# Does Impact Evidence Affect Policy Preferences? Evidence from Mexico's Landmark CCT Program*

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*PRELIMINARY AND INCOMPLETE - DO NOT CITE OR CIRCULATE*

Does research evidence affect public support for social policies? I conduct a survey experiment with a representative sample of Mexican adults to examine whether exposure to impact evidence from the landmark and extensively studied conditional cash transfer program, *Progresa*, affects their beliefs about its effectiveness, support for cash transfer programs, and demand for evidence-based policymaking. I benchmark these effects against a treatment arm where individuals were exposed to narrative accounts from *Progresa* beneficiaries. I document three main findings. First, perceptions of the effectiveness of Progresa are mixed, with roughly three-quarters of respondents thinking the program had only been moderately effective or less. Second, exposure to a simple summary of rigorous research evidence increases perceptions of effectiveness and support for cash transfers. However, average effect sizes are similar in magnitude to those from exposure to narrative accounts of the program. Third, none of the treatments increased demand for more evidence-based policy.

**Keywords:** conditional cash transfers, evidence-based policy, information experiments, policy preferences, Mexico

**JEL Codes:** D83, H53, I38, O15

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## 1 Introduction

Evidence on effective policies and social interventions has the potential to improve societal outcomes by informing policymaking and enhancing service delivery. However, the impact of research depends not only on whether it shapes the beliefs and actions of policymakers, but also on the political incentives they face. In democratic settings, voters play a central role in determining which policies are adopted, expanded, or sustained. If citizens do not recognize the effectiveness of certain programs, governments may have limited incentives to invest in them, even when rigorous evidence exists.

Conditional cash transfer (CCT) programs are among the most widely implemented and rigorously evaluated social policies in developing countries. These programs provide cash to low-income households conditional on investments in human capital, such as school attendance and health checkups. Mexico's Progresa program (later Oportunidades and Prospera) is one of the most prominent examples, and was evaluated through one of the first large-scale randomized controlled trials in development economics, followed by a large body of subsequent work documenting its impacts on education, health, and poverty reduction (see Parker and Todd, 2017 for a summary). Despite this extensive evidence base, the program was discontinued in 2019 and replaced with less-tested alternatives. The extent to which research evidence shaped, or failed to shape, public beliefs and policy demand in this context remains unclear.

This paper studies whether and how research evidence affects public beliefs and policy preferences. I implement a pre-registered survey experiment with approximately 4,000 Mexican adults drawn from a nationally representative online panel. Participants are randomly assigned to receive accessible summaries of academic evidence on Progresa's impacts. As a benchmark, I also test a narrative treatment that presents subjects with personal testimonials from program beneficiaries. I measure three sets of outcomes: beliefs about CCTs and perceptions of Progresa's effectiveness; support for implementation and continuation of CCT policies, including behavioral measures such as petition signing and budget allocations; and broader attitudes toward evidence-based policymaking. This design allows me to trace the link between information exposure, belief updating, and policy preferences.

I find three main results. First, baseline perceptions of Progresa are far from uniformly positive: prior to the intervention, roughly three-quarters of respondents rate the program as

only moderately effective or less. Second, both evidence-based and narrative communication substantially increase positive beliefs about CCT effectiveness and generate meaningful increases in support for expanding and funding similar policies. These effects are economically large and broadly comparable across communication strategies, though evidence-based messages tend to produce somewhat larger and more consistent impacts. Third, I find limited effects on broader attitudes toward evaluation and evidence-based policymaking. While information shifts beliefs about specific programs and related policy preferences, it does not significantly change views about the role of evaluation or the importance of evidence in government decision-making.

The paper contributes to a small but growing literature on how research evidence influences decision-making. Experimental and survey-based studies show that providing rigorous findings can affect beliefs and policy choices among bureaucrats and politicians (Hjort, Moreira, Rao and Santini, 2021). Related work examines how policymakers update beliefs in response to evidence and how they weigh formal research relative to local knowledge and prior views (Vivalt, Coville and KC, 2024, Vivalt and Coville, 2023). Other studies document the role of motivated reasoning and behavioral biases in shaping how policymakers interpret evidence (Baekgaard, Christensen, Dahlmann, Mathiasen and Petersen, 2019, Banuri, Dercon and Gauri, 2019). In contrast, this paper focuses on citizens, whose beliefs and preferences ultimately shape political incentives. Understanding whether and how the public responds to academic evidence is central to assessing the broader social returns to impact evaluations.

The paper also contributes to the literature on information and belief updating (Haaland, Roth and Wohlfart, 2023). While prior work studies how information about economic conditions affects expectations (Roth and Wohlfart, 2020) or how beliefs about inequality shape redistribution preferences (Kuziemko, Norton, Saez and Stantcheva, 2015, Settele, 2022), less is known about whether rigorous academic evidence can shift public opinion in politically salient domains. Finally, by comparing evidence-based messages with narrative testimonials, the paper provides evidence on which communication strategies are most effective at shaping beliefs and policy preferences in low and middle-income contexts, where large-scale social programs are common but the channels through which research findings reach voters are often weak.

## 2 Context

In 1997, the Mexican government launched the Program for Education, Health, and Nutrition (*Progresa*). The program targeted households in extreme poverty in rural areas, providing cash transfers to mothers conditional on children's school enrollment and attendance, preventive health care visits, and participation in nutrition monitoring. Transfer amounts were substantial, corresponding on average to roughly one-third of beneficiary household income (Gertler, 2004, Skoufias, 2005). The program was subsequently renamed *Oportunidades* in 2002, when it was further expanded to all states and urban areas, and again rebranded as *Prospera* in 2014, when it incorporated financial inclusion components. By the late 2010s, the program was reaching approximately 6.8 million families (Parker and Todd, 2017).

A defining feature of this program, henceforth referred to as *Progresa*, was that it involved a rigorous impact evaluation from its inception. The Mexican government commissioned the International Food Policy Research Institute (IFPRI) to conduct an independent evaluation beginning in 1998, exploiting the phased rollout of the program to implement a cluster-randomized design. Of 506 eligible communities selected for the evaluation sample, 320 were randomly assigned to receive benefits immediately, and 186 served as controls, with benefits delayed by approximately two years (Skoufias, 2005, Behrman, Sengupta and Todd, 2005). This initial experimental evaluation, which was rare to conduct at the time, documented significant impacts on school enrollment, health care utilization, child nutrition, and household consumption (Schultz, 2004, Gertler, 2004, Behrman and Hoddinott, 2005).

The experimental design and the credible evidence it produced are thought to have been consequential for the program's political survival(Levy, 2006). In the decades following its implementation, *Progresa* became one of the most extensively evaluated social programs in history. Hundreds of studies examined its effects across a wide range of outcomes, including educational attainment, health, labor market participation, fertility, intra-household dynamics, and long-run economic mobility (Parker and Todd, 2017, Parker and Vogl, 2023). The program also served as a model for conditional cash transfer programs worldwide, inspiring similar interventions in more than 50 countries across Latin America, Africa, and Asia (Fiszbein and Schady, 2009).

Despite this extensive evidence base, the program was unexpectedly discontinued in early 2019. The program was replaced by a set of new social programs, most notably the Becas para

el Bienestar Benito Juárez, an education scholarship program that eliminated conditionalities, dropped the monitoring of school attendance, and substantially reduced the progressivity of transfers to the poorest households. A recent evaluation of the rollout of *Progresa* finds that it led to immediate reductions in school enrollment, particularly among older boys (Márquez-Padilla, Parker and Vogl, 2025).

## 3 Experimental Design

This section describes the survey implementation, experimental design, and data collection procedures. Data were collected between June 2024 and January 2025. Respondents were recruited from an online panel maintained by Netquest, which provides access to a nationally representative sample of Mexican adults. Participants were invited via email, and quotas were used to ensure representativeness by gender, age, socioeconomic status, and region.

The study consists of two survey waves (see Appendix Figure A1). The main survey (Wave 1) included pre-treatment measures, random assignment to experimental conditions, and immediate post-treatment outcome measures. A follow-up survey (Wave 2) was conducted approximately two months later to assess the persistence of treatment effects. To reduce the salience of the panel structure, the second survey was designed to differ from the first in wording and formatting. A pre-analysis plan was registered before data collection.

### 3.1 Main Survey

**Pre-Treatment Measures.** Prior to treatment, respondents answered questions on demographics (marital status, number of children, education, employment status, and income), political preferences (party identification and evaluation of the current government), social policy attitudes (views on redistribution, trust in media and academic research), and prior beliefs about the effectiveness of *Progresa*.

To measure prior beliefs, respondents indicated whether they had heard of *Progresa*, identified its main characteristics, and reported their perceptions of its effectiveness along three key dimensions central to this study: (i) reducing poverty and economic vulnerability, (ii) increasing secondary school enrollment, and (iii) generating long-term benefits for children in recipient households. Respondents also provided a numerical estimate of the program's impact on secondary school enrollment using a slider. For approximately half of the sample, this question was

incentivized: respondents received a bonus payment if their estimate fell within 10 percentage points of the documented impact.

An attention check was included to screen for inattentive respondents. Consistent with the pre-analysis plan, respondents who failed the attention check were immediately excluded from the survey.

**Informational Treatment Arms.** After completing baseline questions, respondents were randomly assigned with equal probability (approximately 1,000 per arm) to one of four experimental conditions:

1. *Control:* Respondents read a brief, neutral passage about healthy habits (nutrition, sleep, exercise, and hydration), unrelated to social policy.

2. *Impact Evidence:* Respondents read a summary of academic findings on the impacts of Progresa. The summary drew primarily from Parker and Todd (2017) and was written in accessible language. The passage emphasized that the program was rigorously evaluated using an experimental design and described its effects on three dimensions: (i) improvements in education, (ii) improvements in household consumption, and (iii) long-term outcomes.

3. *Narrative:* Respondents were shown quotes from Progresa beneficiaries. The quotes were drawn from qualitative research of the program and also focused on the dimensions emphasized in the *Impact Evidence* treatment. The quotes described beneficiaries' experiences with education (e.g., "The program has been very helpful. Now we have money to send our children to school…"), nutrition ("We have been able to eat different things at home…"), and improved long-term prospects. This treatment conveyed similar information about program benefits but through personal stories.

4. *Search:* Respondents were instructed to search independently for information about Progresa's impacts, with the promise of a bonus in the follow-up survey if their responses were well-founded and cited credible sources. The goal of this treatment was to study self-directed information acquisition. However, because no information was directly provided in the first wave, I pool this group with the pure control group when analyzing Wave 1 outcomes and only examine it separately in the follow-up survey.

**Post-Treatment Outcomes.** Immediately following treatment, respondents answered questions capturing three families of outcomes:

*Beliefs about CCT Effectiveness:* Agreement with statements regarding whether effective policies exist to reduce poverty and vulnerability; whether Progresa improved children's long-term opportunities; whether it reduced economic vulnerability; and whether it worked as claimed. Negatively framed items suggested that CCTs are primarily political tools, reduce work effort, or are spent on "temptation goods."

*Policy Support for CCTs:* Agreement with statements regarding whether CCTs should be central to Mexico's social policy, whether Progresa should be reintroduced, and whether respondents supported its discontinuation. Respondents also completed a budget allocation task and indicated whether they would sign a petition to reintroduce a CCT program (presented as a real petition to be sent to the government).

*Support for Evidence-Based Policy:* Agreement with statements about allocating public funds to program evaluation, prioritizing funding for programs with documented impacts, and support for evaluating specific programs such as Becas Benito Juárez. A behavioral measure asked whether respondents would donate a portion of a hypothetical lottery prize to an NGO promoting evidence-based policymaking.

### 3.2 Follow-up Survey

Approximately two months after the main survey, all respondents were invited to complete a brief follow-up survey. To minimize the salience of the connection between waves, the follow-up employed different formatting and began with questions on unrelated policy topics (crime, climate change, gender quotas) before returning to CCT-related items.

The follow-up re-measured beliefs about Progresa's effectiveness and support for CCT policies. For respondents in the *Search* condition, additional questions captured whether they had searched for information, what sources they consulted, what they learned, and how much time they spent searching.

To assess potential experimenter demand effects, the follow-up included a demand disclosure treatment. Half of the respondents were explicitly informed of the study's hypothesis (that

exposure to information would increase support for CCTs) before answering the final set of questions, while the remaining half received no such disclosure.

## 4 Empirical Strategy

### 4.1 Main Specification

The primary analysis estimates intention-to-treat (ITT) effects using OLS regression:

$$Y_i = \alpha + \beta_1 \text{Evidence}_i + \beta_2 \text{Narrative}_i + \mathbf{X}_i\gamma + \varepsilon_i \tag{1}$$

where $Y_i$ is the outcome for individual $i$, $\text{Evidence}_i$ and $\text{Narrative}_i$ are indicators for assignment to the Impact Evidence and Narrative treatments, respectively, and $\mathbf{X}_i$ is a vector of pre-specified control variables including baseline demographics and policy preferences. Standard errors are robust to heteroskedasticity.

In this specification, the omitted category pools the Control and Search arms. This approach is justified for Wave 1 outcomes because neither group received information directly: Control respondents saw irrelevant content, and Search respondents were only instructed to search after completion of the first survey. Nevertheless, I also report specifications that separate the Search arm to verify that the instruction to search did not independently affect outcomes. For the follow-up survey, in which Search respondents have had the opportunity to look up information, I analyze the effects of the Search group separately. To improve statistical power and reduce concerns about multiple hypothesis testing, I construct summary indices for each outcome family following Anderson (2008).

## 5 Data and Descriptive Statistics

### 5.1 Sample and Balance

The final sample consists of 3,903 respondents who completed the Wave 1 survey. Recruitment quotas ensured national representativeness across key characteristics, including gender, age, socioeconomic status, and geographic region. However, as is typical in online panel samples, respondents are somewhat more digitally connected than the general population, although observable characteristics broadly resemble national patterns.

Table 1 presents summary statistics and balance tests across treatment arms. The sample is evenly split by gender, with 52 percent identifying as female, and has an average age of 37 years. Approximately 22 percent of respondents hold a college degree, 55 percent report being currently employed, and 22 percent report income above the median. Political and institutional attitudes also display meaningful variation: 39 percent report identifying with Morena, the governing center-left political party in Mexico, and respondents report moderate levels of trust in academic research (3.31 on a 1–5 scale) and lower trust in media (2.71). Consistent with the policy relevance of the study, awareness of Progresa is high (78 percent), although only 5 percent report that their household previously received the program.

Columns (2) and (3) report differences relative to the control group. Overall, baseline covariates are well balanced across treatment arms. Most differences are small in magnitude and statistically insignificant. A few covariates display marginally significant differences at conventional levels, including age in the *Evidence* treatment and income above the median and Morena identification in the Narrative treatment. However, the magnitude of these differences is modest. I also fail to reject the joint hypothesis of equality across treatment arms.

## 6 Results

### 6.1 What Does the Public Know and Think About CCTs?

Before exposure to any treatment, respondents reported their prior beliefs about the effectiveness of *Progresa* across several dimensions. Overall, respondents do not appear to hold strongly positive views about the effectiveness of the program. Instead, most report that Progresa had moderate or limited impacts. On a 1–5 scale, roughly three-quarters of respondents state that the program was only moderately effective or less. Only about one-quarter report clearly positive views (responses 4 or 5), and fewer than 4 percent thought that the program was highly effective.

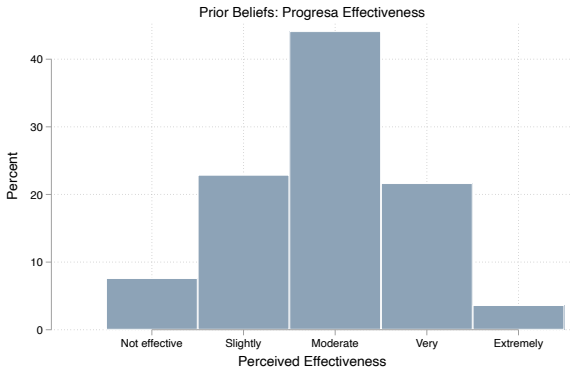
Beliefs about specific program impacts display similar patterns. For example, more than half of respondents report weak or moderate beliefs that *Progresa* reduced poverty. Perceptions of impacts on school enrollment are somewhat more favorable but still concentrated around the midpoint of the scale. A large share of respondents report that the program had limited or moderate lasting impacts, and only a small minority report strong positive beliefs.

Table 1: Summary Statistics & Balance

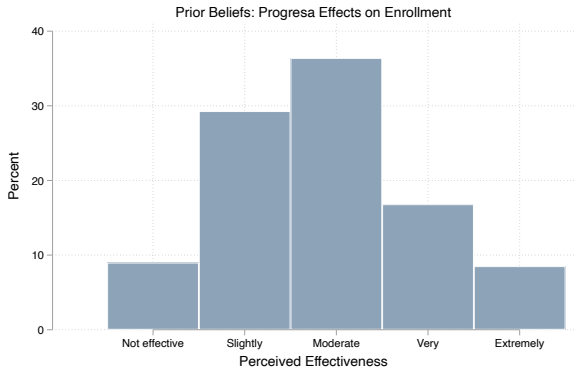
| Variable | Comparison (1) | $\Delta$ Evidence (2) | $\Delta$ Narrative (3) |
|---|---|---|---|
| Female | 0.52 | 0.00 | 0.01 |
| | ( 0.01) | ( 0.02) | ( 0.02) |
| Age | 37.27 | 0.88* | 0.65 |
| | ( 0.30) | ( 0.52) | ( 0.51) |
| College degree or higher | 0.22 | 0.01 | 0.02 |
| | ( 0.01) | ( 0.02) | ( 0.02) |
| Currently employed | 0.55 | -0.00 | 0.02 |
| | ( 0.01) | ( 0.02) | ( 0.02) |
| Income above median | 0.22 | 0.02 | 0.04** |
| | ( 0.01) | ( 0.02) | ( 0.02) |
| Identifies with Morena | 0.39 | 0.00 | -0.03* |
| | ( 0.01) | ( 0.02) | ( 0.02) |
| Trust in academic research (1-5) | 3.31 | 0.00 | -0.03 |
| | ( 0.02) | ( 0.03) | ( 0.03) |
| Trust in media (1-5) | 2.71 | 0.02 | -0.00 |
| | ( 0.02) | ( 0.04) | ( 0.04) |
| Heard of Progresa | 0.78 | -0.01 | -0.02 |
| | ( 0.01) | ( 0.02) | ( 0.02) |
| Household received Progresa | 0.05 | 0.00 | -0.00 |
| | ( 0.01) | ( 0.01) | ( 0.01) |
| Received any social program | 0.49 | -0.03 | -0.00 |
| | ( 0.01) | ( 0.02) | ( 0.02) |
| Prior: Progresa effectiveness (1-5) | 2.93 | -0.05 | -0.04 |
| | ( 0.02) | ( 0.04) | ( 0.04) |
| Poverty due to circumstances | 0.76 | 0.01 | 0.00 |
| | ( 0.01) | ( 0.02) | ( 0.02) |
| Voted in last election | 0.72 | -0.00 | -0.02 |
| | ( 0.01) | ( 0.02) | ( 0.02) |
| Has voter ID | 0.96 | 0.01 | 0.00 |
| | ( 0.00) | ( 0.01) | ( 0.01) |
| No. Observations | 1949 | 970 | 984 |
| Joint test (p-value) | | 0.153 | 0.255 |

*Notes*: The table shows summary statistics and balance tests using covariate variables from a baseline survey. Column (1) displays the mean for the control group (pooled with the search group) and the standard error in parentheses. Columns (2)-(3) display the difference in means between the control group and each treatment group, and the standard error in parentheses, clustered at the school-term level. $^{*}$ $p < .10$, $^{**}$ $p < .05$, $^{***}$ $p < .01$.

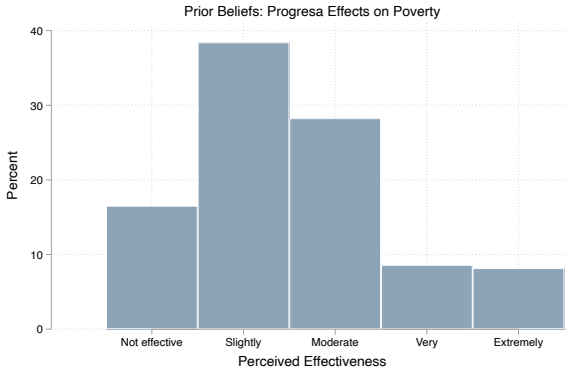
Figure 1: Baseline Perceptions about Progresa's Effectiveness



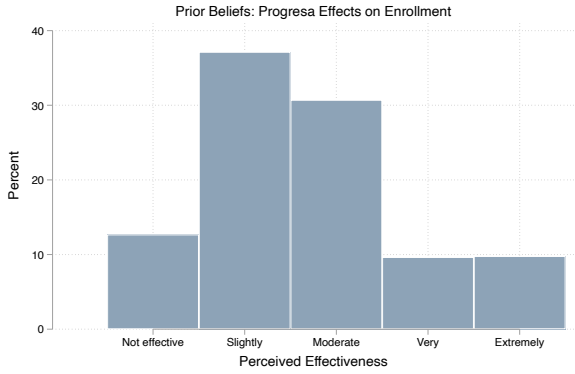

(a) Overall Effectivess




(b) Effects on School Enrollment




(c) Effects on Poverty




(d) Effects on Long-Term Outcomes

*Notes:* Each panel displays the distribution of respondents' prior beliefs about the effectiveness of Progresa along a specific dimension. Responses are measured on a five-point scale, where 1 indicates "not at all effective" and 5 indicates "very effective." Distributions are shown separately by treatment arm. The sample includes all respondents who completed the relevant survey module.

### 6.2 Beliefs about Program Effectiveness

Table 2 reports treatment effects on beliefs about the effectiveness of *Progresa* and CCTs more generally. Both treatments lead to large and statistically significant increases in perceived effectiveness across all belief outcomes.

The Impact Evidence treatment increases agreement that Progresa was effective by 0.26 points on a 7-point scale ($p<0.01$), relative to a control mean of 4.68. Similarly, it increases beliefs that social programs help the poor (0.47 points), reduce vulnerability (0.53 points), and generate long-term effects (0.40 points), all statistically significant at the 1 percent level. These effects are substantial in magnitude, corresponding to shifts of approximately 8 to 12 percent of the control mean across outcomes.

The Narrative treatment also increases positive beliefs about CCT effectiveness. Estimated effects range from 0.23 to 0.43 points across outcomes and are statistically significant at conventional levels. Although effect sizes are consistently somewhat smaller than those of the Impact Evidence treatment, differences between treatments are generally not statistically significant. The exception is beliefs about long-term effects, where the evidence-based treatment produces larger impacts ($p=0.042$).

Column (5) reports effects on a standardized belief index. Both treatments increase the index by roughly one-third of a standard deviation (sd) (0.34 sd for Evidence and 0.30 sd for Narrative), with no statistically significant difference between treatments. Overall, these results indicate that both factual information and narrative framing can shift beliefs about social program effectiveness, with somewhat larger and more consistent effects for evidence-based information.

### 6.3 Policy Preferences

Table 3 presents treatment effects on support for CCTs and the reintroduction of *Progresa*. Consistent with the effects on positive beliefs about the impact of the program, both treatments increase support for CCTs across multiple dimensions.

The Impact Evidence treatment significantly increases support for making CCTs a central part of the social policy in the country (0.37 points in a 7-scale, expanding CCTs, and reimplementing discontinued programs such as Progresa (0.13 points). It also reduces support for discontinuing social programs and increases willingness to allocate additional budget resources to CCTs. The

Table 2: Treatment Effects on Beliefs about CCT Effectiveness

| | Effective Programs (1) | Progresa Helped (2) | Reduced Vulnerability (3) | Long-term Effects (4) | **Beliefs Index** (5) |
|---|---|---|---|---|---|
| Impact Evidence | 0.257*** | 0.465*** | 0.530*** | 0.400*** | 0.340*** |
| | (0.056) | (0.055) | (0.059) | (0.056) | (0.038) |
| Narrative | 0.228*** | 0.375*** | 0.430*** | 0.269*** | 0.301*** |
| | (0.057) | (0.058) | (0.061) | (0.058) | (0.039) |
| Control Mean | 4.68 | 4.63 | 4.37 | 4.58 | 0.01 |
| Evidence = Narrative (p-val) | 0.646 | 0.164 | 0.148 | 0.042 | 0.394 |
| Observations | 3,876 | 3,874 | 3,873 | 3,874 | 3,880 |

*Notes:* Robust standard errors in parentheses. Comparison group pools Control and Search arms. All specifications include controls for demographics, region, political affiliation, and trust in research. Belief Index (column 5) is standardized using comparison group mean and SD. * p<0.10, ** p<0.05, *** p<0.01.

Narrative treatment produces similar but generally smaller effects. It significantly increases support for expanding CCTs and centralization, but effects on reimplementation are not statistically significant. Across most outcomes, differences between treatments are not statistically significant, although the evidence-based treatment tends to generate larger point estimates.

Column (6) reports a standardized policy index. The Impact Evidence treatment increases the index by 0.22 standard deviations, while the Narrative treatment increases it by 0.15 standard deviations. Overall, these findings suggest that changes in beliefs translate into meaningful shifts in self-reported policy preferences, with both factual and narrative information affecting attitudes toward redistribution and social protection.

Table 3: Treatment Effects on Policy Support

| | CCT Central (1) | Expand CCTs (2) | Support Reimplement (3) | Oppose Discontinue (4) | Budget to CCT (5) | **Policy Index** (6) |
|---|---|---|---|---|---|---|
| Impact Evidence | 0.373*** | 0.284*** | 0.126** | 0.467*** | 1.590*** | 0.216*** |
| | (0.064) | (0.065) | (0.059) | (0.118) | (0.512) | (0.040) |
| Narrative | 0.274*** | 0.161** | 0.061 | 0.400*** | 1.228** | 0.153*** |
| | (0.065) | (0.065) | (0.059) | (0.118) | (0.519) | (0.040) |
| Control Mean | 4.39 | 4.56 | 5.36 | 5.65 | 17.57 | 0.00 |
| Evidence = Narrative (p-val) | 0.184 | 0.096 | 0.326 | 0.621 | 0.554 | 0.177 |
| Observations | 3,873 | 3,872 | 3,881 | 3,882 | 3,874 | 3,882 |

*Notes:* Robust standard errors in parentheses. Comparison group pools Control and Search arms. All specifications include controls. Policy Index (column 6) is standardized. * p<0.10, ** p<0.05, *** p<0.01.

### 6.4 Support for Evidence-Based Policymaking

Next, Table 4 examines whether the treatment affects support for public expenditure in evaluation and evidence-based policy. In contrast to the strong effects observed for beliefs and policy preferences, I find limited impacts on these outcomes.

The Impact Evidence treatment modestly increases opposition to eliminating the evaluation agency CONEVAL, although the effect is only marginally statistically significant. For other outcomes, including support for evaluating social programs, perceived need for evaluation, and opposition to removing evaluation requirements, I find no statistically significant effects. The Narrative treatment also does not significantly affect these outcomes. Overall, while these results suggest that information about program effectiveness can shift beliefs and policy preferences, they do not substantially change broader attitudes toward institutionalized evaluation or the role of evidence in policymaking.

Table 4: Treatment Effects on Support for Evidence-Based Policy

| | Support Evaluation (1) | Need Evaluation (2) | Evaluate B. Juárez (3) | Oppose CONEVAL Elim. (4) | **Evidence Index** (5) |
|---|---|---|---|---|---|
| Impact Evidence | 0.010 | -0.110 | -0.121 | 0.106* | -0.014 |
| | (0.065) | (0.067) | (0.109) | (0.063) | (0.039) |
| Narrative | -0.010 | -0.105 | -0.111 | 0.009 | -0.043 |
| | (0.066) | (0.068) | (0.112) | (0.064) | (0.040) |
| Control Mean | 4.84 | 4.29 | 6.46 | 4.31 | 0.00 |
| Evidence = Narrative (p-val) | 0.791 | 0.946 | 0.942 | 0.184 | 0.534 |
| Observations | 3,874 | 3,882 | 3,874 | 3,873 | 3,882 |

*Notes:* Robust standard errors in parentheses. Comparison group pools Control and Search arms. All specifications include controls. Columns (2) and (4) are reverse-coded so higher values indicate more support for evidence. Evidence Index (column 5) is standardized. * p<0.10, ** p<0.05, *** p<0.01.

## 7 Discussion and Conclusion

This paper studies whether and how information about the impacts of social programs shapes public beliefs and policy preferences. Using a large-scale survey experiment in Mexico, I show that both factual evidence and narrative accounts about the effectiveness of Progresa significantly increase positive beliefs about the program and support for expanding and funding similar policies. These effects are economically meaningful and broadly comparable across communi-

cation strategies, although evidence-based messages tend to produce somewhat larger and more consistent impacts. At the same time, I find limited effects on broader attitudes toward evaluation and evidence-based policymaking.

These findings contribute to the literature on information, persuasion, and the political economy of redistribution by highlighting both the potential and the limits of the diffusion of evidence in low- and middle-income countries. Despite decades of rigorous research documenting the impacts of programs such as Progresa, public beliefs remain far from uniformly positive, suggesting substantial scope for improving how evidence is communicated and disseminated. This may be particularly relevant in LMICs, where large-scale social programs are common but the channels through which research findings reach voters are often weak.

## References


**Anderson, Michael L**, "Multiple inference and gender differences in the effects of early intervention: A reevaluation of the Abecedarian, Perry Preschool, and Early Training Projects," *Journal of the American statistical Association*, 2008, *103* (484), 1481–1495.

**Baekgaard, Martin, Julian Christensen, Christian Dahlmann, Andreas Mathiasen, and Niels Bjørn Petersen**, "The Role of Evidence in Politics: Motivated Reasoning and Persuasion among Politicians," *British Journal of Political Science*, 2019, *49* (3), 1117–1140.

**Banuri, Sheheryar, Stefan Dercon, and Varun Gauri**, "Biased Policy Professionals," Technical Report 9102, World Bank Policy Research Working Paper 2019.

**Behrman, Jere R. and John Hoddinott**, "Programme Evaluation with Unobserved Heterogeneity and Selective Implementation: The Mexican PROGRESA Impact on Child Nutrition," *Oxford Bulletin of Economics and Statistics*, 2005, *67* (4), 547–569.

**_ , Piyali Sengupta, and Petra E. Todd**, "Progressing through PROGRESA: An Impact Assessment of a School Subsidy Experiment in Rural Mexico," *Economic Development and Cultural Change*, 2005, *54* (1), 237–276.

**Fiszbein, Ariel and Norbert Schady**, *Conditional Cash Transfers: Reducing Present and Future Poverty*, Washington, DC: World Bank, 2009.

**Gertler, Paul**, "Do Conditional Cash Transfers Improve Child Health? Evidence from PROGRESA's Control Randomized Experiment," *American Economic Review*, 2004, *94* (2), 336–341.

**Haaland, Ingar, Christopher Roth, and Johannes Wohlfart**, "Designing information provision experiments," *Journal of Economic Literature*, 2023, *61* (1), 3–40.

**Hjort, Jonas, Diana Moreira, Gautam Rao, and Juan Felipe Santini**, "How Research Affects Policy: Experimental Evidence from 2,150 Brazilian Municipalities," *American Economic Review*, 2021, *111* (5), 1442–1480.

**Kuziemko, Ilyana, Michael I Norton, Emmanuel Saez, and Stefanie Stantcheva**, "How elastic are preferences for redistribution? Evidence from randomized survey experiments," *American Economic Review*, 2015, *105* (4), 1478–1508.

**Levy, Santiago**, *Progress Against Poverty: Sustaining Mexico's Progresa-Oportunidades Program*, Washington, DC: Brookings Institution Press, 2006.

**Márquez-Padilla, Fernán, Susan W. Parker, and Tom S. Vogl**, "Rolling Back Progresa: School and Work after the End of a Landmark Anti-Poverty Program," 2025. Unpublished manuscript.

**Parker, Susan W and Petra E Todd**, "Conditional cash transfers: The case of Progresa/Oportunidades," *Journal of Economic Literature*, 2017, *55* (3), 866–915.

**Parker, Susan W. and Tom Vogl**, "Do Conditional Cash Transfers Improve Economic Outcomes in the Next Generation? Evidence from Mexico," *The Economic Journal*, 2023, *133* (655), 2775–2806.

**Roth, Christopher and Johannes Wohlfart**, "How do expectations about the macroeconomy affect personal expectations and behavior?," *Review of Economics and Statistics*, 2020, *102* (4), 731–748.

**Schultz, T. Paul**, "School Subsidies for the Poor: Evaluating the Mexican Progresa Poverty Program," *Journal of Development Economics*, 2004, *74* (1), 199–250.

**Settele, Sonja**, "How do beliefs about the gender wage gap affect the demand for public policy?," *American Economic Journal: Economic Policy*, 2022, *14* (2), 475–508.

**Skoufias, Emmanuel**, *PROGRESA and Its Impacts on the Welfare of Rural Households in Mexico* number 139. In 'Research Report.', Washington, DC: International Food Policy Research Institute, 2005.

**Vivalt, Eva, Aidan Coville, and Seema KC**, "Local Knowledge, Formal Evidence, and Policy Decisions," Technical Report, Working Paper 2024.

_ **and** _ , "How Do Policymakers Update Their Beliefs?," Technical Report, Working Paper 2023.

# Appendix

## A. Timeline

Figure A1: Study Design

