

MASTER'S THESIS

A source-based inquiry of optimistic bias and its impact on health-related behaviors: implications for cervical cancer prevention communications

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A Source-Based Inquiry of Optimistic Bias and its Impact on Health-Related

Behaviors:

Implications for Cervical Cancer Prevention Communications

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ABSTRACT

In the past, optimistic bias has always been treated as a static human nature. Three concepts that are most often linked to optimistic bias include dispositional optimism, self-efficacy, and knowledge. Based on past studies that linked optimistic bias to these concepts, the researcher suspects that a) in addition to being an inborn human nature, optimistic bias might come from external sources, and b) optimistic bias from difference sources may lead to different behavioral outcomes. This study, using cervical cancer risk perceptions as the context, examined the relationships between optimistic bias and the three concepts of dispositional optimism, self-efficacy, and knowledge. Moreover, this study tried to probe the behavioral pattern as an outcome of optimistic biases from different sources.

A questionnaire was distributed for data collection to Hong Kong Chinese females. Respondents (n = 265) included both undergraduate and graduate students enrolled at the Hong Kong Baptist University at the time. Respondents filled in the questionnaire in a classroom setting during a 15-minute allocated time slot either at the beginning or the end of their classes. Data on cervical cancer risk perceptions, cervical cancer related behaviors, dispositional optimism, self-efficacy, and cervical cancer related knowledge were collected to observe the relationships among these variables.

In line with majority of past studies, optimistic bias was found to exist on a group level. Of the three sources of optimistic bias examined, only dispositional optimism positively correlated with optimistic bias. Optimistic bias was predicted by one aspect of knowledge related to cervical cancer risk factors. Further, that optimistic bias was also predicted by two crucial risk factors (i.e., whether one ever had sexual intercourse experience and their age at first sexual intercourse) indicates that when

people claim to have a below-average risk, they may be quite accurate rather than falsely optimistic about health risks. Finally, the intended observation on behavioral pattern verses sources of optimistic bias could not be achieved in this study due to the fact that only one cervical cancer-related behavior was significantly linked to one of the three sources. The current findings draw implications for communication interventions for cervical cancer prevention among young females in Hong Kong.

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