The youth and Covid-19: how to communicate effectively the emergency

Vincenzo Carrieri*
(Department of Law, Economics and Sociology, “Magna Graecia” University; IZA, Bonn and RWI-Research Network)

Maria De Paola
(Department of Economics, Statistics and Finance “Giovanni Anania”, University of Calabria and IZA, Bonn)

Francesca Gioia
(Department of Law “Cesare Beccaria”, University of Milan)

Abstract: At the beginning of the spread of COVID-19 in Italy, before the introduction of the lockdown “stay at home” measures in the whole country, in order to slow the rate of infection, the Government pushed for self-imposed measures of social distance and limitation of subjects’ circulation. While many people started following the Government’s prescriptions, young people kept on going out for happy hours, cocktails and dinners, meeting each other in crowded places. A possible explanation for this behavior may be the sense of invulnerability dictated by age. In fact, news reported that the elderly or people with previous diseases were the ones getting sick. We focus on the expected behavior of “Phase two” – that is what comes after the end of the lockdown – when general actions to reduce and prevent the spread of respiratory viruses (i.e. washing hands; avoid touching eyes, nose, mouth, etc.) will still be fundamental, and inquire whether the peer group considered when giving information on the spread of COVID-19 affects young people’s decision to comply with recommended behaviors. We compare a neutral information with both an information focusing on the elderly and most vulnerable people and one focusing on young people. Information on individual characteristics and self-reported answers on personality traits, will allow us to investigate whether there is heterogeneity (for example by gender) in treatment effects and whether an eventual higher response of the treatment who receives information focusing on young people is driven by higher salience of selfish concerns.

Data description: We design a survey collecting information on personal characteristics (gender, age, studies, family background, residence), personality traits and expected behavior after the end of the lockdown in Italy, which currently is set for May 3rd. We have submitted the survey to students enrolled at a public university in the South of Italy. Students have been randomly divided into three groups (control: receives a neutral information; first treatment: receives information focusing on elderly and most vulnerable people; second treatment: receives information focusing on young people). The assignment to treatment and control groups is based on students’ matriculation number. Treatment conditions are imposed by varying the introductory text to questions on expected behavior after the end of the lockdown.

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*V. Carrieri, Department of Law, Economics and Sociology, “Magna Graecia” University; Institute of Labor Economics (IZA), Bonn; RWI-Research Network. Address: Viale Europa 100 Germaneto (CZ), Italy. E-mail: vincenzo.carrieri@unicz.it

M. De Paola, Department of Economics, Statistics and Finance “Giovanni Anania”, University of Calabria, Institute of Labor Economics (IZA), Bonn. Address: Via Ponte Bucci, 87036 Arcavacata di Rende (CS), Italy. E-mail: m.depaola@unical.it.

F. Gioia, Department of Law “Cesare Beccaria”, University of Milan. Address: Via Festa del Perdono 7, 20122 Milan, Italy. E-mail: francesca.gioia@unimi.it