

Authors

Dean Yang
University of Michigan

Tanya Rosenblat
University of Michigan

James Riddell IV
University of Michigan

Correcting Perceived Social Distancing Norms to Combat
COVID-19[†]

James Allen IV^{1,2,3}, Ariete Mahumane⁴, James Riddell IV⁵, Tanya Rosenblat^{1,6}, Dean
Yang^{1,2,3}, and Hang Yu^{7,8}

¹Department of Economics, University of Michigan

²Ford School of Public Policy, University of Michigan

³Population Studies Center, University of Michigan

⁴Beta Operational Research Center, National Institute of Health, Mozambique

⁵Division of Infectious Diseases, University of Michigan Medical School

⁶School of Information, University of Michigan

⁷National School of Development, Peking University

⁸Institute of South-South Cooperation and Development, Peking University

Version: March 26, 2021

Abstract

Can informing people of high rates of community support for social distancing encourage them to do more of it? Our Mozambican study population underestimated the rate of community support for social distancing, believing support to be only 69%, while the true share was 98%. In theory, informing people of high rates of community support has ambiguous effects on social distancing, depending on whether a perceived-infectiousness effect dominates a free-riding effect. We randomly assigned a “social norm correction” treatment, informing people of true high rates of community support for social distancing. We examine an imposed resource of social distancing (including detailed self-reports with reports on the respondent by others in the community). The treatment increases social distancing where COVID-19 case loads are high (where the perceived-infectiousness effect dominates), but decreases it where case loads are low (where free-riding dominates). Separately, randomized local-leader endorsements of social distancing are ineffective. As COVID-19 case loads continue to rise, interventions such as the “social norm correction” treatment should show increased effectiveness at promoting social distancing.

JEL Classification: I32, D91, O12

Keywords: COVID-19, Social Distancing, Health Behavior, Mozambique

[†]Contacts: allenja@umich.edu, deanrugg@umich.edu. Francisco Loucheiro provided top-notch leadership and field management. Patricia Finkler, Ryan McWay, and Maggie Barwood provided excellent research assistance. Julie Eash, Laura Kottarak, and Lauren Tognoni's great management was terrific. This work is supported by the Abdul Latif Jameel Poverty Action Lab (J-PAL) Innovation in Government Initiative through a grant from The Effective Altruism Global Health and Development Fund (grant number ICI-196), the UK Foreign, Commonwealth & Development Office awarded through Innovation for Poverty Action (IPA) Phase II Recovery Program (grant number MTR01930), the Michigan Institute for Teaching and Research in Economics (MITRE) Under Fund (grant number 020209), and the National Institute on Aging of the National Institutes of Health (grant number T32AG00021). Our protocols were reviewed and approved by Institutional Review Boards (IRBs) at the University of Michigan (Health Sciences and Social and Behavioral Sciences IRB, approval number IR300113011) and the Mozambique Ministry of Health National Committee on Bioethics for Health (CN300 subcommittee 2017CN300-20). This study was registered on the ISRCTN Registry on May 26, 2020, registration ID number ISRCTN17848336602. 10.1101/2021.03.26.20041110. The content of this paper is solely the responsibility of the authors and does not necessarily represent the official views of the aforementioned institutions.

Correcting Perceived Social Distancing Norms to Combat COVID-19

Can informing people of high rates of community support for social distancing encourage them to do more of it? Our Mozambican study population underestimated the rate of community support for social distancing, believing support to be only 69%, while the true share was 98%. In theory, informing people of high rates of community support has ambiguous effects on social distancing, depending on whether a perceived-infectiousness effect dominates a free-riding effect. We randomly assigned a “social norm correction” treatment, informing people of true high rates of community support for social distancing. We

examine an improved measure of social distancing combining detailed self-reports with reports on the respondent by others in the community. The treatment increases social distancing where COVID-19 case loads are high (where the perceived-infectiousness effect dominates), but decreases it where case loads are low (where free-riding dominates). Separately, randomized local-leader endorsements of social distancing are ineffective. As COVID-19 case loads continue to rise, interventions such as the “social norm correction” treatment should show increased effectiveness at promoting social distancing.

April 01, 2021