RESEARCH ARTICLE



Roommate effects in health outcomes

Correspondence

Paul Frijters, Centre for Economic Performance, London School of Economics, London, UK. Email: p.frijters@lse.ac.uk

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Abstract

We use randomized roommate assignment in dormitories in a college in Kolkata in India to examine peer effects in weight gains among roommates. We use administrative data on weight, height, and test scores of students at the time of college admission and then survey these students at the end of their first and second years in college. We do not find any significant roommate specific peer effect in weight gain. Our results rather suggest that an obese roommate reduces the probability that the other roommates become obese in subsequent years. We examine potential mechanism using survey data on students' eating habits, smoking, exercise, and sleeping patterns. We find that obese roommates sleep longer, which in turn improves the sleep pattern of others, which might explain the weak negative effect of obese roommates on the weight of others in the same room.

KEYWORDS

health outcomes, obesity, peer effects, random dormitory assignment

JEL CLASSIFICATION

D90; I12; I18

1 | INTRODUCTION

Is a student more likely to become obese if (s)he has frequent contact with a randomly assigned peer in the same college who is obese? Most of the main mechanisms found in the literature on health behavior would lead one to expect a strongly affirmative answer. Obesity, for instance, is found to cluster in families and friendship groups (Fowler & Christakis, 2008b; Kling, Liebman, & Katz, 2007; Trogdon, Nonnemaker, & Pais, 2008; Yuan, Lv, & VanderWeele, 2013). Also, many health behaviors have been found to be contagious within randomly assigned peer groups, such as binge drinking (Duncan et al.,2005; Eisenberg, Golberstein, Whitlock, & Downs, 2013), substance use among adolescents (Clark & Lohéac, 2007; Fletcher, 2010, 2012; Gaviria & Raphael, 2001; Lundborg, 2006; Powell, Tauras, & Ross, 2005), sexual behavior and risky behavior (Card & Giuliano, 2013), physical activity and dietary intake (Coppinger, Jeanes, Dabinett, Vögele, & Reeves, 2010), and suicidal ideation and self-injury (Prinstein et al., 2010; Velting & Gould, 1997). Why would obesity among students in a college be the exception?

The results from previous studies using randomized assignment to examine the peer effects in obesity are mixed. For example, Yakusheva, Kapinos, and Eisenberg (2014) found gender differences in peer effects. They find no peer effects in health outcomes for male students in a dormitory, but they observed significant influences among females by their female peers. Similarly, Carrell, Hoekstra, and West (2011) found strong peer effects among students at the lower end of the fitness distribution in terms of exercise behavior. They argue that the results are largely driven by imitation or exercise habits of their least fit friends.

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¹Centre for Economic Performance, London School of Economics, London, UK

²Department of Economics, Monash University, Melbourne, Victoria, Australia

³Department of Economic Sciences, Indian Institute of Technology Kanpur, Kanpur, India

In this paper, we examine peer effects in obesity among randomly assigned males in a college campus and inspect various contributing health behaviors. We conducted our own survey on different socioeconomic characteristics of the students, including their test scores, eating habits, smoking, and sleeping patterns. We also obtained these students' test scores, height, and weight from the college authority, collected at the time of their admission into the college. These students were enrolled in an undergraduate degree program during the academic years 2012–2013 and 2013–2014. We take advantage of the fact that the college randomly assigns students to different rooms where they live together for 3 to 4 years. These roommates do a lot with each other, often forming study groups and friendship groups, but certainly sharing meals and exercise opportunities. This allows us to see whether in that environment, the initial weight of roommates affects the subsequent weight change of the other roommates.

Overall, our results suggest that there is no strong peer effect of obesity among dormitory students in a developing country setting as in Kolkata in India. We find a (weakly significant) negative causal relation between the initial weight of a roommate and the subsequent weight gain of a student. Given the Indian context, socioeconomic status such as income and caste as well as students' region of residence could play an important role in terms of students' social network and relationship among roommates. As such, we examine heterogeneity among roommates based on these characteristics. We find heterogeneity in peer effects—in particular, students from rural and general caste groups are more influenced by their peers. Students enter into college in different years, and their relationship and influence among each other could be different based on the entry cohort. Indeed, we observe there is also a temporal pattern. The results are stronger in the early years of being together as roommates, and dissipate later. Our survey allows us to examine a number of channels including students' food habits, sleeping patterns, smoking habits, and physical activity. Our results suggest that students' sleeping habits could explain a significant portion of the peer effects we observed.

However, our results should be viewed in context given that we are looking at a quite small and particular group (as this is an all-boys college) within a very constrained environment: They are all on a campus, having their meals prepared at the hall canteens and sharing in a single culture of exercise opportunities, away from the prior family culture. This means that several "normal" avenues of contagion are not relevant, including food preparation habits or the social norm of the whole community. What remains is the "pure" direct effect of the happenstance of whether someone else has a high weight on the subsequent weight gain or loss of roommates (and vice versa). Contagion could then come from the amount of food consumed and exercise engaged in, as well as influences on metabolism from the interactions, which includes the possibility of changes in stress due to weight differences or the impact of weight differences on sleeping patterns. Still, our results are the first direct evidence we know of peer effects in health outcomes in a developing country setting using randomized assignment of roommates in dormitory. Hence, the results set a benchmark for others to study in different contexts (such as students in both male and female dormitories in same settings) using a larger sample of students and their peers.

Common problems in peer-effects studies are that peers are often nonrandomly selected, and the Manski (1993) reflection problem wherein one cannot tell from an individual's behavior in a group who started and who followed. A related issue is that in differing contexts, different things are common, making it hard to know whether effects are due to peer interactions or shared environments. The random assignment circumvents the selection bias problem, and by collecting health and behavioral information prior to entry, we get initial conditions (including initial weight) that are untainted by peer effects from within this campus, allowing us to trace the influence of the initial conditions of peers on subsequent behavior of the other peers.

The paper proceeds as follows: We first review the literature on peer effects in obesity, after which we describe the survey and data in Section 3. This is followed by a discussion of the methodology in Section 4. Next, Section 5 present the regression results. In Section 5, we test the validity of the random assignment mechanism and then estimate the effects that the initial weight of roommates has on the weight changes of the other roommates. These are followed by falsification tests and robustness checks. In this section, we also look at the possible mechanisms for peer effects in health outcomes. Finally, we conclude the paper in Section 6.

2 | LITERATURE REVIEW

The huge costs and health consequences related to the incidence of overweight and obesity has led researchers, public health, and policy officials to focus on the determinants of weight gains. Besides genetic, environmental, behavioral, and psychological factors (Cutler, Glaeser, & Shapiro, 2003; Fowler & Christakis, 2008a, 2008b; Lakdawalla & Philipson, 2009; Philipson & Posner, 2003), social interactions have also come under scrutiny (Kling et al., 2007; Yuan, Lv, &

VanderWeele, 2013). This is partially because social interactions can be affected more easily by policymakers than some of the other factors such as genetics. As Eisenberg, Golberstein, Whitlock, and Downs (2013) put it, the spillover effect of social interactions matters to policy because of "potential market failures due to externalities associated with behaviours and intervention." Studying the social influence of friends or family members is quite challenging, due to the nonrandom nature of such relationships (Plotnikoff et al., 2010; Yuan, Lv, & VanderWeele, 2013). Individuals usually self-select roommates and neighborhoods with similar characteristics, which can lead to selection bias and environmental confounding.

Various studies have investigated strong peer effects in behaviors like smoking and drug use among adolescents (Castrucci, Gerlach, Kaufman, & Orleans, 2002; Fletcher, Bonell, & Hargreaves, 2008; Go, Green, Kennedy, Pollard, & Tucker, 2010; Simons et al., 2010), crime (Glaeser & Scheinkman, 2001), and in HIV-related unsafe behaviors (Cai et al., 2008; Simoni, Nelson, Franks, Yard, & Lehavot, 2011). But the major drawback of these studies lies in the selection bias arising due to nonrandomized set up or environmental confounding.

Most studies that focused on the social determinants of obesity found that obese peers increase the probability of an individual becoming obese (Cohen-Cole & Fletcher, 2008; Fowler & Christakis, 2008a, 2008b; Halliday & Kwak, 2009; Trogdon, Nonnemaker, & Pais, 2008). Fowler and Christakis (2008a) use the Framingham Heart Study data of 32 years and find strong peer effects in weight gain. That data include people from all over a medium-sized city (Framingham) and follows the influences of friends that people made in their life, that is, nonrandom friends. They try to solve the problem of selection bias by controlling for the obesity of peers in the past. A disadvantage of that kind of natural data is that environmental and institutional influences are not random. For example, friends often live in the same neighborhood and thus have the same influences of a fast food joint or gym near their residential area. Cohen-Cole and Fletcher (2008) attempted to reduce this environmental and institutional bias within the Framingham data, by including neighborhood-specific fixed effects in their estimation and to more cleanly focus on the time-varying information. Doing so, they find only small and insignificant peer effects in obesity, indeed raising the possibility that the correlation found in cross sections is largely spurious due to shared environmental circumstances rather than contagion in behavior.

There are only a few studies examining the peer effects in health outcomes using randomized assignment. Yuan, Lv, and VanderWeele (2013) examined health behavior among students who were randomly assigned roommates, and found positive contagion in weight-related behavior among students. Their results show that moderate-intensity exercise is positively associated with their roommate's exercise behavior. Similar dietary patterns, specifically the eating of sweet food (including candies and chocolate) and roasted/baked/toasted food, were also observed. A difference with our study is that in the college we look at, students do not cook themselves but share food in a canteen, effectively knocking out contagion in food preparation habits as a source of peer effects. Yakusheva et al. (2011, 2014) examined peer effects in weight gain for males and females in a college using a random roommate assignment design. They found evidence of positive and significant peer effects for females; however, no significant results for males. The authors pointed out that physical activity and eating disorder were not the main channels for peer effects in weight gains. However, they were unable to provide potential channels for their results. Carrell, Hoekstra, and West (2011) examined the role of randomly assigned roommates in physical fitness scores and whether the individual was placed on athletic probation in a U.S. Air Force Academy. The authors concluded that very unfit peers reduced the physical fitness of other students. They hypothesized that in their case, the peer effects went via the diet or exercise habits of the least fit friends.

3 | DORMITORY ASSIGNMENT, SURVEY, AND DATA

3.1 | Dormitory assignment

Every year, the Ramakrishna Mission Residential College Narendrapur (also referred to as RKMRC) administration conducts a college-level entrance exam during the months of June and July. RKMRC is a major tertiary-level educational institution in Kolkata in India. This is an all-boys residential college with students mostly living in one of the three hostels situated inside the college campus. The entrance exam usually consists of a written test and a face-to-face interview with representatives from the Administration Office (AO). It is one of the preferred, if not the most preferred, tertiary education for students in West Bengal in India who are interested in pursuing nonengineering and nonmedical careers. It is one of the few residential colleges in Kolkata.

Only those students who are eligible to sit for the entrance exam, based on an eligibility criteria set by the Administrative Office, are invited for the exam. Representatives from the AO collect information on academic ability (i.e.,

marks from past exams) and also measure weight and height of students themselves at the time of admission. The AO then prepares the final list of all first year admitted students and forwards two separate lists (an undergraduate list and postgraduate list) to the Housing Office for room assignment. Each successful student in the list is then randomly allocated to one of the three hostels by the Housing Office, followed by the hostel authorities randomly allocating them to one of the hostel rooms. The room assignment process also makes sure that first-year students are not assigned to a second-year room. There is no preferential treatment for students from different socioeconomic groups based on caste or region of residence. Thus, students are randomly assigned to their rooms irrespective of their body mass index (BMI) or weight. Generally, the students remain with their initial set of roommates throughout their degree. If students have any serious problems with their existing roommates, which is relatively rare, the hostel authority, at its discretion, might assign them to a new room, and we take this into account in the analyses.

3.2 | Survey and data

The dataset used in the current paper was collected from dormitory students enrolled in *RKMRC*, for the academic years 2012–2013 and 2013–2014.³ We administered and conducted the survey with the help of college administration, among all the students in all three dormitories of the college. For the purpose of this paper, we dropped the third-year students and the master's students as anthropometric indicators (e.g., height and weight) for these years of students were not collected by the Administrative Office at the time of their admission. The final dataset used in the paper consists of information from 214 students who were studying either in the first or second year of their undergraduate degree programs during April to May 2014.

The students come from different socioeconomic backgrounds in West Bengal—from urban, semiurban, or rural areas, and they belong to different caste groups (such as General caste, Scheduled Tribes [STs], Scheduled Caste [SC], and Other Backward Classes [OBCs]). Individual as well as household specific information, such as household income, caste category (General caste or SC/ST/OBC caste category), region of residence (urban/semiurban and rural area), academic records (Class 10th and 12th Board exam marks), and anthropometric information (height and weight), was collected from the application form that was duly filled in by the students and the AO at the time of admission. This information was merged with the detailed information collected by the enumerators at the time of the survey and semester-wise detailed marks for all the subjects taken from the Examination Office.

The survey comprised a detailed questionnaire on personal, household characteristics, general health and well-being, social behavior, time use, and activities like hours spent on sleeping (weekdays and weekends), relax/hobby, etc., and lifestyle activities like number of meals taken, frequency of consumption of fruits and vegetables, participation in physical activity, and smoking habits. The enumerator also collected detailed anthropometric information such as weight, height, arm circumference, and waist and hip measurements from the students at the time of the survey. The enumerators used measuring scales such as tape and weighing scales to collect the specific measures on anthropometry.

We were careful to include all students in dormitories into the survey. If a student was not found in the dormitory at the time of survey, the enumerators collected their contact information (e.g., mobile number) and went back to survey them when they were available during the survey period mentioned above. As a result, nonresponse in our survey was minimal: Among the first-and second-year students, only three students were not available for health and medical reasons. Out of 251 students surveyed from the first-year and second-year dormitory students, we did not have administrative records of height and weight for 37 students from the college authority. In Table A15, we show that the students included in the sample and those that were dropped due to missing past anthropometric information are similar in

¹However, students with disabilities (about 3.74% of the sample) are not randomly assigned a room as the Housing Office and hostel authorities assign particular rooms with specific facilities. The Housing Office only receives limited information from the Administrative Office for the room and hostel assignment. They do not have access to the students' marks, anthropometry, or socio-economic demographic characteristics.

²Less than 5% of the students in the sample changed their initial set of roommates, as assigned by the Housing Board and the Hostel Authorities. We obtain similar results when we consider current set of roommates and use initial set of roommates as an instrument for the current set of roommates. Results are available in Table A2.

³The data used here are part of a larger dataset collected at this college that has so far also been used to look at the determinants of exam results (Frijters, Islam, & Pakrashi, 2019), although that paper does not use the key variables looked at here (weight, health, and lifestyles). Relevantly, that paper did find strong positive effects of the academic quality of a roommate on the exam outcomes of other roommates, showing that these roommates do indeed interact and can strongly affect each other.



TABLE 1 Descriptive statistics

Variables of interest	Mean	Standard deviation	Minimum	Maximum
Health outcomes				
Current weight (in kg)	64.27	11.96	40.00	109.00
Past weight (in kg)	60.86	11.45	40.00	92.50
Roommate's past weight (in kg)	61.05	8.23	40.00	86.25
Current BMI (in kg/m²)	22.57	4.07	14.50	36.88
Past BMI (in kg/m²)	21.89	4.26	11.89	41.49
Roommate's past BMI (in kg/m ²)	21.98	2.88	14.50	34.44
Current overweight dummy	0.43	0.50	0.00	1.00
Past overweight dummy	0.36	0.48	0.00	1.00
Roommate's past overweight dummy	0.37	0.48	0.00	1.00
Current obesity dummy	0.11	0.32	0.00	1.00
Past obesity dummy	0.10	0.30	0.00	1.00
Roommate's past obesity dummy	0.02	0.14	0.00	1.00
Demographic and socioeconomic characteristi	cs			
Age (in years)	19.33	0.86	17.00	23.00
Adjusted age squared	3.74	0.34	2.89	5.29
Rural residence dummy	0.47	0.50	0.00	1.00
Limiting illness dummy	0.06	0.23	0.00	1.00
SC/ST/OBC category dummy	0.21	0.41	0.00	1.00
Household income (in 10,000 INR)	2.30	2.02	0.09	8.00

Note. The number of observations is 214. Overweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with body mass index (BMI) greater than or equal to 23 (27.5) is considered overweight (obese). Roommate's characteristics like weight, BMI, overweight dummy, and obesity dummy are average characteristics of an individual's roommates, excluding the roommate himself. If average past BMI of the roommates is found to be greater than or equal to 23, roommate's past overweight dummy is considered to be 1, and 0 otherwise. Similarly, if average past BMI of the roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. Adjusted age squared is age squared divided by 100. Rural residence dummy takes the value 1 if the individual comes from a rural area, and 0 if from urban and semiurban regions. SC/ST/OBC category dummy takes the value of 0 if the individual belongs to General category and 1 if he is either Schedule Caste (SC), Schedule Tribe (ST), or Other Backward Classes (OBCs). Household income is monthly household income in 10,000 rupees. It ranges from INR 900 per month (pm) (which is approximately 9 pounds or US\$15 pm) to INR 80,000 (approximately 800 pounds or US\$1,333 pm) using an exchange rate of 1 pound = 100 INR and 1 US\$ = 60 INR as of March 31, 2014 (Source: www.exchangerates.org.uk).

terms of the other socioeconomic, demographic, academic information, and also with respect to the anthropometric information collected during the survey.

Table 1 gives descriptive statistics of the information for students whose health records was available from both admission office and our survey. Almost half of the students (47.5%) come from a rural area. About a quarter of the students belong to socially backward or historically disadvantaged classes, such as SC, ST, or OBC caste category. The mean past weight and mean past BMI are significantly lower than mean current weight and mean current BMI, respectively, showing that in general students gained weight. Also, the number of overweight and obese students increased from the time of admission to the time when the survey was conducted, though not much: Obesity increased from 10% to 11% from the time of admission to the survey.

4 | METHODOLOGY

In order to estimate the peer effects in health outcomes, we use a linear regression framework:

Current Health Outcome = $\alpha + \beta$ (Past Health Outcome) + γ (Roommate's Past Health Outcome) + $\delta X + e$. (1)

We are particularly interested in the sign and magnitude of the parameter γ in Equation (1). The parameter γ represents the effect of roommates' health status on an individual's own health outcomes. Like previous studies on peer effects, we control for own past health outcomes⁵ prior to joining college, collected at the time of admission. For

⁴Descriptive statistics of all the other variables that are used in this paper (and not included in Table 1) are made available in Table A10.

⁵The roommate's characteristics are average characteristics of an individual's roommates, excluding the individual himself. However, as a robustness check, we rerun Equation 1 with two separate independent variables, namely, at least one obese (/overweight) roommate and proportion of obese (/overweight) roommates. We obtain results similar to the baseline model. The results are made available in Table A8.

example, when we consider current BMI of an individual, we control for both his own past BMI as well as the past BMI of his roommate, the main variable of interest.

In Equation (1), we consider several dependent variables: weight (in kilograms), BMI, which is weight (in kilograms) divided by height (in metres) squared, and finally incidence of overweight and obesity. The overweight and obesity dummies were constructed according to the Asian population standard, that is, an individual is considered to be overweight (/obese) in terms of Asian standards if their BMI is greater than or equal to 23 kg/m^2 (/ 27.5 kg/m^2). This differs from the WHO standards, which uses 25 kg/m^2 (/ 30 kg/m^2) as the cutoffs. As a variation of the baseline model, we use these WHO standards for overweight and obesity. We also control for individual-and household-level characteristics, captured by X in Equation (1). They include individual and household specific characteristics like age, adjusted age squared (age square/100), limiting illness, region of residence (urban/semiurban area and rural area), caste category (General and others like SC, ST, and OBC), monthly household income (in 10,000 rupees), and year of study.

As a robustness check, we rerun Equation (1) with the current set of roommates rather than initially (and randomly) assigned roommate. Less than 5% of the students in the sample changed their initial set of roommates, as assigned by the Housing Board and the Hostel Authorities. In order to tackle any endogeneity that could arise because some of these roommates chose their own room and did not follow initial assignment, we then use the initial randomized roommate assignment as an instrument for current roommate assignment (see Table A2).

We examine the heterogeneity in the peer effects on health outcomes, based on individual, socioeconomic, and geographic characteristics. In order to address the potential concern due to the small sample, we compute the adjusted p values using a wild bootstrap method based on 1,000 replications (see Cameron, Gelbach, & Miller, 2008). As many outcomes are examined, we allow for multiple hypothesis testing. To control for false discoveries, we use the multiple hypothesis testing adjustment using the procedure suggested by Anderson (2008) and report the false discovery rate sharpened q values (Benjamini, Krieger, & Yekutieli, 2006) for the outcomes of interest.⁶

Finally, we examine the mechanisms via which roommates might affect student's health outcomes, by replacing the roommate's health outcome with their eating and lifestyle habits—namely, whether the roommate eats out, 7 rarely eats fresh fruits and vegetables, 8 participates in physical activity, 9 smokes, sleeps a lot on weekdays (8 or more hours), or sleeps a lot on weekends (9 or more hours). We conduct a mediation analysis via a sequential model as a robustness check for the potential channels through which roommate's health outcomes could affect student's health outcomes. As robustness check, we look at mental health captured by the General Health Questionnaire (GHQ-12), 10 life satisfaction on a scale of 0 to 10, and relative academic outcomes or marks as potential confounders. In all the regressions, cluster corrected standard errors at the room-year level are used.

5 | ESTIMATION RESULTS

5.1 | Randomization tests: Exogeneity of roommate assignment

We first investigate whether health outcome of a student and his roommates are correlated: whether there exists any statistically significant relationship between the health outcomes of the student and his roommates before they were admitted into the college. In Table 2, we regress own initial health outcomes (e.g., weight and BMI) on roommate's initial health outcomes. At the time of allocation of rooms, the housing office only had access to student's information on which program they are enrolled in (bachelor's program), year of course (first or second year), and whether the student

 $^{^6}$ The interpretation is analogous to interpreting p values—the q values presented denote the lowest critical level at which a null hypothesis is rejected when controlling for the false discovery rate.

⁷A binary variable was constructed which took the value 1 if the roommates ate out 6 to 7 times or more in a week, zero otherwise.

⁸In the survey, the students were asked if they are fresh fruits and vegetables regularly. The students had to choose from one of the following responses: every day or nearly every day, about once a week, every now and then, and never or hardly ever. A binary variable was constructed which took the value 1 if the roommates are fresh fruits and vegetables less than once a week, zero otherwise.

⁹The students were asked "In general, how often do you participate in moderate or intensive physical activity," with response options: not at all, less than once a week, 1 or 2 times a week, 3 times a week, more than 3 times a week, and every day. A binary variable was constructed which took the value 1 if the roommates did 3 or more days of moderate or intensive physical activity, zero otherwise.

¹⁰GHQ-12 is a commonly used measure in mental health literature (Goldberg, 1985; Goldberg & Huxley, 1980).

TABLE 2 Randomization test

Panel A: Randomization test with health outcomes as dependent variables	ealth outcomes as de	spendent variables	70					
Variables of Interest	Past weight		Past BMI		Past overweight dummy	dummy	Past obesity dummy	yı
Roommate's past weight Roommate's past BMI Roommate's past overweight dummy Roommate's past obesity dummy	0.016 (0.122)	-0.023 (0.091)	0.027 (0.124)	-0.011 (0.097)	0.051 (0.082)	0.029 (0.071)	0.142 (0.137)	0.080 (0.123)
Observations R^2	214	214	214	214	214	214	214	214
Panel B: Randomization test with demographic characteristics as dependent variables	emographic characte	ristics as depende	nt variables					
Variables of Interest	Caste dummy		Region of residence	e	Household income	ne	Cumulative marks	
Roommate's caste Roommate's region of residence Roommate's household income Roommate's cumulative marks	-0.003 (0.142)	-0.051 (0.153)	0.052 (0.137)	0.010 (0.100)	-0.037 (0.108)	-0.099 (0.078)	0.124 (0.125)	0.134 (0.132)
Observations R^2	214027	214	214	214	214	214	213	213
Panel C: Randomization test following Guryan, Kroft, and Notowidigdo (2009)	ing Guryan, Kroft, ar	nd Notowidigdo (2						
Variables of interest	Past weight		Past BMI		Past overweight dummy	dummy	Past obesity dummy	γι
Roommate's past weight Blockmate's past weight Roommate's past BMI Blockmate's past BMI	0.053 (0.116) -1.503** (0.621)	0.002 (0.090)	0.071 (0.118)	0.027 (0.094)				
Roommate's overweight dummy Prop of blockmate's overweight Roommate's obese dummy Prop of blockmate's obese					0.054 (0.082) $-0.955* (0.553)$	0.033 (0.071) -0.881 (0.538)	0.122 (0.130) -2.101** (0.878)	0.064 (0.112)
Observations R^2	214 .042	214.	214	214 .262	214 .022	214.196	214	214
Additional controls	No	Yes	No	Yes	No	Yes	No	Yes

Note. Overweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). Roommate's characteristics like weight, BMI, overweight dummy, and obesity dummy are average characteristics of an individual's roommates, excluding the roommate himself. If average past BMI of roommates is greater than or The housing office, which randomly allocated hostel rooms, had access to only limited student's information such as program of study (undergraduate and postgraduate), year of course (first and second year), and whether the student has any kind of limiting illness or disability. These have been controlled for in the randomization test. Additional controls used in columns 2, 4, 6, and 8 are age, adjusted age squared (age square divided by 100), rural residence dummy (urban/semiurban and rural area), caste dummy (general and SC/ST/OBC), and monthly household income (in 10,000 rupees). Roommate's (/blockmate's) characteristics, namely, roommate's caste, roommate's region of residence, roommate's household income, roommate's cumulative marks, proportion of blockmates who are overweight, and proportion of blockmates who are obese are the proportion of roommate's (/blockmate's) having those characteristics. Only the regression coefficients for roommate's past weight, roommate's past BMI, roommate's past overweight dummy, and roommate's equal to 23, roommate's past overweight dummy is assigned a value of 1 and 0 otherwise. If average past BMI of roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1 and 0 otherwise. past obesity dummy have been reported.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parenthesis.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parenthesis.

had any kind of limiting illness.¹¹ Therefore, we also incorporate these controls in the regression used to test that the roommate assignment is indeed random.

Panel A of Table 2 shows no significant association between a roommate's initial weight and own initial weight variables. As socioeconomic characteristics such as region of residence (urban/semiurban and rural area), caste category (general and SC/ST/OBC), monthly household income, and test scores of the roommates could also possibly affect the roommate allocation policy, we also perform similar regression using these characteristics. The results presented in Panel B of Table 2 show that there is no significant association between roommates' characteristics and own characteristics in terms of socioeconomic indicators, confirming that assignment was random.

Finally, we use an alternative strategy following Guryan, Kroft, and Notowidigdo (2009), who showed that the typical test for random assignment of individuals to groups is generally not well-behaved and biased when the set of individuals from which peers are drawn is relatively small, as is the case here. However, once we control for the mean weight of all students in the block (referred to as blockmates), excluding individual *i* in the peer effects estimation, in order to correct for a mechanical negative bias, the results are well-behaved. These results are in Panel C of Table 2, which support the null hypothesis of a random assignment.

5.2 | Linear peer effects

Table 3 reports the regression estimates of the effect of own and roommate's past health outcomes on current health outcomes of students. The results suggest that peer effects through roommates exist in case of current weight, current BMI, and current obesity. Unsurprisingly, current weight indicators of an individual depend positively on his own initial weight indicators. The found peer effects are negative: current weight (*and current BMI*) depend negatively and significantly on roommates' past weight (*and roommates past BMI*). Being overweight also depends negatively on the roommates' initial overweight dummy, but not significantly.

These results do not depend on whether we include a large set of controls that one might think would mediate the relationship, such as dietary habits, suggesting that those vary little on this relatively small campus.¹⁴

The last two columns use the WHO's international standards for obesity and overweight, where an individual is considered to be overweight (obese) if their BMI is greater than or equal to 25 (30). Then, the peer effect in overweight is statistically significant at the 5% level. Yet, in case of incidence of obesity, no statistically significant conclusions can be deciphered when using the WHO standard, essentially showing that the strongest negative peer effect lie in the 25–30 BMI range. ¹⁵

5.3 | Falsification tests

As a falsification test, in Table 4, we replace the initial actual set of roommates assigned by the Housing Office with artificially created random new set of roommates, who are not their roommates in reality. That is, we "created" fake roommates and run the same regression using these fake roommates as peers. If the effects of roommates is due to interactions with actual roommates, then we should see no effect of the fake roommates on someone's health status. In that case, we would observe no statistically significant relationship between the student's current health outcome and the artificially created new roommate's past health outcome. Table 4 shows that the artificially created fake roommate specific peer effects are statistically insignificant for all the health outcomes and provide additional evidence that the results obtained in Table 3 are not spurious.

¹¹Table A6 reports the peer effect results after excluding the students with disability, which is in line with our findings.

¹²Regression estimates with full set of controls is available in Table A1.

¹³Similar results are obtained after including additional controls like relative marks in the program, mental health scores (GHQ-12), and life satisfaction. These regression estimates are presented in Table A3.

¹⁴We also control for additional lifestyle variables like whether the student himself eats out 6 to 7 times or more in a week, eats fresh fruits and vegetables less than once a week, participates in moderate or intense physical activity 3 or more than 3 times a week, smokes cigarettes, sleeps 8 or more than 8 hour (hr) on weekdays, and sleeps 9 or more than 9 hr on weekends. Similar results are obtained and tabulated in Table A4.

¹⁵As a robustness check, we estimated the coefficients of the reduced form Equation 1 with increase in BMI and decrease in BMI as dependent variables (separately) and the results are available in Table A9. With assignment of a roommate who weighs more, there is a higher probability of losing weight. Similarly, the probability of losing weight increases and the probability of gaining weight decreases if an individual is assigned an obese roommate.

TABLE 3 Peer effects in health outcomes with initial roommate assignment

Voniohlog of intomont		÷	TMG traces	Į	Current overweight	erweight	Current obesity	esity	Current overweight		Current obesity	esity
variables of interest	Current weight	eigiit	Current by	11	adminis		ammin		dummy		dummy	
Past weight	0.874**	0.921***										
	(0.042)	(0.051)										
Roommate's past weight	-0.117**	-0.113**										
Past BMI	(0.0.0)	(6.0.0)	0.774**	0.792***								
				(0.051)								
Roommate's past BMI			-0.130*	-0.124**								
			(0.065)	(0.060)								
Past overweight ^a					0.658***	0.654**						
					(0.048)	(0.056)						
Roommate's past overweight dummy ^a					-0.086	-0.081						
					(0.055)	(0.057)						
Past obesity dummy ^a							0.622***	0.610***				
							(0.101)	(0.107)				
Roommate's past obesity dummy ^a							-0.210*	-0.219*				
							(0.110)	(0.110)				
Past overweight ^b									0.699***	0.685***		
									(0.061)	(0.066)		
Roommate's past overweight dummy ^b									*	-0.085**		
									(0.040)	(0.042)		
Past obesity dummy ^b											0.695***	0.678***
											(0.227)	(0.223)
Roommate's past obesity dummy ^b											-0.019**	-0.008
											(0.000)	(0.015)
Controls	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
Observations	214	214	214	214	214	214	214	214		214		214
R^2	.703	.719	.661	.671	.404	.420	.344	.360	.452	.463	.379	.401

Note. Columns 2, 4, 6, 8, 10, and 12 include controls in the OLS regressions, namely, age, adjusted age squared, limiting illness dummy, rural residence dummy (urban/semiurban and rural area), caste dummy (general and SC/ST/OBC), and monthly household income (in 10,000 rupees). Roommate's characteristics like weight, BMI, overweight dummy, and obesity dummy are average characteristics of an individual's roommates, excluding the roommate himself. Bold indicates statistically significant coefficients.

(obese). The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past overweight dummy, roommate's past overweight dummy, and roommate's past overweight dummy, and roommate's past

^aOverweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of roommates is greater than or equal to 23, roommate's past overweight dummy is 1, 0 otherwise. If average past BMI of roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. ^bAlternatively, overweight and obesity dummies have been constructed according to the WHO's international standards, whereby an individual with BMI greater than or equal to 25 (30) is considered overweight

obesity dummy have been reported.
*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parentheses.

TABLE 4 Falsification test

	Dependent varia	bles		
Variables of interest	Current weight	Current BMI	Current overweight dummy	Current obesity dummy
Past weight	0.914*** (0.053)			
Roommate's past weight ^a	0.051 (0.046)			
Past BMI		0.782*** (0.054)		
Roommate's past BMI ^a		0.067 (0.042)		
Past overweight dummy			0.643*** (0.064)	
Roommate's past overweight dummy ^a			0.037 (0.056)	
Past obesity dummy				0.606*** (0.109)
Roommate's past obesity dummy ^a				-0.017 (0.122)
Observations	214	214	214	214
R^2	.714	.666	.415	.351

Note. See notes of Table 3.

5.4 | Heterogeneity analysis

Possibilities of asymmetries in peer effects between roommates cannot be negated. Yet we have limited degrees of freedom to run a model with large numbers of interactions. To still examine the possibility of asymmetries in peer effects, we separate out the peer effects based on three different sets of characteristics—namely, individual-level characteristics (such as year of study and personality), socioeconomic background (household income and caste category), and geographic background (i.e., based on region of residence).

We examine heterogeneity by year of study, students' family background (income and caste), and region of residence. As students have entered into college in different years, it is natural to examine how peer effects vary based on the year of entry into the college. Similarly, socioeconomic status such as income and caste play an important role in India. A large number of studies in the context of India uses caste (see, e.g., Islam, Pakrashi, Wang, & Zenou, 2018). Similarly, students from rural and urban background study in different types of schools and could have developed different social networks. Hence, we examine heterogeneity for each of these background characteristics to understand if peer effects is dominant in one or the other groups. Given the lack of large numbers though, we take these results as indicative only.

5.4.1 | Peer effects based on individual-level characteristics

Tables 5 and 6 present the results of the heterogeneity analysis on the basis of individual-level characteristics, mainly, year of study (first year and later years) and personality (introvert and extrovert students). In Table 5, statistically significant and negative influences for each of the health outcomes considered (such as weight, BMI, incidence of overweight, and obesity) are observed for first-year students only, while the significance disappears for the later periods. This is likely due to the fact that students get to know each other in the first year and they spend more time for the first time with each other. Hence, a lot of things they do are more common in the early year of their dormitory. However, as time progresses, students outside the dormitory arguably become more influential and the initial effects of the same roommates diminish. Frijters, Islam, and Pakrashi (2019) found similar results, where they examined the peer effects in academic outcomes.

In Table 6, we examine heterogeneity on the basis of personality (i.e., whether individuals are introvert or extrovert in nature). In case of individuals with an extrovert personality, we observe significant and negative peer effects in all health outcomes, except for the overweight dummy. If a student is randomly allocated a roommate with a high BMI (or more weight), the extrovert students, on an average, tend to become more conscious themselves and apparently have lower BMI (or weight). Similarly, random assignment of an obese roommate leads to a decrease in the probability of being obese for extroverts. Interestingly, when looking at current BMI, a positive and significant regression coefficient

^aWe replace the initial set of actual roommates randomly assigned by the Housing Office with artificially created new set of roommates. This confirms that the peer effects originate from the roommates staying in the same room and is not just a spurious correlation.

^{*}Significant at.10 level, with clustered standard errors at the room-year level in parenthesis.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parenthesis.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parenthesis.

 TABLE 5
 Heterogeneity analysis: Asymmetries on the basis of year of study (1st year or later year)

	Current weight		Current BMI		Current overweight dummy		Current obesity dummy	ummy
Variables of interest	1st year	Later year	1st year	Later year	1st year	Later year	1st year	Later year
Panel A: Regression estimates Past weight Roommate's past weight Past BMI Roommate's past BMI Past overweight dummy Roommate's past overweight dummy	0.888*** (0.066)	0.946*** (0.070) -0.039 (0.062)	0.831*** (0.118) -0.222** (0.088)	0.775*** (0.050)	0.707*** (0.096)	0.637*** (0.072)		
Past obesity dummy Roommate's past obesity							0.657*** (0.102) 0.587*** (0.19 -0.334*** (0.067) -0.073 (0.058)	0.587*** (0.191) -0.073 (0.058)
dummy								
Observations	73	141	73	141	73	141	73	141
R^2	.799	.691	.746	.639	.518	.399	.539	.291
Panel B: p and q values of roommate's health outcomes	nate's health outcom	es						
Naïve p value	.012	.553	.018	.439	.053	.455	000.	.217
Wild bootstrap p value	.016	.536	.015	.447	.068	.471	000.	.274
FDR adjusted q values	0.017	1.000	0.017	1.000	0.022	1.000	0.001	1.000
Panel C: p value for subgroup difference = 0	.055		.093		.308		.292	

Note. The controls used are age, adjusted age squared, limiting illness dummy, rural residence dummy (urban/semiurban and rural area), caste categories (general and SC/ST/OBC) and monthly household income (in 10,000 rupees). Overweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of roommates is greater than or equal to 23, roommate's past overweight dummy is 1, 0 otherwise. If average past BMI of roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. Roommate's characteristics like weight, BMI, overweight dummy, and obesity dummy are average characteristics of an individual's roommates, excluding the roommate himself. Naïve p values are unadjusted p values based on the t distribution. The regression adjusted p values computed here are the wild bootstrap p values based on 1,000 replications. Anderson's (2008) procedure has been used to calculate the false discovery rate (FDR) sharpened q values. p values for subgroup difference report the p values of the t test. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past BMI, roommate's past BMI, roommate's past BMI, roommate's past and the properties of the propert overweight dummy, roommate's past overweight dummy, past obesity dummy and roommate's past obesity dummy have been reported. Bold indicates statistically significant coefficients.

^{&#}x27;Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parentheses.

 TABLE 6
 Heterogeneity analysis: Asymmetries on the basis of personality traits (extrovert or introvert)

	Current weight		Current BMI		Current overweight dummy	ght dummy	Current obesity dummy	lummy
Variables of interest	Introvert	Extrovert	Introvert	Extrovert	Introvert	Extrovert	Introvert	Extrovert
Panel A: Regression estimates Past weight Roommate's past weight Past BMI Roommate's past BMI Past overweight dummy Roommate's past overweight	0.959*** (0.066)	0.901*** (0.069)	0.874*** (0.050)	0.756*** (0.070) -0.241*** (0.075)	0.731*** (0.095)	0.611*** (0.079)		
Past obesity dummy Roommate's past obesity							0.803*** (0.203) -0.027 (0.038)	0.554*** (0.118) -0.279*** (0.085)
dummy								
Observations	84	130	84	130	84	130	84	130
R^2	.794	.675	.830	809.	.490	.398	.634	.303
Panel B: p and q values of roommate's health outcomes	ate's health outcon	nes						
Naïve <i>p</i> value	0.851	0.025	0.040	0.002	0.929	0.127	0.471	0.002
Wild bootstrap p value	0.864	0.027	0.055	0.002	0.928	0.117	0.434	90000
FDR adjusted q values	1.000	0.019	0.283	0.009	1.000	0.038	1.000	0.010
Panel C: p value for subgroup difference = 0	.045		000.		.350		860.	

Note. See notes of Table 5. The controls used are age, adjusted age squared, limiting illness dummy, rural residence dummy (urban/semiurban and rural area), caste categories (general and SC/ST/OBC), and monthly household income (in 10,000 rupees).

Bold indicates statistically significant coefficients.

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

is observed for introverts, opposite to that of extroverts. Thus, if the average BMI of roommates is high at the time of roommate allocation, the individual's BMI for introverts in future increases, whereas for extroverts, the BMI declines. This suggests that if the object would be to keep BMI low, high-BMI individuals could be paired with extroverts.

5.4.2 | Peer effects based on socioeconomic characteristics

Tables 7 and 8 show the heterogeneity analysis results based on socioeconomic characteristics, namely, household income (lower relative income versus higher/same relative income) and caste categories (whether they belong to General or SC/ST/OBC). The students with relative household income equal to or greater than the roommate's household income, as in Table 7, have similar results as shown in Table 3. But in case of students with relative income less than the roommates' average household income, there is no significant peer effect, indicating no influence of the roommate's health outcome for people with household income less than their roommate's average household income.

Table 8 reports the results for heterogeneity analysis in case of General caste and SC/ST/OBC caste category. Students who belong to General categories are influenced significantly by their roommate's past health outcomes, specifically in the case of weight and BMI. At the time of joining the college, if the mean weight (/BMI) of the roommates is high, the weight (/BMI) of the individual decreases in future for students from the General categories. No statistically significant effect is seen in case of individuals belonging to the SC/ST/OBC caste category.

5.4.3 | Peer effects based on region of residence

Table 9 looks at the role of geography or region of residence before they were admitted into college. Individuals who come from an urban area are not influenced significantly by the health status of their roommates. But the nonurban students (rural or semiurban regions) are effected negatively and significantly in terms of all four health outcomes. For example, if an obese roommate is assigned to a student at the time of admission, the student's probability of being obese decreases by 0.248 if the student comes from a nonurban background.¹⁶

5.5 | Robustness checks

The results above use the initial room assignment at the beginning of the first year. This varies subtly from standard peer effects as a small proportion (less than 5%) of the initial roommates have moved rooms before our survey. As a robustness check, we thus consider current roommate assignment to re-estimate the roommate specific peer effects, using initial roommate assignments as an instrument for current roommate assignment. The results for both the OLS as well as the IV estimates associated with current roommate assignment are presented in Table A2. These results clearly show that the estimated roommate specific peer effects are very similar to those found in Table 3.

We tried adding more pre-admission characteristics of students, to allow for the possibility that we might not be picking up the effects of the weight of roommates, but rather something else that is correlated with weight. Adding indicators for roommate's background characteristics like caste and height prior to joining college did not significantly change the main results reported in the paper.¹⁷

5.6 | Mechanisms of peer effects

In this section, we examine several channels via which roommates might have affected students' health outcomes. We collected detailed information about students' dietary patterns as well as their lifestyle habits—namely, whether the roommate eats out regularly (6 times or more a week), whether the roommate eats fresh fruits and vegetables rarely (less than once a week), whether the roommate participates in intense physical activity 3 or more times a week, whether

¹⁶On defining the moderating variables in relative terms to the roommate's average, results similar to Table 6 through Table 9 are observed. The results are made available in Tables A11–A14.

¹⁷Regression estimates with roommate's pre-admission characteristics like roommate's height prior to joining college and roommate's caste as extended controls is made available in Table A5. Moreover, regression results with student's and roommate's height prior to joining college have been controlled for, and the results are made available in Table A7. Results similar to Table 3 are obtained in both Tables A5 and A7.

 TABLE 7
 Heterogeneity analysis: Asymmetries on the basis of income (higher/equal relative income or lower relative income)

Low relative income High relative income Low relative income income	High relative income 1.049*** (0.071) -0.187** (0.071)	lative					
0.187** (0.071) 0.187** (0.071) 0.750*** (0.036) -0.028 (0.071) 95 119 797 .652	1.049*** (0.071) -0.187** (0.071)		iative	Low relative income	High relative income	Low relative income	High relative income
95 119		50*** (0.036)	0.893*** (0.087)				
95 119 652 652	I		-0.224*** (0.083)	0.663*** (0.085)	0.633*** (0.079)		
95 119 .652 .652							
95 119 652 652						0.674** (0.258)	0.660^{***} (0.124)
652						-0.027 (0.028)	-0.230^{**} (0.105)
.797 .652		119	95	119	95	119	95
		.652	569.	.326	.470	.307	.380
	1th outcomes						
0.700	0.011	0.700	0.009	0.382	0.138	0.337	0.033
Wild bootstrap <i>p</i> value 0.290 0.012 0.722 0.010		0.722	0.010	0.384	0.145	0.339	990.0
FDR adjusted q values 1.000 0.025 1.000 0.025		1.000	0.025	1.000	0.079	1.000	0.047
Panel C: p value for subgroup .181 .056 difference = 0	.181	.056		0.569		0.238	

Note. See notes of Table 5. The controls used are age, adjusted age squared, limiting illness dummy, rural residence dummy (urban/semiurban and rural area) caste categories (general and SC/ST/OBC) and monthly household income (in 10,000 rupees).

Bold indicates statistically significant coefficients.

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

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 TABLE 8
 Heterogeneity analysis: Asymmetries on the basis of caste (general versus SC/ST/OBC caste category)

	Current weight		Current BMI		Current overweight dummy	ight dummy	Current obesity dummy	dummy
Variables of interest	General	SC/ST/OBC	General	SC/ST/OBC	General	SC/ST/OBC	General	SC/ST/OBC
Panel A: Regression estimates								
Past weight	0.908*** (0.056)	0.991*** (0.164)						
Roommate's past weight	-0.112^{**} (0.050)	-0.066 (0.126)						
Past BMI			0.806*** (0.066)	0.806*** (0.066) 0.811*** (0.057)				
Roommate's past BMI			-0.115^{*} (0.061)	-0.120(0.137)				
Past overweight dummy					0.645***(0.067) 0.703***(0.121)	0.703*** (0.121)		
Roommate's past overweight dummy					-0.089(0.061)	-0.089 (0.061) -0.018 (0.174)		
Past obesity dummy							0.594*** (0.117) 1.079*** (0.065)	1.079*** (0.065)
Roommate's past obesity dummy							-0.269(0.189)	-0.059(0.065)
Observations	170	4	170	4	170	44	170	44
R^2	.723	989.	.661	.751	.406	.516	.367	.374
Panel B: p and q values of roommate's health outcomes	outcomes							
Naïve <i>p</i> value	0.027	909.0	0.065	0.386	0.151	0.919	0.158	0.370
Wild bootstrap p value	0.026	0.669	0.054	0.428	0.167	0.924	0.236	0.613
FDR adjusted q values	0.117	1.000	0.117	1.000	0.126	1.000	0.134	1.000
Panel C: p value for subgroup difference = 0	602.		.964		.661		.229	

Note. See notes of Table 5. The controls used are age, adjusted age squared, limiting illness dummy, rural residence dummy (urban/semiurban and rural area), caste categories (general and SC/ST/OBC) and monthly household income (in 10,000 rupees).

Bold indicates statistically significant coefficients.

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

 TABLE 9
 Heterogeneity analysis: Asymmetries on the basis of region of residence (urban or nonurban)

)	,					
	Current weight		Current BMI		Current overweight dummy	ight dummy	Current obesity dummy	dummy
Variables of interest	Nonurban	Urban	Nonurban	Urban	Nonurban	Urban	Nonurban	Urban
Panel A: Regression estimates Past weight	0.895*** (0.071)	(0.078***						
Roommate's past weight	-0.164** (0.069)	-0.058 (0.064)						
Past BMI			$0.759^{***} (0.070) 0.870^{***} (0.074)$	0.870^{***} (0.074)				
Roommate's past BMI			-0.228^{***} (0.071)	0.031 (0.082)				
Past overweight dummy					0.609^{***} (0.082)	0.769*** (0.075)		
Roommate's past overweight dummy					-0.167^{**} (0.073)	0.019(0.094)		
Past Obesity dummy							$0.609^{***} (0.122) 0.663^{***} (0.240)$	$0.663^{***}(0.240)$
Roommate's past obesity dummy							-0.248^{**} (0.098)	0.002 (0.029)
Observations	113	101	113	101	113	101	113	101
R^2	.716	.702	.650	969.	.413	.412	.354	.407
Panel B: p and q values of roommate's health outcomes	outcomes							
Naïve <i>p</i> value	0.020	0.375	0.002	0.710	0.027	0.843	0.015	0.950
Wild bootstrap p value	0.018	0.419	0.002	0.715	0.024	0.837	0.038	0.949
FDR adjusted q values	0.025	1.000	0.009	1.000	0.025	1.000	0.03	1.000
Panel C: p value for subgroup difference = 0	.233	3	.012	2	.091	1	.131	1

Note. See notes of Table 5. The controls used are age, adjusted age squared, limiting illness dummy, rural residence dummy (urban/semiurban and rural area), caste categories (general and SC/ST/OBC), and monthly household income (in 10,000 rupees).

Bold indicates statistically significant coefficients.

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

TABLE 10 Potential channels for peer effects in health outcomes

			Current overweight	Current Obesity
Variables of interest	Current weight	Current BMI	dummy	dummy
Own health outcomes				
Past weight	0.939*** (0.050)			
Past BMI		0.811*** (0.048)		
Past overweight dummy			0.668*** (0.054)	
Past obese dummy				0.619*** (0.099)
Roommate's lifestyle habits				
Roommate eats out regularly	-1.303(1.992)	-1.215** (0.605)	-0.149(0.110)	-0.176*** (0.065)
Roommate rarely eats fresh fruits and vegetables	-2.602** (1.062)	-0.743** (0.365)	0.039 (0.056)	-0.037 (0.037)
Roommate participates in physical activity	-0.895 (0.958)	-0.419 (0.342)	-0.055 (0.055)	0.016 (0.029)
Roommate sleeps a lot on weekdays	0.768 (1.456)	0.106 (0.572)	-0.092(0.073)	0.054 (0.081)
Roommate sleeps a lot on weekends	-3.367** (1.488)	-0.967 (0.601)	0.014 (0.071)	-0.076** (0.035)
Roommate smokes	-0.453 (1.009)	0.001 (0.380)	-0.136** (0.058)	0.031 (0.040)
Observations	214	214	214	214
R^2	.734	.684	.447	.381

Note. Roommate's characteristics are average characteristics of an individual's roommates, excluding the individual himself. The roommate's lifestyle habits are average characteristics of an individual's roommate. Roommate eats out regularly is a dummy variable for whether an individual's roommate eats out 6 or more times in a week or not. Roommate rarely eats fresh fruits and vegetables is a dummy variable that takes the value 1 if the roommate eats fresh fruits and vegetables every now and then or rarely and 0 if an individual's roommate eats fresh fruits and vegetables every day, nearly every day or once a week. Roommate participates in physical activity is a dummy variable that takes the value 1 if the roommate participates in moderate or intense physical activity 3 or more than 3 times a week, 0 otherwise. A roommate is considered to sleep a lot on weekdays if he sleeps for 8 or more than 8 hr on weekdays. Similarly, a roommate is considered to sleep a lot on weekends if he sleeps 9 or more than 9 hr on weekends. See notes of Table 3.

Bold indicates statistically significant coefficients.

the roommate sleeps for more than 8 hr a day on weekdays or 9 hr a day on weekends, and whether the roommate smokes. Table 10 presents the results for the potential channels through which roommates affect health outcomes.

The results suggest that a roommate who eats out regularly and rarely eats fresh fruits and vegetables reduces the weight of others, perhaps because there then is simply less eating taking place in the dormitories to mimic. Relatedly, the probability of being overweight decreases by 0.136 if the roommate smokes cigarette, as opposed to a nonsmoking roommate.

Interestingly, we find a strong effect from a roommate's sleeping habits. A student's weight is less by nearly 3.4 kg if he has a roommate who sleeps 9+ hr as compared with a roommate who sleeps less than 9 hr on weekends. A roommate who sleeps for 9 or more than 9 hr on weekends also reduces others' probability of being obese, suggesting that a roommate who sleeps well improves the lifestyle of others. Yet these behaviors are not entirely random, and hence, we should not take these conditional effects as more than indicative of possible peer effect channels.¹⁸

5.7 | Mechanisms: Exploratory mediation analysis

We now perform causal mediation analysis as discussed in Imai, Keele, and Yamamoto (2010) and Imai, Tingley, and Yamamoto (2013), which is increasingly used in the literature to explore potential intermediate variables that are most likely the determinants of the causal variable of interest. "The aim is to decompose the total effects of the treatment on an outcome into direct and indirect effects. The indirect effect proposes an explanation for why the treatment works, and represents the amount of the total effect that is explained by the mediator" (Islam, Lee, & Nicholas, 2018). The direct effect represents all other possible causal mechanisms and explanations for why the treatment works.

Table 11 presents the results of our exploratory causal mediation analysis. The "total effect" presented is the sum of the average causal mediation effect and the direct effect. The results using average causal mediation effect suggest that

^{*}Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parentheses.

¹⁸Yakusheva, Kapinos, and Eisenberg (2014) also tested several eating (as well as exercise) behaviours as potential mediators of the peer influence in weight. They did not find any strong evidence that female roommates' eating habit strongly influence the other roommates. In an earlier paper Yakusheva, Kapinos, and Weiss (2011) found some evidence that female students' weight loss could be channelled through the influences in eating, exercise and weight loss supplements of their roommates.

TABLE 11 Mediation analysis via a sequential model

Variables of interest	Current weight	Current BMI	Overweight dummy ^a	Obesity dummy ^a
Panel A: Mediator: Roommate e	ats out regularly			
ACME	-0.005 [-0.023, 0.007]	-0.007 [-0.028 , 0.008]	0.002 [-0.015, 0.020]	-0.030 [-0.131 , 0.045]
Direct effect	-0.110 [-0.211 , -0.013]	-0.120 [-0.245 , -0.000]	-0.085 [-0.202, 0.027]	-0.193 [-0.461 , 0.064]
Total effect	-0.115 [-0.213 , -0.016]	-0.127 [-0.251 , -0.005]	-0.083 [-0.200, 0.030]	-0.223 [-0.492 , 0.039]
% of total mediation effect	0.044 [0.023, 0.232]	0.052 [0.025, 0.266]	-0.019 [-0.185, 0.183]	0.125 [-0.720, 1.107]
Panel B: Mediator: Roommate ra	arely eats fresh fruits and v	egetables		
ACME	0.009 [-0.015, 0.038]	-0.007 [-0.029 , 0.007]	0.002 [-0.011, 0.016]	-0.003 [-0.035 , 0.021]
Direct effect	-0.124 [-0.219 , -0.033]	-0.119 [-0.241 , -0.003]	-0.085 [-0.202, 0.026]	-0.219 [-0.431 , -0.017]
Total effect	-0.115 [-0.208 , -0.024]	-0.127 [-0.248 , -0.008]	-0.083 [-0.197, 0.033]	-0.222 [-0.438 , -0.010]
% of total mediation effect	-0.079 [-0.302 , -0.041]	0.054 [0.027, 0.285]	-0.020 [-0.249 , 0.100]	0.013 [0.006, 0.066]
Panel C: Mediator: Roommate p	articipates in physical activ	ity		
ACME	-0.008 [-0.039 , 0.017]	-0.011 [-0.045 , 0.016]	-0.011 [-0.047 , 0.017]	0.013 [-0.015, 0.042]
Direct effect	-0.107 [-0.207 , -0.015]	-0.115 [-0.243 , 0.007]	-0.072 [-0.195 , 0.047]	-0.235 [-0.460 , -0.020]
Total effect	-0.115 [-0.212 , -0.022]	-0.126 [-0.248 , -0.010]	-0.083 [0.199, 0.029]	-0.221 [-0.422 , -0.017]
% of total mediation effect	0.066 [0.035, 0.253]	0.084 [0.042, 0.501]	0.118 [-1.098, 1.092]	-0.059 [-0.374 , -0.028]
Panel D: Mediator: Roommate s	leeps a lot on weekdays			
ACME	0.001 [-0.012, 0.015]	0.002 [-0.014, 0.021]	0.004 [-0.015, 0.027]	0.016 [-0.059, 0.108]
Direct effect	-0.116 [-0.214 , -0.022]	-0.128 [-0.249 , -0.013]	-0.087 [-0.201 , 0.021]	-0.239 [-0.464 , -0.024]
Total effect	-0.115 [-0.216 , -0.021]	-0.126 [-0.249 , -0.011]	-0.083 [-0.199 , 0.027]	-0.223 [-0.425 , -0.017]
% of total mediation effect	-0.006 [-0.026 , -0.003]	-0.014 [-0.078 , -0.007]	-0.045 [-0.474 , 0.321]	-0.069 [-0.310 , -0.035]
Panel E: Mediator: Roommate s	leeps a lot on weekends			
ACME	-0.017 [-0.053 , 0.006]	-0.014 [-0.051 , 0.008]	-0.001 [-0.015 , 0.010]	-0.039 [-0.105 , 0.009]
Direct effect	-0.098 [-0.192 , -0.009]	-0.112 [-0.222 , -0.007]	-0.083 [-0.200, 0.029]	-0.184 [-0.410 , 0.032]
Total effect	-0.115 [-0.212 , -0.018]	-0.127 [-0.240 , -0.013]	-0.083 [-0.198, 0.032]	-0.223 [-0.424 , -0.011]
% of total mediation effect	0.143 [0.077, 0.665]	0.111 [0.058, 0.574]	0.008 [-0.044, 0.095]	0.171 [0.086, 0.792]
Panel F: Mediator: Roommate s	mokes			
ACME	0.006 [-0.031, 0.012]	-0.002 [-0.029 , 0.022]	-0.023 [-0.062 , 0.003]	0.002 [-0.019, 0.026]
Direct effect	-0.109 [-0.209, -0.014]	-0.124 [-0.248 , -0.006]	-0.060 [-0.177 , 0.051]	-0.224 [-0.437 , -0.021]
Total effect	-0.115 [-0.214 , -0.013]	-0.127 [-0.247 , -0.003]	-0.083 [-0.199, 0.033]	-0.222 [-0.436 , -0.011]
% of total mediation effect	0.050 [0.027, 0.261]	0.019 [0.009, 0.091]	0.245 [-1.997, 2.590]	-0.009 [-0.047 , -0.005]

Note. Figures in brackets are the 95% confidence intervals (lower and upper limits). The calculation of confidence intervals is based on quasi-Bayesian confidence intervals using 1,000 simulations. The analysis was done in Stata software using the medeff command.

Bold indicates statistically significant coefficients.

Abbreviation: ACM, average causal mediation effects.

^aOverweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (*obese*). If average past BMI of roommates is greater than or equal to 23, roommate's past overweight dummy is 1, zero otherwise. If average past BMI of roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, zero otherwise.

eating out regularly can explain a weight gain of 4.4%, BMI of 5.2%, and obesity of 12.5%. As in the last section, we see that the roommate sleeping a lot can explain 14.3% loss of weight and 11.1% of BMI and 17.1% of obesity. These results are in line with the findings in Table 10—suggesting that adequate roommates' sleeping is an important channel through which other roommates benefit from.

6 | CONCLUSION

We study the effect of random dormitory assignment on subsequent health outcomes—namely, weight, BMI, and the incidence of being overweight or obese—in a tertiary-level education institute in Kolkata. We find a small yet borderline significant (at the 10% level) negative effect of the obesity of a roommate on the subsequent weight gain of other roommates, classified using the Asian BMI categories of 23 and 27.5 for being overweight and obese respectively. We find evidence that this negative effect on their own weight gain is higher in the first year than during later years, higher for extroverted than introverted students, and higher for the relatively wealthier students. In terms of potential channels, we find that those who have comparatively worse lifestyle and dietary patters—that is, eat out frequently, rarely eat fresh fruits and vegetables, and sleep longer reduce the weight gain of their roommates. This suggests that on a college campus with a canteen, those who are obese in fact eat less in their dormitories than others and perhaps engender less contagion.

The main policy relevance of our findings is that we find no reason to fear contagion of obesity at an Indian college, as was previously found for female college students in the United States (Yakusheva, Kapinos, & Weiss, 2011). However, we would like to caution the readers that the results cannot be generalized as our results are based on a quite small sample and particular group (an all-boys college) within a very constrained environment—where they all reside on a residential campus, having their meals prepared at the hall canteens and sharing in a single culture of exercise opportunities, away from the prior family culture. The results might not hold in a less constrained environment. Our study suggests that food preparation habits and the role of local food outlets, which were the same for all students in our study, strongly limited the role of contagion in weight gains.

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ETHICAL STATEMENT

Ethical clearance for this project came from the Ethics Committee at the University of Queensland (Approval number #2013-03 dated December 17, 2013).

ORCID

Paul Frijters https://orcid.org/0000-0003-0204-7825

Asad Islam https://orcid.org/0000-0002-0928-0454

Debayan Pakrashi https://orcid.org/0000-0002-3422-7436

REFERENCES

- Anderson, M. L. (2008). 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*, 103(484), 1481–1495. https://doi.org/10.1198/016214508000000841
- Benjamini, Y., Krieger, A. M., & Yekutieli, D. (2006). Adaptive linear step-up procedures that control the false discovery rate. *Biometrika*, 93(3), 491–507. https://doi.org/10.1093/biomet/93.3.491
- Cai, Y., Hong, H., Shi, R., Ye, X., Xu, G., Li, S., & Shen, L. (2008). Long-term follow-up study on peer-led school-based HIV/AIDS prevention among youths in Shanghai. *International Journal of STD & AIDS*, 19(12), 848–850. https://doi.org/10.1258/ijsa.2008.008129
- Cameron, A., Gelbach, J., & Miller, D. (2008). Bootstrap-based improvements for inference with clustered errors. *Review of Economics and Statistics*, 90, 414–427. https://doi.org/10.1162/rest.90.3.414
- Card, D., & Giuliano, L. (2013). Peer effects and multiple equilibria in the risky behavior of friends. *Review of Economics and Statistics*, 95(4), 1130–1149. https://doi.org/10.1162/REST_a_00340
- Carrell, S. E., Hoekstra, M., & West, J. E. (2011). Is poor fitness contagious?: Evidence from randomly assigned friends. *Journal of Public Economics*, 95(7–8), 657–663. https://doi.org/10.1016/j.jpubeco.2010.12.005
- Castrucci, B. C., Gerlach, K. K., Kaufman, N. J., & Orleans, C. T. (2002). The association among adolescents' tobacco use, their beliefs and attitudes, and friends' and parents' opinions of smoking. *Maternal and Child Health Journal*, 6(3), 159–167. https://doi.org/10.1023/A:1019774028526
- Clark, A. E., & Lohéac, Y. (2007). "It wasn't me, it was them!" Social influence in risky behavior by adolescents. *Journal of Health Economics*, 26(4), 763–784. https://doi.org/10.1016/j.jhealeco.2006.11.005
- Cohen-Cole, E., & Fletcher, J. M. (2008). Is obesity contagious? Social networks vs. environmental factors in the obesity epidemic. *Journal of Health Economics*, 27(5), 1382–1387. https://doi.org/10.1016/j.jhealeco.2008.04.005
- Coppinger, T., Jeanes, Y. M., Dabinett, J., Vögele, C., & Reeves, S. (2010). Physical activity and dietary intake of children aged 9–11 years and the influence of peers on these behaviours: A 1-year follow-up. *European Journal of Clinical Nutrition*, 64(8), 776–781. https://doi.org/10.1038/ejcn.2010.63
- Cutler, D. M., Glaeser, E. L., & Shapiro, J. M. (2003). Why have Americans become more obese? *Journal of Economic Perspectives*, 17(3), 93–118. https://doi.org/10.1257/089533003769204371
- Duncan, G. J., Boisjoly, J., Kremer, M., Levy, D. M., & Eccles, J. (2005). Peer effects in drug use and sex among college students. *Journal of Abnormal Child Psychology*, 33(3), 375–385. https://doi.org/10.1007/s10802-005-3576-2

- Eisenberg, D., Golberstein, E., Whitlock, J. L., & Downs, M. F. (2013). Social contagion of mental health: Evidence from college roommates. Health Economics, 22(8), 965–986. https://doi.org/10.1002/hec.2873
- Fletcher, A., Bonell, C., & Hargreaves, J. (2008). School effects on young people's drug use: A systematic review of intervention and observational studies. *Journal of Adolescent Health*, 42(3), 209–220. https://doi.org/10.1016/j.jadohealth.2007.09.020
- Fletcher, J. M. (2010). Social interactions and smoking: Evidence using multiple student cohorts, instrumental variables, and school fixed effects. *Health Economics*, 19(4), 466–484. https://doi.org/10.1002/hec.1488
- Fletcher, J. M. (2012). Peer influences on adolescent alcohol consumption: evidence using an instrumental variables/fixed effect approach. *Journal of Population Economics*, 25(4), 1265–1286. https://doi.org/10.1007/s00148-011-0365-9
- Fowler, J. H., & Christakis, N. A. (2008a). Estimating peer effects on health in social networks: A response to Cohen-Cole and Fletcher; and Trogdon, Nonnemaker, and Pais. *Journal of Health Economics*, 27(5), 1400–1405. https://doi.org/10.1016/j.jhealeco.2008.07.001
- Fowler, J. H., & Christakis, N. A. (2008b). Dynamic spread of happiness in a large social network: Longitudinal analysis over 20 years in the Framingham Heart Study. *BMJ*, 337, a2338. https://doi.org/10.1136/bmj.a2338
- Frijters, P., Islam, A., & Pakrashi, D. (2019). Heterogeneity in peer effects in random dormitory assignment in a developing country. *Journal of Economic Behavior and Organization*, forthcoming, 163, 117–134. https://doi.org/10.1016/j.jebo.2019.04.025
- Gaviria, A., & Raphael, S. (2001). School-based peer effects and juvenile behavior. *Review of Economics and Statistics*, 83(2), 257–268. https://doi.org/10.1162/00346530151143798
- Glaeser, E., & Scheinkman, J. (2001). Measuring social interactions. In *Social Dynamics*. Steven Durlauf and Peyton Young (eds.). Boston, MA: MIT Press. https://books.google.co.in/books?hl=en&lr=&id=DBiyi8Ubih4C&oi=fnd&pg=PA83&dq=Glaeser+E,+%26+Scheinkman+ (2001).+Measuring+social+interactions.+social+dynamics&ots=NNL_qxuKGN&sig=ERFJLatDkoehvRzgqsxQsdOFSU4#v=onepage&q &f=false and https://pdfs.semanticscholar.org/cadd/8e2246d882f064d486b45824a9c5e13b332d.pdf
- Go, M. H., Green, H. D., Kennedy, D. P., Pollard, M., & Tucker, J. S. (2010). Peer influence and selection effects on adolescent smoking. *Drug and Alcohol Dependence*, 109(1), 239–242. https://doi.org/10.1016/j.drugalcdep.2009.12.017
- Goldberg, D. (1985). Identifying psychiatric illness among general medical patients. *British Medical Journal (Clinical Research Ed.)*, 291(6489), 161–162. https://doi.org/10.1136/bmj.291.6489.161
- Goldberg, D., & Huxley, P. (1980). Mental illness in the community: The pathway to psychiatric care. London: Tavistock Publications.
- Guryan, J., Kroft, K., & Notowidigdo, M. J. (2009). Peer effects in the workplace: Evidence from random groupings in professional golf tournaments. *American Economic Journal: Applied Economics*, 1(4), 34–68. https://doi.org/10.1257/app.1.4.34
- Halliday, T. J., & Kwak, S. (2009). Weight gain in adolescents and their peers. *Economics and Human Biology*, 7(2), 181–190. https://doi.org/10.1016/j.ehb.2009.05.002
- Imai, K., Keele, L., & Yamamoto, T. (2010). Identification, inference, and sensitivity analysis for causal mediation effects. *Statistical Science*, 25, 51–71. https://doi.org/10.1214/10-STS321
- Imai, K., Tingley, D., & Yamamoto, T. (2013). Experimental designs for identifying causal mechanisms. *Journal of the Royal Statistical Society, Series A*, 176, 5–51. https://doi.org/10.1111/j.1467-985X.2012.01032.x
- Islam, A., Lee, W., & Nicholas, A. (2018). More Sense or Sensibility? Experimental Evidence from Teaching Children Chess in Bangladesh, Working Paper, Monash University.
- Islam, A., Pakrashi, D., Wang, C., & Zenou, Y. (2018). Determining the extent of statistical discrimination: Evidence from a field experiment in India, CEPR Discussion Paper No. DP12955
- Kling, J. R., Liebman, J. B., & Katz, L. F. (2007). Experimental analysis of neighborhood effects. *Econometrica*, 75(1), 83–119. https://doi.org/10.1111/j.1468-0262.2007.00733.x
- Lakdawalla, D., & Philipson, T. (2009). The growth of obesity and technological change. *Economics and Human Biology*, 7(3), 283–293. https://doi.org/10.1016/j.ehb.2009.08.001
- Lundborg, P. (2006). Having the wrong friends? Peer effects in adolescent substance use. *Journal of Health Economics*, 25(2), 214–233. https://doi.org/10.1016/j.jhealeco.2005.02.001
- Manski, C. (1993). Identification of endogenous social effects: The reflection problem. *Review of Economic Studies*, 60(3), 531–542. https://doi.org/10.2307/2298123
- Philipson, T., & Posner, R. (2003). The long run growth of obesity as a function of technological change. *Perspectives in Biology and Medicine*, 46(3), 87–108.
- Plotnikoff, R. C., Johnson, S. T., Luchak, M., Pollock, C., Holt, N. L., Leahy, A., ... Boulé, N. G. (2010). Peer telephone counseling for adults with type 2 diabetes mellitus. *The Diabetes Educator*, *36*(5), 717–729. https://doi.org/10.1177/0145721710376327
- Powell, L. M., Tauras, J. A., & Ross, H. (2005). The importance of peer effects, cigarette prices and tobacco control policies for youth smoking behavior. *Journal of Health Economics*, 24(5), 950–968. https://doi.org/10.1016/j.jhealeco.2005.02.002
- Prinstein, M. J., Heilbron, N., Guerry, J. D., Franklin, J. C., Rancourt, D., Simon, V., & Spirito, A. (2010). Peer influence and nonsuicidal self-injury: Longitudinal results in community and clinically-referred adolescent samples. *Journal of Abnormal Child Psychology*, 38(5), 669–682. https://doi.org/10.1007/s10802-010-9423-0

- Simoni, J. M., Nelson, K. M., Franks, J. C., Yard, S. S., & Lehavot, K. (2011). Are peer interventions for HIV efficacious? A systematic review. *AIDS and Behavior*, 15(8), 1589–1595. https://doi.org/10.1007/s10461-011-9963-5
- Simons-Morton, B. G., & Farhat, T. (2010). Recent findings on peer group influences on adolescent smoking. *Journal of Primary Prevention*, 31(4), 191–208. https://doi.org/10.1007/s10935-010-0220-x
- Trogdon, J. G., Nonnemaker, J., & Pais, J. (2008). Peer effects in adolescent overweight. *Journal of Health Economics*, 27(5), 1388–1399. https://doi.org/10.1016/j.jhealeco.2008.05.003
- Velting, D. M., & Gould, M. S. (1997). Suicide contagion. In R. W. Maris, M. M. Silverman, & S. S. Canetto (Eds.), *Review of suicidology, 1997*. (pp. 96–137). New York, NY, US: Guilford Press.
- Yakusheva, O., Kapinos, K., & Weiss, M. (2011). Peer effects and the freshman 15: Evidence from a natural experiment. *Economics and Human Biology*, 9(2), 119–132. https://doi.org/10.1016/j.ehb.2010.12.002
- Yakusheva, O., Kapinos, K. A., & Eisenberg, D. (2014). Estimating heterogeneous and hierarchical peer effects on body weight using roommate assignments as a natural experiment. *Journal of Human Resources*, 49(1), 234–261.
- Yuan, C., Lv, J., & VanderWeele, T. J. (2013). An assessment of health behavior peer effects in Peking University dormitories: A randomized cluster-assignment design for interference. *PLoS ONE*, 8(9), e75009. https://doi.org/10.1371/journal.pone.0075009

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APPENDIX A

TABLE A1 Regression results in health outcomes with full set of controls

Variables of interest	Current weight	veight	Current BMI	iMI	Current overweight dummy ^a	erweight	Current obesity dummy ^a	esity	Current overweight dummy ^b	erweight	Current obesity dummy ^b	esity
Past weight Roommate's past weight	0.874*** (0.042) -0.117**	0.921*** (0.051) -0.113** (0.049)										
Past BMI Roommate's nast RMI			0.774*** (0.044)	0.792*** (0.051)								
Past overweight dummy ^a			(0.065)	(0.060)	0.658***	0.654***						
Roommate's past overweight dummy ^a					(0.048) -0.086 (0.055)	(0.056) -0.081						
Past obesity dummy ^a							0.622***	0.610^{***} (0.107)				
Roommate's past obesity dummy ^a							-0.210*	-0.219*				
Past overweight dummy ^b									0.699***	0.685***		
Roommate's overweight dummy ^b									-0.088**	-0.085** (0.042)		
Past obese dummy ^b											0.695***	0.678***
Roommate obese dummy ^b											(0.227) -0.019** (0.009)	(0.223) -0.008 (0.015)
Age		-26.087*		-3.637		-1.072		0.020		-1.041		0.337
Adjusted age squared		(15.092) 65.147* (34.539)		(5.938) 8.902 (15.210)		(0.942) 2.679 (2.410)		(0.462) -0.066 (1.237)		(0.920) 2.647 (2.381)		(0.304) -0.852 (0.920)
Rural residence dummy		0.268		-0.271 (0.389)		(2.7.2) -0.074 (0.064)		-0.023		-0.035 (0.051)		-0.008 (0.022)
Limited illness dummy		(2.745)		0.592		0.118		0.086		-0.015 (0.063)		0.113
SC/ST/OBC caste dummy		-1.368 (1.143)		-0.280		0.011		0.009		-0.073		
Monthly household income						(9000)				(100:0)		(Continues)

TABLE A1 (Continued)

			Š		Current overweight	rweight	Current obesity	besity	Current overweight	erweight	Current obesity	ity
Variables of interest	Current weight	weight	Current Bl	MI	dummy		dummy		dummy		dummy	
		-0.560**		-0.139	•	-0.004		0.011		-0.001	0.0	204
		(0.234)		(0.093)		(0.017)		(0.014)		(0.011)		(0.004)
Year fixed effects		2.276**		*699.0)).126*		0.058		0.051	0.0	015
		(1.042)		(0.356)		(0.068)		(0.040)		(0.052)		(0.014)
R^2	.703	.719	.661	.671	.404	420	.344	.360	.452	.463	.379 .40	401

Note. Regressions include a constant term. (N = 214). See notes of Table 3.

^aOverweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of roommates is greater than or equal to 23, roommate's past overweight dummy is 1, 0 otherwise. If average past BMI of roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. ^bAlternatively, overweight and obesity dummies have been constructed according to the WHO's international standards, whereby an individual with BMI greater than or equal to 25 (30) is considered overweight

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

TABLE A2 Robustness check: OLS and instrument variable analysis with current roommate assignment

	OLS estimates	ses			IV Estimates	Š		
Variables of interest	Current weight	Current BMI	Current overweight dummy	Current obesity dummy	Current weight	Current BMI	Current overweight dummy	Current obesity dummy
Past weight	0.915***				0.915***			
Roommate's past weight	-0.161*** (0.056)				-0.136* (0.070)			
Past BMI	,	0.793***			,	0.792***		
Roommate's past BMI		(0.068)				-0.147 (0.094)		
Past overweight dummy Roommate's past overweight			0.654*** (0.056) -0.037 (0.059)				0.664*** (0.054) -0.165* (0.090)	
Past obesity dummy Roommate's past obesity				0.597*** (0.093) -0.199** (0.087)				0.602*** (0.091) -0.449*** (0.108)
Observations R^2	207 .739	207	207 .424	207	207	207	207 .409	207 0.344

Note. Current roommate's characteristics have been used in this table. Controls in the OLS regressions include age, adjusted age squared, limiting illness dummy, rural residence dummy (urban/semiurban and rural area), caste category dummy (general and SC/ST/OBC), and monthly household income (in 10,000 rupees). Roommate characteristics like weight, BMI, overweight dummy, and obesity dummy are average characteristics of an individual's current roommates. Overweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of current roommates is greater than or equal to 23, roommate's past overweight dummy is 1, 0 otherwise. If average past BMI of current roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past BMI, past overweight dummy, roommate's past overweight dummy, past obesity dummy, and roommate's past obesity dummy have been reported.

^{*}Significance at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significance at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significance at .01 level, with clustered standard errors at the room-year level in parentheses.



TABLE A3 Regression results with extra controls

Variables of interest	Current weight	Current BMI	Current overweight dummy	Current obesity dummy
Past weight	0.915*** (0.050)			
Roommate's past weight	-0.126** (0.052)			
Past BMI		0.780*** (0.047)		
Roommate's past BMI		-0.137** (0.063)		
Past overweight dummy			0.645*** (0.059)	
Roommate's past overweight dummy			-0.086 (0.055)	
Past obesity dummy				0.589*** (0.108)
Roommate's past obesity dummy				-0.240* (0.141)
Observations	214	214	214	214
R^2	.720	.683	.430	.367

Note. Life satisfaction, mental health (GHQ-12 score), and relative marks in examination are the additional controls used in the OLS regressions. See notes of Table 3. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past believe the dummy, past overweight dummy, and roommate's past obesity dummy have been reported.

TABLE A4 Regression results with own lifestyle habits as extra controls

			Current overweight	Current obesity
Variables of interest	Current weight	Current BMI	dummy	dummy
Past weight	0.923*** (0.051)			
Roommate's past weight	-0.116** (0.050)			
Past BMI		0.788*** (0.052)		
Roommate's past BMI		-0.110* (0.063)		
Past overweight dummy			0.655*** (0.057)	
Roommate's past overweight dummy			-0.062 (0.058)	
Past Obesity dummy				0.611*** (0.106)
Roommate's past obesity dummy				-0.214** (0.105)
Own lifestyle habits				
Eats out regularly	-0.442(1.611)	-0.545 (0.667)	-0.171* (0.096)	0.031 (0.081)
Eats fresh fruits and vegetables rarely	-0.063 (1.048)	-0.212 (0.384)	-0.038 (0.053)	0.018 (0.040)
Participates in moderate or intense	-0.027(1.084)	0.100 (0.415)	0.029 (0.057)	0.040 (0.034)
physical activity				
Sleeps a lot on weekdays	-0.463(1.097)	0.026 (0.413)	0.023 (0.066)	-0.038 (0.033)
Sleeps a lot on weekends	0.710 (1.362)	-0.286 (0.487)	0.045 (0.074)	-0.027 (0.034)
Smokes	-0.739(1.668)	0.051 (0.615)	0.029 (0.096)	-0.068 (0.067)
Observations	214	214	214	214
R^2	.720	.674	.435	.374
Adj. R^2	.699	.650	.392	.327

Note. The lifestyle habits are the additional controls used in the OLS regressions. They also consist of binary dummy variables, namely, whether a student eats out 6 to 7 times or more in a week, eats fresh fruits and vegetables less than once a week or more, participates in moderate or intense physical activity 3 or more than 3 times a week, sleeps for 8 or more than 8 hr on weekdays, sleeps 9 or more than 9 hr on weekends, and smokes or not. Roommate characteristics like weight, BMI, overweight dummy, and obesity dummy are average characteristics of an individual's current roommates. See notes of Table 3. The regression coefficients for past weight, roommate's past weight, past BMI, past overweight dummy, roommate's past overweight dummy, past obesity dummy, and roommate's past obesity dummy have been reported.

^{*}Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parentheses.

^{*}Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parentheses.

TABLE A5 Regression results with roommate's characteristics as extended controls

Variables of Interest	Current weight	Current BMI	Current overweight dummy	Current obese dummy
Past weight	0.919*** (0.051)			
Roommate's past weight	-0.132** (0.056)			
Past BMI		0.793*** (0.051)		
Roommate's past BMI		-0.139** (0.062)		
Past overweight dummy			0.660*** (0.056)	
Roommate's past overweight dummy			-0.094 (0.058)	
Past obese dummy				0.610*** (0.108)
Roommate's past obese dummy				-0.214* (0.108)
Extended controls				
Roommate's past height	0.037 (0.094)	-0.029 (0.032)	-0.006 (0.006)	0.002 (0.003)
Roommate's backward dummy	-1.089(1.836)	-0.328 (0.688)	-0.076 (0.089)	-0.022(0.068)
Observations	214	214	214	214
R^2	.720	.672	.424	.363

Note. See notes of Table 3.

TABLE A6 Regression results after removing disabled students

Variables of Interest	Current weight	Current BMI	Current overweight dummy	Current obesity dummy
Past weight	0.915*** (0.052)			
Roommate's past weight	-0.113** (0.051)			
Past BMI		0.808*** (0.058)		
Roommate's past BMI		-0.121* (0.062)		
Past overweight dummy			0.652*** (0.061)	
Roommate's past overweight dummy			-0.072 (0.056)	
Past obesity dummy				0.573*** (0.114)
Roommate's past obesity dummy				-0.206* (0.104)
Observations	206	206	206	206
R^2	.716	.655	.421	.320

Note. 3.74% of the sample were dropped from the current regression analysis. See notes of Table 3. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past overweight dummy, roommate's past overweight dummy, past obesity dummy, and roommate's past obesity dummy have been reported.

^{*}Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parentheses.

^{*}Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

TABLE A7 Regression results using own and roommate's height as additional controls

besity			0.695*** (0.228) -0.004 (0.021) Yes 214 0.404
Current Obesity Dummy ²			0.695*** (0.227) -0.019** (0.009) No 214 0.379
Current overweight dummy ^b		0.694***	-0.085* (0.044) Yes 214 -464
Current o		0.699***	
besity		0.619*** (0.109) -0.210* (0.109)	Yes 214 .363
Current obesity dummy ^a		0.622*** (0.101) -0.210* (0.110)	No 214 .344
Current overweight dummy ^a		0.657*** (0.058) -0.091 (0.057)	Yes 214 .423
Current dummy ^a		0.658*** (0.048) -0.086 (0.055)	No 214 .404
3MI	0.841*** (0.052) -0.130** (0.059)		Yes 214 .084
Current BMI	0.774*** (0.044) -0.130* (0.065)		No 214 .661
eight	0.897*** (0.051) -0.125** (0.057)		Yes 214 .725
Current weight	0.874*** (0.042) -0.117** (0.056)		No 214 .703
Variables of interest	Past weight 0.874*** (0.042) Roommate's past weight -0.117** (0.056) Past BMI Roommate's past BMI	Past overweight dummy ^a Roommate's overweight dummy ^a Past obesity dummy ^a Roommate's obesity dummy ^a Past overweight	Roommate's overweight dummy ^b Past obesity dummy ^b Roommate's obesity dummy ^b Controls Observations R ²

Student's and roommate's past height have been used as additional controls all the regressions. See notes of Table 3. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past BMI, past overweight dummy, roommate's past overweight dummy, past obesity dummy, and roommate's past obesity dummy have been reported.

*Overweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of roommates is greater than or equal to 23, roommate's past overweight dummy is 1, 0 otherwise. If average past BMI of roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. ^bAlternatively, overweight and obesity dummies have been constructed according to the WHO's international standards, whereby an individual with BMI greater than or equal to 25 (30) is considered overweight (opese).

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

 TABLE A8
 Robustness check: Having at least one roommate obese and proportion of obese roommates

			Current	Current	Current	Current	Current	Current
	Current	Current obesity	overweight	obesity	overweight	obesity	overweight	obesity
Variables of interest	overweight dummy ^a dummy ^a	dummy ^a	dummy	٩	dummy ^a	dummy ^a	dummy ^b	dummy ^b
Past overweight dummy ^a	0.651*** (0.057)				0.650*** (0.057)			
At least 1 roommate overweight ^a	-0.007(0.053)							
Past obesity dummy ^a		0.630*** (0.098)				0.630*** (0.101)		
At least 1 roommate obese ^a		-0.106*** (0.032)						
Past overweight dummy ^b			0.699***				0.694*** (0.063)	
			(0.062)					
At least 1 roommate overweight ^a			-0.066(0.046)					
Past obesity dummy ^b				0.692***				0.705*** (0.187)
				(0.196)				
At least 1 roommate obese ^b				-0.088*				
3				(0.047)	(100)			
Proportion of roommates					-0.064 (0.077)			
$ m overweight^a$								
Proportion of roommates obese ^a						-0.213***		
						(690.0)		
Proportion of roommates							-0.134**	
overweight ^b							(0.067)	
Proportion of roommates obese ^b								-0.276***
								(0.078)
Controls	No	Yes	No	Yes	No	Yes	No	Yes
Observations	214	214	214	214		214	214	214
R^2	.414	.371	.463	.420	.416	.368	.466	.427

Note. See notes of Table 3.

^aOverweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese).

^bAlternatively, overweight and obesity dummies have been constructed according to the WHO's international standards, whereby an individual with BMI greater than or equal to 25 (30) is considered overweight (opese).

Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

Robustness check: Regression estimates with increase in BMI and decrease in BMI as dependent variables TABLE A9

	Direction of star	ndardized BMI cl	nange (Ref: No ch	ange if lies betw	Direction of standardized BMI change (Ref. No change if lies between -0.5 and +0.5 SD)	SD)		
Variables of interest	Going down	Going up	Going down	Going up	Going down	Going up	Going down	Going up
Past weight Roommate's past weight	0.005 (0.004) 0.010 ** (0.004)	-0.001 (0.007) -0.003 (0.009)						
Past BMI			0.029*** (0.009)	-0.013(0.021)				
Roommate's past BMI			0.021*(0.012)	-0.015(0.026)				
Past overweight dummy ^a					0.236*** (0.085)	-0.090(0.182)		
Roommate's overweight dummy ^a					0.120 (0.078)	-0.054 (0.156)		
Past obesity dummy ^a							0.302** (0.130)	0.038 (0.319)
Roommate's obesity dummy ^a							0.361^* (0.188)	-0.659*** (0.155)
Observations	160	161	160	161	160	161	160	161
R^2	.102	.065	.138	.068	.127	990.	.115	.067

Note. Going down is a dummy variable that takes the value 1 if the standardized BMI is less than 0.50 SD, and 0 if there is no change in the standardized BMI (i.e., -0.5 \le standardized BMI \le 0.50). In the going down dummy, standardized BMI greater than 0.50 have been dropped. Similarly, going up is a dummy variable that takes the value 1 if the standardized BMI is greater than 0.50, and 0 if there is no change in the standardized BMI (i.e., -0.50 \leq standardized BMI \leq 0.50). In the going up dummy, standardized BMI less than 0.50 have been dropped. See notes of Table 3. If average past BMI of current roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past BMI, past overweight dummy, roommate's past overweight dummy, past obesity dummy and roommate's past obesity dummy have been reported. ^aOverweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of roommates is greater than or equal to 23, roommate's past overweight dummy is 1, zero otherwise. If average past BMI of roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, zero otherwise.

Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parentheses.

TABLE A10 Descriptive statistics of the other variables of interest

		Standard		
Other variables of interest	Mean	deviation	Minimum	Maximum
Own characteristics				
Past height (in centimeters)	166.82	8.70	104.14	187.96
Introvert dummy	1.61	0.49	1.00	2.00
Higher relative income	0.44	0.50	0.00	1.00
Life satisfaction on a scale of 0 to 10	6.89	1.65	2.00	10.00
Mental health (GHQ-12 score) on a scale of 0-36	8.48	4.37	0.00	24.00
Relative marks	1.00	0.13	0.54	1.27
Own lifestyle habits				
Eats out regularly	0.13	0.34	0.00	1.00
Eats fresh fruits and vegetables rarely	0.48	0.50	0.00	1.00
Participates in moderate or intense physical activity	0.57	0.49	0.00	1.00
Sleeps a lot on weekdays	0.27	0.44	0.00	1.00
Sleeps a lot on weekends	0.23	0.42	0.00	1.00
Smokes	0.18	0.38	0.00	1.00
Roommate's characteristics				
Past height (in centimeters)	166.83	5.84	143.91	185.42
Proportionate of roommate's who are SC/ST/OBC	0.20	0.28	0.00	1.00
Proportionate of roommate's from rural area	0.46	0.37	0.00	1.00
Roommate's household income	2.46	1.61	0.15	8.98
Roommate's cumulative marks	68.82	8.69	29.39	88.11
Having at least one roommate overweight	0.63	0.48	0.00	1.00
Having at least one roommate obese	0.25	0.43	0.00	1.00
Proportion of roommates overweight	0.36	0.34	0.00	1.00
Proportion of roommates obese	0.10	0.20	0.00	1.00
Roommate's lifestyle habits				
Eats out regularly	0.06	0.24	0.00	1.00
Eats fresh fruits and vegetables rarely	0.64	0.48	0.00	1.00
Participates in moderate or intense physical activity	0.45	0.50	0.00	1.00
Sleeps a lot on weekdays	0.13	0.33	0.00	1.00
Sleeps a lot on weekends	0.13	0.34	0.00	1.00
Smokes	0.39	0.49	0.00	1.00
Blockmate's characteristics				
Past weight (in kg)	61.15	1.32	59.15	63.97
Past BMI (in kg/m²)	21.98	0.37	21.27	23.03
Proportion of blockmates who are overweight	0.36	0.06	0.27	0.44
Proportion of blockmates who are obese	0.10	0.04	0.00	0.18

Note. The number of observations is 214. Introvert dummy is a binary variable that takes the value 1 if the student is introvert and 0 if he is extrovert. Higher relative income is a binary variable that takes the value 1 if monthly household income (per 10,000) is greater than 2.4 (average monthly household income), 0 otherwise. Life satisfaction is the response to the question "All things considered, how satisfied are you with your life? Pick a number between 0 and 10 to indicate how satisfied you are." Mental health is an index made with the help of the general health questionnaire (GHQ-12). Relative marks are marks of the student relative to the average of all the students. Own lifestyle habits consist of dummy variables for each of the following: whether the student himself eats out 6 to 7 times or more in a week, eats fresh fruits and vegetables less than once a week, participates in moderate or intense physical activity 3 or more than 3 times a week, smokes cigarettes, sleeps 8 or more than 8 hr on weekdays and sleeps 9 or more than 9 hr on weekends. Similarly, dummies for the roommate's lifestyle habits were constructed.

TABLE A11 Asymmetries on the basis of personality traits relative to the roommates

	Current weight		Current BMI		Current overweight dummy	eight dummy	Current obesity dummy	dummy
Variables of interest	Introvert	Extrovert	Introvert	Extrovert	Introvert	Extrovert	Introvert	Extrovert
Past weight	0.954*** (0.075)	0.906*** (0.064)						
Roommate's weight	0.021 (0.059) -0.158**	-0.158** (0.063)						
Past BMI			0.862*** (0.058)	0.771*** (0.065)				
Roommate's BMI			0.162* (0.083)	-0.220^{***} (0.068)				
Past overweight dummy					0.640^{***} (0.125)	0.639*** (0.071)		
Roommate's overweight dummy					0.028 (0.136)	-0.113(0.069)		
Past obesity dummy							0.799*** (0.204)	0.556***(0.117)
Roommate's obesity dummy							-0.034(0.042)	-0.279*** (0.087)
Observations	69	145	69	145	69	145	69	145
R^2	677.	.694	.825	.625	.452	.426	.635	.312
Adj. R^2	.745	.674	.799	009.	.368	.388	.580	.267

individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of current roommates is greater than or equal to 23, roommate's past overweight dummy is 1,0 otherwise. If Note. A student is considered to be extrovert if he is extrovert while his roommates on an average are relatively introvert. A student is considered to be an introvert, in the following two situations: (a) if he is introvert while his roommates are extrovert and (b) if he and his roommate both have similar nature. See notes of Table 5. Overweight and obesity dummies have been constructed according to the Asian standards, whereby an average past BMI of current roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1,0 otherwise. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past BMI, past overweight dummy, roommate's past overweight dummy, past obesity dummy, and roommate's past obesity dummy have been reported.

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.
***Significant at .01 level, with clustered standard errors at the room-year level in parentheses.

 TABLE A12
 Asymmetries on the basis of relative income relative to the roommates

	Current weight		Current BMI		Current Overweight dummy	right dummy	Current obese dummy	ummy
Variables of interest	Low relative income	High relative income	Low relative income	High relative income	Low relative income	High relative income	Low relative income	High relative income
Past weight	0.850*** (0.068) 1.025*** (0.070)	1.025*** (0.070)						
Roommate weight	-0.090(0.075)	-0.090 (0.075) -0.178 ** (0.072)						
Past BMI			0.726***(0.059)	0.949*** (0.063)				
Roommate BMI			0.021(0.094)	-0.232^{***} (0.068)				
Past overweight dummy					0.579*** (0.093)	0.711^{***} (0.069)		
Roommate overweight dummy					-0.039(0.094)	-0.190** (0.078)		
Past obese dummy							0.631*** (0.164)	0.668*** (0.148)
Roommate obese dummy							-0.031 (0.032)	-0.275^{***} (0.101)
Observations	120	94	120	94	120	94	120	94
R^2	929.	.783	.643	.762	.309	.587	.349	.408

Note. The relative income is the household income of the student relative to his roommates. A student is considered to have a low relative income if his household income is less than or equal to his roommate's household income. Moreover, a student is considered to have high relative income if his household income is greater than or equal to his roommates' household income. See notes of Table 5. Overweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of current roommates is greater than or equal to 23, roommate's past overweight dummy is 1, 0 otherwise. If average past BMI of current roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past overweight dummy, roommate's past overweight dummy, and roommate's past obesity dummy have been reported.

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

TABLE A13 Asymmetries on the basis of caste relative to the roommates

	Current weight		Current BMI		Current overweight dummy	ht dummy	Current obesity dummy	ummy
Variables of	Relatively Relatively advantaged caste disadvantaged	Relatively disadvantaged	Relatively advantaged caste	Relatively disadvantaged	Relatively advantaged caste	Relatively disadvantaged	Relatively advantaged caste	Relatively disadvantaged
interest	category	caste category	category	caste category	category	caste category	category	caste category
Past weight	0.908*** (0.056)	0.992*** (0.168)						
Roommate's	$-0.114^{**} (0.050)$	-0.042(0.129)						
weight								
Past BMI			0.807*** (0.066)	0.813*** (0.059)				
Roommate's			-0.117* (0.061)	-0.094(0.141)				
BMI								
Past					0.648*** (0.067)	0.700***(0.121)		
overweight								
dummy								
Roommate's					-0.092(0.061)	-0.012(0.178)		
overweight								
dummy								
Past obesity							0.595*** (0.117)	1.088*** (0.074)
dummy								
Roommate's							-0.269 (0.189)	-0.081(0.095)
Obesity								
dummy								
Observations	172	42	172	42	172	42	172	42
R^2	.723	.683	.661	.754	.413	.492	.368	.375

Note. A student belongs to a relatively disadvantaged caste if his caste is backward relative to his roommates, that is, if he belongs to SC/ST/OBC and his roommates belong to general class. A student belongs to a relatively advantaged caste category in the following two situations: (a) if he belongs to general caste, while his roommates belong to SC/ST/OBC category; (b) if his caste and his roommate's caste is same. See notes of Table 5. Overweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of current roommates is greater than or equal to 23, roommate's past overweight dummy is 1, 0 otherwise. If average past BMI of current roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past overweight dummy, roommate's past overweight dummy, past obesity dummy, and roommate's past obesity dummy have been reported.

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

TABLE A14 Asymmetries on the basis of region of residence relative to the roommates

	Current weight		Current BMI		Current overweight dummy	tht dummy	Current obesity dummy	lummy
Variables of Interest	Relatively rural	Relatively rural Relatively urban	Relatively rural Relatively urban		Relatively rural	Relatively rural Relatively urban	Relatively rural	Relatively rural Relatively urban
Past weight	0.913***	0.972***						
	(0.066)	(0.094)						
Roommate's Weight	-0.150**	-0.079						
	(0.063)	(0.088)						
Past BMI			0.764***	0.879***				
			(0.066)	(0.082)				
Roommate's BMI			-0.216^{***}	0.065				
			(0.068)	(0.071)				
Past Overweight Dummy				-	0.605***	0.802***		
				-	(0.078)	(0.076)		
Roommate's Overweight					-0.164**	0.018		
Dummy					(0.068)	(0.108)		
Past Obesity Dummy							0.610^{***}	0.662**
							(0.120)	(0.251)
Roommate's Obesity							-0.266**	-0.003
Dummy							(0.102)	(0.032)
Observations	137	77	137	77	137	77	137	77
R^2	.720	.714	.644	.749	.424	.447	.340	.473

Note. A student belongs to a relatively rural region of residence if he belongs to a rural background while his roommates on an average come from urban areas. A student belongs to a relatively urban region of residence in the following two situations: (a) if he comes from an urban area, while his roommates from rural area, and (b) if he and his roommate belong to the same region of residence; that is, both are from wither rural area or urban area. See notes of Table 5. Overweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (obese). If average past BMI of current roommates is greater than or equal to 23, roommate's past overweight dummy is 1, 0 otherwise. If average past BMI of current roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, 0 otherwise. The regression coefficients for past weight, roommate's past weight, past BMI, roommate's past overweight dummy, roommate's past overweight dummy, past obesity dummy, and roommate's past obesity dummy have been reported.

^{*}Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

^{**}Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

^{***}Significant at .01 level, with clustered standard errors at the room-year level in parentheses.

TABLE A15 Differences in in-sample and excluded observations

	In sampl	e	Not in sa	ımple	Difference	
Variables of interest	Mean	Std. dev.	Mean	Std. dev.	Mean	p value
Outcome variables						
Current weight	64.273	11.962	64.514	12.916	0.240	0.911
Current BMI	22.566	4.071	22.579	4.051	0.013	0.986
Current overweight dummy ^a	0.435	0.497	0.486	0.507	0.052	0.559
Current obesity dummy ^a	0.112	0.316	0.108	0.315	-0.004	0.943
Controls						
Age (in years)	19.327	0.859	18.432	0.689	-0.895***	0.000
Rural residence dummy	0.475	0.500	0.378	0.492	-0.093	0.293
Limiting illness dummy	0.056	0.231	0.000	0.000	-0.056	0.141
Backward caste dummy	0.206	0.405	0.216	0.417	0.011	0.884
Household income	2.302	2.024	2.457	2.087	0.155	0.669
Other variables						
Cumulative marks	69.065	10.231	66.461	12.154	-2.604	0.171
Personality (extrovert $= 1$)	1.607	0.489	1.568	0.502	-0.040	0.649
Relative income dummy	0.444	0.498	0.432	0.502	-0.011	0.897
Mental health (GHQ-12) on a scale of 0-12	1.579	2.014	1.216	1.718	-0.363	0.302
Mental health (GHQ-12) on a scale of 0-36	8.489	4.370	8.027	3.648	-0.459	0.547

Note. The number of observations in the in-sample is 214, while 37 observations are not in the sample due to missing past anthropometry information. "Difference" is the difference in outcomes between the individuals included in the sample and individuals not included in the sample. The t test is conducted to see whether there exists any statistical difference between the mean outcome of individuals in the sample and those not included in the sample. Relative income dummy is a binary variable which takes the value 1 if the household income is greater than or equal to the average monthly household income (approx. INR 23,017 pm or 230 pounds pm or US\$ 384 pm) for the sample.

^aOverweight and obesity dummies have been constructed according to the Asian standards, whereby an individual with BMI greater than or equal to 23 (27.5) is considered overweight (*obese*). If average past BMI of roommates is greater than or equal to 23, roommate's past overweight dummy is 1, zero otherwise. If average past BMI of roommates is greater than or equal to 27.5, roommate's past obesity dummy is 1, zero otherwise.

^{*}Significant at .10 level.

^{**}Significant at .05 level.

^{***}Significant at .01 level.

TABLE A16 Regression results after controlling for blockmate's health outcomes

Regression adjusted estimates	Current weight		Current BMI		Current overweight dummy	ight dummy	Current obesity dummy	lummy
Past weight	0.879*** (0.043)	0.927*** (0.051)						
Roommate's weight	$-0.127^{**} (0.055) -0.129^{**} (0.050)$	-0.129** (0.050)						
Blockmate's weight	0.349 (0.367)	0.513 (0.382)						
Past BMI			0.771*** (0.047)	0.799*** (0.051)				
Roommate's BMI			-0.127** (0.061)	-0.121** (0.058)				
Blockmate's BMI			-0.155 (0.458)	0.190(0.595)				
Past overweight dummy					0.661*** (0.047)	0.663*** (0.057)		
Roommate's overweight dummy					-0.087(0.055)	-0.082(0.058)		
Proportion of roommates overweight					0.267 (0.367)	0.465 (0.440)		
Past obesity dummy							0.616^{***} (0.101)	0.598*** (0.102)
Roommate's obesity dummy							-0.209**(0.098)	-0.218** (0.103)
Proportion of roommates obese							-0.783*(0.422)	-0.655(0.551)
Observations	214	214	214	214	214	214	214	214
R^2	.704	.723	.662	929.	.405	.425	.355	.374

Block mate's health outcomes have been controlled for in this regression. See notes to Table 3.

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.

Regression results after controlling for batch mate's health outcomes TABLE A17

Regression adjusted estimates	Current weight		Current BMI		Current overwe	Current overweight dummy	Current obesity dummy	lummy
Past weight	0.877*** (0.042) 0.931*** (0.054)	0.931*** (0.054)						
Nonlinate's weight	(000.0) 071.0-	(000.0) CII.0-						
Batch mate's weight	0.320 (0.291)	0.660 (0.712)						
Past BMI			0.770***(0.045)	0.857*** (0.049)				
Roommate's BMI			-0.128*(0.067)	-0.128** (0.057)				
Batchmate's BMI			-0.180(0.834)	2.749 (1.752)				
Past overweight dummy					0.631*** (0.056) 0.690*** (0.096)	(960'0) ***069'0		
Roommate's overweight dummy					-0.079 (0.055)	-0.083(0.058)		
Proportion of batchmates overweight					-1.526 (1.117)	1.773 (4.000)		
Past obesity dummy							0.626^{***} (0.102)	0.603*** (0.102)
Roommate's obesity dummy							-0.218^{**} (0.107)	-0.232** (0.108)
Proportion of batchmates obese							-0.629*(0.356)	-0.901** (0.427)
Observations	214	214	214	214	214	214	214	214
R^2	.704	.722	.661	.681	.408	.422	.352	.378
Adj. R^2	.700	.706	.657	.663	.399	.391	.342	.344

Batch mates comprise of student's in the same course and same year. Batch mate's health outcomes have been controlled for in this regression. See notes to Table 3.

*Significant at .10 level, with clustered standard errors at the room-year level in parentheses.

**Significant at .05 level, with clustered standard errors at the room-year level in parentheses.