

Authors

Kate Vyborny
Duke University

Persuasion and public health:
Evidence from an experiment with religious leaders
during COVID-19 in Pakistan

Kate Vyborny*

This version: September 6, 2021.

[Click here for latest version.](#)

Abstract

We use a Randomized Controlled Trial in Pakistan to test whether one-on-one engagement with community religious leaders can encourage them to instruct congregants to comply with public health guidelines when attending religious gatherings. Treated religious leaders are 25% more likely to tell a “mystery shopper” he is required to wear a mask to attend. Treatment effects are driven by respondents who understand COVID transmission at baseline, suggesting the treatment does not work by correcting basic knowledge about the disease. Rather, it may work by connecting this knowledge to respondents’ pro-social motivations and actions that they can take as community leaders.

JEL codes: I18, Z12

*DukeLab and Department of Economics, Duke University; E-mail: katherine.vyborny@duke.edu. I thank Mohammad Maki and participants in workshops at Duke and the ADE at Lahore School of Economics for useful feedback. Lala Rukh Khan, Syed Usair Jussai, and Masihia Allah provided outstanding research assistance. I appreciate feedback from Ahmad Siddiq, Arafat Masha, Rania Nasir and Mahroz Baider on the development of the intervention scripts. I gratefully acknowledge institutional support from Center for Economic Research in Pakistan and funding support from the International Growth Centre (PAK-20078) and Innovations for Poverty Action (NITT0019-X16). Duke’s IRB approved this study under protocol number 2020-0432. Replication data for this study are available at the [Harvard dataverse](#).

Persuasion and Public Health: Evidence from An Experiment with Religious Leaders during COVID-19 in Pakistan

We use a Randomized Controlled Trial in Pakistan to test whether one-on-one engagement with community religious leaders can encourage them to advise congregants to comply with public health guidelines from state authorities. We test whether religious content in this engagement increases its effectiveness. We find that simple one-on-one engagement significantly improves the advice given by religious leaders to congregants on preventing COVID transmission in the mosque. Engagement was equally effective with or without explicitly religious content. Treatment effects are driven by the subsample who are already

convinced of basic information about COVID at baseline, suggesting the treatment does not work by correcting basic knowledge about the disease. Rather, it may work through the effectiveness of one-on-one engagement that reinforces existing knowledge and connects it to actions that respondents can take in their role as community leaders.

May 01, 2021