Understanding fairness views and how they affect political preferences
Pre-analysis Plan

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1 Introduction

The proposed project aims to analyze the determinants of fairness views in Germany. We will examine how fairness views differ across socio-demographic groups, how they are correlated with political attitudes and how information treatments on inter- and intragenerational fairness affect those attitudes and behaviour in an incentivized donation question. We will run an online survey experiment in Germany which is financed by the Bertelsmann Foundation.

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2 Structure of the survey and experimental strategy

The experimental component of our research design consists of the randomized provision of information treatments. The experiment is conducted as part of an online survey in cooperation with the Bertelsmann Foundation.

The questionnaire is structured as follows. At the beginning of the survey, respondents are asked to provide socio-demographic characteristics such as age, gender, household income, education and region of residence, which are used for the quotas. In the second part of the survey, we ask for attitudinal variables that will be used for heterogeneity analyses. In the third part, respondents will be randomly allocated into one control and two treatment groups. Information treatments are provided to respondents in the two treatment groups only. We refer to the first treatment group as to the 'intergenerational treatment group'. Respondents in this treatment group are informed about the current shares of voters (eligible to vote in the German federal election) that are aged 55 years or older and 25 years or younger, respectively. Moreover, they are told that some political decisions made today have long-term implications that will be felt only in the future and that a large share of older voters could cause a situation where the interests of the young and of future generations are not sufficiently taken into account by policy makers.

The second treatment group is referred to as the 'intragenerational treatment group'. Respondents in this treatment group are informed about the share of total wealth in Germany that is owned by the richest 10% and the poorest 50% of the (adult) population, respectively.

Before the information treatments, we elicit respondents' prior beliefs in the two treatment groups and the control group about the share of voters in the two age groups and the share of wealth owned by the richest 10% and the poorest 50%, respectively, and ask them how certain they are about their beliefs.

The fourth part of our survey contains the outcome questions. Our main outcome question is an incentivized donation question where respondents are told that they have a chance of winning 50 EUR after they have completed the survey. They are then asked to decide how much of the 50 EUR they would keep for themselves and how much they would donate to a charity in case they will win the 50 EUR. Respondents can choose among three charities. One of the charities has a focus on intergenerational fairness, one on intragenerational fairness and the third one is unrelated to our information treatments. Moreover, we elicit respondents' attitudes towards various policies including redistribution of income and wealth, climate, migration, pensions, public debt, COVID-19, voting rights, and their fairness views.

In the final part of our survey, we elicit posterior beliefs about the information provided in the information treatments, further socio-demographic characteristics as well as questions to address potential experimenter demand effects. There is a follow-up survey scheduled 1-2 weeks after the main survey. In the follow-up survey, the outcome questions (excluding the incentivized donation question) and posterior beliefs are asked again in order to study the persistence of potential treatment effects. The following enumeration provides an overview of the structure of the questionnaire:

1. Socio-demographic characteristics.
2. Pre-Treatment questions: attitudinal questions.
3. Random allocation of respondents into control and treatment groups.
4. Elicitation of prior beliefs.
5. Information Treatment (only respondents who are in one of the two treatment groups).
6. Post-Treatment questions: Incentivized donation question, political attitudes and fairness views.
7. Elicitation of posterior beliefs.
8. Sanity checks/socio-demographic characteristics.
9. Follow-up survey.

3 Main Hypothesis

This section briefly sketches our hypotheses on how the information treatments might affect respondents' responses to the incentivized donation question, their political attitudes and fairness views.

H1: On average, both the 'intergenerational' and the 'intragenerational' information treatments increase a sense of injustice. The intergenerational information treatment induces a downward shift in intergenerational fairness views. The intragenerational treatment induces a downward shift in intragenerational fairness views.

H2: Respondents in the intergenerational treatment group have a higher likelihood (both on the extensive and the intensive margin) to donate to the charity which has a focus on intergenerational fairness ("Stiftung fuer

die Rechte zukuenftiger Generationen"). Respondents in the intragenerational treatment group have a higher likelihood (both on the extensive and the intensive margin) to donate to the charity which has a focus on intragenerational fairness ("Tafel Deutschland e.V.").

H3: The intergenerational information treatment shifts political attitudes towards a stronger support for the interests of the young and future generations. The intragenerational information treatment shifts political attitudes towards a stronger support for the interests of the poor.

Among respondents in the intergenerational treatment group, we expect stronger effects the more the share of eligible voters who are 55 or older (25 or younger) is underestimated (overestimated). Among respondents in the intragenerational treatment group, we expect stronger effects the more the wealth share of the richest 10% (poorest 50%) is underestimated (overestimated).

4 Empirical design

4.1 Sample and Sample Size

The online survey will be conducted in Germany. We aim at targeting 4,900 individuals from a representative sample of the country's population (representative with respect to age, gender, region of residence, education and household income). This implies that each sub-group (treatment groups and control group) will consist of roughly 1,600 individuals, respectively. The panel, the programming of the survey, the distribution of the survey and the payments are administered by the survey company Respondi.[1]

4.2 Identification

To examine average treatment effects, we estimate the following regression:

$$Y_i = \alpha + \beta T_i + \gamma X_i + \varepsilon_i \tag{1}$$

where Y_i is one of our outcome variables, T_i is a treatment dummy and X_i is a vector of individual (and regional) controls. In this regression, β provides an estimate of the ATE.

[1] https://www.respondi.com/EN/

4.3 Heterogeneity

We will study heterogeneity in treatment effects based on the background information on our respondents collected in the survey, their prior beliefs and various attitudinal and preference variables. Socio-demographic characteristics include age, gender, income, education, parents' education, urban vs rural, East vs West, migration background, and religion. The heterogeneity analysis based on attitudes and preferences will account for respondents' views on fairness principles and political efficacy, whether they believe the government should intervene in market processes, their political orientation, their perception of upward/downward mobility and the role of effort vs luck in life, whether they trust in experts and institutions, their level of interpersonal trust, their risk and time preferences, reciprocity, and altruism.