

Explaining Support for Border Closures During the COVID-19 Pandemic: Exposure, Political Attitudes, or Pandemic Policy Feedback?

Elie Michel¹, Anita Manatschal², and Eva G. T. Green³

¹Centre d'Etudes de la Vie Politique (CEVIPOL), Université Libre de Bruxelles, Bruxelles, Belgium;

²Swiss Forum for Migration and Population Studies (SFM), Université de Neuchâtel, Neuchâtel, Switzerland;

³Institut de Psychologie, Université de Lausanne, Lausanne, Switzerland

All correspondence concerning this article should be addressed to Elie Michel, PhD, Centre d'Etudes de la Vie Politique (CEVIPOL), Université Libre de Bruxelles, Bruxelles, Belgium. E-mail: elie.michel@ulb.be

Abstract

The closing of national borders was one of the most far-reaching policy measures adopted to limit the spread of the virus during the coronavirus disease 2019 pandemic. Despite its unprecedented nature and far-reaching impact on individual lives, blocking almost all human movements not only into but also out of states, popular support for this measure was surprisingly high. How can this support be explained? Using an original 4-wave panel dataset across 11 countries together with cross-national policy data, we explore individual and contextual drivers of border closure support throughout 2020. We find that higher support can partly be explained by political attitudes related to cross-border mobility, such as distrust in foreigners or right-wing ideology. Primarily, however, support for closing borders is shaped by respondents' evaluation of governments' handling of the pandemic, as well as the intensity and timing of the constraining measures. We also find that support wanes over time, which may indicate a policy fatigue effect. Interestingly, health concerns (exposure to the virus) have almost no influence on support. Even in this exceptional situation, and when confronted with a new policy issue, citizens' preferences are thus primarily a politically driven response to government measures.

In response to the outbreak of the coronavirus disease 2019 (COVID-19) pandemic, most governments implemented lockdowns and restricted human movement, at the international, national, and local levels (Hale, Webster, Petherick, Phillips, & Kira, 2020). The closure of national borders, which most countries adopted extensively throughout 2020, represents an unmatched curtailment of transnational movement in open democratic societies during peacetime (Piccoli, Dzankic, & Ruedin, 2021; Shiraef et al., 2021). Limited and targeted border closures are not uncommon during pandemics, but the global scale of travel bans implemented during the COVID-19 pandemic was unprecedented (Hoffman, Weldon, & Habibi, 2022). Unprecedented was also the bi-directional nature of these measures, as they did not only limit entry into (akin to e.g., closures preventing immigration) but also exit from a country (cf. Kustov, 2022). Despite the far-reaching restrictions of civil liberties in advanced democracies (Engler et al., 2021) and the dramatic socio-economic problems these measures caused to specific populations, such as those living transnational lives in border regions (Opilowska, 2021), popular support for border closures was very high (Kenwick & Simmons, 2020). This raises the question: what drove individual support for this new policy issue?

The explanation of why governments adopted border closure policies in the first place is mainly political (Simmons & Kenwick, 2022), which is unsurprising, given the limited

scientific and legal support for these measures (Chetail, 2020; Mallapaty, 2020), and their harmful socioeconomic effects. Border closures, like national lockdowns and expanded police powers, are typically linked to the imperative of emergency responses during major health crises (Kirk & McDonald, 2021). They are thus primarily political—not legal nor scientific—decisions, that allow political leaders to show determined action, redirect blame to other jurisdictions, and reinforce nationalism (Hoffman, Weldon, & Habibi, 2022, p. 201).

Given the unprecedented border closures during the pandemic, this paper explores the nature and evolution of individual preferences. Indeed, complete and bidirectional border closure policies rarely appeared in political agendas before COVID-19, but they became salient as one of the most spectacular responses to the pandemic. However, little research has investigated popular support for these globally implemented policies (Kenwick & Simmons, 2020). For instance, Lindholt et al. have investigated support for border security—but not the actual closure of borders as a policy response to the pandemic (Lindholt, Jørgensen, Bor, & Petersen, 2021). To the best of our knowledge, no study has identified yet which factors drive people's support for this exceptional crisis policy.

In this article, we explore three plausible drivers of individual support for border closures. First, if border closures were primarily perceived as a sanitary issue—i.e., aiming

to limit the spread of the virus—support should mainly be driven by health concerns and fears related to this foreign pathogen (Aarøe, Petersen, & Arceneaux, 2017; Rosenfeld & Tomiyama, 2021). Second, border closures regulate human movement, so political attitudes regarding cross-border mobility may influence support, notably prejudice toward foreigners or right-wing ideology (Ceobanu & Escandell, 2010; Green & Sarrasin, 2018; Hainmueller & Hopkins, 2014). Finally, research suggests that even in times of crisis, citizens remain responsive to politics and adopt policies (Achen & Bartels, 2017; Bol, Giani, Blais, & Loewen, 2020). Supportive attitudes may therefore also mainly reflect pandemic policy feedback effects, with governmental decisions driving acceptance of these measures in the population (Mettler & Sorelle, 2018; Pierson, 1993).

To test these expectations, we rely on an original panel survey of public opinion fielded during the COVID-19 pandemic in 2020 over four waves in 11 advanced democracies. The panel covers a period of high COVID-19 urgency and political salience, during which most countries applied lockdowns and border closures, but before vaccination was available.

Overall, we find that a large majority of citizens (about 85%) supported border closure policies at the beginning of the pandemic (early 2020). However, aggregate levels of support declined over time (68% in late 2020). The results of our random-effects panel analyses show that while support for border closure is partly shaped by factors linked to political attitudes related to cross-border mobility, it is mostly driven by political considerations linked to the pandemic. Respondents' negative evaluations of governments' pandemic policy are associated with higher support for border closures. On the contextual level, we find evidence of a positive policy feedback effect (as the restrictions on mobility become more constraining, support for these policies increases) as well as a "corona policy fatigue effect" (as the pandemic persists over the year 2020, citizens' support for constraining border policies wanes). Surprisingly, health-related concerns are virtually irrelevant, as neither the intensity of the pandemic itself nor individual-level exposure, influences support for border closures.

Using cross-sectional panel data on popular support for border closure, this paper contributes to existing research on the attitudinal consequences of crises in general, and on policy feedback effects and policy acceptance in times of crisis in particular. Overall, the attitudinal responses to the pandemic reflect those of other crises and shocks: across countries and over time, political preferences are largely determined by ideological dispositions and responsiveness to adopted policy measures.

Theoretical Background: How to Explain Support for Border Closures During the Pandemic

Given the extraordinary salience of the COVID-19 pandemic, as well as the direct and far-reaching impact of governments' policy responses on citizens' daily lives, it seems likely that this crisis, and the way it was handled by governments, affected political attitudes (Bavel et al., 2020). While governments responded to the COVID-19 pandemic through a large array of public policies, notably in the sanitary and economic domains (Cheng, Barceló, Hartnett, Kubinec, & Messerschmidt, 2020; Porcher, 2020), limitation of human movement constituted the

core policy response. Policy measures aimed first and foremost at reducing human contact by reducing mobility (and thus the spread of the virus). Among these measures, the closure of national borders throughout 2020 represented the most encompassing and unprecedented worldwide policy response (Piccoli, Dzankic, & Ruedin, 2021; Shiraef et al., 2021). While the extent of policies restricting the movement across borders varied between and within states, they still constituted a global phenomenon (Piccoli, Dzankic, & Ruedin, 2023). Notably, pandemic border closures affected all types of human movement: mobility (dynamic movements in and out of state borders), migrations (movement to a new country of settlement), tourism (in and out of a state), as well as transnational, e.g., work-related, movements in border regions. The almost universal application of national border closures is surprising, considering that both their legality and efficacy have been seriously questioned. Several authors have claimed that border closures (also called "blanket entry bans" or "total travel bans") were illegal according to international human rights law (Chetail, 2020) and/or international health regulations (Hoffman, Weldon, & Habibi, 2022). Border closures also appear questionable considering their limited efficacy. While intra-national lockdowns effectively limited the spread of the COVID-19 pandemic, international travel restrictions seem to have had a minimal and short-lived effect (Mallapaty, 2020). In some transnational regions border closures had even negative sanitary and socio-economic consequences on individuals and regional contexts (Opilowska, 2021; Püü, Trillo-Santamaría, Martínez-Cobas, & Fernández-Jardón, 2022).

Despite their questionable legality and efficacy, research has documented widespread support for border closures from the beginning of the pandemic: popular support for full border closure ranged from 50% to 80%. Interestingly, these levels were similar in both Western democracies (USA, Italy, Japan) and in authoritarian regimes (China, Russia) (Kenwick & Simmons, 2020). However, the factors explaining this support remain largely unknown. In the following, we discuss three sets of factors that may influence these policy preferences: the pandemic itself (intensity, individual exposure, and emotional reactions); political attitudes related to cross-border mobility (such as prejudice against foreigners and right-wing ideology); and citizens' responses to, and evaluations of, adopted pandemic policies.

The Role of COVID-19 Exposure

As a global sanitary crisis, the COVID-19 pandemic generated massive individual health concerns. Epidemic threats are historically linked to anxieties about human mobility and cross-border exchanges (White, 2020). Unfamiliar outgroups may be seen as potential carriers of foreign diseases that represent a health threat, which can trigger aversion and avoidance (Aarøe, Petersen, & Arceneaux, 2017; Ackerman, Hill, & Murray, 2018; Green et al., 2010). Similarly, the COVID-19 has been depicted as "foreign virus spread by moving individuals" (Devakumar, Shannon, Bhopal, & Abubakar, 2020). During the outbreaks of Covid-19, anti-Asian prejudice temporarily increased in Western democracies, as Asians, and more particularly Chinese, were singled out as the outgroup associated with the origin and spread of the virus (Ahmed, Chen, & Chib, 2021; Dhanani & Franz, 2021; Eun Kim, Shin, & Yang, 2022).

According to "behavioral immune system" reasoning (see e.g., Aarøe, Petersen, & Arceneaux, 2017) individuals respond

emotionally and behaviorally to potential pathogen carriers. Such processes are adaptive responses to perceived infectious risks, which are particularly elevated in times of pandemic. We therefore expect individual exposure to the virus to influence preferences for reduced human mobility, as individuals who experience the disease may feel more vulnerable and become more supportive of these regulations (H1A). Such reactions may result from actual exposure to the disease, but also from the emotions generated by the pandemic. Indeed, in critical contexts where citizens are exposed to various threats, their reactions are largely based on fear (Albertson & Gadarian, 2015). Fear is experienced when a situation is novel and unfamiliar, where there is no clear blame to be attributed, and where the threats and associated risks are perceived to be beyond the control of individuals and governments. While the relationship between emotions and attitudes during the pandemic can be multifaceted, COVID-19 has generated higher levels of fear (Freitag & Hofstetter, 2022). We therefore expect that fear generated by the virus influences preference for stricter border closure (H1B).

In addition to individual-level factors (exposure and fear), we argue that contextual sanitary factors such as the dynamics and intensity of the pandemic influence citizen's support for border closures. Daily media reports on how many people were infected with and died from the virus were major public health indicators throughout the crisis. Indeed, the severity of the crisis, as indicated by these daily numbers, was likely to increase people's perception that their individual health was under threat. As a result, a higher threat intensity should increase support for border closures (H1C).

The Role of Political Attitudes on Cross-Border Mobility

Existing research discusses various reasons why the COVID-19 pandemic may have increased xenophobia and anti-immigration attitudes, and, as a corollary, increased support for border closures (Adam-Troian & Bagci, 2021). Indeed, there is a "tenuous connection" between migration and COVID-19, particularly between pandemic developments and migration skeptic political attitudes (Heizmann & Huth-Stöckle, 2022). A large body of research links anti-immigration sentiments with all types of crises (Gamlen, 2020). Beyond the health threats discussed above, crises generate other types of (perceived) threats that are usually associated with negative feelings toward outgroups (Green & Staerklé, 2023; Quillian, 1995). This attitudinal mechanism applies in the case of realistic threats (revenue loss or terrorist attacks; Billiet, Meuleman, & De Witte, 2014; Legewie, 2013) as well as in the case of symbolic threats (perceived loss of hegemony; Muis & Reeskens, 2022).

The pandemic also triggered feelings of lack of control and gave rise to authoritarianism (Esses & Hamilton, 2021). What is more, by promoting epistemic and existential motivational processes, the pandemic most likely made people more socially conservative and closed (Rosenfeld & Tomiyama, 2021). Drawing on this research, we expect that political attitudes related to cross-border mobility, such as ideology or attitudes toward migration and immigrants (Ceobanu & Escandell, 2010; Green & Staerklé, 2023; Hainmueller & Hopkins, 2014) influence support for border closures during the pandemic. We expect that people with a right-wing ideology are more inclined to support border closures (H2A). In a similar vein, distrust toward foreigners should be associated

to stronger support for border closure in times of pandemic (H2B).

Still, the preference for pandemic border closures, which we explore in this paper, is broader than general immigration attitudes. The latter are often captured through standard survey questions such as "immigration should be increased, decreased, or kept the same."¹ From this perspective, support for full border closure could be conceived as the absolute negative endpoint (i.e., zero immigration) on the continuum from less to more preferred immigration. Indeed, border closures are increasingly also discussed to manage migration flows, notably at the U.S. Mexican border (Massey, Durand, & Pren, 2016), or at Hungary's southern border (Saeed, 2017). However, respective policies are typically implemented via physical walls or fences with a clearly demarcated geographic scope, and they limit entry only. By contrast, the border closures implemented during the COVID-19 pandemic were of a global and most importantly bidirectional nature, curtailing not only the possibility to enter but also the one to exit a country. Moreover, pandemic border closures did not only affect migrating individuals but also other types of human mobility such as tourism or business travel. It would therefore be shortsighted to equate border closure to attitudes towards immigration. Still, while citizens identify well the regulations of different types of human movements, research suggests that their preferences for types of migration (immigration or emigration) are significantly correlated (Kustov, 2022). We, therefore, expect that support for pandemic border closures cannot only be explained by political attitudes related to cross-border mobility, although it may have certain commonalities with restrictive migration attitudes.

The Role of COVID-19 Policies

The extreme policy responses that governments have implemented throughout the pandemic have likely triggered political and attitudinal reactions. Indeed, in times of crises of all kinds (e.g., natural disasters, economic shocks), citizens tend to assess their government's responses based on their growing knowledge of the crisis (Achen & Bartels, 2017; Ashworth, Mesquita, & Friedenberg, 2018). The COVID-19 pandemic is no exception: citizens paid attention to the crisis and to the related government responses, they assessed government policies, and their political preferences evolved (or remained stable) as a consequence (Altiparmakis et al., 2021).

Research on the political consequences of COVID-19 points, for instance, to a "rally around the flag" effect (i.e., increased support for the acting government) in the early stages of the pandemic (Baekgaard, Christensen, Madsen, & Mikkelsen, 2020; Bol et al., 2021; Esaiasson, Sohlberg, Gheretti, & Johansson, 2021). The way governments handled the COVID-19 crisis in sanitary, social and economic terms should therefore influence citizens' border closure preferences via individuals' policy evaluations. During the COVID-19 pandemic, citizens could blame or reward their governments through their evaluations of pandemic policies, for instance in terms of support for the government or in actual elections when applicable (Becher, Brouard, & Stegmüller, 2024).

While the COVID-19 pandemic affected most aspects of social life, government responses focused on two specific policy

¹ Similar questions are, for instance, included in many national and international periodic surveys or panels such as the *European Social Survey (ESS)*, or the *International Social Survey Programme (ISSP)*.

dimensions: public health and the economy. Indeed, the COVID-19 pandemic put dramatic pressure on sanitary systems, and was generally followed by unprecedented, constraining, and highly visible health measures, such as the obligation to wear masks in public (Desvars-Larrive et al., 2020; Sebhatu, Wennberg, Arora-Jonsson, & Lindberg, 2020). In addition, health policy decisions, or a failure to take or implement them, were widely debated in the public arena (Daoust et al., 2021). Governments also responded to the pandemic with unprecedented policies to sustain national economies, such as credit schemes, wage support, tax delays, or cash transfers (Porcher, 2020). We thus expect that citizens' evaluation of policies in both the health and economic domains affected their preference for border closures. These evaluations can influence support for border closure in two directions. More precisely, citizens who evaluate their government's policy response (sanitary or economic) as insufficient should be more supportive of constraining measures, such as border closure (H3A). On the other hand, citizens who evaluate the policy response to the crisis as exaggerated should be less supportive of border closure policies (H3B).

Individual responsiveness to adopted policies ties in with policy feedback literature, which documents that policy and political support is associated with the dynamics and intensity of adopted policies (Filindra & Manatschal, 2020; Mettler & Sorelle, 2018; Pierson, 1993). Policies can produce consequences and attitudes that reinforce (positive feedback) or undermine (negative feedback) past policymaking trajectories (Busemeyer, Abrassart, & Nezi, 2021; Fernández & Jaime-Castillo, 2013).

In the present research context, *positive feedback* (higher support) could result from the (perceived) increase in protection resulting from border closure policies, whereas *negative feedback* (lower support) may occur if individuals perceive border closures primarily as a restriction of their individual freedoms. The objective intensity and duration of specific policy measures may therefore affect individual support for border closure via policy feedback, notably when these policies limit basic liberties such as individual freedom of movement (Petherick et al., 2021). Given the drastic impact of these measures, we expect mainly negative policy feedback effects. As constraining policies such as border closure become stricter citizens may turn less supportive of them (H3C). In a similar line, beyond the intensity of constraints, the duration of policy measures can produce a second type of negative policy feedback via policy fatigue: as constraining policies become more prolonged (regardless of the pandemic's dynamics), citizens may increasingly tire of these restrictions and become less supportive of them (H3D).

Data and Methods

Dataset

In this paper, we rely on the panel dataset collected in the "Comparative Attitudes Under Covid-19 Project" (CAUCP), which surveyed public opinion in 11 advanced democracies throughout the COVID-19 pandemic in 2020 (see Brouard et al. (2022) for full dataset description). Surveys were conducted using Computer Assisted Web Interviewing (CAWI) on a quota sample (stratification by age, gender, occupation, and region). We rely on a four-wave panel of $n = 53,083$ observations and $N = 27,100$ unique respondents, surveyed in mid-March 2020, mid-April 2020, end of June 2020, and early December 2020 (Annex A1). The attrition rate was relatively high, with only 14.2% of respondents participating

in all waves, and 42.8% of respondents participating in only a single wave. However, a majority of respondents still participated in several panel waves (see Annex A2 for full panel attrition description).

The data covers the evolution of the COVID-19 crisis over differing levels of pandemic intensity and different stringencies of policy response. Panel data allows us to study the temporal dynamics of preferences during the pandemic, which reveals the connection between the prior adopted measures and policies and the subsequent political response, making it easier to identify causation (Longhi & Nandi, 2014). The cross-national nature is also crucial given our interest in national border closures: it allows us to capture relevant contextual effects (i.e., the intensity of the pandemic) and variation across national pandemic policies, which is not possible using single-country panels (e.g., Kittel et al., 2020 on Austria; Schraff, 2021 on the Netherlands).

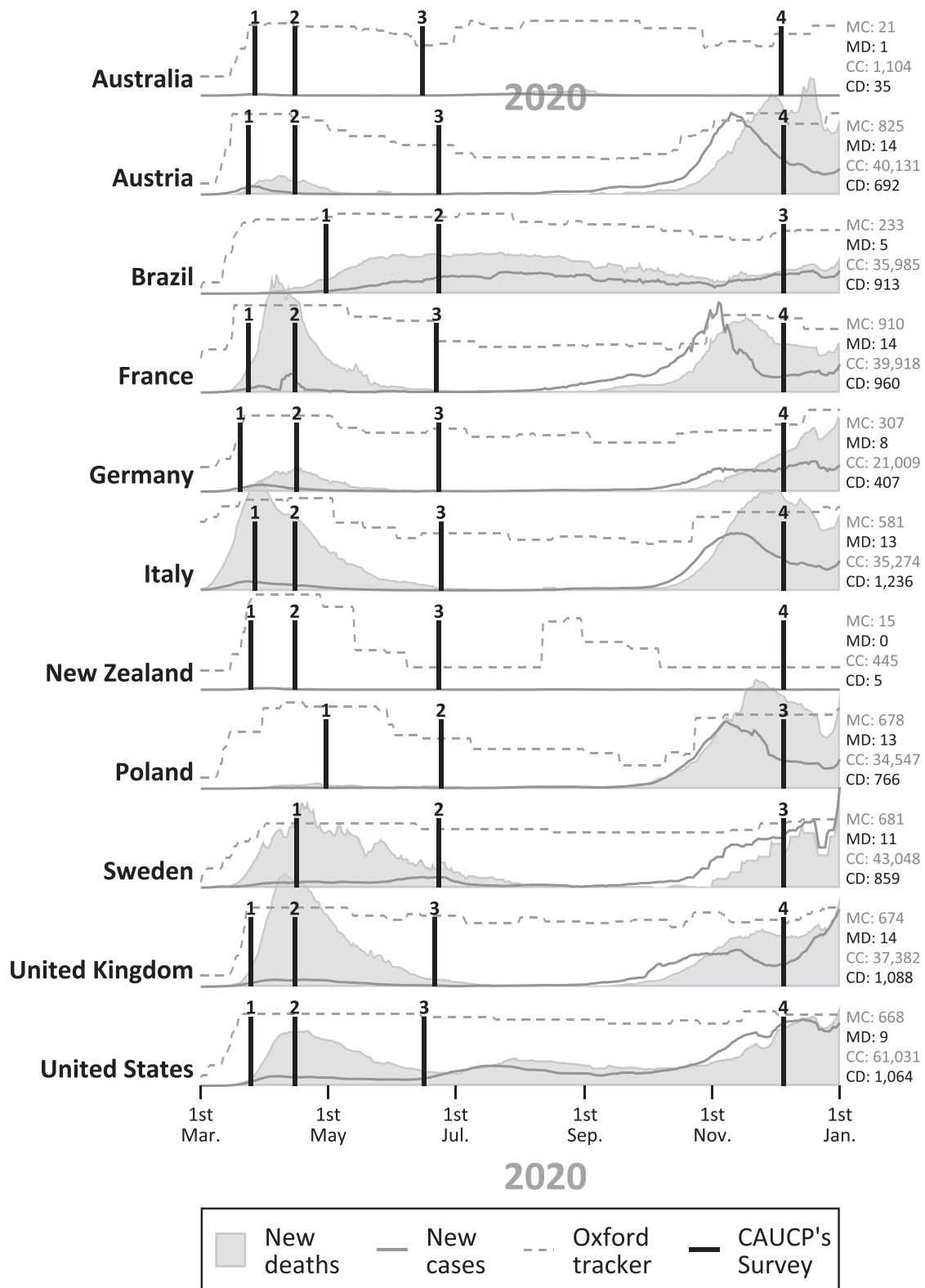
For this paper, the individual-level data of the CAUCP surveys are merged with two types of aggregate level data: the intensity of the pandemic, and the health and economic policy measures implemented by national governments to deal with the pandemic. The contextual data integrated to our individual-level dataset are measured the day before each respondent's interview, with some of these measures representing rolling-average values (e.g., COVID-19 cases and deaths, see section on independent variables). Figure 1 shows the temporality of the CAUCP panel waves in the 11 countries together with indicators on the strength of the pandemic (number of new cases and COVID-19-related deaths, Ritchie et al., 2021) and on the stringency of governments' responses to the pandemic. These policy measures are extracted from the Oxford COVID-19 Government Response Tracker which provides several indices that capture the policy response of most governments throughout the world during the pandemic (Hale, Webster, Petherick, Phillips, & Kira, 2020). In this paper, we include two general measures from this Tracker, the *Containment and Health Index* as well as the *Economic Support Index* (originally measured on a 0–100 scale that was recoded into 0–1) as contextual controls; and one specific measure of *Travel Restrictions* (0–4 scale).

Dependent Variable

The dependent variable in our analysis is citizens' support for border closure policies in each of the four-panel waves. The original survey question asked: *Here is a list of measures that have been taken in some countries against the spread of coronavirus. Do you agree with them?: Closing borders* (5-point Likert scale, ranging from "Completely disagree" to "Completely agree" with a neutral middle category and is therefore treated as a quasi-continuous variable).

Overall, support for border closures is high (76%) but generally declining during the pandemic (respondents who "tend to" and "completely" support border closures in all of the 11 countries, Figure 2²). Support levels are high, but vary substantially between countries and over time—contrasting with earlier more static findings (Lindholt, Jørgensen, Bor, & Petersen, 2021). For instance, around 90% of New Zealanders support the closure of borders throughout 2020, while this proportion decreased from 86% to 59% over the same period in Austria. The decline in support over time is also country-specific: support is high and only

² In addition to support for border closure, Figure 2 shows the level of travel restrictions in each country over time (recoded into a 0–100 index).



Downloaded from https://academic.oup.com/ijpor/article/36/3/eda036/7734081 by guest on 19 August 2024

Figure 1. Panel timing and pandemic indicators. Notes: MC = Maximum cases (daily weighted on 7 days). MD = Maximum deaths (daily weighted on 7 days). CC = Cumulative cases; CD = Cumulative deaths. All indicators calculated per million inhabitants. Y axes are adjusted to compare trends of COVID-19 deaths and cases in each country.

slowly declining in New Zealand and Australia (two countries with some of the strictest lockdown and travel restriction policies), whereas it is much lower, and starkly declining, in countries where restrictive policies were reluctantly implemented, and generally for shorter periods (Brazil, and to some extent Poland).

Overall, we find no clear correlation between levels of support for border closure and the extent of implemented travel restrictions. There is however a decreasing tendency for support in countries with less restrictive travel policies (Germany, Poland, Brazil).

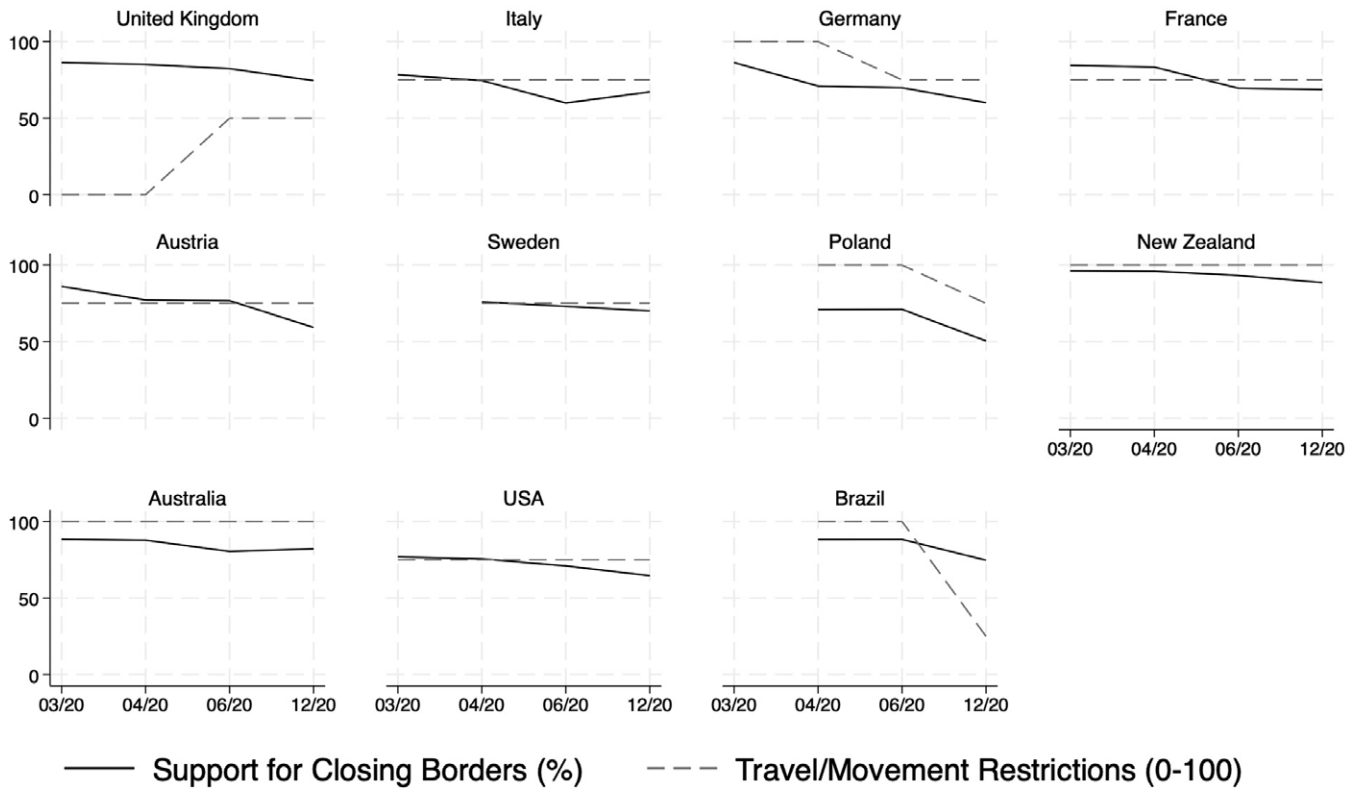


Figure 2. Levels of support for border closures and travel restrictions.

Table 1. Proportions of Respondents Who Changed Their Preference for Border Closures Between March and December 2020

Support for border closures	Support for border closures		More closure		More opening	
	Stable (%)	Change (%)	(%)	(%)	(%)	(%)
UK	79.6	20.4	8.2	11.3		
Italy	74.1	25.9	11.4	14.6		
Germany	80.1	19.9	6.8	13.0		
France	76.6	23.4	9.5	13.9		
Austria	81.8	18.3	6.0	12.2		
Sweden	83.6	16.4	7.0	9.3		
Poland	81.2	18.8	5.6	13.2		
New Zealand	94.6	5.4	2.0	3.4		
Australia	84.9	15.1	6.7	8.4		
USA	87.4	12.6	5.3	7.3		
Brazil	87.0	13	4.0	9.1		
Total	82.4	17.6	6.8	10.8		

Given the panel structure of the data, we can also assess the evolution of this preference at the individual level by the share of respondents who changed position on the scale of support between early and late 2020. We observe that about 18% of the sample changed their position on border closure at least once throughout the year 2020 (Table 1).³ Echoing the aggregate findings reported in Figure 2, Table 1 shows that a larger share of respondents—about 11% of the sample—changed

their preference toward more open borders over time, while only about 7% became more favorably disposed to closure.

Independent Variables

Following our hypotheses, we consider three sets of factors at the individual and contextual levels that may be associated with individual preferences for border closures: exposure to the pandemic (H1A to C), political attitudes (H2A and B), and individuals' responses to pandemic policies (H3A to D).

We measure exposure to COVID-19 at the individual and contextual level. Two variables capture individual exposure: *symptoms* (coded 1 if the respondent experienced COVID-19

³ We consider all changes between two panel waves on the 5-point scale of support for border closure. In the CAUCP dataset, respondents participated in an average of 1.96 waves (and close to 60% of respondents answered more than once). These proportions allow us to assess individual-level variation over time with statistical confidence.

symptoms and 0 otherwise), and to what extent respondents experienced *fear* because of the pandemic (0–10 scale). At the contextual level, the intensity of the pandemic is measured as the number of *COVID-19 cases*, as well as the number of *COVID-19-related deaths* (measured on seven-days rolling averages the day preceding the interview for both variables).

We test the role of general political attitudes on migration and associated factors through two variables: *political ideology* (left–right self-placement on a 0–10 scale), and *distrust for foreigners* (4-point scale).

Citizens' political responses to pandemic policies are measured through two individual-level measures of policy evaluation, and two contextual indicators. To operationalize policy evaluation, we measure whether respondents find the government's response in terms of *health* and *economic policies* to be “adequate,” “insufficient,” or “exaggerated” (categorical variables, coded 1 for adequate, 2 for insufficient, and 3 for exaggerated).⁴ Finally, we operationalize contextual indicators, *policy constraint* with an additive indicator of *travel restrictions* over time, and *policy fatigue* with a variable of *time* (dummy variable for each of the panel waves). The indicator measures how strict travel restrictions are on an additive 1–4 scale, with 1 = screening arrivals; 2 = quarantine arrivals from some or all regions; 3 = ban arrivals from some regions; and 4 = ban on all regions or total border closure (Hale, Webster, Petherick, Phillips, & Kira, 2020).

Control Variables

We add a series of individual control variables which may affect individuals' policy preferences on border closures: *age* (in years), *gender* (coded 1 for females), egotropic threat of *revenue loss* (coded 1 if the respondents reported losing parts of their income during the pandemic and 0 otherwise) since threat perceptions in a crisis can be grounded in individuals' economic insecurity. We also include a variable for *incumbent voters* in the past election to capture the effect of government policy support (coded 1 for being a supporter of the incumbent government or coalition). Controlling for respondents' prior political predispositions is crucial since their preferences and policy evaluations are mitigated by their ideological and political orientations (Heersink, Peterson, & Jenkins, 2017). Our models also account for the level of trust in the government (4-point scale). Indeed, several studies have found the relevance of trust in government on attitude formation during the pandemic of COVID-19. For instance, levels of trust influence the perception of the threat posed by COVID-19 (Jennings, Stoker, Valgarðsson, Devine, & Gaskell, 2021). Trust is also associated with greater compliance with policy measures during the pandemic (Devine, Gaskell, Jennings, & Stoker, 2021). Additionally, we add further contextual pandemic-related policy variables to control for their impact on respondents. We include two indexes of the extent of policy responses (in each country and panel wave): *economic support* policies and *containment health* policies. *Economic support* index (0–100) records measures such as income support and debt relief. It is calculated using all ordinal economic policy indicators (Hale, Webster, Petherick, Phillips, & Kira,

2020). *Containment Health index* (0–100) combines “lock-down” restrictions and closures with measures such as testing policy and contact tracing, short-term investment in health-care, as well as investments in vaccines. It is calculated using all ordinal containment and closure policy indicators and health system policy indicators. Descriptive statistics on all variables are reported in Annex A3.

Methodology

To test our hypotheses empirically, we apply ordinary least squares (OLS) regression analyses including random effect estimates to account for the panel structure of our data. We opt for random effects because we expect that the effects of our independent variables can vary over time and across countries. Indeed, pandemic dynamics and policies largely vary over the course of the panel—as do the measures for exposure to COVID-19, political attitudes, and responses to implemented policies. Additionally, our models also include time-invariant variables (such as gender, or quasi-invariant such as age and ideology over a year), which require random-effects models. We consider this the most appropriate estimation strategy across multiple panel waves and countries (Longhi & Nandi, 2014; van Heerden & Ruedin, 2019). We account for unobserved heterogeneity across countries with country fixed-effects. Before discussing the results of our models, we check for potential multicollinearity in our variables of interest. An examination of correlations reveals that most of the variables are not—or only weakly—correlated with each other (Annex A4). The strongest correlation is observed between COVID-related cases and deaths (Pearson's $R = 0.59, p < .01$). Additional variance inflation factor (VIF) analysis confirms that our model is not threatened by multicollinearity, as excluding COVID-19 cases from the analysis does not alter our findings (see Annexes A5 and A6).⁵

Results: Explaining Support for Border Closures

The full results of our OLS regression models, introducing the blocks of variables of each of our hypotheses incrementally, are presented in Annex A7. Figure 3 shows the average marginal effect of each variable of interest in our hypotheses, for an easier interpretation of our results.

We start with our hypotheses regarding COVID-19 exposure. Respondents' experience of COVID-19 symptoms does not influence their preference for border closures (H1A rejected). However, fear associated with the COVID-19 pandemic coincides with higher support for border closure (H1B confirmed). On the contextual level, neither the intensity of the pandemic in terms of COVID-19 deaths nor cases are associated with greater support for border closures (H1C rejected). Overall, we therefore find little evidence that exposure to the virus and the overall intensity of the pandemic affected preferences for border closures during the pandemic.

Turning to our hypotheses on political attitudes, our findings show that both factors, right-wing ideology and distrust of foreigners, significantly altered the preference for border

⁴ The survey questions that measure specific policy evaluation are “In your opinion, the measures taken by the government to protect the health of [country citizens] are...?” and “In your opinion, the measures taken by the government to protect the [country] economy are...?” with answer categories: Really exaggerated/Somewhat exaggerated/Neither insufficient nor exaggerated/Somewhat insufficient/Very insufficient/NA.

⁵ The number of COVID cases in a country is the only variable linked to the pandemic that has a VIF over 5 (which is the conventional limit for indicating potential correlation between factors). However, Annex A6 shows that excluding or including this variable leaves our models unchanged. We decided to keep both variables in our main analysis since we contend that measures of cases and deaths are necessary to account for the intensity of the pandemic.

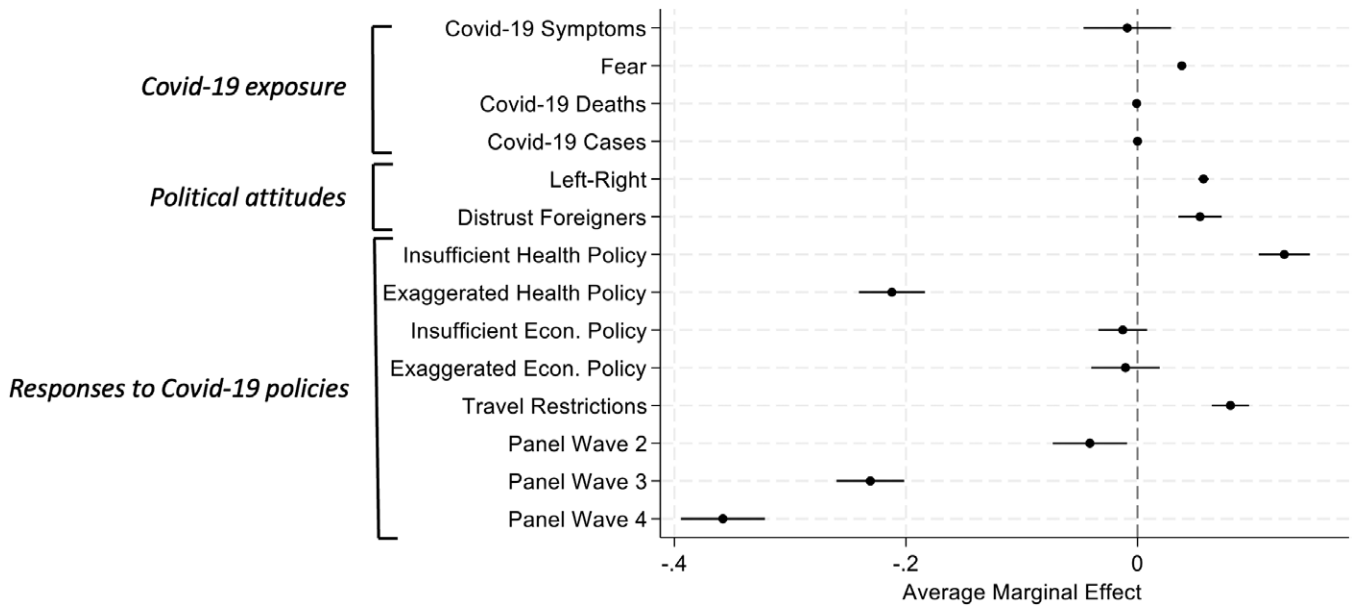


Figure 3. Average marginal effects of support for border closures. Note: Average marginal effects based on model 3, Annex A7 (only coefficients for main variables shown).

closures during the pandemic (H2A and H2B confirmed). For instance, a one-point increase on the scales measuring left-right political orientation (0–10), or distrust of foreigners (1–4) is associated to a five-percentage point increased likelihood of supporting border closures. Although the effects are modest, being right-wing and distrustful of foreigners are associated with higher support for pandemic border closures.

Our hypotheses regarding individual responses to adopted policies constitute the strongest predictors of support for border closures. Yet, unexpectedly, citizens' evaluations of different types of government policy yield differentiated results. The evaluation of health policies provides clear support for our hypothesis: citizens who felt the government's health response was insufficient also favored stricter closure of borders (H3A confirmed for health policy), while those who perceived government response as exaggerated favored the re-opening of borders (H3B confirmed for health policy). This is the strongest effect on the individual level. Citizens who were more "skeptical" about COVID-19 health policy constraints, and who evaluated health restrictions as "exaggerated," were 20 percentage points less likely to prefer border closures than those who saw these measures as adequate. In contrast, individuals who perceive health policy as "insufficient" were 18 percentage points more likely to support border closures compared with respondents who considered these measures adequate. At the same time, citizens' evaluation of governments' economic policies during the crisis did not relate to their preferences for border closures at all (H3A-B rejected for economic policy). We find that only critical policy evaluations ("insufficient" or "exaggerated") pertaining to health policies are associated with higher or lower support for border closure. In line with earlier work on pandemic politics (Gadarian, Goodman, & Pepinsky, 2022), we thus conclude that health is the crucial policy dimension driving support for the pandemic specific policy response on border closure.

Finally, preferences are significantly associated with both implemented travel restrictions and time of exposure to the pandemic. The implementation of stricter travel restriction

policies coincides with higher, not lower, support for border closure, which runs counter to our expectation (H3C rejected—although the level of policy constraints still links to support for border closure in the opposite direction). Instead, this finding points to a possible policy snowball, or positive policy feedback effect. In other words, the more travel restrictions are implemented, the more citizens tend to support border closures, perhaps perceiving them as necessary measures. Finally, the sizable effect of the panel wave dummy variables in our models suggests that citizens are less and less supportive of constraining border measures over time (confirming the descriptive trends from Figure 2, H3D confirmed). Across all four waves, time of exposure to the pandemic emerges as the most important contextual factor: in December 2020, citizens' support for border closure declined by almost 40 percentage points compared to the first wave in March 2020. We thus also find strong evidence for a "policy fatigue" or negative policy feedback effect: the longer the pandemic lasts, the more citizens' support for mobility constraining policies wanes.

Beyond these main results, we observe that some control variables also influence support for border closures (Annex A7). As expected, incumbent voters are more likely to respond positively to policies implemented by a government they support. Trust in government is associated (although weakly) with lower support for constraining border closure policies. This result contrasts with earlier findings on behavioral effects which show that political trust entails increased compliance with restraining Covid-19 measures (Bird, Arispe, Muñoz, & Freier, 2023). It may also simply indicate that individuals trusting the government are less in need of additional protection measures. Having faced revenue loss during the pandemic also increases policy support. While age does not influence support for border closure, gender does. In line with existing research showing that women perceive Covid-19 as a more serious health problem and agree with constraining policy measures more than men (Galasso et al., 2020), women expressed more support for border closures. Additional

contextual policy measures (indicators of change in health containment and economic support policies rather than levels) are not associated with individual-level preferences.⁶

Conclusion

This paper investigated citizens' support for border closure policies during the first year of the Covid-19 pandemic—a period characterized by high exposure to the virus, repeated drastic (and long-lasting) policy measures, and in which vaccines were not yet available. Closing national borders was one of the most spectacular policies implemented by most states. We find that support for bilateral border closures during this high-risk period was influenced by different factors: most importantly, factors pertaining to specific government responses to the pandemic; and to a lesser extent, political attitudes, as well as experienced threat and fear. Interestingly, most aspects directly related to the virus itself, such as individual COVID-19 symptoms or the intensity of the pandemic at the country level, are unrelated to individual preferences for border closures.

Overall, higher support for border closure can be explained by right-wing ideology, distrust of foreigners, fear of the pandemic, and, in particular, individual evaluations of and reactions to governments' policy responses (policy evaluation, policy intensity, and duration). At the country level, policies regulating mobility (travel restrictions) systematically alter these preferences. We observe here an unexpected snowballing, or positive policy feedback effect, with restrictive policies fostering further support for border closure. At the same time, individual evaluations of health policy measures as “insufficient” trigger higher support for border closure measures. Support peaked at the outbreak of the pandemic, at the moment when most countries adopted far-reaching, unprecedented lockdowns and border closure policies for the first time. The stark decrease in support over the four panel waves in 2020 indicates a certain policy fatigue or negative policy feedback effect, suggesting that, the longer the pandemic and adopted policy measures lasted, the more people yearned to get back to their normal lives and again enjoy their pre-pandemic liberties.

Economic factors are not very decisive, neither in terms of the extent of implemented economic policies nor citizens' evaluations thereof. The only significant economic factor that matters is actual individual revenue loss, which increases support for border closure in line with threat theories.

Two broader lessons result from this study on policy preferences go beyond the specific COVID-19 context. First, support for *bilateral* border closure shares certain communalities with more general attitudes towards *unilateral* immigration flows, that is, attitudes towards immigrants and immigration. Right-wing ideology and distrust of foreigners emerges as a relevant driver of both types of attitudes, echoing similar findings from studies comparing attitudes on emigration vs. immigration (see [Kustov, 2022](#)). Second, attitude formation in times of unprecedented crisis is not as exceptional as one might think. Our results indicate that the preferences for a “new” and unprecedented

pandemic-related policy follow conventional patterns of attitude formation. They are shaped by prior political attitudes and responsiveness to implemented policies. Besides implemented policies, we showed that subjective policy evaluations are also decisive for individual policy responses.

The implications of our findings are therefore reassuring with regards to the problem-solving capacity and resilience of democratic systems in times of crises. Since “after” the pandemic may also be “before” the next pandemic or larger crisis, our study suggests that democracies are able to handle such exceptional situations, and uphold democratic consensus by guaranteeing that adopted policy measures are largely supported by public opinion. Completing the logic of the policy cycle, this also entails that policies can again be changed once this popular support wanes.

Empirically, our original panel dataset allowed us to study the temporal dynamics of support for border closures and facilitated a thorough examination of government responses, and the dynamics of the pandemic, across countries. However, our method cannot address all concerns around endogeneity, particularly between support for border closures, implemented policies, and policy evaluations. Nevertheless, the panel nature of our data, and additional alternative measures and robustness tests discussed in this paper, give us confidence that individuals' responses to, and evaluations of, policies drive their attitudes. Yet our conclusions remain cautious, as we acknowledge that the link between policies and attitudes is likely mutually reinforcing ([Weldon, 2006](#)). In addition, the timeframe of our analysis is restricted by our dataset, and we have neither pre- nor post-pandemic information about support for border closures. Indeed, general population surveys did not include this item pre-pandemic, as it was neither a salient nor a realistic issue. Presumably, support for full border closure was low pre-pandemic. Regarding the post-pandemic situation, a truly long-term perspective on this phenomenon and its dynamics would require general population surveys to include “support for border closure” in the years to come. Given that our study was a first step in the exploration of a novel phenomenon, bilateral border closure preferences, we refrained from speculating how contextual factors might moderate the effects of individual antecedents of endorsement of border closure. While potential cross-level interaction effects exceeded the scope of this study, future research may address this question. For example, contextual factors such as travel restrictions may exacerbate or hamper the effect of individual drivers, that is, fear, of border closure support.

These limitations notwithstanding, our findings for 2020 align with the literature documenting that the pandemic did not have lasting effects on attitudes, be it on government support ([Bol, Giani, Blais, & Loewen, 2020](#); [De Vries, Bakker, Hobolt, & Arceneaux, 2021](#)), attitudes to migration (e.g., [Drouhot, Petermann, Schönwälder, & Vertovec, 2021](#); [Fernández-i-Marín, Rapp, Adam, James, & Manatschal, 2021](#)), or redistributive preferences ([Ares & Bürgisser, 2021](#)). Our study rather shows a real but limited and short-lived attitudinal effect of the COVID-19 crisis. While the pandemic made the issue of closing borders salient on the political agenda, usual mechanisms of public opinion apply. Although support for full border closure can, to a certain extent, be characterized as a survivalist response based on fear and threat, it is not an exceptional “COVID-19” specific reaction. Our results suggest that pandemic policy support was rather rooted in politics and based on prior political attitudes and the evaluation of government performance.

⁶ To check the robustness of the absence of effect of contextual policy variables, we also ran our exploratory models with measures of change in COVID-19 intensity (evolution of number of deaths and cases) and change in policy (evolution of indicators of health and economic policy intensity) between panel waves, rather than measures within a given wave. While most of the contextual change measures are significant, their effect size is not different from zero. Results presented in [Annex A8](#) thus confirm the robustness of our original model ([Annex A7](#)).

Funding

This research was supported by the nccr – on the move funded by the Swiss National Science Foundation grant 51NF40-205605.

Data Availability

Our dataset is available in open access on the dataverse of Sciences Po: <https://data.sciencespo.fr/dataset.xhtml?persistentId=doi:10.21410/7E4/EATFBW>

Biographical Notes

Elie Michel is researcher in the CEVIPOL at the Université Libre de Bruxelles. He is also an Associate Research at the CEVIPOF (Sciences Po) and a Fellow at the European Governance and Politics Program of the Robert Schuman

Center for Advanced Studies (EUI).. His research interests include comparative political behavior, public opinion, political parties, and elections, with a specific interest for the study of populist radical right movements.

Anita Manatschal is Professor in Migration Policy Analysis at the Swiss Forum for Migration and Population Studies (SFM) at the University of Neuchâtel, where she also serves as Deputy Director (since September 2019). Her research stands at the intersection of political sociology and (comparative) policy analysis, with a particular focus on migration and mobility.

Eva G.T. Green is professor of Social Psychology at the University of Lausanne. Straddling social, intercultural and political psychology, her research and teaching focus on inter-group relations in multicultural societies. Eva Green has been President of the International Society of Political Psychology and Associate Editor of the European Journal of Social Psychology.

Annex A1: Structure of the CAUCP panel waves and sample sizes

Wave 1 March 2020	Wave 2 April 2020	Wave 3 June 2020	Wave 4 December 2020
Australia 27-28/03 N=1,003	Australia 15-19/04 N=1,007	Australia 15-19/06 N=1,003	Australia 04-10/12 N=1,006
Austria 24-27/03 N=1,000	Austria 15-18/04 N=1,000	Austria 23-27/06 N=1,011	Austria 05-9/12 N=994
	Brazil 30/04-02/05 N=1,000	Brazil 23-28/06 N=1,000	Brazil 05-10/12 N=1,029
France 24-25/03 N=1,999	France 15-16/04 N=2,020	France 22-24/06 N=2,007	France 05-07/12 N=2,022
Germany 20-21/03 N=1,501	Germany 16-18/04 N=2,000	Germany 23-27/06 N=2,016	Germany 05-09/12 N=2,091
Italy 27-30/03 N=1,000	Italy 15-17/04 N=997	Italy 24-27/06 N=1,003	Italy 05-07/12 N=1,025
New Zealand 25-27/03 N=999	New Zealand 15-18/04 N=998	New Zealand 23-28/06 N=1,000	New Zealand 05-09/12 N=1,011
	Poland 30/04-2/05 N=1,000	Poland 24-27/06 N=1,014	Poland 05-08/12 N=1,023
	Sweden 16-18/04 N=1,009	Sweden 23-27/06 N=1,017	Sweden 05-09/12 N=1,016
United Kingdom 25-26/03 N=1,011	United Kingdom 15-17/04 N=1,000	United Kingdom 21-24/06 N=1,014	United Kingdom 05-08/12 N=1,031
USA 25-27/03 N=2,089	USA 15-20/04 N=2,007	USA 16-22/06 N=2,003	USA 04-11/12 N=2,008

Annex A2: Panel description

	Number of respondents				% Panel from wave 1				% Panel from preceding wave				Participated in all waves*		Participated in one wave only		Total		
	Wave 1	Wave 2	Wave 3	Wave 4	Wave 2	Wave 3	Wave 4	Wave 2	Wave 3	Wave 4	Wave 2	Wave 3	Wave 4	N	%	N	%	N	%
Germany	1,501	2,000	2,016	2,091	45.1%	49.2%	48.5%	45.1%	49.4%	68.7%	45.1%	49.4%	68.7%	355	8.91%	1,798	45.13%	3,984	
France	1,999	2,014	2,007	2,121	71.5%	73.8%	77.7%	71.5%	73.7%	80.8%	71.5%	73.7%	1,036	36.00%	371	12.89%	2,878		
UK	1,011	1,000	1,014	1,031	77.5%	71.8%	63.6%	77.5%	74.6%	71.7%	77.5%	74.6%	505	31.48%	484	30.17%	1,604		
New Zealand	999	998	1,000	1,011	31.3%	36.8%	30.0%	31.3%	34.5%	34.2%	31.3%	34.5%	152	6.18%	1,411	57.33%	2,461		
Austria	1,000	1,000	1,011	994	47.7%	33.1%	39.6%	47.7%	48.8%	48.9%	47.7%	48.8%	108	4.99%	848	39.17%	2,165		
Italy	1,000	997	1,003	1,025	64.5%	43.8%	60.9%	64.5%	57.2%	68.6%	64.5%	57.2%	234	14.05%	322	19.34%	1,665		
Sweden	-	1,009	1,017	1,016	-	49.5%	40.7%	-	49.5%	56.2%	-	49.5%	300	16.13%	978	52.58%	1,860		
Brazil	-	1,000	1,000	1,029	-	46.2%	44.6%	-	46.2%	58.5%	-	46.2%	309	16.75%	970	52.57%	1,845		
Poland	-	1,000	1,014	1,023	-	42.4%	62.5%	-	42.4%	62.7%	-	42.4%	333	19.76%	666	39.53%	1,685		
USA	2,089	2,007	2,003	2,008	58.8%	40.6%	31.9%	58.8%	40.6%	32.0%	58.8%	40.6%	333	6.94%	2,714	56.60%	4,795		
Australia	1,003	1,007	1,003	1,006	21.2%	50.5%	20.3%	21.2%	18.1%	39.3%	21.2%	18.1%	195	9.04%	1,028	47.64%	2,158		
Total														3,860	14.24%	11,590	42.77%	27,100	

Note: * "All waves" denotes the waves in which the survey was effectively fielded in the respective country. In the case of SWE, BR and PL, "all waves" corresponds to waves 2-4, but denotes all four waves for the remaining countries.

Annex A3: Variable description

	Obs.	Mean	Std. Dev.	Min.	Max.
Dependent variable					
Support border closure	52,971	4.16	1.08	1	5
Independent variables					
Age	53,083	48.63	16.31	18	118
Gender (female)	53,083	0.52	0.5	0	1
Revenue loss	52,674	0.42	0.49	0	1
Incumbent voter	52,728	0.32	0.47	0	1
Left-right	53,083	5.18	2.31	0	10
Trust in Government	53,033	2.34	0.93	1	4
Covid-19 symptoms	53,035	0.05	0.23	0	1
Fear	53,083	5.21	2.93	0	10
Distrust foreigners	53,083	2.22	0.72	1	4
Eval. health policy					
Adequate	51,773	0.48	0,5	0	1
Insufficient	51,773	0.37	0.48	0	1
Exaggerated	51,773	0.15	0.36	0	1
Eval. econ. policy					
Adequate	50,532	0.49	0,5	0	1
Insufficient	50,532	0.38	0.49	0	1
Exaggerated	50,532	0.13	0.33	0	1
Contextual variables					
Economic support policy	53,083	64.51	23.65	0	100
Containment health policy	53,083	63.41	10.58	30.36	85.42
Travel restriction	53,083	3,1	0.86	0	4
COVID-19 deaths	53,083	3.64	4.07	0	13.84
COVID-19 cases	53,083	103.89	142.35	0.27	551.96

Annex A4: Bivariate correlations

	Age	Gender	Covid sympt.	Revenue loss	Left-Right	Incumb. support	Trust in Govern.	Distrust foreign.	Fear	Econ. support	Contain. health	Travel restrict.	Covid deaths	Covid cases	Eval. health policy	Eval. econ. policy
Age	1.0000															
Gender	-0.1215*	1.0000														
COVID symptoms	-0.0912*	0.0006	1.0000													
Revenue loss	-0.0344*	0.0288*	0.0105	1.0000												
Left-right	0.0546*	-0.0882*	0.0280*	-0.0364*	1.0000											
Incumbent support	0.0825*	-0.0228*	-0.0155*	-0.0166*	0.0616*	1.0000										
Trust in Gov.	0.0299*	-0.0092	0.0060	-0.0714*	0.0452*	0.4333*	1.000									
Distrust foreigners	0.0017	-0.0143*	-0.0106	0.0111	0.0753*	-0.0237*	-0.1179*	1.0000								
Fear	-0.0414*	0.1242*	0.0481*	0.1233*	0.0134*	-0.0730*	-0.0695*	0.0026	1.0000							
Economic support	0.0140*	-0.0064	-0.0009	-0.1273*	-0.0334*	0.0189*	0.0289*	-0.0059	-0.0644*	1.0000						
Contain. Health	0.0253*	0.0077	-0.0105	-0.0176*	0.0168*	-0.0830*	-0.0918*	-0.0040	0.0866*	0.0780*	1.0000					
Travel restriction	0.0077	-0.0123*	-0.0144*	-0.0010	0.0165*	0.0299*	0.0643*	0.0146*	-0.0809*	-0.2895*	-0.1843*	1.0000				
Covid deaths	0.0138*	-0.0011	0.0161*	-0.1647*	-0.0067	-0.0711*	-0.0912*	-0.0079	0.0523*	0.2251*	0.4753*	-0.3440*	1.0000			
Covid cases	-0.0146*	0.0006	0.0304*	-0.1799*	0.0151*	-0.1215*	-0.0528*	-0.0359*	0.0123*	0.0958*	0.2793*	-0.1757*	0.5877*	1.0000		
Eval. health policy	-0.0761*	-0.0426*	0.0518*	0.0168*	0.0707*	-0.2081*	-0.2669*	0.0179*	0.0136*	-0.0345*	0.0255*	-0.0278*	0.0395*	0.0974*	1.0000	
Eval. econ. policy	-0.0892*	-0.0402*	0.0479*	0.0141*	0.0262*	-0.1795*	-0.2344*	0.0131*	0.0384*	-0.0505*	0.0288*	0.0014	0.0338*	0.0715*	0.4642*	1.0000

Note: * $p < .01$.

Annex A5: VIF test for multicollinearity

Variable	VIF	1/VIF
Age	1.08	0.92
Gender	1.04	0.96
Incumbent support	1.34	0.86
Trust in government	1.42	0.70
Covid-19 symptoms	1.02	0.98
Fear	1.13	0.88
Covid-19 deaths	3.37	0.30
Covid-19 cases	5.60	0.18
Left-right	1.05	0.95
Distrust foreigners	1.04	0.98
Revenue loss	1.57	0.64
Economic support measures	3.27	0.31
Containment health measures	2.14	0.47
Travel restriction	3.43	0.29
Eval. health policy	1.36	0.74
Eval. econ. policy	1.33	0.75
Country (ref = UK)		
Italy	4.03	0.25
Germany	6.92	0.14
France	5.15	0.19
Austria	3.21	0.31
Sweden	4.04	0.25
Poland	4.03	0.25
New Zealand	5.12	0.20
Australia	4.75	0.21
USA	6.80	0.15
Brazil	3.35	0.30
Panel wave (ref = 1)		
Wave 2	3.40	0.29
Wave 3	2.79	0.36
Wave 4	4.42	0.23
Mean VIF	3.12	

VIF measures the correlation and strength of correlation between the explanatory variables in a regression model. There is a VIF value for each of the explanatory variables in the model. The value for VIF starts at 1 and has no upper limit. In general: A value of 1 indicates there is no correlation between a given explanatory variable and any other explanatory variable in the model. A value between 1 and 5 indicates moderate correlation between a given explanatory variable and other explanatory variables in the model, but this is often not severe enough to require attention. A value greater than 5 indicates potentially severe correlation between a given explanatory variable and other explanatory variables in the model. In this case, the coefficient estimates and p-values in the regression output are likely to be unreliable.

Annex A6: Explaining support for border closure (main analysis with and without COVID-19 cases)

Explaining support for border closure	With COVID cases)	Without COVID cases)
Age	0.00*** (14.10)	0.00*** (14.10)
Gender (female)	0.11*** (10.17)	0.11*** (10.16)
Incumbent support	0.10*** (8.87)	0.10*** (8.84)
Trust in government	-0.01** (-2.17)	-0.01** (-2.14)
COVID-19 symptoms	-0.01 (-0.38)	-0.01 (-0.37)
Fear	0.04*** (22.29)	0.04*** (22.32)
Covid-19 deaths	-0.00 (-0.49)	-0.00 (-0.17)
Left-right	0.06*** (24.92)	0.06*** (24.93)
Distrust foreigners	0.04*** (6.76)	0.04*** (6.76)
Revenue loss	0.03** (2.53)	0.03** (2.54)
Econ. support measures	-0.00 (-0.46)	-0.00 (-0.18)
Health measures	-0.00*** (-6.65)	-0.00*** (-6.70)
Travel restriction	0.08*** (9.74)	0.08*** (10.05)
Evaluation of health policy (ref.cat.: Adequate)		
--Insufficient health policy	0.12*** (10.83)	0.12*** (10.84)
--Exaggerated health policy	-0.21*** (-14.67)	-0.21*** (-14.67)
Evaluation of economic policy (ref.cat.: Adequate)		
--Insufficient econ. policy	-0.02 (-1.45)	-0.02 (-1.45)
--Exaggerated econ. policy	-0.01 (-0.70)	-0.01 (-0.71)
COVID cases	- -	0.00 (0.73)
Country dummy	✓	✓
Panel dummy	✓	✓
Constant	3.70*** (60.96)	3.68*** (65.41)
Observations	49306	49306

Note: OLS regression coefficients based on Model 3 in Annex A7. Standard errors in parentheses.
* $p < .05$, ** $p < .01$, *** $p < .001$.

Annex A7: Explaining support for border closures (full models)

	M1	M2	M3
Age	0.01*** (17.70)	0.01*** (16.49)	0.00*** (14.10)
Gender	0.10*** (8.87)	0.12*** (10.88)	0.11*** (10.17)
Incumbent support	0.11*** (9.87)	0.10*** (8.84)	0.10*** (8.87)
Trust in government	-0.02*** (-3.32)	-0.02*** (-3.51)	-0.01** (-2.17)
COVID-19 symptoms	-0.01 (-0.68)	-0.02 (-1.13)	-0.01 (-0.38)
Fear	0.04*** (25.50)	0.04*** (25.44)	0.04*** (22.29)
COVID-19 deaths	-0.00 (-1.37)	-0.00 (-1.37)	-0.00 (-0.49)
COVID-19 cases	0.00 (1.02)	0.00 (1.21)	0.00 (0.73)
Left-right		0.05*** (22.66)	0.06*** (24.92)
Distrust foreigners		0.04*** (7.19)	0.04*** (6.76)
Revenue loss		0.04*** (3.49)	0.03** (2.53)
Evaluation health policy (ref. cat. = adequate)			0.12*** (10.83)
-Insufficient health policy			-0.21*** (-14.67)
-Exaggerated health policy			
Evaluation econ. policy (ref. cat. = adequate)			-0.02 (-1.45)
-Insufficient econ. policy			-0.01 (-0.70)
- Exaggerated econ. policy			0.08*** (9.74)
Travel restrictions			-0.00 (-0.46)
Econ. support measures			-0.00*** (-6.65)
Health measures			
Panel wave (ref. cat. = 1)			
-Wave 2	-0.09*** (-6.75)	-0.06*** (-3.94)	-0.04** (-2.57)
--Wave 3	-0.25*** (-22.06)	-0.22*** (-16.01)	-0.23*** (-15.60)
-Wave 4	-0.42*** (-26.92)	-0.39*** (-21.97)	-0.36*** (-19.38)
Country dummy	✓	✓	✓
Constant	3.93*** (118.11)	3.57*** (91.78)	3.70*** (60.96)
Observations	52536	52165	49306

Note: OLS regression coefficients. Standard errors in parentheses. * $p < .05$, ** $p < .01$, *** $p < .001$.

Annex A8: Explaining support for border closures (with change in contextual policy measures over time rather than within a given wave)

	M1	M2	M3
Age	0.01*** (17.76)	0.01*** (16.56)	0.00*** (14.15)
Gender	0.10*** (9.02)	0.12*** (11.01)	0.11*** (10.17)
Incumbent support	0.12*** (10.27)	0.11*** (9.24)	0.11*** (9.16)
Trust in government	-0.02*** (-3.10)	-0.02*** (-3.36)	-0.01** (-2.36)
COVID-19 symptoms	-0.01 (-0.60)	-0.02 (-1.05)	-0.00 (-0.26)
Fear	0.04*** (25.53)	0.04*** (25.46)	0.04*** (21.98)
Change in COVID-19 deaths	0.00*** (2.96)	0.00*** (2.62)	0.00** (2.19)
Change in COVID-19 cases	0.00* (1.82)	0.00** (2.05)	0.00* (1.74)
Left-right		0.05*** (22.50)	0.06*** (24.80)
Distrust foreigners		0.04*** (6.79)	0.04*** (6.88)
Revenue loss		0.03*** (3.18)	0.03*** (2.58)
Evaluation health policy (ref. cat. = adequate)			0.12*** (10.58)
-Insufficient health policy			-0.22*** (-14.86)
-Exaggerated health policy			
Evaluation econ. policy (ref. cat. = adequate)			-0.02 (-1.49)
- Insufficient econ. policy			-0.01 (-0.79)
-Exaggerated econ. policy			
Travel restrictions	0.09*** (10.79)	0.09*** (10.33)	0.09*** (9.85)
Change in econ. support measures	-0.00 (-1.38)	-0.00 (-1.12)	-0.00** (-2.14)
Change in health measures	-0.00*** (-7.37)	-0.00*** (-7.18)	-0.00*** (-6.44)
Panel wave (ref. cat. = 1)			
-Wave 2	-0.10*** (-8.02)	-0.07*** (-5.05)	-0.06*** (-3.86)
--Wave 3	-0.26*** (-21.32)	-0.24*** (-16.13)	-0.23*** (-15.07)
---Wave 4	-0.43*** (-28.17)	-0.40*** (-22.97)	-0.38*** (-21.29)
Country dummy	✓	✓	✓
Constant	3.82*** (111.74)	3.48*** (88.15)	3.47*** (83.40)
Observations	52536	52165	49306

Note: OLS regression coefficients based on Model 3 in Annex A7. Standard errors in parentheses. * $p < .05$, ** $p < .01$, *** $p < .001$.

References

- Aarøe, L., Petersen, M. B., & Arceneaux, K. (2017). The behavioral immune system shapes political intuitions: Why and how individual differences in disgust sensitivity underlie opposition to immigration. *American Political Science Review*, 111(2), 277–294. doi: [10.1017/S0003055416000770](https://doi.org/10.1017/S0003055416000770)
- Achen, C., & Bartels, L. (2017). Blind retrospection: Electoral responses to droughts, floods, and shark attacks. In *Democracy for realists* (pp. 116–145). Princeton, NJ: Princeton University Press. doi: [10.1515/9781400888740-007](https://doi.org/10.1515/9781400888740-007)
- Ackerman, J. M., Hill, S. E., & Murray, D. R. (2018). The behavioral immune system: Current concerns and future directions. *Social and Personality Psychology Compass*, 12(2), e12371. doi: [10.1111/spc3.12371](https://doi.org/10.1111/spc3.12371)
- Adam-Troian, J., & Bagci, C. (2021). The pathogen paradox: Evidence that perceived COVID-19 threat is associated with both pro- and anti-immigrant attitudes. *International Review of Social Psychology*, 34(1), Article 1. doi: [10.5334/irsp.469](https://doi.org/10.5334/irsp.469)
- Ahmed, S., Chen, V. H. H., & Chib, A. I. (2021). Xenophobia in the time of a pandemic: Social media use, stereotypes, and prejudice against immigrants during the COVID-19 Crisis. *International Journal of Public Opinion Research*, 33(3), 637–653. doi: [10.1093/ijpor/edab014](https://doi.org/10.1093/ijpor/edab014)
- Albertson, B., & Gadarian, S. K. (2015). *Anxious politics: Democratic citizenship in a threatening world*. Cambridge, UK: Cambridge University Press.
- Altiparmakis, A., Bojar, A., Brouard, S., Foucault, M., Kriesi, H., & Nadeau, R. (2021). Pandemic politics: Policy evaluations of government responses to COVID-19. *West European Politics*, 44(5–6), 1159–1179. doi: [10.1080/01402382.2021.1930754](https://doi.org/10.1080/01402382.2021.1930754)
- Ashworth, S., Mesquita, E. B. de, & Friedenberg, A. (2018). Learning about voter rationality. *American Journal of Political Science*, 62(1), 37–54. doi: [10.1111/ajps.12334](https://doi.org/10.1111/ajps.12334)
- Ares, M., Bürgisser, R., & Häusermann, S. (2021). Attitudinal polarization towards the redistributive role of the state in the wake of the COVID-19 crisis. *Journal of Elections, Public Opinion and Parties*, 31(sup1), 41–55. doi: [10.1080/17457289.2021.1924736](https://doi.org/10.1080/17457289.2021.1924736)
- Baekgaard, M., Christensen, J., Madsen, J. K., & Mikkelsen, K. S. (2020). Rallying around the flag in times of COVID-19: Societal lockdown and trust in democratic institutions. *Journal of Behavioral Public Administration*, 3(2), Article 2. doi: [10.30636/jbpa.32.172](https://doi.org/10.30636/jbpa.32.172)
- Bavel, J. J. V., Baicker, K., Boggio, P. S., Capraro, V., Cichocka, A., Cikara, M., ... Willer, R. (2020). Using social and behavioural science to support COVID-19 pandemic response. *Nature Human Behaviour*, 4(5), 460–471. doi: [10.1038/s41562-020-0884-z](https://doi.org/10.1038/s41562-020-0884-z)
- Becher, M., Brouard, S., & Stegmueller, D. (2024). Endogenous benchmarking and government accountability: Experimental evidence from the COVID-19 Pandemic. *British Journal of Political Science*, 54(2), 355–372. doi: [10.1017/S0007123423000170](https://doi.org/10.1017/S0007123423000170)
- Billiet, J., Meuleman, B., & De Witte, H. (2014). The relationship between ethnic threat and economic insecurity in times of economic crisis: Analysis of European Social Survey data. *Migration Studies*, 2(2), 135–161. doi: [10.1093/migration/mnu023](https://doi.org/10.1093/migration/mnu023)
- Bird, M. D., Arispe, S., Muñoz, P., & Freier, L. F. (2023). Trust, social protection, and compliance: Moral hazard in Latin America during the COVID-19 pandemic. *Journal of Economic Behavior & Organization*, 206, 279–295. doi: [10.1016/j.jebo.2022.12.010](https://doi.org/10.1016/j.jebo.2022.12.010)
- Bol, D., Giani, M., Blais, A., & Loewen, P. J. (2020). The effect of COVID-19 lockdowns on political support: Some good news for democracy? *European Journal of Political Research*, 60(2), 497–505. doi: [10.1111/1475-6765.12401](https://doi.org/10.1111/1475-6765.12401)
- Brouard, S., Foucault, M., Michel, E., Becher, M., Vasilopoulos, P., Bono, P. -H., & Sormani, N. (2022). ‘Citizens’ Attitudes Under Covid19’, a cross-country panel survey of public opinion in 11 advanced democracies. *Scientific Data*, 9(108), Article 1. doi: [10.1038/s41597-022-01249-x](https://doi.org/10.1038/s41597-022-01249-x)
- Busemeyer, M. R., Abrassart, A., & Nezi, R. (2021). Beyond positive and negative: New perspectives on feedback effects in public opinion on the welfare state. *British Journal of Political Science*, 51(1), 137–162. doi: [10.1017/S0007123418000534](https://doi.org/10.1017/S0007123418000534)
- Ceobanu, A. M., & Escandell, X. (2010). Comparative analyses of public attitudes toward immigrants and immigration using multinational survey data: A review of theories and research. *Annual Review of Sociology*, 36(1), 309–328. doi: [10.1146/annurev.soc.012809.102651](https://doi.org/10.1146/annurev.soc.012809.102651)
- Cheng, C., Barceló, J., Hartnett, A. S., Kubinec, R., & Messerschmidt, L. (2020). COVID-19 Government Response Event Dataset (CoronaNet v.1.0). *Nature Human Behaviour*, 4(7), 756–768. doi: [10.1038/s41562-020-0909-7](https://doi.org/10.1038/s41562-020-0909-7)
- Chetail, V. (2020). Crisis Without Borders: What does international law say about border closure in the context of covid-19? *Frontiers in Political Science*, 2. doi: [10.3389/fpos.2020.606307](https://doi.org/10.3389/fpos.2020.606307)
- Daoust, J. -F., Bélanger, E., Dassonneville, R., Lachapelle, E., Nadeau, R., Becher, M., ... Stegmueller, D. (2021). A guilt-free strategy increases self-reported non-compliance with COVID-19 preventive measures: Experimental evidence from 12 countries. *PLoS One*, 16(4), e0249914. doi: [10.1371/journal.pone.0249914](https://doi.org/10.1371/journal.pone.0249914)
- De Vries, C. E., Bakker, B. N., Hobolt, S., & Arceneaux, K. (2021). Crisis signaling: How Italy’s Coronavirus lockdown affected incumbent support in other European countries. *Political Science Research and Methods*, 9(3), 451–467. doi: [10.2139/ssrn.3606149](https://doi.org/10.2139/ssrn.3606149)
- Desvars-Larrive, A., Dervic, E., Haug, N., Niederkrotenthaler, T., Chen, J., Di Natale, A., ... Thurner, S. (2020). A structured open dataset of government interventions in response to COVID-19. *Scientific Data*, 7(1), Article 1. doi: [10.1038/s41597-020-00609-9](https://doi.org/10.1038/s41597-020-00609-9)
- Devakumar, D., Shannon, G., Bhopal, S. S., & Abubakar, I. (2020). Racism and discrimination in COVID-19 responses. *Lancet (London, England)*, 395(10231), 1194. doi: [10.1016/S0140-6736\(20\)30792-3](https://doi.org/10.1016/S0140-6736(20)30792-3)
- Devine, D., Gaskell, J., Jennings, W., & Stoker, G. (2021). Trust and the Coronavirus pandemic: What are the consequences of and for trust? An early review of the literature. *Political Studies Review*, 19(2), 274–285. doi: [10.1177/1478929920948684](https://doi.org/10.1177/1478929920948684)
- Dhanani, L. Y., & Franz, B. (2021). Why public health framing matters: An experimental study of the effects of COVID-19 framing on prejudice and xenophobia in the United States. *Social Science & Medicine* (1982), 269, 113572. doi: [10.1016/j.socscimed.2020.113572](https://doi.org/10.1016/j.socscimed.2020.113572)
- Drouhot, L. G., Petermann, S., Schönwälder, K., & Vertovec, S. (2021). Has the Covid-19 pandemic undermined public support for a diverse society? Evidence from a natural experiment in Germany. *Ethnic and Racial Studies*, 44(5), 877–892. doi: [10.1080/01419870.2020.1832698](https://doi.org/10.1080/01419870.2020.1832698)
- Engler, S., Brunner, P., Loviat, R., Abou-Chadi, T., Leemann, L., Glaser, A., & Kübler, D. (2021). Democracy in times of the pandemic: Explaining the variation of COVID-19 policies across European democracies. *West European Politics*, 44(0), 1077–1102. doi: [10.1080/01402382.2021.1900669](https://doi.org/10.1080/01402382.2021.1900669)
- Esaiasson, P., Sohlberg, J., Ghersetti, M., & Johansson, B. (2021). How the coronavirus crisis affects citizen trust in institutions and in unknown others: Evidence from ‘the Swedish experiment’. *European Journal of Political Research*, 60(3), 748–760. doi: [10.1111/1475-6765.12419](https://doi.org/10.1111/1475-6765.12419)
- Esses, V. M., & Hamilton, L. K. (2021). Xenophobia and anti-immigrant attitudes in the time of COVID-19. *Group Processes & Intergroup Relations*, 24(2), 253–259. doi: [10.1177/1368430220983470](https://doi.org/10.1177/1368430220983470)
- Eun Kim, S., Shin, A. J., & Yang, Y. (2022). The usual suspects? Attitudes towards immigration during the COVID-19 pandemic. *Journal of Asian Public Policy*, 17(0), 272–289. doi: [10.1080/17516234.2022.2046686](https://doi.org/10.1080/17516234.2022.2046686)
- Fernández, J. J., & Jaime-Castillo, A. M. (2013). Positive or negative policy feedbacks? Explaining popular attitudes towards pragmatic pension policy reforms. *European Sociological Review*, 29(4), 803–815. doi: [10.1093/esr/jcs059](https://doi.org/10.1093/esr/jcs059)
- Fernández-i-Marín, X., Rapp, C. H., Adam, C., James, O., & Manatschal, A. (2021). Discrimination against mobile European Union citizens before and during the first COVID-19 lockdown: Evidence from a conjoint experiment in Germany. *European Union Politics*, 22(4), 741–761. doi: [10.1177/14651165211037208](https://doi.org/10.1177/14651165211037208)

- Filindra, A., & Manatschal, A. (2020). Coping with a changing integration policy context: American state policies and their effects on immigrant political engagement. *Regional Studies*, 54(11), 1546–1557. doi: [10.1080/00343404.2019.1610167](https://doi.org/10.1080/00343404.2019.1610167)
- Freitag, M., & Hofstetter, N. (2022). Pandemic threat and intergroup relations: How negative emotions associated with the threat of Covid-19 shape attitudes towards immigrants. *Journal of Ethnic and Migration Studies*, 48(13), 2985–3004. doi: [10.1080/1369183X.2022.2031925](https://doi.org/10.1080/1369183X.2022.2031925)
- Gadarian, S. K., Goodman, S. W., & Pepinsky, T. B. (2022). *Pandemic politics: The deadly toll of partisanship in the age of COVID*. Princeton, NJ: Princeton University Press. doi:[10.1515/9780691219004](https://doi.org/10.1515/9780691219004)
- 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. *Proceedings of the National Academy of Sciences of the United States of America*, 117(44), 27285–27291. doi: [10.1073/pnas.2012520117](https://doi.org/10.1073/pnas.2012520117)
- Gamlen, A. (2020). *Migration and mobility after the 2020 pandemic: The end of an age?* (WP-20-146). Centre on Migration, Policy and Society - University of Oxford. Retrieved from <https://www.compas.ox.ac.uk/2020/migration-and-mobility-after-the-2020-pandemic-the-end-of-an-age/>
- Green, E. G. T., & Sarrasin, O. (2018). Individual and contextual explanations of attitudes toward immigration. In S. Croucher, J. Caetano, & E. Campbell (Eds.), *The Routledge companion to migration, communication, and politics* (pp. 282–295). Abingdon: Routledge.
- Green, E. G. T., Krings, F., Staerklé, C., Bangerter, A., Clémence, A., Wagner-Egger, P., & Bornand, T. (2010). Keeping the vermin out: Perceived disease threat and ideological orientations as predictors of exclusionary immigration attitudes. *Journal of Community & Applied Social Psychology*, 20(4), 299–316. doi: [10.1002/casp.1037](https://doi.org/10.1002/casp.1037)
- Green, E. G. T., & Staerklé, C. (2023). Migration and multiculturalism. In L. Huddy, D. O. Sears, J. S. Levy, & J. Jerit (Eds.), *The Oxford handbook of political psychology* (pp. 1016–1061). Oxford: Oxford University Press. doi:[10.1093/oxfordhb/9780197541302.013.27](https://doi.org/10.1093/oxfordhb/9780197541302.013.27)
- Hainmueller, J., & Hopkins, D. J. (2014). Public attitudes toward immigration. *Annual Review of Political Science*, 17, 225–249. doi: [10.1146/annurev-polisci-102512-194818](https://doi.org/10.1146/annurev-polisci-102512-194818)
- Hale, T., Webster, S., Petherick, A., Phillips, T., & Kira, B. (2020). Oxford COVID-19 government Response Tracker. *Blavatnik School of Government, Data use policy: Creative Commons Attribution CC BY standard*.
- Heersink, B., Peterson, B. D., & Jenkins, J. A. (2017). Disasters and elections: Estimating the net effect of damage and relief in historical perspective. *Political Analysis*, 25(2), 260–268. doi: [10.1017/pan.2017.7](https://doi.org/10.1017/pan.2017.7)
- Heizmann, B., & Huth-Stöckle, N. (2022). The nexus between attitudes towards migration and the COVID-19 pandemic: Evidence from 11 European countries. *Journal of Ethnic and Migration Studies*, 49, 3774–3795. doi: [10.1080/1369183X.2022.2114889](https://doi.org/10.1080/1369183X.2022.2114889)
- Hoffman, S. J., Weldon, I., & Habibi, R. (2022). A virus unites the world while national border closures divide it: Epidemiologic, legal, and political analysis on border closures during COVID-19. *International Journal (Toronto, Ont.)*, 77(2), 188–215. doi: [10.1177/00207020221135323](https://doi.org/10.1177/00207020221135323)
- Jennings, W., Stoker, G., Valgarðsson, V., Devine, D., & Gaskell, J. (2021). How trust, mistrust and distrust shape the governance of the COVID-19 crisis. *Journal of European Public Policy*, 28(8), 1174–1196. doi: [10.1080/13501763.2021.1942151](https://doi.org/10.1080/13501763.2021.1942151)
- Kenwick, M. R., & Simmons, B. A. (2020). Pandemic response as border politics. *International Organization*, 74(S1), E36–E58. doi: [10.1017/S0020818320000363](https://doi.org/10.1017/S0020818320000363)
- Kirk, J., & McDonald, M. (2021). The politics of exceptionalism: Securitization and COVID-19. *Global Studies Quarterly*, 1(3), ksab024. doi: [10.1093/isagsq/ksab024](https://doi.org/10.1093/isagsq/ksab024)
- Kittel, B., Kritzinger, S., Boomgaarden, H., Prainsack, B., Eberl, J. -M., Kalleitner, F., ... Schlogl, L. (2020). The Austrian Corona Panel Project: Monitoring individual and societal dynamics amidst the COVID-19 crisis. *European Political Science*, 20, 318–344. doi: [10.1057/s41304-020-00294-7](https://doi.org/10.1057/s41304-020-00294-7)
- Kustov, A. (2022). ‘Bloom where you’re planted’: Explaining public opposition to (e)migration. *Journal of Ethnic and Migration Studies*, 48(5), 1113–1132. doi: [10.1080/1369183X.2020.1754770](https://doi.org/10.1080/1369183X.2020.1754770)
- Legewie, J. (2013). Terrorist events and attitudes toward immigrants: A natural experiment. *American Journal of Sociology*, 118(5), 1199–1245. doi: [10.1086/669605](https://doi.org/10.1086/669605)
- Lindholt, M. F., Jørgensen, F., Bor, A., & Petersen, M. B. (2021). Support for border security during the COVID-19 pandemic: Evidence on levels and predictors from eight Western democracies in 2020. *Journal of Elections, Public Opinion and Parties*, 31(sup1), 1–14. doi: [10.1080/17457289.2021.1924743](https://doi.org/10.1080/17457289.2021.1924743)
- Longhi, S., & Nandi, A. (2014). *A practical guide to using panel data*. London: SAGE.
- Mallapaty, S. (2020). What the data say about border closures and COVID spread. *Nature*, 589(7841), 185–185. doi: [10.1038/d41586-020-03605-6](https://doi.org/10.1038/d41586-020-03605-6)
- Massey, D. S., Durand, J., & Pren, K. A. (2016). Why border enforcement backfired. *AJS; American Journal of Sociology*, 121(5), 1557–1600. doi: [10.1086/684200](https://doi.org/10.1086/684200)
- Mettler, S., & Sorelle, M. (2018). Policy feedback theory. In *Theories of the policy process* (4th ed.). Abingdon: Routledge.
- Muis, Q., & Reeskens, T. (2022). Are we in this together? Changes in anti-immigrant sentiments during the COVID-19 pandemic. *International Journal of Intercultural Relations*, 86, 203–216. doi: [10.1016/j.ijintrel.2021.12.006](https://doi.org/10.1016/j.ijintrel.2021.12.006)
- Weldon, S. A. (2006). The Institutional context of tolerance for ethnic minorities: A comparative, multilevel analysis of Western Europe. *American Journal of Political Science*, 50(2), 331–349. doi:[10.1111/j.1540-5907.2006.00187.x](https://doi.org/10.1111/j.1540-5907.2006.00187.x)
- Opilowska, E. (2021). The Covid-19 crisis: The end of a borderless Europe? *European Societies*, 23(sup1), S589–S600. doi: [10.1080/14616696.2020.1833065](https://doi.org/10.1080/14616696.2020.1833065)
- Paül, V., Trillo-Santamaría, J. -M., Martínez-Cobas, X., & Fernández-Jardón, C. (2022). The economic impact of closing the boundaries: The Lower Minho Valley cross-border region in times of Covid-19. *Journal of Borderlands Studies*, 37(4), 761–779. doi: [10.1080/08865655.2022.2039266](https://doi.org/10.1080/08865655.2022.2039266)
- Petherick, A., Goldszmidt, R., Andrade, E. B., Furst, R., Hale, T., Pott, A., & Wood, A. (2021). A worldwide assessment of changes in adherence to COVID-19 protective behaviours and hypothesized pandemic fatigue. *Nature Human Behaviour*, 5(9), 1145–1160. doi: [10.1038/s41562-021-01181-x](https://doi.org/10.1038/s41562-021-01181-x)
- Piccoli, L., Dzankic, J., & Ruedin, D. (2021). Citizenship, migration and mobility in a pandemic (CMMP): A global dataset of COVID-19 restrictions on human movement. *PLoS One*, 16(3), e0248066. doi: [10.1371/journal.pone.0248066](https://doi.org/10.1371/journal.pone.0248066)
- Piccoli, L., Dzankic, J., Ruedin, D., & Jacob-Owens, T. (2023). Restricting human movement during the COVID-19 pandemic: New research avenues in the study of mobility, migration, and citizenship. *The International Migration Review*, 57(2), 505–520. doi: [10.1177/01979183221118907](https://doi.org/10.1177/01979183221118907)
- Pierson, P. (1993). When effect becomes cause: Policy feedback and political change. *World Politics*, 45(4), 595–628. doi: [10.2307/2950710](https://doi.org/10.2307/2950710)
- Porcher, S. (2020). Response2covid19, a dataset of governments’ responses to COVID-19 all around the world. *Scientific Data*, 7(1), 423. doi: [10.1038/s41597-020-00757-y](https://doi.org/10.1038/s41597-020-00757-y)
- Quillian, L. (1995). Prejudice as a response to perceived group threat: Population composition and anti-immigrant and racial prejudice in Europe. *American Sociological Review*, 60(4), 586–611. doi: [10.2307/2096296](https://doi.org/10.2307/2096296)
- Ritchie, H., Mathieu, E., Rodés-Guirao, L., Appel, C., Giattino, C., Ortiz-Ospina, E., Hasell, J., Macdonald, B., Beltekian, D., & Roser, M. (2021). Coronavirus Pandemic (COVID-19). *Published Online at OurWorldInData.Org*. Retrieved from <https://ourworldindata.org/coronavirus>

- Rosenfeld, D. L., & Tomiyama, A. J. (2021). Can a pandemic make people more socially conservative? Political ideology, gender roles, and the case of COVID-19. *Journal of Applied Social Psychology*, 51, 425–433. doi:10.1111/jasp.12745.
- Saeed, S. (2017, August 31). Hungary: We built a wall and the EU should pay for it. *Politico*. Retrieved from <https://www.politico.eu/article/hungary-we-built-a-wall-and-the-eu-should-pay-for-it/>
- Schraff, D. (2021). Political trust during the Covid-19 pandemic: Rally around the flag or lockdown effects? *European Journal of Political Research*, 60(4), 1007–1017. doi: 10.1111/1475-6765.12425
- Sebhatu, A., Wennberg, K., Arora-Jonsson, S., & Lindberg, S. I. (2020). Explaining the homogeneous diffusion of COVID-19 nonpharmaceutical interventions across heterogeneous countries. *Proceedings of the National Academy of Sciences of the United States of America*, 117(35), 21201–21208. doi: 10.1073/pnas.2010625117
- Shiraef, M. A., Hirst, C., Weiss, M. A., Naseer, S., Lazar, N., Beling, E., ... Mitsdarffer, M. L.; COBAP Team (2021). COVID Border Accountability Project, a hand-coded global database of border closures introduced during 2020. *Scientific Data*, 8(1), Article 1. doi: 10.1038/s41597-021-01031-5
- Simmons, B. A., & Kenwick, M. R. (2022). Border orientation in a globalizing world. *American Journal of Political Science*, 66(4), 853–870. doi: 10.1111/ajps.12687
- van Heerden, S., & Ruedin, D. (2019). How attitudes towards immigrants are shaped by residential context: The role of ethnic diversity dynamics and immigrant visibility. *Urban Studies*, 56(2), 317–334. doi: 10.1177/0042098017732692
- White, A. I. R. (2020). Historical linkages: Epidemic threat, economic risk, and xenophobia. *Lancet (London, England)*, 395(10232), 1250–1251. doi: 10.1016/S0140-6736(20)30737-6