

Information, Beliefs and Citizen Activism: An Experiment*

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PRELIMINARY DRAFT - NOT FOR CIRCULATION

Abstract

Citizens' effective participation in anti-corruption activism faces informational constraints and collective action problems. We conduct an online survey experiment in India to test how increasing awareness about corrupt practices in the health sector and correcting misaligned beliefs about others' willingness to fight corruption affect individuals' activism. In one treatment, we expose subjects to a short video, aimed at providing information on how corruption and fraud took place in hospitals in India during the pandemic. In another treatment, we correct individuals' misaligned beliefs about others' willingness to stand up against health sector corruption. In a third treatment, we combine the video and the belief correction interventions. We assess individuals' willingness to engage in anti-corruption actions that differ in their expected costs and benefits, and the extent to which they are subject to collective action problems. In particular, we experimentally manipulate whether subjects are given the chance to: 1) sign a petition to the Ministry of Health, 2) make a monetary donation to a local non-profit organization, 3) watch a 5-minute informational video on how to concretely fight corruption in health, or 4) choose among the three anti-corruption actions.

JEL codes: D73, D83, I15, P0

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1 Introduction

In highly corrupt settings, where abuses of power, bribe and gift exchanges are the norm, collusion between agents at different levels of the bureaucratic system makes the implementation of top-down monitoring and punishment efforts especially challenging. In these settings, bottom-up anti-corruption movements may be necessary to pressure higher-level officials to initiate reforms. However, citizens’ effective activism faces a number of important barriers. First, information on citizen rights and entitlements, and on what constitutes illegal behavior on the part of service providers, may be lacking, especially when interactions with public service providers (e.g., health professionals and teachers) are entrenched in social norms and traditions, and are affected by social status differentials. Second, successful activism requires high levels of participation, yet participation comes at a private cost.¹ Beliefs about others’ willingness to sustain such cost and jointly act are, therefore, important. Incorrect beliefs, in particular, may act as a barrier to individual anti-corruption efforts and lead to an “inactivity equilibrium” even when the percentage of people willing to “act” is above the critical mass that would lead to a successful outcome.

In this paper, we investigate the role that information and beliefs about others play in one’s decision to “act.” We focus on the health sector in India during the COVID-19 pandemic, a time where scarcity in the supply of health services coupled with overwhelmingly high demand and urgent needs, allowed corruption to flourish.² Through an online survey experiment involving over 2000 individuals, we examine whether and to what extent providing information about the occurrence of corruption in hospitals, and correcting misaligned beliefs about others’ willingness to act against corruption in the health sector, affect individuals’ willingness to “act.” We consider three different forms of activism, i.e., three actions that differ in their expected costs and benefits, and in the presence of collective action problems: i) signing of a petition to the Ministry of Health, ii) making a donation to a non-profit organization, and iii) watching a video with practical information on how to act. By experimentally manipulating the action made available to subjects, we examine which action is more likely to be taken up by the public, and which action is more responsive to our information and belief correction manipulations.

¹Such cost may be as small as the cost of time devoted to searching for ways to protest, and as large as the cost of being arrested when participating in a street protest.

²Similarly to other catastrophic events, the COVID-19 pandemic has facilitated corruption in settings characterized by weak institutions, lack of transparency in the disbursement of emergency health funds, and little oversight over the use of such funds (Gallego et al., 2020; Rose-Ackerman, 2021; Vrushi and Kukutschka, 2021). In India, numerous news outlet reported on the occurrence of corruption in the form of overcharging for COVID-related services, favoritism in service provision, and administration of fake vaccines for a fee. See for instance <https://www.indiatoday.in/india/story/corruption-second-covid-pandemic-black-marketing-medicines-tiii-1799395-2021-05-06>

Our paper contributes to theoretical and empirical studies of activism and bottom-up accountability. Our focus on beliefs about others builds on recent theoretical work, which models social activism, e.g., the decision to join a protest, as a coordination game, or a game of strategic complements, where individual beliefs about others' willingness to participate play a crucial role (e.g., Barbera et al., 2020; Passarelli and Tabellini, 2017). Consistent with the theory, there is empirical evidence that protest turnout increases with the diffusion of social networks (Enikolopov et al., 2020) and mobile phones (Manacorda and Tesei, 2020), and with the activism of peers (Bursztyn et al., 2021; González, 2020).³ We add to these studies by *directly* asking whether beliefs about others' willingness to act for a cause may be misaligned, and whether correcting such beliefs may positively impact one's decision to act. The only other direct investigation of the impact of belief correction on activism⁴ was conducted by Cantoni et al. (2019) with university students in the context of protest participation in Hong Kong. Crucially, Cantoni et al. (2019) finds evidence of strategic substitutability, rather than complementarity, in protesting, which is in contrast with much of the theoretical work on social activism. The authors suggest that this may be due to the specific nature of protests in Hong Kong - a semi-democratic regime with long-standing anti-authoritarian movements. No other study has directly tested the strategic complementarity (versus substitutability) hypothesis in the context of social activism in other settings, and/or focusing on different forms of activism and/or a different cause. We contribute to this literature by conducting such investigation in relation to anti-corruption activism in India.

Our focus on information relates to a number of studies that have highlighted the importance of informing the public of officials' malfeasance in the context of political corruption and voting (see, e.g., Aker et al., 2017; Ferraz and Finan, 2008). The evidence on the effectiveness of informing citizens on bureaucratic corruption, i.e., illegal behavior by public sector providers, in the context of the delivery of public services is, however, limited.⁵ We are not aware of other studies testing whether providing citizens with information on the occurrence of corruption in the public sector, and in particular the health sector, impacts their decision to engage in some form of anti-corruption activism.

³Relatedly, in the context of voting, Adida et al. (2020) shows that informing voters about politicians' criminal behavior reduces political support for them only when voters know that others are getting the same information.

⁴See Bursztyn and Yang (2021) for a review of studies experimentally manipulating beliefs about others in other contexts.

⁵Reinikka and Svensson (2005) show that, in Uganda, leakage of education funds was reduced by a newspaper campaign aimed at informing parents about funds that were directed to schools. Other studies have assessed the impact of providing service recipients with information on the existence of participatory mechanisms or institutions (e.g., Banerjee et al., 2010; Pandey et al., 2009), or on the relative performance of local health facilities/providers (e.g., Björkman and Svensson, 2009) or of schools/teachers (e.g., Andrabi et al., 2017; Afridi et al., 2020; Di Maro et al., 2021).

We employ an online experiment involving nearly 2000 Indian men between May and July 2021. In order to guarantee a high level of comprehension among participants, we recruited individuals who had completed at least high school.⁶ A number of studies have recently used similar experiments to examine a variety of topics, ranging from xenophobic views (Bursztyn et al., 2020) and racial discrimination (Haaland and Roth, 2021), to opinions about monetary compensation for kidney donations (Elias et al., 2019), to support for immigration (Haaland and Roth, 2020).⁷

In our pre-registered online experiment, subjects answer questions measuring demographic characteristics, individual preferences, and personal experiences with both the COVID-19 pandemic and corruption in the health sector. Toward the end of the survey, we elicit (incentivized) beliefs about the percentage of previous survey participants who expressed their willingness to protest against corruption in the provision of health services, using the methodology first introduced by Bursztyn et al. (2020) in the context of attitudes toward female labor force participation in Saudi Arabia.

Participants are then randomly assigned to a control group (C) or one of three anti-corruption treatment arms. In our Information (I) treatment, we show subjects a 3-minute video providing information on the occurrence of corruption in the health sector in India during COVID-19, e.g., news stories documenting overcharging for hospital beds. In our Belief Correction (BC) treatment, we follow Bursztyn et al. (2020) and correct subjects misaligned beliefs about other’s willingness to act against corruption by providing them with the true percentage of previous participants who expressed their willingness to protest against corruption in the health sector. Finally, in our Combined (COM) treatment, we show participants both the video and the true percentage of previous participants who stated their willingness to act.

Our primary outcome of interest is individuals’ willingness to support the fight against corruption in the health sector in India. A challenge in online survey experiments is the generation and measurement of outcome variables. Our approach is as follows. At the completion of the survey, we inform participants that they have reached the end of the survey. On that last page, where we thank them for their participation (as it is custom in online surveys) we give them the chance to engage in an anti-corruption action just before exiting the survey. Crucially, within each anti-corruption treatment arm (C, I, BC and COM), we further randomize participants in one of four Action treatments, where we vary the form

⁶The data collection was implemented by Qualtrics through local survey firms that manage large panels of potential study participants.

⁷Previous studies have successfully used both a petition (Bursztyn et al., 2020; Facchini et al., 2016; Settele, 2019) and a monetary donation (Alesina et al., 2018; Bursztyn et al., 2020; Settele, 2019) to measure individual preferences and support for a given cause.

of activism that is offered to them. In particular, we chose three actions that are often used by activists, including non-governmental organizations, to increase public involvement with a cause, and that vary substantially in their (expected) costs and benefits. Specifically, participants randomized into the *Petition* treatment are offered to sign a petition against corruption in the health sector, directed toward the Union Health Minister of India. Subjects randomly assigned to the *Donation* treatment are given the chance to donate any portion of the money they earned in the incentivized survey tasks to a non-profit organization, which specializes in anti-corruption in the health sector. Participants randomized into *Video* action treatment are given the chance to watch a 5-minute video showing ways for the public to be involved in the fight against corruption in India, with special focus on the activities of the same local non-profit organization.⁸ We assume these actions to be differently affected by strategic complementarities in (expected) costs and/or benefits, with the petition and the video being, respectively, the most and the least affected. We also implement a fourth action treatment - the *Choice* treatment - where subjects are shown all three anti-corruption actions and given the chance to engage in one of them (of their choice).

In each action group, subjects are given the choice to engage in the assigned action (or one of the actions in the *Choice* treatment) or exiting the survey. If they choose to engage in the action, they are then given the chance to act, by either signing their name on a letter to the Ministry of Health (*Petition*), or choosing the percentage of their earnings (still unknown to them) they want to donate (*Donation*) or starting the video presented to them (*Video*). They can still decide to exit the survey without acting, i.e., without signing/donating/watching the video. We record both the first decision, i.e., their willingness to act, and than their actual decision to act.

Overall, our four-by-four experimental design allows us to answer five pre-registered research questions.⁹ First, does providing information about the occurrence of corruption in the health sector during COVID-19 increase individuals' anti-corruption efforts? Second, does correcting misaligned beliefs about others' willingness to fight corruption increase individual willingness to act? Third, do information and belief correction have an additive effect on activism, or are they effective only when combined? Fourth, what action is more likely to be taken up and to be affected by our treatments? And finally, is it better to present individuals with a set of possible anti-corruption actions, or with just one action?

Our data show that corruption in the health sector during the COVID-19 pandemic was

⁸The petition presented to the subjects in the *Petition* treatment is promoted by the same organization. In each treatment, subjects are first presented with a brief statement introducing the organization, and then presented with the action they could engage in.

⁹We pre-registered the experiment on AsPredicted in March 2021. The pre-registration can be seen here: <https://aspredicted.org/vc8vt.pdf>

widespread. Nearly 91 percent of the respondents personally visited or had a household member visit a hospital since the beginning of the pandemic. The majority of them report having paid a bribe (62 percent), having given a gift (59 percent) or having done a favor (68 percent) to a health provider to obtain a medical service. About 46 percent of those who visited a hospital during the pandemic thought that they were overcharged for a medical service. We also find evidence of substantial misalignment of beliefs about others' willingness to protest against corruption in the health sector. While most participants (89 percent) stated their willingness to protest, they believed on average that around 64 percent of others are willing to do so. Moreover, about 60 percent of participants have downward biased beliefs.

The comparison of engagements in the three forms of activism reveals that, at baseline, subjects are least willing to make a donation (27 percent) and most willing to watch the video (62 percent), with the signing of the petition in between (39 percent).¹⁰ When looking at actual activism (absent any treatment manipulation), the percentage who donated a positive amount falls to 20 percent, the percentage who signed the petition with full name falls to 30 percent, and the percentage who stayed on the video page for at least 5 minute falls to about 40 percent.

The effectiveness of our treatments in increasing individual activism depends greatly on the form of activism being considered. The Information and Belief Correction treatments, and their Combination, have a significant and positive impact on individuals' willingness to sign the petition to the Ministry of Health, and actual petition signing. In particular, the likelihood of signing the petition with one's full name increases by 11, 14 and 15.6 percentage points, respectively, in response to the Information, Belief Correction and Combined treatment manipulations. These correspond to 42, 54 and 58 percent increases over the Control mean. These impacts are large and robust to correcting for multiple hypothesis testing. Further analysis shows that, as expected, it is the individuals with downward-biased beliefs about others that increase their activism when their beliefs about others are corrected, leading to the overall positive impact of the treatment on petition signing.

The analysis of treatment effects on the other actions is less promising. In fact, we find that the Information and Belief Correction treatments, and their Combination, have no impact on willingness to make a donation or to willingness to watch the video. Finally, the analysis of each individual action (*Petition*, *Donation* and *Video*) as opposed to the opportunity to choose between the actions (*Choice*) suggests that, within each treatment and overall, individuals are less likely to engage in an anti-corruption action when such

¹⁰This reflect the initial decision to engage in the action rather than exiting the survey. Recall, that after expressing willingness to act, subjects could still decide not to act.

action is presented together with other actions than when it is presented alone.

Our findings on willingness to sign a petition - the action whose expected costs and benefits are more likely to depend on the number of others signing the petition - provide support to theoretical studies that model activism as a game of strategic complementarities. This is in contrast to the findings of Cantoni et al. (2019), which show evidence of a decrease (rather than an increase) in activism when downward biased beliefs about others' activism are corrected upward. This confirms that the form of activism (petitioning in our case, protesting in Cantoni et al. (2019)), as well as the setting (democracy versus semi-authoritarian government) and the nature of the initiative (one-shot, new movement versus established and long-running movement) are likely to affect how beliefs about others enter individuals' utility function.

Our study also contributes to the literature on ways to counteract corruption in settings where corrupt behavior on the part of service providers is widespread and where there is limited awareness on what constitutes illegal behavior and ought to be punished. While increased monitoring and auditing have proven effective in these settings (e.g., Ferraz and Finan, 2008; Olken, 2007), their implementation is often challenged by deficient accountability systems.¹¹ Recent research has attempted to identify ways to fight corruption by bypassing standard service delivery channels, for instance through the use of e-governance (Banerjee et al., 2020), smart cards (Muralidharan et al., 2016) and direct transfers to mobile accounts (Barnwal, 2014). Studies focusing on ways to mobilize the public in the fight against corruption in the delivery of public services are hard to find. We contribute to this literature by showing that awareness of how and where corruption happens is important, as are beliefs about others' willingness to oppose corruption. However, different forms of activism have different likelihoods of being taken up and can be differently impacted (or not impacted) by anti-corruption campaigns focusing on generating awareness on the occurrence of corruption or on the widespread willingness, among the public, to join forces to fight corruption. Finally, we also find that it is always preferable to direct the public toward one anti-corruption action rather than presenting them with a choice of potential actions.

¹¹For a review of issues related to corruption in developing countries, see Banerjee et al. (2012) and (Olken and Pande, 2012). For a review of issues related to public service delivery and governance in India, see Afridi (2017).

2 Experiment Design and Implementation

2.1 The Online Survey

We embedded the experiment within an online survey aimed at understanding people’s behaviours and attitudes during the COVID-19 pandemic. Subjects first answered questions on basic demographics such as age, gender, education, caste and religion, household composition and income, and location of current residence. They then answered a set of questions aimed at generating personality and preference measures, including locus of control,¹² risk, trust, altruism and retaliatory tendencies. We took these non-incentivized measures of individual preferences from the Global Preference Survey, following (Falk et al., 2018). Specifically, we chose questions that have been shown to correlate with the corresponding incentivized measures. We combine the indices of trust, altruism and reverse-coded retaliation to generate a measure of pro-sociality.¹³ Questions on experiences with the healthcare system during the pandemic followed.

The next set of questions aimed to measure: 1) awareness about corruption and fraud in the health sector during the pandemic; 2) the extent to which subjects tolerate or justify corruption in the health sector and in other government sectors. These are especially important as we expect the impact of our information and belief correction treatments to likely depend on both subjects’ prior information about corruption and their tolerance of corruption. A more detailed discussion of these measures is presented in Section 3.1.

The last section of the survey, which preceded the randomization into treatments, included questions that allowed subjects to earn bonus money. First, participants engaged in a risk-elicitation incentivized activity, modeled after Eckel and Grossman (2008). Then, they answered questions aimed at eliciting beliefs on others’ willingness to act against corruption in health. We followed the methodology introduced by Bursztyn et al. (2020) in the context of female labor force participation in Saudi Arabia. We presented participants with three statements related to the health sector and health-related behaviors, and asked them first to agree or disagree with each statement, and then to guess the percentage of previous participants who agreed with each statement.¹⁴ We incentivized the belief elicitation by rewarding each correct guess with 50 Rupees, for a maximum of 150 Rupees if all three guesses were

¹²The locus of control index captures the degree of control subjects believe they have over outcomes in their lives. Summary statistics are reported in Appendix A and the index construction procedure is listed in Appendix B.

¹³More details can be found in the Appendix B.

¹⁴In order to make this possible we conducted a first wave of the survey with nearly 400 participants, in order to generate the correct percentages that allowed us to incentivize belief elicitation in the our main survey. The data analysis is based on the main survey participants only.

correct. In order to facilitate the incentivized elicitation, beliefs were recorded over 10 percentage point ranges, i.e. 0-10, 11-20, 21-30 and so on and so forth. Our statement of interest was the third one, which read: “I am willing to raise my voice and participate in a protest against corruption in the provision of health service.”¹⁵ Participants were not provided feedback on either the outcome of the lottery and their earned bonus earnings. However, we elicited their (un-incentivized) beliefs regarding the bonus money they accumulated in the survey.

Next, subjects were randomly assigned to either a control group or one of three anti-corruption treatments. A further individual-level randomization, within each treatment group, took place at the conclusion of the survey and determined which action each subject was offered to partake in. We describe each anti-corruption treatment in Section 2.2.1 and each action treatment in Section 2.2.2.

2.2 Treatments

Our experiment employs a four by four between-subject design. In particular, we implemented two independent sets of treatment manipulations by acting on: (1) factors that may increase individuals’ willingness to partake in anti-corruption activism, and (2) the types of anti-corruption action/s made available to subjects. We refer to the former as *Anti-Corruption Treatments*, and to the latter as *Action Treatments*. Figure 1 presents a graphical representation of our experiment design.

2.2.1 Anti-corruption Treatments

After answering all sections of the survey described in Section 2.1, subjects were randomized to either a control group or one of three treatments. The control group reached the end of the survey, whereas the treatment groups were exposed to different stimuli aimed at increasing individuals’ willingness to engage in an anti-corruption action.

In the **Information (I)** treatment, subjects were shown a 3-minute video on specific instances of corruption in the health sector in India during the COVID-19 pandemic. The video showed and discussed news stories concerning the demand for bribes, the illegal overcharging for medical equipment or hospitalization, and the occurrence of medical hostage taking.¹⁶ The content of the video was taken from corruption cases documented in local

¹⁵The first question was: “In order to contain the spread of COVID-19, people should wear face masks when they are in public spaces.” The second question was: “I believe that citizens should demand that the usage of relief funds set up during the pandemic should be audited by independent third party organisation.”

¹⁶Hospitals often illegally hold dead bodies or detain patients for non-clearance of hospital bills, as documented here: <https://scroll.in/article/973153/interview-how-should-india-regulate-private-healthcare-to-avoid-pitfalls-exposed-by-the-pandemic>

newspapers and social media platforms between April 2020 and January 2021.¹⁷ In order to maximize the likelihood that participants would watch the video in its entirety, we made sure that the video could not be forwarded and that subjects could not move on with the survey until the video ended.

The **Belief Correction (BC)** treatment aimed at updating participants' (potentially misaligned) beliefs about others' willingness to fight corruption in the health sector. We employed the methodology introduced by Bursztyn et al. (2020), i.e., we first elicited subjects' beliefs about the percentage of previous survey participants who agreed with the statement "I am willing to raise my voice and participate in a protest against corruption in the provision of health service" - as described in Section 2.1. The elicitation took place in all treatments. However, in the BC treatment, at the end of the survey, we presented subjects with a table displaying the three statements for which we elicited beliefs - including the statement of interest - together with the percentage previous participants who agreed with that statement.¹⁸

Similar to Bursztyn et al. (2020), in order to minimize experimenter demand effects, we used three statements, rather than only the statement of interest. We chose the other statements so that they were all about health-related behaviors, but differed in the expected belief mismatch and the hypothesized impact of the belief correction on our outcomes of interest. The first statement was about the use of masks during the pandemic - a health advisory that had been emphasized through public communication channels and that we expect not to generate a belief mismatch.¹⁹ The second statement concerned the independent oversight of emergency funds set up during the pandemic.²⁰, and was therefore closer to the statement of interest, in terms of its focus on possible misbehavior within the health sector during the pandemic. However, contrary to the statement of interest, it does not directly address individuals' willingness to act against such misbehavior.

In the **Combined (COM)** treatment, we implemented both the Information and the Belief Correction treatment manipulations. Specifically, subjects were shown both the 3-minute video *and* the table displaying the true percentage of previous survey participants who agreed with each of the three statements.

¹⁷The video could be accessed here: <https://youtu.be/8Ud5gl1a8gVI>

¹⁸The implementation of this treatment required the collection of survey data from a different set of about 400 Indian men. This allowed us to generate the true percentages of subjects in agreement with the three statements that we disclosed in the table used in the Belief Correction treatments.

¹⁹The statement read: "In order to contain the spread of COVID-19, people should wear face masks when they are in public spaces."

²⁰The statement read: "I believe that citizens should demand that the usage of relief funds set up during the pandemic should be audited by independent third party organisation."

2.2.2 Action Treatments and Outcome Variables

An important aspect of our experiment design is the way we measure our outcome variables. Given the nature of the data, which made it impossible to follow up survey participants over time and observe subsequent decisions regarding anti-corruption activism, we had to devise a way to allow for such decisions to be made within the framework of the survey. In particular, any decision concerning anti-corruption activism should be perceived as a factual decision, and not as an hypothetical survey answer. We achieved this by directing subjects to a final survey page, where we thanked them for their participation in the study. This aimed to create the belief that the survey has ended. In fact, subjects could select an “Exit Survey” button on that page.

However, on the same page, we also gave subjects information about a local non-profit organization - the All India Drug Action Network (A.I.D.A.N) - that had been pressurising local and federal government to better regulate health care in India, fostering transparency in pricing and providing redress to patients who have been illegally overcharged. Following the paragraph with information about A.I.D.A.N., we gave subjects the chance to either exit the survey or to support the activities of the organization. The different Action treatments experimentally manipulated the action that was offered to subjects to support the non-profit organization. Specifically, they were given the chance to either sign a petition to the Ministry of Health, or make a monetary donation to A.I.D.A.N., or watch an informational video on A.I.D.A.N.’s activities and ways for them to get involved.²¹ A fourth action treatment presented subjects with all three actions and allowed them to choose among them. Exiting the survey was always a choice.

In the **Petition Action Treatment**, subjects are given the chance to sign a petition addressed to the Union Health Minister of India, copying all the state health ministries as well. If subjects click on “Petition”, they are shown a new page, which discloses the full 200-word long petition, which we designed in close collaboration with A.I.D.A.N. The letter places demands on the government to (1) fast-track the adoption of regulatory laws of health establishments, (2) clear communication of treatment protocol and implementation of prescription audit, and (3) implement district level grievance redress system for patients. At the bottom of the petition, subjects are given the chance to sign by writing down their name, knowing that the petition, once all signatures have been collected, would be sent to the Health Minister. Subjects can also decide not to sign the petition and instead select the “Exit Survey” button, which appears at the bottom of the same page.

Petitions have been used in a number of studies to measures individuals’ attitudes toward

²¹We developed each of these actions in partnership with A.I.D.A.N.

sensitive topics, such as support of pro- or anti-immigration policies (Facchini et al., 2016; Haaland and Roth, 2020) and gender equality in the labor market (Settele, 2019). The usual methodology consists in providing subjects with links to a webpage outside the survey platform, and to then assess changes in the total number of signatures on the platform by treatment, while individual signatures remain inaccessible to the researchers. We departed from this method and instead presented a petition (that we created) to participants *within* the survey platform. This allows us to record whether each individual participant decided to sign the petition, as well as the time spent on the petition page.²² While we have no way to verify whether the name subject wrote down is his actual name, we assume that whenever a first and last name are provided, the likelihood of them being truthful is high. Another advantage of using our methodology is that, by preventing access to an online petition through an external website, the decision to sign the petition cannot be conditioned on the number of previous signatures, which is usually visible in such websites, and would be outside of our control.

When analyzing activism in the form of petition signing, we consider the following outcome variables: 1) Initial willingness to sign the donation (rather than exit the survey); 2) Willingness to write down at least one name (rather than leaving the name field empty); 3) Willingness to write down a first and a last name (rather than just one name or leaving the field empty).

In the **Donation Action Treatment**, once subjects reach the final survey page, subjects are given the same information about the non-profit organization (A.I.D.A.N) as in the Petition Action Treatment. They are then given the chance to either donate a percentage of their bonus earnings to the organization or to exit the survey. If they select the “Donation” button, they are shown a new page where they are asked to select their desired donation level, out of 10 possible levels, i.e., 10 percent, 20 percent, 30 percent, and so on and so forth, up to 100 percent of their bonus earnings.²³ Importantly, 0 percent is also listed as a possibility, meaning that subjects can still decide to not make a donation to the organization prior to exiting the survey.

A number of recent studies employing online surveys use subjects’ willingness to make donations to specific organizations as their outcome measures of interest. Usually, subjects are presented with some money, e.g., 1 USD, and choose whether to authorize the donation of that amount to an organization presented to them by the researchers, as in Bursztyn et al.

²²We placed an invisible time-tracker question attached to the petition action to track how much time the subject spent on reading the petition text. We found that on an average, in the petition action group, subjects spent 39 seconds to read the text, with a standard deviation of 41 seconds in the full sample.

²³We deduct the contribution from subjects’ earnings and donate the amount to A.I.D.A.N after completion of the study.

(2020). Other studies (e.g., Grigorieff et al., 2020) give subjects an endowment and allow them to keep or donate some or all of the money to the organization of interest. Others, (e.g., Alesina et al., 2018) ask subjects to decide how much to donate out of an amount of money that they have the chance of winning in a lottery that is implemented as part of the study. Our approach is different. To maximize similarities with real life donation decisions, we ask subjects to donate part of the money that they earned by participating in the survey. In fact, while the compensation for completing the survey is fixed, subjects could earn bonus money from an incentivized lottery game and the belief elicitation exercise conducted towards the of the survey. In order to minimize endowment effects, subjects are not informed about their bonus earnings prior to deciding whether and how much to donate, although we did collect data on expected earnings. Recall that donations are expressed in percentage points, rather than actual monetary amounts.

When analyzing activism in the form of petition signing, we consider the following outcome variables: 1) Initial willingness to make a donation (rather than exit the survey); 2) Percentage of bonus earnings donated.

In the **Video Action Treatment**, the information on the final survey page is held constant, but subjects are given the chance to watch a 6-minute informational video about A.I.D.A.N’s activities, including examples on how the organization helps citizens fight corruption in the health sector. The video also provides information on how citizens can assist A.I.D.A.N’s efforts to promote transparency and accountability, for instance by sharing information on their own experience with illegal practices in the health sector and by collectivizing in the fight against corruption. Like in the other action treatments, subjects were first given the chance to select either “Exit Survey” or “Video”, and then, once the video started in the next page, they could still exit the survey at any time. Similar to the petition action group, we attached an invisible time tracker to record how long the participants watched the 6 minute video. When analyzing activism in the form of video watching, we consider the following outcome variables: 1) Initial willingness to watch the video (rather than exit the survey); 2) number of seconds of video watched.

Choice: In the Choice action treatment, subjects were offered all three actions listed above. They could choose any one action or exit the study without taking any action.²⁴

Our decision to experimentally manipulate the types of actions subjects were asked to engage in, was motivated by a desire to examine the collective aspect of activism by varying

²⁴In order to check subject attentiveness in the survey, we employed a variety of checks and screening questions within the study. Inattentive subjects were more likely to have a higher number of failed attempts in the training questions, and were more likely give incomprehensible answers in the descriptive questions. We do not find the proportion of inattentive subjects (24% overall) to vary significantly between treatment groups or affect our results. Our analysis sample, therefore, consists only of attentive subjects.

the nature of the costs and benefits associated with each action, and the extent to which such costs and benefits are perceived as somehow depending on others' activism. We discuss our choice of action in the next subsection, where we formalize our conceptual framework and derive our empirical predictions.

2.3 Theoretical Framework and Predictions

In deriving our theoretical predictions we adopt and expand the model of protest participation introduced by Cantoni et al. (2019). Similar to their benchmark model, we assume that individuals' utility from participating in any form of activism depends on the costs and benefits of participation. As in previous models (Cantoni et al., 2019; Barbera et al., 2020; Passarelli and Tabellini, 2017), we assume that such costs and benefits are affected, negatively and positively, respectively by the participation of other individuals, i.e. we assume strategic complementarity in both the costs and benefits of activism.

We augment Cantoni et al. (2019)'s model by assuming that there is uncertainty regarding the state of the world $\theta \in \{H, L\}$ - which we interpret as the level of corruption in society. Without loss of generality, we assume that the level of corruption θ is high (H). Informed citizens are aware of this, whereas uninformed citizens have a prior probability p on the state of the world being H . We also assume that individuals receive an intrinsic net benefit W_i from participating in activism (the difference between intrinsic benefit from participating and intrinsic cost from not participating- check) and that such benefit is increasing in the level of corruption, i.e., $\frac{\partial W_i}{\partial \theta} > 0$. For informed types, $W_i(\theta)$ is equal to $W_i(H)$; for the uninformed, it is equal to $pW(H) + (1 - p)W(L)$. Below n_{-i} denotes the number of citizens participating in activism excluding i , while $n = n_{-i} + 1$.

Hence, the utility of citizen i from participating in activism, i.e., when $P_i = 1$, is represented by:

$$(U_i | P_i = 1) = W_i(\theta) + V_i(n, S(n, \theta)) - C_i(n, S(n, \theta)) \quad (1)$$

where V_i and C_i are the benefits and costs associated with participation, and S denotes the probability of "success" of the form of activism the citizen engages in. The state of the world θ enters the success function, as the probability of success is lower the higher the level of corruption ($\frac{\partial S}{\partial \theta} < 0$). The number of other participants n also enter the success function, as we assume strategic complementarities in citizen's actions. In particular, the probability of success is higher the larger the number of participants ($\frac{\partial S}{\partial n} > 0$), and, as in Cantoni et al. (2019), individuals get more benefits from participating in an event that is more likely to succeed ($\frac{\partial V_i}{\partial S} > 0$) and when more people participate, no matter the outcome ($\frac{\partial V_i}{\partial n} > 0$).

Moreover, we assume that also the cost of participating is a function of the number of others participating and the likelihood of success. This is because, for instance, the cost of being punished (e.g., for signing a petition) is likely to be lower the larger the number of other participants and by benefits, as the government is more likely to give in than to crack down on citizens' actions.

The utility associated with not participating is given by:

$$(U_i|P_i = 0) = V_i(n_{-i}, S(n_{-i}, \theta)) \quad (2)$$

which indicates that by not participating, an individual still enjoys the possible benefits generated by the participation of others, without suffering any costs.

Informed citizens know that the true level of corruption is high ($\theta = H$), i.e., there is no uncertainty. Therefore, an informed citizen i will participate if and only if $(U_i|P_i = 1) - (U_i|P_i = 0) \geq 0$. In contrast, uninformed citizens do not know the true state of the world. Therefore, their utility associated with participation is expressed in expectations over θ , as follows:

$$\begin{aligned} E_\theta(U_i|P = 1) &= p(W_i(H) + V_i(n, S(n, H)) - C_i(n, S(n, H))) \\ &+ (1 - p)((W_i(L) + V_i(n, S(n, L)) - C_i(n, S(n, L))) \end{aligned} \quad (3)$$

and similarly for $E_\theta(U_i|P_i = 0)$. Therefore an uninformed citizen i would participate if and only if the expected benefit from participating exceeds the cost of participating, i.e., if $E_\theta(U_i|P_i = 1) - E_\theta(U_i|P_i = 0) \geq 0$. In other words, participation takes place if the (Expected) Net Marginal Benefit (NMB) of participating is greater than zero.

Assume that when $n_{-i} = 0$, i.e. no other citizen is expected to participate, then the (expected) benefit V associated with participation is zero, the activism has no chance of succeeding. On the other hand, both the intrinsic benefit from participating W and the cost from participating are likely to still be greater than zero. It is reasonable to assume that: i) when nobody else participates, the cost of participating exceeds the intrinsic benefit of participating, and ii) the Expected NMB (ENMB) curve is monotonically increasing in n_{-i} . This implies that each individual i will have a threshold value of n_{-i} denoted as \tilde{n}^i such that below the threshold, $P_i = 0$ and above the threshold $P_i = 1$.

The activism threshold is lower for individuals with high intrinsic motivations to participate. Many factors may affect such intrinsic motivations, hence the threshold level of participation - everything else equal - including attitudes toward the problem (e.g., tolerance of/aversion towards corruption), as well as individual preferences related to pro-sociality, such as trust and altruism. The activism threshold is also lower for individuals for which

the cost of acting when $n = 0$ is small, and those whose Expected NMB of acting is more responsive to changes in n .

Next, we derive predictions on the impact of our Information, Belief Correction and Combined interventions on the likelihood of participating in activism.

Providing individuals information about the state of the world (being H) will increase the intrinsic motivations to act of the uninformed, via an increase in p . However, since the chance of success S depends negatively on θ , an increase in p may also lead to lower expected S and may therefore discourage participation. The overall impact on the the ENMB curve is ambiguous, hence the effect of increased information on the threshold \tilde{n}^i is also ambiguous. This leads to our first prediction:

Prediction 1: The **Information (I)** intervention will increase activism among previously uninformed individuals, if the positive impact on intrinsic motivations to act is larger than the discouragement effect caused by lower expectations of success.

Our predictions regarding the impact of the Belief Correction treatment depend on two factors: i) whether individuals have incorrect beliefs about the number of others willing to act, n , and ii) whether they have a low or a high threshold \tilde{n}^i for participation.

Prediction 2: The **Belief Correction (BF)** intervention will:

- (a) increase activism among individuals with downward biased beliefs about n_i ;
- (b) have no(negative) impact on individuals with upward biased beliefs about n (if beliefs are updated below the threshold \tilde{n}^i);
- (c) be more likely to impact the decisions of individuals with high initial thresholds \tilde{n}^i ;

The Combined Treatment provides individuals with information about the true state of the world (High corruption) and corrects beliefs about others' willingness to act. The impact of this treatment on activism depends on three factors: i) whether individuals are already informed about the state of the world θ , ii) whether they have a relatively low or high threshold \tilde{n}^i for participation; and iii) whether they hold incorrect beliefs about n . For individuals who are informed, the impact of the Combined treatment will be the same as the impact of the Belief Correction treatment, i.e., larger for subjects with higher thresholds \tilde{n}^i . As in the Information and Belief Correction treatments, the effects of the Combined treatment are larger for uninformed individuals with high thresholds, who are likely to have downward biased beliefs, relative to uninformed with low thresholds.

Prediction 3: The **Combined (COM)** intervention will:

- (a) have the same impact as the Belief Correction (BC) treatment on subjects who are already informed about the state of the world;
- (b) have the same impact as the Information (I) treatment on uninformed subjects with low threshold for participation \tilde{n}^i ;
- (c) have an impact equal to the sum of the impacts of the I and BC treatments on uninformed subjects with high thresholds for participation.

An important component of our experimental design is the manipulation of the specific types of activism subjects were presented with at the end of the survey. Conceptually, individuals could engage in different actions sharing the same goal, i.e., the reduction of corruption. Such actions are likely to vary in their benefit and cost functions, therefore leading to different levels of activism and different responsiveness to our treatments of interest. We are particularly interested in actions that vary in the extent to which costs and benefits depend on the (expected) activism of others. Formally, we can assume that different forms of activism differ in the extent to which the expected Net Marginal Benefit of taking action reacts to changes in n_{-i} .

Let us define the expected Marginal Net Benefit of activism as $\Delta(\theta, n_{-i})$. To simplify notation, we assume n is large so n_{-i} is approximately equal to n . We can classify different types of activism according to the extent to which $\Delta(\theta, n)$ changes with others' activism, n . Specifically, in the experiment, we employ three specific actions: a Petition (P), a Donation (D), an Informational Video (V). We separate out the parts of the NMB function into those that depend on n (collective action component) and those that do not (intrinsic component). Below we explain why this is the case.

High Collective Action Component - Petition: Signing a petition requires individuals to publicly disclose their support for a cause through the provision of identifying information, e.g., names and contact details. This implies that individuals who sign a petition could be contacted and formally or informally punished. It is reasonable to assume that the likelihood of individual punishment decreases the larger the number of others signing the petition. The benefit function associated with petitioning is also likely to be dependent on n , as the probability of success S increases with the number of people signing the petition. Therefore, the Net Marginal Benefit curve is likely to be increasing in n .

Lower Collective Action Component - Donation: In the case of donations to organizations fighting for a given cause, e.g., against corruption, the cost of acting is independent from n . In fact, donors can keep their identity confidential, hence punishment is unlikely, and the number of others' donating does not impact the individual cost of donating. However, it

is still reasonable to assume that the marginal benefit is increasing in n , since the probability that the organization collecting donations will be successful in reaching its goal is increasing in the number of donors. Hence, $|\frac{\partial E_\theta(\Delta(n))}{\partial n}|_D$ is greater than zero, yet it is likely lower than $|\frac{\partial E_\theta(\Delta(n))}{\partial n}|_P$ where the subscripts D and P refer to Donation and Petition, respectively.

Lowest Collective Action Component - Video: We expect watching the informational video to be the action least likely to depend on the (expected) number of others doing the same. In fact, watching the video comes with a purely private cost SAME WITH DONATION? - the cost of time. As for the expected benefits, it is still possible that individuals find watching the video more likely to be useful for the cause if they think others also watch the video and gain the same information. However, in this case, the probability that the action is successful also depends on the number of people who subsequently act upon the information received through the video. Therefore, the link between the action and number of other acting, n , is especially weak.

We expect the different Net Marginal Benefits (NMBs) of the three actions, as well as their differential collective action natures, to affect their responsiveness to our Information, Belief Correction and Combined treatments, as follows.

Prediction 4 - Differential Treatment Effects on the Three Actions - IN PROGRESS

The relative impacts of the Information treatment on Petition, Donation and Video will depend on the threshold levels associated with each action, with the treatment being most effective on the action with the highest threshold, \tilde{n}^i .

(a) The Belief Correction treatment will be most effective on Petition, and least effective on Video.

(b) The Information treatment will have a larger effect on actions with flatter NMB curves (i.e., less responsiveness of V and C to changes in n) and/or with greater net disutility from acting when $n = 0$, everything else being equal.

(c) The relative impact of the Combined treatment on the different actions is ambiguous.

2.4 Implementation

We conducted the study between March and July 2021 using Qualtrics for subject recruitment and project implementation. Participation in the study was restricted to Indian subjects who were at-least 18 years of age, with a monthly household income of INR 60,000 or less ²⁵. We recruited only men, for a number of reasons. First, men are more likely to be in charge of intra-household decision-making regarding health expenditures; they are also more

²⁵INR stands for Indian Rupee. INR 60,000 corresponded to around 800 USD at the time of the project implementation.

likely to interact with and pay health professionals. They are therefore more likely to have experience with corruption. Second, we expect men to be more likely to engage in activism in India. Finally, we wanted to avoid unnecessary heterogeneities due to differential gender access to computer/mobile devices that would be required for participation in the study.²⁶

On average, subjects took about 30 minutes to complete the questionnaire from start to finish, and earned a fixed compensation set up by Qualtrics, and an average bonus earning of INR 59.²⁷ Individuals were assigned a randomly generated ID and their identities remained unknown to the research team. The payment of the bonus earnings was implemented by Qualtrics within two weeks of the survey completion.

In order to screen out subjects who were not paying attention, the questionnaire included attention checks. In particular, in the middle of the questionnaire, we included a question that, while looking very similar to previous questions (by length and content), asked subjects to select a specific answer choice, to provide confirmation that they read the question, following Oppenheimer et al. (2009). About 24 percent of participants failed the attention check. While we allowed these subjects to complete the survey, we exclude them from the our working sample.²⁸

3 Data and Estimation Strategy

3.1 Descriptive Statistics and Balance Tests

Table 1 shows the number of subjects in each of our treatments. Our sample of 1774 men includes subjects from all major states of India as shown in Figure A1. The majority of our subjects (over 80%) are younger than 45 years of age, married (49%) and with a college degree (78%). Around 49% of the subjects' monthly household income is below INR 30K, i.e., lower than 400 USD. More than half (56%) of the subjects reside with an elderly and 77% had made at least one hospital visit in the 12 months preceding the survey - i.e., from the beginning of the COVID19 pandemic - as shown in Panel A of Table 2.

When comparing our sample to a representative sample of urban men from the Periodic Labor Force Survey (2017-2018) we see that our average respondent is younger, more ed-

²⁶64% of subjects participated in the study through a mobile device.

²⁷The maximum possible earnings per subject was INR 198.

²⁸We also included three comprehension questions prior to the incentivized belief elicitation questions to make sure that subjects understood the payoff structure. This allows us to calculate the number of failed attempts for each subject. Finally, we included in the survey an open-ended question and checked for entries that did not make sense. The very high correlation between failing the attention check, the number of failed attempts for the comprehension questions, and writing ludicrous answers to the open ended question provides further justification to our decision to exclude from the sample the subjects who failed the attention question.

ucated and belongs to wealthier households than the average Indian urban man, as shown in Table A1. While this may lead us to overestimate individual willingness to act against corruption, under the assumption that wealthier and more educated subjects are more willing to act, we argue that it does not undermine the internal validity of our experiment and its policy relevance. In fact, if wealthier and better educated individuals are more likely to be informed about corruption and have more accurate beliefs about others - a plausible assumption to make - our estimated treatment effects are essentially a conservative measure of the impact of information and belief correction on activism.

Table 2 reports balance tests for all our survey measures across the anti-corruption treatment groups. The statistics reported in Panel A, shows that participants' demographics and living standards are balanced across treatments. In Panel B, we report the average scores of survey-generated indexes measuring individual preferences and personality traits, i.e., locus of control, risk preferences, and a pro-sociality index generated from the aggregation of questions measuring trust, altruism and reverse-coded retaliation indices. All indexes in Panel B are standardized around the control group mean, as explained in Appendix B, and are therefore expressed in standard deviations from the control group mean. We do not see any imbalances in any of these measures across treatment groups.

Panel C of Table 2 reports on four indicators that capture various aspects of corruption in health, i.e., perceptions, information, tolerance, and civic engagement. The *corruption perception* index aggregates answers to three survey questions: i) a question on the personal experience of corruption - in the form of bribery - in the health sector during the pandemic; ii) a question on individual perception of the prevalence of corruption in the health sector; and iii) a question on individual opinion on whether the level of corruption has gone up/down since April 2020. The *information* index capture individual awareness of their rights and the occurrence of fraud in the health system. It aggregates answers to a question on knowledge of ongoing rates for intensive care beds in hospitals, and a question on whether subjects (thought that they) had been illegally overcharged by healthcare professionals during a hospital stay. The *tolerance of corruption* combines answers to four questions: i) the extent to which subjects think that paying a bribe is justifiable, ii) that avoiding fare on public transportation is justifiable; iii) that doctors overcharging patients is justifiable; and iv) subjects' beliefs on how many people in their community would expect them to complain if they were overcharged or asked to pay a bribe by a doctor. Finally, the *civic engagement* index averages subjects' answers to questions regarding their past participation in different types of activism, such as protests, strikes, and petitions, and the extent of their civic involvement through a set of action, such as voting, membership in community groups. All indices reported in Table 2 were standardised around the control group mean, and are

therefore expressed in standard deviation from such mean. More details on each index and the aggregation process can be found in the Appendix B.

Table 2 shows that all individual measures related to corruption and civic engagement are balanced across treatments. The disaggregated data, displayed in Table A2, show that nearly all survey participants had personally visited a hospital or had a household member visit a hospital during the pandemic. The majority of them (53 percent) had experienced corruption in the form of bribery to access health services, 61 percent of the respondents suspected that they to have been overcharged for a hospital bed, and 71 percent perceived corruption to have increased during the pandemic. There seems to be considerable level of misinformation about rights and entitlements, with only 34 percent of the sample knowing about the existence of caps on the prices that can be charged on ICU hospital beds, and only 14 percent suspecting to have been overcharged for health services. The answers to questions of previous forms of activism show that about one third of the respondents have been participated in protests, strikes and/or petitions. A larger proportion (77 percent) had donated to an organization in the past, although this is not an accurate representation of donations as a form of activism, since our donation question in the survey referred to donations to all kinds of organizations.

Panel D of Table 2 reports data on subjects' beliefs about other participants' willingness to protest against corruption in the health sector. This is our incentivized measure of beliefs of others' willingness to act, which we then manipulate in the Belief Correction and Combined treatments. The direct measure of individual willingness to act shows that 89 percent of respondents stated their willingness to act against corruption. However, the average *believed* percentage of others willingness to participate is around 64 percent, with small differences across treatments (the average believed percentages range from 63 to 66 percent). A further look at the belief data show that about 60 percent of the respondents believed the percentage of others willing to act to be lower than the true percentage, and about 20 percent believed the percentage to be higher than the true percentage. In other words, we observe a substantial misalignment of beliefs in our sample. In contrast, we see very little misalignment in the beliefs regarding the statement on mask wearing, as shown in panel (a) of Figure A2. On the other hand, the statement on the need for external auditing of COVID-19 relief funds shows similar overall belief misalignment as our statement of interest.

Panel D of Table 2 shows that belief misalignment was generally balanced across treatments, although we do see some evidence of more pronounced upward bias in the Combined treatment than in the Belief Correction treatments (25 versus 21 percent). We display the cumulative distributions of individual beliefs by treatment in Figure 2 in the appendix. Kolmogorov-Smirnoff tests of equality of distributions show that the four distributions of be-

liefs (Control, Information, Belief Correction and Combined) are not significantly different from each other, with the exception of the Combined and the Belief Correction distributions. Finally, we do not see any imbalances in individuals’ levels of confidence in their own beliefs, or in their expected bonus earnings from the incentivized sections of the survey.²⁹

Overall, we conclude that the individual-level randomization was successful. We account for the slight differences seen in our balance tests by including the full set of individual measures displayed in Table 2, in our empirical specification, as discussed in Section 3.2.

3.2 Estimation Strategy

Our main outcome of interest is subject’s “willingness to act” against corruption by either signing the petition, making the donation, watching the information video, or choosing among these three actions. Our main estimating equation, therefore, is:

$$Y_i = \beta_0 + \beta_1 I_i + \beta_2 BC_i + \beta_3 COM_i + \delta X_i + \varepsilon_i \quad (1)$$

where Y_i is a dummy variable that equals 1 if subject i is willing to take an action and 0 otherwise. I_i is an indicator equal to 1 if the individual was assigned to the information (Belief Correction) treatment, and 0 otherwise. Similarly, BC_i and COM_i are indicators equal to 1 if the individual was assigned to the Belief Correction or the Combined treatment, respectively. The control group is the excluded category. X_i is a vector of individual characteristics, including demographics (e.g. age, marital status, ethnicity, religion education and household wealth), personality and preference measures, experiences of corruption in the health sector in the previous 12 months, information about and attitudes toward such corruption, as well individual measures of past activism and civic engagement.³⁰

Since within each treatment group subjects are randomly assigned to 4 action groups, we estimate equation (1) separately for each anti-corruption action, i.e. for the petition (P), the donation (D), the video (V), and the choice among actions (C) groups. Our main coefficients of interest are β_1 , β_2 and β_3 , which estimate the impact of each treatment on willingness to engage in a given action, relative to the control group. Heteroskedasticity robust standard errors are reported throughout the analyses. As an alternative specification, we also pool the

²⁹The average payoff per subject was INR 59 on while the maximum possible earnings per subject was INR 198.

³⁰Specifically the vector X_i includes the following variables: (1) locus of control index; (2) The survey-generated indices of risk, trust, altruism and retaliation; (3) indexes of corruption experience, information about corruption and tolerance of corruption; and (4) civic engagement index. Each index is discussed in Section 3.1 and summarized in Table 2.

data and include dummy variables for each action treatment, keeping the donation action (D) as the benchmark, and including interactions between each Action Treatment and each Anti-corruption Treatment. We report estimates from equation (1) in the main text, and estimates from the pooled sample in the appendix.

We conduct two primary robustness checks. First, the large set of control variables included in our most comprehensive specification may lead our model to overfit. To address this potential concern, we estimate an alternative specification where we used the double LASSO method - a regression technique optimised for selecting controls from a large set of covariates (Belloni et al., 2014). Second, for each action outcome (petition, donation and video), we employ three measures, capturing initial willingness to act and effective action. A common issue of using more than one outcome is that the more inferences are made, the more likely erroneous inferences become. This problem is typically addressed by requiring a tighter significance threshold for individual comparisons in order to compensate for the number of inferences made. To address the possibility of false positives arising from multiple hypothesis testing, we compute the false discovery rate (FDR) and report the sharpened q-values (Benjamini et al., 2006)³¹ in appendix tables.

In order to assess whether it is preferable to give subjects a choice of actions or only one action, within each action treatment (Petition, Donation, Video) we pool the subjects who were only shown one action and those who were given a choice of actions, and we estimate the following equation:

$$Y_i = \beta_0 + \beta_1 I_i + \beta_2 BC_i + \beta_3 COM_i + \theta_1 I_i * C_i + \theta_2 BC_i * C_i + \theta_3 COM_i * C_i + \gamma C_i + \delta X_i + \varepsilon_i \quad (2)$$

where Y_i indicates individual i 's decision to act within each action treatment - i.e., the decision to sign a petition in the Petition action treatment, to make a donation in the Donation action treatment, and to watch the video in the Video action treatment. C_i is a dummy variable that equals 1 if the subject belongs to the Choice action group, and 0 if he belongs to a single action group. Its estimated coefficient, γ , indicates the impact of giving subjects a choice of actions, rather than presenting one action only, in the Control (anti-corruption) group. Since we include the interactions between each anti-corruption treatment and the Choice action treatment, β_1 , β_2 and β_3 are now the impacts of the Information, Belief Correction and Combined treatments, respectively, on willingness to act (i.e., to sign a petition, make a donation or watch the video) when the action is presented on its own

³¹The FDR is the proportion of rejections that are “false discoveries” (type I errors). We use the code from (Anderson, 2008). The q-value indicates the minimum false discovery rate (i.e., the expected proportion of rejected null hypotheses that are actually true) at which the null hypothesis would be rejected for that test given all tests reported in the same table

rather than as part of the set of action. Finally, θ_1 , θ_2 and θ_3 are the differential impacts of each anti-corruption treatment when subjects are given a choice of actions.

As a secondary analysis, we examine heterogeneous effects of the anti-corruption treatments on each action across several individual characteristics that we hypothesize could affect the responsiveness to our treatments: i) heterogeneity by beliefs about others' willingness to fight corruption; ii) heterogeneity by information about rights and entitlement; iii) heterogeneity by perceptions of corruption; and iv) heterogeneity by tolerance of corruption. When estimating the heterogeneous treatment effects by a given variable of interest, we simply augment equation (1) by adding interactions between that variable and each treatment indicator.

4 Results

Our experimental design allows us to test the impact of our Information, Belief Correction and Combined treatments on each of the three actions available to (randomly selected) subjects: signing a petition, making a donation and watching the informational video. When comparing the take-up rates of each action in the Control group, we see that subjects are least likely to donate part of their earnings to the non-profit organization (about 27 percent) and most likely to be willing to the video (about 60 percent). Willingness to sign the petition lies in between, with around 40 percent stating their willingness to sign it, but only 26% actually writing their names down on the petition page. We see a similar gap between stated willingness to act and action for the video outcome, with only about one third of the subjects staying on the video page for at least 5 minutes. In contrast, the discrepancy between willingness to donate and actual donation is negligible, with nearly 25 percent of subjects donating part of their earnings.

In what follows, we estimate equation 1 of Section 3.2 for the decision to sign the petition (Section 4.1), the decision to make a donation (Section 4.2) and the decision to watch the video (Section 4.3). We then assess the impact of presenting subjects with a choice of actions, all aimed at the fight against corruption, as opposed to only one action (Section 4.6), by estimating equation 2 of Section 3.2.

4.1 Treatment Effects on Activism: Petition

Table 3 presents the estimated treatment effects of our three Petition measures: 1) willingness to sign the petition as stated in the final survey page; 2) willingness to write at least one name down on the actual petition page; 3) willingness to write a first and a last name

on the petition page. Column 1 of Table 3 shows that the Information, Belief Correction and Combined treatments increase individuals' willingness to sign a petition by 21.4, 15.1 and 22.2 percentage points, respectively. These correspond to 54.6 percent, 38.5 percent and 56.6 percent increases from the baseline willingness to petition (39.2 percent) observed in the Control group. The treatment impacts decrease in magnitude but retain statistical significance when refining the outcome variable to account for actual petition signing. In particular, column 3 of Table 3 shows that the Information, Belief Correction and Combined treatment manipulations increase the likelihood of signing the petition with the full name by 11 (significant at the 10 percent level), 14 and 15.6 percentage points, respectively, which correspond to 42, 54 and 58 percent increases over the Control mean. (column 2).³²

4.2 Treatment Effects on Activism: Donation

The estimated impact of our treatments on the donation outcomes are displayed in Table 4. Contrary to the positive treatment effects observed for the petition outcomes, we do not see any significant impact of Information and Belief Correction on our three donation outcomes: 1) initial willingness to donate part of one's earnings; 2) actual decision to donate once on the donation page; 3) percentage of earnings donated. If anything, the combination of information and belief correction seems to lower individuals' tendency to make donations to the non-profit organization with which we partnered - A.I.D.A.N.

4.3 Treatment Effects on Activism: Informational Video

Similarly to the other two actions, we employ three measures of willingness to engage in our third form of activism: 1) the initial willingness to watch the 6-minute video, as stated in the final survey page; 2) the decision to watch at least 10 seconds of the video; and 3) the number of seconds watched. The estimates, reported in Table 5, show that the none of the treatments significantly impacted subjects' willingness to watch the informational video. We hypothesized that the belief correction manipulation would have a more limited impact on this form of activism - as compared to petition and donation - given the more private nature of the costs and benefits associated with the decision to watch the video. This seems to be confirmed by the data. As for the null impact of providing subject with information about the occurrence of corruption in the health sector, as well as their entitlements, it may be partly due to the fact that subjects in the Information and Combined treatments had already watch an informational video (3 minute long), as part of the study and this may

³²We obtain similar results when pooling the data from all the Action Treatments and interacting each Action with each Anti-Corruption treatment, as shown Table A3 in the appendix.

have been disincentivized them from watching another.

4.4 Robustness

A common issue that arises when employing multiple outcome variables, is that, by increasing the number of inferences made, the likelihood of false positives also increases. In our case, while we do have different measures of activism (Petition, Donation, Video), they are not different proxies for the same variable of interest, generated from the same sample of subjects. Rather, by design, they are different outcomes generated by separate groups of subjects, who were randomly assigned to distinct action treatment groups. Nevertheless, for each action, we employ three outcome measures, as shown in their respective regression tables. To address the possibility of false positives arising from multiple hypothesis testing, we compute the false discovery rate (FDR).³³ and report the sharpened q-values (Benjamini et al., 2006) associated with the impacts of our treatments on the petition outcomes.³⁴ Table A4 shows that the our Petition results are robust to the adjustment for multiple hypothesis testing.

Another possible concern stems from the inclusion of a large set of control variables in our empirical specification. Although the results that we obtain with and without controls are highly comparable, we also estimate an alternative specification by using the double LASSO method, which aims to optimise the selection of controls variables when the set of covariates is large. The results, reported in Table A5, show that the impacts of the anti-corruption treatments on the three actions are very similar in magnitude and significance to those displayed in our primary regression tables.³⁵

4.5 Secondary Analysis: Heterogeneous Effects

Our exploratory analysis of heterogeneous treatment effects is motivated by the mechanisms that we hypothesized would operate, through are Information and Belief Correction treatments, to push subjects to more actively engage in the fight against corruption. An important hypothesis, which motivated our experiment design, is that subjects may be reluctant to act against corruption if they believe that the number of others willing to join the fight is low. We also assumed, and empirically found, that subjects may hold incorrect

³³The FDR is the proportion of rejections that are “false discoveries” (type I errors).

³⁴We do not report the q-values generated for the Donation and Video action measures, as the impacts of the treatments were null on such actions.

³⁵We also conduct robustness checks by aggregating the variables that compose our preference and corruption-related indices by using the inverse covariance matrix, where the weights are calculated in order to maximize the amount of information captured in each variable, as in Anderson (2008), rather than simple averages. The regression results when we include these differently weighted indexes are unchanged.

beliefs about others' willingness to act against corruption. This motivated our analysis of hydrogenous treatment effects by bias in beliefs about others.

In Table 6, we report estimates generated by regression analyses that include interactions between our anti-corruption treatment and a dummy variable equal to 1 if the respondent held downward biased (about 60 percent of our sample) or correct beliefs (about 20 percent of our sample) and 0 if he held upward biased beliefs about the percentage of other participants willing to protest against corruption in health (according to our incentivized belief measure). As a result, the coefficients of the uninteracted treatment dummies in Table 6 indicate the impacts of the treatments on subjects holding downward biased or correct beliefs. Such estimated coefficients show that the Belief Correction treatment operated - at least on the Petition action - as hypothesized, i.e., by increasing the likelihood to act among subjects that held incorrect downward-biased beliefs about others. We note that the impact on the Belief Correction treatment on the propensity of these subjects to sign the petition is substantial, i.e. 25 percentage point higher than the Control mean, which translates in a 100 percent increase in the likelihood to act in the Petition Action group. The impacts of the Information and Combined treatments are also large, corresponding to a 56 percent and a 61 percent increase in the likelihood of signing the petition with the full name.

The negative and significant coefficients of the interaction between Belief Correction and the downward bias dummy indicates that the impact of the treatment on subjects with upward-biased beliefs was significantly lower than the impact on the downward-biased individuals. In fact, the sum of the relevant coefficients indicate that the Belief Correction induced the upward biased individuals to adjust their beliefs downward and, consequently, lower their propensity to sign the petition. The results obtained for the upward- and the downward-biased individuals are consistent with our model of strategic complementarities in the decision to act through petition signing. We do not find a similar effect on donation and video action groups.

Naturally, we expect the provision of information on individual entitlements in the context of health services and on the occurrence of corruption in the health sector to have a larger impact uninformed subjects, and on subjects who erroneously perceive corruption in the health sector to be low. In Table 7 and Table 8, we test these hypotheses by interacting our anti-corruption treatments with, respectively, our indicator for *information* on own rights in the health sector and our indicator of *perceptions of corruption*.

The estimates displayed in Table 7 for the Petition outcomes (columns 1-3) confirm that the uninformed are significantly and positively impacted by all treatments. While the coefficients of the interaction terms are not statistically significant, the tests conducted on the linear combinations of the estimated coefficients show that the Information and Com-

bined treatment are not effective on the most ex-ante informed subjects, whereas the Belief Correction treatment remains effective no matter the initial level of information. Similarly, the estimates displayed for the petition action group in Table 8 reveal that perceptions of corruption do not affect subjects' responsiveness to any of the treatments, i.e. no matter their perceptions of corruption in the health sector, subjects become more likely to sign the petition in the information and belief correction treatment as compared to the control group. Columns 4 to 6 of Table 8 also show that the negative impact of the Combined treatments on the decision to make a donation is driven by subjects who perceive the level of corruption in the health sector to be low. Finally, perceptions of corruption in the health sector also affect responsiveness to treatments in the Video action group, where we see that the higher the perceptions of corruption, the lower the responsiveness to the Information and Belief Correction manipulations.

Finally, we test whether subjects' tolerance or justification of corruption may soften the effects of our anti-corruption treatments. To this end, we interact our treatments with the *tolerance of corruption* index. Table 9 confirms that the treatments impact the willingness to sign the petition of the individuals who are less tolerant of corruption. The total impacts of the treatments on the more tolerant subjects are not statistically significantly different from zero.³⁶

4.6 Choice of Actions versus No Choice

Our experimental design allows us to ask whether it is preferable to present subjects with a choice of anti-corruption actions - or more generally, different ways to engage in activism for a given cause - or if presenting one choice only is more likely to affect take-up. In Figure 4 we display actual activism in the form of petition signing (panel a), donations made out of one's survey earnings (panel b) and average seconds of video watched (panel b) when the corresponding form of activism was presented in isolation or when it was presented together with the other actions and subjects were given a chance to engage in one of the actions, or exit the survey. In Table 10, for each action (Petition, Donation, Video) we pool the treatment group that was presented the individual action and the treatment group that was presented with the full set of actions (Choice treatment) and estimate equation 2 of Section 3.2.

Figure 4 shows that no matter the action under investigation, presenting such action within a set of actions lowers the likelihood that a subject would engage in the it. This is

³⁶We also conducted exploratory analyses of heterogeneous treatment effects by subjects' household income, education, pro-sociality, and past activism. Results can be found in Appendix Tables A7, A8 A9 and A10.

confirmed by regression analysis. The estimated coefficient of the Choice indicator in Table 10 is negative and significant in all specifications and Action treatment groups. Focusing on the estimates in columns 1 to 3, for Petition, we also note that while the anti-corruption treatments have significant impacts on activism when the petition is presented to subjects in isolation (which confirms the estimates in Table 3), such impacts are significantly lowered when the petition is presented together with the donation and the video. In fact, the joint presentation of the three actions annuls the impact of the anti-corruption treatments on the willingness to sign the petition.

A number of factors may be behind this result. For instance, it is possible that the additional information that subjects in the Choice Action treatment had to read, to familiarize themselves with each action, i.e., three times the information provided in each individual Action treatment, led them to exit the survey due to cognitive overload or inattention. Alternatively or additionally, it is possible that, by presenting three actions and asking subjects to choose among them, we generated the need for respondents to coordinate on one action. The belief that such coordination would be unlikely - hence no action could be successfully taken up by a large enough mass of participants - may have discouraged them from engaging in any action. Finally, it is possible that the joint presentation of the actions may have altered subjects' perceptions of the costs and benefits associated with each action, in a way that led them to inactivity.

Overall, our comparison of our Choice versus No Choice treatments indicate that, in order to induce subjects to act on a cause, it is beneficial to present them and encourage them to engage with only one action.

5 Mechanisms: A New Survey

In progress: We are currently collecting data from a new (comparable) sample of Indian men, with the aim of quantifying the costs and benefits, including the collective action components, of the three forms of activism investigated in this paper (Petition, Donation, and Video).

6 Conclusion

We designed and implemented an online survey experiment involving 2000 Indian men to examine whether raising awareness of corruption in the health sector during the COVID-19 pandemic or correcting beliefs about others' willingness to act against corruption, or both, could affect citizens' participation in anti-corruption activism. Within each anti-corruption

treatment arm, we experimentally varied the anti-corruption action subjects were given a chance to engage in. We chose three actions that vary in their actual and expected costs and benefits, and, in particular, the extent to which their costs and benefits depend on (beliefs about) others' willingness to engage in the same action. These were: 1) signing a petition to the Ministry of Health (which we assumed to be the most dependent on beliefs), 2) watching a 5-minute video on how to act (assumed to be the least dependent on beliefs), and 3) making a donation to an organization involved in anti-corruption (assumed to be in between the other two). We also randomly selected one fourth of our survey participants to be presented with all actions and be given the chance to choose one of them.

Our results show heterogeneity in the extent to which information and beliefs about others affect one's decision to act. In particular, the decision to donate to an organization fighting for the cause and the decision to watch a 5 minute video on how to act are unaffected by both information about the occurrence of corruption, and by information about the percentage of others' willingness to act. In contrast, both providing information and correcting downward-biased beliefs about others' activism (and the combination of information and belief correction) significantly impacted individuals' likelihood to sign a petition to the Ministry of Health, i.e., the form of activism that we assumed to be most affected by collective action problems. Our findings on the role that beliefs about others play in individuals' decision to sign a petition provide empirical support to recent theoretical studies that model social activism as a game of strategic complements (e.g., Barbera et al., 2020).

Finally, the comparison of observed activism when subjects are asked to engage in one action versus when they are presented with a set of actions reveals that providing a choice of actions is undesirable as it significantly reduces subjects' willingness to engage in any action.

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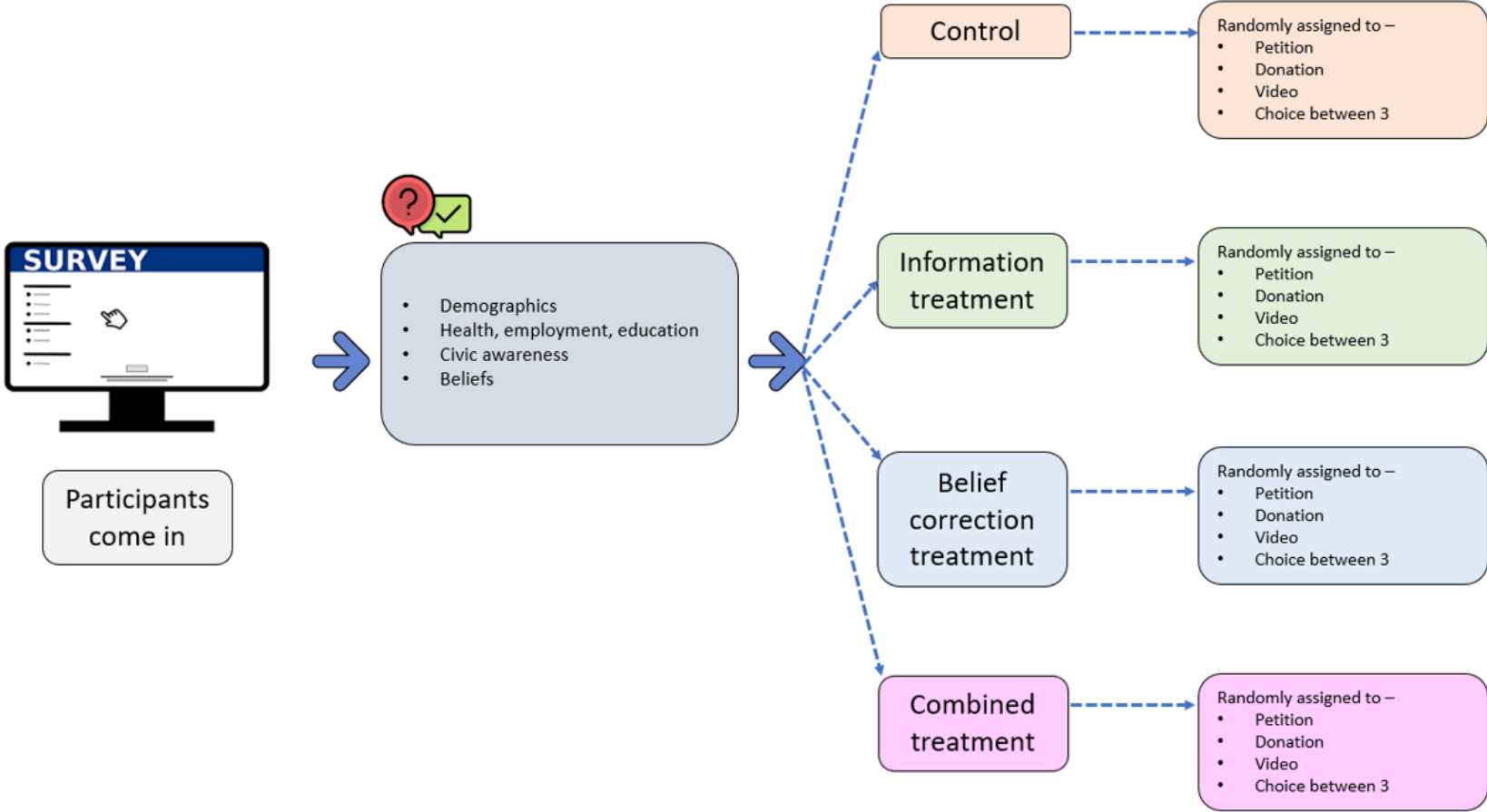
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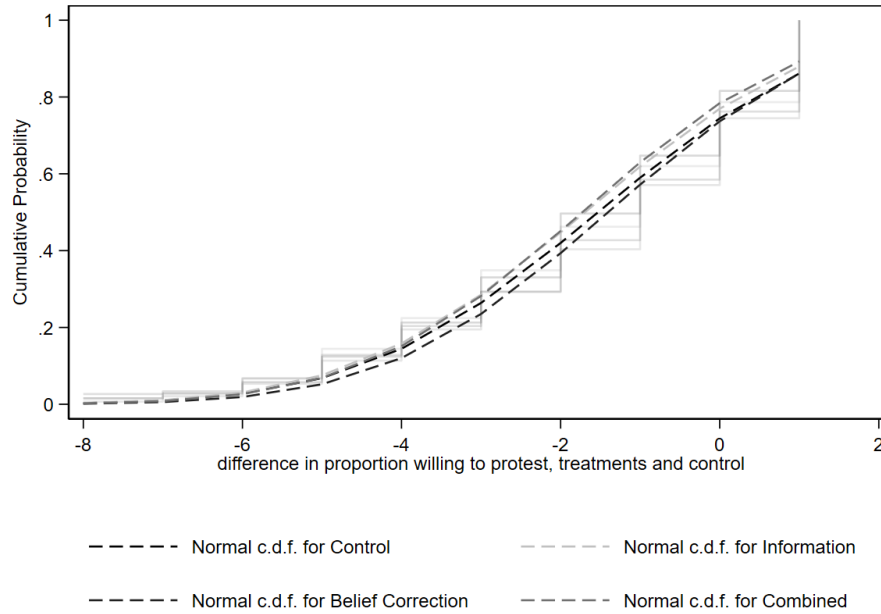
7 Figures and Tables

Figure 1: Experiment Design



Notes: Flow-chart of the experimental design. The dashed lines are used to indicate random allocation of subjects into the anti-corruption treatment conditions, and then again into the action treatment groups.

Figure 2: Distribution of Beliefs about Others' Willingness to Protest, by Treatment



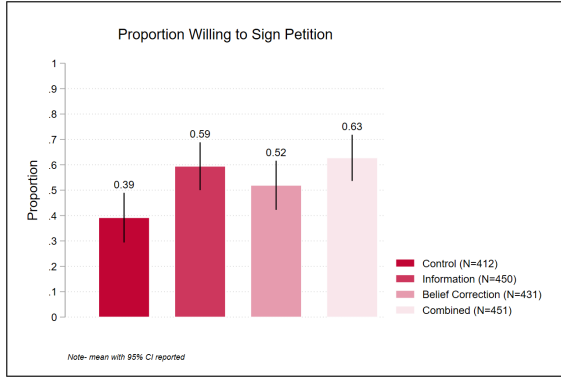
Note: The figure plots the cumulative distributions of individual beliefs about others' willingness to protest against corruption, by anti-corruption treatment. The value 0 in x axis indicates the '80-90%' category, which contained the true willingness to protest. Each unit below or above 0 indicates belief mismatch by 10 percentage points. For instance, -2 indicates the beliefs that 50-60% of others agreed with the statement on willingness to protest against corruption in health.

Kolmogorov-Smirnov Test of Equality of Belief Distributions (p value)

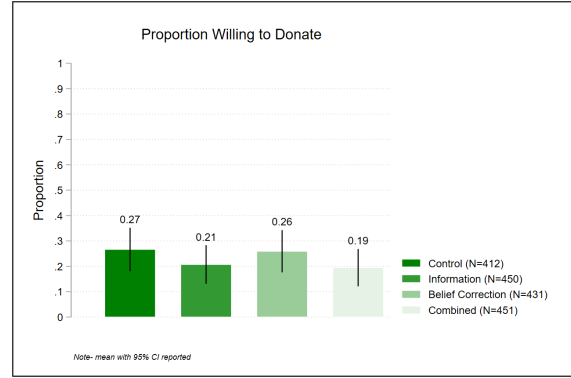
control=information	0.529
control=belief correction	1.000
control=combined	0.250
information=belief correction	0.438
information=combined	0.952
belief correction= combined	0.044

Figure 3: Willingness to Act by Anti-Corruption Treatment and Action

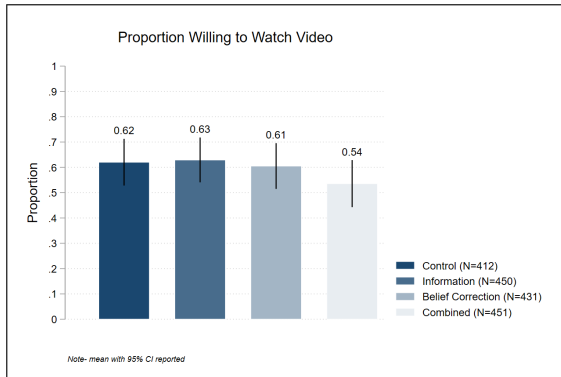
(a) Petition



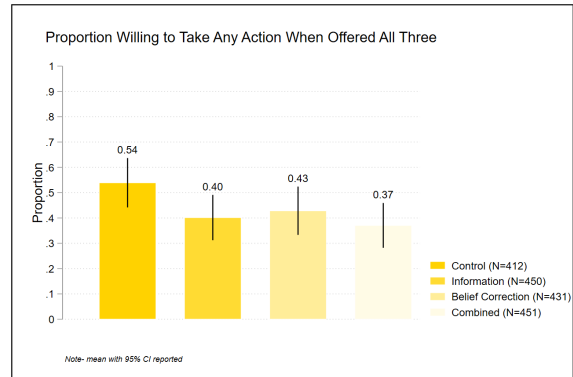
(b) Donation



(c) Watch Video



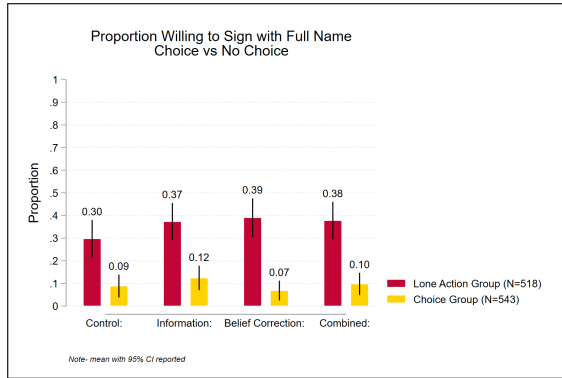
(d) Offered All Three Actions



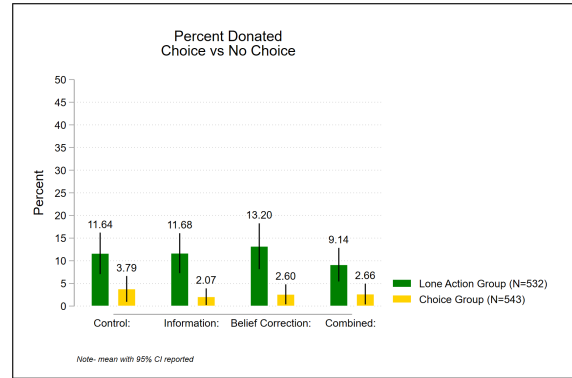
Notes: The four figures show the percentages of participants willing to (a) sign a petition, (b) make a donation, (c) watch an informational video and (d) engage in any of the three actions when given the choice, in each anti-corruption treatment (Control, Information, Belief Correction and Combined). Subjects were presented with one of the three actions or given a choice between the actions, at the end of the survey, as part of our experimental design. The figures display percentages and 95% confidence intervals.

Figure 4: Activism With or Without a Choice of Actions

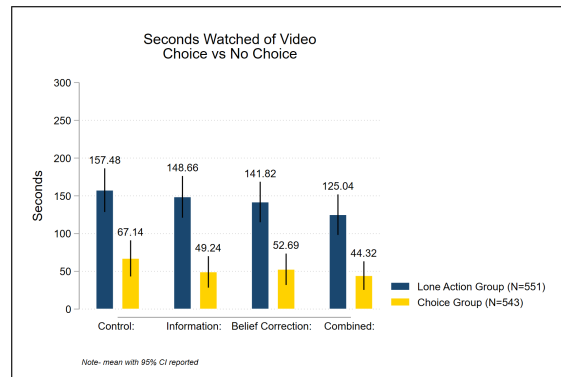
(a) Petition



(b) Donation



(c) Watch Video



Notes: The three figures show (a) the percentage of participants who signed a petition with their full name (b), the percentage of earnings donated (c), the average number of seconds of the 5 minute video watched in each anti-corruption treatment (Control, Information, Belief Correction and Combined), when the action was presented in isolation versus when subjects were given a choice of actions. The figures display percentages and 95% confidence intervals.

Table 1: Treatments

	<i>Action Treatments</i>				
	Petition	Donation	Video	Choice	All
<i>Anti-corruption Treatments</i>					
Control (C)	97	105	108	102	412
Information (I)	106	111	116	117	450
Belief Correction (BC)	104	108	114	105	431
Combined (COM)	110	113	112	116	451
Total	417	437	450	440	1744

Notes: Table shows the number of subjects assigned randomly into each of the Anti-corruption / Action treatment cells in the 4 x 4 experimental design. All 1744 subjects passed the attention check criteria.

Table 2: Balance on Observable Characteristics

Variable	Total (1)	Control (2)	Information (3)	Belief Correction (4)	Combined (5)	Difference					
						(2)-(3)	(2)-(4)	(2)-(5)	(3)-(4)	(3)-(5)	(4)-(5)
<i>A. Demographics</i>											
Age 45+	0.145	0.129	0.149	0.144	0.157	-0.020	-0.015	-0.029	0.005	-0.009	-0.014
Married	0.490	0.464	0.480	0.503	0.512	-0.016	-0.040	-0.049	-0.023	-0.032	-0.009
SC\ST	0.264	0.272	0.264	0.246	0.275	0.007	0.026	-0.003	0.019	-0.011	-0.029
Hindu	0.769	0.784	0.769	0.740	0.783	0.015	0.044	0.001	0.029	-0.014	-0.043
College	0.782	0.779	0.802	0.763	0.780	-0.023	0.016	-0.001	0.039	0.022	-0.017
Income	0.494	0.517	0.513	0.480	0.466	0.004	0.037	0.051	0.033	0.048	0.015
Elderly	0.563	0.563	0.549	0.538	0.599	0.014	0.025	-0.036	0.011	-0.050	-0.060*
<i>B. Preferences</i>											
Locus of Control	0.059	0.000	0.039	0.099	0.093	-0.039	-0.099	-0.093	-0.060	-0.054	0.006
Risk	0.001	-0.000	-0.044	0.028	0.022	0.044	-0.028	-0.022	-0.072	-0.065	0.006
Pro-sociality	-0.034	-0.000	-0.029	-0.041	-0.062	0.029	0.041	0.062	0.012	0.032	0.021
<i>C. Corruption</i>											
Perception	0.053	-0.000	0.067	0.043	0.097	-0.067	-0.043	-0.097	0.024	-0.029	-0.053
Information (Rights)	0.027	-0.000	0.002	-0.000	0.102	-0.002	0.000	-0.102	0.002	-0.100	-0.103
Tolerance	0.052	-0.000	0.038	0.087	0.081	-0.038	-0.087	-0.081	-0.050	-0.043	0.006
Civic Engagement	0.064	-0.000	0.054	0.040	0.157	-0.054	-0.040	-0.157**	0.015	-0.102	-0.117*
<i>D. Belief and Earning from Survey</i>											
Bias (↑)	0.222	0.238	0.213	0.255	0.184	0.025	-0.017	0.054*	-0.042	0.029	0.071**
belief about others' willingness to protest (%)	64.077	64.709	63.044	65.986	62.705	1.664	-1.277	2.004	-2.942*	0.339	3.281**
Confidence	4.268	4.260	4.251	4.316	4.246	0.009	-0.056	0.014	-0.064	0.005	0.069
Expected Bonus Earning	138.801	138.532	136.778	142.497	137.534	1.754	-3.965	0.997	-5.719	-0.757	4.962
N	1744	412	450	431	451						
F-test of joint significance [p-value]						[0.994]	[0.841]	[0.522]	[0.830]	[0.892]	[0.303]

Notes: SC (Schedule Caste) and ST (Scheduled Tribe) are socio-economically deprived individuals in India; 'income' indicates subjects with monthly household income below INR 30 thousand in the previous month; 'elderly' indicates subjects who say 'yes' to the question "In your household, do you have elderly (above 60) living with you?"; Locus of control, risk and pro-sociality indices are standardized measures of self-assessment as mentioned in subsection B.2; indices of corruption perception, information (rights), corruption tolerance and civic engagement are created by aggregating standardised responses of relevant survey questions as described in subsection B.2; 'bias(↑)' is a dummy equal to 1 if the subject overestimated the true willingness to protest, 0 otherwise; 'belief about others' willingness to protest' indicates subjects' guess about percentage of previous participants agreeing with the statement "I am willing to raise my voice and participate in a protest against corruption in the provision of health service."; 'confidence' indicates how confident a subject is, in his aforementioned belief on a scale of 1 to 5, with 5 being the most confident; 'expected bonus earning' is the subject's guess about his bonus earnings from this experiment. p-values of F-tests of joint significance of variables reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table 3: Treatment Effects on Activism: Petition

	Sign Petition?		Signed with Name		Signed with Full Name	
	(1)	(2)	(3)	(4)	(5)	(6)
Information	0.203*** (0.069)	0.214*** (0.070)	0.116* (0.067)	0.137** (0.070)	0.091 (0.064)	0.110* (0.066)
Belief Correction	0.127* (0.070)	0.151** (0.072)	0.134** (0.068)	0.150** (0.073)	0.127* (0.065)	0.140** (0.069)
Combined	0.236*** (0.068)	0.222*** (0.071)	0.137** (0.067)	0.150** (0.072)	0.142** (0.065)	0.156** (0.069)
Control Outcome Mean	0.392	0.392	0.299	0.299	0.258	0.258
Observations	417	417	417	417	417	417
Controls	NO	YES	NO	YES	NO	YES
<i>Equality of treatment effects</i> [p-value]						
Information = Belief Correction	[0.275]	[0.368]	[0.797]	[0.859]	[0.595]	[0.656]
Information = Combined	[0.621]	[0.912]	[0.753]	[0.852]	[0.441]	[0.498]
Belief Correction = Combined	[0.111]	[0.324]	[0.957]	[0.995]	[0.819]	[0.822]

Notes: Controls include demographics: age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home. We also control for indices of: locus of control, risk, pro-sociality, perceptions of corruption perception, information about rights and entitlements, tolerance of corruption, past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies included. Robust standard errors in parentheses; * $p < .10$, ** $p < .05$, *** $p < .01$

Table 4: Treatment Effects on Activism: Donation

	Make Donation?		Donated Positive Amount		Percent Donated	
	(1)	(2)	(3)	(4)	(5)	(6)
Information	-0.059 (0.058)	-0.053 (0.055)	-0.068 (0.058)	-0.055 (0.055)	1.637 (3.361)	3.044 (3.142)
Belief Correction	-0.007 (0.061)	-0.026 (0.055)	-0.026 (0.060)	-0.044 (0.053)	2.971 (3.594)	0.624 (2.966)
Combined	-0.072 (0.057)	-0.107* (0.055)	-0.099* (0.056)	-0.134** (0.053)	-2.635 (2.867)	-5.028* (2.623)
Control Outcome Mean	0.267	0.267	0.267	0.267	9.714	9.714
Observations	437	437	437	437	437	437
Controls	NO	YES	NO	YES	NO	YES
<i>Equality of treatment effects [p-value]</i>						
Information = Belief Correction	[0.365]	[0.629]	[0.449]	[0.840]	[0.720]	[0.479]
Information = Combined	[0.816]	[0.323]	[0.563]	[0.131]	[0.157]	[0.006]
Belief Correction = Combined	[0.254]	[0.143]	[0.183]	[0.081]	[0.088]	[0.054]

Notes: Controls include demographics: age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home. We also control for indices of: locus of control, risk, pro-sociality, perceptions of corruption perception, information about rights and entitlements, tolerance of corruption, past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies included. Robust standard errors in parentheses; * $p < .10$, ** $p < .05$, *** $p < .01$

Table 5: Treatment Effects on Activism: Informational Video

	Watch Video?		Watched > 10 Seconds		Seconds Watched	
	(1)	(2)	(3)	(4)	(5)	(6)
Information	0.009 (0.065)	-0.026 (0.066)	0.029 (0.066)	-0.001 (0.067)	9.657 (22.752)	-1.487 (23.516)
Belief Correction	-0.015 (0.066)	-0.062 (0.068)	-0.013 (0.067)	-0.045 (0.069)	-11.319 (22.283)	-25.540 (23.566)
Combined	-0.085 (0.067)	-0.084 (0.069)	-0.083 (0.067)	-0.080 (0.069)	-11.567 (22.566)	-12.699 (23.621)
Control Outcome Mean	0.620	0.620	0.574	0.574	149.198	149.198
Observations	450	450	450	450	450	450
Controls	NO	YES	NO	YES	NO	YES
<i>Equality of treatments [p-value]</i>						
Information = Belief Correction	[0.709]	[0.580]	[0.520]	[0.520]	[0.336]	[0.296]
Information = Combined	[0.153]	[0.379]	[0.088]	[0.243]	[0.337]	[0.624]
Belief Correction = Combined	[0.293]	[0.748]	[0.291]	[0.619]	[0.991]	[0.577]
Controls?	no	yes	no	yes	no	yes

Notes: Controls include demographics: age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home. We also control for indices of: locus of control, risk, pro-sociality, perceptions of corruption perception, information about rights and entitlements, tolerance of corruption, past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies included. Robust standard errors in parentheses; * $p < .10$, ** $p < .05$, *** $p < .01$

Table 6: Heterogeneity by Belief Mismatch

	Petition			Donation			Video		
	Willing to Sign	Signed with Name	Signed with Full Name	Willing to Donate	Donated Positive Amount	Percent Donated	Willing to Watch Video	Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Information	0.262*** (0.080)	0.164** (0.079)	0.156** (0.075)	-0.058 (0.064)	-0.067 (0.064)	1.841 (3.630)	0.001 (0.075)	0.025 (0.075)	9.016 (27.192)
Belief Correction	0.303*** (0.082)	0.260*** (0.083)	0.259*** (0.079)	-0.030 (0.066)	-0.044 (0.064)	0.102 (3.811)	-0.043 (0.077)	-0.035 (0.076)	-15.529 (26.123)
Combined	0.307*** (0.080)	0.191** (0.081)	0.182** (0.076)	-0.114* (0.066)	-0.148** (0.063)	-5.862* (3.229)	-0.063 (0.076)	-0.063 (0.076)	-5.596 (25.787)
Information x Bias (↑)	-0.096 (0.162)	-0.043 (0.162)	-0.134 (0.154)	0.016 (0.123)	0.046 (0.122)	4.614 (7.378)	-0.131 (0.163)	-0.123 (0.170)	-52.085 (56.104)
Belief Correction x Bias (↑)	-0.541*** (0.157)	-0.396** (0.166)	-0.421*** (0.154)	0.014 (0.120)	-0.010 (0.114)	1.549 (5.777)	-0.104 (0.166)	-0.055 (0.180)	-51.301 (58.141)
Combined x Bias (↑)	-0.305* (0.161)	-0.135 (0.167)	-0.068 (0.163)	0.032 (0.118)	0.065 (0.116)	3.248 (5.038)	-0.115 (0.182)	-0.085 (0.191)	-34.895 (63.447)
Bias (↑)	0.233** (0.114)	0.092 (0.115)	0.052 (0.109)	-0.051 (0.083)	-0.044 (0.081)	-3.183 (3.188)	0.188 (0.118)	0.131 (0.131)	54.865 (42.205)
Observations	417	417	417	437	437	437	450	450	450
I + I x Bias (↑) [p value]	[0.242]	[0.391]	[0.875]	[0.697]	[0.840]	[0.321]	[0.369]	[0.519]	[0.375]
BC + BC x Bias (↑) [p value]	[0.078]	[0.347]	[0.221]	[0.873]	[0.569]	[0.700]	[0.317]	[0.584]	[0.204]
COM + COM x Bias (↑) [p value]	[0.988]	[0.704]	[0.432]	[0.400]	[0.390]	[0.517]	[0.286]	[0.402]	[0.489]
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R ²	0.192	0.122	0.152	0.281	0.300	0.344	0.122	0.120	0.101

*Notes:*The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). The symbols I, BC and COM stand for information, belief correction and combined treatments respectively. ‘Bias(↑)’ is a dummy equal to 1 if the subject overestimated the true willingness to protest, 0 otherwise. Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others’ willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. (Explain what the the upward bias index is.) Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table 7: Heterogeneity by Information about Rights and Entitlements

	Petition			Willing to Donate	Donation		Willing to Watch Video	Video	
	Willing to Sign	Signed with Name	Signed with Full Name		Donated Positive Amount	Percent Donated		Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Information	0.213*** (0.071)	0.139** (0.070)	0.115* (0.067)	-0.054 (0.055)	-0.056 (0.055)	3.022 (3.154)	-0.026 (0.067)	-0.002 (0.068)	-1.711 (23.490)
Belief Correction	0.170** (0.071)	0.171** (0.072)	0.155** (0.069)	-0.025 (0.055)	-0.045 (0.053)	0.619 (2.970)	-0.062 (0.069)	-0.046 (0.069)	-24.896 (23.574)
Combined	0.234*** (0.071)	0.162** (0.072)	0.167** (0.069)	-0.102* (0.056)	-0.132** (0.054)	-5.092* (2.629)	-0.084 (0.069)	-0.078 (0.070)	-11.619 (23.581)
Information x Information (Rights)	-0.040 (0.076)	0.026 (0.076)	0.040 (0.068)	0.051 (0.052)	0.045 (0.051)	1.548 (2.979)	0.009 (0.067)	0.005 (0.068)	-10.542 (23.773)
Belief Correction x Information (Rights)	0.099 (0.068)	0.150** (0.071)	0.104 (0.067)	0.072 (0.065)	0.047 (0.060)	2.660 (3.411)	-0.002 (0.073)	0.001 (0.074)	-18.168 (24.646)
Combined x Information (Rights)	-0.128** (0.064)	-0.109* (0.066)	-0.096 (0.063)	-0.003 (0.049)	0.013 (0.048)	1.844 (2.281)	0.007 (0.068)	-0.020 (0.069)	-22.244 (23.047)
Information (Rights)	0.093** (0.047)	0.051 (0.048)	0.044 (0.043)	-0.007 (0.043)	-0.005 (0.043)	0.096 (1.946)	0.044 (0.050)	0.075 (0.051)	30.677 (18.639)
Observations	417	417	417	437	437	437	450	450	450
I + I x Information (Rights) [p value]	[0.103]	[0.137]	[0.122]	[0.964]	[0.877]	[0.289]	[0.858]	[0.977]	[0.728]
BC + BC x Information (Rights) [p value]	[0.006]	[0.002]	[0.009]	[0.581]	[0.976]	[0.455]	[0.500]	[0.641]	[0.211]
COM + COM x Information (Rights) [p value]	[0.235]	[0.569]	[0.424]	[0.120]	[0.075]	[0.352]	[0.403]	[0.302]	[0.320]
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R ²	0.184	0.132	0.151	0.286	0.302	0.344	0.121	0.119	0.101

Notes: The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). The symbols I, BC and COM stand for information, belief correction and combined treatments respectively. Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. Information (rights) is created by aggregating standardised responses of survey questions related to individual's initial information of rights and entitlements in healthcare, as described in subsection B.2. (Explain what the information index is.) Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table 8: Heterogeneity by Perception of Corruption

	Petition			Donation			Video		
	Willing to Sign	Signed with Name	Signed with Full Name	Willing to Donate	Donated Positive Amount	Percent Donated	Willing to Watch Video	Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Information	0.209*** (0.072)	0.129* (0.070)	0.104 (0.067)	-0.056 (0.055)	-0.057 (0.055)	3.050 (3.175)	-0.021 (0.066)	0.003 (0.067)	0.031 (23.484)
Belief Correction	0.147** (0.073)	0.143* (0.074)	0.134* (0.070)	-0.025 (0.054)	-0.044 (0.053)	0.625 (2.982)	-0.053 (0.068)	-0.035 (0.069)	-23.113 (23.661)
Combined	0.221*** (0.073)	0.155** (0.073)	0.165** (0.070)	-0.104* (0.054)	-0.130** (0.052)	-4.852* (2.605)	-0.076 (0.068)	-0.070 (0.069)	-10.393 (23.645)
Information x Perception	0.055 (0.062)	0.093 (0.065)	0.077 (0.064)	0.089* (0.053)	0.068 (0.054)	1.156 (3.415)	-0.041 (0.058)	-0.034 (0.061)	-21.885 (23.448)
Belief Correction x Perception	0.012 (0.067)	0.078 (0.073)	0.063 (0.071)	0.063 (0.055)	0.068 (0.052)	2.316 (3.047)	-0.125** (0.062)	-0.120* (0.065)	-33.304 (22.543)
Combined x Perception	0.001 (0.064)	-0.035 (0.071)	-0.065 (0.071)	0.152*** (0.052)	0.156*** (0.051)	5.766** (2.647)	-0.136** (0.063)	-0.154** (0.066)	-44.913** (22.389)
Perception	-0.046 (0.049)	-0.092* (0.051)	-0.084 (0.051)	-0.151*** (0.040)	-0.140*** (0.040)	-5.333** (2.103)	0.095** (0.047)	0.071 (0.051)	11.246 (17.124)
Observations	417	417	417	437	437	437	450	450	450
I + I x Perception [p value]	[0.002]	[0.016]	[0.041]	[0.626]	[0.866]	[0.297]	[0.461]	[0.730]	[0.491]
BC + BC x Perception [p value]	[0.098]	[0.028]	[0.040]	[0.599]	[0.728]	[0.448]	[0.045]	[0.097]	[0.073]
COM + COM x Perception [p value]	[0.009]	[0.195]	[0.260]	[0.511]	[0.718]	[0.801]	[0.022]	[0.021]	[0.089]
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R ²	0.165	0.116	0.145	0.295	0.315	0.350	0.133	0.134	0.107

Notes: The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). The symbols I, BC and COM stand for information, belief correction and combined treatments respectively. Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. 'Perception' is created by aggregating standardised responses of survey questions related to individual's perception of corruption in healthcare, as described in subsection B.2. Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table 9: Heterogeneity by Tolerance of Corruption

	Petition			Donation			Video		
	Willing to Sign	Signed with Name	Signed with Full Name	Willing to Donate	Donated Positive Amount	Percent Donated	Willing to Watch Video	Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Information	0.211*** (0.070)	0.137* (0.070)	0.111* (0.066)	-0.055 (0.055)	-0.058 (0.055)	2.879 (3.158)	-0.030 (0.067)	-0.006 (0.067)	-4.839 (23.402)
Belief Correction	0.150** (0.072)	0.149** (0.073)	0.140** (0.069)	-0.027 (0.055)	-0.045 (0.053)	0.464 (2.988)	-0.066 (0.069)	-0.050 (0.069)	-27.517 (23.590)
Combined	0.223*** (0.071)	0.153** (0.072)	0.160** (0.068)	-0.104* (0.055)	-0.132** (0.054)	-5.059* (2.660)	-0.085 (0.069)	-0.079 (0.070)	-12.509 (23.713)
Information x Tolerance	0.021 (0.063)	-0.033 (0.066)	-0.085 (0.064)	0.036 (0.050)	0.030 (0.049)	3.760 (3.078)	-0.042 (0.067)	-0.038 (0.070)	-40.949* (24.658)
Belief Correction x Tolerance	-0.092 (0.069)	-0.111 (0.072)	-0.101 (0.069)	0.021 (0.054)	0.012 (0.053)	3.515 (3.171)	0.040 (0.067)	0.052 (0.069)	5.310 (24.349)
Combined x Tolerance	-0.068 (0.063)	-0.094 (0.069)	-0.114* (0.068)	0.002 (0.049)	-0.000 (0.048)	2.824 (2.278)	-0.002 (0.070)	-0.018 (0.071)	-31.329 (23.887)
Tolerance	-0.005 (0.048)	0.011 (0.050)	0.037 (0.048)	0.037 (0.037)	0.040 (0.036)	-1.476 (1.669)	-0.023 (0.052)	-0.025 (0.054)	10.781 (19.107)
Observations	417	417	417	437	437	437	450	450	450
I + I x Tolerance [p value]	[0.009]	[0.259]	[0.763]	[0.798]	[0.711]	[0.106]	[0.457]	[0.657]	[0.194]
BC + BC x Tolerance [p value]	[0.548]	[0.712]	[0.688]	[0.941]	[0.664]	[0.310]	[0.779]	[0.978]	[0.518]
COM + COM x Tolerance [p value]	[0.093]	[0.542]	[0.629]	[0.160]	[0.059]	[0.455]	[0.350]	[0.304]	[0.204]
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R^2	0.171	0.113	0.141	0.282	0.300	0.347	0.124	0.123	0.112

Notes: The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). The symbols I, BC and COM stand for information, belief correction and combined treatments respectively. Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. 'Tolerance' is created by aggregating standardised responses of survey questions related to individual's tolerance of corruption in healthcare and in general, as described in ?? Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table 10: Treatment Effects on Action (Choice vs. No Choice of Action)

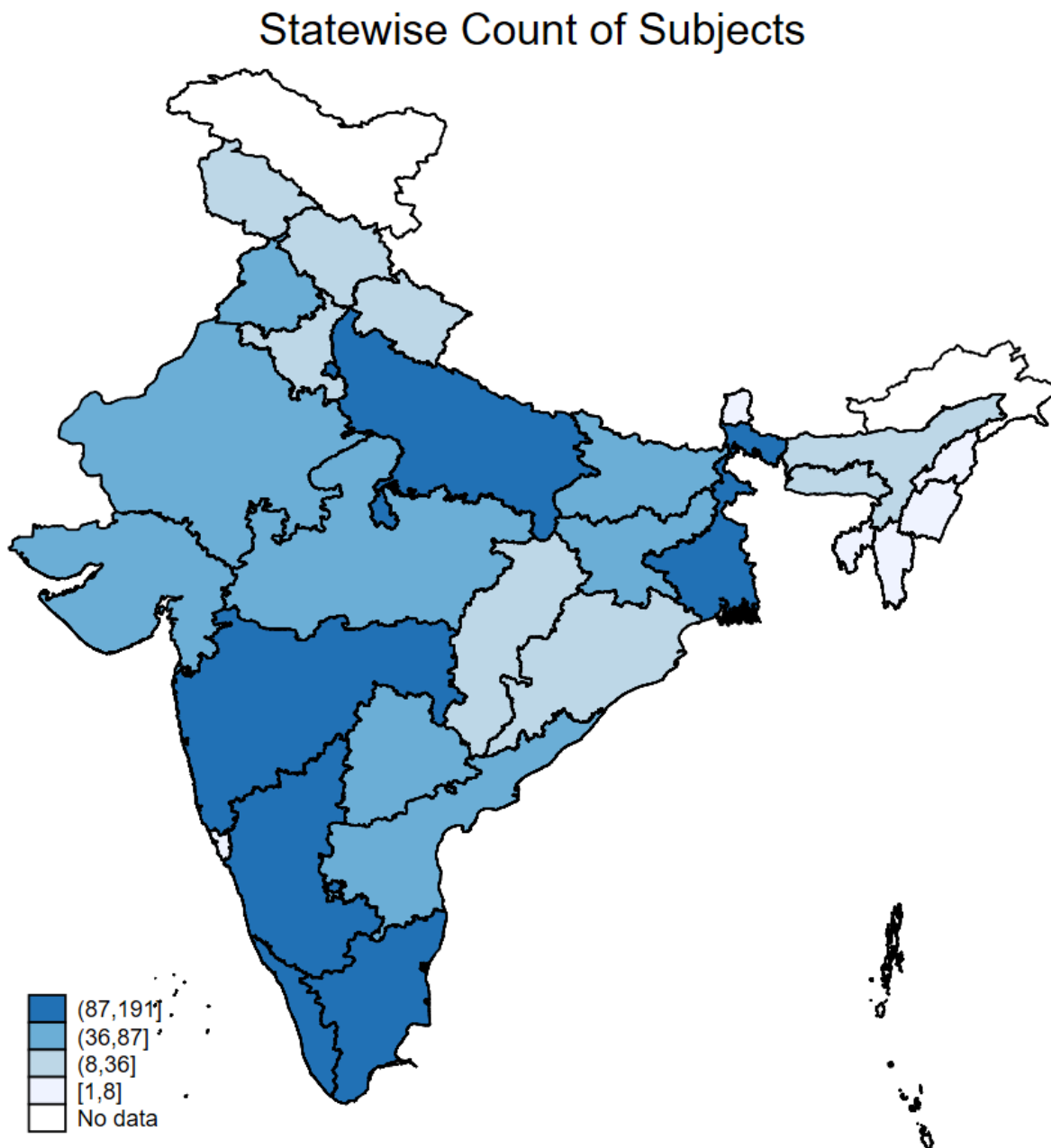
	Petition			Donation			Video		
	Willing to Sign	Signed with Name	Signed with Full Name	Willing to Donate	Donated Positive Amount	Percent Donated	Willing to Watch Video	Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
<i>Choice</i>	-0.237*** (0.061)	-0.151** (0.059)	-0.157*** (0.054)	-0.196*** (0.046)	-0.195*** (0.045)	-5.354** (2.282)	-0.292*** (0.067)	-0.243*** (0.068)	-81.478*** (20.990)
Information	0.217*** (0.068)	0.140** (0.067)	0.114* (0.064)	-0.052 (0.054)	-0.057 (0.054)	2.880 (3.074)	-0.016 (0.065)	0.009 (0.066)	3.513 (22.683)
Belief Correction	0.143** (0.070)	0.151** (0.069)	0.137** (0.066)	-0.018 (0.054)	-0.037 (0.052)	1.807 (2.956)	-0.050 (0.066)	-0.039 (0.067)	-20.929 (22.464)
Combined	0.238*** (0.068)	0.156** (0.068)	0.164** (0.065)	-0.088* (0.052)	-0.115** (0.050)	-3.616 (2.400)	-0.094 (0.067)	-0.090 (0.068)	-14.889 (22.824)
Information x <i>Choice</i>	-0.212** (0.085)	-0.144* (0.082)	-0.088 (0.076)	0.018 (0.062)	0.023 (0.062)	-5.686 (3.543)	-0.114 (0.089)	-0.135 (0.090)	-20.927 (28.767)
Belief Correction x <i>Choice</i>	-0.212** (0.085)	-0.228*** (0.082)	-0.180** (0.077)	-0.028 (0.061)	-0.010 (0.059)	-5.224 (3.404)	0.033 (0.096)	0.017 (0.097)	6.795 (29.178)
Combined x <i>Choice</i>	-0.257*** (0.084)	-0.180** (0.082)	-0.152** (0.077)	0.087 (0.061)	0.111* (0.059)	3.030 (3.137)	-0.074 (0.091)	-0.077 (0.091)	-12.340 (28.768)
Observations	857	857	857	877	877	877	890	890	890
Control Outcome Mean	0.266	0.171	0.216	0.164	0.164	6.763	0.481	0.457	110.773
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R^2	0.273	0.181	0.184	0.282	0.288	0.300	0.196	0.171	0.154

Note: Each column includes the sub-sample of the relevant action group (Petition: columns 1-3; Donation: columns 4-6; Video: columns 7-9) and the choice group. The outcome variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), or if signed with full name (col 2) or if signed with any name (col 3); is a dummy that equals 1 if willing to donate (col 4), is a dummy that equals 1 if donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); is a dummy that equals 1 if willing to watch video (col 7), is a dummy that equals 1 if the subject watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. Robust standard errors in parentheses; * $p < .10$, ** $p < .05$, *** $p < .01$

Appendices

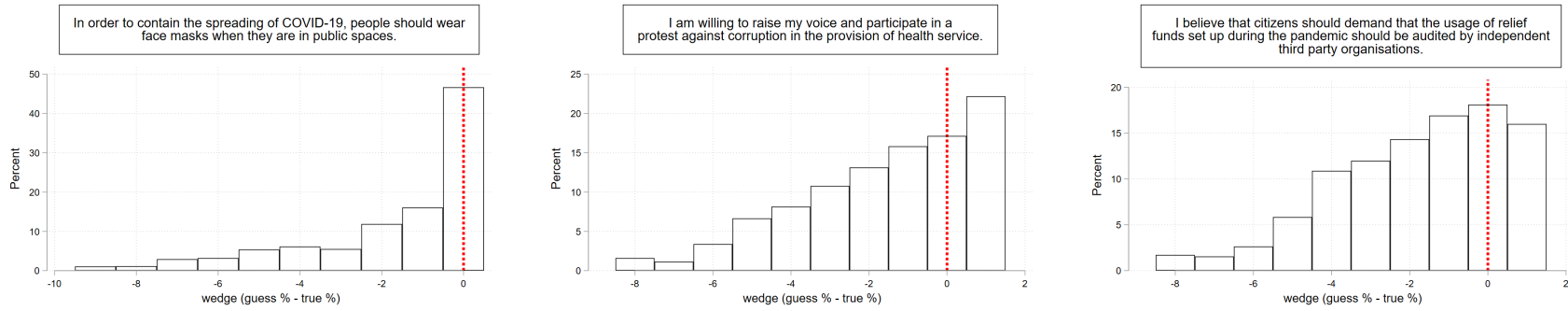
A Additional Figures and Tables

Figure A1: Geographic Distribution of Study Sample (by State of Residence)



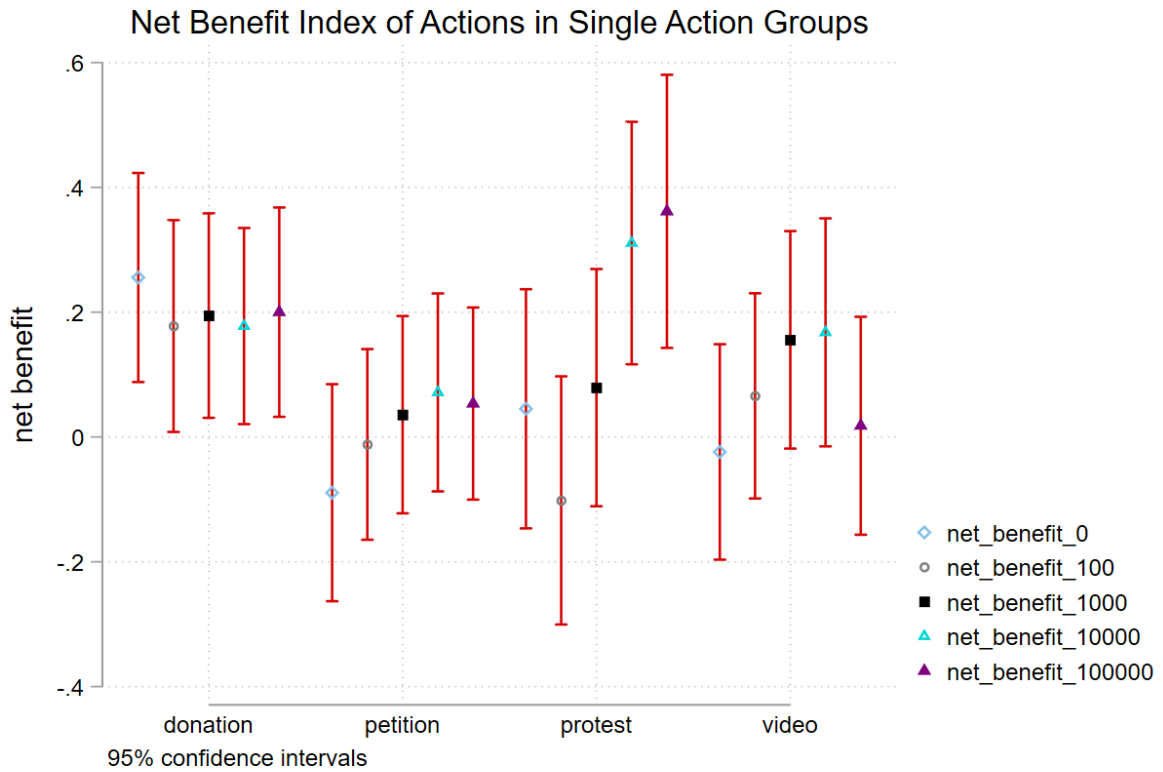
Source: Authors' own calculation

Figure A2: Belief Mismatch



Notes: The figure shows the distribution of wedges in perception of (1) “In order to contain the spread of COVID-19, people should wear face masks when they are in public spaces.” (2) “I believe that citizens should demand that the usage of relief funds set up during the pandemic should be audited by independent third party organisation.” and (3) “I am willing to raise my voice and participate in a protest against corruption in the provision of health service.” For each of these statements, wedges are calculated as the difference between subject’s guess about the % of Stage 1 participants agreeing with the statement and the true % of Stage 1 participants agreeing with the statement (Bursztyn et al., 2020).

Figure A3: Net Benefit Indices in Single Action Groups



Net Benefit = Benefit Index - Cost Index. Benefit and Cost Indices are calculated as the average rating across relevant attributes. This graph only shows results for single action groups.

Table A1: Comparison between National and Experimental Sample

characteristics	<i>Proportion</i>	
	national sample	experimental sample
Age (45 years and above)	36	14
College educated	27	79
Married	69	51
Income	92	48
Hindu	79	78
SC or ST	18	28

Note: Income indicates the percentage with less than Rs 30K in monthly income. SC (Schedule Caste) and ST (Scheduled Tribe) are socio-economically deprived individuals in India. The sample of adult (18 years and above) urban men from the Periodic Labor Force Sample (PLFS) 2017-2018 are used for the national figures and experimental figures are from own experimental sample.

Table A2: Summary Statistics

	N	Mean	Std. Dev
<i>A. Demographics</i>			
Age 45+	1744	0.15	0.35
Married	1744	0.49	0.50
SC\ST	1744	0.26	0.44
Hindu	1744	0.77	0.42
College	1744	0.78	0.41
Income	1744	0.49	0.50
Asset	1744	5.99	2.31
Elderly	1744	0.56	0.50
Hospital Visits	1744	0.77	0.42
<i>B. Preferences</i>			
Locus of Control	1744	0.06	1.00
Risk	1744	0.00	1.06
Pro-sociality	1744	-0.03	0.99
<i>C. Corruption</i>			
Ever given a Gift?	1744	0.51	0.50
Ever did a Favor?	1744	0.60	0.49
Ever Paid a Bribe?	1744	0.53	0.50
Know ICU Rate?	1744	0.34	0.47
Charged Extra in Hospital?	1744	0.14	0.34
Opinion: Corruption has increased	1744	0.71	0.46
Opinion: Corruption a Problem?	1744	0.82	0.38
Prior Protest	1744	0.37	0.48
Prior Walkouts or Strike	1744	0.29	0.46
Prior Boycott	1744	0.33	0.47
Prior Petition	1744	0.36	0.48
Prior Lodging Complaints	1744	0.39	0.48
Prior Marching	1744	0.26	0.44
Prior Donation	1744	0.77	0.42

Notes: SC (Schedule Caste) and ST (Scheduled Tribe) are socio-economically deprived individuals in India; ‘income’ indicates subjects with monthly household income below INR 30 thousand in the previous month; ‘elderly’ indicates subjects who say ‘yes’ to the question “In your household, do you have elderly (above 60) living with you?”; Locus of control, risk and pro-sociality indices are standardized measures of self-assessment as mentioned in subsection B.2 in the Appendix; questions related to corruption are described in subsection B.2 in the Appendix.

Table A3: Treatment Effects on Decision to Act, Conditional on Type of Action

	(1)	(2)	(3)
Information	0.001 (0.033)	-0.000 (0.032)	-0.042 (0.056)
Belief Correction	-0.010 (0.034)	-0.011 (0.032)	-0.010 (0.056)
Combined	-0.041 (0.033)	-0.041 (0.032)	-0.080 (0.054)
<i>Petition</i>		0.322*** (0.031)	0.133** (0.063)
<i>Choice</i>		0.216*** (0.030)	0.298*** (0.063)
<i>Video</i>		0.374*** (0.030)	0.387*** (0.063)
Information x <i>Petition</i>			0.273*** (0.087)
Information x <i>Choice</i>			-0.103 (0.085)
Information x <i>Video</i>			0.014 (0.086)
Belief Correction x <i>Petition</i>			0.152* (0.088)
Belief Correction x <i>Choice</i>			-0.111 (0.089)
Belief Correction x <i>Video</i>			-0.032 (0.087)
Combined x <i>Petition</i>			0.314*** (0.087)
Combined x <i>Choice</i>			-0.102 (0.084)
Combined x <i>Video</i>			-0.034 (0.086)
Observations	1744	1744	1744
controls?	yes	yes	yes
R^2	0.088	0.169	0.184

Notes: The dependent variable is a dummy that equals 1 if the respondent chose to take any action when offered to sign a petition or donate or watch a video or choose any one of the three actions, and 0 otherwise. Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. Robust standard errors in parentheses. * $p < .10$, ** $p < .05$, *** $p < .01$

Table A4: Petition: Correction for Multiple Hypothesis Testing

	Willing to sign	Signed with full name	Signed with name
Information	0.214	0.11	0.137
	(0.003)	(0.098)	(0.05)
FDR-adjusted p-value	[0.012]	[0.06]	[0.046]
Belief Correction	0.151	0.14	0.15
	(0.037)	(0.044)	(0.042)
FDR-adjusted p-value	[0.046]	[0.046]	[0.046]
Combined	0.222	0.156	0.15
	(0.002)	(0.024)	(0.037)
FDR-adjusted p-value	[0.012]	[0.046]	[0.046]

Note: Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. Conventional p-values are given in parentheses, under the coefficients. FDR-adjusted p-values, computed following Anderson (2008) are reported in square brackets below.

Table A5: Robustness: Treatment effects on Activism - Double LASSO Method

	Petition			Donation			Video		
	Willing to Sign	Signed with Name	Signed with Full Name	Willing to Donate	Donated Positive Amount	Percent Donated	Willing to Watch Video	Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Information	0.207*** (0.071)	0.130* (0.069)	0.105 (0.066)	-0.059 (0.056)	-0.065 (0.056)	2.086 (3.222)	-0.030 (0.066)	-0.003 (0.067)	0.231 (23.468)
Belief Correction	0.147** (0.073)	0.151** (0.072)	0.147** (0.068)	-0.021 (0.056)	-0.041 (0.054)	0.477 (3.017)	-0.057 (0.068)	-0.041 (0.069)	-25.151 (23.239)
Combined	0.236*** (0.069)	0.156** (0.070)	0.156** (0.067)	-0.091* (0.054)	-0.119** (0.052)	-3.845 (2.500)	-0.097 (0.069)	-0.095 (0.070)	-16.965 (23.560)
Observations	417	417	417	437	437	437	450	450	450
<i>Equality of treatments</i> [p-value]									
Information = Belief Correction	[0.393]	[0.768]	[0.527]	[0.497]	[0.649]	[0.639]	[0.679]	[0.565]	[0.269]
Information = Combined	[0.667]	[0.709]	[0.446]	[0.551]	[0.288]	[0.043]	[0.306]	[0.169]	[0.456]
Belief Correction = Combined	[0.204]	[0.944]	[0.896]	[0.181]	[0.109]	[0.125]	[0.550]	[0.439]	[0.724]
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes

*Notes:*The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). Controls are selected by the double lasso method. Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table A6: Heterogeneity by Belief Mismatch (Separating Unbiased and Downward Biased)

	Petition			Willing to Donate	Donation		Willing to Watch Video	Video	
	Willing to Sign	Signed with Name	Signed with Full Name		Donated Positive Amount	Percent Donated		Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)		(4)	(5)		(6)	(7)
Information x Correct	0.226 (0.223)	0.172 (0.226)	0.220 (0.209)	0.116 (0.187)	0.092 (0.185)	1.646 (9.088)	-0.004 (0.218)	-0.019 (0.227)	-1.479 (76.987)
Belief Correction x Correct	0.447** (0.213)	0.385* (0.214)	0.426** (0.194)	0.194 (0.177)	0.231 (0.170)	13.744 (9.063)	-0.145 (0.240)	-0.195 (0.253)	-36.042 (82.478)
Combined x Correct	0.248 (0.210)	0.146 (0.225)	0.142 (0.214)	0.227 (0.185)	0.248 (0.183)	10.121 (7.037)	0.075 (0.242)	0.071 (0.251)	11.621 (82.015)
Information x Bias (↓)	0.076 (0.164)	0.013 (0.166)	0.108 (0.160)	-0.058 (0.128)	-0.090 (0.127)	-6.918 (7.806)	0.167 (0.168)	0.159 (0.175)	62.215 (58.457)
Belief Correction x Bias (↓)	0.573*** (0.164)	0.409** (0.175)	0.437*** (0.164)	-0.088 (0.124)	-0.067 (0.117)	-6.946 (6.044)	0.158 (0.172)	0.108 (0.184)	71.102 (59.571)
Combined x Bias (↓)	0.331** (0.168)	0.132 (0.172)	0.040 (0.170)	-0.089 (0.124)	-0.131 (0.122)	-6.744 (5.574)	0.125 (0.186)	0.088 (0.195)	38.088 (65.249)
Information	0.162 (0.141)	0.118 (0.142)	0.019 (0.135)	-0.040 (0.108)	-0.020 (0.107)	6.554 (6.553)	-0.132 (0.145)	-0.099 (0.153)	-42.900 (48.654)
Belief Correction	-0.236* (0.136)	-0.139 (0.145)	-0.169 (0.133)	-0.016 (0.101)	-0.053 (0.094)	1.638 (4.302)	-0.149 (0.147)	-0.091 (0.163)	-67.303 (52.566)
Combined	-0.001 (0.142)	0.055 (0.148)	0.114 (0.146)	-0.087 (0.098)	-0.089 (0.098)	-2.828 (4.097)	-0.179 (0.167)	-0.150 (0.176)	-40.127 (58.841)
Bias (↓)	-0.286** (0.115)	-0.097 (0.119)	-0.026 (0.115)	0.075 (0.089)	0.068 (0.087)	5.439 (3.825)	-0.210* (0.122)	-0.155 (0.134)	-69.203 (43.324)
Correct	-0.121 (0.161)	-0.096 (0.154)	-0.126 (0.135)	-0.021 (0.120)	-0.029 (0.116)	-3.243 (4.332)	-0.098 (0.161)	-0.035 (0.175)	7.322 (58.347)
Observations	417	417	417	437	437	437	450	450	450
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R ²	0.207	0.125	0.155	0.296	0.323	0.358	0.128	0.127	0.110

Notes: The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table A7: Heterogeneity by Income

	Petition			Donation			Video		
	Willing to Sign	Signed with Name	Signed with Full Name	Willing to Donate	Donated Positive Amount	Percent Donated	Willing to Watch Video	Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Information x Income	0.099 (0.143)	-0.123 (0.139)	-0.114 (0.133)	-0.125 (0.108)	-0.104 (0.107)	-5.232 (5.849)	0.154 (0.130)	0.181 (0.134)	78.866* (47.183)
Belief Correction x Income	-0.082 (0.142)	-0.206 (0.141)	-0.240* (0.133)	-0.053 (0.114)	-0.056 (0.110)	-3.443 (5.761)	-0.056 (0.139)	0.005 (0.142)	50.117 (46.678)
Combined x Income	-0.120 (0.142)	-0.212 (0.140)	-0.145 (0.134)	-0.161 (0.110)	-0.179* (0.106)	-7.779 (4.936)	-0.099 (0.140)	-0.016 (0.143)	42.967 (48.333)
Information	0.163 (0.099)	0.196** (0.096)	0.164* (0.091)	0.011 (0.072)	-0.001 (0.072)	5.758 (3.567)	-0.114 (0.097)	-0.102 (0.096)	-44.710 (33.032)
Belief Correction	0.189** (0.094)	0.248*** (0.094)	0.252*** (0.090)	0.000 (0.078)	-0.016 (0.075)	2.404 (3.409)	-0.040 (0.093)	-0.054 (0.094)	-52.647 (32.074)
Combined	0.277*** (0.092)	0.250*** (0.094)	0.226** (0.092)	-0.025 (0.076)	-0.043 (0.075)	-1.069 (2.809)	-0.040 (0.095)	-0.076 (0.096)	-35.699 (32.390)
Income	-0.043 (0.099)	0.069 (0.095)	0.011 (0.089)	0.106 (0.083)	0.099 (0.083)	5.904 (3.998)	0.037 (0.101)	-0.006 (0.104)	-39.332 (36.365)
Observations	417	417	417	437	437	437	450	450	450
I + I x Income [p value]	[0.010]	[0.470]	[0.602]	[0.162]	[0.200]	[0.915]	[0.649]	[0.401]	[0.308]
BC + BC x Income [p value]	[0.323]	[0.699]	[0.904]	[0.510]	[0.348]	[0.823]	[0.344]	[0.643]	[0.941]
COM + COM x Income [p value]	[0.150]	[0.720]	[0.419]	[0.020]	[0.003]	[0.036]	[0.175]	[0.376]	[0.837]
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R ²	0.170	0.112	0.140	0.285	0.305	0.346	0.129	0.125	0.105

Notes: The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). The symbols I, BC and COM stand for information, belief correction and combined treatments respectively. Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table A8: Heterogeneity by Education

	Petition			Donation			Video		
	Willing to Sign	Signed with Name	Signed with Full Name	Willing to Donate	Donated Positive Amount	Percent Donated	Willing to Watch Video	Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Information x College	0.105 (0.175)	0.243 (0.167)	0.203 (0.163)	-0.096 (0.137)	-0.105 (0.136)	4.922 (7.058)	-0.201 (0.168)	-0.093 (0.173)	-21.052 (60.129)
Belief Correction x College	0.077 (0.180)	0.134 (0.180)	0.178 (0.166)	-0.064 (0.129)	-0.046 (0.122)	-1.783 (7.787)	-0.110 (0.168)	-0.045 (0.169)	-49.755 (54.987)
Combined x College	0.097 (0.167)	0.064 (0.172)	0.085 (0.164)	-0.079 (0.130)	-0.075 (0.122)	-1.448 (5.897)	-0.233 (0.173)	-0.233 (0.172)	-69.103 (58.722)
Information	0.132 (0.154)	-0.056 (0.143)	-0.050 (0.142)	0.021 (0.121)	0.026 (0.121)	-0.845 (5.898)	0.140 (0.152)	0.076 (0.155)	15.367 (53.142)
Belief Correction	0.091 (0.155)	0.043 (0.152)	-0.000 (0.140)	0.022 (0.111)	-0.010 (0.103)	1.960 (7.027)	0.029 (0.149)	-0.004 (0.149)	14.090 (47.923)
Combined	0.147 (0.146)	0.101 (0.147)	0.091 (0.140)	-0.047 (0.109)	-0.078 (0.102)	-3.962 (4.983)	0.106 (0.153)	0.111 (0.151)	43.830 (51.986)
College	-0.002 (0.124)	-0.025 (0.125)	-0.078 (0.123)	0.035 (0.096)	0.038 (0.094)	-1.230 (4.647)	0.010 (0.131)	-0.043 (0.130)	5.291 (41.282)
Observations	417	417	417	437	437	437	450	450	450
I + I x College [p value]	[0.003]	[0.022]	[0.045]	[0.229]	[0.202]	[0.275]	[0.408]	[0.816]	[0.831]
BC + BC x College [p value]	[0.047]	[0.042]	[0.032]	[0.515]	[0.373]	[0.957]	[0.293]	[0.538]	[0.188]
COM + COM x College [p value]	[0.003]	[0.050]	[0.029]	[0.056]	[0.018]	[0.082]	[0.102]	[0.123]	[0.343]
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R^2	0.164	0.110	0.136	0.282	0.301	0.345	0.125	0.123	0.102

*Notes:*The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). The symbols I, BC and COM stand for information, belief correction and combined treatments respectively. Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table A9: Heterogeneity by Civic Engagement

	Petition			Willing to Donate	Donation		Willing to Watch Video	Video	
	Willing to Sign	Signed with Name	Signed with Full Name		Donated Positive Amount	Percent Donated		Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)		(4)	(5)		(6)	(7)
Information x Civic Engagement	-0.078 (0.057)	-0.024 (0.070)	-0.027 (0.069)	0.117** (0.058)	0.087 (0.058)	6.491* (3.801)	-0.050 (0.075)	-0.052 (0.080)	-31.240 (25.219)
Belief Correction x Civic Engagement	-0.184*** (0.066)	-0.160** (0.071)	-0.106 (0.069)	0.020 (0.047)	0.019 (0.045)	0.851 (2.719)	-0.046 (0.075)	-0.049 (0.076)	-15.578 (24.606)
Combined x Civic Engagement	-0.131** (0.060)	-0.118 (0.072)	-0.068 (0.071)	0.027 (0.049)	0.024 (0.047)	0.011 (2.483)	0.061 (0.073)	-0.006 (0.079)	-1.959 (27.016)
Information	0.210*** (0.070)	0.131* (0.069)	0.107 (0.066)	-0.056 (0.055)	-0.058 (0.055)	2.885 (3.099)	-0.023 (0.067)	-0.001 (0.067)	-1.088 (23.614)
Belief Correction	0.148** (0.072)	0.147** (0.073)	0.138** (0.069)	-0.027 (0.054)	-0.046 (0.053)	0.542 (2.939)	-0.063 (0.068)	-0.047 (0.069)	-26.464 (23.665)
Combined	0.225*** (0.070)	0.155** (0.071)	0.157** (0.068)	-0.109** (0.055)	-0.136** (0.053)	-5.031* (2.602)	-0.092 (0.069)	-0.084 (0.070)	-15.214 (23.659)
Civic Engagement	0.136*** (0.047)	0.110** (0.056)	0.070 (0.054)	-0.004 (0.032)	-0.005 (0.031)	2.037 (1.384)	0.004 (0.060)	0.001 (0.062)	13.022 (20.110)
Observations	417	417	417	437	437	437	450	450	450
I + I x Engagement [p value]	[0.129]	[0.300]	[0.419]	[0.445]	[0.708]	[0.074]	[0.470]	[0.616]	[0.350]
BC + BC x Engagement [p value]	[0.718]	[0.901]	[0.750]	[0.920]	[0.698]	[0.730]	[0.286]	[0.356]	[0.229]
COM + COM x Engagement [p value]	[0.299]	[0.722]	[0.370]	[0.247]	[0.104]	[0.167]	[0.752]	[0.388]	[0.645]
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R^2	0.179	0.121	0.139	0.289	0.304	0.352	0.127	0.121	0.103

*Notes:*The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). The symbols I, BC and COM stand for information, belief correction and combined treatments respectively. Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table A10: Heterogeneity by Pro-sociality

	Petition			Donation			Video		
	Willing to Sign	Signed with Name	Signed with Full Name	Willing to Donate	Donated Positive Amount	Percent Donated	Willing to Watch Video	Watched > 10 Seconds	Seconds Watched
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Information x Pro-sociality	0.102 (0.070)	0.086 (0.069)	0.079 (0.067)	0.004 (0.060)	0.022 (0.059)	2.022 (3.790)	0.046 (0.071)	0.035 (0.071)	15.293 (23.309)
Belief Correction x Pro-sociality	-0.032 (0.069)	-0.020 (0.073)	0.018 (0.069)	0.029 (0.047)	0.034 (0.047)	-0.171 (2.686)	0.029 (0.075)	0.018 (0.075)	13.137 (24.236)
Combined x Pro-sociality	0.087 (0.072)	0.115 (0.072)	0.118 (0.073)	-0.053 (0.050)	-0.033 (0.049)	-2.422 (2.171)	0.001 (0.072)	0.019 (0.071)	8.811 (23.175)
Information	0.218*** (0.071)	0.142** (0.070)	0.113* (0.066)	-0.052 (0.055)	-0.054 (0.055)	3.257 (3.168)	-0.027 (0.067)	-0.002 (0.068)	-1.960 (23.655)
Belief Correction	0.156** (0.072)	0.154** (0.073)	0.142** (0.069)	-0.025 (0.055)	-0.044 (0.053)	0.611 (2.962)	-0.062 (0.068)	-0.045 (0.069)	-25.510 (23.665)
Combined	0.227*** (0.071)	0.158** (0.072)	0.164** (0.069)	-0.113** (0.055)	-0.139*** (0.053)	-5.298** (2.590)	-0.086 (0.069)	-0.080 (0.070)	-13.084 (23.756)
Pro-sociality	-0.081 (0.050)	-0.053 (0.050)	-0.055 (0.048)	-0.012 (0.035)	-0.014 (0.035)	0.081 (1.632)	-0.018 (0.052)	-0.016 (0.052)	-2.674 (16.799)
Observations	417	417	417	437	437	437	450	450	450
I + I x Pro-sociality [p value]	[0.001]	[0.020]	[0.040]	[0.564]	[0.695]	[0.333]	[0.843]	[0.722]	[0.677]
BC + BC x Pro-sociality [p value]	[0.217]	[0.177]	[0.093]	[0.953]	[0.890]	[0.915]	[0.750]	[0.792]	[0.716]
COM + COM x Pro-sociality [p value]	[0.003]	[0.009]	[0.007]	[0.025]	[0.017]	[0.025]	[0.396]	[0.542]	[0.894]
Control Outcome Mean	0.392	0.299	0.258	0.267	0.267	9.714	0.620	0.574	149.198
Controls?	yes	yes	yes	yes	yes	yes	yes	yes	yes
R^2	0.175	0.118	0.142	0.285	0.303	0.346	0.122	0.119	0.099

*Notes:*The dependent variable is a dummy that equals 1 if the respondent was willing to sign a petition (col 1), signed with a name (col 2) or with full name (col 3); dummy indicating the subject was willing to donate (col 4), donated a positive amount of their experimental earnings (col 5) or percent donated (col 6); dummy indicating the subject was willing to watch the video (col 7), watched more than 10 seconds of the video (col 8) or seconds spent watching the video (col 9). The symbols I, BC and COM stand for information, belief correction and combined treatments respectively. Controls include indicators of age, marital status, religion, education, SC/ST dummy, income, presence of elderly at home, indices for: locus of control, risk, pro-sociality, corruption perception, information about corruption and about rights and entitlements, attitude towards corruption and past civic engagement; belief about others' willingness to protest, confidence in that belief, expected earning from the experiment, time and state of residence dummies. Robust standard errors in parentheses; p-values reported in square brackets. * $p < .10$, ** $p < .05$, *** $p < .01$.

Table A11: Previous Participation in Different Forms of Activism

Variable	2021 sample		2022 sample	
	Obs	Mean	Obs	Mean
protest	1,744	0.37	849	0.86
walkouts or strike	1,744	0.29	849	0.82
boycott	1,744	0.34	849	0.78
petition	1,744	0.37	849	0.82
lodging complaints	1,744	0.39	849	0.84
marching	1,744	0.27	849	0.82
donation to an organisation	1,744	0.77	849	0.93

Table A12: Previous Participation in Activism, by Age Group

2022 sample							
	protest	walkouts or strike	boycott	petition	lodging complaints	marching	donation
18-24	0.69	0.56	0.54	0.64	0.68	0.63	0.91
25-34	0.86	0.81	0.78	0.80	0.82	0.79	0.93
35-44	0.94	0.94	0.91	0.93	0.93	0.93	0.94
45-54	0.76	0.74	0.62	0.71	0.76	0.74	0.94
55-64	1.00	0.63	0.50	0.75	1.00	0.75	1.00
65 and above
Total	0.86	0.82	0.78	0.82	0.84	0.82	0.93
2021 sample							
	protest	walkouts or strike	boycott	petition	lodging complaints	marching	donation
18-24	0.32	0.26	0.31	0.31	0.32	0.23	0.73
25-34	0.36	0.30	0.33	0.35	0.41	0.28	0.81
35-44	0.42	0.33	0.37	0.46	0.43	0.32	0.79
45-54	0.44	0.28	0.40	0.44	0.47	0.28	0.77
55-64	0.47	0.40	0.44	0.47	0.55	0.39	0.73
65 and above	0.19	0.11	0.11	0.15	0.37	0.04	0.59
Total	0.37	0.29	0.34	0.37	0.39	0.27	0.77

B Data Appendix

B.1 Sampling

In order to measure whether the subjects are paying attention to the survey, we employ a variety of checks and screener questions within the survey.

- The first screener question is a simple one to catch subjects who paid the least attention. Following the suggestions of Oppenheimer et al. (2009), we include the following question: “People are very busy these days and many do not have time to follow what goes on in the government. Some do pay attention to politics but do not read questions carefully. To show that you’ve read this much, please ignore the question below and just select the option C from the four choices below. That’s right, just select the option C from the four choices below.

How interested are you in information about what’s going on in government and politics? (answer choices: option A/ option B/ option C/ option D)”

Subjects who failed to pick option C are considered as ‘inattentive’. We don’t outright disqualify these subjects from continuing the survey, but they are not included in the final analysis sample.

- We then place three training questions prior to the belief questions that were incentivised, to make sure that subjects understand how much they’re going to earn from the incentivised questions. Using the set of training questions, we measure the number of failed attempts for each subject to grasp their prospective earnings.
- Finally, we include a descriptive question; ”Some people who are asked to pay bribes do not complain about it. Why do you think this is the case? Please type your response in the text box below.”

Overall, we find that these three indicators of attention are highly correlated. Inattentive subjects are also more likely to have a much higher number of failed attempts in the training questions, and are more likely to leave a gibberish answer in the descriptive question. We do not find the proportion of inattentive subjects to vary significantly between treatment groups. Hence, from the main analysis sample, we decide to exclude them. This brings our subject pool to 1744, from 2296.

B.2 Procedure for Standardisation and Index Construction

We constructed indices for capturing perception of corruption, information on rights and entitlements and tolerance of corruption, and civic engagement of subjects. These are the average of the relevant standardised variables, as listed in below. The procedure is as follows-

- Individual variables are coded such that the positive direction always corresponded with “higher” outcome for all sub-components of the aggregate index, 0 otherwise.
- Each variable is normalized by subtracting the overall sample mean and dividing by the control group standard deviation. The index is then generated by averaging over relevant components.
- The final index is then re-scaled such that the control group mean is 0 and the standard deviation is 1.

B.2.1 Preferences

The questions on preferences are listed in section B of Table 2.

- *Locus of control index* (a personal belief about whether outcomes of behavior are determined by one’s actions or by forces outside one’s control) is the internal sub-scale of the KMKB measure of locus of control (Kovaleva, 2012). It comprises of a five-point Likert response scale, ranging from positive to negative pole, for the statements:
 - I like taking responsibility
 - I find it best to make decisions myself, rather than to rely on fate
 - When I encounter problems or opposition, I usually find ways and means to overcome them

The self-assessment indices of risk, trust, retaliation and altruism are calculated following Falk et al. (2018):

- The *risk index* is computed using response to “Please tell us, in general, how willing or unwilling are you to take risks, using a scale of 0 to 10 below (0 indicates completely unwilling, and 10 indicates very willing to take risks.) (answer choices: completely unwilling 0/ 1/ .../very willing 10)”
- *Trust* is computed using response to “Please tell us whether the following statement describes you as a person: you assume that people only have the best intentions, using

a scale of 0 to 10 below (0 indicates that the statement does not describe you at all, and 10 indicates that the statement describes you perfectly). (doesn't describe you at all 0/1/ .../ describes you perfectly 10).”

- *Retaliatory behavior* is based on response to
 - “Please tell us whether, if you are treated very unjustly, you will take revenge at the first opportunity, even if there is a cost to do so, using a scale of 0 to 10 below (0 indicates you are completely unwilling to take revenge, 10 indicates you are very willing to take revenge).”
 - “Please tell us how willing you are to punish someone who treats you unfairly, even if there may be costs for you, using a scale of 0 to 10 below (0 indicates you are completely unwilling to do so, 10 indicates you are very willing to do so).”
 - “Please tell us how willing you are to punish someone who treats others unfairly, even if there may be costs for you, using a scale of 0 to 10 below (0 indicates you are completely unwilling to do so, 10 indicates you are very willing to do so).”
- *Altruism* is measured by response to “Please tell us how willing you are to give to good causes without expecting anything in return, using a scale of 0 to 10 below (0 indicates you are completely unwilling to give, 10 indicates you are very willing to give) (answer choices: completely unwilling to give 0/ 1// very willing to give 10).”

The trust, altruism and reverse-coded retaliation measures are combined to create the pro-sociality index using the same process described above.

B.2.2 Corruption Perception

The corruption perception index aggregates the following survey questions, for which the corresponding summary statistics are listed in section C of Table A2.

- “Please consider all the contact you or members of your household had with health workers in clinics or hospitals since April 2020 till date. How many times did you have to pay extra money to obtain a medical service? (never/1/2/.../10/more than 10 times).” ³⁷
- “In your opinion, has the level of corruption in the health sector during the COVID-19 pandemic - (increased a lot/ increased somewhat/ stayed the same/ decreased somewhat/ decreased a lot)” ³⁸?

³⁷response coded into a continuous variable.

³⁸response coded into a continuous variable with higher value indicating increase in corruption.

- “According to your experience, the current level of corruption in the health sector is - (not a problem at all/ a small problem/ a moderate problem/ a major problem)” ³⁹.

B.2.3 Information (Rights)

Subjects’ information on rights and entitlements are captured through this index, which aggregates the following survey questions. The corresponding summary statistics are listed in section C of Table A2.

- “Do you know what is the rate you have to pay per day for an ICU bed at your local hospital?” ⁴⁰
- “Do you think you or a member of your household were illegally overcharged by the healthcare professionals for the hospital stay? - (does not apply / don’t know or can’t say/ no/ yes)” ⁴¹

B.2.4 Corruption Tolerance

The corruption tolerance index aggregates the following survey questions, for which the corresponding summary statistics are listed in section C of Table A2.

- “Please tell us for each of the following actions whether you think it can never be justified, always be justified or something in between using a scale of 1 to 10 below (1 denotes never justifiable, and 10 denotes always justifiable)⁴².”
 - avoiding fare on a public transport
 - doctors overcharging for a hospital bed during COVID-19 pandemic
 - someone accepting a bribe in course of their duties.
- “How many people in your community do you think expects you to complain if you are overcharged or asked to pay a bribe by a doctor? (nobody/ a few people/ many people/ most people/ everybody)”⁴³.

³⁹response coded into a continuous variable with higher value indicating bigger problem.

⁴⁰response coded into a dummy=0 if subject answered with ‘don’t know’, 1 otherwise.

⁴¹response coded into a dummy=1 if subject answered with a ‘yes’.

⁴²responses coded into a continuous variable.

⁴³response coded into a dummy=1 if subject answered with ‘nobody’.

B.2.5 Civic Engagement

The civic engagement index aggregates the following survey questions⁴⁴, for which the corresponding summary statistics are listed in section D of Table A2.

engagement “Do you agree or disagree with the following statements, on a scale of: strongly agree/ somewhat agree/ neither agree nor disagree/ somewhat agree/ strongly agree”.

- you play an active role in one/more voluntary organisations
- you don’t like to discuss politics with other people (reverse-coded)
- being involved in your neighbourhood is important to you
- you don’t get involved in political protests (reverse-coded)
- you generally vote in elections

past action “Prior to COVID-19 pandemic (since April 2020 till date), have you ever been involved in any of the following actions to help solve a problem that mattered to you? - with answer choices: never/ yes, 1-3 times/ yes, 4-6 times/ yes, 7-10 times/ more than 10 times”.

- protests
- walkouts or strike
- boycott
- petition
- lodging complaints
- marching
- donation to an organisation

⁴⁴responses for each set were coded into continuous variables.