

The COVID-19 Pandemic Struggle of Older Adults' in Ethical Perspective: A Qualitative Research

Etik Perspektifte Yaşlı Yetişkinlerin COVID-19 Pandemi Mücadelesi: Niteliksel Bir Araştırma

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ABSTRACT Social stigmatization and deprivation of human rights on the axis of ageism and social exclusion emerge as a common way of suffering for older adults during the coronavirus disease-2019 (COVID-19) pandemic. The research aims to define the psychosocial adjustment experiences of older adults during the COVID-19 pandemic, the phenomenon of stigmatization within the context of age discrimination and social exclusion. A qualitative study was conducted with 25 elder people in 2020 using the phenomenological design and purposeful sampling method. Data were analyzed using Reflective Lifeworld Research, a phenomenological approach. The research data were analyzed under 5 main themes; anxiety, stigmatization, coping strategy, adaptation to change experience, intergenerational solidarity experience and 19 sub-themes under these themes. According to the results of the research, it was determined that older adults were exposed to social stigma as part of ageism and social exclusion during the COVID-19 pandemic. In addition to these data that make it difficult for older adults to cope with the process and their psychosocial adjustment processes, the strengths of the aging process and examples of intergenerational solidarity are also revealed. In the light of all these data, it is thought that social stigmatization of older adults will adversely affect the health and well-being of society and increase morbidity and mortality during the COVID-19 pandemic process. For this reason, it is thought that global authorities should develop new strategies, taking into account the heterogeneity in aging and changing needs in individuality, instead of providing a uniform directive, taking into account the need to improve the public's perception of risk.

ÖZET Koronavirüs hastalığı-2019 [coronavirus disease-2019 (COVID-19)] pandemi sürecinde, yaş ayrımcılığı ve sosyal dışlanma ekseninde damgalanma ve insan haklarından yoksun bırakılma, yaşlı yetişkinler için ortak bir acı çekme yolu olarak karşımıza çıkmaktadır. Araştırma, yaşlı yetişkinlerin COVID-19 pandemi sürecindeki, psiko-sosyal uyum deneyimlerini, yaş ayrımcılığı ve sosyal dışlanma kapsamında damgalanma fenomenini tanımlamayı amaçlamaktadır. Bu nitel araştırma 2020 yılında, fenomenolojik desende ve amaçlı örneklem yöntemi kullanılarak 25 yaşlı ile yapılmıştır. Veriler, fenomenolojik bir yaklaşım olan "Yansıtıcı Yaşam Dünyası Araştırması" kullanılarak analiz edilmiştir. Araştırma verileri; anksiyete, damgalanma, başa çıkma stratejisi, değişime uyum deneyimi, kuşaklar arası dayanışma deneyimi şeklindeki 5 ana tema ve bu temaların altında yer alan 19 alt tema altında incelenmiştir. Araştırma sonuçlarına göre yaşlıların COVID-19 pandemisinde yaş ayrımcılığı ve sosyal dışlanma kapsamında toplumsal damgalanmaya maruz kaldıkları belirlenmiştir. Yaşlı yetişkinlerin, salgına karşı verdikleri mücadelenin yanı sıra damgalanma ile de mücadele etmek zorunda kaldıkları belirlenmiştir. Bu araştırma, yaşlı yetişkinlerin süreçle baş etmelerini ve psikososyal uyum süreçlerini zorlaştıran bu verilerin yanı sıra yaşlılık sürecinin güçlü yanları ve kuşaklar arası dayanışma örneklerini de ortaya konmaktadır. Tüm bu veriler ışığında, yaşlı yetişkinlerin toplumsal damgalanmaya maruz kalmasının, COVID-19 pandemi sürecinde, toplumun sağlık ve refahını olumsuz etkileyeceği, morbidite ve mortaliteyi artıracakı düşünülmektedir. Bu nedenle küresel otoritelerin, kamunun risk algısını iyileştirme ihtiyacını dikkate alarak tek tip bir direktif sağlamak yerine, yaşlanmadaki heterojenliği ve bireysellikteki değişen ihtiyaçları dikkate alarak yeni stratejiler geliştirmesi gerektiği düşünülmektedir.

Keywords: COVID-19 and stigmatization;
COVID-19 and older adults; stigmatization;
social exclusion; ageism

Anahtar Kelimeler: COVID-19 ve damgalanma;
COVID-19 ve yaşlı yetişkinler;
damgalanma; sosyal dışlanma; yaş ayrımcılığı

Coronavirus disease-2019 (COVID-19), described as severe acute respiratory syndrome, poses as a global challenge that caught the world off guard.

COVID-19 threatens all age groups. However, since the first cases of death in COVID-19 were mostly elderly and are common in adults with medical comor-

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bidity draws attention to older adults in the pandemic.¹ The circumstances that define older adults with higher risks for the pandemic are physiological outcomes, morbidity, comorbidity, polypharmacy and increased fatality rates. Moreover, among the indirect risks for older adults during the pandemic are lack of security, loneliness, isolation, aging, addiction, stigmatization, abuse, and restriction of access to health services.² Therefore, older adults face with the struggle against both the physiological risks and its side branches of distance and isolation.

Governments are implementing various strategies to prevent the potentially devastating effects of the pandemic. These strategies include varying intensities of infection prevention, such as contact tracing, self-isolation or quarantine, and treatment protocols and guidelines.³ The combination of prevention and isolation offers the best opportunity to stop the spread of COVID-19.⁴ However, central arguments and the search for solutions were regarding only the physical transmission of the virus in the COVID-19 pandemic. However, another issue that should not be ignored among the devastating effects of the pandemic is mental health components.⁵ Because the human psychology and mental health dimension of the pandemic, being as dangerous as the virus, also poses a certain threat to people.⁴

Several number of isolation decisions have been taken for disadvantaged groups who are considered to have higher risks in Turkey. These decisions include several distinct protective measures such as the curfew imposed on children under the age of 18, those with chronic diseases, individuals aged 65 and over on 21 March 2020.⁶ However, after the ban on the elderly population constitutes 9.5% of Turkey's population was exposed to the negative attitude of the media and society.⁷ Old population have started to be exposed to disrespectful behavior and even bullying in social media and daily life.

Similarly, in several other societies, the protection measures taken for older adults, who comprise a significant population, have created a prejudice that older adults are spreading the virus. The physical distance measures emphasized for older adults have been mistaken by social distance and isolation, and the emphasis on "risky for older adults" has changed

shape towards the "risk from older adults" area.⁸ These false discourses and perceptions that older adults exposed in the society have turned into global discourse and social stigma quite rapidly.^{2,9-13}

Stigmatization, which includes concepts such as ageism and social exclusion, handles social discrimination.¹⁴ Ageism and social exclusion caused by social stigma, are known as a social and daily struggle existed in all societies before the pandemic every individual experience.¹⁵ However, it is stated that impactful and severe social stigmatization targets older adults with higher tendencies. Social exclusion and ageism particularly emerge as a widespread problem that increases the burden of old people in pandemic struggle and obscures their adaptation processes.^{2,10-13}

This research aims to describe the psychosocial adaptation experiences and stigma of older adults in the context of ageism and social exclusion phenomena during the COVID-19 pandemic. The research reveals important clues for the global authorities on the necessity to improve the risk perception in societies and restructure social policies and political strategies applied to disadvantaged groups during the COVID-19 pandemic.

MATERIAL AND METHODS

In this qualitative research, the phenomenological approach was chosen to explore the experience of psychosocial adjustment and social stigma of older adults in a free, non-judgmental and engaging way during the COVID-19 pandemic.¹⁶ Ethical approval of the research was obtained from the Ministry of Health of the Republic of Turkey and Akdeniz University Faculty of Medicine's Clinical Research Ethics Committee (2012- KAEK-20).

This research was conducted according to the principles of the Declaration of Helsinki.

WORKING GROUP

Purposeful sampling method was preferred in this research. The participants living in different regions of the country consists of 25 individuals which is the saturation point without sample size calculation. Preliminary interviews were held with older adults from various parts of the country to inform them about the

research. The participants in the study were informed about the research, it was explained that the audio recording would be made during the interviews, and the participants who gave their consent were included. Older adults, aged 65 and over who agreed to participate in the study, who had no disability to answer the interview questions (hearing problems, etc.), who did not have a condition of need for care and who lived in their own homes were included in a phone call. There is no direct association between researchers and participants.

DATA COLLECTION

Research data were obtained through the information form introducing older adults (age, gender, marital status, social security, care-taker, work, and health status), semi-structured interview form (Table 1), and in-depth interviews via telecommunications during June and July 2020. Interview questions were prepared after the literature review and a field expert was consulted. The pre-application of the interview questions was made with five elders, except the research participants. Based on the feedback, the interview questions were finalized. Research interviews were conducted in two stages. The first interview included information about the study, obtaining informed consent, and determining the interview time. The second

interview included the semi-structured interview questions and took an average of 20 minutes (approximately 15-25 minutes). The interviews were conducted by the same coder by scheduling the days and hours deemed appropriate by older adults. All the information regarding the participants was collected considering the confidentiality principle and recorded as a code without using the names of the participants (P1,..., P25).

DATA ANALYSIS

The audio recordings of the interviews were transcribed immediately when finished. Reminders, the tone and emotions during the interviews were noted by the researcher simultaneously. Transcripts containing data were coded with a 4-step cyclic process with the principle of Reflective Lifeworld Research.¹⁷ The first stage of the analysis aims to create a general comprehension as the transcripts were examined intermittently and keywords were marked by the coder with a brief reference to the content of the entire text. The text was carefully read again in the second stage and the aim is to highlight the individual comprehensions and determine the preliminary themes by adding keywords to each semantic unit. The third stage involves associating the determined themes with concepts in a way that reflects the correlation of several semantic units with each other. The fourth stage includes a phenomenological analysis to define the essence of the phenomenon. Supporting themes were built with the evidence obtained from the interviews using quotations that best describes the experience of the participants and represents the essence of their feelings and thoughts. The researchers independently formed the themes in the initial phase, and common themes were determined by comparison. Moreover, two distinct experts conducted the coding according to the themes for the reliability of the study.

RESULTS

The research sample consists of 25 volunteer participants aged 65 and over, self-reliant, without any disability that would impede a phone call. Fourteen (56%) of the participants were aged 65-74, 7 (28%) of them were 75-84 years old, and 4 (16%) were in

TABLE 1: Semi-structured interview form regarding older adults fighting COVID-19 pandemic.

Semi-structured interview form regarding older adults struggling with COVID-19 pandemic
<ul style="list-style-type: none"> • What does the COVID-19 outbreak mean to you? • How does the news about the older adults in the COVID-19 pandemic affect you? • What are your views and feelings about the high risk of the older adults in the COVID-19 outbreak? • How do you consider the measures taken to protect the older adults during the COVID-19 pandemic? • What kind of changes did you experience in your life with the inception of the COVID-19 pandemic? • What measures are you taking to protect yourself against the COVID-19 outbreak? Could you elaborate? • Who do reach regarding the issues require help during the COVID-19 pandemic? (When needed for issues such as shopping, curative supply, banks etc.)

COVID-19: Coronavirus disease-2019.

the group of 85 and over (Figure 1). It was determined that 15 of the participants (60%) were male, 17 (68%) were married, all of them had social security, 6 (24%) lives alone (Figure 2), 5 have a job, almost all units had chronic illnesses (n=24, 96%) (Figure 3).

The research results were collected under 5 main themes and a directory sub-themes (Table 2).

Theme 1: Anxiety

In this research, it was asserted that the older adults experienced anxiety during the COVID-19 pandemic because of the fear of getting infected and being exposed to its devastating consequences. It has been determined that this anxiety was caused by the fear of suffering, death, need for care and uncertainty.

Fear of Suffering

“... Death is of salvation but ... This disease is worse than anything we saw. God forbid, of course, I don’t want to suffer, but I’ve heard it causes a lot of suffering...” (P15).

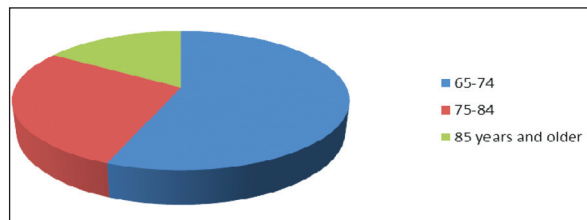


FIGURE 1: Age distribution of participants.

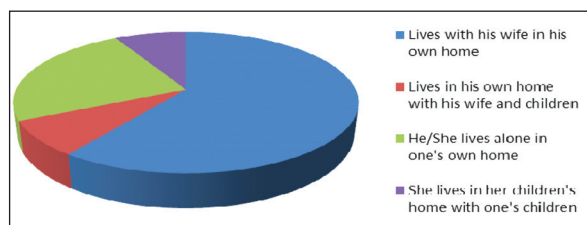


FIGURE 2: State of living with a care-taker.

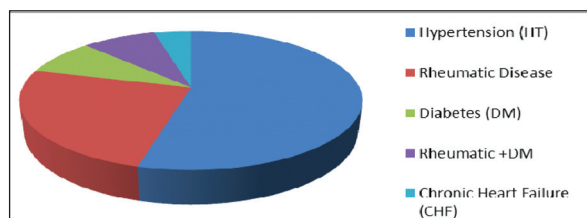


FIGURE 3: Chronic disease ratios of participants.

TABLE 2: Themes for older adults' psychosocial adjustment process and how they experienced stigmatization during the COVID-19 pandemic.

Themes/sub-themes	n=5 (the number of participants)
1. Anxiety	25
• Fear of suffering	23
• The fear of death	11
• Fear of need for care	12
• Uncertainty	18
2. Stigmatization	22
• Dark humor about older adults	19
• Social exclusion experience	21
3. Coping strategy	25
• Adhering on to beliefs	18
• Refuge in the state	9
• Peer solidarity	13
• Taking preventive measures	21
• Accepting defeat	10
• Oversleeping	9
4. Change adaptation experience	25
• Autonomy loss perception	17
• Physical and mental inhibition	22
• The vulnerability experience	13
• Sedentary life experience	19
• Warrior generation perception	4
5. Intergenerational solidarity experience	25
• Perceived social support	16
• Perceived loneliness	9

COVID-19: Coronavirus disease-2019.

Fear of Death

“...There is no cure. Maybe our destiny ends here, son. Of course, it is not easy, how can it be? Tough! It’s very difficult (his voice was shaking).” (P7).

Fear of Need for Care

“God forbid! I’m afraid, I pray that God doesn’t make me indigent for care. The human body is heavy, it is difficult to look after, but also difficult to be trapped in a bed. ...” (P11).

Uncertainty

“Some say disease-causing microbes were released to annihilate the older adults...! Nobody knows anything yet... I am afraid. It is not clear what we are facing” (P1).

Theme 2: Stigmatization

In this research, it was determined that many of the routine situations of older adults during the epidemic turned into black humor and were socially excluded from society. Prejudice, wrong attitudes and perceptions against older adults in society create the stigma that this group is exposed to during the pandemic. This evidence, highlighted by the participants, which affects their role and reputation in society, coincides with the stigmatization phenomenon.

Dark Humor About Older Adults

“I watched it on TV, they filmed the old people on the camera as if they were criminals... They laugh at us... Of course, I am afraid” (P22).

“... It is very sad and hurtful of for sure... Being humiliated at this age is worse than death, god forbid...” (P17).

Social Exclusion Experience

“I went to my physician... They scolded me (his voice was tearful, then he was silent...) and told me *do you want to die?* ... They didn't even listen to me...” (P18).

“This virus told me *you are old*. I don't know by whom and according to what I'm old but I just learned that I am old. Can't I produce if I'm old? But here they locked us in houses” (P1).

“They don't take us on public transport (voice trembling) state leaders should say stop, but the bus driver told me, *this is the ban imposed by the state* ...” (P4).

Theme 3: Coping Strategy

It was observed that some participants use more than one coping strategy.

Adhering to Beliefs

“My Lord is the one who envisions everything. He knows what our destiny. Our duty is only practicing our prayers...” (P19).

Refuge in the State

“Our state knows and does the best...” (P2).

Peer Solidarity

“I am receiving news about many things... Thank god we are consulting each other. You know

what they say “*only the fallen know how it is like to be on the ground...*” (P25).

Taking Preventive Measures

“I am doing my part. I was not very meticulous in the past, but you have to do the necessary thing. I am cautious, it is important, of course, we should protect ourselves” (P16).

Accepting Defeat

“I don't know if there is an escape from this pandemic? ... It would turn back to normal in a couple of years, but in the end, we are old and we have no salvation anyway” (P7).

Oversleeping

“I have started to oversleep because there was nothing else to do. They say sleep is the *little death...*” (P3).

Theme 4: Change Adaptation Experience

Participants usually described their experiences in adapting to the change that started with the COVID-19 pandemic in a negative context. However, it is noteworthy that 4 participants defined the adaptation experience positively.

Autonomy Loss Perception

“We were tarred as the children with the same brush... It feels very strict...” (P13).

Physical and Mental Inhibition

“One cannot feel good anyway in these circumstances... You understand how precious it was to shop and walk as you wish...” (P10).

The Vulnerability Experience

“Our peers have been humiliated and left vulnerable in public places... I'm afraid this nation can intentionally hurt older adults.” (P8).

Sedentary Life experience

“We can stay home, but (Quiet)... I can't find anything to do in these rooms. Can you spend days like this? Death is better than that” (P4).

Warrior Generation Perception

“We are more conscious than young people. I think young people should be afraid of this pandemic (Laughs)” (P20).

“We are the generation who knows how to enjoy little food and small things and cope with difficulties. We don’t need much to find happiness and peace like young people” (P23).

Theme 5: Intergenerational Solidarity Experience

Participants expressed the perceived social support and loneliness in their experience of intergenerational solidarity during the COVID-19 pandemic.

Perceived Social Support

“I always thought that my daughter, even my grandson, did not love me... They thought of my every need, took care of everything, even from outside...” (P24).

Perceived Loneliness

“We live in a crowded house; they don’t let me out of the room... I can’t say anything to them, they’re right” (P9).

“I begged the doorman... No one knocks on our door” (P14).

DISCUSSION

The research results were defined as five main themes “anxiety, stigma, coping strategy, change adaptation experience, intergenerational solidarity experience” and 19 sub-themes.

Research findings revealed that older adults mentioned anxiety through underlying fears of suffering, death, indigence and uncertainty during explaining their perceptions regarding the pandemic. COVID-19 pandemic brought along social discourses in societies such as the virus that causes the infection is carried by older adults, and they are the cause of its spread and only they are at risk. The effects of these discourses are observable in the anxiety definitions highlighted by the participants. It was determined that the perception that older adults’ COVID-19 would be very painful and death would be inevitable in case of infection further increased the pandemic anxiety. These results are similar to other research results in the international literature.^{10,12,13,18,19} Carr, Boerner and Moorman argue that COVID-19 deaths exemplify “bad and poor quality deaths”.¹⁸ They emphasized the fact that death examples caused by COVID-19 in so-

ciety are known with pain. Therefore, it is stated that bad death patterns and examples of suffering cause depression, anxiety and anger in individuals at higher risk in the pandemic. Moreover, the misperceptions created in society such as “the dangerous effects of the virus only affect older adults” can endanger other age groups.^{12,13} Jimenez-Sotomayor et al. highlighted in their study analyzing the tweets on older adults during COVID-19 that in addition to tweets with offensive content, individuals who think they are not in the risky group underestimate the pandemic.²⁰

The literature hints at the inaccuracy of the attitude that designating all individuals aged 65 and above in one group chronologically and their interpretation without considering individual differences. Because, as revealed by several previous studies, older adults constitute the most heterogeneous group in society. It is documented that older adults pose a highly diverse population regarding psychological performance, social life and personality traits, somatic functions and health.^{13,21,22} Moreover, the impact of the pandemic on older adults does not appear to be sufficiently studied. Chronological guidelines can lead many potentially successful older adults in fighting the pandemic to misperception and the risk of the impediment of the right to treatment. The global response to the COVID-19 pandemic does not seem to consider the aging diversity in the preparation of protective, preventive, and care strategies.^{2,23} In the international literature, it is stated that some countries adopt unfair policies and approaches to the use of resources by older adults and there is an ethical violation.^{12,13,22,24}

The curfew restriction applied to children and old adult populations in Turkey has been implemented as a scientific step to protect this disadvantaged group. However, some people have turned this restriction into old adult hunting and digital entertainment material with the influence of false statements or prejudices.²⁵ Government officials have imposed numerous sanctions to end negative attitudes and behaviors against older adults.²⁶ The participants expressed the stigmatization they were exposed to during the COVID-19 pandemic with black humor and social exclusion. Older adults experience age discrimination, social exclusion, prestige loss in society,

an inexplicable and unexpected change in their social role, feeling of potential criminals, as their lives deemed worthless and they were forced into loneliness. In addition, older adults emphasized that they had problems in accessing basic services and society perceived them as content for black humor rather than facilitating the process. These data are similar to the national and international literature.^{2,8,10,12,13,21,25,27-28} Almost all of the research participants were found to have chronic illnesses, but were unable to access essential services due to the restrictions in COVID-19 and could not benefit from many services such as shopping, public transport services, health checks. The stricter restrictions imposed on older adults and the lower priority order sometimes experienced by them are thought to increase loneliness, abuse, autonomy loss, fragility and comorbidities.^{11,29}

In addition, the literature, which overlaps with our research results, shows that the stigma that makes it difficult for older adults to cope with the pandemic is associated with a violation of public perceptions of directives issued by governments and the associated risks. On the other hand, world governments, in line with their economic strength, offered support and social security packages, consultancy lines, online applications offered to their citizens during the COVID-19 process.^{24,30} Vefa Social Support Groups have been established throughout the country to meet the basic needs such as shopping, cleaning and health control of older adults in Turkey.³¹ However, due to curfew restrictions over the age of 65 combined with the curfews imposed on certain days in 31 provinces, transportation of family members and volunteer citizens who support older adults has been impeded.

In this research, the difficulties of older adults in adapting to the process manifested themselves in the negative definitions they made. The COVID-19 pandemic is considered to be a factor that immensely changed the lifestyle of older adults, their prestige and role in society, economic conditions, social and physical environment, the services they receive and create a sense of addiction and surrender to the unknown. Therefore, it does not seem likely for older adults to adopt a new sedentary lifestyle, environment and to have a healthy aging process in these conditions.^{12,13,22,24}

On the other hand, it was found quite significant that some of the participants (n=4) expressed themselves as members of the warrior generation. There are studies in the literature that indicate that the elderly are better able to regulate negative emotions caused by COVID-19 and try to protect their positive emotional well-being.^{32,33}

The perceived social support for older adults in the COVID-19 pandemic included in the research results is thought to be important. Encouraging signs of intergenerational solidarity during the COVID-19 pandemic include examples of social support such as youth volunteering to support older adults, their tendency to fulfill their shopping duties, and similar needs. These results are consistent with the literature.^{8,12,13,31} The perceived feeling of loneliness mentioned by some participants in our research is not a new concern for older adults. According to the National Academies of Sciences report published in early 2020 on the COVID-19 outbreak, 43% of older adults feel lonely. This feeling caused by social exclusion is known to lead to vulnerabilities and comorbidities in older adults.² The risk that the negative effects of stigmatization may leave a lasting impact even if the infections reduce and loosened measures reveals another dimension of the danger.²⁸

CONCLUSION

In this research, it was determined that the chronological policies and official statements implemented during the COVID-19 outbreak made it difficult for older adults to cope with the process. It was also found that these strategies lead to a misperception of older adults in society, so they are subjected to social stigma revolving around age discrimination and social exclusion. Within the scope of the research, it was emphasized that stigmatization of older adults may adversely affect the health and well-being of society, hence increase morbidity and mortality rates during the COVID-19 pandemic. In addition, the results of this study reveal the strengths of the aging process, examples of intergenerational solidarity, and the characteristics that challenge older adults to cope with the pandemic through psychosocial adjustment processes. Raising public awareness shapes how individuals react to decisions about the fight against the

pandemic and the adaptation process. Thus raising awareness regarding the negative consequences of stigmatization is necessary to control the pandemic and ensure public welfare. Therefore, it is thought that global authorities should immediately develop new strategies and social policies considering the heterogeneity in aging, the changing individual needs of older adults, and the destructive effects of stigma rather than providing a uniform directive.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Mehtap Pekesen, Şengül Akdeniz; **Design:** Mehtap Pekesen, Şengül Akdeniz; **Control/Supervision:** Mehtap Pekesen; **Data Collection and/or Processing:** Mehtap Pekesen; **Analysis and/or Interpretation:** Mehtap Pekesen, Şengül Akdeniz; **Literature Review:** Mehtap Pekesen, Şengül Akdeniz; **Writing the Article:** Mehtap Pekesen; **Critical Review:** Mehtap Pekesen, Şengül Akdeniz; **References and Fundings:** Mehtap Pekesen, Şengül Akdeniz; **Materials:** Mehtap Pekesen, Şengül Akdeniz.

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