‘The other’ of the COVID-19 pandemic: ageism toward the elderly people in newspapers in Brazil and Chile

‘O outro’ da pandemia da Covid-19: ageísmo contra pessoas idosas em jornais do Brasil e do Chile

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ABSTRACT The emergence of the new coronavirus and the indication of the elderly population as a risk group led to the emergence of speeches, jokes, memes and facts indicative of ageism in social media and mass media. This article aims to analyze the expressions and implications of ageism toward the elderly reported in newspapers in Brazil and Chile in the first year of the COVID-19 pandemic. Documentary study of news from newspapers with the greatest access in Brazil and Chile. Data collection occurred in May 2021. The selection of titles, abstracts and full text was performed by two independently and blinded researchers. The final corpus of 89 news was submitted to thematic analysis supported by the MAXQDA software, whose codification, thematization and interpretation process was based on sociological theories that explain ageism. The expressions of ageism were evidenced through images and attitudes that devalue and depreciate the life of the elderly people, positioning them as ‘the other’ of the pandemic, which has implications for the life, health and work of this population.


RESUMO O surgimento do novo coronavírus e a indicação da população idosa como grupo de risco fez emergirem discursos, piadas, memes e fatos indicativos de ageísmo nas mídias sociais e nos veículos de comunicação. Este artigo objetiva analisar as expressões e as implicações do ageísmo contra a pessoa idosa reportadas em jornais do Brasil e do Chile no primeiro ano da pandemia da Covid-19. Estudo documental de notícias de jornais de maior acesso no Brasil e no Chile. A coleta de dados ocorreu em maio de 2021. A seleção de títulos, resumos e texto completo foi realizada por duas pesquisadoras de forma independente e cegada. O corpus final de 89 notícias foi submetido a análise temática apoiado pelo software MAXQDA, cujo processo de codificação, tematização e interpretação foi fundamentado nas teorias sociológicas que explicam o ageísmo. As expressões do ageísmo foram evidenciadas por meio de imagens e atitudes que devalorizam e depreciam a vida da pessoa idosa, posicionando-a como ‘o outro’ da pandemia, o que ocasiona implicações para vida, saúde e trabalho dessa população.

Introduction

The crisis caused by the COVID-19 virus not only exposed the precariousness of health systems in Latin America, but also highlighted social inequalities in the health-disease-care process and deepened the debate around the right to health of vulnerable groups and populations, reinforcing the social character of any pandemic.

In Brazil, the period before the COVID-19 pandemic was already marked by crises in the economic sector, aggravating the historic deficit of financing of the Unified Health System (SUS), accompanied by the systematic dismantling of social and health policies. The financial restriction was also substantiated with the approval of Constitutional Amendment No. 95, which froze investments in education and health for 20 years. Therefore, the pandemic has settled in a country of great social inequalities, with populations living in precarious conditions of housing and sanitation, with high unemployment rates and deep cuts in social policies.

Before the pandemic, Chile experienced a moment of intense demonstrations in the streets, triggered by the increase in the price of transport, but which also reflected dissatisfaction with the intense economic burden, inequalities and social injustices accumulated over 30 years. These manifestations made explicit a number of adversities produced in the last three decades, leading international organizations to discuss serious violations of human rights. Undoubtedly, this social crisis has deepened with the COVID-19 pandemic, exacerbating citizens’ dissatisfaction with the government, the structural problems of social security, the lack of resources for health and education, and the precarious living conditions of large cities, which revealed inequalities and inequities, which signals an important impact on the most vulnerable populations, including the elderly, who have always been the target of inattention and stereotypes.

In both contexts, there was a growing debate in the media about the social place of older people during the pandemic and the expression of ageism by different sectors of society. The public discourse conveyed in the media, which presented COVID-19 as a dangerous disease only for the elderly, due to a greater biological risk of illness and complications, generated the ‘us’ and ‘them’ dichotomy, evidenced worldwide and that potentiated stereotypes, prejudices and age discrimination.

First used by the gerontologist and psychiatrist Butler, the term ‘ageism’ refers to the restlessnes s, repulsion and aversion on the part of young and middle-aged people towards aging, illness, disability, in addition to the fear of impotence, uselessness and death, which is usually attached to people because of their age.

Ageism can be manifested through three dimensions: cognitive (stereotypes, images and labels), affective (prejudice) and behavioral (discrimination attitudes). And it can be originated from three levels: the microstructural, which emerges from the subject (self-directed ageism), his thoughts, emotions and actions; the mesostructural, which can come from groups, social entities, institutions; and the macrostructural, which emerges from cultural or social values as a whole. Its manifestation can be explicit or implicit and generate negative consequences when the subject is reduced to the category of useless, fragile and unnecessary, causing repercussions in different areas of the elderly people’s lives.

Thus, in the course of the pandemic, ageism reached a new level with the indexing on social networks of the hashtag #BoomerRemover, a vulgar expression that highlights prejudiced attitudes about age in response to the COVID-19 pandemic and reveals the value that people’s lives have in contemporary society. The use of the hashtag allows for asynchronous and immediate communication on social networks, which goes beyond borders and time zones and has an instant global reach.
It is known that the media and, currently, social networks have an impact on collective and individual health and are essential to shape beliefs, promote values and encourage negative and positive behaviors. This impact, to some extent, serves the interests of large corporations, who see in the media the tools to achieve their goals and stimulate demand for products, often unnecessary, that can be harmful to people’s health, especially in the promotion of values and in the mediation of diverse behaviors. As information is a valuable mechanism to guide people, especially in highly complex situations, such as the one generated by the COVID-19 pandemic, the media either helps to reduce uncertainty and anxiety or, on the contrary, can increase panic and the chaos.

Studies concerning ageism against elderly people in the COVID-19 pandemic are still scarce. A review analyzed 21 publications that discussed ageism during the pandemic, its origins, consequences and ethical-political implications, with only 9.5% of primary studies, which shows the need for more investigations on the subject.

That said, this analysis of newspapers becomes unprecedented and contributes to deepening knowledge and reflections about this phenomenon.

News about the portrait of ageism in Chile were considered due to actions established by the Chilean government, which prohibited elderly people from leaving their homes at the beginning of the pandemic, instituting mandatory quarantine, which is an expression of ageism. In Brazil, an aging country and the country of origin of the authors of this study, ageism was not so restrictive to the elderly, but it also brought multidimensional damage to those over 60 years of age. Furthermore, Brazil and Chile are countries that are geographically close.

Therefore, the study aims to: analyze the expressions and implications of ageism against the elderly reported in newspapers in Brazil and Chile in the first year of the COVID-19 pandemic.

### Methodology

This is a qualitative research, of the documentary type, in which current materials were analyzed, in order to contextualize historical, cultural, social and economic aspects of a place or group of people, at a given moment in history. The data collection sources were two of the most read newspapers in Brazil and Chile in online and digital versions and whose choice was justified by the report of the Reuters Institute/Digital News Report 2021, from the University of Oxford, which analyzes the consumption of news by people from several countries in the world, through TV, radio and internet, and points out that 85% of Brazilians and 84% of Chileans consume news via the internet. In Brazil, the most read newspapers in 2021 were ‘O Globo’ (27%) and ‘Folha de São Paulo’ (18%), and in Chile they were ‘El Mostrador’ (21%) and ‘La Tercera’ (20%).

The data collection process began with a preliminary search in March 2021 in the information sources of the two countries, in order to identify the terms used in the retrieved articles and, thus, choose the keywords to compose the search strategy, being: edadismo; marginalización; discriminación por edad; prejuicio de la edad; estereotipos de edad; vejez; anciano; adulto mayor; gerontofobia; ancianos pandémicos; envejecer; viejismo; ageísmo; idadismo; etarismo; preconceito etário; estereótipos de idade; discriminação de idosos; gerontofobia; estigma de idade.

The eligibility criteria were news about ageism against the elderly, published between January 2020 and April 30, 2021, a period demarcated due to the decree, by the World Health Organization (WHO), of the outbreak of the new coronavirus as an international public health emergency, and the end of the first quarter of 2021, when the vaccination of elderly people was achieved in the study contexts. News that contained only videos and images were excluded.
The data collection and selection stage was developed as follows: in the first stage, the keywords were inserted, one by one, in the search fields of the newspapers; and all retrieved news that met the temporal inclusion criteria were saved and organized in the Zotero reference manager (https://www.zotero.org/). This search took place in May 2021 in all sections of the newspapers and aimed to retrieve as many publications as possible. In the second phase, duplicate news items were excluded using the EndNote tool (Clarivate, PA, USA), web version. The third phase took place with the screening of titles and abstracts using the Rayyan tool (https://www.rayyan.ai/). In the fourth phase, the full reading of the news was carried out in order to identify whether they met the eligibility criteria. The third and fourth phases were performed by two researchers independently and blindly. At the end of this process, a third researcher involved in the study dedicated herself to resolving the differences between the two researchers regarding the inclusion or exclusion of the articles. The results are presented in the flowchart extension for scope reviews (PRISMA-Scr)21. The excluded articles were quantified, and the reasons justified (figure 1).

Figure 1. Flowchart of the news selection process

Data analysis was conducted through thematic analysis of Braun and Clarke22 following the following stages:
Familiarization with the data, in which the news articles were organized in a Microsoft Word file and read in full to identify possible patterns in the terms used.
Deductive generation of codes, carried out from the theoretical framework of ageism by Butler9, with support of the MAXQDA
software, version 2020. Initially, 22 news items were coded by the first and second authors independently and blindly, and divergences were discussed and agreed on in a meeting with the last author. After this step, the Kappa Index of 0.95 was verified, which represents the level of agreement between the coders during the material encoding phase. The entire analytical process was conducted using the MAXQDA software, by researchers who have expertise in the area of gerontology, in studies on stigma and vulnerable populations.

The research of themes began with the generation of codes in the previous stage, and now, the organization of codes into themes was carried out, guided by the theoretical framework of ageism in the light of Buther, expanded by theories of micro, meso and macro levels, by Ayalon and Tesch-Römer, which explain the origins of ageism.

The revision of the themes took place when the authors met and validated themes and the entire analysis, to ensure: credibility, established through discussion between the authors of the study; reliability, met through independently peer-to-peer coding, with resolution of divergences by a third researcher; and confirmability, obtained through discussion of preliminary results with a group of researchers.

For the production of the final report, extracts from the news were selected and related to the research question and the literature.

The ethical aspects of the research were observed by complying with Brazilian ethical standards, recommended in Resolution No. 510/2016, of the National Health Council of Brazil, and by Federal Law No. 9,610, of February 19, 1998. As the data is in the public domain and does not require contact with human beings or impose limitations related to privacy, security or access control, this study does not require the evaluation of the ethics committee.

Results

Of the 89 news that composed the corpus of analysis of this study, 38.2% were from the newspaper ‘Folha de São Paulo’, followed by ‘O Globo’ (23.2%), ‘La Tercera’ (21.3%) and ‘El Mostrador’ (16.9%). The evolution of the amount of news over time is shown in graph 1, and the decline in news about ageism against the elderly in Brazilian newspapers as the pandemic progresses is noteworthy; and, in Chile, the largest amount of news occurred in the months of May and September 2020.

Graph 1. Evolution of the amount of news about ageism against elderly people in the first year of the COVID-19 pandemic

Source: own elaboration.
Regarding the nature of the news published in Brazilian newspapers, 78% were of the opinion type, 15% interviews and 5% of other types. In Chile, 76% were opinion, 5% interviews and 11% other types. It is noteworthy that both the opinions and the interviews had the participation of gerontologists, judges, researchers, doctors and other specialists in the area.

Newspapers from both countries covered news that showed stereotypes, prejudice and age discrimination during the COVID-19 pandemic, originating from the microstructural levels (from the elderly person themselves, which is self-directed ageism); mesostructural, composed of managers and politicians, health and social institutions, the labor market, the media, family members of elderly people; and the macrostructural level, which involves culture, society and the State (table 1). Although this investigation sought to operationalize the levels for the analysis of the information conveyed, the intersectionality that exists in each of them is recognized, not being understood as manifestations limited to a single level.

Table 1. Fragments of newspapers representing news that express ageism against the elderly in the first year of the COVID-19 pandemic

<table>
<thead>
<tr>
<th>Origin level of ageism</th>
<th>Ageism origin groups</th>
<th>Newspaper fragments</th>
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</thead>
<tbody>
<tr>
<td>Microstructural</td>
<td>The elderly person himself (authorized ageism)</td>
<td>But we ancients accept the mockery. Partly, out of resignation, and partly because, deep down, we think that “old” really are the others. (N20_G) Until the virus arrived in Brazil, I didn’t feel that old. I was even feeling younger [...] But I soon realized that they were talking about those who are over 60. The old people are us! In my specific case, the old man is me. (N12_G) The politician, who turns 70 next week and is in the group considered to be at greatest risk in this epidemic, said he was willing to die to reactivate the economy. (N1_EM)</td>
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<tr>
<td>Mesostructural</td>
<td>Policy makers and politicians</td>
<td>In addition, the speeches refer to them with “a paternalism that disguises discrimination, without considering that the vast majority continue to work and make enormous contributions to the country,” says Albala. The mandatory quarantine for those over 75 years of age, she details, which lasted for five months, is an example of this discrimination: “Why was it thought that older people cannot take charge of their health?” (N6_LT) The president of Brazil questioned procedures that have been adopted around the world, such as the closing of schools, and minimized risks of the disease, such as suggesting that control measures be restricted only to the elderly. (N6_FSP) A representative: “I care about all lives! But the lives of those who lived the least worry me more. In fact, I think it is time to clearly establish rules to prioritize the use of available resources: beds, respirators, etc. It’s dark, but it’s necessary!” (N26_FSP)</td>
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<tr>
<td>Health and social institutions</td>
<td>It is not possible for older people to perceive that their lives will not be prioritized by health and social protection services, nor that discourses that assign different value to the death of a young person or an elderly person be normalized, it cannot be so easily accepted that rights are violated. (N2_MS)</td>
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Table 1. (cont.)

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<tr>
<td>Health and social institutions</td>
<td>Regarding the causes of these prejudices, the specialist maintains that there is a degree of responsibility on the part of the professionals who work with the elderly, particularly in the field of health. [...] communicate that an elderly person has died as if it were a minor loss, not as relevant. We almost come to an objectification of the elderly person, treated as an old and broken object, so that is where the entire vision of the right to life and equality is effectively distorted. (N9_EM)</td>
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<tr>
<td>Low acceptance in the labor market as an active worker</td>
<td>They are stigmatized as professionals with less flexibility in the face of changes, less updating regarding technology and new trends in their areas, in addition to often having more experience and years of work, having higher salaries. (N2_LT) The age prejudice, which already existed with the elderly, has been getting worse with COVID-19. Due to the greater lethality of the disease – 75% of deaths occur among those aged 70 or over –, they are seen by the labor market as vulnerable and more susceptible to absences. (N16_G)</td>
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<tr>
<td>Media</td>
<td>However, the very eyes and ears of viewers, netizens and readers have been shocked by expressions, phrases and headlines disconnected from reality to refer in a paternalistic tone to an age group as diverse as it is heterogeneous: ‘Our older adults’, as if were part of our property or ‘old people’ in a clear gesture of infantilization, not to mention ‘senile’, ‘veteran’, ‘pensioner’, ‘retired’ to refer pejoratively to older men and women. But one of the most used terms has been ‘grandfather’, in circumstances where not all older people are grandparents and not all grandparents are older people. (N22_LT) The old people are in the crosshairs – whether from the virus or from the open prejudice that is not ashamed to expose itself. Memes with old people, jokes, poorly disguised offenses; if half of what circulates on the internet about the elderly referred to an ethnicity or some nationality, there would be violent demonstrations or we would be on a war footing. (N20_G) The coronavirus was once called ‘old man’s disease’ or ‘baby remover’, as a remover of the baby boomer generation, born between the late 1940s and mid 1960s. In the form of memes, satire or jokes, prejudice with age revealed itself inhumanly. (N12_FSP)</td>
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<tr>
<td>Relatives of the elderly</td>
<td>Disrespect for the elderly intensified at home, with violation of autonomy, mistreatment and violence against property. And how prejudice has been wide opened: there are those who blame the elderly for the need for social isolation. (N8_G)</td>
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<tr>
<td>Macrostructural</td>
<td>The pandemic has reinforced the idea that Chile is not prepared to guarantee the fundamental rights of older people. I’m not sure if people are seeing older people as subjects of rights or objects of charity. They have been presented as vulnerable. I think that a kind of welfare has been installed towards older people that, whether we like it or not, is positive discrimination. (N13_LT) In addition, in the comparison between 18 countries, Chile reaches first place in a disease that today finds the elderly in the worst scenario: a pandemic that isolates them and leaves them even more alone. (N4_LT) We live in a society that exalts youth and considers age a social burden; a society that has not yet realized that Brazil is a country that has aged. (N20_G) We have heard speeches that attribute little relevance to the coronavirus because it is a disease with a higher fatality rate among the elderly. What does that say about us as a society? (N3_FSP)</td>
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Source: own elaboration.
Some of the news published analyzed how ageism was revealed in Chilean and Brazilian societies during the pandemic, based on the restrictive measures adopted by governments and health authorities to contain the spread of the disease and which resulted in the potentialization of this phenomenon in the contexts studied. The implications of this phenomenon for the elderly and for society are reported in table 2.

Table 2. Fragments of newspapers representing the implications of ageism against the elderly in the first year of the COVID-19 pandemic

<table>
<thead>
<tr>
<th>Implications of ageism against the elderly</th>
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<tbody>
<tr>
<td>Damage to the psychological, emotional and physical health of the elderly.</td>
<td>Therefore, they were confined more than other people. That affected his quality of life. Less physical activity and less social activity. All aspects, which decrease according to Palomo, their physical, cognitive and relational functionality. (N6_LT) Ageism – discrimination based on age that directly affects older people – has deep roots in the Chilean State that, consciously or unconsciously, devalues older people. We are talking about a type of systematic and structural discrimination that has serious consequences for the physical and mental health of these people, as well as social and economic effects. (N20_LT) Although the aim was to protect them from contagion, Aurenque emphasizes that these protections are unacceptable because they paternalize and infantilize older people. “Applying prohibitions of this nature to the elderly population ends up being a discriminatory and stigmatizing measure; discriminatory, because fundamental rights are paused without their consent and because they belong to an age group; stigmatizing, because the measure considers every older adult as a member of a ‘risk group’; thus strengthening negative stereotypes of old age or ageism”. (N6_LT) They are suffering, depressed, afraid of the disease and what it will be like to live at home. (N3_FSP) That’s where I got the hang of it: when you reach a certain age, it’s as if you’re ignored. It’s a feeling of rejection. (N16_G)</td>
</tr>
<tr>
<td>Increased need for public policies that meet the demands generated by the pandemic</td>
<td>Because ageism harms our health and well-being and is a major barrier to effective policy making and action on healthy aging. (WHO, 2021). (N22_LT) “There is more need for care for elderly adults and they may not be receiving it, which can be a difficult situation because they can be alone, there is more demand for care issues that in normal situations are covered by people who come from the poorest communes,” says Basaure. (N9_LT)</td>
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<tr>
<td>Banalization of deaths of elderly people</td>
<td>COVID-19 returned the vocabulary of the elderly and the elderly to the lexicon of senescence and old age. He undressed septuagenarians and octogenarians, transforming them into victims of a virus with great capacity for age discrimination. He turned nursing homes into contemporary concentration camps, where corpses were accumulated as in the old photographs of the infamous final solution of the last Nazism. (N8_EM) “If anything is going to hurt the world, it’s moral decay. And not taking the death of the elderly or the elderly as a serious problem is moral decay. Any individual, any age, any human being matters.” (N21_LT)</td>
</tr>
<tr>
<td>Unemployment and early retirement</td>
<td>Those (elderly people) who were still in the job market left for fear of contaminating themselves or were fired because prejudice against the elderly increased. The person went from the idea of the ‘best age’ to that of the ‘risk group’. (N22_G) And unemployment ends up being more than a passing problem. “The pandemic further aggravates the situation, not least because these people are staying out of the job market for a long time. The longer you are away, the harder it is to come back”, says Ana Amélia. (N34_FSP) One of the most devastating impacts of the pandemic is at work. For the first time in a decade, unemployment exceeded two digits (11.2%) and one of the most affected sectors are those over 60 years of age: for every 100 jobs lost, 19 are from that group. This is the conclusion of a study by the Aging Observatory of the Catholic University-Confuturo. According to the research, 384 thousand people over 60 years of age who worked in 2019 became inactive in the March-May quarter. (N15_LT)</td>
</tr>
<tr>
<td>Intergenerational tensions</td>
<td>The pandemic has greatly increased tensions in family nuclei and decompensated the intergenerational balance, showing the greater risk to which the elderly are subject, in addition to suggesting their greater uselessness. It also blatantly accentuated ageism, which had previously been swept under the rug. In an extreme way, it has led to a radicalization in society about what to do with the very old. (N30_FSP)</td>
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A representative synthesis of the findings of this study is shown in figure 2.

Table 2. (cont.)

<table>
<thead>
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<tr>
<td>intergenerational tensions</td>
<td>The situation led to the dramatization of a reality already experienced by the elderly, which is that they are useless and a burden to society. That only get in the way, harm, need to be controlled. It’s a view that when you get older, you can be eliminated. (N3_FSP)</td>
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<tr>
<td></td>
<td>Age has become a central criterion for dividing society between those over 60 and those under 60. (N15_G)</td>
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<td></td>
<td>Away from sociability under a new nomenclature, that of a risk group, competing with young people for the last available respirator, an entire generation is seen as disposable. Voices that drove social changes and built the country’s redemocratization no longer seem necessary. (N20_FSP)</td>
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Source: own elaboration.

Discussion

The COVID-19 pandemic and the first measures to combat the new coronavirus, which targeted the elderly, aroused comments, opinions and editorials from scholars about the reality of ageism that was growing in the world and warned of the consequences of this phenomenon.6,24-27.

Protective measures were initially focused on the elderly, as the case fatality rates were alarming for this population. Among the
deaths confirmed by COVID-19 in Brazil, 75% occurred in individuals over 60 years of age. In addition, 74% of them had at least one risk factor, such as heart disease, lung disease, neurological and renal disease. In Chile, the fatality rate was 12.6% for the year 2020 (in all continents, the global lethality was 3.6%), and the mortality from COVID-19 was 433.5 x 100,000 inhabitants in people aged 60 years or older.

Given the seriousness of the situation, these people were characterized as belonging to the risk group, based on chronological age, regardless of associated health conditions. This decision was considered arbitrary by experts on aging, given that other aspects interfere with morbidity and mortality, in addition to age, such as physical conditions, prognosis of previous diseases and behaviors that imply the emergence of diseases and social determinants. Another consideration is that the ‘risk group’ label minimizes the severity of the pandemic, as ‘only’ older people would be exposed to COVID-19, bringing a false idea that younger people were immune to infection and death from the coronavirus, which may have made it difficult for people of other age groups to adhere to compliance with the coping measures.

The news in Chile pointed to decrees by public authorities forbidding people over 75 years of age to leave their homes, except with authorization in strict situations. This measure may have affected not only people’s dignity, by restricting their autonomy, but may also compromise the economic subsistence of families, in addition to exposing them to abandonment, prejudice, discrimination and the invisibility of their needs.

The recommendation of strict social distancing of the elderly population was necessary due to the higher severity and lethality rates of the disease, however, the measures implemented by governments should have been adapted to the local culture and expectations and accompanied by the will of the population itself to follow these indications.

In general, the opinions of scholars heard by the newspapers about strategies to combat the evolution of the disease assume that, even with the intention of protecting the elderly, they were implemented without considering the specificities and heterogeneity of aging. Elderly people were seen as a problem, and the way to solve it was through social segregation, indistinctly.

Justifying the restrictive measures and the confinement of the elderly person only by the chronological age and the biological character of senility was configured in an inappropriate way of protecting them, since the aging process, as well as the health-disease process, is multidimensional and encompasses the social, cultural, economic, psychological, spiritual, affective and historical contexts, which at all times surround and stress people’s way of living.

The argument of immunological weakness to confine the elderly person disregards all the elements that influence the health-disease process and neglects the inequalities, inequities and exclusions to which this population group is exposed on a daily basis. Still, it is known that ageism can be more lethal than the coronavirus itself.

Newspaper articles showed discriminatory images and attitudes towards the elderly that preceded the pandemic, but which were strengthened when the world sought to overcome the spread of the new coronavirus, and that expressions of ageism developed in social interactions, in the context of health and the economy.

In health, resources were insufficient to serve the entire Brazilian and Chilean population, generating competition between young and old. Social media highlighted older adults who sacrificed their own lives so that ventilators could be used by younger people, and when medical equipment and hospital capacity became scarce, care providers were faced with ethical decisions about who would have priority over life. Thus, age became a decisive factor, leading society to believe that the life
of an older person could be less valuable than that of a younger person.

Some countries explicitly used age as a criterion for the allocation of treatment, establishing an age limit for access to intensive care, the use of ventilators, which reinforced the perception that older people are costly to the economy and the health system. Age as a criterion for entry into the Intensive Care Unit (ICU), for example, should only be a reference to define the person’s health status and prognosis, and not a criterion in itself, nor the only decisive marker for the use of resources. Thus, discourses and narratives that the elderly ‘already lived their lives’ and that it was time to renounce their rights to the detriment of the younger ones disregard the lives of these people, their contribution to society and their social needs, thus reproducing a speech of prejudices with age. These assumptions and perceptions accentuate intergenerational disagreements and strengthen a vicious cycle of ageism.

At the economic level, expressions of ageism were evidenced when speeches published in the media claimed that the economy would be weakened by social isolation and the blame would fall on older people. This is perhaps another consequence of the individualistic logic of neoliberalism, in which everything becomes a commodity, and, therefore, there is no room for a social bond that is not mediated by consumption, only interested in productive bodies. This generated understandings that the COVID-19 pandemic would be responsible for a destructive way of life, both for nature and for human beings, resulting from a deadly capitalism that devastates everything in its path.

A State that cares about its citizens should promote a minimum of dignity to people at older ages and more vulnerable in terms of health, social and economic conditions. However, the movement occurs in the opposite direction, since sectors of government, advertisement and market act to convince that the elderly person is close to death, that the responsibility for health care should be entirely her own, and that public resources should go to young people. This logic causes societies to strengthen the image that elderly people need assistance and charity measures, and that they are deprived of rights.

When younger adults died from complications of COVID-19 around the world, long and detailed reports were often generated in the media, while the deaths of thousands of elderly people were counted and summarized. Paradoxically, while the elderly are victims of derogatory and inactive images and attitudes, they are sometimes the ones that contribute to the sustenance and maintenance of the domestic income of many Brazilian and Chilean households.

In Brazil, the elderly person contributes with 70.6% of household income, 62.5% of which comes from pensions or retirements, that is, from Social Security. The income from the work of the elderly person constitutes 28.5% of the family budget, since a third of the men and 15.0% of the elderly women who lived in these households were working, which shows that the elders have assumed an important role in the maintenance of family income. In addition, the length of stay of children living with their parents has increased, including in the age group from 50 to 59 years.

In Chile, more and more men and women continue to work after retirement (which occurs, on average, at age 70) on their own, as employment rates have fallen by ten percentage points in the ten years before the legal retirement age. As a result, more than 50% of the elderly continue to work after the age of 70, in the case of women, and after the age of 65, in the case of men.

The COVID-19 pandemic therefore highlighted the vulnerability of the elderly, which was enhanced by the health, economic, political and social crisis. However, such evidence does not guarantee that this population segment will be the target of effective public policies to combat the serious consequences of ageism in the post-pandemic period, which is worrisome, since it is estimated an increase...
in problems such as depression, feelings of social worthlessness, sadness, mental illness and even risk of suicide, as the newspapers examined in this study warn. Consequently, the demand for health services will increase.

Brazil has a universal public system that covers more than 200 million people, limited to underfunding and inequalities. At the same time, there is a dynamic private sector, which includes private providers to the Unified Health System, and a segment of health plans and insurance, to which about 50 million people, or 25% of the Brazilian population, are linked, which also use the public health system, thus enhancing the challenge of ensuring universality and equity.

In Chile, there is an inability of public policies to meet social and health needs, which were potentiated by the consequences of carelessness and abandonment in the pandemic of an increasingly elderly population. In this country, the public health system is underfunded and insufficiently equipped, resulting in long waiting lists for specialized treatment and complex procedures, directly affecting the elderly, the poor and those with chronic conditions.

The vulnerabilities to which older people are exposed lead to anti-age demonstrations on social media, which include jokes or humiliation on the elderly, minimizing the impact of COVID-19 on the general population and/or suggestions that life of the older person is less valuable than the others.

The newspapers examined in the present study made important denunciations about ageism in the pandemic, which gained strength through internet memes and hostile jokes that suggest annihilating people, through a hunt for ‘old offenders’, just like the cart in search of of abandoned dogs, with threats of fines, imprisonment, loss of retirement. Also, COVID-19 was called ‘old man’s disease’, and the coronavirus labeled ‘boomervirus’ or ‘baby remover’, evident manifestations of age prejudice, including within the family nucleus itself, which is expected to be the first to protect and defend the person (Tables 1 and 2. Fragments N36_FSP; N22_LT; N20_G; N12_FSP).

However, stigmatization takes place in family interactions from attitudes of discredit, contempt and the use of derogatory adjectives that are assimilated by people and shape the self-image and a deteriorated identity of the person who fails to meet social expectations. And the removal or abandonment by the family is common, especially in situations of physical difficulties that require greater attention and protective care. The need for social isolation favored the carelessness and loneliness of the elderly, perpetrated both by family members and by social actors from the most varied public spheres, such as social and health institutions and society as a whole.

Social distancing, which had the initial intention of avoiding contamination by the virus, was followed by abandonment and vulnerability to violence, since the dependence on third parties to carry out their instrumental and/or basic activities of daily living, added to the reduced formal and informal social support, resulting from isolation, makes this group a target of different forms of violence practiced at home. Moments of social distancing should have the intention of preserving and protecting life, keeping autonomy and independence protected, since they are the foundations for healthy aging, and one cannot go back in relation to the preservation of the dignity of the elderly.

The global impact of ageism is reflected in the exclusion of the elderly from the agenda of health research agencies; in the devaluation of life; unemployment; denial of access to health care and treatments; reduced longevity; lowering of the quality of life and well-being; adherence to health risk behaviors; impoverishment of social relations; physical and mental illness and cognitive impairment, indicating that the consequences of this phenomenon reach both structural and individual levels and affect the health of the elderly in its multiple domains.
By confirming, in this study, that the ageism expressed in the pandemic permeated the levels of macro, meso and microstructural origin, its confrontation requires actions directed at the groups that operate this phenomenon. Interventions to reduce ageism are based on educational and intergenerational actions and should be a priority, given that they have already been tested and demonstrated particularly favorable effects in combating negative attitudes related to aging.

In addition, given that ageism is a global crisis, interventions adapted to different national and cultural contexts must be developed, through effective public policies, with a view to improving the health conditions and well-being of the elderly. Combating ageism is of interest not only to the aging population, but also to society as a whole, through the strengthening of intergenerational bonds, in order to re-signify the bonds with the elderly, with attitudes of respect, appreciation and consideration for the elderly with this audience.

Also, managers, policy makers, health and communication professionals must be aware of the problems of ageism, the scope of the consequences of this phenomenon and need to pay attention to the narratives they build and convey through the media, as ageism can be perpetuated through political channels and also through the media, in the workplace and in casual everyday interactions with the population group in question.

As contributions to public health, the results of this study highlight the need: to disseminate knowledge about ageism, its forms of expression and implications for the elderly with the groups that originate this phenomenon, in the media, in the public sphere and in the professional qualification; to develop and implement public policies that are capable of including the elderly, respecting their rights and autonomy. By recognizing the expressions and characteristics of ageism against this population group, health and communication workers, family members and society can adopt a self-monitoring posture in the fight against ageism.

The limitations of this study are the fact that it only provides a sample analysis of newspapers from Chile and Brazil, and that the inclusion of other countries could bring different findings, and it is not possible to generalize the results. It is possible the existence of news from newspapers that were not retrieved in the search and that could provide answers to the research question. Still, it is impossible to present empirical data on measures to combat ageism against elderly people, due to space limitations for description and analysis of results.

**Final considerations**

The expressions of ageism found in the newspapers involve discriminatory images and attitudes that place the elderly person in the place of the ‘other of the pandemic’, which are originated by the elderly person at the micro level; by family members, managers and politicians, social and health institutions and the labor market at the meso level; and by society and the state at the macrostructural level. These expressions generated negative implications in different areas of life and health, both in the context of Brazil and Chile, and could make the elderly population even more vulnerable to social and health inequities and inequalities. Restrictive measures to contain the advance of the pandemic have highlighted situations of prejudice and age discrimination, which implications can generate more needs and demands for public services, thus lacking investigations in this regard.

The achievements achieved from the struggle of entities, social movements and various forums that defend the rights of the elderly, and which are also actively carried out by this population group, are threatened with setbacks and losses, such are the setbacks accelerated by the health, economic, social and political crisis and by the uncertainties of the post-pandemic scenario in the medium and long term.
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