Generally, a person can only get HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. Transmission can occur from an infected partner who does not have a visible sore and may not know that he or she is infected. HSV-2 is different from other STDs in that it is present in the skin around the genitals, which is not covered by condoms. While condoms do not provide complete protection against HSV-2, they do appear to lower the risk of transmission.

What are the consequences?

Genital herpes can cause recurrent painful genital sores in many adults, and herpes infection can be severe in people with suppressed immune systems. Regardless of severity of symptoms, genital herpes frequently causes psychological distress in people who know they are infected. Herpes may also play a role in the spread of HIV, the virus that causes AIDS. Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more infectious. Occasionally, people with normal immune systems can get herpes infection of the eye, called ocular herpes. Ocular herpes is sometimes caused by HSV-2. It can occasionally result in eye disease, including blindness.

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Primary Hypothesis

Identifiable presentation

Resources (low stress)

Adaptive recognition of Vulnerability, increased Prevention intentions
Basic Results

- Pretest shows that identifiability increases vulnerability but decreases similarity (suggests distancing)
- We hypothesize that identifiability’s advantage will be dampened when resources are limited (ambient stress)
- For identifiable presentation ambient stress:
  - increases fear (mediated by similarity)
  - decreases vulnerability
  - decreases adaptive coping and behavioral intentions

<table>
<thead>
<tr>
<th></th>
<th>Low Stress</th>
<th>High Stress</th>
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<tbody>
<tr>
<td>Intentions to practice safer sex (1-11)</td>
<td>9.79</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>7.92</td>
<td>7.67</td>
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Graph showing comparison between low and high stress conditions.
Overall contributions:

• Identifiability can be a useful tool to encourage adaptive reaction to health risk behaviors
  • Distancing (managing similarity is key)
  • Distancing is disrupted by ambient stress
• Identifiability may be useful for increasing perceived vulnerability and prevention in lower stakes settings, but may backfire in more stressful contexts
  • Billboards versus doctors’ offices
Other Risk and Contagion:

Moderating Effects of Locus of Control
• Another’s risk has implications for own risk of contracting disease

Thoughts of contagion lead to avoidance
Chronic control beliefs

- Traditional finding/assumption: control leads to adaptive health behaviors
  - Health Internals (vs. Externals) engage in more prevention

- **However**: Worldview asserting *internal control* over specific health outcomes may be *barrier* to message processing in contagious disease contexts (where others inherently influence self)
We Propose Fit Mechanism

In contagious disease context:
- Other-focused message should lead to greater perceived fit and persuasion among health externals as other-focused message emphasizes lack of control over own health.

- Self-focused message (default) should lead to greater fit for health internals, as it emphasizes self as controller of health outcomes.
Primary Hypothesis

Perceived Control (Health Locus of Control)

Self vs. Other-Focus

Contagion

Prevention Behaviors
Overview of Results

Context: Disease risk and prevention pamphlet

- **E1**: Internal HLOC increases vigilance in control conditions but decreases vigilance under mortality salience (other focused)

- **E2**: Internal HLOC increases vigilance under self focus but decreases vigilance under other focus

- **E3**: Other-focused HLOC effect confined to contagious disease
Summary

- Portrayal of others in health risk communications:
  - Threat is inherent
  - Distancing/Similarity matters
  - Worldview interacts with nature of risk (other-focused contagion risks)