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Klempić Bogadi, Sanja

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The older population and the COVID-19 pandemic: The case of Croatia

Sanja Klempić Bogadi ¹ 

Email:

sanja.klempic@imin.hr

Department for Migration and
Demographic Research,
Institute for Migration and
Ethnic Studies, Zagreb, Croatia

Correspondence

Sanja Klempić Bogadi,
Institute for Migration and
Ethnic Studies,
Trg Stjepana Radića 3,
10000 Zagreb, Croatia.

Abstract

The probability of older people contracting COVID-19 is high, and the disease in this population is in a significant percentage of cases accompanied by severe symptoms that can be fatal. Unlike numerous European countries, Croatia introduced epidemiological measures during the first and second waves of the disease that were no more rigorous for the elderly living in their own homes than those for the general population. However, the urge to stay at home and maintain physical distancing has significantly altered the daily lives of all senior citizens. At the same time, very strict measures were introduced for older residents living in nursing homes during both waves. This paper aims to analyse the differences between the lifestyles of the elderly living in their own homes and those accommodated in nursing homes in the context of the epidemiological measures implemented, and to analyse the dominant narrative about the elderly during the COVID-19 pandemic in Croatia. News stories focusing on the elderly exclusively in terms of care, (in)security, and illness(es) construct a position that further excludes, isolates, and intimidates them. In doing so, most attention is paid to problems within social and health institutions (nursing homes and hospitals), while the elderly living in their own homes are largely marginalised.

KEYWORDS

COVID-19, older population, Croatia, narrative about the elderly, exclusion

Solidarity between and within generations and societal cohesion is the best answer to the pandemic.

AGE Platform Europe, 2020

1 INTRODUCTION

In 2020, the world faced the onset of the COVID-19 pandemic, which brought considerable changes to people's lives. While the entire world joined the race to find a cure or a vaccine as quickly as possible, the pandemic posed numerous challenges to healthcare systems, economies, and the way of life people had become accustomed to. In just a few weeks since the first case of the infection was confirmed in a European country (Italy), numerous new rules and restrictions were introduced into everyday life. As part of measures to prevent the spread of the infection, almost all European countries – except Sweden – introduced some form of restrictions on population movement (quarantine). Since the beginning of the pandemic, the most severe restrictions on movement have been directed at elderly people, with constraints and age limits (60+, 65+, 70+, etc.) varying from country to country.

The perception of the risk diseases pose is one of the key drivers of health behaviour, as it affects the conduct of the population with respect to precautions recommended (Brewer et al. 2007) and the likelihood that a particular person will contract the disease. "The Health Belief Model posits that people will take action to prevent illness if they regard themselves as susceptible to a condition (perceived susceptibility), if they believe it would have potentially serious consequences (per-

ceived severity), if they believe that a particular course of action available to them would reduce the susceptibility or severity or lead to other positive outcomes (perceived benefits), and if they perceive few negative attributes related to the health action (perceived barriers)" (Jones et al. 2015: 567-568). The model also includes the factors of self-efficacy and cues to action. The probability of older people contracting COVID-19 is high, and when they do, the disease can be accompanied by severe symptoms that can be fatal in a significant percentage of cases. All other elements of health beliefs and behaviour recommendations for both the general and the elderly populations have been based on this fundamental assessment.

People aged 65 and over are at a considerably increased risk of developing severe forms of the disease upon infection (United Nations 2020), which is important for Croatia given that it ranks among the countries with the largest share of elderly people among the population. In 2019, the highest median age in the EU-27 nations was recorded in Italy at 46.3 years, followed by Germany at 46.0 and Portugal at 45.2. Croatia is in seventh place with a median age of 44.0 (men 41.9, women 46.2) and 20.6% of the population aged 65 and over (Eurostat 2020a). Older people suffering from cardiovascular diseases, chronic respiratory diseases, diabetes, or oncological diseases are particularly vulnerable to COVID-19. An esti-

mated 66% of the world's population aged 70 or over suffer from at least one chronic disease, which increases the risk of serious consequences of COVID-19 (Clark et al. 2020). Severe forms of the disease and mortality are considerably higher again in the 80+ age group (United Nations 2020). In 2019, members of this group accounted for 5.8% of the EU-27's population and 5.3% of the Croatian population (Eurostat 2020a). From the first recorded case of infection on 25 February 2020 to 29 March 2021, 5,911 people died in Croatia. The average age of the deceased was 76.7 years, while 92.8% of those who died were 60 years of age or older (CIPH 2021).¹

During the first wave of the pandemic, from March to May 2020, Croatia introduced a certain form of quarantine with generally strict measures, to which the population adhered dutifully at the time. During that period, the Civil Protection Headquarters of the Republic of Croatia was seen as an authority whose knowledge and recommendations were trusted (although that knowledge was limited even in medical circles due to a lack of data on the new disease); the Headquarters' decisions seemed to be based on scientific beliefs, health data, and a health-focused assessment of the situation rather than political pressures. However, in later months, the Headquarters proved to be inconsistent and lost a large amount of citizens' trust in its judgement due to numerous controversial decisions tailored to individual, non-health-related needs. Unlike the rigorous quarantines on the elderly imposed in numerous European countries, the epidemiological measures Croatia introduced during the

first and the second waves of the disease for the elderly living in their own homes were no more rigorous than those for the general population. However, very strict measures were introduced for older residents living in nursing homes during both waves.

This paper aims to analyse the differences between the lifestyles of the elderly living in their own homes and those accommodated in nursing homes in the context of the epidemiological measures implemented, as well as to analyse the dominant narrative about the elderly during the COVID-19 pandemic in Croatia.

The first section of the paper provides a brief overview of the differences between the lifestyles of the elderly in their own homes and those in nursing homes in the context of the epidemiological measures, which differed considerably for these two groups during the first and second waves of the pandemic. The second section analyses the dominant media narrative about the elderly for the duration of the specific epidemiological measures introduced due to the COVID-19 pandemic. The units of analysis are articles published on Croatian news portals, selected according to keywords: jutarnji.hr, večernji.hr, slobodnadalmacija.hr, indeks.hr, novolist.hr, and 24sata.hr. One of the articles features nine stories and short interviews with nursing home residents. They include descriptions of life in nursing homes during the COVID-19 pandemic and reflections on COVID-19 ("corona"), which provided the basis for a thorough analysis. The analysis also includes the main slogan of the media campaign of the Ministry of Labour, Pension System, Family, and Social Policy on combating the spread of coronavirus among the elderly population: "Responsibility brings us closer."

¹ Among the deceased aged 60 or over, 3,131 were men and 2,355 were women.

2 ELDERLY PEOPLE IN THEIR OWN HOME DURING THE COVID-19 PANDEMIC

The daily routine and activities of the elderly vary depending on whether they live in their own home or a nursing home. In addition to the type of accommodation they live in, their daily activities are also significantly affected by their health status and functional abilities. While Croatia, unlike many other countries, didn't introduced any curfews or special bans on the elderly living in their own homes (as opposed to those living in institutions), they were publicly advised not to leave their homes. The urge to stay at home and maintain physical distancing has significantly altered the daily lives of all senior citizens. The implementation of these measures required discipline and major sacrifices from the elderly living in residential buildings in urban areas, as virtually all of their activities had to take place in their apartment.

Many of the advantages enjoyed by the elderly living in the city compared to those living in the countryside – such as social activities, proximity to hospitals and other healthcare facilities, public transport, etc. – were “cancelled out” by the COVID-19 pandemic, especially for the duration of quarantine from March to May 2020. Public transport, on which senior citizens rely much more than younger ones, was suspended at that time. This alone narrowed their possibility of movement (as many of them do not own a passenger car) and practically reduced it to the neighbourhood within which they could meet their needs on foot, without the need for transportation. While healthcare facilities might be nearby, most of them reduced their capacities during the pandemic, admitting only

so-called emergency cases and performing only urgent examinations and surgical procedures. During the second half of March, April, and May 2020, all cultural institutions were closed, and upon their reopening, their capacity for hosting visitors was significantly reduced according to epidemiological measures.

While rural areas can be deficient in various services and facilities, featuring poor transport connections, poor municipal infrastructure, and inaccessible healthcare, the rural environment, as opposed to the urban, provides elderly residents with various opportunities for quality leisure time (Klempić Bogadi, Podgorelec and Šabijan 2015). Normally perceived as the disadvantages of living in a rural area, sparse population density, small communities, and spatial isolation have proven to be advantages during the pandemic. These characteristics of life in a rural environment allowed older people to continue most of their daily activities during the pandemic without significantly endangering their health. Living in a family house with a garden and access to open, undeveloped spaces allowed older people to spend time outdoors and outside their houses, while adhering to physical distance measures. Besides, the possibility of producing food for private consumption, which previous research has recognised as a major advantage of living in a rural area, (Podgorelec and Klempić Bogadi 2013) makes older people less dependent on shops. However, problems arise if an older person contracts COVID-19. That is when regional inequalities in the development of the Croatian healthcare system rise to the surface.

During the first wave of the pandemic, all members of the population – especially older people – were advised to stay at home and go out as little as possible,

even on walks, as well as to completely avoid contact with people outside their own household, even immediate family members. In such circumstances, social isolation and loneliness affected especially those people living in single households, which is common among the elderly. In 2019 in the EU-27, the share of women aged 65 and over living in a single household was 40.5%, while that of men accounted for 22.6%. In Croatia, 34.6% of women and 17.2% of men were aged 65 and over (Eurostat 2020c). Old age is usually associated with a reduced number of social contacts (due to loss of peers and partners) and a stronger experience of loneliness and social isolation. A survey in the USA found that 24% of people over 65 living in their own household felt socially isolated, and 43% of those aged 60 and over said they felt lonely (National Academies of Sciences, Engineering, and Medicine 2020). During the COVID-19 pandemic, elderly people living in single households were at a greater risk of isolation and inability to access goods and services (AGE Platform Europe 2020). Older women, who make up the majority of the oldest population (those over 80), are the most vulnerable (United Nations 2020). Since the physical and mental health of those over 80 is often seriously impaired, they are significantly limited in terms of functional abilities, and therefore increasingly dependent on other people's care (Podgorelec and Klempić 2007).

The implementation of measures to reduce the spread of the new coronavirus suddenly cut off face-to-face contacts for the elderly and virtually imprisoned them in their own homes. Technology can provide an opportunity to alleviate isolation and loneliness; a lack of physical contact with immediate family, relatives, and friends can be compen-

sated for by a video call, for example. With the increased affordability of smartphones and the development of simple mobile phone applications that enable video communication, as well as the broader availability of the internet, technology has become much more affordable financially. However, older people in Croatia usually have modest technological knowledge, which limits their capacity to use computers and smartphones. Many of them are also poor and cannot afford these devices or internet services. Some elderly people suffer from functional or cognitive impairments and are therefore unable to use high-tech devices.

On top of this, older people often refuse to learn new technological skills, as they believe they are unable to, or they think such technology is not for them. Four groups of limitations in the use of computer technologies are found among the elderly at different ages: intrapersonal, interpersonal, structural, and functional (Lee, Chen and Hewitt 2011). "Intrapersonal and functional appeared to be internal factors referring to an individual's perception and ability in handling new technologies; while structural and interpersonal dimensions were external factors that refer to living conditions beyond their physical and mental status" (Lee, Chen and Hewitt 2011: 1235). For seniors, the primary motivation to use social media is to communicate with family members, children, grandchildren, and relatives (Yu et al. 2016). The results of a survey conducted during March and April 2020 on a sample of elderly residents of the city of Bjelovar living in their own homes suggested that respondents who continuously or occasionally communicated by phone, mobile phone, various chat applications, computers for video calls, or social networks during the COVID-19 pande-

mic expressed lower levels of social and family loneliness compared to respondents who never or very rarely communicated in those ways (Bertić and Teleduh 2020).

Yet technological solutions cannot meet all needs. Due to restrictions on movement, elderly people in single households often become dependent on other people's assistance for purchasing basic goods like groceries and medicines. During April and May 2020, a measure banning inter-county travel without special passes was in force, preventing numerous elderly people from being visited and cared for by their children who live in another county. At that time, solidarity and compassion on the part of neighbours who were physically closest to the elderly and were able to provide daily assistance were crucial.

3 NURSING HOMES AND THE COVID-19 PANDEMIC

As is the case in other European countries, the most vulnerable group in Croatia are those accommodated in institutions, mostly in nursing homes. This is due to the fact that a large number of elderly people live in a close community and generally suffer from a larger number of comorbidities. In 2011, 3.8% of older women and 1.9% of older men in the EU-28 lived in institutions for the elderly (Eurostat 2020b). A report by the European Centre for Disease Prevention and Control from 23 April 2020 (ECDC 2019) regarding the COVID-19 pandemic pointed to the high mortality of patients in nursing homes. During the first wave in some countries – Belgium, Spain, Ireland, and others – the share of deaths among those living in nursing homes was more than 50% of all deaths. According

to the Civil Protection Headquarters data, during the first wave in Croatia, 34 (40%) of the total of 83 people who died as a consequence of COVID-19 infection were residents of nursing homes (Godeč 2020). There is no data on the number of deaths in nursing homes for the second wave of infections.

The COVID-19 pandemic has revealed numerous weaknesses in the formal elderly care system in Croatia. Some nursing homes have proven to be overcrowded with residents, which makes it almost impossible for them to maintain physical distance. Numerous illegal nursing homes were exposed, some of which lacked even the minimum required infrastructure. On top of this, managers of nursing homes have often proven to be inadequately educated for their positions, while nurses, caregivers, and social workers are understaffed and often insufficiently trained, especially in private homes. At the same time, there were too many examples of home staff members causing the virus to enter nursing home premises by failing to properly adhere to epidemiological measures in their daily lives, resulting in a large number of deceased residents. Currently, in the vaccination phase, the flexibility of medical and other staff members at nursing homes to choose whether they want to be vaccinated or not puts the health of residents at risk.

Since the beginning of the pandemic, nursing home residents have faced a number of restrictions. During the first wave of the pandemic (from February to the early summer of 2020) and then again from October 2020, they were completely banned from leaving their institution², as well as from receiving any vi-

² The only exceptions are health problems, in which case one must visit the hospital.

sits from relatives. For several summer months (when infection rates subsided), these measures were reduced to allow residents to leave the premises for a limited time (up to three hours) and half-hour visits from one close person in the open spaces of the nursing home (gardens, parks, etc.) once a week. With the loss of physical communication with loved ones, older people accommodated in institutions were deprived of some forms of practical assistance, primarily emotional support. This can reflect very negatively on the mental state and wellbeing of residents, especially those with cognitive impairments and dementia, who are more dependent on care (United Nations 2020: 9). For residents of nursing homes, family visits constitute a social connection to the outside world (Wu 2020). The cessation of physical communication with loved ones makes many of them feel isolated from the outside world, and those without a television or radio device are also deprived of information. The ban on movement outside the nursing home premises and the ban on receiving visits made phones and computers their only “windows to the world,” allowing them at least some contact with their loved ones. Changes in life circumstances due to the threat of illness cause an increase in fear and uncertainty and may lead to an increase in anxiety and depression among nursing home residents (Chee 2020; Makaroun, Bachrach and Rosland 2020). Since families – who often monitor the quality of institutional care – are prevented from visiting and the staff members of the care home staff are highly burdened, users may be neglected or even abused (Gardner, States and Bagley 2020; Makaroun, Bachrach and Rosland 2020; United Nations 2020).

4 ANALYSIS OF THE NARRATIVE ABOUT THE ELDERLY IN NEWS PORTAL ARTICLES DURING THE COVID-19 PANDEMIC

Since the beginning of the COVID-19 pandemic, discriminatory and humiliating comments about the elderly have frequently appeared in the media, suggesting that COVID-19 is no more serious than the flu and that the only ones who die of it are the elderly, who would die anyway sooner or later. What is disappointing for Croatian society is that even certain scholars and public figures (especially from the political sphere) have voiced their support for such views in their comments. Therefore, for the purposes of this paper, an examination of the narrative about the elderly dominating the media for the duration of the specific epidemiological measures introduced during the COVID-19 pandemic has been carried out.

Several news portals in Croatia with the highest readership were searched online. The units of analysis were articles published on the Croatian news portals *jutarnji.hr*, *večernji.hr*, *slobodnadalmacija.hr*, *index.hr*, *novilist.hr*, and *24sata.hr*. The keywords used for the search were *old people*, *COVID-19 pandemic*, *nursing homes*, and *coronavirus*. The search covered the period from March 2020 to January 2021. Articles that did not contain sentences about elderly residents were excluded even though they were focused on the pandemic. A total of 60 articles were analysed: 21 from *večernji.hr*, 12 from *slobodnadalmacija.hr*, seven from *index.hr*, six from *jutarnjilist.hr*, eight from *24.sata*, and six from *novilist.hr*.

Most of the articles on these news portals can be divided into two categories according to the selected keywords: one refers to the elderly in nursing homes,

mostly emphasising the presence of the virus within them (32 articles), and the other to mortality (22 articles). Beyond these categories, one article addresses the symptoms of coronavirus in the elderly, one is about the results of research on mental conditions during the pandemic, and one points to the ways to help the elderly. Two articles include affirmative portrayals of old age and ageing. A single article addresses the issue of the elderly living in their own households on the islands of Croatia.

The article to be used as an example was published on *slobodnadalmacija.hr* on 10 April 2020. It describes life in a nursing home in Split, which was a disease hotspot at the time. The text strongly underlines the feelings of uncertainty and fear among the elderly living in the nursing home. "Fear has crept in among its residents – death sneaks into their living space in the form of an invisible enemy" (Goreta 2020, para. 4). Ahmed (2004) points out that a text has its emotionality; it names or performs various emotions, that is, it generates various effects through various speech figures (mostly metaphor and metonymy). The above text provides a metaphorical depiction of an anthropomorphised death that "sneaks." This results in the emergence of fear among the elderly and their stigmatisation as a vulnerable group in the pandemic.

News stories focusing on the elderly exclusively in terms of care, (in)security, and illness(es) construct a position that further excludes, isolates, and intimidates them. In doing so, most attention is paid to problems within social and health institutions (nursing homes and hospitals), while the elderly living in their own homes are largely marginalised.

Among the analysed articles, a longer one needs to be singled out. It was published on the *jutarnji.hr* portal on 8 No-

vember 2020 under the title *Shocking stories from nursing homes: "Our window is our world. We miss our loved ones..."* and addresses life in nursing homes during the pandemic (Patković et al. 2020). The article, authored by seven journalists, presents short testimonies of nine residents of nursing homes, two of whom live in Zagreb, two in Umag, one each in Đakovo, Varaždin, Makarska, and Rijeka, and one in Karlovac. In the following analysis (4.1 and 4.2), which is based on the nine stories presented in this article, two topics were singled out: life in a nursing home during the COVID-19 pandemic and reflections on COVID-19 ("corona").

4.1 LIFE IN A NURSING HOME DURING THE COVID-19 PANDEMIC

Since March 2020, when the COVID-19 pandemic was officially declared in Croatia, residents of nursing homes have been subjected to the most severe restrictions in the country. As they were prohibited from leaving the building or the yard of their home, residents were forced to adapt their daily activities to the new situation. While some of the interviewees believe that, apart from being unable to go out, life in the home has not changed, others find it much harder to bear the epidemiological measures because they miss their "old" life and visits from family members and friends, so they feel lonely and excluded.

Besides having their own daily routine, most interviewees actively participate in nursing home activities. Although the lifestyle in nursing homes has changed due to the restrictions, they point to the positive aspects of the new circumstances. The pandemic underlines a major advantage of living in a nursing home,

which is “living in a community, with others, ‘escape from loneliness’ and this makes people feel satisfied” (Podgorelec 2010: 160).

“There is a group of people in the nursing home that is always up for fun. Almost every night we sit together in the parlour. Everybody brings a treat – cakes, popcorn, drinks. Every other day we find a reason to celebrate. Sometimes we laugh so much that it hurts. By 9, 9:30 p.m., everybody is back in their rooms.”

“This situation was not difficult for me at all. I don’t go home anyway, I have friends here. I’ve already grown accustomed to this life. It’s really great for us here at the nursing home. When I was younger, I was restless. I had no time to paint or do anything else. Well, now I’m making up for it. I adore drawing and painting. I have friends here, we walk in the garden around the building, we work out. We have various activities.”

“I work out every morning. I count up to 100 repetitions. Every day I walk a mile. I do circles around the building. I also enjoy writing poems and painting. I have my little studio in the room where I can paint in peace. That relaxes me. I’m a recluse, you know, a lone wolf.”

Although his health and functional abilities are significantly impaired, one of the interviewees describes his daily routine, implying that he does not give in to despair and depression regardless of unfavourable health circumstances.

“Newspapers are most important to me. I start the day reading them... My room is like the main reception and all the residents I invite by message come here, so it’s never really boring. It brings me joy that we can brighten our daily routine like that and we are never alone. I am also known as an imitator, so I entertain my friends, and we always gather here because our room is the largest. Whom do I imitate? Mostly local po-

liticians. That makes my room-mates laugh the most. I manage the situation from my bed, like Alan Ford.”

Elderly people who have children and grandchildren contact them regularly by phone, and they deliver supplies from the outside world to the nursing home reception. Several interviewees mentioned the friendly staff who alleviate the new situation and try to keep the negative mood that has “captured” society away from the nursing home.

“Our good fairies, our carers, they meet all our needs, buying us newspapers and everything else we need.”

“The most important thing for me is to have someone to talk to. Look, being cut off from the world for eight months is not pleasant, but I’m mentally strong and prepared, so it wasn’t hard for me, especially with such capable staff who constantly take care of us.”

“These people are so considerate and attentive. They do their best so that the changes would not affect us residents.”

The second group of interviewees finds it much harder to cope with the pandemic, feeling limited, lonely, and isolated. Their sense of dissatisfaction is not tied solely to the epidemiological measures, but also their life stories. The lockdown brought to the fore the negative aspects of life in a nursing home, as well as their personal problems.

“It’s hard for me to be alone. I miss my daughter Orhideja, who used to visit me. Friends would come regularly so we went for walks. And for coffee. We would talk a lot. I miss that.”

This feeling was especially pronounced for the interviewee who had spent her working life as an actress in a theatre, but had to go to a nursing home as she experienced a sudden decline in health and had no family members who could take care of her. She lost her rented apar-

tment because of the earthquake, so she moved to the nursing home without any personal belongings, which makes her very sad. She finds it hard to accept the new circumstances and is in mental distress.

"I miss theatre and my life. I checkmated myself. The nursing home is a protocol, there are rules you are not used to. My God, I would love to go out when I want to. It's better not to think about it. Theatre means everything to me. I have no one of my own. But while I had the theatre, I had everything I needed."

An interviewee compares the isolation from the outside world during the pandemic with years spent on ships on the ocean, far from the coast and his loved ones.

"What we are experiencing now, I lived like that for 40 years. I spent thousands of days on board. This is like being halfway across the Atlantic. The only thing that's bad here, there is no sea."

An interviewee from Zagreb recounts that some residents of her nursing home resisted the measures during the first wave of the pandemic, even fleeing over the fence to visit their loved ones. This eventually resulted in their yard being fenced off with wire. In addition to all the epidemiological restrictions, the physical barrier caused additional distress among the residents.

"The wire separated us from everything outside. Freedom was completely restricted. It suffocates you."

4.2 REFLECTIONS ON COVID-19

The sense of uncertainty that permeates society as a whole is present among nursing home residents, too. The sudden onset and rapid transmission of COVID-19 have shown how life can change in an in-

stant. The Croatian Civil Protection Headquarters and the media regularly pointed to nursing home residents as the most vulnerable group during the COVID-19 pandemic. At the time of the interviews, no vaccine had been approved yet, so the uncertainty was even stronger. Therefore, considering that nothing indicates that the "normal" situation will resume any time soon, it is expected that residents of nursing homes are upset and worried about the future.

"I am worried, anxiety is creeping in. I'm increasingly troubled by uncertainty because we don't know what tomorrow brings."

Some of them regularly follow the media to stay informed, although they are aware that this increases their level of distress (and fear). Others admit that they are disturbed by reports of deaths and therefore do not follow the news. While they are familiar with the dangers posed by COVID-19, most are aware thanks to previous life experiences (loss of loved ones, serious illness, incarceration in a concentration camp, etc.) that fear and panic can only worsen their mental health.

"You know, whenever I'm facing troubles in life, I look at my arm. Here, look, the left one. See what it says: 81662. My camp prisoner number. My skin wrinkled, the tattoo faded, but my memories haven't. I survived the Nazi death factory, so I guess I will survive that damn corona."

"When you survive all that, you stop being afraid. Fear is worse than death. Those who are afraid will perish. Crying increases the pain."

"So what can this coronavirus do to me? The virus can't do anything because I'm simply immune. And I am immune to other adversities..."

"Corona does not scare me. Although I've been through a lot in my life, I've never been sick. Fortunately, I haven't been bedridden."

5 “RESPONSIBILITY BRINGS US CLOSER” MEDIA CAMPAIGN

Research on the success of health campaigns concerning infectious diseases (so far conducted mainly on influenza) has acknowledged the significant role of socio-demographic characteristics of the population when it comes to adherence to health behaviour recommendations, which primarily seek to prevent the transmission of the disease (WHO 2015). Given the specificity of the threat to the elderly population, it is essential to formulate and implement health behaviour recommendations. Messages that are communicated through the media on a daily basis are very important, as they affect how both older and younger people perceive their vulnerability to COVID-19, which in turn affects their health behaviour (Fraser et al. 2020).

On 21 October 2020, the Ministry of Labour, Pension System, Family, and Social Policy launched the media campaign entitled “Responsibility brings us closer” by broadcasting a video on Croatia’s state-owned television network (Croatian Radio Television). The official website of the ministry states: “The campaign aims to educate the general public and raise their awareness about responsible behaviour and adherence to the recommended guidelines for combating the transmission of the COVID-19 virus in order to protect our senior fellow citizens and other vulnerable groups” (MROSP 2020). The video lasts 20 seconds, stating the following: “They have been protecting us our whole life. Now is our turn to protect them. Responsibility brings us closer! Limit contact between the elderly and children – for their safety.”

The public narrative on the safety and protection of health and life, with special reference to older people (*They have*

been protecting us our whole life. Now is our turn to protect them...), together with the daily reports on the numbers of disease cases, patients on ventilators, and deaths, as well as news of doctors’ and nurses’ testimonies on the suffering of dying patients in COVID-19 wards provokes fear, pain, and distress. Ahmed (2004: 72) points out “that the language of fear involves the intensification of ‘threats,’ which works to create a distinction between those who are ‘under threat’ and those who threaten,” and connects and unites individual entities into a collective, creating a body opposed to the Other. In the media campaign concerned, the targeted Other was coronavirus (the media frequently employed the narrative of war – “war against the invisible enemy”) as the source of danger, that is, as the object of fear, pain, and suffering. That narrative was supposed to have an effect on preventing the spread of infection and self-discipline of the population. Since the carrier of the virus is a person, the closest people – family members (from grandchildren to grandparents) – became the Other, the enemies, and the sources of the threat. The video portrays children as a danger to older members of their family. The emotions of fear, pain, and suffering that arise from and are caused by the virus are transferred to a close person, who becomes the object of these emotions and the source of threat.

By creating fear, pain, and suffering, the narrative of care, protection, and safety results in the exclusion and isolation of the elderly, including self-exclusion and self-isolation from the community, even from the family. Family members are recommended to refrain from direct physical contact with the elderly and to leave groceries and supplies at the door instead. In nursing homes, residents’ contact with anyone outside their institution

has been completely banned on several occasions. Amidst the overall sense of uncertainty and fear, as well as the restrictions, the already sparse social network of the elderly is further decreasing. The social network is extremely important as it is “a source of help in times of trouble, comfort in times of pain, and information in times of need” (Antonucci and Ajroch 2007: 51). Already upon retirement, and later with increasing age, it shrinks considerably, and so does the number of contacts. Older people maintain regular contact with family and relatives (if they have them), as well as their closest friends and neighbours. During the COVID-19 pandemic, this network has been narrowed considerably and, due to fear, virtually reduced to the immediate family, resulting in an increased sense of loneliness and social isolation. “Social isolation and loneliness are major risk factors that have been linked with poor physical and mental health status: increased blood pressure, heart disease, obesity, diminished immune system functioning, depression, anxiety, poorer cognitive functioning, increased risk of Alzheimer’s disease, and mortality” (Wu 2002: 2)

The video presents the elderly as a homogeneous group that has families, spouses, children, and grandchildren. What about those who have no children or grandchildren? The public narrative on the protection and safety of elderly people completely excludes those who do not have that nuclear community – the family – and who are marginalised in society regardless of the pandemic.

Regarding the campaign, Minister of Labour, Pension System, Family, and Social Policy Josip Aladrović said:

It is the responsibility of all of us to protect our parents and grandparents amidst the epidemic and the coming winter that favours its transmission. They are

a vulnerable group, and while we wait for scientists to design a vaccine, strict adherence to epidemiological measures is the only correct way to preserve their health and life and prevent further transmission of the virus (MROSP 2020).

In his commentary, the minister himself portrays the elderly as a powerless and fragile group and, by emphasising their vulnerability, stigmatises them. In doing so, he warns the public of the elderly who have a family, while completely excluding those without one, who are often much more vulnerable.

6 CONCLUSION

In Croatian society and the media, ageing is most frequently depicted as a crisis, including stereotypes about the elderly as a homogeneous, dependent, and fragile group that strains the national economy and burdens society. Since the beginning of the COVID-19 pandemic in Croatia, the media has placed a considerable amount of emphasis on the elderly as the most vulnerable group. Due to a lack of knowledge of the disease and its mechanisms from the very beginning, only the elderly have been singled out as a group vulnerable to severe symptoms and mortality. This has resulted in the younger generations being unaware of the importance of adhering to stipulated epidemiological measures, with some of them assuming a selfish approach and resisting measures of physical distance and wearing masks, even today, amidst the third wave of the pandemic, as well as in an atmosphere of fear and uncertainty among the elderly.

Since the beginning of the pandemic, the health authorities have taken the wrong approach to communication with the population by using daily reports to re-

gularly emphasise the number of deaths and to suggest that all the deceased were older or had many co-morbidities, thus implying that their death was expected and acceptable. The report from the Croatian Institute of Public Health, along with the number of deaths, states that “the majority of the deceased had significant co-morbidities or were of a high age” (HZJZ 2021: 10). Misguided communication from the very beginning, which was probably aimed at alleviating panic among the general population, reduced the level of empathy among the younger population, but also led to an increase in the number of cases among younger people, the emergence of severe forms of the disease among a growing share of patients, and a gradual decrease in the average age of deaths.

Thus, the media need to direct their communication against ageism and in favour of intergenerational solidarity, while avoiding the narrative of stigmatisation of any age group. In simple terms, emphasising vulnerability and excluding any age group needs to be avoided, as COVID-19 is constantly changing due to virus mutations.

As part of the official narrative on the care, protection, and safety of the elderly during the COVID-19 pandemic, older citizens in Croatia have been considerably excluded from social life so far. Social isolation and loneliness, along with poverty, are among the most severe problems of old age, and in the circumstances of the COVID-19 pandemic and the demands for physical and social distance, they have become even more pronounced. Longer periods of isolation during the pandemic could seriously affect the mental health of the elderly (United Nations 2020). Apart from the risk posed by COVID-19, the suspension of regular services of family physicians and hospitals has further jeopardised the elderly, who tend to have poorer health, since they’re not receiving the appropriate treatment for chronic diseases. Besides, being prevented from engaging in various forms of outdoor physical activity affects their overall physical health, while feelings of uncertainty, fear, and insecurity increase stress levels and negatively affect the mental health of the elderly.

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Starije stanovništvo tokom pandemije bolesti COVID-19 – primer Hrvatske

Sažetak

Verovatnoća da stariji ljudi obole od bolesti COVID-19 je velika, a u tom slučaju bolest prate ozbiljni simptomi koji u značajnom procentu mogu biti fatalni. Za razliku od brojnih evropskih zemalja, epidemiološke mere koje je Hrvatska uvela tokom prvog i drugog talasa bolesti za starije osobe koje žive u svojim domovima nisu bile rigoroznije od mera za opštu populaciju. Međutim, zahtev za „ostajanjem kod kuće“ i održavanjem fizičke distance značajno je promenio svakodnevni život svih starijih građana. Istovremeno, tokom trajanja oba talasa, uvedene su vrlo stroge mere za starije stanovnike koji žive u staračkim domovima. Ovaj rad ima za cilj da analizira razlike između načina života starijih koji žive u svojim domovima i onih smeštenih u staračkim domovima u kontekstu sprovedenih epidemioloških mera i da analizira dominantni narativ o starijim osobama tokom pandemije virusa COVID-19 u Hrvatskoj. Novinske vesti usredsređene na starije osobe isključivo u pogledu nege, (ne)sigurnosti i bolesti grade poziciju koja ih dalje isključuje, izoluje i zastrašuje. Pritom se najviše pažnje posvećuje problemima u socijalnim i zdravstvenim ustanovama (starački domovi i bolnice), dok su stariji koji žive u svojim domovima uglavnom marginalizovani.

KLJUČNE REČI

COVID-19, starije osobe, Hrvatska, narativ o starijima, isključenost