

Gender, Benevolent Sexism, and Public Health Compliance

Abstract: Growing research shows a correlation between gender, partisanship, and COVID-19 public health compliance. We extend this work, first showing that women are more likely than men to engage in protective behaviors to slow the spread of COVID-19, but also showing that, while Republicans and Independents are less likely to comply with these measures, benevolent sexism moderates the effect of partisanship and can increase compliance. These results suggest that for Republicans and Independents, framing public health directives in terms of chivalrous protection and activating benevolent sexism may offset patterns of non-compliance associated with partisanship.

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Introduction

As the COVID-19 pandemic progresses in the U.S., protective public health measures are becoming politicized and partisan. The Pew Research Center reports growing support and understanding of the pandemic among Democrats, but not Republicans (Funk & Tyson 2020). Additionally, right-leaning media and Republican politicians have downplayed the severity of the crisis (Motta et al., 2020), which has led many Republicans to be less likely to engage in social distancing (Allcott et al. 2020).

However, we argue that partisanship only tells part of the story, as work on protective behaviors focusing on partisanship largely overlooks the role of gender. First, women are more likely than men to engage in preventative hygiene and public health behaviors (Anderson et al. 2008), in addition to being more likely to identify as Democratic (Barnes & Cassese 2017). Second, evidence suggests sexism, especially benevolent sexism, supports engagement in preventative health measures, including mask wearing (Hesse 2020). Benevolent sexism contrasts with hostile sexism, generally defined by paternalistic or chivalrous positive affect towards women combined with support for prosocial behaviors (Glick & Fiske 1996, 2001).¹ For example, benevolent sexism predicts support for proscription rules regarding pregnancy (Murphy et al. 2011), restricting the choices of pregnant women (Sutton et al. 2011), and restrictive abortion attitudes (Duerksen & Lawson 2017). Yet, sexism exhibits a complicated partisan pattern. While ambivalent sexism generally predicts support for Republican candidates (Frasure-Yokley 2018; Valentino et al. 2018), given the right framing, benevolent sexism can increase support for candidates of all parties (Cassese & Holman 2019).

¹ For context, hostile sexism is a set of beliefs generally thought to justify a hierarchy placing men above women and generally lacks the positive affect of benevolent sexism. Benevolent and hostile sexism are components of the more general ambivalent sexism (Glick & Fiske, 2001).

Given the countervailing partisan and prosocial narratives around COVID-19, we believe an examination of partisanship must also consider gender and benevolent sexism. First, in line with Allcott et al. (2020), we expect women to be more likely to comply with protective measures than men (H1). Second, we argue that benevolent sexism may help offset partisan differences in individual protective behaviors. That is, while Republicans (and to a lesser extent, Independents) are less committed to social distancing practices, higher levels of benevolent sexism may increase compliance with these prosocial protective measures (H2).

Data and Methods

We test these expectations using a quota-sampled survey of Americans conducted through Lucid Theorem (LT) May 25-26, 2020. LT matches samples to Census demographics to approximate national representativeness. Table 1 breaks down the demographics of our sample (N=1000).

Our dependent variables consist of four Likert-style questions asking individuals whether they would get a vaccine if one becomes available, as well as their tendency to wear a facemask, practice physical distancing, and to shop online instead of in-store. We also use an index of eight items asking whether an individual has engaged in the following activities: regularly washed their hands, avoided dining-in at restaurants and bars, sanitized their home or workspace, engaged in no-touch greetings, changed travel plans, worked from home, canceled social engagements, and used curbside pick-up or delivery ($\alpha=0.70$). Each of the six dependent variables is analyzed using OLS regression with demographic and political controls.² We include measures of both benevolent and hostile sexism, using four items from the Ambivalent Sexism Inventory (Glick & Fiske, 1996), and interact benevolent sexism with partisanship.

² Full question wording is available in the online appendix.

Results

In Table 2 we find consistent support for H1 that women are more likely than men to comply with COVID-19 protective measures.³ The first four DVs are scaled to run from 0 to 1, suggesting that women are 6 points more likely to wear a facemask and shop online and 4 points more likely to maintain physical distancing. However, there are no gender differences on likelihood to get the vaccine. The social distancing index represents total actions taken, so the coefficients are directly interpretable as the number of actions. Women are likely to engage in approximately 0.34 more protective actions than men. These results confirm that women are more likely than men to engage in behaviors designed to slow the spread of COVID-19 (with the exception of vaccination likelihood).

Regarding H2, benevolent sexism, appears to have little effect on Democrats except for vaccination likelihood ($b = -.16, p < .05$). Conversely, we see significant effects for Republicans and Independents. Focusing on Republicans, we see significant interactions for vaccination intention and the social distancing scale ($b = .31$ and $b = 1.15, p < .05$), as well as a marginally significant interaction for wearing facemasks ($b = .15, p < .10$). These interactions must be viewed in light of significant negative main effect coefficients for Republicans and Independents, which indicate that they are less likely, *ceteris paribus*, to comply with social distancing than Democrats.

Figure 1 presents predicted values for non-Democratic identifiers at one standard deviation above and below the mean level of benevolent sexism among their partisan group. These results demonstrate that benevolent sexism may mitigate tendencies among non-

³ As an initial check of our theory, we include main effects models in the online appendix (Table B1). This shows that women are generally more likely to practice protective measures and that higher levels of benevolent sexism increase likelihood of compliance.

Democrats to ignore COVID-19 public health practices. A two standard deviation shift in benevolent sexism increases Republican vaccination intent by 7.5 points and facemask wearing by over 9 points. It also increases the number of Republican social distancing practices by almost 0.75.

While less consistent, for Independents there is a marginally significant interaction for wearing facemasks ($b = -.29$, $p < .10$) and a significant interaction for social distancing ($b = .26$, $p < .05$). For Independents, moving from one standard deviation below the mean to one standard deviation above on benevolent sexism increases likelihood of wearing a facemask by over 14 percentage points and increases physical distancing likelihood by nearly 13 points. Thus, Republicans (and to a lesser extent, Independents) high in benevolent sexism consistently engaged in more prosocial COVID-19 protective behaviors than less benevolently sexist co-partisans.

Discussion and Conclusion

These results point towards the importance of gender and stereotypes in the realm of public health. Our gender results align with prior research suggesting that women are more inclined to engage in public health measures than men. Yet, our results on benevolent sexism reveal a more complicated picture. These findings demonstrate the importance of considering predispositions in public health messaging. To the extent that COVID-19 protective behaviors are framed in terms of prosocial behaviors, we may see more activation of benevolent sexist attitudes, which, in turn, may offset some troubling patterns surrounding partisan compliance with COVID-19 social distancing.

As many COVID-19 protective measures are framed in prosocial terms, it appears that those holding benevolent sexist attitudes may be more receptive to these messages, due to their

tendency towards prosocial behaviors. More work is needed to understand the complex relationship between sexism and its consequence for engagement with protective health measures, as well as the relationship between political messaging, sexism, and compliance.

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Table 1: Descriptive Statistics				
	Frequency (Percentage)	Mean	Mode	Median
Democrat	433 (45.1%)	--	--	--
Independent	127 (13.2%)	--	--	--
Republican	400 (41.7%)	--	--	--
Ideology	--	3.8	4 (Moderate)	--
Women	496 (51.35)	--	--	--
Men	471 (48.7%)	--	--	--
Education	--	--	4 (Some College)	--
Age	--	44.9	--	--
White	727 (74.4%)	--	--	--
Black	120 (12.3%)	--	--	--
Native American	30 (3.1%)	--	--	--
Asian	65 (6.7%)	--	--	--
Pacific Islander	6 (0.6%)	--	--	--
Other Race	29 (3.0%)	--	--	--
Hispanic	187 (19.5%)	--	--	--
Income	--	9.4	--	8 (\$45k-50k)
Northeast	214 (20.5%)	--	--	--
Midwest	200 (19.1%)	--	--	--
South	376 (36.0%)	--	--	--
West	255 (24.4%)	--	--	--

Table 2: Predictors of COVID-19 Protective Health Behaviors

	Get Vaccine	Wear Facemask	Maintain Six Feet	Shop Online	Social Distancing Index
Independent	-0.25* (0.10)	-0.25* (0.10)	-0.23* (0.08)	-0.05 (0.09)	-0.90 (0.68)
Republican	-0.23* (0.06)	-0.19* (0.06)	-0.13* (0.04)	-0.09 (0.06)	-1.01* (0.33)
Benevolent Sexism	-0.16* (0.06)	0.03 (0.05)	0.01 (0.04)	0.05 (0.07)	0.25 (0.29)
Independent X Benevolent Sexism	0.28 (0.18)	0.29+ (0.16)	0.26* (0.12)	0.04 (0.16)	0.71 (1.02)
Republican X Benevolent Sexism	0.31* (0.09)	0.15+ (0.09)	0.08 (0.06)	0.12 (0.09)	1.15* (0.49)
Ideology	-0.03* (0.01)	-0.03* (0.01)	-0.01* (0.01)	-0.03* (0.01)	-0.12* (0.04)
Sex (Women)	-0.03 (0.02)	0.06* (0.02)	0.04* (0.02)	0.06* (0.02)	0.34* (0.13)
Education	0.02* (0.01)	0.00 (0.01)	0.01+ (0.01)	0.03* (0.01)	0.07 (0.05)
Hispanic	0.03 (0.03)	0.05* (0.03)	0.00 (0.02)	0.04 (0.03)	0.20 (0.15)
Race (White)	-0.01 (0.04)	-0.01 (0.03)	0.02 (0.03)	0.02 (0.03)	0.01 (0.21)
Race (Black)	-0.07 (0.05)	-0.02 (0.04)	-0.03 (0.03)	0.03 (0.04)	-0.01 (0.26)
Income	0.00* (0.00)	0.00 (0.00)	0.00 (0.00)	0.01* (0.00)	0.05* (0.01)
Midwest	-0.02 (0.03)	-0.13* (0.03)	-0.06* (0.02)	-0.06 (0.03)	-0.42* (0.20)
South	-0.01 (0.03)	-0.13* (0.02)	-0.04* (0.02)	0.00 (0.03)	-0.10 (0.15)
West	-0.04 (0.03)	-0.12* (0.03)	-0.07* (0.02)	-0.04 (0.03)	-0.15 (0.17)
Age	0.19* (0.05)	0.10* (0.05)	0.22* (0.04)	-0.28* (0.06)	-0.15 (0.27)
Political Knowledge	0.06 (0.04)	0.02 (0.04)	0.03 (0.03)	0.02 (0.04)	0.38+ (0.23)
Hostile Sexism	0.07 (0.05)	0.06 (0.04)	0.00 (0.03)	0.17* (0.05)	0.02 (0.25)
Authoritarianism	0.00 (0.04)	0.05 (0.04)	0.10* (0.03)	-0.06 (0.04)	0.23 (0.21)
Constant	0.69* (0.08)	0.84* (0.07)	0.73* (0.05)	0.46* (0.08)	5.54* (0.38)
<i>N</i>	872	872	872	872	836

Standard errors in parentheses

+ p<0.10, * p<0.05

Figure 1: Effect of Benevolent Sexism on COVID-19 Public Health Compliance, among Self-Identified Republicans and Independents

