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The COVID-19 pandemic and government responses: A gender perspective on differences in public opinion

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Abstract

Objective: The 2019 novel coronavirus disease (COVID-19) crisis has led to shutdowns of the cultural, associational, and economic life in many parts of the world and had a severe impact on gender relations in many societies. This study engages with gender differences in public support of severe infringements of personal and economic freedoms.

Methods: We use data from an original survey conducted by CINT in the United States and Germany in June 2020. Descriptive statistics both aggregated for the two countries and then split by country as well as multinomial logistic regression analyses gauge gender differences in support of COVID-19 related confinement measures.

Results: Men and women rather converge on the level of risk COVID-19 might cause to their health and economic situation, but the two sexes still differ in their assessment of their preferred government reaction to the disease. Women are approximately one-third more likely to advocate stricter infringements, compared to men. This finding illustrates that while both sexes share similar risk evaluations, women are more prudent for their health than men.

Conclusion: With this study, we add to the literature on risk aversion and gender differences. In a pandemic situation, women appear to be more risk averse than men.

KEYWORDS

COVID-19, crisis, gender, government reaction, risk aversion

The COVID-19-crisis is probably the largest external shock in the 21st century so far. As of February 1, 2021, the pandemic has spread to every continent on the globe infecting over 100 million people and killing more than 2.5 million (John Hopkins University Resource Center, 2021). Within weeks of its emergence, the pandemic has brought public life to a standstill, leading to shutdowns of the cultural, associational, and economic life in many parts of the world. These shutdowns have followed rather homogenous measures (Sebhatu et al., 2020). In high urgency, leaders and governments took the difficult decision to contain

the spread of the highly infectious disease by implementing lockdowns, contact restrictions, and social distancing regulations of whole populations and by putting severe strains on the economic and social lives of people. Recent research has focused on the social and psychological effects of these measures (Bol et al., 2020; Elder & Greene, 2021; Roccato et al., 2021; Sebhatu et al., 2020). The response to the pandemic also had a severe impact on gender relations in many societies, such as the widening of gender gaps in unemployment (Landivar et al., 2020), increased working hours for women (Collins et al., 2020), and more domestic violence against women (Gupta & Stahl, 2020; Townsend, 2020). Studies have also established more negative psychological impacts of the confinement measures for women than men (Ausín et al., 2020; Etheridge & Spantig, 2020), and highlighted the difficult situation many women have been facing in juggling work and childcare (Johnston, Mohammed, & van der Linden, 2020; Reichelt, Makovi, & Sargsyan, 2020).

Acknowledging these trends, we are interested in how men and women react to the COVID-19 crisis. We ask the following research question: *Can we identify gender differences in the support of severe confinements of personal and economic freedoms?* These confinements of personal and economic freedoms refer to measures that restricted constitutional rights during the pandemic, such as the free movement of people restricted through curfews, or the right to work in areas as diverse as restaurants, tourism, or retail. For instance, in Germany, owners and employees of hotels and restaurants had to close their facilities for several months. In the United States, schools in New York and elsewhere have been closed during the several waves of the pandemic. Theoretically, it is unclear, if women prefer such stricter lockdowns or less stringent government measures more than men. The literature on risk aversion would suggest that they prefer stricter measures (Takahashi et al., 2020) because women tend to be more careful than men (e.g., Hollander, 2001; Maxfield et al., 2010). This higher risk aversion might stem from gendered practices and ideologies (Booth, Cardona-Sosa, & Nolen, 2014). Women might also fear more strongly for their health and that of their families (Bord & O'Connor, 1997). We hypothesize that due to this higher risk aversion, there could be differences in the preferred government response between women and men, with female respondents preferring stricter government measures in order to better protect their lives and that those of their families.

However, women might also advocate weaker government measures since they are more severely affected by the economic and social consequences of lockdowns and social distancing (Collins et al., 2020; Farré et al., 2020; Landivar et al., 2020). For instance, for North America, Gupta (2020) describes the economic consequences of the confinement measures as “shecession,” a recession that mostly affects the economic and employment situation of women. Hence, we seek to examine which of the two competing hypotheses applies, if any.

We try to embark on gender differences in support of government measures exerted in response to the COVID-19 pandemic using an original survey. We put this survey into the field in the first week of June 2020 in two countries with different degrees of affectedness and diverse responses to the crisis, namely, Germany and the United States. Through descriptive and inferential statistics, we detect that in both countries, women, more so than men, prefer strong measures by their state authorities in response to the crisis.

GENDER, RISK AVERSION, AND COVID-19

Within weeks of its arrival, COVID-19 has transformed societies into so-called “risk societies,” a notion that goes back to the writings of the German sociologist Ulrich Beck (1986, 2007). Risks in modern societies are the consequence of human activity and technology (as opposed to premodern hazards) and denote future developments that are threatening and may become reality. The public accepts measures taken in anticipation of future events as long as they believe a risk is “real.” Risks tend to be invisible and beyond human perceptivity. They are thus subject to interpretation and socially and scientifically constructed. They come into existence through the knowledge of them and can therefore be enlarged, diminished, dramatized, or trivialized (Beck, 1986:30). A risk society is a society in which “concerns about personal safety and health as well as collective security have risen to the top of the social and political agendas” (Boin & ‘t Hart, 2003:546). COVID-19 has triggered such a crisis, which has existentially threatened people’s health

and lives. The risk aversion literature would contend that in such a situation, citizens expect from public leadership policies that prioritize public safety over economic concerns and the defense of civil liberties. In other words, risk (society) scholars would hold that citizens expect the public leadership to do everything to save their lives (Subramanian & Cropper, 2000). Yet there might be differences in this opinion between men and women.

There is a large literature on gender differences in risk aversion in a variety of situations, which portrays women as more cautious than men, particularly in life-threatening situations (Hollander, 2001; Maxfield et al., 2010; Slovic, 1999). Examples of women being more careful range from professional situations, where women have a higher likelihood of wearing protective gear than men, to financial investments, where women tend to prefer safe investments with fewer returns over more risky investments with potentially higher returns, to alcohol and drug abuse, which is less common among women, to gambling, where women invest less money and are less likely to get addicted (Sarin & Wieland, 2016). Gender research argues that women learn gendered roles that make them naturalize the fear of victimization and adapt to greater risks in specific areas. Based on these gendered norms and roles, the meaning of risk differs between men and women (Booth, Cardona-Sosa, & Nolen, 2014). Hence, studies suggest that women feel more vulnerable to violence such as rape, which sensitizes them and increases their sensitivity toward other risks, too (Hollander, 2001; Slovic, 1999; Wägerud, Solevid, & Djerf-Pierre, 2019). Moreover, women, in the aggregate, seem to care more about risks such as environmental problems, in particular, when these risks pose a direct threat to their health and that of their families (Bord & O'Connor, 1997). For instance, Sundström and Mc Cright (2016) find that women oppose nuclear power to a greater extent than men; this lends support to the assumption that women are less supportive of technologies with considerable perceived health and safety risks than men. In addition, women make up to 70 percent of the global health workforce, which puts them at greater risk of infection (United Nations, 2020).

Experimental research further indicates that the higher risk aversion of women might be specifically linked to women's under-representation in many contexts, including in positions of social and political power (Booth, Cardona-Sosa, & Nolen, 2014). Hence, gender gaps in risk aversion might be a result of systematic inequalities that still linger in many societies (Guisinger, 2016). In other words, if women do not have the same standing, they might be unwilling to take the same risks as men. Another reason for variation in risk aversion might stem from a psychological predisposition of women and men that leads them to approach risk differently. To make this point, the political psychology literature (e.g., Slovic, 1999; Eckel & Grossman, 2008) affirms that women tend to take less individually oriented choices than men. In other words, more so than men, women not only think about their own risk but also about the risk people in their surrounding might face. Women might thus feel for the health of their children, parents, or friends and might therefore show more careful behavior and support all measures that protect their environment.

Furthermore, researchers (e.g., Grabe & Kamhawi, 2006; Soroka, 2014) have repeatedly shown that women have a higher tendency of anticipating negative outcomes. This also implies that negatively framed messages, such as the ones we hear during the COVID-19 pandemic, might activate an "avoidance response" in women (see, Verge, Guinjoan, & Rodon, 2015:503); that is, compared to men, women might be more likely to support any measures to mitigate crisis situations (Algara et al., 2020). If we apply these different logics to the current COVID-19 pandemic as an example of a highly negatively framed crisis, then we can formulate the following hypothesis:

H1: Female respondents should support stricter measures by the government to contain the pandemic.

Yet the literature on gender differences emanating from the risk aversion literature might only highlight one dimension on how men and women could react differently to a transboundary crisis such as COVID-19. Alternative arguments would shift the focus from health issues to socio-economic ones. First, stricter government measures to contain the health crisis might increase the economic impact of the crisis. Inadvertently, these measures might hit women harder than men and amplify gender gaps across several economic areas. Most importantly, with the increased need for childcare caused by school and day-care closures, existing asymmetrical distributions of childcare have amplified during the COVID-19 crisis, with

women bearing the main burden (Adams-Prassl et al., 2020; Johnston, Mohammed, & van der Linden, 2020; Sevilla & Smith, 2020; Yildirim & Eslen-Ziya, 2020). In the United States, this has led to an increase in the gender gap of working hours by 20–50 percent (Collins et al., 2020). In Germany, this unequal distribution of childcare has triggered differences in prioritizing government measures between the sexes. Women have been more concerned about childcare and school reopening than men, who have particularly focused on paid work and the economy (Czymara, Langenkamp, & Cano, 2020). In contrast to women in the United States, who were more likely to reduce their working hours, German women were more likely to transition to unemployment than men, a development associated with more traditional gender-role attitudes (Reichelt, Makovi, & Sargsyan, 2020). Moreover, there is emerging evidence that the labor productivity of women has suffered during the pandemic (Adams-Prassl, 2020); examples include research and science (Amano-Patino et al., 2020).

In addition, ample research evidence suggests that COVID-19 has a disproportionate impact on women's socio-economic status (Collins et al., 2020; Farré et al., 2020; Landivar et al., 2020). Compared to men, women's employment disproportionately concentrates on jobs in the social sector that are more prone to economic pressures (Alon et al., 2020). To underline this point, a recent study by Adams-Prassl et al. (2020) finds that the risk of unemployment in the United States during the early months of COVID-19 was significantly higher for women than men. In particular, mothers of young children were specifically at risk of unemployment (Albanesi & Kim, 2021; Landivar et al., 2020; Qian & Fuller, 2020), reflecting a "shecession" in North America (Gupta, 2020). Globally, research has found that women have been 24 percent more likely to permanently lose their job due to the pandemic than men (Dang & Nguyen, 2021). From this socio-economic point of view, women might support less stringent measures by the government to contain the pandemic in order to avoid high personal economic costs. This argument constitutes a second (alternative) hypothesis.

Another more societal aspect of the COVID-19 crisis refers to the tendency that women are more likely to be victims of domestic violence. This conjecture becomes plausible if we look at the surging domestic violence and femicides worldwide during the quarantines and lockdowns resulting from the spread of the COVID-19 virus (Gupta & Stahl, 2020; Townsend, 2020; United Nations, 2020:10). Focusing on the United States, Boserup, McKenney, and Elkbuli (2020) affirm that women have suffered the brunt of this increased violence. Therefore, strict government measures—such as lockdowns—tend to put women at an enhanced risk at home because they may be locked with their abusers or killers. In addition, there is emerging evidence that COVID-19 appears to be having a greater psychological impact on women than men (Ausín et al., 2020; Etheridge & Spantig, 2020). As a result of these worrisome developments, women might be likely to support less strict government measures in response to the pandemic.

Finally, there is a third argument that questions the insights from the risk aversion literature: insights from hospital treatments of persons suffering from COVID-19 suggest that men are more at risk of serious illness and death (Guan et al., 2020; Jin et al., 2020). While it seems true that women and men have the same risk of falling ill with COVID-19, men are likely to suffer more severe consequences from it (Takahashi et al., 2020). Altogether, the higher socio-economic costs that women bear from the pandemic, the higher risk of victimization during lockdowns and confinements, and the fact that the disease is less deadly for women leads us to formulate an alternate hypothesis to the risk aversion literature:

H2: *Compared to men, women are less likely to support stringent confinement measures.*

CASE SELECTION

In this study, we test gender differences in opinion with regard to the two sexes' preferred government measures toward the pandemic using two dissimilar cases, Germany and the United States. In particular, during the early stages of the pandemic when we did our fieldwork, the two countries were very differently affected by COVID-19. To illustrate these empirical differences with some statistics, we can notice that during the first wave from Week 10 (the week of March 2, 2020) to Week 23 (the week of June 7, 2020)

Germany registered 8674 COVID-19-related deaths (see Stang et al., 2020). For the same period, the United States has registered more than 110,000 deaths (NBC, 2020). Even if we control for population size, the U.S. death rate was approximately three times higher than the German one during that same period. In the subsequent months until the end of 2020, these differences became even more pronounced (John Hopkins University Resource Center, 2021).

The COVID-19 crisis response in Germany and the United States varied to a large extent during the first COVID-19 wave from March to June 2020. The crisis response in Germany was very rational and coordinated between the federal government and the various state governments. In a harmonized effort, the economy and (nearly) all social and associational life were shut down in March 2020 and then progressively reopened in subsequent months. The response has come close to what Boin (2005) labels effective crisis management (see also Boin, Stern, & Sundelius, 2016), which consists of five critical tasks: sense-making, decision making and coordinating, meaning-making, terminating, and learning. During the first wave, the German government seemed to have followed this sequence of steps. It listened to early warnings, consulted scientific experts and reflected their advice, took over responsibility, provided clear guidance, and showed empathy.

In contrast, the crisis response in the United States was much less coordinated and more chaotic. The American President was first in denial of the pandemic and took inconsistent measures to cope with the health crisis until he left office in January 2021. He further sent ambiguous signs to the population and engaged in a strategy of hostility toward international authorities such as the World Health Organization and scientific evidence, including his own health advisors (Rutledge, 2020). He also defended “easy solutions” to cure the disease, such as the use of chloroquine, despite the absence of scientific evidence. In addition, President Trump oversaw an administration in disarray and engaged in conflictual relations with governors and mayors that imposed strict confinement measures before he himself was tested positive.

These differences, both in the spread of the disease and in the official government response, make the two countries very suitable cases for studying if women, regardless of the context, are more risk averse than men, when a country faces a major pandemic.

METHODS

To test the level of risk aversion of the two genders, we have constructed an original survey that tapped into citizens' attitudes toward their national government's COVID-19 crisis mitigation response. We partnered with the survey company CINT to distribute the survey. CINT selected the responses from an online panel that comprised several hundred thousand people in Germany and over 3 million in the United States. From this sample, CINT implemented age, gender, and regional quotas that assured that the two surveys were representative with regard to these three criteria in the two countries' populations. CINT further used a sample size of approximately 1000 people in each country and administered the survey in the first week of June 2020. A sample size of 1000 should provide for stable estimates and is in line with disciplinary standards, as well as many consumer or commercial surveys (Schönbrodt & Perugini, 2013).

We analyzed our survey in the following way. First, we determined dependent and independent variables. The dependent variable is an ordinal scale that asked respondents how they judge the measures to contain the crisis. Respondents could choose among four answers: (1) the containment measures are exaggerated, (2) the containment measures are partly exaggerated, (3) the containment measures are adequate, and (4) the containment measures are not severe enough. The independent variable is a dummy variable for gender—coded 0 for men and 1 for women.

To isolate the effect of gender on respondents' assessment of the government's COVID-19 response, we added several control variables. First, we controlled for political ideology (an 11-point left-right scale ranging from left to right) because in both countries, rightist leaders and parties (e.g., Donald Trump in the United States and the Alternative for Germany (AfD)) have repeatedly belittled the crisis and ridiculed the measures to contain it, such as the wearing of masks (Uscinski et al., 2020). We expect Trump and AfD followers to join their leaders and demand less forceful containment measures. Second, we expect

TABLE 1 Gender and respondents' evaluation of the government's Covid-19 response

	All countries		Germany		The United States	
	Men (%)	Women (%)	Men (%)	Women (%)	Men (%)	Women (%)
The containment measures are exaggerated	12.01	8.04	10.79	8.56	13.11	7.58
The containment measures are partly exaggerated	23.16	19.11	24.68	21.48	21.80	17.00
The containment measures are adequate	45.55	43.75	55.03	51.14	37.05	37.21
The containment measures are not severe enough	19.27	27.11	9.51	18.82	28.03	38.22

more educated individuals to better inform themselves about the pandemic. Being more informed about the crisis, they should be more likely to see the health dangers emanating from COVID-19, which, in turn, should make them more risk averse, and more likely to support stricter crisis mitigation measures (for a similar argument, see Grönlund & Milner, 2006). We gauge education using a 6-scale ordinal variable ranging from “no formal education” to “a graduate degree.”

Third, we added individuals' assessment of their financial situation to our analysis. We expect that the more respondents suffer financially, the less likely they are to support stronger measures, as lockdowns or business closures are likely to hurt the financially vulnerable more than the financially savvy (Arndt et al., 2020). We measure an individual's financial situation by a 4-point scale ranging from “the money the respondent has at her disposal is not sufficient at all” to “more than sufficient.” We also control for respondents' level of concern about their health situation, as well as their employment situation (both variables are 11-point scales ranging from “not concerned at all” to “very concerned”). For the former, we expect that the more people are concerned about their health, the more likely they are to advocate for stricter crisis containment measures. For concerns about the financial situation, the effect should be inverse; that is, the greater someone's financial concerns the more, he or she should want the economy to stay open.

We first test the influence of gender on the four response choices using descriptive statistics, both aggregated for the two countries and then split by country. We then present the results of a multinomial logistic regression analysis, in which we control for the five control variables (i.e., political ideology, education, financial situation, health concerns, and financial concerns). We also add a dummy variable for the country of residence to control for the different contexts and environments in Germany and the United States. We choose multinomial over-ordered logistic regression because the four response categories—(i.e., (1) the containment measures are exaggerated, (2) the containment measures are partly exaggerated, (3) the containment measures are adequate, and (4) the containment measures are not severe enough)—do not necessarily follow a linear order. Rather, answers (1) and (2) show some rejection of the government response because the measures are too strict, response category (3) indicates satisfaction with the government, and response category (4) again indicates some dissatisfaction with the government, but this time because the measures are not strict enough. To further control for any possible confounding effect, we present the results of an additional *T*-test (i.e., an independent samples *T*-test), with the help of which we quickly evaluate if there are differences in the level of health concerns and economic concerns between men and women.

RESULTS

Table 1 illustrates some gender differences for response choice (1) (i.e., the containment measures are exaggerated) and, in particular, response item (4) (the containment measures are not severe enough). In contrast, for item (3) (i.e., the containment measures are adequate), there is no difference. There are also

TABLE 2 The effect of gender on respondents' evaluation of the government response

	Government response exaggerated	Government response party exaggerated	Government response adequate (reference category)	Government response not severe enough
Female	-0.370** (0.176)	-0.082 (0.123)		0.430*** (0.126)
Education level	0.014 (0.073)	-0.069 (0.054)		-0.113** (0.055)
Assessment of financial situation	-614*** (0.105)	-0.253*** (0.079)		-0.336*** (0.079)
Left-right scale	0.308*** (0.039)	0.088*** (0.027)		-0.150*** (0.026)
Health concern	-0.176*** (0.031)	-0.083*** (0.022)		0.138*** (0.023)
Employment concern	0.109*** (0.029)	0.069*** (0.021)		0.005 (0.020)
USA	0.062 (0.178)	0.197 (0.126)		1.22*** (0.130)
Constant	-0.920 (0.563)	-0.346 (0.420)		-1.55*** (0.353)
Log-likelihood	-2166.45			
N	1910			

Two-tailed test of significance.

**p* < 0.1;

***p* < 0.05;

****p* < 0.01.

few differences for response item (2) (i.e., that measures are partly exaggerated). The largest differences we observe are for response item (4). Compared to men, women are more likely to prefer stricter measures. Even if there are absolute differences between Germany and the United States (i.e., nearly 10 percent of U.S. respondents prefer more severe measures than German citizens), relatively speaking, the gender gap of 10 percentage points remains the same—regardless of the country. This implies that in both contexts, our first hypothesis is confirmed: Women do indeed prefer stricter, that is, potentially more life-saving measures. We further confirm this finding if we look at response item (1). Female respondents particularly in the United States are less likely to hold that the containment measures are exaggerated (the gap between men and women is 8 to 13 percent in the United States and 9–11 percent in Germany).

The multivariate model confirms our descriptive statistics (see Table 2 and Figure 1). The inclusion of our six control variables does not alter the effect of gender on individuals' judgment of the government response to the COVID-19 pandemic. In particular, the response gap between the two genders in favor of more severe measures is statistically significant and substantively relevant (see Figure 1). The predicted gap of those, who think that the government measures should be stricter, remains at approximately 10 percentage points between men and women. Figure 1 further confirms the small gap for the first category—the response is exaggerated, which women are also statistically less likely to choose. When it comes to the control variables, we find that respondents, who consider themselves right-wing, tend to consider the government response exaggerated. The same applies to individuals who are worried that COVID-19 will hurt their employment situation. In contrast, those with health concerns tend to advocate stricter measures. In addition, those in a dire economic situation are split: Compared to the reference category “the government response is adequate,” they are more likely to either deem the government measures exaggerated or not severe enough. Moreover, respondents in the United States are more likely than respondents in Germany to prefer stricter government measures. The effect of the final variable “education” is very limited.

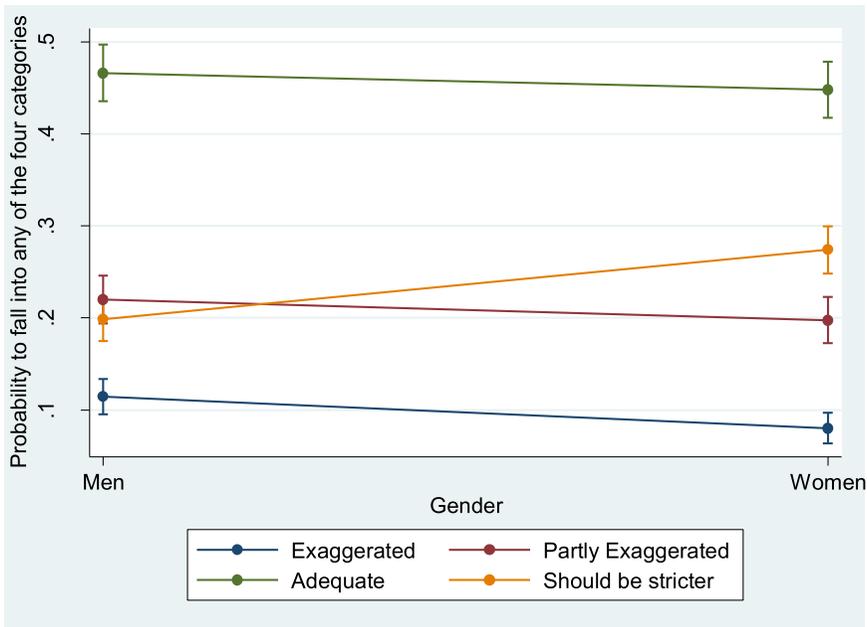


FIGURE 1 The predicted effect of gender on respondents' evaluation of the government response

If we look at gender differences in the level of health and employment concerns, we find little difference between men and women when the two sexes judge how much COVID-19 might affect their health and economic situation. In fact, women are only slightly more concerned than men that COVID-19 can negatively affect their health. On the 0 to 10 scale, the mean level of concern is 5.19 points for men and 5.54 for women. Despite the fact that an independent samples *T*-test confirms that this moderate difference is statistically different from zero ($p = 0.008$), we can hardly say that an aggregate difference of 0.35 points on the 0 to 10 scale is substantial. For the second indicator, there is no difference in the level of economic concern between the two sexes (the two values of 4.45 for men and 4.44 for women on the 11-point scale are not statistically different from zero either).

Altogether, our findings allow us to make some important inferences. Based on our multinomial regression model, it seems true that women are more risk averse than men. Regardless of the context, they prefer stricter government measures. Yet them prioritizing their health over potential effects on their employment situation does not stem from stronger health concerns. Rather, the two sexes only differ slightly in their level of health concerns caused by COVID-19. Hence, based on our data, we cannot contend that women are more worried about their health and therefore prefer stricter measures. Instead, relatively equal concerns trigger gender differences in the two sexes' preferred government response, with women preferring stricter measures. In other words, men and women rather converge on the level of risk COVID-19 might cause to their health and economic situation, but they still differ in how they think that the government should act. This implies that with similar risk evaluations, women are more prudent for their health than men.

CONCLUSION

In this study, we find that citizens expect their government to prioritize their health and, in return, accept personal infringement and economic downturn. To illustrate this point: more than 65 percent of German citizens consider the government's response either adequate or not severe enough. In the United States, that number is over 70 percent. Yet there is a substantial gender difference in these numbers. The

percentage of women, who prefer stricter measures, is approximately one-third higher than the corresponding percentage of men. This gender gap is even more remarkable given that the two sexes' personal risk assessment in the health and economic domain is rather similar. This entails that similar levels of concern trigger gender differences in men's and women's preferred government responses. These findings add to existing literature that has found similar gender differences in the rejection of nuclear power (Sundström & Mc Cright, 2016) or the two genders' wariness of environmental problems (Bord & O'Connor, 1997), which has more generally argued that women are more cautious than men in life-threatening situations (Hollander, 2001; Maxfield et al., 2010; Slovic, 1999). Yet women's subjective health and economic concerns might not correlate with their real "suffering," and future research could examine this association more fully. In the above section titled "Gender, Risk-Aversion, and COVID-19," we have listed evidence that women suffer more than men from the economic repercussions (Kushi & McManus, 2018), which the more severe measures will likely trigger. Yet based on our study, it seems that this greater economic vulnerability does not trigger greater employment fears.

Since June 2020, when we put the survey into the field, the response to the pandemic in the United States and Germany has changed to some extent. After a dreadful second wave in fall 2020/winter 2021, the United States has become a frontrunner in vaccinations in the first half of 2021 and has speeded up its path to normalcy as of June 2021. The German government's response to the second and third waves has not been as clear and straightforward as during the first wave. In particular, its slow and inconsequential reaction to the second wave in autumn 2020, and third wave in winter/spring 2021, which led to a substantive increase in deaths related to the COVID-19 pandemic has triggered domestic and international criticism. Yet as of June 2021, measures have been lifted gradually due to vaccination and decreasing infection rates. As such, the risks to women and men of catching COVID-19 might have decreased. The same does not necessarily apply to care work and the economic consequences of COVID-19, by which women are more affected than men. Both risks might endure for several months, if not years. In fact, women might be more substantially affected by the long-term consequences of the government measures and the economic effects of the pandemic than men, for instance with regard to their careers and job situation. It is thus necessary for future research to analyze the long-term implications of the pandemic on gender differences.

Future research should also try to decipher the (causal) mechanisms that could explain the gender gap in assessing the two sexes' preferred levels of anti-COVID-19 measures. Previous research has tried to explain women's higher risk aversion, for example, by their increased sensitivity to risk, differences in social status, and gendered practices with regard to social norms (Slovic, 1999; Wägnerud, Solevid, & Djerf-Pierre, 2019). Future studies could try to examine which (combination) of these (and possibly other) factors may explain gendered differences in opinions concerning the public COVID-19 response.

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