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

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Abstract

Can inferming people of high rates of community support for noticel distancing encourage fitten to denote of 16° One Manuschious at study peopletins undervotated that are also of community support for social distancing, believing support to be only 89%, while the true share was 18%. In theory, informing people of high rates of community support has ambiguous effects on social distancing, depending on whether a percentual social community support has an interacting effect. We randomly susport for social noncorrection, translated, informing people of two high rates of community support for social distancing oversites, translated, informing people of two high rates of community support for social distancing, the examine an happened nonsemne of notical distancing combining detailed self-superits with reports with the suspondent by offices in the community. The treatment increases notical distancing where COVID-19 case lands are high (where the perceived infectiousness effect dominates), but discusses it where case lands are law (where free-riding dominates). Separately, randomized local leader endomments of social distancing are ineffective. As COVID-19 case lands continue to rise, interventions such as the "social some correction" resonances about all some increased effectiveness on promoting social distancing.

JEL Classification: B2, D91, O12

Kepwords: COVID-19, Social Distancing, Health Behavior, Monambique

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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 ineffctive. As COVID-19 case loads continue to rise, interventions such as the "social norm correction" treatment should show increased effectiveness at promoting social distancing.

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