



Assessing different measures of risk taking propensity in a population with high HIV prevalenceHelena Szrek¹, Li-Wei Chao²¹ Center for Economics and Finance, Faculty of Economics, University of Porto, Porto, PORTUGAL² Population Studies Center, University of Pennsylvania, Philadelphia, Pennsylvania,Contact: hszrek@wharton.upenn.edu

Objectivos (Objectives): The literature contains various measures to gauge a person's risk taking propensity. The purpose of the study is to determine how these specific measures differ from each other and to determine which is most correlated with a person's risk taking propensity in the health domain.

Metodologia (Methodology): This paper compares four risk-taking propensity measures: two survey-based measures and two task-based measures. The first survey-based measure (Dohmen et al., 2005) uses one simple question to ask individuals to classify themselves, based on a Likert scale, as generally fully prepared to take risks or as generally always trying to avoid taking risks. The second survey-based measure is the Dospert (Weber, Blais, and Betz, 2002), which measures the individuals' perceptions of the riskiness, the benefits, and the expected likelihood of engaging in different hypothetical risky behaviors across different domains. The first task-based measure which is often used in economics, uses real monetary incentives and asks respondents to choose between an option whose payoff has greater variance and another option with lower variance (Holt and Laury, 2002). The second task-based measure, also with real monetary incentives, is the Balloon Analog Risk Task (Lejuez et al., 2002), whereby the participant pumps up a computer-simulated balloon, and is paid for each pump but only if the money is banked before the balloon overinflates and bursts.

These survey and task-based measures of risk taking propensity were elicited from 350 clients attending HIV testing healthcare facilities around Witbank, South Africa. The measures were then compared with each other and with self-reported health risk behaviors (including alcohol use, smoking, seat-belt use, and risky sex).

Resultados (Results): The Dohmen one item self-classification of risk-taking propensity was the best overall predictor of risky behaviors, both in real life and in hypothetical situations. The Holt and Laury risk measure, on the other hand, only predicted hypothetical risk behavior in the domain of gambling and health. BART was unrelated to any of the risky behaviors, except problem drinking. Dospert questions on risk behavior predicted actual health behavior correctly by domain.

Conclusões (Conclusions): We conclude with some thoughts regarding why the incentive based risk tasks were less predictive of actual behavior than the two survey measures we used. We also discuss other studies and other study samples to compare our results with theirs. We conclude with suggestions regarding the conditions under which the different risk measures may be useful.

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