



universität  
wien

# MASTERARBEIT / MASTER'S THESIS

## TITEL DER MASTERARBEIT / TITLE OF THE MASTER'S THESIS

“A Covid-19 infection as an influencing factor of attitudes towards Covid-19  
lockdown measures in Austria”

Verfasst von / Submitted by

Sarah Wolf, BA

angestrebter akademischer Grad / in partial fulfilment of the requirements for the degree of

Master of Arts (MA)

Wien, 2022 / Vienna, 2022

Studienkennzahl lt. Studienblatt / Degree programme code as it appears on the student

record sheet:

UA 066 905

Studienrichtung lt. Studienblatt / Degree programme as it appears on the student record

sheet:

Masterstudium Soziologie

Betreut von / Supervisor:

Ass.-Prof. Dr. Valeria Bordone

## Table of Contents

1.	Abstract .....	2
2.	Introduction .....	3
3.	Sociological Relevance.....	4
4.	Research Question and Hypothesis.....	6
5.	Theory .....	17
5.1.	Positioning in the Theory.....	17
5.1.1.	Medical- and Health Sociology .....	17
5.1.1.1.	Societal theory .....	18
5.1.1.2.	Public Health theory .....	20
5.1.1.3.	Needs and care analysis theory .....	22
5.1.1.4.	Role and system theory .....	23
5.1.1.5.	Interaction theory.....	24
5.1.2.	Rational choice theory.....	28
5.1.2.1.	Goal Frame Theory .....	35
6.	Methodology .....	41
7.	Current Research .....	43
7.1.	Austrian Corona Panel Project.....	49
8.	Dataset .....	52
8.1.	Sample.....	52
8.1.1.	DAG Diagram.....	52
8.2.	Variables.....	54
8.2.1.	Gender ( $X_2$ , female) .....	61
8.2.2.	Age( $X_3$ , age).....	62
8.2.3.	Education ( $X_4$ , education) .....	63
8.2.4.	Born in Austria ( $X_6$ , bornaustria).....	65
8.2.5.	Life satisfaction ( $X_7$ , lifesat) .....	66
8.2.6.	Political Affiliation ( $X_5$ , polparty).....	67
8.2.7.	Probability infected ( $X_9$ , probinf).....	70
8.2.8.	Effectiveness measure ( $X_{10}$ , effmeasure).....	71
9.	Method and Analysis .....	74
9.2.	Evaluation Method .....	74

9.3.	Multiple linear regression.....	75
10.	Results.....	79
11.	Limitations.....	81
12.	Summary.....	82
12.	Literature.....	82
13.	Annex.....	92
13.1.	Abstract German/ Abstract Deutsch.....	92

## 1. Abstract

Much literature finds gender, age, education, and political affiliation have a significant effect on the approval of Covid-19 lockdown measures (Ali et al., 2020; Block et al., 2022; Collignon et al., 2021; Vincenzo et al., 2020; von Chamier et al., 2020). While a possibility of a rapid increase of severe Covid-19 cases may be endangering the workings of the societal system, no literature was found on whether individuals with a Covid-19 infection would approve of lockdown measures differently. Therefore, this paper considers the effect a Covid-19 ailment has on lockdown measure approval. Using secondary data (N=813) from the Austrian Corona Panel Project, a quantitative data analysis is conducted (Kittel et al., 2021; Vienna Center of Electoral Research, 2021). The result shows that no significant effect in ailment status is given, neither if oneself has had Covid-19 or if someone in one's immediate surrounding did. In the sample significant effects on Covid-19 lockdown measure approvals are however present for the subjective belief of being infected with Covid-19 within the next week, political affiliation and how effective an individual considers lockdown measures to be. With

these findings, policymakers, researchers and interest groups in Austria are provided with information on what may affect Covid-19 lockdown measure approval.

## 2. Introduction

Governments around the globe paid attention once the World Health Organization called out a pandemic on the 11<sup>th</sup> of March 2020 (World Health Organization, 2021c). This was to change the daily routines and lives of many people alike. With the first known positive Covid-19 case arriving in Austria in January 2020, the numbers kept increasing worldwide (Kreidl et al., 2020, p. 645). By the 16<sup>th</sup> of March 2020 Austria started with measures to contain the virus – Covid-19 (Republik Österreich, 2020b). Given the high transmissibility of the disease, 118.000 cases were registered in 114 countries by the 11<sup>th</sup> of March 2020 (World Health Organization, 2021c). Response measures such as physical distancing, hygiene recommendations, quarantining and contact tracing were advised by international health agencies (European Centre for Disease Prevention and Control, 2021).

Experiencing waves of infections with a peak of 9,209 new daily cases on the 17<sup>th</sup> of November 2020, several lockdowns were declared and implemented by the Austrian government throughout 2020 and 2021 (Vienna Center for Electoral Research, 2021). With such interventions in the private lives of individuals, research focusing on the approval of these measures while considering whether an individual has been infected or having someone in ones surrounding with a Covid-19 infection is lacking. For this reason, this paper assesses the effect a Covid-19 infection could have on an individual's approval with lockdown-measures. The focus lies on whether oneself thinks they have been or are positive. That is regardless of whether that belief is through an official test or because an individual is assuming that they have been infected with Covid-19.

With the strong impact such lockdown measures have on daily life, public opinion is of relevance. This allows getting a better understanding of whether democratic governments are representing the opinions of the masses when initiating policies and measures or whether leaders and the public have drifted apart completely. This paper aims towards gaining a better understanding of whether this is the case or not while also considering variables such as the likelihood of being infected within the next week, whether someone in ones surrounding has been infected already, political affiliation and demographic data. This is assessed through a secondary data analysis with a quantitative regression model in STATA (STATA, 2022). A representative sample of the Austrian population is used through the Austrian Corona Panel Project data (Kittel, Kritzingner, Boomgaarden, Hajo Prainsack, et al., 2020; Vienna Center of Electoral Research, 2021).

Using a rational choice theory model through Lindenberg's goal frame theory, the hedonic frame comes into the forefront (Lindenberg & Steg, 2007). The complexity of considerations and reflections taken when making decisions on attitudes of lockdown measure-approval is reason for seeing it on the respective frame. Looking at the perception of society towards an ill person, the interaction theory within medical sociology is the basis of how an ill person is perceived and integrated within society (Hurrelmann, 2013, p. 91) . Thereby, allowing a clear definition of when a person is considered healthy and ill. This theoretical framework serves as the basis of the quantitative analysis for this thesis.

### 3. Sociological Relevance

Social changes are an inherent part of society, able to take on different forms throughout one's lifetime. There are few situations in which an aspect of reality of all individuals in a society change at the same time, irrespective of ones stage of life. Only in extreme scenarios

such as war, economic turmoil or a pandemic, does this occur. With the Sustainable Development Goals (SDG's) continuing the effort towards ending epidemics in Goal 3, the medical system, financial means as well as the cooperation and participation of society is necessary to reach that goal (Vereinte Nationen, 2021) . Because studies have shown that the attitude towards governmental measures affect the practices of society (al Ahdab, 2021; Banik et al., 2020; Limbu et al., 2020), this study aims towards getting a better understanding of whether the factor of being infected with the disease causing a pandemic has an effect on approval with lockdown measures.

With differing governmental decisions and actions, recommendations are provided by the WHO on how to contain Covid-19 for public and private actors (World Health Organization, 2021a). Amongst these, one can find advice such as that the “3Cs: spaces that are closed, crowded or involve close contact”, should be avoided, as well as visiting places during peak hours or wearing a face mask (ebd.). Measures as such, which limit the usual way life takes place, are referred to as lockdowns – especially when it comes to scaling down daily activities such as shopping, nightlife, and activities involving physical contact amongst people (World Health Organization, 2021b). All non-essential stores were closed by decree in Austria (Republik Österreich, 2020a). Firms sent staff home to work via home-office or sent them into the governmental short-term work schemes.

Through such decisions, the virus may be contained, while potentially having a toll on individuals life and frustrations may arise. This was the case after after some time for Austria, leading to approximately 10,000 people demonstrating the federal governments Covid-19 measures in January 2021 (Vienna Center for Electoral Research, 2021). Seeing such developments taking place, a research interest and relevance towards sociology arises.

Getting a clearer understanding of potentially influential factors driving more people towards demonstrating against governmental measures brings up the topic of overall approval with governmental decisions on lockdown measures. Wanting to examine whether individuals show a significant difference in lockdown measure approval if they have been tested positive for Covid-19 can hereby bring a new perspective towards the study of Covid-19 lockdown approvals into sociological research.

#### 4. Research Question and Hypothesis

The basis of this thesis is laid out in the belief that an individual's own experience influences decision making in a certain way. Because social patterns replicate in a society through having similar experiences, going through a Covid-19 infection could thereby have an effect on decision making processes and bring about similarities amongst those individuals .

Keeping in mind though that social action is shaped by many different factors, such as race or gender (Zingher, 2021), their potential effect in one's decision making on Covid-19 lockdown measure approval is taken into consideration as well. Reason for having a focus on a Covid-19 ailment is that it has a strong influence on daily life for reasons such as governmental measures in place or experienced symptoms as well as potential fear to infect ones surrounding. An individual's perception towards lockdown measures may then be affected by ailment status. This leads to the following research question for this thesis.

**“What effect does a Covid-19 ailment have towards the attitudes of Covid-19 lockdown measures in Austria?”**

Its aim is focused on knowing whether there is an effect shown by having been infected with Covid-19, whether positive or negative.

*Hypothesis 1:*

*H0: A corona ailment has an effect on the attitudes towards Covid-19  
lockdown measures.*

*H1: A corona ailment has no effect on the attitudes towards Covid-19  
lockdown measures.*

With a social effect existing with a corona ailment - through for instance restrictions - , this paper aims to see whether the effect of a corona infection also has an effect on attitudes towards corona-measures. Previous studies have shown that ailments do affect attitudes, decision making processes and life choices (Bryngelson, 2009; Farrell et al., 2019; Kasl & Cobb, 2013). Because a social process takes place for the ill individual as well as the social sphere the individual is a part of, different effects are hypothesized. With an identification of an individual with being an ill person, social aspects come along with that. It may also be the case that a person refuses to identify as sick even though society would do so. It then comes down to whether an ill person is following or not following the restrictions or changing relations through an arising dependency because of the ill status, with the need to be taken care of (Parsons, 1991, p. 193). With Parsons concept of the ill person, which stipulates those individuals who are identified as sick take on a different role in society in relation to individuals who are healthy (Parsons, 1978, p. 12). This in turn brings changes in ones role if turned from healthy to sick or vice versa. The adaption process can hereby also come into play because not everyone reacts the same way to a change in social dynamics. Wanting to know whether there are also lasting societal effects such as an effect in attitudes, the



hypothesis looks further into the aspect of whether a change in attitude can be observed or not.

Wanting to assess several factors which may influence the dependent variable of attitudes towards corona-measures, another hypothesis is built. Acknowledging that one's social surrounding also has an influence on decision making processes and can thereby lead to an adaption in social action, the corona infection status of ones surrounding will also be taken into consideration. Thereby, the following hypothesis is built:

*Hypothesis 2:*

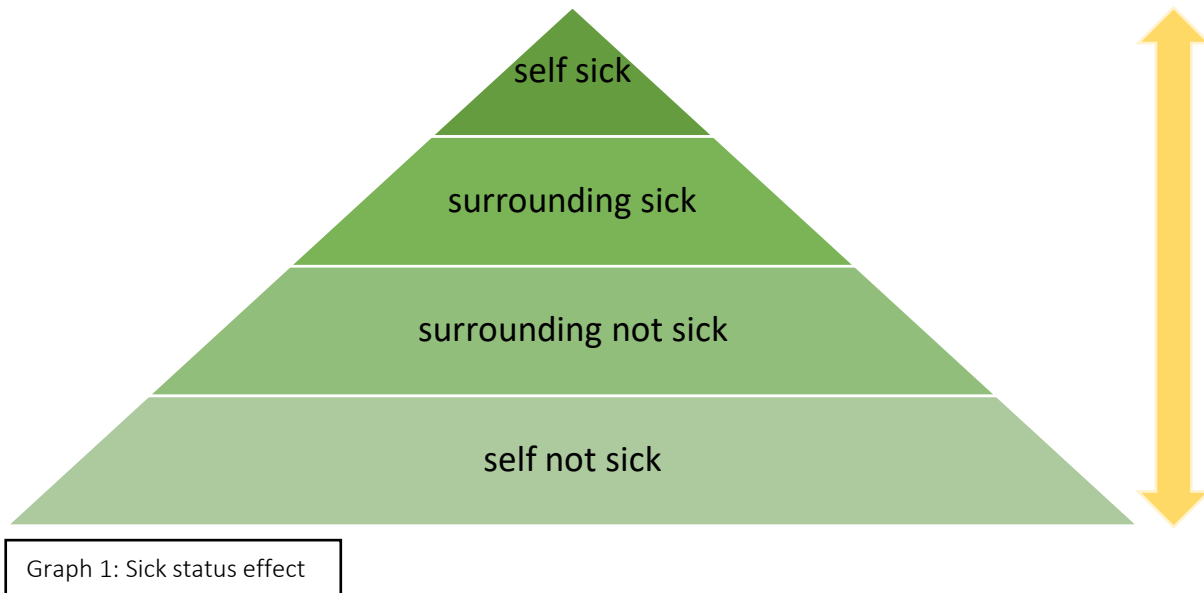
*H0: A corona ailment of ones surrounding has an effect on the attitudes towards Covid-19 lockdown measures.*

*H1: A corona ailment of ones surrounding has no effect on the attitudes towards Covid-19 lockdown measures.*

It is assumed that the direction of the agreement or disagreement with corona measures moves with the ailment status of both, oneself and ones surrounding. Hence, the significance of the lockdown measure approval is considered according to how much direct contact one has with Covid-19 itself – looking at the infection status.

This means that a form of pyramid can be built to illustrate the amount of approval or disapproval one may have according to ones exposure with the virus. Depending on where a person in the pyramid lies, the approval or disapproval should thereby either be higher at the

top or bottom of the pyramid and increases/decreases dependent on whether someone in their surrounding has also been infected or not.



*Hypothesis 3:*

*H0: An increase in one's subjective belief to be infected with corona within the next week has an effect on the attitudes towards Covid-19 lockdown measures.*

*H1: An increase in one's subjective belief to be infected with corona within the next week has no effect on the attitudes towards Covid-19 lockdown measures.*

Considering threat perceptions of diseases, different studies show that a change in one's perception takes place if the perceived risk of a certain health outcome is considered more likely (Anthonj et al., 2022; Bjurlin et al., 2022; Block et al., 2022; Lebrecht et al., 2022; Xie et al., 2022). A study also shows that if there is a higher risk perception present, individuals whom would otherwise be less willing to comply with measures because of their political

affiliation for instance, are then more likely to do so (Block et al., 2022, p. 2), With risk perception hence being a critical determinant of health behavior, the attitudes towards following certain behaviors may in effect be different dependent on whether an individual does subjectively believe that they are more likely to be infected in the near future. Regardless of whether an actual risk is present, the mere belief thereof is thereby considered to be able to have an effect on the attitudes towards following Covid-19 measures, leading to hypothesis 3.

*Hypothesis 4:*

*H0: A difference in age has an effect on the attitudes towards Covid-19 lockdown measures.*

*H1: A difference in age has no effect on the attitudes towards Covid-19 lockdown measures.*

With the demographic variable of age many studies have shown that in the approval of government measures a difference can be observed (Bosetti et al., 2021; Łaszewska et al., 2021a; Zhao et al., 2022). This partially depends on the measure itself, potentially because of the effect it has on one age group versus another (such as keeping the elderly safe versus restricting the movement of less vulnerable groups such as the younger cohorts) (Lau et al., 2023, p. 115). One study on Covid-19 measure approval shows that individuals in younger age groups tend to have less approval than individuals in older age groups (Collignon et al., 2021, p. 115). This would thereby indicate that in the sample of this master thesis individuals who are older in age are more likely to approve with lockdown-measures than younger

individuals. No records are present showing that a person under the age of 45 has suffered a death due to Covid-19 in Austria (Agentur für Gesundheit und Ernährungssicherheit, 2022). Seeing which groups are thereby affected most this can have an effect on lockdown measure approval according to age and a lower risk of death or being very ill once infected. Hence, the perceptions of what a Covid-19 disease means in itself can differ amongst the age groups. Generally, not identifying as part of a risk group amongst younger individuals may therefore also factor into the differences in approval towards the attitudes of lockdown measures (Horn & Schweppe, 2020, p. 2). Being aware that Covid-19 lockdown measures affect different age groups differently, the impacts ought not to be underestimated. On the one hand the younger population of children and teenagers are suffering from deprivation of education as well as social interactions in the younger years of life, while the eldest age group may be facing a higher mortality than normally. Another study stipulates that the younger an individual the more likely one is to approve of the Covid-19 measures (von Chamier et al., 2020). This shows that a variety of opinions are in place and a number of factors affect approvals, as well as in which direction approvals may go.

An alternative approach towards lockdown measures according to age is considered in some countries. It tries to find a balance between older and younger population groups because of less infections and a less severe disease course in the younger population groups, while keeping in mind the higher risks for older the older population (United Nations, 2022). This puts into question whether lockdown measures are really protecting each age group equally or whether one measure provides a higher quality of life to one group while depriving another of it.

Hence, because age-based measures are restricting the daily life of some age groups more than others, different opinions create a divide on whether this is justifiable or discriminatory (United Nations, 2020, p. 4). It underlines the question of who ought to be put into focus when considering policies and measures amongst a population. For instance, with a measure restricting the opening of clubs and bars to reduce the spread of Covid-19 to protect the elderly as a risk group, while age groups which have never experienced going to a club or bar are deprived of that experience for the time-being. If one group is however more affected than another by a disease, not having group focused interventions would neither economically nor socially be senseful in the long run. The focused approach would allow more protection for the vulnerable and does not restrict less affected groups as much. Wanting to know whether in this sample this pattern of less approval amongst the younger population can be observed, while keeping in mind the points brought forward here, H0 in hypothesis 4 stipulates that there is an effect towards lockdown-measure approvals according to age.

*Hypothesis 5:*

*H0: A difference in gender has an effect on the attitudes towards Covid-19  
lockdown measures.*

*H1: A difference in gender has no effect on the attitudes towards Covid-19  
lockdown measures.*

Considering gender in this thesis, studies have shown that women generally have a higher regard for protective measures when it comes to prevention of diseases (Dev et al., 2022;

Galasso et al., 2020; Lüdecke & von dem Knesebeck, 2020; Tadiri et al., 2020; Vincenzo et al., 2020). It also applies to the compliance and perception given with the effectiveness of disease preventing measures (ebd.). With that, it also has been said in literature that the likelihood of women complying more with Covid-19 lockdown measures, such as wearing a face mask, than men is higher (Haischer et al., 2020). On the other hand, because women suffer from the wage-gap and work in many industries affected negatively by the pandemic, measures which for instance restrict low paying jobs such as in the gastronomical sector affect women more than men (UN Women, 2021). Because of a higher number of women carrying out non-paying jobs such as childcare or elderly care, the exposure to Covid-19 is also higher through such activities (ebd.).

One study states that the approval of lockdown measures is slightly higher for woman than for men (von Chamier et al., 2020). While women perceived a higher risk of being infected with Covid-19 than men, the actual infections were higher for men overall if we look at a study conducted in Europe, France (Attema et al., 2021). For Austria, the numbers of reported infections for women is higher than for men overall (Agentur fuer Gesundheit und Ernaehrungssicherheit, 2022). This also poses the question whether women do test more overall because of a potentially higher risk perception present in the Austrian population of women.

To draw a clearer picture on whether an effect (positive or negative) depending on gender can be observed within this study, this variable is also added to the thesis and hypothesis 5 is put forward.

*Hypothesis 6:*

*H0: A difference in education has an effect on the attitudes towards Covid-19 lockdown measures.*

*H1: A difference in education has no effect on the attitudes towards Covid-19 lockdown measures.*

Considering demographic data, education can have an effect on opinions, which ought to be assessed further here as well. Studies on Covid-19 lockdown and preventive measure opinions have had different results on the significance of the impact education has (Ali et al., 2020; Attema et al., 2021; Lazarus Id et al., 2020; Lee et al., 2021; Yang, 2021). It is also important to say that education does not equal education or knowledge on Covid-19 but instead only represents formal education of an individual, which does thereby not assume that because an individual may have a higher attained formal education, she or he automatically has more knowledge on Covid-19. This also goes hand in hand with scientific information versus misinformation.

*Hypothesis 7:*

*H0: A difference in political affiliation has an effect on the attitudes towards Covid-19 lockdown measures.*

*H1: A difference in political affiliation has no effect on the attitudes towards Covid-19 lockdown measures.*

With political parties driving opinions on Covid-19 in public debates, as well as governmental measures directing individuals towards or away from different social actions, it is of importance to see how a difference is shown amongst voters of the varying political parties. While the extreme right party, FPÖ, has denied the existence of Covid-19 for a certain period of time, as well as recommended to drink household disinfectant to disinfect from any and all germs, it led to intensive care patients as well as deaths due to consuming toxic materials (ORF, 2021a). Therefore, it is of interest how the different approval ratings of Covid-19 measures are changing according to political affiliation. Because the Austrian Peoples Party and the Green party were in power at the start of the pandemic, it is of interest to see whether the parties in power have the highest approval ratings or not (*Regierungen Seit 1945 - Bundeskanzleramt Österreich*, n.d.). This might give an indication of how much party affiliation may drive opinions on approval or whether a more individualistic view is involved in the decision-making process.

#### *Hypothesis 8:*

*H0: A difference in life satisfaction has an effect on the attitudes towards Covid-19 lockdown measures.*

*H1: A difference in life satisfaction has no effect on the attitudes towards Covid-19 lockdown measures.*

While life satisfaction has an effect on many aspects of daily life, opinions, and practices of individuals, it is of interest whether it also shapes attitudes. Because the implications life satisfaction has on ones routines, wants and needs, it poses the question of if individuals of those different spheres might view governmental measures differently.



Previous studies show that an individual's life satisfaction was affected by Covid-19 lockdowns overall (Hamermesh, 2020; Trzebiński et al., 2020; Zhang et al., 2020) . The effect was dependent on how their lifestyle was before the lockdown, in the sense of which activities a person carried out (e.g., exercising, going to bars, playing video games, etc.) and how they were impacted by lockdown measures (Zhang et al., 2020). Because of that, this can have an effect on lockdown measure approval overall. Hence, an individual with a higher life satisfaction may not mind Covid-19 lockdown measures as much because they are still able to carry out the necessary activities to keep their life satisfaction afloat because they for instance draw much of their life satisfaction from watching movies at home. Experiencing life satisfaction for a person who draws much of it from going out to clubs will experience Covid-19 lockdown measures differently because of their initial driver of life satisfaction being restricted.

*Hypothesis 09:*

*H0: Whether a person was born in Austria or not has an effect on the attitudes towards Covid-19 lockdown measures.*

*H1: Whether a person was born in Austria or not has no effect on the attitudes towards Covid-19 lockdown measures.*

With the sample not using a variable indicating nationalities, the only alternative is using a variable indicating whether a person was born in Austria or not. This however also includes individuals who define themselves as Austrians but may have only moved to Austria at age one or two. It is however still interesting whether a

difference of these two groups can be observed or whether there is not enough heterogeneity of cultural influence involved simply because of the place of birth.

## 5. Theory

### 5.1. Positioning in the Theory

#### 5.1.1. Medical- and Health Sociology

Through Charles McIntire the term medical sociology first appeared in an article in 1894 to consider the importance of social factors in health (Cockerham, 2017, p. 51) . Its real beginnings were with Talcott Parsons describing the conditions of health and illness, while historical accounts on the role of medicine within society have already been published by Bernhard Stern by the 1920s (Parsons, 1991, p. 289) (Stern, 1927). With science and medicine being strong cultural forces in the post-World War two period, modern optimism was pushed to aim for a society in which all ills could be eliminated through human effort (Petersen, 2015, p. 146). This allowed medical sociology to emerge as a field in which knowledge can be generated to develop governmental health policies and move towards the societal goal of reducing ailments.

Medical sociology is sometimes criticized within the social sciences community on its developed theories and lack of predictive power (Pflanz, 1974). Acknowledging that each science as well as theory has its limitations, there are a number of medical theories which are currently at the forefront of medical sociology. To provide a clearer picture on the theories within the field as well as how the interaction theory fits best when looking at the subject of

the “sick person” compared to other frameworks, the different approaches will be laid out here.

#### 5.1.1.1. Societal theory

The societal theory assumes that there is a directly and indirectly visible disparity between better and worse off individuals due to economic inequalities in distribution. Therefore, the larger the gap between economically poor and rich, the more unequal the health behavior and the characteristics of health (Hurrelmann, 2013, p. 67). The distribution variables include “financial means, educational opportunities and opportunities for recognition” (ebd.). An essential point in social theory is the subjective perception of inequality, which assumes that when individuals feel unfairly treated, health impairment takes place (ebd.).

According to this theory, one can therefore assume that health is a strongly subjective concept that does not have to be directly associated with the data on inequality. So, if people in one country have a less equal distribution of financial resources than in another country, but do not perceive themselves as being unfairly treated, as long as the latter perceives themselves to be "equally unfairly" the health status in the former country should not have greater health status impairments than the second country. Even with the social system in place in Austria, the discussion of who ought to be treated first once all hospital beds are filled at full capacity brought the difference of public versus private insurance patients to the forefront, which the majority reject (Resch, 2020). Instead, the system of “triage” will be applied – such as during catastrophic events – in which individuals will be sorted into categories and dependent on their situation will receive an intensive bed or not (Christ et al., 2010). Hence, for Austria the economic differences will not have a severe impact in being treated or not throughout the pandemic, but rather the health situation itself.

The theory goes on to say that a lack of social cohesion and an underdeveloped sense of belonging trigger a reaction in the form of physical and mental health disorders (Hurrelmann, 2013, p. 68). This raises the question to what extent such a statement can be generalized, since a reaction is assumed to be accompanied by social action. It must be made clear that the activities of the physical body - except through active decisions triggering ends for social actions or interactions (whether to do, not to do or tolerate) - are not perceived as social action (Weber et al., 2019). Therefore, when a tumor develops, it should not be seen as a social reaction from disadvantaged people. What may very well have an impact are the social and health inequalities cited in social theory instead.

Studies do show a difference amongst individuals in high versus low-income areas when it comes to health impairments (Gugushvili et al., 2020, p. 1). This means that, independent of the subjective perception of income differences, there is a direct connection between larger income differences and health status, without including a subjective perception of such differences. There is an association between ill health and subjective perceptions of inequality as well (Gugushvili et al., 2020, p. 3). Hence, if we consider two individuals, person A and person B, and look at their wealth status in relation to their neighbors. Person A and Person B have the same net income. Person A lives in a wealthy neighborhood and is considered as less wealthy compared to its social circle and neighbors. Person B lives in a less wealthy neighborhood and is considered wealthy compared to its social circle and neighbors. According to the societal theory this then means that Person A perceives their subjective health status as less healthy than Person B would – even if they may be the same, simply because of the different reference groups for a comparison. The subjective interconnection between perceived and actual wealth is thereby bringing forward a connection between health and wealth within this theory.

Especially through the current discussion about access to vaccine doses, one can clearly see the inequality between financially richer (mostly in the west) and poorer (mostly in the east) European countries when it comes to the Covid-19 vaccine doses provided (Katiskas & Fasianos , 2021). This also makes it even clearer how economy and health in countries are interrelated, while bringing the international scope into play rather than the national. Considering the inclusion of low versus high income groups in the measures set by governments, this is not of high relevance for Austria because of the different form of accessibility for the population as a whole. It may however indicate that individuals who live in more precarious living situations may have difficulties in following the measures, whether that would be because of the economical factor of having to go to a highly exposed work environment or not being able to quarantine because of the lack of space. Because this theory does have a strong focus on economic standing of the individual, it does not bring the aspect of social pressure an individual infected with Covid-19 may experience into the picture. If no quarantine is possible and individuals are infected, and in turn infect their family as well, this may let the person feel less inclined to follow the quarantine and Covid-19 lockdown measures because they are not realistically possible to carry out anyhow. Because the focus within this thesis lies in the different perceptions according to ailment status rather than the cause of the illness itself, the societal theory is not a suitable theory for the endeavors of this thesis.

#### 5.1.1.2. Public Health theory

The public health theory does not base its analysis exclusively on social science aspects, but also refers to the epidemiological angle as well as the health system and its users (Stollberg (verst.), 2001, p. 63). Such an approach makes clear that knowledge is often lost in the

various research disciplines by not including other disciplines or their aspects. This was made possible by the realization that diseases such as cholera or tuberculosis have not only impacted society greatly and had advances in prevention through medical progress, but showed a much greater reduction through an adaptation of hygienic practices/interventions and the state's guidelines for action in society (Hurrelmann, 2013, p. 85).

In this theory, a lot is analyzed and researched by so-called risk factors and it is therefore assumed that social causes, also known as risk factors, influence health-related behavior (Keefe et al., 2013). A characteristic is defined as such if a person without the characteristic (e.g., smoker vs. non-smoker) shows a statistically significant difference (Hurrelmann, 2013, p. 86). Such factors have to stay focused on "personal and behavioral factors, while the relationship-related health risks are still poorly understood" (ibid., p.88). Risk factors are seen as a choice that brings "benefits in meeting life's demands" while also having opportunities for harm (ibid. 89). Another important point in this theory is the biographical framework of such decisions in order to be able to classify changes (ibid.).

While the interdisciplinary view of this theory allows the inclusion of a number of potentially overlooked aspects, with its broad focus the concentration on the individual is not in the forefront and neither is the social influence. Because these are such essential aspects when aiming to understand whether a Covid-19 ailment has an impact on lockdown measure approval, this theory is also not applicable. If during future research epidemiological data such as CT-level, incubation period, symptoms, Covid-19 variant are available for the research subjects, the possibility of a more interdisciplinary study is an option. With the current available data and scope, this goes beyond the possible analysis for the thesis.

#### 5.1.1.3. Needs and care analysis theory

In the needs- and care-oriented analysis, the focus lies in the healthcare system (Hurrelmann, 2013, p. 90). Therefore, aspects such as which standards it has, which medical care is available and which opportunities there are in this area, as well as what hurdles individuals may have to face because of the system in place, are being analyzed.

With regards to the fight against the Covid-19 pandemic, it can be clearly seen that not every health system in the world is equipped with the same resources for the respective population. Starting with the fact that a large number of healthcare systems were not equipped with the right tools to counteract a pandemic before the onset of it, the effects of such unequal distribution can clearly be seen at the beginning and during the pandemic. The mere exclusion of some population groups from access to health care due to the lack of universal health insurance concepts has led to individuals being denied help or not even making use of it due to a lack of financial resources. In the research area, there is now an attempt to work through gaps in these systems (Lal et al., 2021, p. 61). In this way, new opportunities in the healthcare system can be taken up, improved and made accessible. Especially through the Covid-19 pandemic it is possible to see that a lack of health security, as well as how the failure of having universal health insurance, can interrupt and possibly destroy a multitude of aspects and systems in society. Especially in systemically relevant professions such as for individuals who work in supermarkets and fall into a low-income group, it can happen that if too many people from this social group fall ill and can no longer assume the expected social role of the salesperson, the system can collapse. It is therefore essential - for the sake of maintaining the system - to enable all groups in society to have access to adequate health care. If a system is not equipped for a major increase in health capacity needs, it makes effective control of an epidemic extremely difficult. Seeing the focus

on the healthcare system rather than the individual involved within it, this theory will also not be moved on with for this thesis.

#### 5.1.1.4. Role and system theory

In the approach of role and system theory, one focuses on Parsons' definition of role or rather considers the role of the sick person in the system-theoretical aspect of Luhmann (Luhmann, 2018). The affected person is not given any responsibility for the state of being ill, hence there is an obligation to recover and there is a liberation from normal social roles and obligations that come with them.

In relation to Covid-19, there is therefore an expectation laid out by this theory that people will isolate themselves. There is also an expectation that they will cooperate (with doctors) and do their best to get out of the state of infection. Therefore, the goal according to the role and system theory would be to take care of oneself, during this social deviance (being sick) until the condition can be reduced as far as possible and - in the case of infectious diseases - the responsibility is taken to protect society from further infections. Hence, by giving up one's social obligations during the liberation from the "normal" role, someone else would take over responsibilities of daily life (e.g., doing groceries). This theory has much focus on the change of the role from healthy to sick and not much on not being able to fully live through the deviation. Whether that would be because of a person needing to keep on a different role because of factors such as having to bring home money by the end of the month, or because they refuse to believe that it is considered as problematic for the social system, this factor appears overlooked. Moving closer to a theory which addresses the sick person however, a stronger interplay between such an individual and the changing social understanding about this person is aimed to be focused on more. Because the rules and regulations of Covid-19



infected persons does change over time (for instance how long a quarantine should be for or whether a quarantine is even applicable if the person does not have symptoms) is not spoken of widely within the role and system approach. This leads to the following theory fitting best, being the interaction theory.

#### 5.1.1.5. Interaction theory

In the interaction theory approach within the framework of public health theory, reference is made to a concept of Parsons - namely that of the "sick person" (Parsons, 1991). It is assumed that "disease" is determined by socially mediated processes of negotiation and is to a certain extent "defined" within the framework of mutual contacts (interactions)" ((Hurrelmann, 2013, p. 91). Within this theoretical approach there is also the idea that defining a person as sick creates a marginalization for that person within society, and it is necessary to make such a definition in order to be able to help the person in the first place (ibd., p.92). Such a definition and the "dynamics of the sick role" change the perception of this person based on the social environment, as well as the self-image and one's own identity (ibd.).(Haischer et al., 2020)

During the Covid-19 pandemic, there are people that actively decide against sharing their infection status with the social environment if they have a positive test or to express that they are currently possibly infected with the virus because of the symptoms at hand (Freytag et al., 2021). One qualitative study examined how Covid-19 patients dealt with the positive diagnosis and their disclosure or secrecy and why the respective decision was made. On the one hand, interviewees have expressed that it is their social obligation to share and make known such information (Sun et al., 2021, p. 787). On the other hand, individuals in a study

conducted in Germany shared the negative effects that came with disclosing their infection status, such as insults and blame from society (Freytag et al., 2021). Dealing with such a form of stigmatization can have implications on the willingness to even get tested or to follow lockdown measures, since the fear of social exclusion could triumph over public health concerns. Countermeasures by governments such as educational measures ought to therefore be put in place once social developments of this form take place. This in turn can counter the pattern of blaming the sick person and the prevention after-effects that come with it. A study conducted in China, assessed the opinion of tenants within a building in which notice boards indicated whom of their neighbors is tested positive for the virus, while also having house numbers highlighted to make sure it is known to all (Sun et al., 2021, p. 787). Thus, a form of social control is being exercised because there is an expectation or obligation to also transmit such information to the responsible authorities so that they can take precautions to protect others. Individuals who chose not to disclose the condition said, amongst other things, that they feared being stigmatized and discriminated against because of the infection, so they did not share the information (ibid., p. 788). This also applied retrospectively to people who were already ill and have now recovered.

This shows how much the social and peer opinion has an effect on the perception of following measures in place or not, because of the self-interest a sick person may have according to the social environment in place. Wanting to have a clearer understanding whether an individual has a different approval rating of governmental lockdown measures if infected with Covid-19, this would put forward the thought that with the social environment having an effect on the sick person, individuals who have people in their surrounding that are infected may also answer on the approval measures differently than the ones who do not.

Through this theory four ideal type groups would emerge. The first one has been tested positive and has individuals in its surrounding who were also positive. Another group has been tested positive but does not have individuals within its surrounding who were tested positive. The third group has been tested negative but has individuals in its surrounding that tested positive. The fourth group has only had negative test results and has no person in its surroundings who was tested positive. To clarify, ideal types are never 100% representable and are instead the closest to the pointers of the ideal type when it comes to decision making or attributes. They will however never completely be identical because many variables – rational and irrational - affect decision making processes of a person or group (Weber et al., 2019, p. 3). Through the categorization into such ideal types, an aim towards removing the actions influenced by irrationality, is created.

There are four assumed potential outcomes in this regard:

1. Individuals that have or had Covid-19 and/or their surrounding as well, with a fear of infecting society or individuals within their surrounding because of high symptomatic. Hence, it leads to more agreement with lockdown measures:

In the first scenario the individual or a person in their surrounding has had Covid-19 and because of the strong side-effects – whether highly symptomatic, intensive care unit, long covid patient – the fear of society or individuals within ones surrounding being affected as a whole, makes the person approve of the measures more. This does not clarify whether it is because the individual does not want other people to go through this experience (relatives, friends or strangers), or for the self-interest of wanting the societal system to continue its workings. If the system breaks down due to staff shortages or increased deaths the functioning of society is reduced and can

thereby bring about a reduction in the quality of life. It may also be that with the unpredictability of the virus an individual may fear to be infected again and wants to avoid having to go through such an experience a second time.

2. Individuals that have or had Covid-19 and/or their surrounding as well, with no fear of infecting society or individuals within their surrounding because of having gone through the experience. Hence, less agreement with lockdown measures is expected:

The second scenario is comprised of individuals who have either had a (mildly) symptomatic or asymptomatic infection and believe that having gone through the quarantine period and the experience, they should now be allowed to live without restrictions. Hence, with the want of pursuing the self-interest of free movement and not posing a threat or being threatened by infection may cause these individuals to go against a lockdown-measure approval.

3. Individuals that have or had Covid-19 and/or their surrounding as well, with a no fear of infecting society or individuals within their surrounding because of no or mild symptoms. Hence, less agreement with lockdown measures is expected:

The third scenario is that individuals – regardless of being symptomatic or asymptomatic – do not regard the infection experience as significant enough to continue lockdown measures in place. This stance is a strongly self-interest-based stance, while an individual within that group may also think that the severity of the illness is overrated and is therefore less in agreement having gone through the disease with mild or no symptoms.

4. Individuals that do or did not have Covid-19 and neither does their surrounding. No fear of infecting society or individuals within their surrounding because they do not believe in the severity of the virus at all. Thereby, less agreement with lockdown measures is expected:

In the fourth scenario individuals – whether infected or not infected – either do not believe in the existence of Covid-19 or follow trains of thought which support ideas such as political foul play being the driver for deeming Covid-19 as dangerous and hence do not want any lockdown measures in place.

Hence, it is unclear whether an individual who has had Covid-19 would thereby be more or less likely to agree with lockdown-measures put in place, because the possibility of drivers an individual takes in their definition of a rational choice can be diffuse. Wanting to get a better understanding of how individuals who are deemed sick or healthy make their decisions, the rational choice theory will be the main theory in use throughout this thesis when it comes to the decision-making processes at hand.

#### 5.1.2. Rational choice theory

The economist Gary Becker has brought the rational choice theory to non-economic aspects of sociological analysis. The concept of rationality is deemed as the result of the 18<sup>th</sup> and 19<sup>th</sup> century, with the forefather being Bentham through his introduction of the concept of utility instead of sentiment (Smelser & Swedberg, 2005, p. 114). To provide more clarity on the decision-making processes of individuals and the concept of utility, the application of the concept of utility is as follows according to Berezin:

*“Utility applies to any action that accords the greatest good to the greatest number, the individual pursuing his or her self-interest will increase the level of general happiness in the community.” (Smelser & Swedberg, 2005, p. 114)*

It thereby leads to one drawing the conclusion that even if self-interest is involved, the outcome does lead – regardless of situation – always towards a benefit for the community. This stance will be contested in the following paragraphs. Another relevant concept of Max Weber will be challenged. It argues that rational actions are only rational if based on interest and efficiency, while irrational actions are those which are based on morals, values and appetites (Weber & Mommsen, 2009, p. 34). While morals, values and appetites may widely be considered as irrational in an economic view, it can serve a significantly rational purpose considering ones self-interest. For instance, if an individual is part of a religious minority in a society and has as their value, that all individuals shall be respected regardless of religious affiliation, that value serves a rational purpose in favor of one’s self-interest. This differentiation has already been made in Platos time, in which he acknowledges that self-interest and the common good are to a certain extent connected to one another, while stating that one does not always serve the other (Plato & Bloom, 1991, p. 328).

With rational actions and self-interest being so closely intertwined, it needs to be considered in the context of the research question on whether individuals are more likely to approve or disapprove of lockdown-measures when having or having had Covid-19. While the topic of self-interest has been discussed during the Greek era already, the topic started to emerge in the West once more during the expansion of the modern age in Europe. A paradigm shift away from passions driving actions, towards interests being the main driver in the decision-making process took hold in 16<sup>th</sup> and 17<sup>th</sup> century Europe, losing ground again in the 18<sup>th</sup>

century (Hirschman, 2013, p.38 ff). An assumption of self-interest being driven solely by material gains prevailed (ibid., p. 48). For Simmel self-interest serves as the creation of value with money being the expression of it and its "pure form" (Simmel, 2004, p.156). He further states that actions of self-interest are always logical and that with an increase of rationalization at the time of the 19<sup>th</sup> century allowed an expansion of the individualistic thinking process in the region (ibid., p.443) . An action such as going into quarantine to protect ones surroundings as well as society, would then - according to Simmel's definition of self-interest - not be part of serving it, because it does not provide a material gain and instead limits the accumulation of materials. With the focus of this definition being strongly on material gain rather than self-interest overall, it does not fully meet the aimed for definition of the term. Hence, material and economic gains serving ones self-interest can be the reason for a certain choice, but it should not be limited solely towards that interest and instead have a broader inclusion of self-interest instead of it being solely economical.

As an example of how economic self-interest may be of relevance for this research, one can picture an individual who does not have a large social safety net to assist in grocery shopping during quarantine. This would also apply to individuals who cannot afford to order take-out throughout the quarantine period and would therefore be more likely to break the rules because of an economic self-interest, it being the acquisition of affordable food. This would then fall into ones economic self-interest while serving the self-interest of personal freedom by going out as well. Using the premise of personal freedom as another self-interest in place, individuals who are positive ought to disagree with the lockdown measures in place, as they are not able to partake in society as a whole and instead only have limited access to it.

H. Frank argues that an individual's actions and/or decisions are motivated by self-interest and have to be selfish because human nature, according to Darwin's natural selection, demands it (Frank, 2021b, p. 99). He argues against the widely used interpretation of Adam Smith's invisible hand which scholars often interpret as one's selfishness still always serving the broader interests of society and leading to the greatest good for the greatest numbers in the end (Frank, 2012, p. 111,f.) . Considering the corona-crisis and regulatory results thereof, many companies would have suffered far greater losses in Austria without governments intervening through fixed-cost subsidies or loss compensations (Bundesministerium Arbeit und Wirtschaft, 2021). If for instance selfishness would have been at the forefront of governmental measures during the pandemic, by enforcing a free-market policy and letting the self-interests of individuals within society decide which businesses survive and which ones don't. The idea of having a rationality based on purpose for oneself is also followed through by Max Weber with his methodical individualism stance (Tutic, 2020, p. 9). It argues that a form of rational control based on decisions of usage, way, worth and consequences of a choice are made, is in place (ebd.).

The criticism regarding scholars interpreting Adam Smith's invisible hand (or Berenzins utility concept (Smelser & Swedberg, 2005, p. 114)) as self-interest always serving the greater good is that self-interest can also result in being damaging or indifferent for the common good. A reinforcement thereof is necessary through social pressure and/or laws is argued (Frank, 2021b, p. 106). Considering the topic of lockdown measure approvals, this would mean that even if individuals rates the approval with the measurements as rather low, the created regulations lead towards obedience regardless of an individual's liking of measurements in place. This in turn is suppressing an individual's self-interest because of the social pressure created through such regulations. Especially the adaptation of such pressures into social



norms throughout the broader society can lead to the reason of following the rules because the broader society or ones community follows such rules and thereby other relevant self-interests can come into play. These can be not wanting to be cast out of one's group or be called out in public for not following the set rules. In other words, the urge to comply with the masses (Le Bon, 1922, p. 14).

While not every individual will conform to the set rules and regulations, previous studies would confirm that with a reduction of regulations such as a lockdown-measures, a further reduction in conformity will take place following every reduction (Frank, 2021b, p. 105). It would be of interest to observe in a further study which types of individuals that already have low approval of lockdown measures tend to reduce their conformity with other measures even further, once one measure in place does not have to be followed anymore. With the hypothesis in place that individuals who have knowingly or assumingly been positive are more likely to disapprove of lockdown measures because it does not directly serve their self-interest, the argument would go against the interpretation of the invisible hand. Reason for that is that once an individual disapproves of the lockdown measures in place and does not follow them, a greater harm for society is created when following the self-interest. For instance, if an individual who is currently sick with Covid-19 serves their self-interest by going grocery shopping and stands close to a number of individuals while conducting purchases, the greater good is not served, even though one's own self-interest is for that person. Keeping that in mind, the interpretation of Adam Smith's invisible hand can therefore not hold. Taking into consideration the initiation of self-interest, Adam Smith considers the underlying factor of sympathy as a moderator for economic action and the driver of self-interest (Barbalet, 2012, p.413).

It needs to be pointed out that self-interest does not always imply a direct benefit towards an individual's maximization and a person might not have awareness of that either. Choices can be influenced from outside sources, whether it be an invisible hand – in its more accurate form of interpretation - (Smith & Haakonssen, 2012, p.215), peer pressure (Frank, 2021a) or extensive exposure to propaganda (Apuke & Omar, 2021) . This in turn can serve the interests of the involved parties – such as the ones spreading the propaganda to serve their own means. A study of Paetzold and Winner shows that actions can be strongly influenced by how an individual's peers behave in a certain situation (Paetzold & Winner, 2016, p. 7 ff.) Applying this concept to lockdown-measure approval would mean higher approval of measures from individuals whose peer-group is more likely to be in favor of the measures than not.

Going further with the idea of self-interest being a vital part in rational choice theory, the balancing of different self-interests in place has been brought into dialogue between 1660 and 1688, while their interdependence was also assumed (Hirschman, 2013, p. 51). Hence, an individual can have an interest to work in a firm which offers home-office in the sphere of work-related interests such as economic or social standing. In the field of health interests, it may be of importance to the individual to only have close contact without a mask with immediate family rather than sitting in a crowded bar. These two interests are thereby not dependent on each other and serve their own purpose as independent self-interests.

With the assumption that all interests are self-interests, the potential effect a corona-virus infection may have on the opinion of lockdown measures is thought to be dependent to some extent on the individuals' overall perceived advantages and disadvantages. Because such advantages and disadvantages are difficult to point out, it's unclear whether an

individual with a positive corona test is more or less likely to accept lockdown measures and whether the course of one's disease may also affect acceptance. The unclarity of the effects as well as which ideal type a person may be a part of will be assessed further in the following chapters. Realizing that self-interests on the one hand serve as an internal conflict – as one interest might be in conflict with another interest one has - a choice between the two needs to be made in some instances. On the other hand, it can also cause an external conflict because one's self-interest may be in conflict with another person's self-interest. This brings forward the importance of compromise. Because no one can have it all, it is of necessity to make compromises, with oneself and with others, to serve one's superior goal. That leads to a loss and a win all at once (ebd. p. 49). This brings forward Weber's definition of the term "rivalry" – which can be applied to the rivalry amongst self-interests as well - being a peaceful fight which is processed the same way as a physical fight (Weber et al., 2019, p. 26). Assuming thereby, that the awareness of a loss and a win is existent when making choices based on one's self-interest, the certain decisions derived from one's self-interest will be discussed further. Being aware that through lockdown-measures a balance between the termed internal and external self-interests are necessary, one's priority or in other words main goal needs to be specified in the decision-making process. With the ideal types forming groups of individuals who are considered to be more likely or less likely to approve with lockdown-measures based on the status of Covid-19 infection, their framing of such choices will be discussed further.

Assuming that individuals do take decisions based on what they consider a rational choice – whichever one that may be - an additional influential factor to consider is human capital (Coleman, 1993, p.171). Thereby, individuals that are in a social group which generally disagrees with political measures, may be against lockdown measures to maintain one's

human capital – regardless of their own infection status or individual opinion. The reason lies in gaining social capital through approval or disapproval of measures to get a stronger social standing – or not go down the social ladder at least – within one’s own group. The invested social resources (whether refusing to withhold measures such as 2G or not wearing a mask, etc.) can lead to a higher status attainment within ones group (Lin Nan, 1999, p. 468.). This serves towards fulfilling one’s own self-interest in the sphere of human capital. It shows that the complexity of one’s self-interest and the rational choice made to serve it is not always clear at first hand, as well as it being a balancing act of different self-interests. Because rational choice theory aims towards explaining a choice, an action or a decision on rationality (Spohn,2002), it is limited to one’s own understanding on what rationality may be in that certain instance. It is a subjective decision in which information is always missing. Having a number of choices at hand as well, there are different decisions that can be made, and all may be rational. Reason for that is the multitude of goals an individual has. Because different modes of reflection play a role throughout the choosing of more or less important self-interests as well as what is deemed a rational choice in a certain scenario, the theory of goal frame theory can provide a deeper understanding of how choices are made in the framework of the rational choice theory.

#### 5.1.2.1. Goal Frame Theory

With the need for a broader concept of choices and goals Siegwart Lindenberg’s goal frame theory acknowledges that an individual has more than one goal in place (Lindenberg & Steg, 2007, p.117). While pursuing these number of goals, decisions are influenced by all of them and can create several motives which frames behavior (ebd.). According to Lindenberg

*“...goals “frame” the way people process information and act upon it” (ebd.).* He differentiates between three types of goalframes: hedonic, gain and normative. With the frames building upon each other, the pyramid the frames are based on has the hedonic frame at its core. Hence, this frame is an individual’s usual mode, which does not require reflection or critical thinking to make decisions and is instead signified by ones internalized way of acting with situations instead of considering more aspects of that situation such as societal norms or expectations (ebd.).

Goal frame theory also argues that individuals prefer a gradual improvement of events taking place, even if this gradual improvement points towards a less desirable outcome overall, it is chosen over an event which entails a worsening sequence, but still has an overall better outcome than the gradually improving sequences (Lindenberg, 2008, p. 671). This can also be applied in the instance of (dis)approving with lockdown measures. Considering the example of the overall outcome of quarantining or wearing a mask provides an improvement in societies gain to reduce infections an individual may still choose against this sequence. Even if this reduces an individual’s likelihood to be infected, the negative sequence of having to wear a mask and reducing an individual freedom, the preference might thereby go towards disapproving with the measure.

With the theory breaking down sequences of goals through so-called modules the aim is to show that individuals have a number of modules (whether hardwired such as face recognition or learnt such as speaking) which specify a certain functionality depending on the changes of a social situation and the goal it is aiming for (Lindenberg, 2008, p. 670).

Depending on the situation one needs to make use of a more or less flexible module depending on the workings of a goal (ebd.). Hence, modules are the underlying way goals can

be achieved and are either hardwired or created in the process of wanting to achieve a certain goal leading to different frames (ebd., p. 672).

Acknowledging that individuals do not only have either or choices but rather a multitude of decisions they can make, the goal frame theory brings forwards the decision-making process as well as a guide as to the complexity a goal may have. Because of the process being in one's subconscious, a lack of awareness regarding the different goal-frames exists as well as influences through a goal-resonance of other individuals or ones surroundings, leading to an individual thinking they are in pursuit of their own goal while in reality carrying out another person's goal (Lindenberg, 2008, p. 672). This clearly points out the power of influences ones surrounding has as well as the fallacy an individual might be in because of social pressures. Hence, if an individual is in a group that does not follow lockdown-measures or is influenced through media sources that spread false information on what the Coronavirus is or how to contain it, these influences can lead to a disadvantage of the individual realizing that goal because objectively it is harmful or damaging while subjectively, they simultaneously believing it is the choice/goal that improves their own situation. Because different frames require different modules and thereby differing levels of thinking and selection, the three main frames laid out by Lindenberg will be discussed.

On the peak of the pyramid lies the normative frame, which in addition to the other two frame requirements asks for a higher complexity in consideration when wanting to reach goals within that frame. It requires the most effort and time to draw a conclusion. The three following frames can shape the decision-making process depending on which frame a certain goal is a part of:

## **A. Hedonic Frame**

In the hedonic frame the focus lies on “feeling better” and is usually short-term as it tends to focus on the current situation (Lindenberg, 2001, p.656 ff.). With the concepts of pleasantness versus unpleasantness in a certain situation can be a main trigger for this frame because decisions need to be made quickly (Lindenberg & Steg, 2007, p. 119). It is influenced strongly by loss (more than gain) because it weighs heavier with its higher level of disruption (ebd., ff.). This refers to an improvement in that precise instant and brings forward rather primal modules such as if a person wears a facemask in a bus but has difficulty breathing in that instant, the person will – through hardwired modules – decide to remove the mask without much reflection (if it is a precarious situation) even if the person would normally assess the problem in a more reflective frame. Hence, aspects such as the legal requirement and the potential social expectation are cast out (or rather, not even considered) of ones thinking and decision-making process aim to have an immediate improvement of that situation in place.

## **B. Gain frame**

In the gain frame increasing resources as well as their efficiency is the main objective (Lindenberg, 2001, p. 657). The type of resource can differ whether it be money, social position, or knowledge (ebd.). An individual who acts upon this frame would thereby evaluate a social situation according to the gain it can bring towards a resource. That may therefore also apply to indirect instances. In a situation – which has also been tried and/or implemented during the Covid-19 pandemic – in which the rate of vaccination is lower than a governmental institution is aiming for, incentive programs try to convince individuals to get a vaccine through for instance a financial

incentive, leading to an improvement in resources and thereby leading to a resource improvement. Several countries, including Austria have implemented or discussed incentive programs for a Covid-19 vaccine uptake (ECDC, 2021; Medical University of Vienna, 2021; ORF, 2021b; World Health Organization, 2021d). Such initiatives have already been used for other vaccination programs with evidential success for measles, influenza or HPV (Hoekstra et al., 1998; LeBaron et al., 1996; Mantzari et al., 2015; Mayoryk & Levy, 2006). This shows that putting individuals in such a frame – even with the possibility of them not noticing that they have switched from a hedonic frame to a gain frame because the incentives drive individuals to aim for a resource gain rather than for instance thinking that a short-term danger of being sick for a week after a vaccine are of essence.

The goal frame theory thereby allows the recognition of self-interest being a complex construct in which individuals need to choose between a number of self-interests that can range between a middle and long-term time period and requires a choice between those different gains of resources at times. That can be the acceptance of a lesser-paying job over another because in the long-term the possibility to get a promotion and thereby have a better salary than the initially better paying job (with less possibility to make salary jumps at a later stage) falls into the gain frame. That is also the case because a longer resource improvement is given and more time as well as patience is required to get to that goal rather than an immediate improvement such as in the hedonic frame. With the focus of ones resources and having a certain level of reflection on how this can be achieved, the gain frame has its focus on just that. Because the decisions of lockdown-measure approval can also be influenced



through the view of social and societal influences, the decision of lockdown-measure approval may be in the gain frame for some, while it is probably in the normative frame for most.

### C. Normative Frame

The normative frame is based on the adherence of norms existent in society (Lindenberg, 2001, p.658 ff.). Depending on social setting norms differ and individuals act according to the appropriateness thereof within the respective social group (ibid.). Hence, an individual who usually does not approve of the governmental measure of wearing a face mask might be more likely to wear one in a social setting, such as a seminar that person is participating in, in which every person in that room is wearing a mask. If it were to be the other way around, a person who usually wears a face mask and is entering a seminar room in which not a single person is wearing a mask, because of social awareness it could be possible for that person to take their mask off instead. If an individual is experiencing a new social setting or group, a recognition of positively and negatively connotated norms are of essence regarding the compliance of the normative frame. Within this frame social expectations are the priority and goals from other frames are regarded as secondary (ebd.). To reach the goal of improving ones condition by internalizing existing norms and following them – even if no one is watching – allow that conformity to take place without having to invest much thought process into it (ebd.). If for instance, a surgeon comes to work in sweatpants rather than scrubs, this would be out of the social norm and individuals may sanction her or him because of this discrepancy. How or what the sanctions are is also dependent on the situation. In this example, it could be that the surgeon may be

asked to go change, or to not repeat such an action again. It can also be the case that for instance, patients could ask to be attended to by another doctor, as well as casting doubt over the professionalism of the doctor, to name a few possibilities.

Acknowledging that depending on the situation, a different frame might be applicable, the approval or disapproval of corona measures falls mostly under the normative frame. Even though aspects of expanding ones resources such as in the gain frame play a role, the aspect of social acceptance as well as social expectations are of high importance in lockdown-measure approval. Especially because of governments enforcing those rules and maybe having to face consequences if measures aren't being followed, the social aspect is of high relevance. Because the infection and the infection of people in the surroundings of that person are of vital importance, the possible effects those variables have on lockdown measure approval are put to the forefront.

## 6. Methodology

With the aim of getting a better understanding of how or if a positive Covid-19 infection has an influence on the agreement of lockdown measures, this thesis aims towards answering this question representative to the Austrian population. To do this, a quantitative approach is used to allow a large sample size through the usage of an already existing data set. It, amongst other questions asked, includes the point of whether someone has been tested positive (or thinks they have been positive already). It also addresses key points relevant for this thesis, such as whether someone in their surrounding has been infected already and socio-economic factors

like gender, age and education. Using the data set through a quantitative approach hence opens up the possibility of a representative view towards this research results. With a methodological approach of explaining rather than understanding, this thesis tries to assess whether a dependency between a Covid-19 ailment and lockdown measure approval is in place within the population. With the belief that a social reality exists within the social system, the subjective influences of individuals would hereby not be of essence and instead similar outcomes are assumed from individuals which are put in the same social condition. Hence, individuals who have been Covid-19 positive are to thereby act objectively the same and Covid-19 negatives as well.

Considering that there are several aspects that play into this, such as the objective truths of age, education, work situation or gender identification, the essence lies in the current state rather than ones subjective interpretation of how it is. Thereby, the quantitative approach with an online survey is the ideal methodology to approach this question such as was carried out within the secondary data in place (Kittel, Kritzinger, Boomgaarden, Hajo Prainsack, et al., 2020). With the awareness that many factors play into the possible reason for lockdown measure approval, an inductive-statistical method is used to allow a measure of probability of occurrence (Opp, 2014, p. 62). Hence if individuals answer in a certain way about their lockdown measure approval in this data set, it is assumed that all of Austria's population with the traits of the individual are probable to answer in the same way on the topic in question.

To reduce subjective interpretation of answers, a positivistic research philosophy is used to aim towards as much objectivity as possible. Using a cross-sectional approach

only one point in time is being considered for this research and the quantitative analysis is conducted through the software STATA (STATA, 2022). Using descriptive statistics an inferential technique is used by conducting a regression analysis. For the sample used, individuals who have more than 1 missing answer (by selecting “no answer”) are removed from the sample.

First, sociological relevance is pointed out and the theoretical framework used for the study is being addressed. It starts with positioning in the field of medical sociological theories to have a clearer viewpoint of the individual at hand, being the sick versus healthy individual. Here the societal theory is applied to the sick and healthy individuals. To explain the choice making of these individuals, the rational choice theory is being addressed, with a specification on the normative frame of the goal frame theory by Lindenberg. The thesis moves on to address current research available and speaks about the Austrian Corona Panel Project (ebd.) as well. It goes on with presenting the dataset and its variables, moving on with the regression models and an interpretation thereof concluded by a summary and discussion.

## 7. Current Research

A study conducted in the beginning of the Covid-19 pandemic surveyed approval of government responses across 19 countries in the world (Lazarus Id et al., 2020). Creating an approval score based on government measures and responses including items such as whether adequate protection was sufficient for more vulnerable population groups, and if accurate statistical data was available and whether access to healthcare service was in place (ebd. p.3). The results of the study surveying around 13,500 respondents across the globe show no national significant difference in approval ratings amongst gender, age,

and education, while the infection of a family member did show to have a negative impact on government measure approval (ebd., p.11). This would confirm the laid-out theory that with the sick individuals self-interest based on a rational choice of the normative frame, the likelihood of approval with Covid-19 measures set by the government falls, even if only a person in ones surrounding is sick. The study does point out that throughout different nations the governmental decisions differed at different points in time. The study tried to balance this out by choosing nations which were affected more severely than others for their study (ebd.). Being aware that even though some countries have lows or peaks of outbreaks at different times, the measurement decisions of governments differ, even if infection rates (relative or absolute numbers) are the same. Hence, it is recommended to put stronger emphasis on different government measures at times of a survey, as well as clarifying the exact measures governments have taken during the respective time. That can allow a better way to relate to what exactly individuals may be approving, or disapproving while being questioned on the matter.

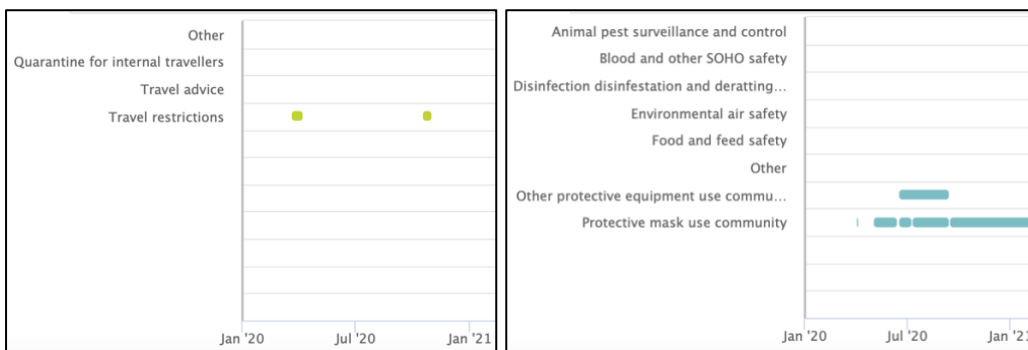
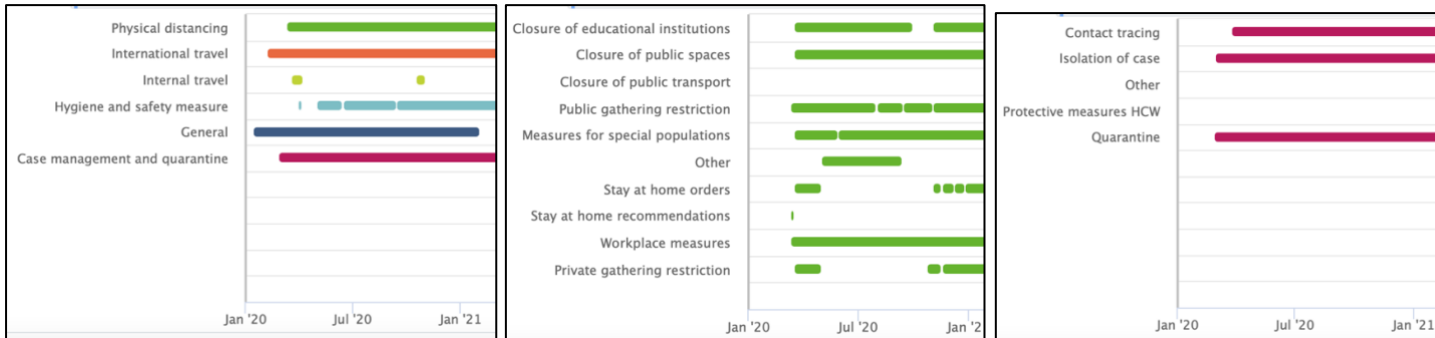
This overview, which can help in showing where the approval of an actual measures in place lies through viewing the measures in place of a certain country throughout the pandemic, can be derived from the coding system of the European Center for prevention and control of illnesses (European Commission, 2021). Three Levels were defined on a hierarchical basis of 1, 2 and 3 (European Commission, 2021). The focus is laid on non-pharmaceutical interventions (NPIs) and are comprised of the following 7 categories (being level 1) comprised of different measures within the categories. Those are physical distancing, hygiene and safety measures, case management and quarantine as well as ensuring treatment capacity, general measures (e.g., communication to the public), internal travel (within a

country) and international travel. Within those level 1 categories, level 2 and level 3 measures follow within the measure category. For instance, when it comes to case management and quarantine (level 1), one of the follow-ups would be “quarantine” (level 2), followed by “for contacts” as a level 3 measure. In the “general” level 1 measure one of the follow-ups would be exemptions from NPIs as level 2. Level 3 would be comprised of vaccination, antibody or negative test proof (ebd.).

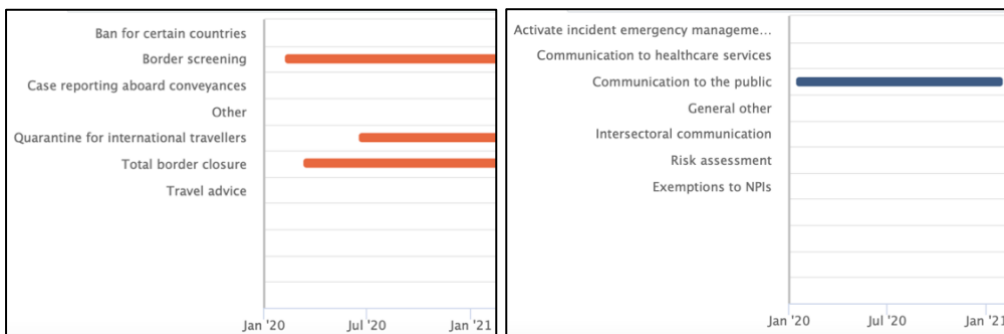
Considering the data gathered, one can see from the graph below that in Austria only three of the categories were applied as response measures in Austria for most of the pandemic. According to the tracker, the category of “general”, in which for instance communication to the public falls under, has only been followed through in Austria since approximately May 2021 (ebd.). This can have an effect on overall measurement approval and provides clarity on which measures governments have followed through and which they haven't. This leads to a clearer picture of which measures have been in place at the time of surveying.

To give a better understanding about the development of measures in Europe, one can look at the following developments tracked by ECDC (European Commission, 2022). While in Germany, these measures except the “general measure” was implemented later than in Austria, the fast actions taken by the government comparatively, can be seen in the tracker. In the country of Greece, the “general measure” was implemented as early as June 2020, hence almost a year before these were started in Austria (ebd.). Denmark and Luxembourg have had all seven level 1 measures in place as early as April 2020 for the former and May 2020 for the latter (ebd.). With these measures in place, 2968 new cases were identified on the 15<sup>th</sup> of December 2020 in Denmark (population: 5.840 million), while Luxembourg had 432 (population: 634.730) and Austria 2828 (population: 8.932 million) (Eurostat, 2021).

Hence, the different approaches in place as well as the varying perceptions by the populations leads to the question of how the approval of lockdown measures are affected and which factors play a role.



This would indicate that even with a higher population in Austria and an overall lower



number of infections compared to Denmark, the measures cannot be considered as a solely determining factor for infection rates, even if it may positively affect lower infections. This would however require further research, to get a better understanding of how the measures affect infections overall. Amongst those aspects, the practice as well as the attitude of individuals are of essence. Especially since measurements may be in place, yet individuals may not follow the set-out regulations. Hence, a clearer indication of the effectiveness of

measures may be an important factor to be considered in the measurement variables, allowing focused government interventions to take place if compliance is low.

To have a better indication of attitudes towards implemented measures set out by governments, this master thesis will look at the measurement approval levels of individuals and if an ailment with Covid-19 may have an effect. A study looking at the acceptance of lockdown measures in Germany found that men were less likely to be in favor of protective measures as well as individuals who are younger (Dohle et al., 2020, p. 7). In addition, the study also found that a risk of infection raised approval of protective measures as well as ones trust in science (ebd., p.15).

With the lockdown measures creating considerable adaptations in one's own life as well as society, a study looked at the measure acceptance of college students as well as how such measures restrict an individual as well as help society in the United States, China and Japan (Dohle et al., 2020). It found that in a less individualistic society such as China, the societal level preventative measure such as enforced quarantine were approved of more than in the United States – a more individualistic society (ebd., p.616). Even though these two countries are considered different in their priority of individualism versus collectivism, no significant difference was actually observed when looking at societal consideration when it comes to approving society-level preventative measures (ebd.). This thereby suggests that an importance is not only laid on one's individual well-being when approving preventative measures but instead takes society as a whole into consideration when deciding on whether lockdown measures should be in place or not. Even if they might not be in one's individual favor. A further study conducted in Austria researched the approval and compliance of lockdown-measures for the second Covid-19 lockdown (17<sup>th</sup> November 2020 – 06<sup>th</sup>



December 2020) in comparison to the first lockdown (16<sup>th</sup> March 2020 – 15<sup>th</sup> April 2020)(Łaszewska et al., 2021b). It found that while a higher concern of their surroundings getting Covid-19 was observed during the second closures, the overall compliance decreased, except for the wearing of masks (ebd., p.8).

Considering approval levels, a relevant factor is education on the topic – as well as general education level, because a lack availability of necessary information can cloud a rational choice, as shown in empirical studies (Elmendorf & Schleicher, 2013; Westerwick et al., 2013). This also includes the lack of processing information and using them at times in which they may be deemed useful. Hence, having a lack of political understanding is one relevant factor as well as where information comes from. If an individual tends to get information from the same sources and experiences the social realm in a rather homogenous setting, it is possible that the opinions on governmental measures align within ones social groups more than one's own reflective thoughts.

Hence, if a person is only exposed to more conservative outlets, the opinions of these individuals may align or education level as well as political affiliation. Considering the aspect of knowledge, several studies on Covid-19 knowledge show that there is a significant difference in knowledge about Covid-19 amongst women and men, making gender differences an important aspect to consider throughout this thesis (Limbu et al., 2020; Yang, 2021) (Banik et al., 2021). This is in contrast with the study conducted by Lazarus Id et al, at the start of a pandemic (Lazarus Id et al., 2020).

Another variable that could have an effect, is the political party in power at time of questioning. It ought to be kept in mind while considering the results of lockdown approvals according to political party affiliation. It may be the case that if a left-wing party or politician

holds office and individuals which usually vote for an opposite party, may have more critical views of political choices of the opposing party in power.

## 7.1. Austrian Corona Panel Project

The Austrian Corona Panel Project (ACPP) is a study conducted by the University of Vienna's "Vienna Center for Electoral Research" and is a panel poll concerning the situation of individuals during the Covid-19 crisis (Vienna Center of Electoral Research, 2021). Gathering the data from a representative sample of the Austrian population of over 14-year-olds, the project conducted interviews on a weekly basis from March 2020 until July 2020 (Kittel, Kritzinger, Hajo Boomgaarden, et al., 2020, p. 322). This was then adapted to monthly patterns starting August 2020, while having fixed main modules throughout all waves and variable modules throughout the different waves as well (Vienna Center of Electoral Research, 2021). These for instance consisted of main modules such as government performance, crisis expectation and consumer sentiment (Kittel, Kritzinger, Boomgaarden, Hajo Prainsack, et al., 2020, p. 334). Having approximately 1,500 respondents for each wave, not all answered every question resulting in a different sample size for this analysis. Acting quickly and creating such a research project from the start of the pandemic provides a valuable source for further research.

One finding of the study shows that the expected crisis duration of "6 months or longer" showed a vast increase from April 2020 to May 2020, while declining again in June 2020 (Kittel, Kritzinger, Hajo Boomgaarden, et al., 2020, p. 334) (ebd.). In the first month only approximately 35% of participants believed the crisis to take longer than 6 months, having its peak at 63% in May and declining to 60% in June 2020 (ebd.).

A clear indication of the approval of the governments reaction to Covid-19 showed that in wave 1 (March 2020) 72% answered that the reactions were appropriate, which stayed at about 70% throughout wave 7 and decreased to 67% from wave 8 to 10 (ebd., p. 335). Hence, with a total of 15% in wave 1 stating “totally or slightly insufficient” and in wave 10 being at 6%, it is interesting to see how many of these individuals have had Covid-19 and whether people in their surroundings were also affected by the illness. This also applies to the other groups of individuals who say that it is “slightly too harsh” or “too extreme”, being at a total of 12% in wave 1 and at 18% in wave 10.

With the rise of disapproval of the measures being too tight, and the assumption that over time more people have been infected by the corona virus or have had individuals in their surroundings which have suffered from it, leads to the topic in question in this master thesis. Especially because disapproval of lockdown measures decided by governments can bring about change in the political spectrum, as well as approval towards the government overall, or even the idea of democracy and how it is practiced, makes it important to actively take in feedback from the population. If a government chooses to ignore the voices of the people and has no regard for the overall sentiment of its population, a shift could be felt in the next election results thereby.

Especially with the large sources of information available in our age and time, the WHO warns about misinformation, especially concerning the Covid-19 crisis and aspects connected with it (World Health Organization, 2021). With this so called “infodemic” of misinformation being a threat to public health, 132 Member States of the United Nations signed a statement on the importance of ensuring accurate information is available (United Nations, 2021). Also addressing the wide number of social groups and minorities with respects to language or

culture is of importance to keep the awareness and possible outbreaks to a minimum. Having a vast number of available sources to get information in the age of the internet, people choose a number of different channels to receive these updates. Within the ACPP a section also addresses these concerns, with results showing that up to 44% of the Austrian population believe in conspiracy theories concerning Covid-19 on certain topics (Kittel & Schiestl, 2021). This also goes hand in hand with the willingness to vote the extreme right party in Austria "FPÖ", according to the study. Hence, the aspect of political affiliation must be of relevance within this master thesis as well, to assess whether this factor has a stronger influence than having someone in their surrounding or oneself having suffered from Covid-19 at some point.

Taking into account the aspect of ailment and political affiliation, as well as the current exogenous condition a person is in due to lockdown measures, the data may show whether approvals rise or sink.

Looking at Wave 18, which will be used for this study, the fieldwork was conducted from the 11<sup>th</sup> of December 2020 to the 18<sup>th</sup> of December 2020. Wanting to add the factor of measures in place at that period of time as well as having an overview of the Covid-19 condition in Austria, it is useful to add that individuals answering the questions were just out of the second "hard" lockdown within Austria, which ended by the 6<sup>th</sup> of December 2020 (Austrian Corona Panel Project, 2021, p. 2). This allowed a change to the "light" lockdown, which allowed the opening of shops, museums and schools as well as eased restrictions on movement (ibid.). Thereby, this wave was conducted right after the easing of the hard lockdown and allowing individuals to have less restrictions overall, which needs to be kept in mind throughout the viewing of the study results, because different social conditions could

also have an effect on how individuals may view lockdown measures overall. Another relevant factor is the reported positive cases, which are published on a daily basis and were at its highest compared to the previous Covid-19 data in Austria, with over 11,000 cases by the end of November 2021 and a high number of individuals in intensive care units (Łaszewska et al., 2021b), leading to that second lockdown.

## 8. Dataset

The Austrian Corona Panel Project 2020 Dataset for the analysis of being positive with Covid-19 as an influencing factor towards attitudes of Corona-Measures in Austria will be used (Kittel, Kritzinger, Hajo Boomgaarden, et al., 2020).

### 8.1. Sample

While the overall number of participants in each of the 27 waves was at least at 1,500 individuals, the sample size used for the thesis is smaller because of the hypotheses put in place. Not every individual has answered all the relevant questions leaving them out of the study. Thereby, the total sample is comprised of **813** of respondents.

#### 8.1.1. DAG Diagram

The DAG Diagram provides an overview of the variables used for the regression analysis.

Variable  $X_1$  being whether an “individual has been positive with Covid-19 or not”, serves as

the independent variable. Being the dependent variable Y “Corona measure approval index” is comprised of 16 variables.

To get a better understanding of interferences, the variables

- gender ( $X_2$ ),
- age ( $X_3$ ),
- education ( $X_4$ ),
- political affiliation ( $X_5$ ),
- born in Austria ( $X_6$ ),
- life satisfaction ( $X_7$ ),
- whether ones surrounding has already been infected with corona ( $X_8$ ),
- the probability to be infected with corona within the next week ( $X_9$ ) as well as
- the opinion on the effectiveness of corona measures in place ( $X_{10}$ )

are included in the regression model analysis as moderators.

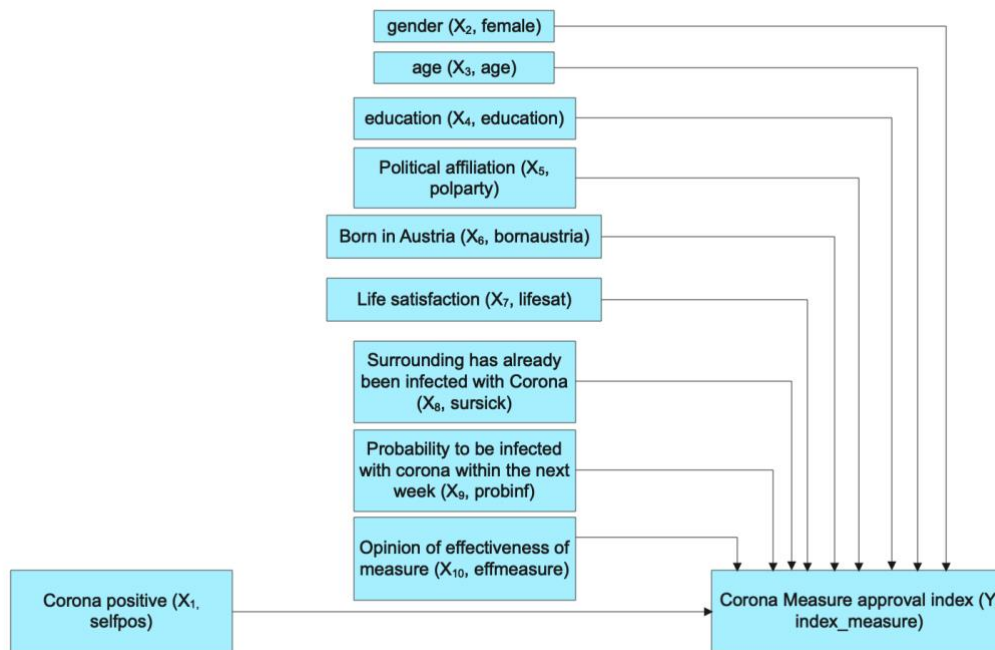


Figure 1: DAG Diagram

## 8.2. Variables

### 8.2.1. Self Positive (X<sub>1</sub>, selfpos)

Amongst the sample there are 95.94% who have never been positive with corona and 4.06% of the individuals have had Covid-19 up until December 2020.

#### Tabulation of selfpos

Corona-Diagnosis: Ever?	Freq.	Percent	Cum.
No	780	95.94	95.94
Yes	33	4.06	100.00
Total	813	100.00	

Table 1: selfpos

### 8.2.2. Surrounding Positive ( $X_8$ , sursick)

#### Tabulation of sursick

Surrounding sick	Freq.	Percent	Cum.
0. SurNegative	754	92.74	92.74
1. SurPositive	59	7.26	100.00
Total	813	100.00	

Table 2: sursick

Considering whether ones surrounding has been positive or not, one can see that 7.26% have had individuals in their surrounding who have been positive with Covid-19, while 92.74% have not.

To get a clearer picture of how the variables of self-positive and surrounding positive overlap, the table below shows the following. From the ones who have had Covid-19 only 3 individuals have also had someone in their surrounding that has had it as well. Of the ones that had Covid-19, 56 individuals did not have someone in their surrounding that has been positive with Covid-19. For the individuals that are negative up until this point, the majority of individuals (754 out of a total sample of 813) did not have anyone in their surrounding with a Covid-19 ailment either. 30 individuals, 90.90% of the Covid-19 cases, also did not have anyone in their immediate surrounding that has suffered from corona up until that point.



**Tabulation of selfpos sursick**

Corona-Diagnosis: Ever?	Surrounding sick		
	SurNegative	SurPositive	Total
Nein	724	56	780
	92.82	7.18	100.00
Ja	30	3	33
	90.90	9.10	100.00
Total	754	59	813

*Table 3: selfpos sursick*

With that, four groups are built to get a better sense of (1) the individuals that have been positive and have someone in their surrounding that's been positive, (2) the individuals that have been positive but no one in their surrounding has been positive as of now, (3) they have not been positive but someone in their surrounding has been, and (4) they have been negative, and their surrounding has been negative as well.

	Self Positive or Negative	Surrounding Positive or Negative	Sample Size	Percentage	Percentage Cum.
Group 1	Positive	Positive	3	0.37%	0.37%
Group 2	Positive	Negative	30	3.69%	4.54%
Group 3	Negative	Positive	56	6.89%	10.95%
Group 4	Negative	Negative	724	89.05%	100%
			813		100%

*Table 4: Selfpos selfneg surpos surneg*

Out of the groups one can see that the largest group is comprised of group 4, with a total size of 724 out of 813 individuals. Hence, 89.05% of individuals have neither contracted Covid-19 knowingly, nor has their direct surrounding. The table also shows that out of the sample 10.95% have either knowingly contracted Covid-19 or someone in their direct surrounding has. With those 4 groups at hand, it is considered that group 1 and group 4 would differ the most in their approval with corona measures, hence an inverted effect is expected the further apart groups are from one another.

Looking at the official numbers of how many individuals have already been infected with Covid-19 in the overall Austrian population according to data of the Austrian Agency of Health and Food Safety, one can see that by December 2020 76,414 individuals have been tested positive (while reinfections are at 13) (Austrian Agency for Health and Food Safety, 2022). Because the data set is a panel analysis dataset, individuals who have been tested positive at any point from the start of the crisis up until December 2021 are included in the sample for this thesis. By that time 107,447 individuals have been positive with Covid-19 and 3,504 have been reinfected (ebd.). With the Austrian population lying at 8,916,845 (Statistik Austria, 2022), 1.21% of the population were thereby knowingly positive by December 2021. The variable being used for positive individuals within this sample is comprised of individuals who have been tested positive as well as who have not been tested positive but believe they have had Covid-19 and are thereby part of the self-positive category. For individuals who may have been positive but never went to get a test and therefore think that they have always been negative fall into the category of not having had Covid-19.

Reason for the inclusion of individuals who think they have had Covid-19, whether they have actually had it or not, would be assumed to behave as if they have actually had it. Hence, if a

person associates with the group of having been positive, their decisions and actions will be as if they had actually been positive rather than negative because they would socially associate themselves more with the group of having been infected rather than not having had an infection.

### 8.2.3. Index Measures (Y, index\_measure)

As the independent Variable Y, the index measure serves as an indicator on the approval with lockdown measures governments have initiated. This index will provide an indication as to whether individuals are in agreement or disagreement with them.

The index is comprised of the following measures:

Reduce contacts	Close gastro	Ban big events	Conduct contact tracing	Close swimming pools
Restrict travel	Close stores	Stop visits	Have a curfew	Close playgrounds
Restrict public space	Wear masks	Close kindergardens	Close schools	

Table 5: Measures index

There are four possible answers individuals were able to choose from:

1	Measure should definitely not currently be in place
2	Measure should currently rather not be in place
3	Measure should currently rather be in place
4	Measure should currently definitely be in place

Table 6: Measures answer possibilities

Considering the table below, the index has a mean of 2.60, meaning that most individuals were between answer 2, “measure should currently rather not be in place” and 3, “measure should currently rather be in place”. Having a median of 2.64 and a standard deviation of 0.62, the average amount of variability is not highly affected by strong outliers when also compared with the mean.

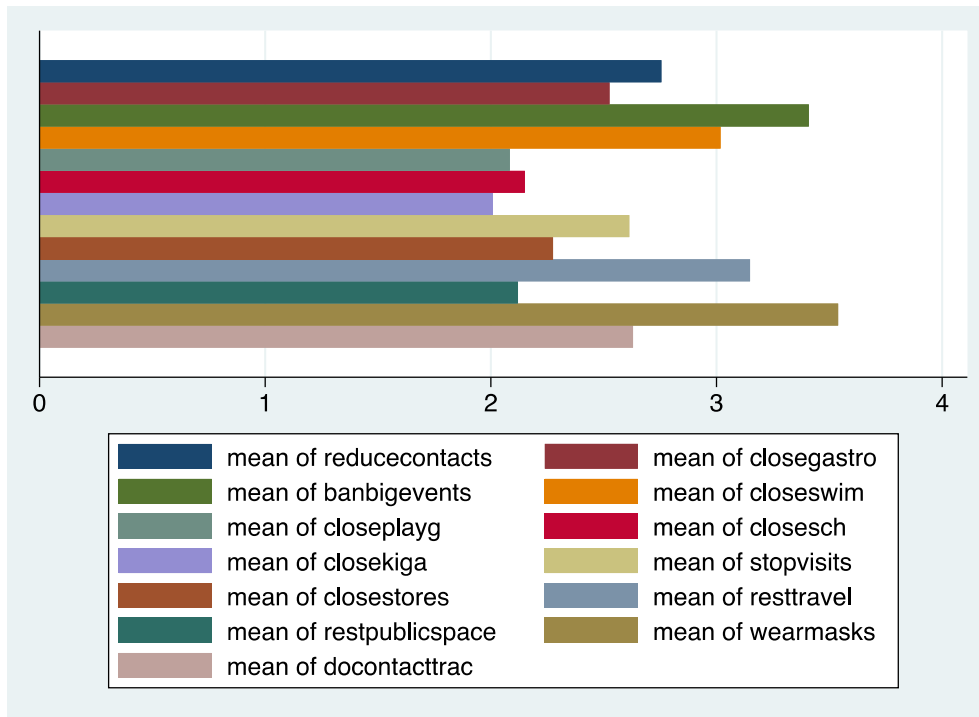
### Descriptive Statistics

Variable	Obs	Mean	Std. Dev.	Min	Max
index measure	813	2.604	.625	1.143	3.786

Table 7: index descriptive

Looking at the separate measures, a reliability analysis was conducted to ensure that the creation of the index is possible in the first place, in which the combination of the 15 variables did pass. Hence, an individual tends to answer the different measure approvals with similar approval rankings regardless of which respective measure it is.

According to the graph below, one can see that the measures individuals most believe should be in place is the banning of big events, restricting travel and with the highest approval, to have the measure of wearing a face mask in place.



Graph 1: mean index

Considering the variable of education in conjunction with gender to view the agreement with lockdown-measures, one can see that while most individuals have attained the education level of an apprenticeship and part-time vocational training, the agreement with lockdown measures lies strongly between 2-3 of the index. Hence, there is an accumulation of answers of 2 "Measure should currently rather not be in place" and 3 "Measure should currently rather be in place".

The results show that the highest approval can be observed for the measure requiring the wearing of masks. This is followed by the approval for banning big events and in third place the approval for initializing travel restrictions can be found. The least approval is observed for

closing kindergartens followed by restricting access to public space. After that comes the disapproval of closing schools.

### 8.2.1. Gender (X<sub>2</sub>, female)

Considering the variable gender, the dataset shows an even distribution of genders, with 51.35% of the sample being male and 48.65% of the sample being female.

Gender	Freq.	Percent	Cum.
0. Male	417	51.29	51.29
1. Female	396	48.71	100.00
Total	813	100.00	

Table 8: Gender

#### Tabulation of selfpos gender

Corona-Diagnosis: Ever?	Gender		
	Male	Female	Total
No	398	382	780
	95.44	96.46	95.94
Yes	19	14	33
	4.56	3.54	4.06
Total	417	396	813
	100.00	100.00	100.00

Table 9: Tab selfpos gender

### Tabulation of sursick gender

Surrounding sick	Gender		
	Male	Female	Total
SurNegative	381	373	754
	91.37	94.19	92.74
SurPositive	36	23	59
	8.63	5.81	7.29
Total	417	396	813
	100.00	100.00	100.00

Table 10: Tab sursick gender

Looking at the gender variable, a difference in whether oneself has been positive as well as ones surrounding can be observed. Overall, more men than women were Covid-19 positive as well as more of individuals in their surrounding were as well. While only 14 women (3.54%) were positive, 19 men (4.56%) were. Similar numbers are given looking at ones positive surroundings, in which 23 females (5.81%) had a sick person in their surrounding and 36 (8.63%) of men had.

#### 8.2.2. Age( $X_3$ , age)

Considering the age dynamics, the sample starts at the age 17 up until 83. With  $N=813$  the mean lies at age 51.39 and a standard deviation of 15.98 is in place.

Looking at the boxplot one can also see that most of the participants are in the age range of 30 and 60 years. According to the daily count of positives from the start of the pandemic, data shows that individuals in the sample of the ACPP dataset are not fully representative of the positively tested individuals because the mean in the governmental data lies within the age group of individuals aged 35-44 as the group with the highest number of Covid-19 infections (Statista, 2022). Hence, infections were more prominent in an older age group in this sample instead.

**Tabulation age**

Variable	N	P50	Mean	Sd	Min	Max
age	813	53	51.98	15.98	17	83

Table 11: Tab age

8.2.3. Education ( $X_4$ , education)

20.42% of the sample have less than a secondary high school graduation certificate. The majority of individuals, being 47.36% have completed an apprenticeship or vocational school. Considering individuals with a matriculation exam, the group consists of 20.30%. The smallest group is comprised of 11.93% at a higher education certificate or degree level.

Looking at whether individuals differ in their corona positive status by education, the tabulation shows that while individuals within the biggest group overall – apprenticeship and vocational school – do have the highest number of positives at 16, the group of education



with matriculation exams has a higher rate of infections relative to their group size than the other groups.

**Tabulation of selfpos education**

Corona-Diagnosis: Ever?	Highest attained education				
	Less than secondary high school graduation	Apprenticeship & vocational school	Education with matriculation exam	Higher education certificate or degree	Total
No	160	370	157	93	780
Yes	6	15	8	4	33
Total	166	385	165	97	813

*Table 12: Selfpos education*

While the results of individuals who have had someone in their surrounding being sick did not change much in individuals with less than secondary high school graduation and higher education certificate or degree (group 1 and group 4), there are more people in ones surrounding than in who has been positive oneself, in the groups 2 and 3.

**Tabulation of education**

Highest attained education	Freq.	Percent	Cum.
Less than secondary highschool graduation	166	20.42	20.42
Apprenticeship & vocational school	385	47.36	67.77
Education with matriculation exam	165	20.30	88.07
Higher education certificate or degree	97	11.93	100.00
Total	813	100.00	

*Table 13: Tab education*

**8.2.4. Born in Austria (X<sub>6</sub>, bornaustria)**

Wanting to see whether an individual with an immigrational background is more or less likely to have a positive attitude towards Covid-19 lockdown measures in Austria, the variable of whether a person is born in Austria or not will be used in its stead. This does not clearly specify an immigrational background, but does however come closest to understanding whether the birthplace – and potentially the years spent in a birthplace other than Austria – has an effect on attitudes towards Covid-19 measures. Only 4.67% of people in the sample were not born in Austria.

### Tabulation of bornaustria

Born in	Freq.	Percent	Cum.
Austria			
no	38	4.67	4.67
yes	775	95.33	100.00
Total	813	100.00	

Table 14: Tab bornaustria

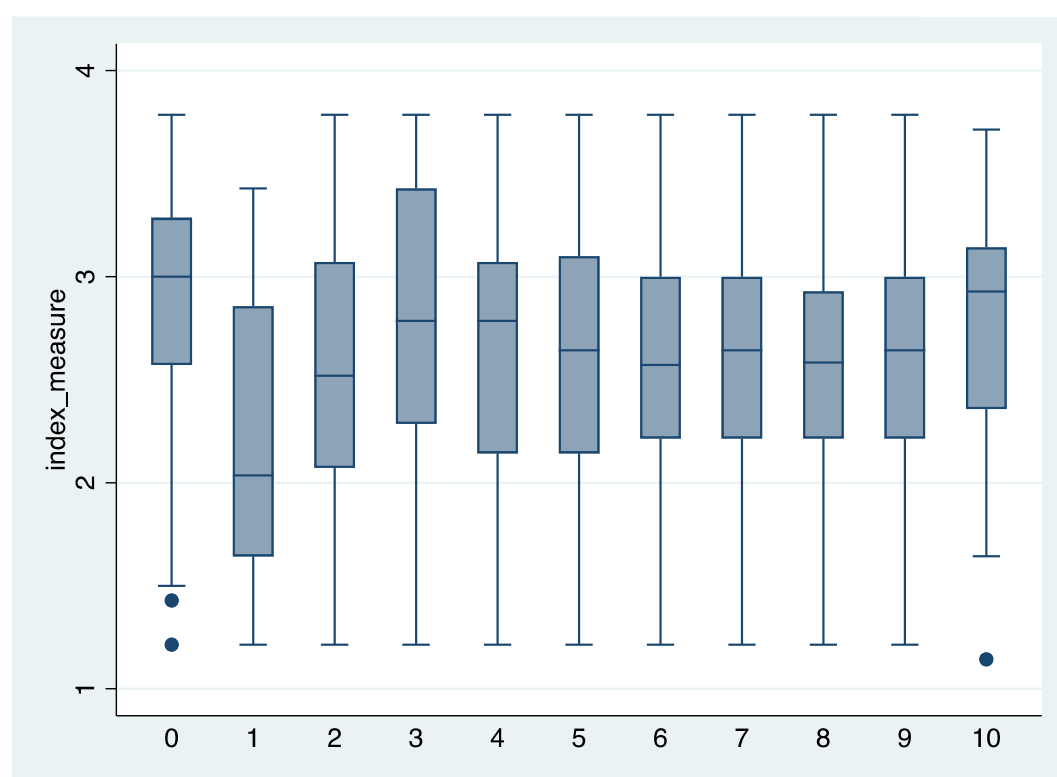
#### 8.2.5. Life satisfaction ( $X_7$ , lifesat)

Considering life satisfaction, the sample shows that the mean of life satisfactions amongst the sample lies at 6.64, while a standard deviation of 2.34 is in place. Looking at whether a difference amongst individuals of a higher or lower life satisfaction can be observed in their lockdown measure approval, one can see that individuals of a life satisfaction of 0 and 1 have the largest difference in index measure approvals. While 0 life satisfaction actually has the highest rating of measure approval at 3, individuals who have indicated a life satisfaction of 1 have the lowest index measure approval with a mean of 2. The index measure approval then increases and falls a bit again at a life satisfaction of 4 till 6, followed by a rise up until a life satisfaction of 10, with the second highest approval rating of the corona measures. The only outliers are found at a life satisfaction of 0 and 10.

## Descriptive Statistics

Variable	Obs	Mean	Std. Dev.	Min	Max
lifesat	813	6.638	2.339	0	10

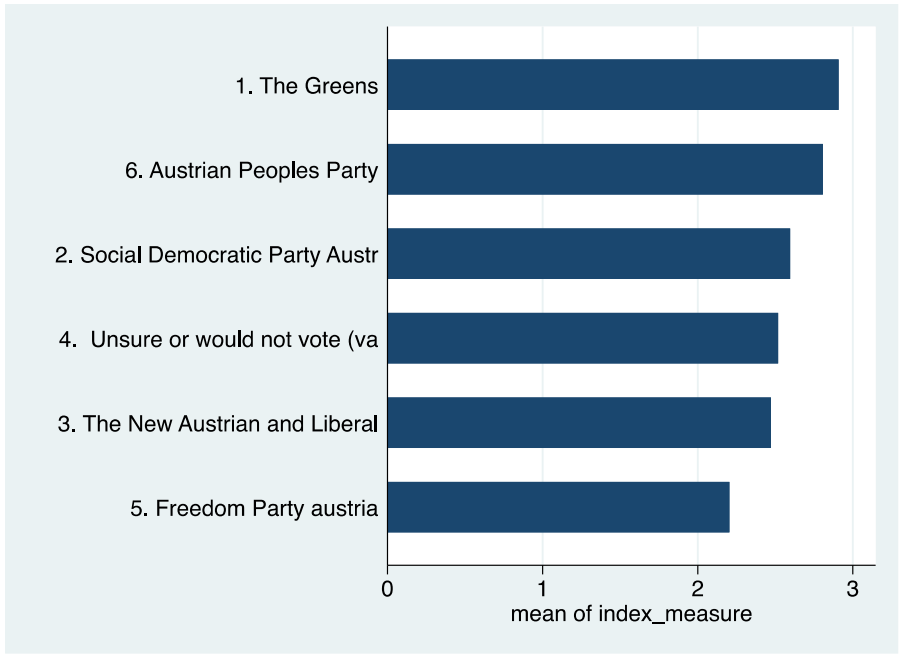
Table 15: Life satisfaction



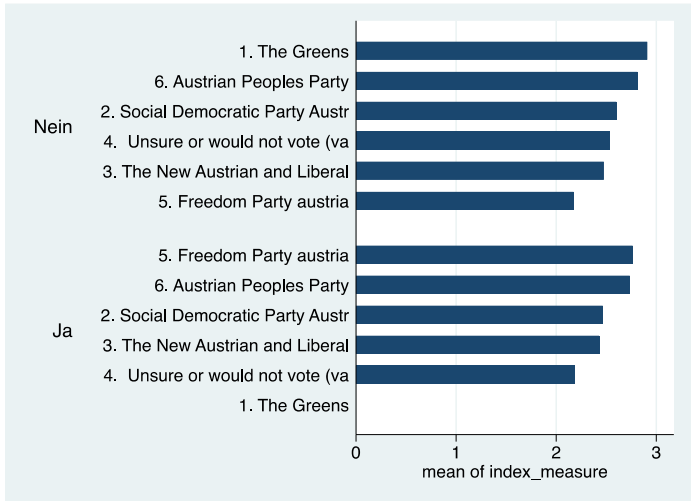
### 8.2.6. Political Affiliation ( $X_5$ , polparty)

Graph 2: Index measure life satisfaction

Wanting to gain a better understanding of whether lockdown measure approval is affected by political affiliation, this variable can provide a better understanding of which party individuals associate with.



Graph 3: Political Party



Graph 4: Selfpositive index measure and political party

### Tabulation of polparty

Intention to vote	Freq.	Percent	Cum.
1. The Greens	63	7.75	7.75
2. Social Democratic Party Austria	150	18.45	26.20
3. The New Austrian and Liberal Forum	64	7.87	34.07
4. Unsure or would not vote (valid)	217	26.69	60.76
5. Freedom Party Austria	92	11.32	72.08
6. Austrian Peoples Party	227	27.92	100.00
Total	813	100.00	

Table 16: Tab polparty

Graph 3 shows that individuals who agree most with lockdown measures vote for the Green party and the Austrian Peoples Party. While the Austrian Peoples Party is in a coalition government with The Greens, the voters of the Freedom Party Austria show the least agreement with Covid-19 measures. The only exception can be seen with individuals that have been positive with Covid-19 and vote for the Freedom Party Austria. They have the most agreement with the index measures followed by the Austrian Peoples Party. Overall, one can see that the Austrian Peoples Party as well as The Greens have the highest index measure approvals.

This shows that differences in index measure approval can be established depending on political party affiliation. In addition, within political party affiliation individuals differ in Covid-19 measure approval if they have been positive or not with Covid-19. The only group that

does not change depending on whether an individual has been positive or negative is the group of individuals being “unsure or would not vote (valid)”.

### 8.2.7. Probability infected ( $X_9$ , probinf)

Individuals within the sample have answered that they think it is highly unlikely to be infected within the next week, at 79.85%. The means lies at 1.362 with a standard deviation being at 0.789. Only 0.47% believe it is highly likely and 1.23% answered that it is rather likely. 11.43% answered that it would be neither likely or unlikely and 6.76% said it was rather unlikely to be infected.

#### Tabulation of probinf

	Freq.	Percent	Cum.
highly unlikely	649	79.83	79.83
rather unlikely	55	6.77	86.59
neither likely or unlikely	93	11.44	98.03
rather likely	10	1.23	99.26
highly likely	6	0.74	100.00
Total	813	100.00	

Table 17: Tab probinf

### Descriptive Statistics

Variable	Obs	Mean	Std. Dev.	Min	Max
probinf	813	1.363	.789	1	5

Table 18: Probinf

### 8.2.8. Effectiveness measure ( $X_{10}$ , effmeasure)

Considering that the measures are in place for approximately the past 6 months at the time of the sample being questioned, they have also been questioned about whether they believe that the measures in place are effective or not. With a scale of 1-5 the mean lies at 2.835 with a standard deviation of 1.009. The majority of individuals are seeing the measures being “partially effective” with 44.96%. This is followed by “rather not effective” with 19.66% and “rather effective” with 18.92%.

### Descriptive Statistics

Variable	Obs	Mean	Std. Dev.	Min	Max
effmeasure	813	2.835	1.01	1	5

Table 19: Effmeasure

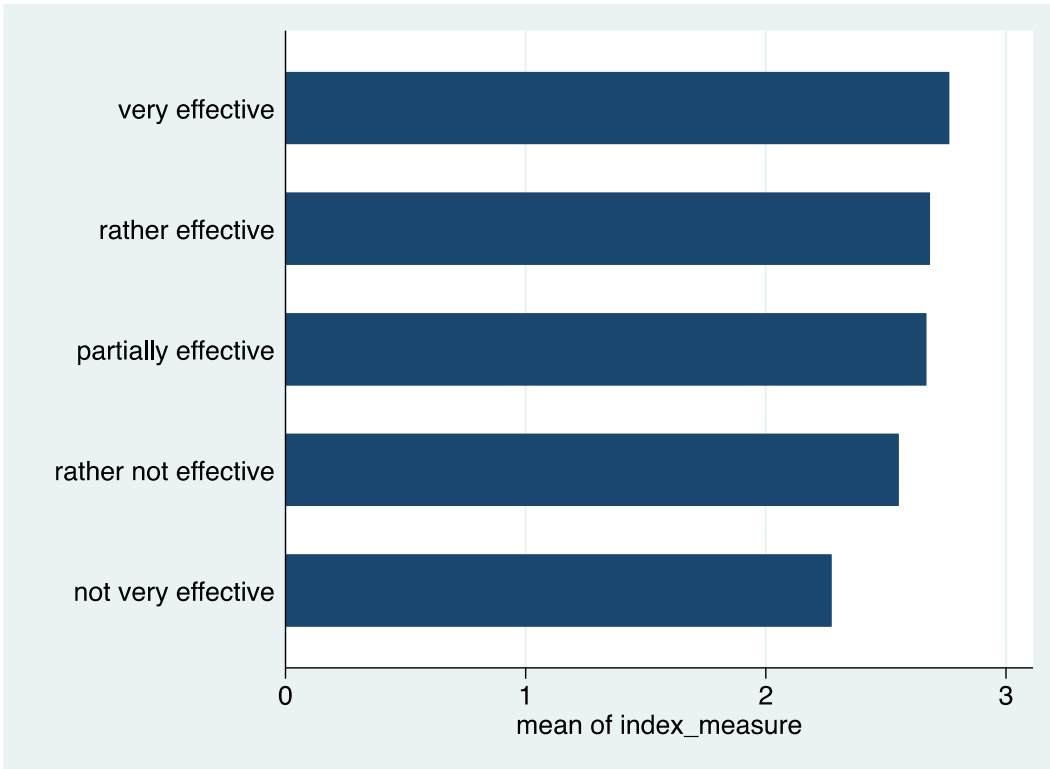


### Tabulation of effmeasure

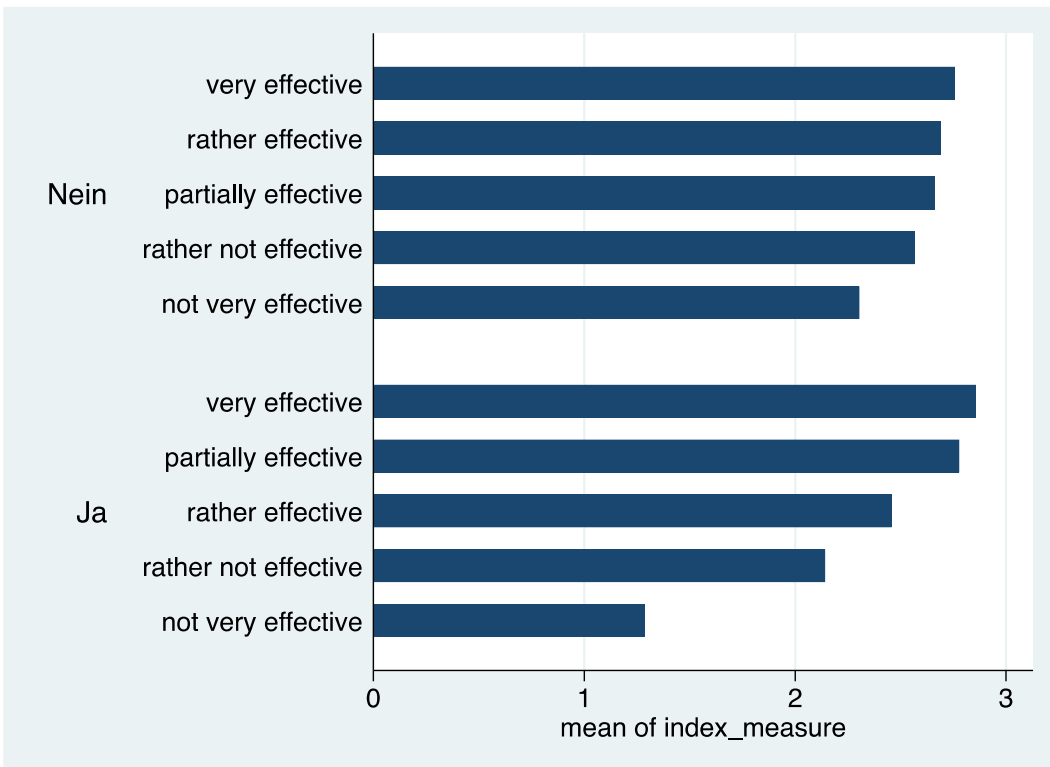
effectiveness measure	Freq.	Percent	Cum.
not very effective	99	12.18	12.18
rather not effective	160	19.68	31.86
partially effective	365	44.90	76.75
rather effective	154	18.94	95.69
very effective	35	4.31	100.00
Total	813	100.00	

Table 20: Tab effmeasure

To look at whether there is a pattern amongst individuals which have been positive or negative with Covid-19 when it comes to whether individuals think that lockdown measures are effective or not, one can see that the more an individual agrees with the measures, the more effective they consider the measures to be. The same is shown for individuals that have been positive or negative with Covid-19. There is however a difference within the positive and negative group, which shows that individuals who have been positive do think that measures are more effective overall rather than the ones who have been tested negative.



Graph 5: Effectiveness measure and index measure



Graph 6: Index measure selfpos effectiveness measure

## 9. Method and Analysis

### 9.2. Evaluation Method

A quantitative regression is used for this analysis as a statistical model (Urban & Mayerl, 2011). Using a hierarchical multiple regression analysis allows the entering of variables in blocks (Ross & Willson, 2017, p. 61).

The first model is solely comprised of the dependent variable of index measure as well as the independent variable of self-positive. Adding the first block in the regression analysis, the demographic data is added. It is comprised of the following variables:

- Age
- Gender
- Education

The second block for model 3 is comprised of variables being related towards Covid-19:

- Surrounding sick
- Probability to be infected
- Effectiveness measure

The third block used in model 4 adds the remaining variables. They are as follows:

- Life satisfaction
- Born in Austria
- Political affiliation

### 9.3. Multiple linear regression

VARIABLES	model1	model2	model3	model4
selfpos	-0.106	-0.0944	-0.117	-0.0656
	(0.111)	(0.112)	(0.107)	(0.104)
age		0.00160	0.00233	0.00184
		(0.00140)	(0.00135)	(0.00133)
female		0.0325	-0.00172	-0.0138
		(0.0439)	(0.0423)	(0.0411)
education		0.0114	0.0143	-0.00472
		(0.0246)	(0.0235)	(0.0234)
sursick			-0.0181	0.00701
			(0.0824)	(0.0799)
probinf			0.181***	0.159***
			(0.0271)	(0.0267)
effmeasure			0.124***	0.0848***
			(0.0209)	(0.0216)
lifesat				-0.000752
				(0.00893)
bornaustria				-0.179
				(0.0968)

Social Democratic Party Austria				0.333***
				(0.0847)
The New Austrian and Liberal Forum				0.0463
				(0.0619)
Unsure or would not vote (valid)				-0.0803
				(0.0832)
Freedom Party Austria				-0.288***
				(0.0726)
Austrian Peoples Party				0.203***
				(0.0578)
Constant	2.609***	2.484***	1.860***	2.195***
	(0.0224)	(0.104)	(0.123)	(0.169)
Observations	813	813	813	813
R-squared	0.001	0.004	0.091	0.160
Adjusted R-Squared	-0.0001	-0.001	0.083	0.145
<p>Standard errors in parentheses</p> <p>*** p&lt;0.001, ** p&lt;0.01, * p&lt;0.05</p>				

The regression shows that in model 1 a rather low negative effect in the change of lockdown measure approval is given with the variable of self-positive. It also – as well as with model 2 – has a low R<sup>2</sup> and an even lower negative adjusted R<sup>2</sup>. This indicates that for this sample the

variable of being positive does not affect the change in lockdown measure approval significantly.

Looking at model 1 of the linear regression analysis, this model shows that being positive or negative with Covid-19 does not explain a significant amount of one's index measure approval, with  $R^2$  being at 0.001. The model does show however, that if an individual is positive, the approval of Covid-19 measures decreases 0.106 points. Hence, individuals that have been positive with Covid-19 do approve less of measures overall according to this model.

Adding the demographic variables in model 2, the model has an increase in  $R^2$  compared to model 1 of 0.003 points, while the adjusted  $R^2$  remains the same. With every increase in age the approval of lockdown measures thereby rises by 0.002 points in model 2 and keeps increasing for model 3 and 4 as well. Looking at gender, being female does add a positive effect on the lockdown measure approvals as well does an increase in education in model 2 and 3. In the last model one can see that education actually ends up having a negative effect, showing that with every increase in education a decrease in lockdown measure approval is observed within the sample.

While the addition of ones surrounding being sick in model 3 has a positive effect in this model, it turns into a negative one in model 4. Hence, if an individual has someone in their surrounding being or having been sick with Covid-19, they are less likely to agree with the lockdown measures than the ones who do not. The opposite is observed with the probability to be infected within the next week. Here model 3 shows the variable as significant while it has a positive effect on lockdown measure approvals. Hence, with every increase in perceived likelihood to be infected with Covid-19 within the next week, a rise of 0.181 points

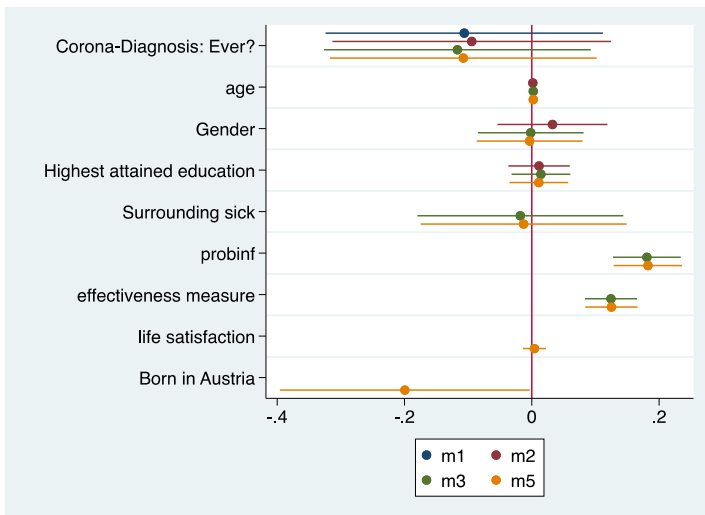
in lockdown measure approval is observed within the sample. This decreases slightly to 0.159 in model 4. With the perceived effectiveness of measures rising, a rise in lockdown measure approval by 0.124 in model 3 can be observed. There is also a slight decrease in the rise from model 3 to 4, with it being at 0.085 in the following model. It is significant in both though.

Neither life satisfaction nor whether a person is born in Austria show a significant effect in model 4. It does show however that with every point increase in life satisfaction, a decrease in lockdown measure approval of -0.001 is in place for this sample. It also shows that if a person is born in Austria their lockdown measure approval decreases by 0.179.

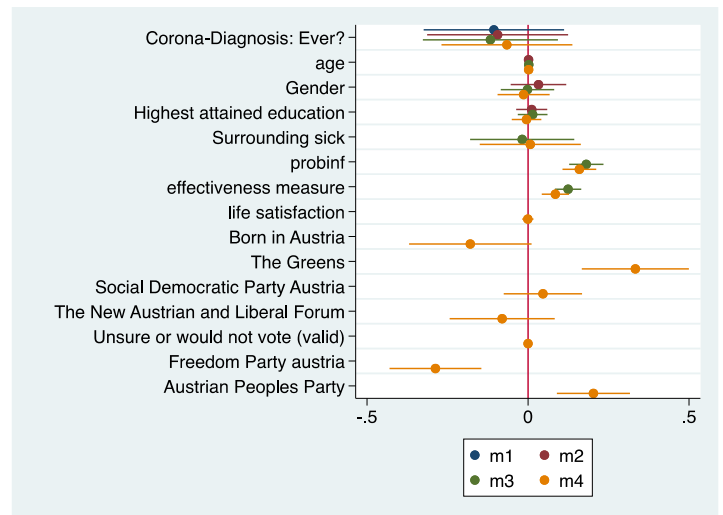
The regression table shows that between the four different models there are not that many changes observed. Hence, once one variable is added to the regression no strong changes to the regression overall can be observed. This can also be seen in the coefficient plots.

Considering model 4 there are the biggest changes observed. It shows that with adding the variable of political party, every affiliation with a political party – except the New Austrian and Liberal Forum – referenced with the Greens is considered significant. If a person has their political affiliation with the Social Demographic Party instead of the Greens, an increase in lockdown measure approval of 0.333 is observed. This is also seen with The New Austrian and Liberal Forum (0.046) as well as The Austrian Peoples party with 0.203. For the other two affiliations, being the Austrian Freedom Party as well as individuals who are unsure or would not submit a (valid) vote in a political voting have a negative effect in lockdown measure approval.

The test of assumptions for multicollinearity, homoscedasticity as well as residuals were all in line with the requirements.



Graph 8: Reg 1



Graph 7: Reg 2

## 10. Results

The results show that an infection with Covid-19 has no significant effect on the lockdown measure approval of individuals within the sample. Instead, a strong significance was seen according to the probability of being infected within the next week, how effective individuals perceive measures in place to be as well as the affiliation with different political parties.

This still validates the theoretical framework that individuals act upon the goal frame theory in a normative frame, because the effectiveness of measures as well as political party or the probability of being infected with Covid-19 within the next week also requires a complex net of social associations, reflection and influence. The ideal types based on the interaction theory for the different groups of Covid-19 positives and negatives does not apply for this sample because of the lack of significance a Covid-19 infection (for oneself or surrounding) has towards lockdown measure approvals. Hence, no difference in the groupings can be observed.

Considering the laid-out hypotheses the following hypothesis are rejected or accepted.



For Hypothesis 1, H1: *“A corona ailment has no effect on the attitudes towards Covid-19 lockdown measures.”*, is accepted.

In Hypothesis 2, H1: *“A corona ailment of ones surrounding has no effect on the attitudes towards Covid-19 lockdown measures.”*, is accepted because of the failing significance of the variable.

For Hypothesis 3, H1: *“An increase in one’s subjective belief to be infected with corona within the next week has no effect on the attitudes towards Covid-19 lockdown measures.”*, is accepted.

For Hypothesis 4, H1: *“A difference in age has no effect on the attitudes towards Covid-19 lockdown measures.”* is accepted.

Considering Hypothesis 5 H1: *“A difference in gender has no effect on the attitudes towards Covid-19 lockdown measures.”* is also accepted.

Assessing Hypothesis 6, H1: *“A difference in education has no effect on the attitudes towards Covid-19 lockdown measures.”* is accepted.

For Hypothesis 7, H1 is rejected and H0: *“A difference in political affiliation has an effect on the attitudes towards Covid-19 lockdown measures.”* is accepted.

For Hypothesis 8, H1: *“A difference in life satisfaction has no effect on the attitudes towards Covid-19 lockdown measures.”* is accepted.

Considering Hypothesis 9, H1: *“Whether a person was born in Austria or not has no effect on the attitudes towards Covid-19 lockdown measures.”* is accepted.

Hence, the only variables that do have a significant effect on Covid-19 lockdown measure approvals are the subjective belief to be infected with Covid-19 within the next week, political affiliation and the subjective belief of how effective the measures are.

## 11. Limitations

While the used dataset is representative of the Austrian population, certain minorities within the population cannot be accounted for. This specifically applies to individuals who have no access to electronic devices, through which the individuals were taking part in the study.

In addition, given that the dataset has already been in place by the time of writing this thesis, potential further questions such as whether an individual has had symptoms or not during a Covid-19 infection were not possible to be added. This in part is also due to the sensitivity of health data and whether it would be appropriate to gain such information.

Due to the time limitations in procuring a thesis, further interesting aspects were not possible to be looked into any further. These were mentioned on several occasions throughout the thesis and can be taken into consideration for further research endeavors.

Given that some participants did not answer all questions, missing data reduced the dataset failing to assess all of the approximately 1,600 individuals of the study.

Another aspect relevant for the limitations in this thesis is that not much research on the effects of a positive Covid-19 ailments have been conducted – none to be found anyhow – leading to a lack of reference points for this thesis.

Furthermore, individuals living in Austria but not speaking German were not included in the questionnaires, which might also leave out several groups from being represented in the sample.

An essential aspect is also the lack of integration of governmental measures that were in place during the respective wave and to consider its effect and the current condition the people were living in on the aspect of lockdown-measures throughout that time. This also goes further into how the cases as well as death tolls were, the media coverage of the situation and the overall population sentiment of the situation. This inclusion of data can also potentially be considered for future studies.

## 12. Summary

Following the normative concept of the goal frame theory throughout this thesis, the results ought to show the gain amongst individuals on the basis of individual gain with consideration of societal expectations when looking at the attitudes of individuals towards Covid-19 lockdown measures. Hence, with the results not showing a significant difference on lockdown measure approval depending on whether a person has been positive or negative, one can see that other societal variables are more in the forefront. With the results showing instead that a significant effect is given depending on one's political affiliation as well as life satisfaction, these are also strongly shaped by normative factors of individual preference as well as the environmental factor of political party opinion and expectation.

On the other hand, demographic variables such as age, gender and education are not of significance in this study. Factors which have not been assessed and can also be a predictor towards attitudes of lockdown measure approval are how much exposure to misinformation as well as the specific exposure of media channels are present.

## 12. Literature

Agentur fuer Gesundheit und Ernaehrungssicherheit. (2022). *Aktuelle Situation - AGES Dashboard COVID19*. <https://covid19-dashboard.ages.at/>

- Agentur für Gesundheit und Ernährungssicherheit. (2022). *Todesfälle - AGES Dashboard COVID19*. [https://covid19-dashboard.ages.at/dashboard\\_Tod.html](https://covid19-dashboard.ages.at/dashboard_Tod.html)
- al Ahdab, S. (2021). A cross-sectional survey of knowledge, attitude and practice (KAP) towards COVID-19 pandemic among the Syrian residents. *BMC Public Health*. <https://doi.org/10.1186/s12889-021-10353-3>
- Ali, M., Uddin, Z., Chandra Banik, P., Hegazy, F. A., Zaman, S., Saleh Mohammed Ambia, A., Kaoser Bin Siddique, M., Islam, R., Khanam, F., Mohammad Bahalul, S., Ahiduzzaman Sharker, M., Akram Hossain, F. M., & Ahsan, G. U. (2020). Knowledge, attitude, practice and fear of COVID-19: A cross-cultural study. *MedRxiv*. <https://doi.org/10.1101/2020.05.26.20113233>
- Anthonj, C., Setty, K. E., A. Yaya, A. M., Mingoti Poague, K. I. H., Marsh, A. J., Ferrero, G., & Augustijn, E. W. (2022). Do health risk perceptions motivate water - and health-related behaviour? A systematic literature review. *Science of the Total Environment*, 819. <https://doi.org/10.1016/j.scitotenv.2021.152902>
- Apuke, O. D., & Omar, B. (2021). Fake news and COVID-19: modelling the predictors of fake news sharing among social media users. *Telematics and Informatics*, 56, 101475. <https://doi.org/10.1016/J.TELE.2020.101475>
- Attema, A. E., L'Haridon, O., Raude, J., & Seror, V. (2021). Beliefs and Risk Perceptions About COVID-19: Evidence From Two Successive French Representative Surveys During Lockdown. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/FPSYG.2021.619145/FULL>
- Austrian Agency for Health and Food Safety. (2022). *Coronavirus - AGES*. <https://www.ages.at/mensch/krankheit/krankheitserreger-von-a-bis-z/coronavirus>
- Austrian Corona Panel Project. (2021). *Chronologie zur Corona-Krise in Österreich-Teil 4: Erneute Lockdowns, Massentests und der Beginn der Impfkampagne*. <http://bit.ly/corona-blog100>
- Banik, R., Rahman, M., Sikder, M. T., Rahman, Q. M., & Pranta, M. U. R. (2021). Knowledge, attitudes, and practices related to the COVID-19 pandemic among Bangladeshi youth: a web-based cross-sectional analysis. *Zeitschrift Fur Gesundheitswissenschaften = Journal of Public Health*. <https://doi.org/10.1007/S10389-020-01432-7>
- Banik, R., Rahman, M., Tajuddin Sikder, M., Quazi Rahman, M., Ur, M., & Pranta, R. (2020). Knowledge, attitudes, and practices related to the COVID-19 pandemic among Bangladeshi youth: a web-based cross-sectional analysis. *Journal of Public Health: From Theory to Practice*. <https://doi.org/10.1007/s10389-020-01432-7>
- Barbalet, J. (2012). Self-interest and the theory of action. *The British Journal of Sociology*, 63, 429. <https://doi.org/10.1111/j.1468-4446.2012.01417.x>
- Bjurlin, M. A., Basak, R., Zambrano, I., Schatz, D., el Shahawy, O., Sherman, S., & Matulewicz, R. S. (2022). Perceptions of e-cigarette harm among cancer survivors: Findings from a

- nationally representative survey. *Cancer Epidemiology*, 78.  
<https://doi.org/10.1016/j.canep.2021.102037>
- Block, R., Burnham, M., Kahn, K., Peng, R., Seeman, J., & Seto, C. (2022). Perceived risk, political polarization, and the willingness to follow COVID-19 mitigation guidelines. *Social Science & Medicine*, 305, 115091. <https://doi.org/10.1016/j.socscimed.2022.115091>
- Bosetti, P., Huynh, B. T., Abdou, A. Y., Sanchez, M., Eisenhauer, C., Courtejoie, N., Accardo, J., Salje, H., Guillemot, D., Moslonka-Lefebvre, M., Boelle, P. Y., Beraud, G., Cauchemez, S., & Opatowski, L. (2021). Lockdown impact on age-specific contact patterns and behaviours, France, April 2020. *Euro Surveillance : Bulletin Europeen Sur Les Maladies Transmissibles = European Communicable Disease Bulletin*, 26(48).  
<https://doi.org/10.2807/1560-7917.ES.2021.26.48.2001636>
- Bryngelson, A. (2009). Long-term sickness absence and social exclusion. *Scandinavian Journal of Public Health*, 37(8), 839–845. <https://doi.org/10.1177/1403494809346871>
- Bundesministerium Arbeit und Wirtschaft. (2021). *Unterstützung fuer Unternehmen*.  
<https://www.bmdw.gv.at/Themen/International/covid-19/Unterstützung-fuer-Unternehmen.html>
- Christ, M., Grossmann, F., Winter, D., Bingisser, R., & Platz, E. (2010). Triage in der Notaufnahme. *Deutsches Arzteblatt*, 107(50), 892–898.  
<https://doi.org/10.3238/ARZTEBL.2010.0892>
- Cockerham, W. C. (2017). *Medical Sociology*. Routledge.  
<https://doi.org/10.4324/9781315618692>
- Coleman, J. S. (1993). The Impact of Gary Becker’s Work on Sociology. *Acta Sociologica*, 36, 178. <https://doi.org/10.1177/000169939303600302>
- Collignon, S., Makropoulos, I., & Rüdiger, W. (2021). Consensus secured? Elite and public attitudes to “lockdown” measures to combat Covid-19 in England. *Journal of Elections, Public Opinion and Parties*, 109–121. <https://doi.org/10.1080/17457289.2021.1924750>
- Dev, R., Raparelli, V., Bacon, S. L., Lavoie, K. L., Pilote, L., & Norris, C. M. (2022). Impact of biological sex and gender-related factors on public engagement in protective health behaviours during the COVID-19 pandemic: cross-sectional analyses from a global survey. *BMJ Open*, 12(6), e059673. <https://doi.org/10.1136/BMJOPEN-2021-059673>
- Dohle, S., Wingen, T., Schreiber, M., & van Tilburg, W. A. P. (2020). Acceptance and Adoption of Protective Measures During the COVID-19 Pandemic: The Role of Trust in Politics and Trust in Science. *Social Psychological Bulletin*, 15(4), 1–23.  
<https://doi.org/10.32872/SPB.4315>
- ECDC. (2021). *Facilitating COVID-19 vaccination acceptance and uptake in the EU/EEA Scope and purpose Target audience*.
- Elmendorf, C. S., & Schleicher, D. (2013). Informing consent: Voter ignorance, political parties, and election law. *University of Illinois Law Review*, 2013(2), 363–432.

- European Centre for Disease Prevention and Control. (2021). *European Centre for Disease Prevention and Control*. COVID-19 Situation Update for the EU/EEA, as of 11 May 2021. <https://www.ecdc.europa.eu/en/cases-2019-ncov-eueea>
- European Commission. (2021). *Measures List - Ecml Covid*. <https://covid-statistics.jrc.ec.europa.eu/RMeasures>
- European Commission. (2022). *Measures List - Ecml Covid*. <https://covid-statistics.jrc.ec.europa.eu/RMeasures>
- Eurostat. (2021). *Statistics | Eurostat*. <https://ec.europa.eu/eurostat/databrowser/view/tps00001/default/table?lang=en>
- World Health Organization. (2021). *Fighting misinformation in the time of COVID-19, one click at a time*. <https://www.who.int/news-room/feature-stories/detail/fighting-misinformation-in-the-time-of-covid-19-one-click-at-a-time>
- Frank, R. H. (2012). *The Darwin economy: liberty, competition, and the common good*. Princeton University Press.
- Frank, R. H. (2021a). *Under the Influence - Putting Peer Pressure to Work*. Princeton University Press. <https://www.bookbeat.de/buch/under-influence-putting-peer-pressure-work-unabridged-260138>
- Frank, R. H. (2021b). *Under the Influence : Putting Peer Pressure to Work /*. Princeton University Press,.
- Freytag, A. ;, Link, E. ;, & Baumann, E. (2021). "Selbst schuld!"-Stigmatisierung von COVID-19-Erkrankten und der Einfluss des individuellen Informationshandelns. In A. Freytag, E. Link, & E. Baumann (Eds.), *Risiken und Potenziale in der Gesundheitskommunikation: Beiträge zur Jahrestagung der DGPK-Fachgruppe Gesundheitskommunikation 2020* (pp. 43–53). Deutsche Gesellschaft für Publizistik- und Kommunikationswissenschaft e.V. . <https://doi.org/10.21241/ssoar.74284>
- Galasso, V., Pons, V., Profeta, P., Becher, M., Brouard, S., & Foucault, M. (2020). Gender differences in COVID-19 attitudes and behavior: panel evidence from eight countries. *Proc Natl Acad Sci U S A*, *117*(44), 27285–27291. <https://doi.org/10.1073/pnas.2012520117>
- Gugushvili, A., Reeves, A., & Jarosz, E. (2020). How do perceived changes in inequality affect health? *Health & Place*, *62*, 102276. <https://doi.org/10.1016/J.HEALTHPLACE.2019.102276>
- Haischer, M. H., Beilfuss, R., Hart, M. R., Opielinski, L., Wrucke, D., Zirgaitis, G., Uhrich, T. D., & Hunter, S. K. (2020). Who is wearing a mask? Gender-, age-, and location-related differences during the COVID-19 pandemic. *PLOS ONE*, *15*(10), e0240785. <https://doi.org/10.1371/JOURNAL.PONE.0240785>

- Hamermesh, D. S. (2020). Life satisfaction, loneliness and togetherness, with an application to Covid-19 lock-downs. *Review of Economics of the Household*, 18(4), 983–1000. <https://doi.org/10.1007/S11150-020-09495-X/TABLES/5>
- Hirschman, A. O. (2013). *The Passions and the Interests : Political Arguments for Capitalism before Its Triumph* (Jeremy. Adelman & Amartya. Sen, Eds.). Princeton University Press,. <https://doi.org/10.1515/9781400848515>
- Hoekstra, E. J., LeBaron, C. W., Megaloeconomou, Y., Guerrero, H., Byers, C., Johnson-Partlow, T., Lyons, B., Mihalek, E., Devier, J., & Mize, J. (1998). Impact of a large-scale immunization initiative in the special supplemental nutrition program for women, infants, and children (WIC). *Journal of the American Medical Association*, 280(13), 1143–1147. <https://doi.org/10.1001/jama.280.13.1143>
- Horn, V., & Schweppe, C. (2020). *Die Corona-Pandemie aus der Sicht alter und hochaltriger Menschen Vincent Horn & Cornelia Schweppe*.
- Hurrelmann, K. (2013). *Gesundheits- und Medizinsoziologie eine Einführung in sozialwissenschaftliche Gesundheitsforschung*. Beltz-Juventa.
- Kasl, S. v., & Cobb, S. (2013). Health Behavior, Illness Behavior and Sick Role behavior. <https://doi.org/10.1080/00039896.1966.10664365>, 12(2), 246–266. <https://doi.org/10.1080/00039896.1966.10664365>
- Keefe, R. H., Jurkowski, E. Theresa., & American Public Health Association. Public Health Social Work Section. (2013). *Handbook for public health social work*. 390.
- Kittel, B., Kritzing, S., Boomgaarden, H., Prainsack, B., Eberl, J. M., Kalleitner, F., Lebernegg, N. S., Partheymüller, J., Plescia, C., Schiestl, D. W., & Schlogl, L. (2021). The Austrian Corona Panel Project: monitoring individual and societal dynamics amidst the COVID-19 crisis. *European Political Science*, 20(2), 318–344. <https://doi.org/10.1057/S41304-020-00294-7>
- Kittel, B., Kritzing, S., Boomgaarden, Hajo Prainsack, B., Eberl, Jakob-Moritz Kalleitner, Fabian Lebernegg, Noëlle S. Partheymüller, Julia Plescia, C., Schiestl, D. W., & Schlogl, Lukas, 2020. (2020). *Austrian Corona Panel Project (SUF edition)*. <https://doi.org/https://doi.org/10.11587/28KQNS>
- Kittel, B., Kritzing, S., Hajo Boomgaarden, Prainsack, B., Eberl, J.-M., Fabian Kalleitner, Lebernegg, N. S., Partheymüller, J., Plescia, C., Schiestl, D., & Schlogl, L. (2020). The Austrian Corona Panel Project: monitoring individual and societal dynamics amidst the COVID-19 crisis. *European Political Science*, 20, 318–344. <https://doi.org/10.1057/s41304-020-00294-7>
- Kittel, B., & Schiestl, D. W. (2021). *Blog 120 - Gesellschaftliche Dimensionen des Glaubens an Verschwörungsmythen in der Corona-Krise*. <https://viecer.univie.ac.at/corona-blog/corona-blog-beitraege/blog120/>

- Kreidl, P., Schmid, D., Maritschnik, S., Richter, L., Borena, W., Genger, J. W., Popa, A., Penz, T., Bock, C., Bergthaler, A., & Allerberger, F. (2020). Emergence of coronavirus disease 2019 (COVID-19) in Austria. *Wiener Klinische Wochenschrift*, *132*(21–22), 645–652. <https://doi.org/10.1007/s00508-020-01723-9>
- Łaszewska, A., Helter, T., & Simon, J. (2021a). Perceptions of Covid-19 lockdowns and related public health measures in Austria: a longitudinal online survey. *BMC Public Health*, *21*(1). <https://doi.org/10.1186/s12889-021-11476-3>
- Łaszewska, A., Helter, T., & Simon, J. (2021b). Perceptions of Covid-19 lockdowns and related public health measures in Austria: a longitudinal online survey. *BMC Public Health*, *21*(1), 1–14. <https://doi.org/10.1186/S12889-021-11476-3/TABLES/5>
- Lau, M. S. Y., Liu, C., Siegler, A. J., Sullivan, P. S., Waller, L. A., Shioda, K., & Lopman, B. A. (2021). Post-lockdown changes of age-specific susceptibility and its correlation with adherence to social distancing measures. *Scientific Reports*, *11*, 4637. <https://doi.org/10.1038/s41598-022-08566-6>
- Lazarus Id, J. v, Ratzan, S., Palayew, A., Billari, F. C., Binagwahoid, A., Kimball, S., Larson, H. J., Melegaro, A., Rabin, K., White, T. M., & El-Mohandesid, A. (2020). *COVID-SCORE: A global survey to assess public perceptions of government responses to COVID-19 (COVID-SCORE-10)*. <https://doi.org/10.1371/journal.pone.0240011>
- le Bon, G. (1922). *Psychologie der Massen*. NSL Buecher. <https://www.orellfuessli.ch/shop/home/artikeldetails/A1045287682>
- LeBaron, C. W., Birkhead, G. S., Parsons, P., Grabau, J. C., Barr-Gale, L., Fuhrman, J., Brooks, S., Maes, E., Friedman, S., & Hadler, S. C. (1996). Measles vaccination levels of children enrolled in WIC during the 1991 measles epidemic in New York City. *American Journal of Public Health*, *86*(11), 1551–1556. <https://doi.org/10.2105/ajph.86.11.1551>
- Lebrett, M. B., Crosbie, E. J., Yorke, J., Hewitt, K., Rowlands, A., Badrick, E., Gareth Evans, D., Balata, H., Booton, R., & Crosbie, P. A. J. (2022). Risk perception and disease knowledge in attendees of a community-based lung cancer screening programme. *Lung Cancer*, *168*, 1–9. <https://doi.org/10.1016/j.lungcan.2022.04.003>
- Lee, M., Kang, B.-A., & You, M. (2021). Knowledge, attitudes, and practices (KAP) toward COVID-19: a cross-sectional study in South Korea. *BMC Public Health*. <https://doi.org/10.1186/s12889-021-10285-y>
- Limbu, D. K., Piryani, R. M., & Sunny, A. K. (2020). Healthcare workers' knowledge, attitude and practices during the COVID-19 pandemic response in a tertiary care hospital of Nepal. *PloS One*, *15*(11). <https://doi.org/10.1371/JOURNAL.PONE.0242126>
- Lin Nan. (1999). Social Networks and Status Attainment. *Annual Review of Sociology*, *25*, 487. <https://doi.org/10.1146/annurev.soc.25.1.467>
- Lindenberg, S. (2001). Social Rationality versus Rational Egoism. In *Handbook of Sociological Theory* (pp. 635–668). [https://doi.org/10.1007/0-387-36274-6\\_29](https://doi.org/10.1007/0-387-36274-6_29)



- Lindenberg, S. (2008). Social Rationality, Semi-Modularity and Goal-Framing: What Is It All About? *Analyse & Kritik*, 30(2), 669–687. <https://doi.org/10.1515/AUK-2008-0217>
- Lindenberg, S., & Steg, L. (2007). Normative, Gain and Hedonic Goal Frames Guiding Environmental Behavior. *Journal of Social Issues*, 63, 137. <https://doi.org/10.1111/j.1540-4560.2007.00499.x>
- Lüdecke, D., & von dem Knesebeck, O. (2020). Protective Behavior in Course of the COVID-19 Outbreak—Survey Results From Germany. *Frontiers in Public Health*, 8, 567. <https://doi.org/10.3389/FPUBH.2020.572561/BIBTEX>
- Luhmann, Ni. (2018). Organization and Decision. In *Organization and Decision*. Cambridge University Press. <https://doi.org/10.1017/9781108560672>
- Mantzari, E., Vogt, F., & Marteau, T. M. (2015). Financial Incentives for Increasing Uptake of HPV Vaccinations: A Randomized Controlled Trial. *Health Psychology*, 34, 171. <https://doi.org/10.1037/hea0000088>
- Mayoryk, S. A., & Levy, S. M. (2006). Incentive Program Increases Employee Influenza Vaccine Compliance at a Chronic Hospital/Long-Term Care Facility. *American Journal of Infection Control*, 34, E49. <https://doi.org/10.1016/j.ajic.2006.05.104>
- Medical University of Vienna. (2021). *COVID vaccination: Free choice of vaccine and vouchers can motivate the unvaccinated to get vaccinated*. <https://www.meduniwien.ac.at/web/en/ueber-uns/news/news-im-september-2021/corona-impfung-freie-wahl-des-impfstoffs-und-gutscheine-koennten-ungeimpfte-motivieren-sich-impfen-zu-lassen/>
- Opp, K.-D. (2014). Methodologie der Sozialwissenschaften. In *Methodologie der Sozialwissenschaften*. Springer Fachmedien Wiesbaden. <https://doi.org/10.1007/978-3-658-01911-2>
- ORF. (2021a). *Entwurmungsmittel auch hier verschrieben - vorarlberg*. ORF.at. <https://vorarlberg.orf.at/stories/3131552/>
- ORF. (2021b). *Gutschein oder Bargeld?: Anreiz für CoV-Impfung zeichnet sich ab - news*. ORF.at. <https://orf.at/stories/3241858/>
- Paetzold, J., & Winner, H. (2016). Taking the high road? Compliance with commuter tax allowances and the role of evasion spillovers. *Journal of Public Economics*, 143, 1–14.
- Parsons, T. (1978). *Action theory and the human condition*. Free Press.
- Parsons, T. (1991). *The Social System* (B. S. Turner, Ed.; 2nd ed.). Routledge & Kenan Paul Ltd.
- Petersen, A. (2015). *Hope in Health: The Socio-Politics of Optimism - Alan Petersen - Google Books* (A. Petersen, Ed.). Palgrave Macmillan.
- Pflanz, M. (1974). A critique of Anglo American medical sociology. *International Journal of Health Services*, 4(3), 565–574. <https://doi.org/10.2190/AX2H-CVKB-5CFA-XMYP>

- Plato, & Bloom, A. (1991). The Republic of Plato. In *The Journal of Hellenic Studies: Vol. 2nd ed.* <http://books.google.ca/books?id=TofYaAFbloQC>
- Regierungen seit 1945 - Bundeskanzleramt Österreich. (n.d.). Retrieved September 23, 2022, from <https://www.bundeskanzleramt.gv.at/bundeskanzleramt/geschichte/regierungen-seit-1945.html>
- Republik Österreich. (2020a). 463. Verordnung: COVID-19-Schutzmaßnahmenverordnung – COVID-19-SchuMaV. 01.11.2020. [https://www.ris.bka.gv.at/Dokumente/BgblAuth/BGBLA\\_2020\\_II\\_463/BGBLA\\_2020\\_II\\_463.html](https://www.ris.bka.gv.at/Dokumente/BgblAuth/BGBLA_2020_II_463/BGBLA_2020_II_463.html)
- Republik Österreich. (2020b). RIS - Verordnung gemäß § 2 Z 1 des COVID-19-Maßnahmegesetzes - Bundesrecht konsolidiert, Fassung vom 16.03.2020. <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=20011078&FassungVom=2020-03-16>
- Resch, T. (2020, December 4). Blog 90 - Intensivmedizinische Priorisierung: Das Szenario einer Triage durch COVID-19. <https://viecer.univie.ac.at/corona-blog/corona-blog-beitraege/blog90/>
- Ross, A., & Willson, V. L. (Professor of educational psychology). (2017). *Basic and advanced statistical tests : writing results sections and creating tables and figures.* SensePublishers.
- Simmel, Georg. (2004). *The Philosophy of Money* (David. Frisby, Ed.; 3rd ed.). Taylor & Francis Group,. <https://ebookcentral.proquest.com/lib/univie/detail.action?docID=200754>
- Smelser, N. J., & Swedberg, R. (2005). The handbook of economic sociology: Second edition. In *The Handbook of Economic Sociology: Second Edition.* Princeton University Press. <https://doi.org/10.1515/9781400835584>
- Smith, A., & Haakonssen, K. (2012). *Adam Smith: The Theory of Moral Sentiments.*
- STATA. (2022). *Statistical software for data science | Stata.* <https://www.stata.com/>
- Statista. (2022). Österreich - Corona-Erkrankungsfälle Altersgruppe 2022 | Statista. <https://de.statista.com/statistik/daten/studie/1108987/umfrage/erkrankungsfaelle-des-coronavirus-covid-19-in-oesterreich-nach-altersgruppe/>
- Statistik Austria. (2022). *Bevölkerung.* <https://www.statistik.at/statistiken/bevoelkerung-und-soziales/bevoelkerung/bevoelkerungsstand/bevoelkerung-nach-alter/geschlecht>
- Stern, B. J. (1927). Social Factors in Medical Progress. In *Social Factors in Medical Progress.* Columbia University Press. <https://doi.org/10.7312/STER92842/HTML>
- Stollberg (verst.), G. (2001). *Medizinsoziologie.* transcript Verlag. <https://doi.org/10.14361/9783839400265>

- Tadiri, C. P., Gisinger, T., Kautzy-Willer, A., Kublickiene, K., Herrero, M. T., Raparelli, V., Pilote, L., & Norris, C. M. (2020). The influence of sex and gender domains on COVID-19 cases and mortality. *Canadian Medical Association Journal*, *192*(36), E1041–E1045. <https://doi.org/10.1503/cmaj.200971>
- Trzebiński, J., Cabański, M., & Czarnecka, J. Z. (2020). Reaction to the COVID-19 Pandemic: The Influence of Meaning in Life, Life Satisfaction, and Assumptions on World Orderliness and Positivity. *Https://Doi.Org/10.1080/15325024.2020.1765098*, *25*(6–7), 544–557. <https://doi.org/10.1080/15325024.2020.1765098>
- Tutic, A. (2020). Rational Choice. In *Rational Choice*. De Gruyter. <https://doi.org/10.1515/9783110673616>
- UN Women. (2021, October). *Covid-19: Eine Krise der Frauen - UN Women DE*. <https://unwomen.de/covid-19-eine-krise-der-frauen/>
- United Nations. (2020). *TIME FOR A UN CONVENTION ON THE RIGHTS OF OLDER PERSONS*.
- United Nations. (2021). *Cross-Regional Statement on “Infodemic” in the Context of COVID-19*.
- United Nations. (2022). *OHCHR | COVID-19 Guidance*. <https://www.ohchr.org/en/covid-19/covid-19-guidance>
- Urban, D., & Mayerl, J. (2011). Regressionsanalyse: Theorie, Technik und Anwendung. In *Regressionsanalyse: Theorie, Technik und Anwendung*. VS Verlag für Sozialwissenschaften. <https://doi.org/10.1007/978-3-531-93114-2>
- Vereinte Nationen. (2021). *SDG 3 | Vereinte Nationen - Regionales Informationszentrum für Westeuropa*. <https://unric.org/de/17ziele/sdg-3/>
- Vienna Center for Electoral Research. (2021). *Chronology of the Corona Crisis in Austria - Part 4: Lockdowns, mass testing and the launch of the vaccination campaign*. <https://viecer.univie.ac.at/en/projects-and-cooperations/austrian-corona-panel-project/corona-blog/corona-blog-beitraege/blog100-en/>
- Vienna Center of Electoral Research. (2021). *Austrian Corona Panel Project (ACPP)*. <https://viecer.univie.ac.at/coronapanel/>
- Vincenzo, G., Vincent, P., & Paola, P. (2020). *Gender differences in COVID-19 perception and compliance | CEPR*. <https://cepr.org/voxeu/columns/gender-differences-covid-19-perception-and-compliance>
- von Chamier, P., Noel, N., & Angell, E. (2020). *Public Opinion, Trust, and the COVID-19 Pandemic*.
- Weber, M., Borchardt, K., Hanke, E., & Schluchter, W. (2019). Max Weber-Gesamtausgabe: Band I/23: Wirtschaft und Gesellschaft. Soziologie. Unvollendet. 1919-1920. In *Max Weber-Gesamtausgabe*. Mohr Siebeck.
- Weber, Max., & Mommsen, W. J. (2009). *Gemeinschaften*. J.C.B. Mohr (Paul Siebeck) Tuebingen.

- Westerwick, A., Kleinman, S. B., & Knobloch-Westerwick, S. (2013). Turn a Blind Eye If You Care: Impacts of Attitude Consistency, Importance, and Credibility on Seeking of Political Information and Implications for Attitudes. *Journal of Communication*, 63(3), 432–453.
- World Health Organization. (2021a). *Advice for the public*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- World Health Organization. (2021b). *Coronavirus disease (COVID-19): Herd immunity, lockdowns and COVID-19*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/herd-immunity-lockdowns-and-covid-19>
- World Health Organization. (2021c). *WHO/Europe | Coronavirus disease (COVID-19) outbreak - About the virus*. <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov>
- World Health Organization. (2021d). *WHO/Europe | Coronavirus disease (COVID-19) outbreak - Greece – Country case study on COVID-19 vaccine introduction: ensuring access for island residents, migrants and refugees, and providing incentives to the general public*. <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/covid-19-vaccines-and-vaccination/covid-19-vaccine-deployment-country-case-studies-in-the-who-european-region/greece-country-case-study-on-covid-19-vaccine-introduction-ensuring-access-for-island-residents,-migrants-and-refugees,-and-providing-incentives-to-the-general-public>
- Xie, J., Ifie, K., & Gruber, T. (2022). The dual threat of COVID-19 to health and job security – Exploring the role of mindfulness in sustaining frontline employee-related outcomes. *Journal of Business Research*, 146, 216–227. <https://doi.org/10.1016/j.jbusres.2022.03.030>
- Yang, K. L. H. M. L. W. S. T. Y. F. Z. L. Z. S. Y. J. X. (2021). Knowledge, attitude and practice of residents in the prevention and control of COVID-19: An online questionnaire survey. *Journal of Advanced Nursing*, 1839–1855.
- Zhang, S. X., Wang, Y., Rauch, A., & Wei, F. (2020). Unprecedented disruption of lives and work: Health, distress and life satisfaction of working adults in China one month into the COVID-19 outbreak. *Psychiatry Research*, 288, 112958. <https://doi.org/10.1016/J.PSYCHRES.2020.112958>
- Zhao, Y., O’Dell, S., Yang, X., Liao, J., Yang, K., Fumanelli, L., Zhou, T., Lv, J., Ajelli, M., & Liu, Q.-H. (2022). Quantifying human mixing patterns in Chinese provinces outside Hubei after the 2020 lockdown was lifted. *BMC Infectious Diseases*, 22(1), 483. <https://doi.org/10.1186/s12879-022-07455-7>
- Zingher, J. N. (2021). How Social Group Memberships Interact to Shape Partisanship, Policy Orientations, and Vote Choice. *Political Behavior*, 1–19. <https://doi.org/10.1007/S11109-021-09725-7/FIGURES/4>

## 13. Annex

### 13.1. [Abstract German/ Abstract Deutsch](#)

Durchgeführte Studien sehen einen signifikanten Einfluss auf Covid-19 Lockdown Zustimmung abhängig von Faktoren wie Geschlecht, Alter, Bildung und politischer Orientierung (Ali et al., 2020; Block et al., 2022; Collignon et al., 2021; Vincenzo et al., 2020; von Chamier et al., 2020). Während ein Risiko des Zusammenbruchs des sozialen Systems bei einem signifikanten Anstieg an Covid-19 Fällen passieren kann, gibt es keine Literatur darüber, ob eine positive Covid-19 Erkrankung einen Einfluss auf die Zustimmung mit Lockdown Maßnahmen der Regierung hat. Durch eine Sekundärdatenanalyse (N=813) des Datensatzes des Austrian Corona Panel Projects, wird somit eine Analyse durchgeführt (Kittel et al., 2021; Vienna Center of Electoral Research, 2021). Die Resultate zeigen keinen signifikanten Effekt bei der Zustimmung mit Lockdown Maßnahmen abhängig von einer Covid-19 Erkrankung. Stattdessen zeigt das Sample signifikante Effekte bei der Zustimmung nach der subjektiven Wahrnehmung, ob man in der nächsten Woche mit Covid-19 erkrankt sowie politischer Einstellung und wie effektiv man die Maßnahmen findet. Durch diese Resultate können Politiker:innen, Forscher:innen und Interessengruppen Informationen darüber erhalten, was die Zustimmung der gesetzten Maßnahmen beeinflusst.