Determinants of Public Support for COVID-19 Containment Policies in Germany: Evidence from Individual-Level Panel Analyses

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Abstract

What determines public support for far-reaching policy measures to prevent a rapid spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)? Relying on sixteen weeks of daily individual-level panel data (March to July 2020) from the Mannheim Corona Study, we investigate to what extent Germans approved containment measures, including the closure of educational and childcare institutions and a general curfew. We trace back support to levels of regional Corona incident rates, individual threat perceptions, and the personal economic situation during the pandemic. We also report that individual characteristics such as age, educational background, pre-existing health conditions, and the political orientation are not consistently associated with higher support for containment measures. Since public support is a crucial ingredient of democratic governance, our results provide novel and highly relevant insights that help scholars and policy-makers to understand citizen attitudes and develop appropriate policy responses in times of crisis.

Word count: 6860 words

The outbreak and rapid spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) at the beginning of the year 2020 poses an extraordinary challenge for governments and societies around the globe. At least since the World Health Organization (WHO) classified the COVID-19 outbreak as a global pandemic in March 2020 (World Health Organization, 2020), executive authorities worldwide designed and swiftly implemented various far-reaching containment measures that drastically affected national economies and the everyday life of billions of people.

While Germany initially pursued a containment strategy that aimed at isolating infected people and tracing their contacts but avoided strict measures that would affect a larger proportion of the inhabitants, national and state-level authorities quickly changed their strategy in March 2020 as the count of confirmed new cases per day ran into thousands. From then on, several unprecedented and strict policies were enacted at the national and the state level which aimed at minimizing physical social contacts – including the prohibition of large events and closures of large parts of the economy as well as schools, universities, and borders – in an attempt to slow down the spread of the novel coronavirus.

Although these measures drastically affected the everyday life of the German citizens and partially suspended fundamental democratic liberties, executive authorities justified the re-

sponse with reference to the fatal consequences of even slight delays for the security and health of the citizens. At the same time, the success of the containment strategy crucially hinges on the behavior of the people and the public support for the measures enacted.

Yet, despite the importance of public approval, we know very little about its individual-level determinants.[1] Against this background, the present study utilizes individual-level panel data from the Mannheim Corona Study (MCS) which relies on a probability-based sample of the German population (Blom et al., 2020). By focusing on the initial outbreak of the pandemic in Germany, we analyze the approval rates of different publicly debated policy measures and explore the impact of the local incidence rates as well as different social, economic, political, and psychological predictors on the individual support for these policies.

Our panel study reveals that, while the initial support even for very strict confinement measures such as school closures was exceptionally high, it started to decline after the first two weeks. Moreover, our analysis demonstrates that, besides the local occurrence of infections, social, economic, and psychological factors are important predictors for the individual approval of restrictive policy measures.

Besides their academic value, our results also have important implications that are of interest to political decision-makers. We conjecture that the strong public support reported here was one of the main reasons for the comparatively low number of COVID-19 related deaths in Germany. However, the rapid decline in the measures' approval rates hints at reasons why the COVID-19 incidence picked up again in the summer of 2020.

COVID-19 Incidences and Support for Containment Measures in Germany

Except for some rather small early local outbreaks, the nation-wide COVID-19 infection rates in Germany began to increase exponentially in March 2020. Health authorities reported record highs of newly confirmed infections virtually every day (see Figure 1). As it was no longer possible to clearly trace back the chain of transmission in each instance, German executives at the state-level and the federal-level swiftly changed their containment strategies. They no

[1] For a notable exception, see Vezzoni et al. (2020) who study changes in public opinion during the COVID-19 pandemic in Italy.

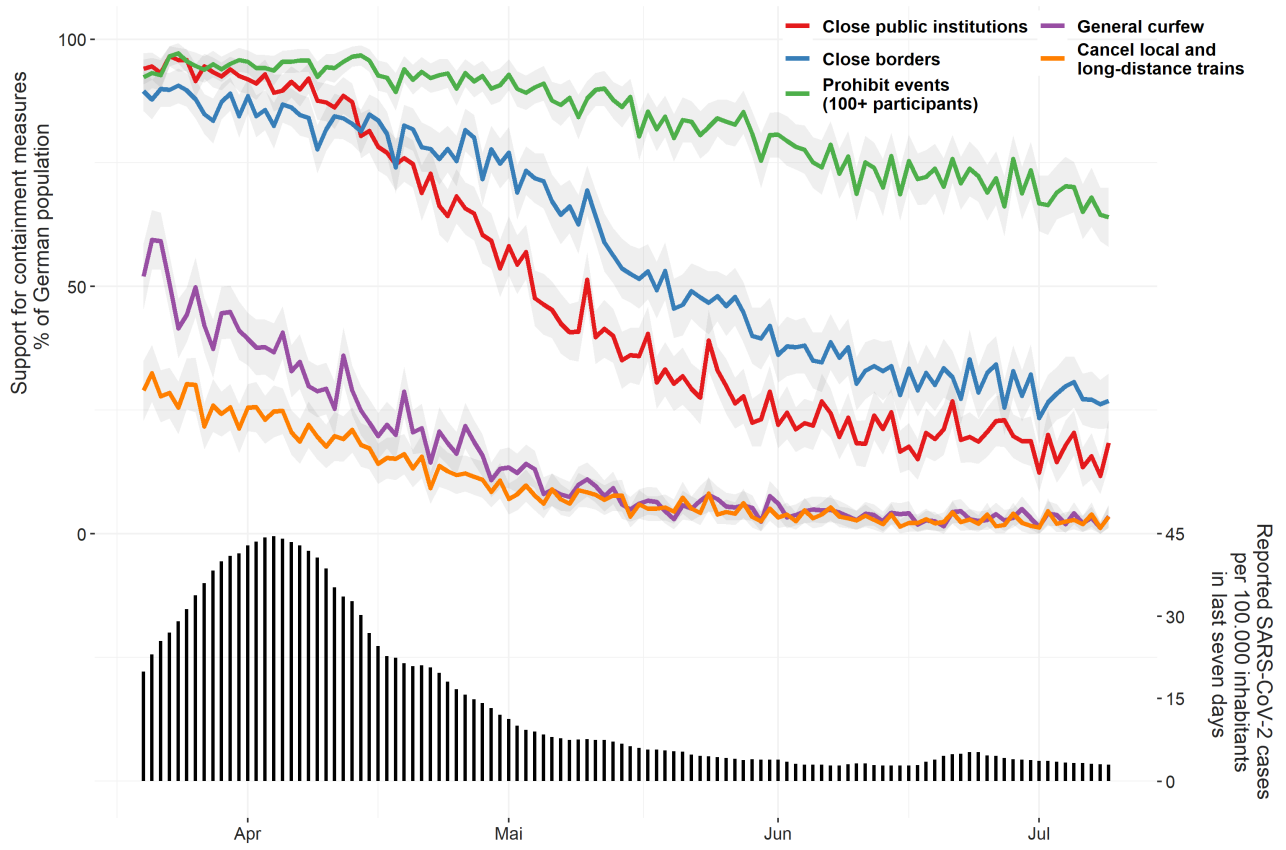


Figure 1: Dynamics in COVID-19 incidences and support for containment measures in Germany

longer merely called for public awareness and sought to isolate confirmed cases (e.g., Naumann et al., 2020). Several new policies were enacted that aimed at restricting travel and minimizing in-person contacts among citizens. By mid-March, Germany began to close its national borders and enforced strict physical distancing policies, including the closure of schools, universities, childcare facilities, businesses, cultural institutions, and restaurants. However, a general curfew as many other European countries like Italy, Spain, and France issued was never declared.

Especially the closure of schools and childcare facilities was a salient and controversially debated topic at the onset of the pandemic in Germany. Whereas proponents of this policy argued that these institutions could play a decisive role in the exponential dissemination of the virus since social distancing practices and the correct use of face masks cannot be enforced easily, its opponents emphasized the burden these closures impose on children and their parents.

Figure 1 presents public opinion data on several containment policies that were collected by the MCS (see below) from late March to early July 2020. It shows that, shortly after the enactment of nation-wide containment policies in March, there was an astonishingly high

support for even very strict policies. Measures such as border closures, the prohibition of events with more than 100 participants, and the closure of public institutions – including schools, universities, and childcare facilities – were all supported by more than 90% of the German population. We even see that a majority of the population reports to be in favor of a general curfew at the end of March. At the same time, the data also suggest that, even in March, there was little support for bringing the public transportation system to a halt.

Overall, the measures taken by governments were very effective as the number of confirmed cases decreased quickly by late April. At the same time, Figure 1 also shows that the support for all containment policies started to decrease (see also Naumann et al., 2020). Public support for containment policies, thus, seems to be correlated with the reported COVID-19 incidences. However, public approval rates for the different measures decreased at individual velocities. While the share of people in favor of a curfew already started to shrink at the end of March, the support for the ban of events with more than 100 participants remained stable until May and then merely decreases at a very modest rate over time. This suggests that COVID-19 incidences do not solely determine public support for containment measures.

Below, we develop theoretical expectations and provide empirical evidence that (local) COVID-19 incidences are a driving factor of public opinion with respect to containment policies. Further, we argue and show evidence that the individual costs different containment policies entail co-determine which measures citizens support and which they oppose.

Who Supports Which Policy?

All containment measures' purpose is to curtail the spread of COVID-19. They attempt do so by limiting citizens' direct interactions and thereby drastically interfere with their regular (social, educational, or professional) lives which entails significant costs on citizens. These *containment measure costs* are the central feature which we exploit to derive expectations about public support for containment policies. Further, these containment measure costs differ between citizens, e.g., because school closure affect a family with children differently than a single-person household. It is this *heterogeneity in containment measure costs* that we rely on to derive what personal characteristics are associated with higher or lower support for certain containment measures and the number of containment measures in general. Below, we first

turn to circumstances that we expect to make citizens more (or less) likely to support various containment measures. Then, we focus on expectations about who is more (or less) likely to support public institution closures and a general curfew – two policies heavily discussed since the outbreak of the COVID-19 pandemic in Germany.

Expectations about the Support for Containment Measures in General

As a fundamental mechanism, and following the depiction in Figure 1, we expect to find a strong relationship between the Corona incidence rates and the aggregate support for containment measures in general. Irrespective of the policy at hand, a rise in the number of confirmed COVID-19 infections boosts public support for stricter policies as it increases the costs of not acting relative to the costs the containment measures entail.

To facilitate studying the heterogeneity of containment measure costs and their effects on public support for these policies, we categorize sources of heterogeneity into four groups: socio-economic attributes, the individual health condition, psychological factors, and political preferences.

Socio-economic attributes. Individuals' socio-economic background potentially affect the approval of containment measures in several ways. The main reason for this is that there is an asymmetric effect of COVID-19 policies and hence heterogeneous containment measure costs for different societal groups. Möhring et al. (2020*b*), for example, show that educational background and income affect the risk of job loss, partial income loss, and the possibility to work remotely. In particular, they find that low income groups are more likely to work on-site which increases their infection risk. Lower levels of education also strongly increase the risk of job loss or short-time work. Besides this, the authors also suggest that the pandemic and the policy responses have an adverse impact on gender equality, e.g., because women reduced their working hours more often than men to compensate for the closure of childcare facilities (see also Hipp and Bünning, 2020). Consequently, we expect a person's educational background, income, and gender to affect the support for different containment measures.

Health condition. The SARS-CoV-2 virus poses a particular threat for citizens with pre-existing health problems or chronic diseases. In fact, studies from different regions worldwide

suggest that hospitalized patients with comorbidities yield poorer clinical outcomes than patients that do not suffer from additional health issues (e.g., Sanyaolu et al., 2020; Yang et al., 2020). It also has been shown that the mortality rate of elderly patients is much higher as compared to younger age groups (e.g., Lee et al., 2020). Given the increased risk of a severe or even fatal course of an infection, we expect higher age groups and individuals who suffer from comorbidities such as hypertension, diabetes, or cardiovascular disease to be more likely to approve even strict containment measures as these groups face particularly high expected costs of not implementing such measures.

Psychological factors. Irrespective of the actual development of the pandemic and personal circumstances such as the presence of comorbidities, individuals differ their perception of COVID-19. Whereas some individuals regard the SARS-CoV-2 virus as a serious threat the government needs to address with strict containment measures, others feel less threatened by the virus, i.e., estimate containment measure costs to be relatively high compared to the expected costs of being diagnosed with COVID-19. Citizens who belong to the latter group do not want the government to strongly interfere in their everyday life. Our expectation is, therefore, that people who perceive the virus as a greater threat will be more inclined to support strict policy measures.

Political preferences. Of course, political leanings and orientations potentially determine the support for containment measures as well. However, given the uniqueness of the pandemic and the implementation of strict policies unparalleled in modern democracies, several political interpretations of the pandemic are feasible: First, containment measures can be perceived to re-enforce social injustices by increasing the hardship on poorer citizens more severely than on richer citizen. This reading of containment measures implies a rather left-wing opposition to them. Second, containment measures can be understood to cause severe economic losses which would imply a right-wing opposition to taking action against COVID-19. Third, containment measures can be seen as a severe attack on civil liberties and democracy leading to a centrist-democratic opposition to curtailing citizen rights.

Besides these expectations concerning containment measures in general, we also study the support for two policies in greater detail. First, the closure of public institutions, including schools and childcare facilities, which has been hotly debated throughout the pandemic. Second,

a general curfew as it was imposed on citizens in several European countries, yet, not in Germany. We therefore study the support for these two controversial containment measures more comprehensively.

Expectations about Support for Public Institution Closures

Clearly, the closure of public institutions like schools, universities, and childcare facilities impose higher containment measure costs on parents, particularly parents of young children.[2] If these institutions are closed, parents are forced to restructure their daily routines and organize alternative care arrangements. Especially if all members of the household are working full-time, the closure of schools and childcare facilities entails high costs for them (e.g., Zoch, Bächmann and Vicari, 2020). Therefore, we expect that citizens who live in a household with a child are more likely to oppose school closures.

Yet, school and daycare closures do not only have implications for the directly affected households. Möhring et al. (2020*a*, 12) indicates that the vast majority of German children that previously were in third-party care, were cared for by a household member when public institutions were closed. This comes, almost inevitably, with a loss of working hours, particularly in industries in which parents cannot combine caring for children at home with working remotely (see also Zoch, Bächmann and Vicari, 2020). As a consequence, not only parents are affected but also their colleagues whose working routine can be severely disturbed by the shortage of staff. We, thus, expect citizens who work in industries that do not generally allow for remote work to be more likely to oppose the closure of public institutions such as schools and daycare centers.

Furthermore, Hipp and Bünning (2020) provide empirical evidence showing that in a majority of German households, women take on the additional care responsibilities. Since women worked less hours before the pandemic too, this need not imply that women cut short their working hours more than men. Yet, it implies that a loss of schools and childcare options imposes an additional hurdle for many women to work as many hours as men do. We, therefore, expect that women are less likely to support the closure of public institutions.

[2]Even though we use the term "parents" for simplicity, the argument applies to all adults who live in a household with a child.

Expectations about Support for a General Curfew

Our first expectation specific to a general curfew is that citizens who were socially more active prior to the Corona pandemic are less likely to support a general curfew. The intuition here is straightforward. Since a curfew prevents people from meeting with their peers in person, individuals who privately meet others in person more frequently are more constrained by this measure, and hence face higher containment measure costs.

In addition, we expect citizens who live in single-person households to be particularly opposed to a curfew. Since their only social interactions take place with people from other households, a general curfew would essentially prohibit any private in-person contacts.

Finally, we also expect an individual's profession to affect their support for a general curfew. More precisely, we conjecture that citizens who work in an industry that heavily relies on in-person customer contact are more likely to oppose a curfew more than other citizens. This is because a curfew prohibits in-person customer contact entirely, and increases the chance of a job loss, i.e., it increases the expected containment measure costs.

Having outlined our expectations, we now turn to our empirical strategy.

Empirical Strategy

Data: The Mannheim Corona Study

To study the support for different policy responses in the German public over time, we use individual-level panel data collected by the Mannheim Corona Study (MCS) (Blom et al., 2020). The MCS relies on the probability-based sample provided by the German Internet Panel (GIP), an online panel survey of the general German population aged 16 to 75 with an offline recruitment procedure (Blom, Gathmann and Krieger, 2015). Due to the inclusion of offline households – including the provision of the necessary hardware – the GIP sample avoids coverage biases typical for online surveys and improves the sample's representativeness (Blom et al., 2017). Moreover, whereas many convenience online samples that became especially popular during the lockdown suffer from selection bias (see e.g., Schnell and Smid, 2020), the probability-based offline recruitment procedure ameliorates such concerns and allows us to

derive valid inferences for the German population (Cornesse et al., 2020).[3]

The MCS started just days after Germany had entered a major shutdown of public institutions and private businesses. It covers not only both the height and end of Germany's spring 2020 wave of COVID-19 infections, but also the return from the lockdown to a significantly less restricted life. Specifically, it was fielded on March 20 and surveyed participants on a daily basis until July 10. To accomplish daily coverage in this context, the $5,598$ GIP respondents were randomly split into eight sub-samples. The sub-groups $1-7$ were assigned to a specific day of the week while sub-group 8 was not invited to take part in the the MCS (Blom et al., 2020, 172).[4] The questionnaire remains identical for all respondents within one week and each day an average of 484 respondents took part in the survey.[5]

Compared to other surveys conducted during the pandemic's first months, the MCS has several desirable advantages we can exploit for our study. First, since the resource and time consuming sampling process was already done prior to the pandemic, fieldwork could start almost immediately. Second, the MCS provides data on a daily basis. Given the dynamics of the COVID-19 outbreak and the highly adaptive policy responses, this feature allows us to track changes in the public opinion at a fine-grained scale (Blom et al., 2020). Third, since the survey is conducted online, stay-at-home orders which significantly complicated the fieldwork of many surveys (e.g., Burton, Lynn and Benzeval, 2020; Gummer et al., 2020; Sakshaug et al., 2020; Sastry, McGonagle and Fomby, 2020; Will, Becker and Weigand, 2020) did not impair our data collection or forced us to change the survey mode during fieldwork. Fourth, the panel structure of the data allows us to implement a within-respondent design in order to study individual-level changes in attitudes over time and relate them to changes in the individual conditions (see also Kühne et al., 2020). Moreover, since the GIP surveyed the respondents prior to the COVID-19 outbreak on a bimonthly basis, we have a wealth of additional information we can utilize in order to better understand the effects of the pandemic on individuals.

Finally, the MCS contains the survey items needed to assess the effect of several factors

[3]The MCS employs a two-stage weighting procedure where an estimated response propensity weight projects the characteristics of the MCS respondents to the GIP sample before raking weights are estimated that extrapolate the respondents' characteristics to the German population according to the German Mikrozensus (Blom et al., 2020, 173).

[4]For practical reasons, 149 GIP respondents (2.7%) who could not be invited at short notice were excluded from the MCS (see Blom et al., 2020).

[5]Blom et al. (2020) provide a detailed discussion on the MCS, including an examination of response rates and data accuracy.

on demand and support for containment measures. Respondents were asked each week to judge which of the following containment measures should be in place that day: a general curfew; a closure of schools, daycare, and universities; a closure of local and national public transportation; a ban on events with more than 100 participants; and a closure of borders. Respondents could also state that they believe that none of these measures should be in place that day.

Measurement and Operationaization

Using the information collected by the MCS, we create three dependent variables that we analyze in turn. For the analysis of the general support for different containment measures, we count how many of these measures a respondent supports in a given interview. For analyses of the support for the closure of public institutions such as schools, daycare centers and universities, and analyses of the support for a general curfew, we analyze whether a respondent supported that specific policy.

To measure the incidence of COVID-19 infections in a respondent's local context, we sum up all infections that were confirmed by health authorities in the week prior to the interview in the state (*Bundesland*) a respondent lives. We focus on the state-level since state governments are the decisive decision-making entity for the containment policies discussed here.[6] We use the sum of confirmed infections in the previous seven days because it smoothes figures for weekday fluctuations. The data stems from the Robert Koch Institut (2020) to which all positive Corona test results are reported by the state health authorities who, in turn, collect the information from local health departments. To correct for variation in population size across states, we use data from Germany's Federal Statistical Office and compute the COVID-19 incidence per 100,000 inhabitants. As a result, the variable measures the number of confirmed COVID-19 infections per 100.000 inhabitants in a given state in the last week.[7]

All other information stems either from the MCS or from a pre-Corona GIP wave.[8] These sources provide information on the respondents' gender, their age (in years), whether or not

[6]Border closures, however, are decided upon by the federal government.

[7]To ease computation, we rescale this variable for model estimation (see below). All substantive effects that we report are based on the original scale described here. Yet, regression coefficients presented in below tables have to read in terms of the rescaled variable.

[8]In the Appendix, we detail questions in German and in English and the point in time at which they were fielded.

they live in a single-person household, and whether there lives at least one child of no more than sixteen years in their household. Further, we create indicator variables that distinguish between respondents who do not hold a secondary school degree *(Mittlere Reife*, reference category), those who were awarded a secondary school degree, and those who earned an higher ranked school degree. We also rely on MCS respondents' eleven-point scale ratings of the SARS-CoV-2 threat they personally feel. Further, we create a variable indicating whether respondents suffer from pre-existing health problems that is linked to a severe or even fatal course of a COVID-19 infection.[9]

Respondents further indicated how often a week they met family and friends in early March, i.e., several weeks before the severe measures to enforce social distancing were imposed. We use this information to create a variable that indicates their social activities before the outbreak of the pandemic in Germany.

We use information on the economic sector in which a respondent works in two ways. First, we create a variable that identifies respondents who work in an industry that relies on in-person contact to customers. These are the hospitality, culture, and entertainment industries. Second, we also create a variable that indicates whether respondents work in sectors in which virtually none of the work can be done remotely. Besides the aforementioned industries these are people working in agriculture, mining, manufacturing, construction, trading, transportation of both people and goods.

In the GIP, respondents are also asked to place themselves on a political eleven-point left-right scale. Finally, we also control for per capita household income. We compute it from respondents' self-reports of their household income in the previous month on a fifteen-point scale.

Individual-Level Panel Analysis

As we use MCS data in all analyses, we have to take into consideration that the same respondents are surveyed every week. We address this by using random effects regressions in which we estimate an individual-specific intercept which we treat as nested within the sixteen German states in all of our models. This modeling strategy provides several advantages. The

[9]These are obesity, diabetes, high blood pressure, issues with the heart, breathing, the lungs, or the liver as well as cancer or a weak immune system (e.g., Sanyaolu et al., 2020; Yang et al., 2020).

individual-specific intercepts, first, capture unmodeled heterogeneity between different respondents. A second advantage is the nesting of individuals within states which allows us to control for state-specific differences such as not yet or still enforced containment measures which vary across states. To make the results representative of the German population, we compute regression models in which observations are weighted according to the weighting scheme described in Blom et al. (2020).

To evaluate under what circumstances Germans demand more containment measures while accounting for the nested data structure, we utilize the following estimation strategy: We first estimate a logistic regression with nested random-effects for each of the containment measures. The independent variables are identical in all of these models. They include the state-specific COVID-19 incidence in the past seven days, respondent gender and age, the education indicator variables, perceived COVID-19 threat, whether the respondent has a pre-existing health issue and the respondent's left-right self-placement as well as its squared term. Second, we set all variables to their respective mean values (or median values for categorical variables), allowing only one variable to vary at a time. The result is a list of counterfactual scenarios. In a third step, we draw a realization from each regression's sampling distribution and compute the probability that a citizen supports the focal containment measure given the counterfactual scenarios. Note that each of these probabilities indicates the expected share of citizens supporting a specific containment measure given the counterfactual scenario. In a final fourth step, we sum up these probabilities across containment measures, yet within counterfactual scenarios, to obtain the expected number of containment measures citizens demand given a counterfactual. To also account for estimation uncertainty, we repeat steps three and four a total of $1,000$ times and report the corresponding distributions' mean values and their confidence intervals.

For evaluating whether respondents demand the closure of public institutions or a general curfew, we use the same estimation framework in terms of random-effects and their specifications. For the regression on public institutions closures, we add the following independent variables to test our expectations outlined above: the respondent's per capita household income, whether a child under sixteen years of age lives in the respondent's household and whether the respondent works in a job that does not allow for remote working. For the regression on a general curfew, we modify the above model specification by adding household income per capita, a

respondent's social activeness, whether she lives in a single household, and whether she works in a job that requires customers to physically come to a store.

Individual-Level Determinants of Support for Containment Measures

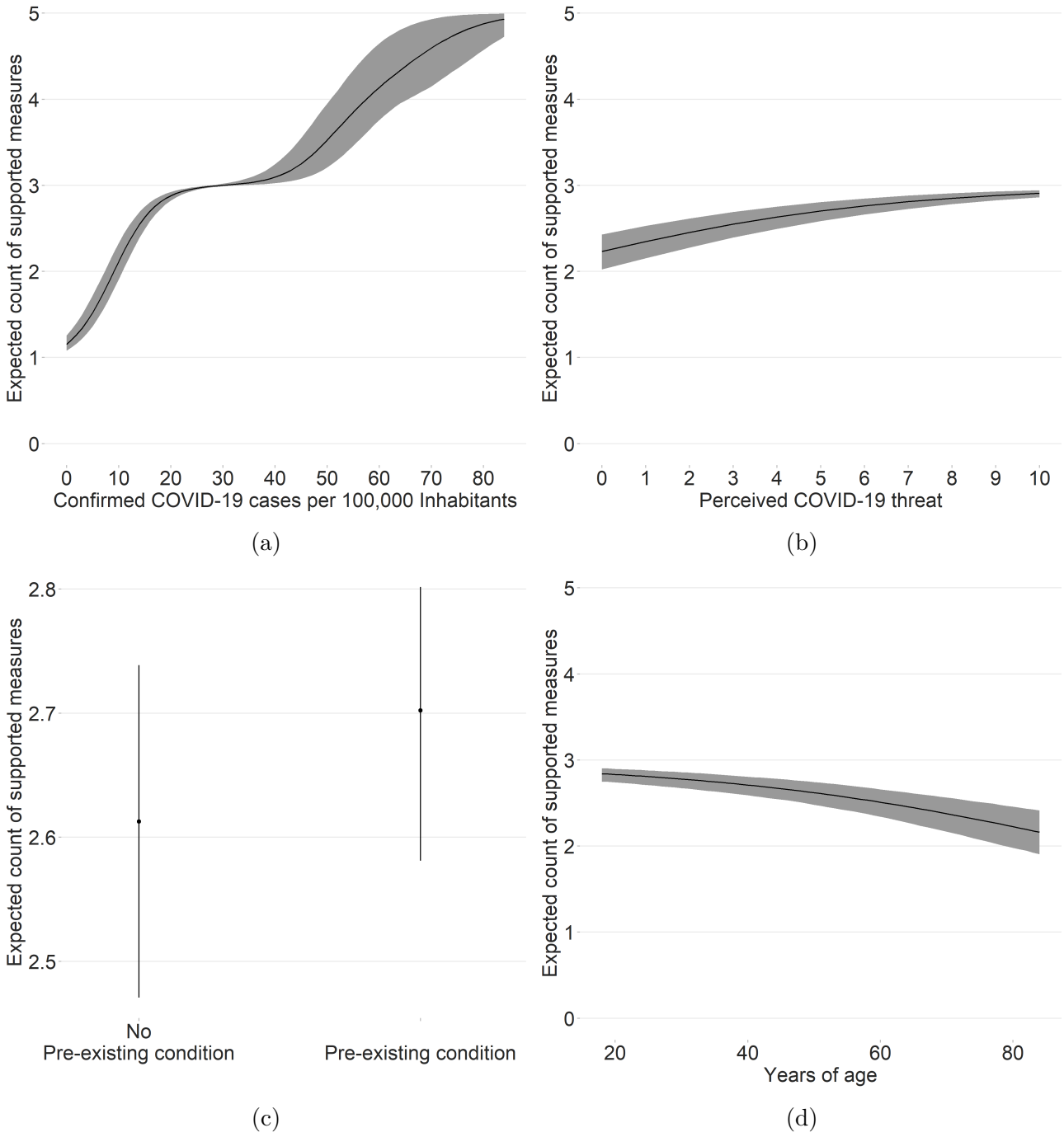
Our analysis is composed of two parts. We first demonstrate that certain sources of containment cost heterogeneity are related to support for a higher number of containment measures in general. We then turn to the specifics of support for public institution closures as well as support for a general curfew. Our results indicate that the citizens' context determines their policy support.

Sources of Containment Measure Costs Heterogeneity and Containment Measure Support

At the most general level, we expect that the number of confirmed COVID-19 cases in ones own region is strongly related to the approval of even strict containment measures. Accordingly, we should observe a positive effect of the state-wide number of confirmed cases in the past seven days on the count of containment measures which respondents support. Figure 2a provides initial support for this expectation.[10] Respondents living in a state that recently experienced many confirmed COVID-19 cases in relation to the number of inhabitants are noticeably more likely to demand powerful and resolute governmental interventions in order to contain the further spread of the virus. According to our model, if the incidence rate in the state of residence increases from 14.8 to 32.0 (i.e., from the mean to one standard deviation above the mean), citizens on average demand that the number of policy interventions increases from 2.61 (with a 95% confidence interval covering $[2.47; 2.74]$) to 3.01 $[3.00; 3.04]$.

Besides the incidence rate, the results allow us to empirically evaluate our expectations regarding the effect of several individual-level attributes on the support for containment measures. To this end, we now assess the contribution of each of the four groups of predictors

[10]Table 1 shows the containment measure-specific regression results which underlie the procedure mentioned above to estimate the expected count of supported containment measures.



(a) (b) (c) (d)

Figure 2: Effects on the Count of Supported Containment Measures

Table 1: Random-Effects Regression Results: Support for all Containment Policies

	Closures of Public Institutions	General Curfew	Prohibition of Events	Closures of Public Transports	Border Closures
COVID-19 Incidence (rescaled)	4.491***	4.099***	2.448***	3.210***	4.357***
	(0.087)	(0.156)	(0.116)	(0.170)	(0.093)
Socio-Economic Attributes					
Female	−0.916***	−0.686	−0.296**	−0.345	−0.005
	(0.131)	(0.577)	(0.149)	(0.860)	(0.134)
Education: Medium	−0.062	1.007	0.017	0.805	−0.328
	(0.206)	(0.858)	(0.224)	(1.322)	(0.214)
Education: High	0.190	0.706	0.613***	0.989	−0.764***
	(0.201)	(0.850)	(0.224)	(1.277)	(0.209)
Household Income p.c.: Medium	0.135	−0.222	0.571***	−0.763**	0.170
	(0.134)	(0.282)	(0.149)	(0.360)	(0.134)
Household Income p.c.: High	−0.040	−0.633	0.698***	−0.853	0.098
	(0.179)	(0.504)	(0.202)	(0.627)	(0.179)
Health Condition					
Pre-Existing Condition	0.298**	0.869	0.067	0.626	0.382***
	(0.138)	(0.589)	(0.158)	(0.873)	(0.142)
Age	−0.028***	−0.026	−0.005	−0.035	−0.040***
	(0.005)	(0.020)	(0.005)	(0.031)	(0.005)
Behavioral & Psychological Factors					
COVID-19 Threat	0.283***	0.231***	0.303***	0.138***	0.224***
	(0.017)	(0.036)	(0.021)	(0.047)	(0.017)
Political Preferences					
LR-Placement	−0.152	−0.419	0.609***	−0.175	0.551***
	(0.146)	(0.623)	(0.160)	(0.935)	(0.151)
LR-Placement^2	0.001	0.036	−0.068***	0.023	−0.041***
	(0.013)	(0.057)	(0.015)	(0.082)	(0.014)
Constant	2.028***	−7.303***	1.989***	−8.410***	1.766***
	(0.513)	(2.030)	(0.546)	(3.096)	(0.553)
Random Effects (Standard Deviations)					
State	0.573	0	0	0	0.861
Respondents in State	2.665	7.443	2.6	8.513	2.83
Observations	17,357	17,357	17,357	17,357	17,357
Log Likelihood	−6,355.550	−2,542.300	−4,936.923	−1,762.837	−6,758.137

Note: Standard errors in parentheses. *p<0.1; **p<0.05; ***p<0.01

outlined above.

The results reported in Table 1 suggest that, in general, socio-economic attributes only play a minor role for policy approval. While women are overall less likely to support containment measures, this effect only reaches conventional levels of statistical significance for the closure of public institutions and the prohibition of events (see below). Similarly, we find that the effects of education and household income are only statistically significant for the prohibition of events and border closures but does not manifest in the count of containment measures citizens demand. Overall, we conclude that the socio-economic context plays a minor role in determining the number of COVID-19 policies demanded by citizens.

Based on our expectations above, we should observe that citizens with a pre-existing medical condition and older citizens demand more containment policies. Surprisingly, however, we find that the presence of pre-existing health conditions or chronic diseases as well as respondents' age have no consistent positive impact on their likelihood to demand stricter policies (Figures 2c and 2d). We even find that age negatively affects the support for border closures. As Figure 2d reveals, for each ten years a respondent grows older, our model predicts that she will demand about 0.1 fewer measures on average.

In contrast, our analysis confirms the importance of psychological factors for policy support. As expected, perceived threat is positively and statistically significantly associated with containment measure support. With each one-unit increase in perceived threat on an eleven-point scale, our model predicts an increase in containment measure demand by about 0.06 measures on average. This substantively relevant effect supports our expectation that threat perceptions play a decisive role in the public's assessment of an adequate policy response.

Finally, we also find that political preferences as measured by the respondents' self-placement on the left-right dimension have little effect on the number of containment measures demanded. Only the prohibition of events and border closures are affected by the respondents' political leanings with right-wingers being somewhat more likely to oppose the measures.

Taken together, the results indicate that, besides the infection rates, perceived threat constitutes the strongest predictor for the number of containment measures respondents deem appropriate. While socio-economic attributes and political preferences only play a minor role, we find no consistent effect for pre-existing health conditions.

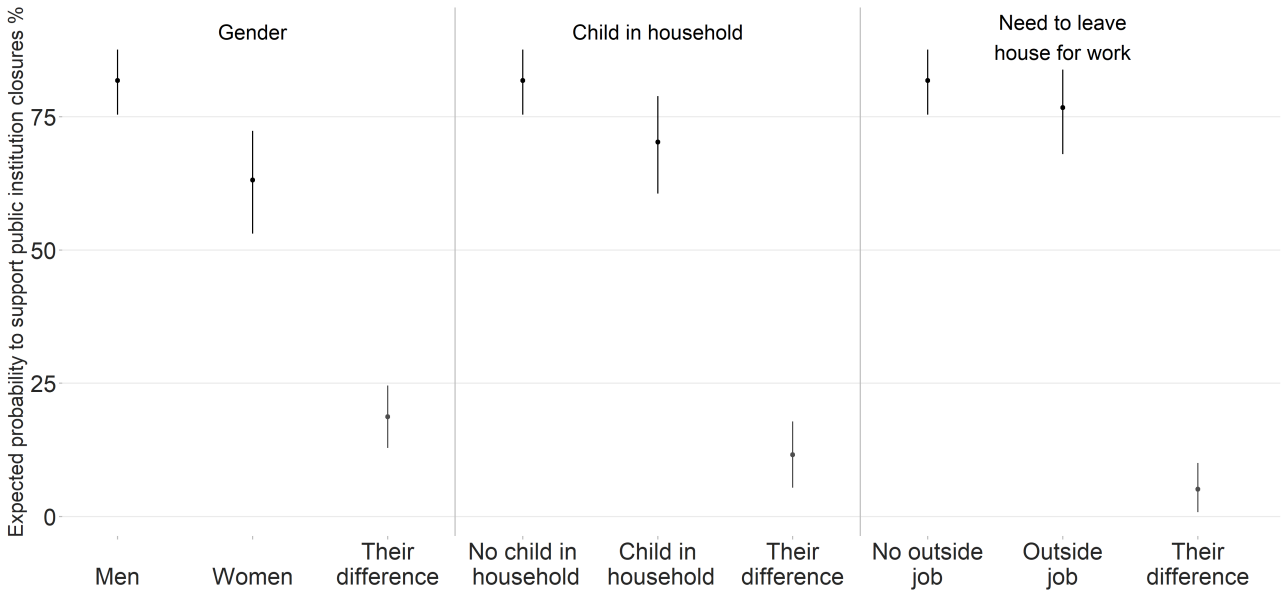


Figure 3: Results support for public institutions closures

Closure of Schools and Childcare Facilities

Turning to the second part of our empirical analysis, Table 2 lends further support to the expectation that containment measure cost heterogeneity is associated with heterogeneity in their support. In fact, as Figure 3 shows, we find that three societal subgroups – as expected – are less likely to demand the closure of public institutions: Women, parents, and citizens whose job requires them to leave home for work.

Specifically, the probability for men to support the closure of public institutions is with 81.8% [75.4; 87.6] very high. While women too are more likely than not to support this policy, their predicted probability to support public institution closures is only 63.1% [53.1; 72.4]. We estimate the support gap between men and women to equal 24.6 percentage points [18.7; 24.6] which is not only statistically highly significant but also a major substantive difference.

An alternative way to read this result is that men support public institution closures when the COVID-19 incidence approaches 9 per 100.000 inhabitants in the last week. Women, by contrast, only approve this measure once there are more than twice as many infections. Together, these results indicate that women indeed carry a higher cost of public institution closures, and hence are less inclined to support this policy, *ceteris paribus*.

We observe similar, yet, less strong effects for the divide between households with and without children. For the average respondent in the MCS data, we estimate that if she lives in a household without children, her probability to support public institution closures is again

Table 2: Random-Effects Regression Results: Support for Public Institution Closures and General Curfew

	Closures of Public Institutions	General Curfew
COVID-19 Incidence (rescaled)	4.420***	3.961***
	(0.088)	(0.153)
Socio-Economic Attributes		
Female	−0.974***	−0.528
	(0.132)	(0.535)
Education: Medium	0.064	1.091
	(0.203)	(0.804)
Education: High	0.284	0.810
	(0.201)	(0.803)
Household Income p.c.: Medium	0.108	−0.153
	(0.138)	(0.288)
Household Income p.c.: High	−0.171	−0.481
	(0.186)	(0.508)
Child in Household	−0.640***	
	(0.161)	
Job: Outside of Household	−0.320**	
	(0.139)	
Job: Customers walk in		0.135
		(0.762)
Single Household		−0.323
		(0.728)
Health Condition		
Pre-Existing Condition	0.251*	0.773
	(0.136)	(0.548)
Age	−0.029***	−0.026
	(0.005)	(0.019)
Behavioral and Psychological Factors		
COVID-19 Threat	0.282***	0.226***
	(0.017)	(0.036)
Pre-Corona Contacts		−0.667
		(0.687)
Political Preferences		
LR-Placement	−0.084	−0.358
	(0.147)	(0.585)
LR-Placement^2	−0.003	0.031
	(0.013)	(0.053)
Constant	2.086***	−6.604***
	(0.536)	(2.044)
Random Effects (Standard Deviations)		
State	0.565	0
Respondents in State	2.586	6.819
Observations	16,904	16,778
Log Likelihood	−6,081.885	−2,414.275

Note: Standard errors in parentheses. *p<0.1; **p<0.05; ***p<0.01

very high (81.8% [75.4; 87.6]). If she, instead, lives in a household with a child aged under sixten, her expected support drops to 70.2% [60.6; 78.9]. The difference of 11.6 percentage points [5.3; 17.8] is statistically significant and substantively important. However, the gap is not as wide as for the divide between men and women. Nevertheless, these results point to the fact that public institutions closures entail a heterogeneous distribution of costs. Parents seem to be adversely affected which decreases their probability to support this containment measure.

Finally, we also report a difference in the expected levels of support for citizens who work in an industry that usually allows or does not allow for remote work. Support for public institution closures drops from 81.8% [75.4; 87.6] to 76.7% [68.0; 83.8] when the otherwise identical average respondent moves from an industry that allows for remote work to one that does not. In comparison to the aforementioned differences, the effect of a job that does not permit working remotely is with 5 percentage points [0.8; 10.0] rather small. Nevertheless, these results suggest that public institutions closures have an effect not only on those people who are directly affected, e.g., parents. They also affect citizens who have to restructure their daily routines due to the closure of public institutions.

Overall, these results indicate that heterogeneity in containment measure costs matter for the support of containment policies in they way that we expected.

General Curfew

To support our expectations that i) a higher social activity before the pandemic, ii) living in a single household, and iii) the employment in a sector that requires in-person customer contact decrease the support for a general curfew, the estimated coefficients of the corresponding variables should be negative and statistically significant. However, Table 2 shows that, while we estimate a negative coefficient for two of the three variables, none reach conventional levels of statistical significance. Hence, the data at hand does not support these expectations.

In fact, the only regressors that exhibit a statistically and substantively significant impact on the individuals' likelihood to support a general curfew are the state-wide COVID-19 infection rates in the last seven days and the perceived threat the novel Coronavirus poses. Socio-economic attributes, pre-existing health problems, and political preferences are not important determinants of the individual likelihood to support a general curfew in Germany. One possible

explanation for this finding is that the containment measure costs of a general curfew imposed on everybody – irrespective of individual health conditions, socio-economic attributes, or political preferences – is so high that any heterogeneity in containment costs does not matter for public approval. This result may change, however, when infection rates are higher than during the time period we analyze in this study.

In sum, while other factors do not seem to determine the support for a general curfew, the individually perceived COVID-19 threat and state-wide COVID-19 incidences are strongly associated with the support for a general curfew.

Conclusion

The global COVID-19 pandemic and the rapid spread of the novel coronavirus in 2020 has put governments around the world under enormous pressure. While there was a considerable lack of scientific knowledge about the virus, the German government swiftly implemented drastic and — at least in modern Western democracies — unprecedented policy measures which restricted the citizens' democratic liberties and heavily affected their everyday life. The initial lack of an effective treatment and a vaccination required resolute governmental action in order to contain the spread of the contagiuos virus and protect the public, particularly the vulnerable members of society. Despite the severity of the crisis and the far-reaching consequences the governmental containment strategy had for the citizens, we know little about how they think about these policies.

Against this background, the present study explores the determinants and dynamics in the public support for specific containment measures. Using data from a representative panel survey collected at a daily basis from March to July 2020, we find an astonishingly high support even for very strict containment measures at the beginning of the COVID-19 outbreak in Germany. This support, however, steadily decreases as the number of reported infections declines. While exhibiting the same declining trend, We also find different dynamics for the different policies investigated here.

By supplementing our aggregate analysis with a number of individual-level panel analyses, this study further reveals that, while the state-wide infection rates and the individually perceived threat strongly affect the number of containment measures respondents demand,

socio-economic attributes, political preferences, and pre-existing health problems play a minor role for policy approval.

Finally, our investigation of the support for two policies particularly debated in Germany provides some empirical indication that citizens prefer effective policies which interfere with their everyday life as little as possible. At the same time, our study shows that socio-economic attributes, the individual health condition, behavioral and psychological factors, and political preferences are not sufficient to explain the individual support for these measures.

Taken together, since public approval is a crucial ingredient of democratic governance, the results presented here provide highly relevant insights that help scholars as well as governmental authorities and individual policy-makers to understand citizen attitudes and develop appropriate policy responses in times of crisis.

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Appendix: Question texts

Policy Demands, MCS: SCPX006

English translation

In Germany, measures to contain the Corona pandemic are being or were discussed and imposed. We would like to know from you what you think about already imposed and potential future measures. Which of the following measures do you find appropriate given today's situation?

Please choose all measures that you find appropriate.

- Closures of public institutions (e.g., universities, schools, and daycare centers)
- Closure of national borders for travellers
- Prohibition of events with more than 100 participants
- General curfew
- Halting of local and long-distance public transportation
- I find none of these measures for appropriate

Original (German)

In Deutschland werden und wurden zur Eindämmung der Corona-Pandemie verschiedene Maßnahmen diskutiert und ergriffen. Wir möchten nun von Ihnen wissen, was Sie von bereits beschlossenen Maßnahmen als auch von möglichen zukünftigen Maßnahmen halten. Welche der folgenden Maßnahmen halten Sie in der heutigen Situation für angemessen?

Bitte geben Sie alle Maßnahmen an, die Sie für angemessen halten.

- Schließung öffentlicher Einrichtungen (z.B. Universitäten, Schulen und Kindergärten)
- Schließung der Landesgrenzen für Reisende
- Verbot von Veranstaltungen mit mehr als 100 Teilnehmern
- Allgemeine Ausgangssperre
- Einstellung des Nah- und Fernverkehrs

- Ich halte keine dieser Maßnahmen in der heutigen Situation für angemessen.

Threat, MCS: SCBX003

English translation

To what extent to you perceive the Corona virus pandemic as a threat to you?

- no threat to me at all (0) - extreme threat to me (10)
- don't know

Original (German)

Inwiefern empfinden Sie die Corona-Virus-Pandemie als Bedrohung für sich selbst?

- überhaupt keine Bedrohung für mich (0) - extreme Bedrohung für mich (10)
- weiß nicht

Income previous month, MCS: SCDX001

A respondent was asked this question whenever she participated in the MCS for the first time in a given months. In the question text below, the name of the month was replaced accordingly. MCS question codes are: SCDX001, SCDX005, SCDX007, SCDX008, SCDX009.

English translation

How much money was roughly available to your household in February 2020? Please consider your income from wages, self-employed work, pensions, but also income from public transfers, rents, wealth, housing benefits, child benefits, and other sources of income.

- below 150 Euro
- 150 up to 400 Euro
- 400 up to 1000 Euro
- 1000 up to 1500 Euro

- 1500 up to 2000 Euro
- 2000 up to 2500 Euro
- 2500 up to 3000 Euro
- 3000 up to 3500 Euro
- 3500 up to 4000 Euro
- 4000 up to 4500 Euro
- 4500 up to 5000 Euro
- 5000 up to 5500 Euro
- 5500 up to 6000 Euro
- 6000 up to 7500 Euro
- 7500 Euro and more
- don't know
- no answer

Original (German)

Wie viel Geld stand Ihrem Haushalt im Februar 2020 in etwa zur Verfügung? Berücksichtigen Sie bitte Einkünfte aus Lohn, Gehalt, selbstständiger Tätigkeit, Rente und Pension, aber auch Einkünfte aus öffentlichen Beihilfen, Vermietung und Verpachtung, Vermögen, Wohngeld, Kindergeld und sonstige Einkünfte.

- unter 150 Euro
- 150 up to 400 Euro
- 400 up to 1000 Euro
- 1000 up to 1500 Euro
- 1500 up to 2000 Euro

- 2000 up to 2500 Euro
- 2500 up to 3000 Euro
- 3000 up to 3500 Euro
- 3500 up to 4000 Euro
- 4000 up to 4500 Euro
- 4500 up to 5000 Euro
- 5000 up to 5500 Euro
- 5500 up to 6000 Euro
- 6000 up to 7500 Euro
- 7500 Euro und mehr
- Weiß nicht
- Keine Angabe

Medical pre-condition, MCS: SCTX001

English translation

Do you suffer from one or several of these medical conditions: obesity, diabetes, high blood pressure, issues with the heart, breathing, the lungs, or the liver as well as cancer or a weak immune system?

- Yes
- No

Original (German)

Leiden Sie unter einem oder mehreren der folgenden Gesundheitsprobleme: Übergewicht, Diabetes, Bluthochdruck, Herz- oder Atemprobleme, Lungen-, Leber- oder Krebserkrankungen oder einem geschwächten Immunsystem?

- Ja
- Nein

Children in household, MCS: SCFX001

English translation

How many children below the age of 16 live in your household?

- Text box: 1 – 99
- no person below the age of 16

Original (German)

Wie viele Kinder unter 16 Jahren leben in Ihrem Haushalt?

- Textbox: 1 – 99
- keine Personen unter 16 Jahren

Social activity, MCS: SCBX001

English translation

How often did you meet friends, family, or colleagues in your leisure time during the week from 2 March to 8 March, i.e., the week before the first Corona measures were imposed?

- Not at all
- Once during this week
- Multiple times during this week
- Daily or multiple times a day
- Don't know

Original (German)

Wie oft haben Sie sich in der Woche vom 2.-8. März, also in der Woche bevor die ersten Corona-Maßnahmen in Kraft traten, mit Freunden, Verwandten oder privat mit Arbeitskollegen getroffen?

- Gar nicht
- Einmal in dieser Woche
- Mehrmals in dieser Woche
- Täglich oder mehrmals am Tag
- weiß nicht

Industry, GIP (September 2019): AA43458

English translation

Can you assign you (last) professional occupation to one of the following sectors?

- 1. agriculture and forestry, fisheries
- 2. Mining
- 3. Manufacturing (e.g., production of food, clothing, chemical products, pharmaceutical products, electronic products, cars, or machines)
- 4. Energy supply
- 5. Water supply, Waste water and garbage disposal
- 6. Construction
- 7. Trading (whole sale and retail); maintenance and repair of vehicles
- 8. Traffic, logistics or stock keeping (transport of good and people)
- 9. Hospitality

- 10. Information and communication (publishing, software programming, radio and TV, telecommunication)
- 11. Financial services, insurance services
- 12. Real estate (agencies, property management and the like)
- 13. Freelance, scientific, or technical services (e.g, legal or tax counseling, architects, marketing and market research)
- 14. Other business services (e.g., car rental, human resources, travelling agencies)
- 15. Public administration, courts, public security, defense, social insurances
- 16. Education (e.g., daycare, schools, universities)
- 17. Health and welfare (e.g, medical practice, hospitals, nursing homes)
- 18. Arts, entertainment and leisure (e.g., theatre, museums, cinema, gyms)
- 19. Others

Original (German)

Können Sie Ihre (letzte) berufliche Tätigkeit einem der folgenden Wirtschaftsbereiche zuordnen?

- 1. Land- und Forstwirtschaft, Fischerei
- 2. Bergbau und Gewinnung von Steinen und Erden
- 3. Verarbeitendes Gewerbe (beispielsweise Herstellung von Nahrungsmitteln, Bekleidung, chemischen Erzeugnissen, pharmazeutischen Produkten, elektrischen Erzeugnissen, Autos oder Maschinen)
- 4. Energieversorgung
- 5. Wasserversorgung, Abwasser- und Abfallentsorgung
- 6. Baugewerbe

- 7. Handel (Groß-, aber auch Einzelhandel); Instandhaltung und Reparatur von KfZ
- 8. Verkehr, Logistik oder Lagerei (Personen- oder Warenbeförderung)
- 9. Gastgewerbe
- 10. Information und Kommunikation (Verlagswesen, Softwareprogrammierung, Rundfunk und Fernsehen, Telekommunikation)
- 11. Erbringung von Finanz- oder Versicherungsdienstleistungen
- 12. Grundstücks- und Wohnungswesen (Immobilienmakler, Immobilienverwaltung und ähnliches)
- 13. Erbringung von freiberuflichen, wissenschaftlichen und technischen Dienstleistungen (zum Beispiel Rechts- und Steuerberatung, Architekten, Werbung und Marktforschung)
- 14. Erbringung von sonstigen wirtschaftlichen Dienstleistungen (zum Beispiel Autovermietung, Personalvermittlungen, Reisebüros)
- 15. Öffentliche Verwaltung, Gerichte, Öffentliche Sicherheit, Verteidigung, Sozialversicherung
- 16. Erziehung und Unterricht (zum Beispiel Kindergärten, Schulen, Universitäten)
- 17. Gesundheits- und Sozialwesen (zum Beispiel Arztpraxen, Krankenhäuser, Pflegeheime)
- 18. Kunst, Unterhaltung und Erholung (zum Beispiel Theater, Museen, Kino, Sport- und Fitnesszentren)
- 19. Sonstiges

Left-right self-placement, GIP (September 2019): AA43040a

English translation

In politics, people often talk about "left" and "right". Using this scale, where would you place yourself when 1 is "left" and 11 is "right"?

- Left (1) - Right (11)
- don't know

Original (German)

In der Politik reden die Leute häufig von "links" und "rechts". Wenn Sie diese Skala hier benutzen, wo würden Sie sich selbst einordnen, wenn 1 "links" und 11 "rechts" ist?

- Links (1) - Rechts (11)
- weiß nicht