Third-Person Effects of Health News: Exploring the Relationships among Media Exposure, Presumed Media Influence and Behavioral Intentions
The research on perceived effects of media has expanded rapidly in recent years (Gunther & Storey, 2003; Perloff, 2002). Departing from the direct model of media effects concerning mediated message on individuals and on society, this rapidly growing stream of media-effect research seeks to understand the complexity of media content on the audience’s social perceptions, attitudes, and behavior by examining audience perceptions about the reality of media influence (Perloff, 1993). The third-person effect hypothesis exemplifies an indirect approach (Gunther & Storey, 2003). As Perloff (2002) put it, “Instead of looking at media effects on beliefs, it examines beliefs about media effects. Rather than assuming that media affect perceptions, it assumes that perceptions can shape media” (pp. 489-490). Mutz (1989) characterized third-person effects as “the influence of perceptions of media influence” (p. 3). The thesis is that perceived effects of media messages are real media effects.

According to the third-person effect hypothesis proposed by Davison (1983), people tend to perceive mass media as having a stronger effect on others than on themselves. In Davison’s words (1983), “people will tend to overestimate the influence that mass communications have on the attitudes and behavior of others” (p. 3). Perloff (1993, 2002) articulated the two components of third-person effect hypothesis: perceptual and behavioral. The perceptual component refers to the discrepancy between self and others in assessing the influences of media messages. Gunther (1991) characterized the third-person perception as “what we think others think” (p. 355). The behavioral component proposes that biased third-person perception compels people to action to restrict the assessed media messages (Davison, 1996; Gunther, 1995, 1998; Rojas, Shah, & Faber, 1996; Salwen, 1998).

Several studies have broken new ground in third-person effect research. In proposing an
indirect-effect model, Gunther and Storey (2003) explored how people react to their perceptions of media messages on others. Tewksbury, Moy and Weis (2004) further articulated this approach, suggesting that how an individual responds to a media message “depends largely on what the message is thought to do to others” (p. 140). They argued that the perceptions of the action of others may be a useful approach to examine the linkages between the perceptual component and behavioral intentions. Jensen and Hurley (2005) suggested a new construct of presumed influence to assess the nature of presumed media influence. They defined presumed behavior as a measure of “what receivers think others will do” (Jensen & Hurley, 2005, p. 245). They demonstrated that the presumed effect of media messages on other’s behavior showed predictive power over action independent of perceived effects of media messages.

The goal of this study is to expand third-person effect research in processing health news. Moderator variables of third-person effects are examined focusing on the role of knowledge and exposure to health news in estimating effects of health news on self relative to others. Finally, the study explores behavioral responses to third-person perceptions on self as compared to others in the context of assessing health coverage. The goal is to demonstrate that perceived effect of health news on self will be a better predictor of behavioral intention.

Health News and Third-Person Effects

Health news in mass media does not often make headlines. It entails a high threshold in attracting people’s attention unless the coverage involves a sudden, imminent, and massive threat to people’s health (think of the SARS outbreaks in 2003). Then, health news has its “15 minutes of fame.” Past research shows a general pattern between media desirability and
third-person effects. Undesirable messages (such as pornography) tend to lead to third-person perceptual bias, while desirable messages (such as public service announcements) tend to generate a reverse third-person effect. The message desirability of health coverage is ambiguous. By nature health coverage aims to be informational, educational, and beneficial to receivers. But the news about a health threat may upset people. The actual coverage of avian flu in Taiwan was found sensational (CDC, Taiwan, 2005), contributing to public anxiety and making people thirsty for information. As Gunther and Mundy (1993) argued, when a message is not perceived to be beneficial and involves large risks, the third-person effect will be unequivocal.

However, no study has examined third-person effects in the domain of health news. This study fills the gap by examining the third-person hypothesis in estimating the influence of health news in the media, focusing on the coverage of avian flu in Taiwan. Avian flu (AKA bird flu) is an infection caused by the H5N1 virus, which is found chiefly in birds but can infect humans. The first outbreak of avian flu was reported in South Korea in December, 2003 (CDC, USA, 2006). Avian flu hit several other Asian countries such as Vietnam, Thailand, Indonesia, and China in 2005. In China alone, 35 outbreaks of avian flu occurred; 194,000 poultry were infected in 2005 (China Times, 2006). Later, the flu spread to Africa and Europe. According to The World Health Organization (WHO, 2006), by September 2006, 173 people have been diagnosed with avian flu worldwide; 148 died.

Although no outbreak was reported in Taiwan, the island’s proximity to mainland China caused deep concern among Taiwanese. A survey conducted by Taiwan’s Center of Disease Control (CDC, Taiwan, 2005) found that 70% of respondents feared an outbreak on
the island. Further, 53% believed that avian flu would affect Taiwan more seriously than did the Severe Acute Respiration Syndrome (SARS) outbreak in 2003. Avian flu outbreaks and avian flu related information were covered extensively in Taiwan’s news media. For example, reports about a shortage of Tamiflu, the only known vaccine against H5N1 virus, resulted in a rush to stock up on the vaccine. Thus, the news in Taiwan about outbreaks of avian flu elsewhere offers a salient case to examine the perceived effects on self and others and to explore the capacity of these effects to prompt people to take preventive action.

Literature Review

*The Third-Person Effect Hypothesis*

Since Davison published his seminal piece proposing the third-person effect hypothesis in 1983, a large number of studies report empirical evidence to support the hypothesis (Perloff, 1993, 1999; Paul, Salwen, & Dupagne, 2000). Past research has found stronger third-person perceptual effects in estimating negative media messages including pornography, violence, controversial news reports and ads, and attack ads (Brosius & Engel, 1996; Chapin, 2002; Cohen & Davis, 1991; Duck & Mullin, 1995; Gunther & Mundy, 1993; Henriksen & Flora, 1999; Hoffner & Buchanan, 2002; Huh, Delorme, & Reid, 2004; Lo & Wei, 2002; McLeod, Eveland, & Nathanson, 1997; Salwen & Driscoll, 1997; Wei & Lo, 2006; Youn, Faber, & Shah, 2000). A general pattern has emerged from these studies: the more negative or controversial the mediated message, the stronger the perceived effect of such messages on others relative to self.

We expect that the third person effect will apply in the case of avian flu. Although news about avian flu presumably is informational and desirable and aims at helping people cope
with the threat, the message essentially is unpleasant.

**Moderators of Third-Person Effects**

In addition to confirming the perceptual component of the third-person effect hypothesis, past research also has identified a number of moderators of third-person effects. The presence of these moderating variables mitigates the self-other perceptual discrepancy. For example, previous studies show that the magnitude of the third-person effect increases with social distance (Brosius & Engel, 1996; Gunther, 1991; McLeod et al., 1997; Meirick, 2005; Paek, Pan, Sun, Abisaid, & Houden, 2005). In processing health news, knowledge and media use are particularly important.

**Knowledge and the third-person perception.** Knowledge is considered a key moderator in estimating the influence of health news because it functions as a heuristic guide for individuals in coping with the uncertainty. Past third-person effect studies examining the relationship between knowledge of a given topic and the third-person perceptual differential found evidence to support knowledge’s moderating role. That is, as knowledge increases, the perceived effect of media messages increases (Atwood, 1994; Chapin, 2002; Driscoll & Salwen, 1997; Lasorsa, 1989; Wei & Lo, 2006; White & Dillon, 2000). In a study investigating the third-person perceptual effect of attack ads during the 2004 presidential campaign in Taiwan, Wei and Lo (2006) found that the self-other perceptual gap was positively correlated with knowledge about attack ads.

These findings suggest that perceived effects of mediated messages are expertise-based. Thus, in processing avian flu news, people likely will rely on what they know about the epidemic when judging the influence of such news on self relative to others. More
specifically, people who know a great deal about avian flu will be able to relate to the coverage and thus are likely to be realistic in assessing the effect of avian flu news on themselves. Further, if they believe that avian flu news influences them, they will presume that the news affects others as well. Thus, the higher the level of avian flu knowledge, the greater the perceived effects of avian news on self as well as others.

*Media use and the third-person perception.* In theory, media use as a moderator of third-person effects amplifies the self-other perceptual gap (Salwen, 1998) because of knowledge gain from media use. Past studies have identified the contingent media factors that mitigate third-person effects: attributes of the source, stimuli, message types, media orientation, and contexts of exposure (Perloff, 1993; Price, Huang, & Tewksbery, 1997; Wei & Lo, 2006). However, general use of media for information and entertainment does not necessarily make people concerned about media influence, but exposure to specific (particularly negative and controversial content) triggers viewers’ concern about harms (Huh et al., 2004).

Interestingly, past studies that explored the relationship between media exposure and perceived effects of negative media content showed that higher exposure was related to less perceived effects on self and others. Lo & Wei (2002) found that exposure to Internet pornography was negatively associated with perceived effects of Internet pornography on self and others. Hoffner et al. (1999) reported that greater exposure to TV violence was negatively associated with concerns about the harmful effects of TV violence on society. Eveland, Nathanson, Detenber, and McLeod (1999) also found that perceived likelihood of exposure was a significant predictor of perceived impact of violent rap on others.
However, in the context of assessing health converge such as avian flu news, it is expected that higher news exposure will be positively correlated with greater perceived effects on self and others because news about avian flu is assumed to be informational, desirable, and beneficial for people to cope with this health threat. People may take the news seriously and internalize it for the sake of self protection. If they reckon that avian flu news influences them, they may presume others will be influenced as well. Thus, exposure to avian flu news will likely be positively related to perceived effects of such news on self as well as others.

*Third-Person Effects and Behavioral Intentions*

The third-person perception has implications for behavioral intentions. As Gunther & Storey (2003) have argued, people who assume influences of media messages on a given audience will adapt their behavior to correspond to those assumptions. The behavioral component shows that people are more likely to act if they believe that others are more susceptible to harmful effects than themselves (Huh et al., 2004). Numerous studies on the presumed harms of negative and controversial media content have found the third-person perception predicted support for restrictions on such content (Gunther, 1995; Hoffner et al., 1999; Hoffner & Buchanan, 2002; Lo and Paddon, 1998; McLeod, Detenber, & Eleland, 2001; McLeod et al., 1997; Neuwirth, Frederick, & Mayo, 2002; Rojas et al., 1996; Youn et al., 2000).

Other behavioral effects reported in recent studies include the likelihood of developing an eating disorder (David & Johnson, 1998), intention to relocate by people who believe that others are more affected by media coverage of their town than they are (Tsfati & Cohen,
likely interaction with health workers (Gunther & Storey, 2003), and increased desire to be slim (Park, 2005). Neuwirth et al. (2002) explored the relationship between third-person effects and the heuristic systematic processing. They found that the third-person effect was positively associated with respondents’ behavioral intentions in terms of civil participation, discussion about elections, and support for media censorship.

Information-seeking models in health communication research (Case, 2002) assume that people need more information when they face threats or uncertainty in their daily life. In the context of avian flu coverage, residents in Taiwan would feel a heightened need to seek information about the flu to reduce uncertainty and seek out Tamiflu to gain control over the threat (Street, 2003). Thus, this study will focus on behavioral intentions triggered by the presumed effects of avian flu news on self and on others, specifically the respondents’ intent to seek information about the disease and to look for Tamiflu, the only known vaccine against the virus.

The perceived media effect on self is a particularly reliable predictor of behavioral outcomes (Lo & Wei, 2002; Wei & Lo, 2006). A study on perceived effects of a Holocaust-denial ad by Price, Tewsbury, and Huang (1998) found that it was perceived impact on self, not on others, that predicted opposition to publishing the ad. The finding was confirmed in other studies. Price et al. (1998) argued that knowledge about the self is a trustworthy gauge that people may consult when assessing media impact on themselves and on others. Likewise, knowledge about the self will be a useful measure to predict behavioral intentions in response to presumed effects of avian flu on self and on others. Thus, it is expected that perceived effects of avian flu news on self will be a stronger predictor of
Third-Person Effects of Health News 10

seeking information about the flu and the intention to seek out Tamiflu than will perceived
effect of such news on others. However, people who assume avian flu news will influence
others more greatly than themselves will be less likely to seek avian flu information and seek
out Tamiflu. Why bother if others will be the victims? Thus, the third-person perception will
be negatively associated with intentions to find information on the disease and to seek
Tamiflu.

Hypotheses

The above review of the growing literature of third-person effect research leads to the
formation of several hypotheses to test in the context of avian flu news. The first hypothesis
tests the baseline perceptual component of third-person effects of avian flu news. The second
and third hypotheses test the influence of moderators on biased third-person perceptions. The
remaining four hypotheses focus on the relationships between third-person perceptions (e.g.,
the perceived influence of avian flu news on self, on others and the self-other differential) and
perceptions-compelled behavioral responses to avian flu news.

H1: Respondents will perceive news about avian flu to have a greater influence on
others than on themselves.

H2: Knowledge will be positively associated with perceived effects of avian flu news on
self and on others.

H3: News exposure will be positively associated with perceived effects of avian flu
news on self and on others.

H4. Perceived effects of avian flu news on self will be a stronger predictor of intention
to seek information about the flu than will the perceived effects of such news on
Third-Person Effects of Health News

...others.

H5: The third-person perception (e.g., the magnitude of perceptual bias) will be negatively associated with intention to seek information about avian flu.

H6. Perceived effect of avian flu news on self will be a stronger predictor of intention to seek out *Tamiflu* than will the perceived effects of such news on others.

H7: Third-person perception (e.g., the magnitude of perceptual bias) will be negatively associated with intention to seek out *Tamiflu*.

**Method**

A large-scale survey of college students in Taiwan was employed to gather data. College students were targeted because they are heavy media users. In addition, because students live in crowded dorms on campus, they face a bigger risk of avian flu outbreaks than the average person. To draw a probability sample, a multistage cluster sampling procedure was used. From a pool of 44 colleges and universities located in Taipei, 10 were drawn randomly. Then, three classes from each of the 10 colleges were randomly drawn. In December 2005, a questionnaire was administered to all 1,201 students in the 30 classes. Respondents were assured of voluntary participation, confidentiality, and anonymity.

Of the 1,201 students in the sample, 1,107 (92.2%) completed the survey successfully. The rest (7.8%) declined to participate or failed to complete the questionnaire. The gender ratio of the respondents was about even with 46.5% males and 53.5% females. Their mean of age was 20.4 (*SD* = 1.77). In terms of years of study, the sample was evenly distributed across the four years. Specifically, 21.6% were freshmen, 30.7% were sophomores, 23.9% were juniors, and 23.2% were seniors.
Measures of Key Variables

Third-person effects. Conceptually, the third-person effect refers to the difference between the perceived effects of media messages on self and on others. To measure perceived effects of avian flu news coverage on self, respondents were asked to indicate whether media coverage of avian flu (a) made “you” concerned about the epidemic and (b) to what extent did the news influence “yourself.” A 7-point Likert-type scale was used (1 meant “not at all” and 7 meant “absolutely”). A scale of perceived effect of avian news on self was created by adding the two items and dividing by two ($M = 4.46$, $SD = 1.22$, $r = .75$). Similarly, a scale of perceived effect of avian news on others was built by using two questions which replaced words like “you” and “yourself” with “other people” and “themselves” ($M = 5.01$, $SD = .85$, $r = .68$).

The difference in scores between perceived effects on self and perceived effects on others was calculated to generate a measure of third-person perception ($M = .56$, $SD = 1.17$). The larger the score, the greater the magnitude of bias in perceiving the effects of avian flu news on self relative to others.

Exposure to news about avian flu. A content-specific exposure measure was used to gauge the level of exposure to news coverage of avian flu. Respondents were asked to indicate how often they read or watched news about avian flu in newspapers, on TV and on the Internet respectively. The 4-point response categories ranged from “1” (never) to “4” (frequently). Results of exploratory factor analysis confirmed that the three items were loaded in a single factor. The one factor solution explained 66.58% of the variance ($Eigenvalues = 2.00$). A composite measure of exposure to news was constructed by adding the three items
and dividing by three ($M = 2.56$, $SD = .65$, $alpha = .75$). The scale showed moderately high reliability.

**Knowledge about avian flu.** Knowledge about avian flu was measured with six questions regarding affected countries, symptoms of avian flu, and facts about Tamiflu. They were worded as follows: (1) which pharmaceutical company is the maker of Tamiflu? (2) was Taiwan licensed to manufacture Tamiflu? (3) which months of the year comprise the peak season for avian flu? (4) what is avian influenza virus called? (5) which country has reported avian flu outbreaks?, and (6) what kind of disease is bird flu? For each correct answer, a score was assigned. Thus, the knowledge scale ranged from 0 to 6 ($M = 3.10$, $SD = 1.61$).

**Intention to seek information about avian flu.** Respondents were asked to indicate whether they agreed that they would in the next three months seek information about the nature of the avian flu outbreaks, the transmission of the disease, vulnerability to being infected with the virus, prevention against and treatment of the disease. A 5-point Likert scale was used (1 meant “strongly disagree” and 5 meant “strongly agree”). Results of exploratory factor analysis of the five items confirmed that they were grouped in a single factor. The one factor solution explained 79.89% of the variance ($Eigenvalues = 3.99$). A composite measure of “intention to seek information about avian flu” was constructed by adding the five items and dividing by five ($M = 3.16$, $SD = .74$, $alpha = .92$). The scale achieved high reliability.

**Intention to seek Tamiflu.** Respondents were then asked whether exposure to news about a shortage of Tamiflu in Taiwan would induce them to consider: (1) searching for information about Tamiflu, (2) searching for information about how to prevent getting avian flu, and (3) trying to purchase Tamiflu. A 5-point Likert scale was used (where 1 meant
Third-Person Effects of Health News 14

“strongly disagree” and 5 meant “strongly agree”). Results of exploratory factor analysis showed that the three items were grouped in a single factor. The single-factor solution explained 71.94% of the total variance (Eigenvalues = 2.16). A scale of intention to seek out Tamiflu was created by adding the three items and dividing the sum by three (M = 2.67, SD = .79, alpha = .80). The scale achieved high reliability.

Findings

H1 predicted that respondents would perceive news about avian flu to have a greater effect on others than on themselves. To test it, paired t-tests were performed. Results show that respondents perceived the influence of news about avian flu was greater on others than on themselves. For individual measures, t (N=1,096) was 11.28 at p < .001 level for being more concerned about avian flu because of avian flu coverage; t (N=1,093) was 16.35 at p < .001 level for perceived influence of avian news. For the combined perceived effect index of self vs. others, t (N=1,093) was 15.77 at p < .001 level. Hypothesis 1 was supported.

H2 predicted that knowledge would be positively related to perceived effects of avian flu news on self and perceived effects of such news on others. To test it, three hierarchical regression analyses were performed in which gender and age were entered first as control variables. The second block entered knowledge and the final block included exposure to news about avian flu. The dependent variables included perceived effects of avian flu coverage on self, on others, and the third-person perception. As Table 1 shows, gender was a significant predictor of perceived effects of avian flu news on self and on others, suggesting that male respondents perceived less influence of avian flu news than female respondents. Further, taking into account the influence of gender and age, knowledge (β = .06, p < .05) was a
significant predictor of perceived effect of avian flu coverage on self. This result indicates that the more respondents know about avian flu, the stronger effect of the coverage they perceive on themselves. However, knowledge was not a significant predictor of perceived effects of avian flu news on others and the third-person perception. These results partially supported H2.

H3 predicted that exposure to news about avian flu would be positively related to perceived effects of such news on self and on others. Three hierarchical regression analyses were performed to test it. As shown in Table 1, after controlling for the influence of demographics and knowledge, exposure to news about avian flu proved to be the strongest predictor of perceived effects on self ($\beta = .32, p < .001$), on others ($\beta = .18, p < .001$), and the third-person perception ($\beta = -.16, p < .001$). These results indicate that the more respondents read or watch news about avian flu, the stronger effect of the coverage they perceive on themselves and on others. At the same time, the more respondents read or watched news about avian flu, the smaller the perceptual bias between self and others. H3 was supported.

H4 predicted that perceived effects of avian flu news on self would be a stronger predictor of intention to seek information about avian flu than would the perceived effects of such news on others. To test it, a hierarchical regression was performed in which gender and age were entered first as control variables, followed by knowledge and exposure to news about avian flu. The final block included perceived effects of avian flu news on self, on others, and the third-person perception. Results in Table 2 (see Column 1) show that knowledge ($\beta = .11, p < .001$) and exposure to news about avian flu ($\beta = .21, p < .001$) were
significant predictors of intention to seek information about avian flu. These results suggest that more knowledgeable respondents whose exposure to avian news is high tend to seek information about the disease. Further, results show that both perceived effects of avian flu news on self and on others are significant predictors of intention to seek information about avian flu. However, the beta size of perceived effects on self was much larger ($\beta = .38, p < .001$) than that of perceived effect on others ($\beta = .06, p < .05$). Hypothesis 4 was supported.

H5 predicted that the third-person perception would be negatively related to intention to seek information about avian flu. To test it, a hierarchical regression analysis was run. Similar to the earlier run, gender and age were entered first, followed by knowledge and exposure to news about avian flu. The final block entered the third-person perception (the others-self differential). As anticipated (see results shown in Column 2 in Table 2), the third-person perception was a significant but negative predictor of intention to seek information about avian flu ($\beta = -.17, p < .001$). The results provided support for H5, suggesting that the larger the third-person perceptual bias, the less likely that respondents would seek information about avian flu.

H6 predicted that the perceived effects of avian flu coverage on self would be a stronger predictor of intention to seek out Tamiflu than would the perceived effects of such news on others. To test this hypothesis, a hierarchical regression analysis was performed in which gender and age were entered first, followed by knowledge, news exposure, and perceived effects on self, perceived effects on others, and the third-person perception. The dependent variable was intention to seek out Tamiflu, the second behavioral intention measure. As
results in Table 2 show (see Column 3), with the influence of demographics, knowledge, and news exposure being controlled, perceived effect of avian flu coverage on self was the strongest predictor of intention to look for Tamiflu ($\beta = .42, p < .001$), while perceived effect on others was not a significant predictor. What this means is that the stronger a person perceived the effect of avian flu news on him or herself, the more likely the respondent would try to find the flu vaccine. H6 was supported.

Finally, H7 predicted that the third-person perception would be negatively related to intention to seek out Tamiflu. As results of the final hierarchical regression analysis in Table 2 show (see Column 4), after the influence of knowledge and news exposure were controlled, third-person perception proved a significant but negative predictor of intention to look for Tamiflu ($\beta = -.22, p < .001$). H7 was also supported, suggesting that the larger the size of third-person perceptual bias, the less likely respondents would try to find the flu vaccine.

**Discussion**

The third-person effect has been well documented in past research on both negative and socially desirable messages. The third-person effect found in negative messages is reversed if respondents perceive being influenced by media messages as smart and socially desirable (the first-person effect, see Gunther & Thorson, 1992; Henriksen & Flora, 1999). This study expands the research into the domain of health news. Findings show that biased third-person effects exist in the case of bird flu. Respondents tended to think the influence of avian flu news on others was greater than on themselves. But why does the third-person effect apply to processing avian flu news, which is essentially informational about a health risk? It appears that although the coverage is basically desirable and beneficial, the idea of being hit is
unpleasant. Thus, this study contributes to the third-person effect research in showing that desirable and informational but ambiguous (e.g., either positive or negative) messages such as health coverage also produce the third-person perceptual effect.

Further, findings indicate that the more respondents knew about avian flu, the more opened-mined they were about the risk to themselves. This probably is the case because they knew themselves the best; thus they were realistic in assessing the influence of avian flu news on themselves. However, knowledge did not increase the third-person effect as expected. In addition, the more respondents read or watched news about avian flu, the stronger the effect of the coverage they perceived on themselves and on others. Interestingly, as a moderator, exposure to avian flu news did not increase but rather reduced the self-other perceptual discrepancy. The more respondents read or watched news about avian flu, the smaller the perceptual bias between self and others.

Assessing the effects of media messages on self and others involves a complicated cognitive process (McLeod et al., 2001; Paek, et al., 2005). The cognitive view of third-person effect suggests that people rely on their own heuristic mechanisms to reason about media effects on self relative to others (Neuwirth et al., 2002). It seems that in assessing the impact of avian flu news, respondents took the threat presented in the news seriously. The result was that they probably understood how realistic the threat was to everyone, including themselves. Thus, the self-biased perception decreased. This particular finding suggests that in making sense of a health risk, exposure to news coverage of health issues assists people in the cognitive process about the effects of such coverage on themselves and on others. Thus, this study contributes to the third-person effect research by
showing that news exposure is an important moderator of perceived effects of news on self and others. Although ambiguous media messages such as health news may produce the third-person effect, exposure to such news reduces message ambiguity, helping people understand the benefits of the messages. Then, when the messages are perceived as personally beneficial and thus advantageous to serve self-interest, people are more open to acknowledging that the message affected them.

Regarding behavioral intentions compelled by the third-person perception, findings show that perceived effects of avian flu news on self prompted people to take action, namely to seek information about avian flu and to seek the vaccine Tamiflu. It appears that respondents internalized the information-driven coverage of avian flu. After weighing what the news meant personally, they took protection to be an individual responsibility. Self-interest appears to be the motivator. However, findings further show that the third-person perception acted like “a brake” on taking protective action. The larger the size of third-person perceptual bias, the less likely respondents would look for information about avian flu and try to find the flu vaccine. Such a finding demonstrates that perceptions of media effects on self and on others are real media effects with real consequences. Further, the finding is consistent with previous research on the phenomenon of unrealistic optimism that has consistently shown that optimistic bias provides a restraint on people’s intention to engage in preventive behavior. In practice, effective health campaigns should be framed in a way that cuts out third-person perception.

What explains the contradiction between a rational desire to protect oneself and a belief that others are less lucky and hence he or she needs not to take preventative action? Human
nature. When people understand a real threat to themselves, they do not take chances. They are self-interested rational beings. However, when asked to compare themselves to others, a set of social-psychological dynamics is at work. Admitting that the media influence you does not make you look smart (Shah, Faber, & Youn., 1999). Thus, overestimating the influence of health news on others and underestimating the influence on self may occur as a self-defense mechanism (Wei & Lo, 2006). The notion of a positive illusion, optimistic bias (Weinstein, 1980, 1987, 1989), and downward comparison (Atwood, 1994) all offer possible explanations. The conclusion is that the social-psychological mechanisms of third-person effects are complex, defying a single explanation. This is what makes the third-person effect research fascinating.

Findings of this study, however, are subjected to the limitations of a one-shot survey. The data were primarily self-reported; and the significant relationships are by no means causal. Future studies can pursue lab-based experiments to manipulate the messages of health information and then measure changes in perceptions of effects of different versions of messages on self relative to others. Further, it should be noted that this study has not measured behavior, but behavioral intentions. Future research should include measures of actual behavior.
References


perception as social judgment: An exploration of social distance and uncertainty in perceived effects of political attack ads. *Communication Research, 32* (2), 143 - 170.


Street, R. L., Jr. (2003). Mediated consumer-provider communication in cancer care: The


Table 1
Hierarchical Regression Analysis Predicting Perceived Effects of Avian Flu News on Self and on Others

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Perceived Effects of Avian Flu News</th>
<th>Third-Person Perception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>on Self</td>
<td>on Others</td>
</tr>
<tr>
<td>Block 1: Demographics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>-.14***</td>
<td>-.11***</td>
</tr>
<tr>
<td>Age</td>
<td>-.04</td>
<td>-.06*</td>
</tr>
<tr>
<td>Adjusted R²</td>
<td>.02</td>
<td>.02</td>
</tr>
<tr>
<td>Block 2: Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge about avian flu</td>
<td>.06*</td>
<td>.02</td>
</tr>
<tr>
<td>Incremental adjusted R²</td>
<td>.01</td>
<td>.00</td>
</tr>
<tr>
<td>Block 3: Media Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>News exposure to avian flu</td>
<td>.32***</td>
<td>.18***</td>
</tr>
<tr>
<td>Incremental adjusted R²</td>
<td>.10</td>
<td>.03</td>
</tr>
<tr>
<td>Total adjusted R²</td>
<td>.13</td>
<td>.05</td>
</tr>
</tbody>
</table>

Notes: Beta weights are from final regression equation with all blocks of variables in the model. N=1,023. Variables coded, or recoded, as follows: gender (1=male, 0=female); news exposure (1= never, 4 = frequently); perceived effect on self and others (1 = not at all, 7 = absolutely).

*** p < .001; ** p < .01; * p < .05.
### Table 2
Hierarchical Regression Analysis Predicting Information Seeking Behavior

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Intention to Seek Info about Avian Flu</th>
<th>Intention to Seek Out Tamiflu</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Block 1: Demographics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender (male)</td>
<td>.04</td>
<td>.08**</td>
</tr>
<tr>
<td>Age</td>
<td>.00</td>
<td>- .02</td>
</tr>
<tr>
<td>Adjusted R²</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td><strong>Block 2: Knowledge</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of avian flu</td>
<td>.11***</td>
<td>.05</td>
</tr>
<tr>
<td>Incremental adjusted R²</td>
<td>.03</td>
<td>.03</td>
</tr>
<tr>
<td><strong>Block 3: Media Use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>News exposure to avian flu news</td>
<td>.21***</td>
<td>.21***</td>
</tr>
<tr>
<td>Incremental adjusted R²</td>
<td>.11</td>
<td>.11</td>
</tr>
<tr>
<td><strong>Block 4: Third-Person Variables</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived effect on self</td>
<td>.38***</td>
<td>.42***</td>
</tr>
<tr>
<td>Perceived effect on others</td>
<td>.06*</td>
<td>-.01</td>
</tr>
<tr>
<td>Third-person perception</td>
<td>-.17***</td>
<td>-.22***</td>
</tr>
<tr>
<td>Incremental adjusted R²</td>
<td>.15</td>
<td>.03</td>
</tr>
<tr>
<td>Total adjusted R²</td>
<td>.29</td>
<td>.17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: Beta weights are from final regression equation with all blocks of variables in the model. N = 1,023. Variables coded, or recoded, as follows: gender (1=male, 0=female); news exposure (1= never, 4 = frequently); perceived effect on self and others (1 = not at all, 7 = absolutely); intention to seek information about avian flu and Tamiflu (1 = strongly disagree, 5 = strongly agree).

*** p < .001; ** p < .01; * p < .05.
Copyright of Conference Papers -- International Communication Association is the property of International Communication Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.