

Can Informational Nudges Increase Compliance with COVID-19 Measures?



Nudges boosted concern about COVID-19 but had limited effects on either recent compliance or intended future compliance with recommendations from nonpharmaceutical interventions (NPIs).



These null results were probably due to participants' high baseline levels of information about and compliance with NPIs—an informational diminishing returns scenario that is likely to be increasingly common globally.



Nudges increased recent compliance among participants who were politically left-wing, were relatively poor, and lived with more people.

CONTEXT

Until a vaccine or effective treatment is widely available, nonpharmaceutical interventions (NPIs) such as face masks and social distancing will continue to be Latin American and the Caribbean's frontline defense against COVID-19. NPI effectiveness, however, hinges on compliance by young adults who comprise a large share of the population—and who drive infection rates—but are not themselves likely to become seriously ill. Many countries in the region have used information campaigns to boost compliance with NPI recommendations. Although we are starting to accumulate evidence on the efficacy of such nudges in general populations, we know very little about their impacts on young adults.

PROJECT

In May and June 2020, we conducted a randomized controlled trial in Bogotá, Colombia, to assess the effectiveness of three types of informational nudges on university students' concern about COVID-19, recent compliance with five NPI recommendations, and intended future compliance. The nudges emphasized either the private benefits of compliance, the public benefits, or both. We tested for compliance with five recommendations: handwashing, cleaning, wearing a mask, social distancing, and staying home. Baseline and endline surveys were administered one week apart in small Zoom sessions. Informational treatments were delivered at the end of the baseline survey session. An interactive email campaign reinforced the treatments between the survey sessions.

RESULTS

Nudges boosted four of our five concern outcomes. All three types of nudges—those emphasizing the private benefits of compliance, the public benefits, and both—increased participants' perceived likelihood of infection. In addition, the private framing boosted three other types of concern: about becoming severely ill from COVID-19, about infecting friends and causing them to become severely ill, and about infecting a community member and causing them to become severely ill. The private framing also had a positive effect on an equally-weighted index of the five concern variables.

Nudges had limited effects on both participants' self-reported recent compliance with NPI recommendations and their intended future compliance. As for recent compliance, of the 18 combinations of nudges and outcomes we examined (e.g., the effect of the private framing on mask wearing), only two were significant: the private framing increased cleaning, and the public framing increased handwashing. None of the information treatments increased an equally-weighted index of the five recent compliance variables.

Likewise, in regard to intended future compliance, only two combinations of nudges and outcomes were significant. Both the private framing and combined framing increased intended compliance with cleaning. None of the information treatments increased an equally-weighted index of the five intended compliance variables. Nudges did, however, increase the index of self-reported recent compliance among subgroups. Both the public framing and combined framing increased the recent compliance index among participants who self-identified as politically left-wing. The public framing also boosted this index among participants who live in larger households, while the private framing increased the index among participants from poorer households.

Key Concept



NONPHARMACEUTICAL INTERVENTIONS (NPIS)

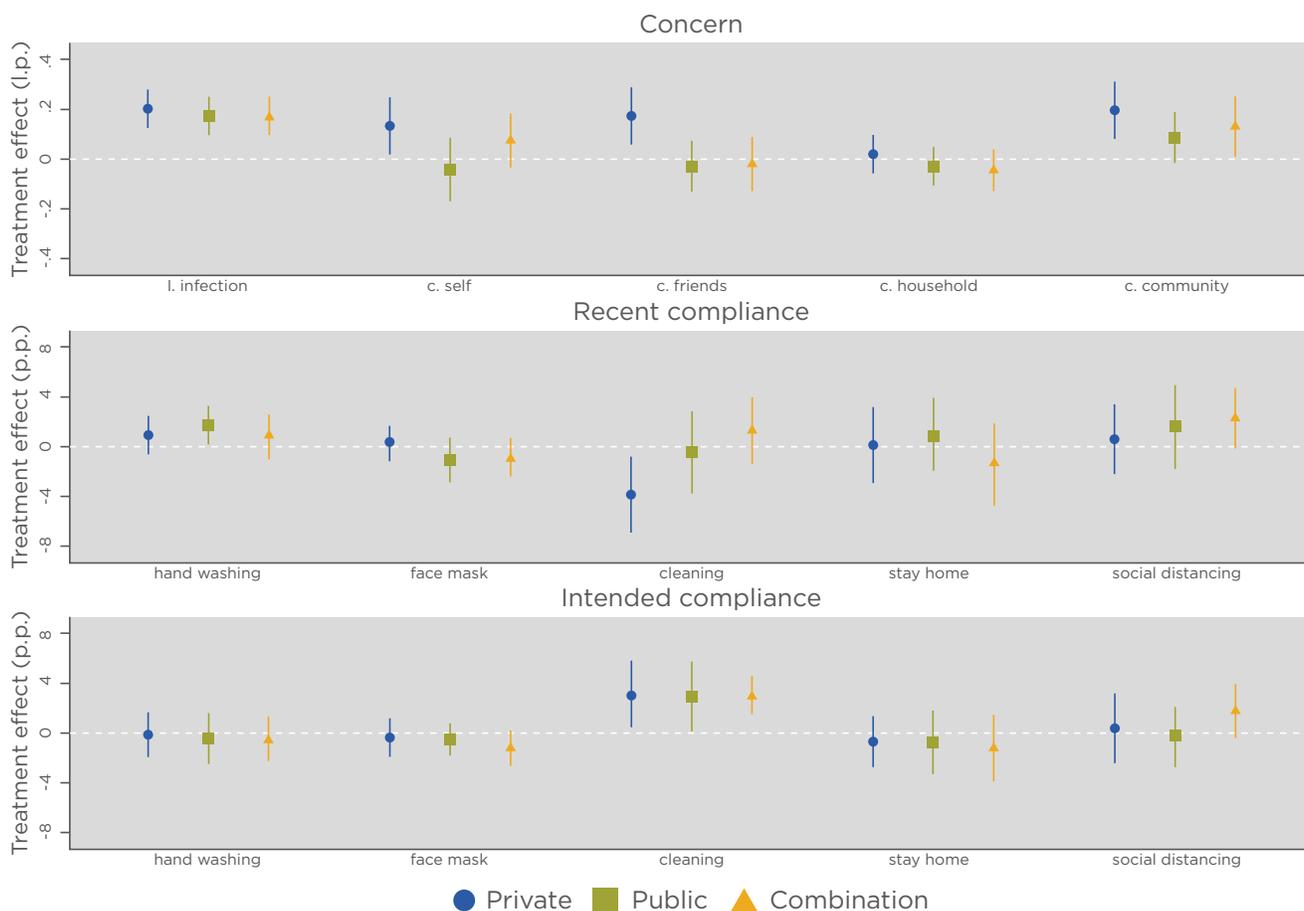
Are actions and behaviors other than vaccinations and medicines that people and communities can engage in to slow the spread of contagious illnesses like COVID-19.

POLICY IMPLICATIONS

Our results have three main policy implications:

1. The timing of nudges aimed at boosting compliance with COVID-19 recommendations moderates their effectiveness. We hypothesize that the limited effect of nudges on recent and intended compliance stems from two factors, both related to the fact that the nudges were administered roughly two months after the start of the pandemic in Bogotá. By that time, most participants were probably saturated with information about COVID-19 and with NPI recommendations and did not learn much fundamentally new from our nudges. Because of this information saturation, many participants' baseline levels of compliance with NPI recommendations were fairly high, which in turn implies that the marginal cost of additional compliance was also fairly high. In other words, ceiling effects blunted our nudges' impact. To the extent our findings can be generalized, they suggest during a pandemic, when information about the disease and NPI recommendations is plentiful, efficacy likely attenuates over time as recipients become saturated with information, their compliance rates increase, and the marginal costs of compliance rise. Therefore, nudges are likely to be more effective the earlier they are administered.
2. Even when nudges have limited efficacy in an overall population of young adults, they may still be effective among subgroups with certain observable characteristics. As a result, policymakers may be able to enhance the efficacy of nudges by targeting them to identifiable subgroups.
3. Nudges with a private framing can have unexpected benefits. Our finding that the private framing boosted participants' concern about COVID-19's impacts on their friends—which probably reflects the fact that most participants' friends are also young adults—suggests that self-oriented nudges can sometimes have other-oriented effects.

Figure 1. Estimated Treatment Effects of Informational Nudges



Note: Circles, squares and triangles are point estimates, and whiskers are 90 percent confidence intervals.

Key Concept



RANDOMIZED CONTROLLED TRIALS

Evaluate interventions by randomly assigning participants to receive the intervention (the treatment group) or not (the control group). Differences in outcomes between groups can be attributed to the intervention.



FULL STUDY

[Blackman, A., and B. Hoffmann. 2021. "Diminishing Returns: Nudging COVID-19 Prevention among Colombian Young Adults."](#)

DEPARTMENT OF RESEARCH AND CHIEF ECONOMIST

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