ORIGINAL ARTICLE

A SELF-PERCEPTION OF AGEISM AMONG ELDERLY INDIVIDUALS DURING THE COVID-19 PANDEMIC

Marcia Batista Santoro[1], Verônica Farina Azzolin[2]

Andreia de Azevedo Swierczynski Pitombo[3], Kennya Marcia dos Santos Mota Brito[4]

Moisés Henrique Mastella[5], Euler Esteves Ribeiro[6], Ivana Beatrice Mânica da Cruz[7]

Highlights: (1) 75% of older adults reported experiencing two or more forms of ageism during the pandemic. (2) Ageism was most evident among healthcare professionals and public transport drivers. (3) Educational strategies and public policies are urgently needed to combat ageism.

PRE-PROOF

(as accepted)

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[1] Federal University of Santa Maria (UFSM). Santa Maria/RS, Brazil.

https://orcid.org/0009-0000-4962-6109

[2] Fundação Universidade Aberta da Terceira Idade – FUnATI. Manaus/AM, Brazil.

https://orcid.org/0000-0002-8191-5450

[3] Federal University of Santa Maria (UFSM). Santa Maria/RS, Brazil.

https://orcid.org/0009-0006-5339-4375

[4] Fundação Universidade Aberta da Terceira Idade – FUnATI. Manaus/AM, Brazil.

https://orcid.org/0000-0002-8100-4980

[5] Fundação Universidade Aberta da Terceira Idade – FUnATI. Manaus/AM, Brazil.

https://orcid.org/0000-0001-6990-6079

[6] Fundação Universidade Aberta da Terceira Idade – FUnATI. Manaus/AM, Brazil.

https://orcid.org/0000-0002-2716-7009

[7] Fundação Universidade Aberta da Terceira Idade – FUnATI. Manaus/AM, Brazil.

https://orcid.org/0000-0003-3008-6899

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ABSTRACT

The objective of the study was to analyze the self-perception of elderly individuals regarding ageism during the COVID-19 pandemic in the Amazonas state. A quantitative and qualitative study was conducted in Manaus, AM, with a sample population of 44 elderly individuals aged ≥ 60 years, of both sexes, who were affected by the COVID-19 pandemic from March 2020 to May 2023. The study was divided into two stages. The first stage consisted of a quantitative study, of the observational epidemiological type, cross-sectional, in which information was collected through the application of a Likert-type ageism self-perception scale. The second stage consisted of a qualitative study composed of two open-ended questions related to experiences of ageism during the COVID-19 pandemic by the research participants, who were interviewed in structured interviews, with 10 volunteers in total, representing a percentage of 20% of the participants. The results showed that 75% of the respondents experienced two or more situations of ageism. They self-reported two or more types of ageism compared to those who did not report ageism or reported only one type of ageism. In the qualitative analysis, mesostructural and macrostructural ageism, predominantly of explicit origin, were observed. We concluded that the COVID-19 pandemic increased instances of ageism experienced by elderly individuals in Manaus, particularly noting that this discrimination occurred among healthcare professionals and public transportation drivers. We acknowledge the study's sample size limitation and its focus on a specific elderly population. However, it is extremely important to establish strategies to combat ageism through strengthening and updating policies and laws, as well as educational and research interventions.

Keywords: Aging; discrimination; ageism.

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1. INTRODUCTION

The COVID-19 pandemic that has affected the world had a devastating impact on Brazil. Among the Brazilian states, Amazonas, located in the Northern Region of the country, was one of the hardest hit by the pandemic and experienced two exponential waves of growth in the early years of 2020 and 2021 [1].

Due to the measures adopted by the government in response to the pandemic situation, with the aim of addressing emerging health issues, a series of restrictions such as social distancing and safety measures were implemented. These measures, along with financial losses and the grief over the loss of loved ones, have resulted in increasing implications for the physical and psychological well-being of the population. There has been a significant increase in reports that overall health has worsened after the disease, and an increase in the number of people suffering from anxiety and depression has also been observed [2]. An Italian study conducted with 1,301 elderly individuals in 2021 found a moderate relationship between social isolation during the pandemic period and the impoverishment of social relationships, pointing to the risk of anxiety and feelings of loneliness [3].

Despite the inherent vulnerabilities of aging during the pandemic [4], the measures adopted by most governments regarding the elderly, although protective in intent, have been accompanied by a generalized description, classifying them as the "most vulnerable members of society." This approach tends to homogenize the physical, psychosocial, financial, and cultural conditions of this segment, possibly reinforcing existing stereotypes (Manso et al., 2021).

Studies that associate aging in the pandemic with decline, uselessness, dependency, and loss of autonomy show that generational conflicts, prejudice, discrimination, and consequently, ageism, have been exacerbated [3].

According to the World Health Organization's World Report in 2022, [6] it has been shown that "Ageism contributes to social isolation and loneliness, which are widespread among older people. Social isolation and ageism have a serious impact on health and longevity." Based on this, it is imperative to conduct studies and research that provide data and propose actions to debunk prejudiced representations of older

individuals, minimizing situations of exclusion and discrimination [7]. Therefore, the objective of this study was to analyze the self-perception of ageism among elderly individuals in Amazonas.

2. MATERIALS AND METHODS

2.1 General Study Design

A mixed-methods study was conducted with an opportunistic sample of 44 elderly individuals to explore their self-perception of ageism during the COVID-19 pandemic, from March 2020 to May 2023. The study consisted of two stages.

The first stage involved a quantitative analysis of an epidemiological observational nature, with a cross-sectional design. Data were collected through the administration of a Likert scale during interviews conducted between February and July 2023.

The second stage of the study comprised a qualitative analysis, which involved asking two open-ended questions related to the participants' experiences of ageism during the COVID-19 pandemic. This qualitative approach was based on the methodology described by [8], which involves conducting unstructured interviews with open-ended questions.

2.2 Population and Sample

The sample size of the study consisted of 44 participants in the quantitative stage, from which 10 participants were randomly selected, representing 22% of the total sample, for the qualitative analysis. All participants were aged ≥ 60 years, of both sexes, and attended extension activities offered by the Open University for the Third Age Foundation (FUnATI).

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2.3 Inclusion and Exclusion Criteria

Elderly individuals of both genders, literate, diagnosed with COVID-19 in the first or second wave of the pandemic in Amazonas, and without any cognitive dysfunction or illness that could influence the information provided for this study were included. Elderly individuals who met these conditions but chose not to participate in the study were excluded without their decision negatively affecting any activities they engage in at FUnATI.

2.4 Study Ethics

The research was approved by the Research Ethics Committee (CEP) of the University of the State of Amazonas (UEA), in accordance with opinion 4.854.291 on July 17, 2021 (CAAE = 47914221.1.1001.5016). All research participants will sign the Informed Consent Form (ICF).

2.5 Instruments for Assessing Ageism during the COVID-19 Pandemic

For this study, two assessment methods, qualitative and quantitative, were used to investigate self-reported ageism situations experienced by elderly individuals during the COVID-19 pandemic. Initially, participants responded to a structured interview with questions about their age, gender, marital status, race/ethnicity, education, family income, and health and lifestyle indicators.

2.5.1 Quantitative Analysis

For the quantitative analysis, a Likert-type Self-Report Scale was used. To assess discrimination against elderly individuals during the COVID-19 pandemic, the Ageism Survey was employed. This survey was created in 2000 and tested in 2001 by the American researcher Erdmand Palmore from the Center for the Study of Aging and Human Development at Duke University in Portugal [9]. The Ageism Survey was initially adapted by [10] in a study involving 324 participants of both genders, aged between 60 and 94 years. The results regarding the validity and reliability indicators of the instrument were considered acceptable, as were the results obtained in the United

States. In Brazil, a linguistic adaptation of the instrument validated in Portugal was conducted to make it more faithful to the Brazilian reality [11].

In this study, the instrument was renamed the Ageism-COVID 19 Scale (AC-COVID 19), consisting of 10 questions in which participants were presented with affirmative statements. They indicated whether they fully agreed, neither agreed nor disagreed (when elderly individuals expressed any doubt, using phrases such as "I don't know," "I don't remember well," "maybe," "more or less"), or completely disagreed. The instrument allowed us to analyze the number of ageism situations experienced by elderly individuals during the COVID-19 pandemic. An explanation of what ageism means was also provided before the interviews began.

2.5.2 Qualitative Analysis

The qualitative analysis of ageism during the COVID-19 pandemic was assessed through the administration of an unstructured interview consisting of two open-ended questions to elderly individuals, with an explanation of what ageism means provided before the start of the interview. The interview can provide information of two natures: about facts that the researcher could obtain from other sources, usually of a quantitative nature, and about what directly relates to the individual in relation to the reality they experience and their own situation. Scientists in the social and humanities fields often refer to such information as subjective because it constitutes a representation of reality in the form of ideas, beliefs, opinions, feelings, behaviors, and actions, i.e., about ways of thinking, feeling, acting, and projecting the future [8].

The questions that were asked are as follows: 1st Question - Can you remember and report any ageism event that emotionally and/or physically impacted you? 2nd Question - Even if you have not directly experienced any type of ageism, have you witnessed any ageism situation involving a family member, friend, acquaintance, or colleague? Could you describe the situation that had the most emotional impact on you?

The qualitative analysis initially involved the transcription of the data provided in response to the two questions asked of the participants. To select the interviewees, a random draw was conducted from all 44 participants, and among them, only 1 man was

drawn. However, as he was not in Manaus, he declined the invitation, so another draw was conducted, resulting in the selection of another woman. Therefore, the qualitative analysis was conducted only with female elderly individuals. The responses were properly recorded, transcribed, and subsequently analyzed. These open-ended questions were posed to 10 participants (approximately 22% of the total surveyed).

Initially, a clean-up of the interviews was performed, removing prepositions, articles, pronouns, conjunctions, and other expressions that could interfere with the formation of the word cloud. The results of the interviews were entered into a program called WordCloud.com, which provides highlighted words and the content of the interviews, contributing to the qualitative analysis of the discourse. Thus, more common words appeared in larger sizes, while less frequent ones appeared in smaller sizes [12].

2.6 Statistical Analysis

Data collection was carried out through structured interviews using the AC-COVID-19 instrument via an electronic questionnaire. This questionnaire automatically generated an Excel spreadsheet containing the collected data. Subsequently, these data were transferred to the statistical software SPSS (Version 22.0) for analysis. In this analysis, the number of self-reported ageism situations by elderly individuals was evaluated, taking into consideration variables such as gender, age, socioeconomic indicators, cultural factors, lifestyle, and health, in relation to the perception of ageism. The statistical analysis was performed using the non-parametric chi-square test. Variables that showed significant influence on a higher perception of ageism were evaluated through logistic regression analysis (Backward Wald). Values of $p < 0.05$ were considered statistically significant. On the other hand, the qualitative analysis of the two open-ended questions was initially conducted using the Word Cloud method. A word cloud is a graphical representation of the most relevant keywords, with the size of each word proportional to its frequency in the text or data source being analyzed. To conduct this analysis, the free program WordClouds.com was used, which is an online word cloud generator that allows the creation of a visual representation of keywords from the collected data.

3. RESULTS

A total of 44 volunteers were included in the study, with 09 (20.5%) being male
and 35 (78.5%) female. The average age of the sample was 66.84 ± 5.94 years. Table 1
presents the general characteristics of the elderly individuals investigated in this study in
terms of socioeconomic, cultural, health indicators, and the period in which they were
infected with the SARS-CoV2 virus that caused COVID-19.

Table 1- General Characteristics of the elderly individuals included in the study on self-reported ageism,
with a sample size of (n=44) individuals.

Variable		n	%
Education	Literate	02	4,5
	Complete fundamental	06	13,6
	Full medium	19	43,2
	Graduated	17	38,6
Income	Up to 1 minimum wage	06	13,6
	2 a 3 minimum wages	11	25,0
	4 a 5 minimum wages	15	34,1
	More than 6 minimum wages	05	11,4
	Did not inform	06	13,6
Housing	Own	39	88,6
	Rented	05	11,4
Leisure Activity	No	06	13,6
	At FuNATI	36	81,8
	Outside of FuNATI	02	4,5
Diagnosis of 05 or more comorbidities		03	6,8
Polypharmacy		06	13,6
Period of infection of COVID-19	2020	23	52,3
	2021	15	34,1
	$\geq$ 2022	06	13,7

Legend: In this table, we demonstrate the general characteristics of the elderly individuals investigated in
terms of socioeconomic, cultural, and health indicators, as well as the period in which they were infected
with the SARS-CoV2 virus. We used a descriptive analysis expressing the sample number and percentage.

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As can be observed, the majority of the volunteers had education levels ranging from high school to college, income up to 5 minimum wages (the minimum wage value during the research varied from (R$ 1.039 to R$ 1.212 Brazilian reais) and reported having their own housing. These conditions were considered relevant in the context of better understanding the issues related to the self-perception of ageism that were applied in this study. A large portion of the volunteers reported engaging in some form of leisure activity, mainly within the FUnATI premises, not having multiple comorbidities, nor using polypharmacy. These results were also considered relevant as they indicate that, in general, the elderly individuals included in the study were active, with controlled health indicators, variables that could potentially have some level of influence on ageism.

Regarding the SARS-CoV-2 virus infection, the majority reported it occurred in 2020, which was the year with the greatest negative impact of the virus on the population in terms of morbidity and mortality, as vaccines were not yet available.

Next, the responses related to the self-perception of ageism by the elderly individuals who participated in this study were evaluated, and the results are described in Table 2 and Figure 1.

Table 2: Ageism self-perception scale

|	Ageism during the COVID-19 Pandemic Scale (AC-COVID-19)			
	Question	**Agree**	**Neither agree nor disagree**	**Disagree**
1	Did you feel discriminated against because of your physical appearance, relating your age to negative and humiliating images.	13 (29.5)	03 (6.8)	28 (63.6)
2	Were jokes made about you because of your appearance indicating aging (hair, clothing, skin).	15 (34.1)	0	29 (65.9)
3	Did they insult you with offensive terms related to being old, such as through words, messages, humiliating or offensive images, and fake news (e.g., saying that pensions will be canceled if older adults leave their homes).	13 (29.5)	01 (2.3)	30 (68.2)
4	Have they told you that you are too old to engage in or participate in certain social activities.	08 (18.2)	06 (13.6)	30 (68.2)
5	Did you feel discriminated against in commercial places (supermarkets, bakeries, and pharmacies) because of your age.	09 (20.5)	04 (9.1)	31 (70.5)
6	Have you avoided going somewhere because you felt discriminated against due to your age.	02 (4.5)	02 (4.5)	40 (90.9)
7	Did you have difficulty obtaining a loan or any other type of financial, social, or healthcare support due to your age.	10 (22.7)	05 (11.4)	29 (65.9)
8	During the pandemic, did they assume you were sick simply because of your age	12 (27.3)	03 (6.8)	29 (65.9)
9	Did you feel discriminated against by any healthcare professional or service because of your age	18 (40.9)	03 (6.8)	23 (52.3)
10	Do you believe that the pandemic has worsened discrimination and prejudice against elderly individuals	25 (56.8)	09 (20.5)	10 (22.7)

Legend: Responses related to the self-perception of ageism by elderly individuals were evaluated. Results were analyzed descriptively using the sample number and the percentage of elderly individuals who experienced ageism.

Only 04 elderly individuals included in the study considered that they had not experienced any type of ageism, as they neither agreed nor disagreed with any of the ten statements. On the other hand, the majority of the respondents, represented by 27 (61.4%)

individuals, agreed that they had experienced one to three types of ageism. Furthermore, among the elderly individuals included in the study, 12 (29.5%) agreed with four or more statements related to ageism situations. The two most common types of self-perceived ageism were that the pandemic worsened discrimination and prejudice against the elderly, followed by the self-perception of having been discriminated against by healthcare professionals due to their age.

Figure 1: Graphic analysis of the absolute and relative frequency indicating ageism
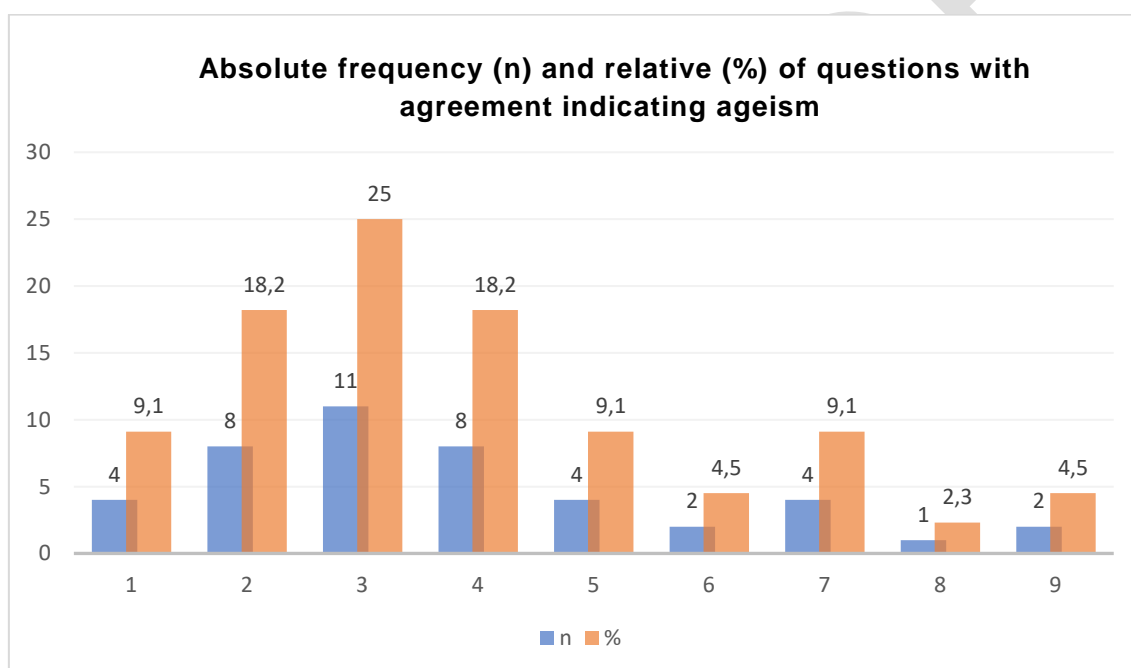
Legend: Analysis of the distribution of self-reported ageism by the surveyed elderly individuals. Results presented as absolute frequency (n) and relative (%) in which the volunteers expressed agreement indicating some situation of ageism. Statistical analysis was conducted using the non-parametric chi-square test.

Based on these results, it was observed that 33 (75%) of the volunteers experienced two or more situations or types of ageism. No significant differences were observed in terms of gender, age, education, income, housing, comorbidities, polypharmacy, or engagement in leisure activities among the volunteers who self-reported two or more types of ageism compared to those who did not report ageism or reported only one type of ageism.

3.1 Qualitative Analysis of Ageism Self-Perception

The quantitative analysis was conducted on 10 elderly females, all aged between 60 and 75 years. In terms of education, 4 participants had completed higher education, and 6 had completed high school. Regarding ethnicity, 7 self-identified as mixed-race (brown), 1 as (Black), and 2 as (White). Family income between 2 to 3 minimum wages was the reality for 5 of the interviewees. 2 others reported having income between 4 to 5 minimum wages. Among the remaining 3, 1 reported having income greater than 5 minimum wages, 1 reported having only 1 minimum wage, and 1 did not provide income information. All interviewees stated that they owned their homes. Regarding leisure activities, 9 reported participating in leisure activities at FUnATI, while only 1 said they did not participate in leisure activities. All interviewees stated that they did not have any comorbidities, meaning none of them had more than 5 chronic diseases. The results are presented below, considering each formulated question, initially using word cloud analysis and their descriptions. 1st Question: Can you recall and describe any ageism event that emotionally and/or physically impacted you? As can be seen in Figure 4, the word that stood out the most was "prejudice."

Figure 2 – Presentation of the Word Cloud on self-perception of ageism

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Legend: Results related to the analysis of question 1, which asks: Can you recall and describe any ageism event that emotionally and/or physically impacted you? Analysis of the results was conducted using the Word Cloud method, which allows the creation of a visual representation of keywords based on the collected data.

In the Word Cloud related to the question "Can you recall and describe any ageism event that emotionally and/or physically impacted you?"

The word "preconception" stands out as the most prominent, as observed in the interviews, according to the self-perception of the participants, ageism exists as a form of prejudice in society. This statement is corroborated by the following responses:

P1's stated in her response, "I was at a birthday party, and it happened that someone's daughter started speaking, saying what I shouldn't do at my age, and I even asked because of this course I'm taking, I learned what it is, right? Age prejudice. So, it's still a form of violence, right?"

In P2's interview, she reports, "I was teaching in the seventh grade, I was a new teacher, I took the place of another, and the student turned to me and said, 'oh, this old lady is coming to teach us?' So, I was shocked at first, but I didn't show it. In the middle of the class, I kind of entered this subject of prejudice."

Ageism that occurs in public transportation emerged in some accounts, and for this reason, the word "bus" appeared with some prominence. P3 referred to this experience in her response: "In urban transportation, which is where we suffer a lot, prejudice occurs because we are at the bus stop, and the buses don't stop, it's very difficult, they even turn their faces the other way and pretend not to see us. When there's a pretty girl, it's not necessary to even say 'psst,' the bus stops, right? Many times, I take advantage and get on with her, right? And so, the elderly suffers a lot in this regard because the driver doesn't care, right?"

P6 corroborates this result with her account, saying, "It's usually on the bus because we have that pass that enters through the front. People don't care, and some look at us with a frown. We hear it whispered softly: 'She doesn't even look her age; the pass is fake,' they say. Some people pretend to be asleep, sometimes even the driver pretends not to see; we stop, he looks the other way, and passes by." P9 also views public transportation as a place of ageism: "When we become elderly, it's as if we become

invisible to humanity, right? Sometimes they don't pay attention as we want, but to be mistreated, right? To feel mistreated, because we look, oh, why? I feel bad when I'm mistreated, you know? I see the prejudice. Sometimes I have to take a deep breath and control myself not to react. Because we also must respect just as we want to be respected. Others also must respect us. Right? We see scenes of prejudice happening inside buses, you know, happening."

P7 says she didn't directly experience ageism but reports that she "*needed surgery on her eyes and didn't like feeling dependent on her family because they are men. Men, they don't know how to do much, right? So, we feel this need, this waiting. I became like a dog, right? I had to wait for someone to get water, to eat, for everything. That really annoyed me."*

Reflecting other opinions, we have the accounts of P4, P5, P8, and P10, stating that they have never experienced ageism directly, pointing to the negative self-perception of this prejudice, meaning that they haven't personally experienced any situations where they felt mistreated, diminished, or discriminated against due to ageist attitudes.

The family was mentioned in only one case as a source of dissatisfaction in a situation of temporary dependency (P7's account). However, when mentioned by other interviewees, the family had a positive role in building relationships of respect and reciprocity. Highlighting ageism detected at the meso and macrostructural levels, situations occurred both between individuals (bus drivers and elderly individuals) and within society (public transportation services). This even configures as structural ageism arising not only from the formation of negative stereotypes about aging but also from the need for better training for professionals who operate public transport.

Regarding question 2: Even though you haven't directly experienced any type of ageism, have you witnessed any ageism situation with a family member, friend, acquaintance, or coworker? Could you describe the situation that emotionally impacted you the most? Once again, the word "preconception" stood out, as shown in Figure 3.

Figure 3 - Word Cloud: Perception of Ageism

Legend: Result of the analysis for question 2, which asks: "Even if you haven't directly experienced any type of ageism, have you witnessed any ageism situation involving a family member, friend, acquaintance, or colleague? Could you describe the situation that impacted you emotionally the most?" The analysis was conducted using the Word Cloud method, which allows for the visual representation of keywords from the collected data.

In addition to the word "prejudice," words like "age," "family," "driver," and "bus" also stand out because they were mentioned in episodes experienced or witnessed by several interviewees.

Words like "ageism," "violence," and "God" also appear prominently in the visualization. Based on this initial analytical approach, here are some representative statements:

P1 commented in her response: "The topic was driving. So, everyone who was there talking like, 'Have you ever had a car accident?' 'No,' 'Yes,' 'No,' 'No.' Then the daughter started saying to her mother, 'You don't drive properly, you drive too slowly on the street,' and so on, always mentioning her age. So, I told her, 'This is ageism!'" She said, 'I'm not being prejudiced.' And I said, 'Yes, you are, because you're telling us that she's incapable, that she's forgotten everything, that she doesn't know anything anymore because of her age.' That's when I asked the people who were there, 'Do you know? Do you know what ageism means?' And no one knew how to answer. So, I said, 'Well, now I know: it's age prejudice.'"

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P3 reports indirect ageism when considering issues related to financial and psychological violence, as well as mistreatment that some elderly people suffer within their families. She says, "I think family is the most important thing, right? So, I'm Catholic, I take communion to the sick and the elderly, and we see a lot of that. You know? The elderly suffering, the family not caring about the elderly, and even exploiting them. They keep the person's, their father's, mother's, or grandmother's card. We see that daily. I have someone near my house where this happens, and the elderly person doesn't see their little money. Financial abuse, right? And there are other cases where we see a lot of mistreatment towards these people. It's heartbreaking. Not to mention the mistreatment with words, right? Some elderly people live like that, trembling. We see a lot of that. It hurts me because I'm not used to it, and thanks to my good God, I have a good family, one that's caring and well-treated. I no longer have my mother, but I stayed with her until the very end. I did everything I could for her, everything humanly possible."

P6, P7, P8, and P9 describe ageism situations on buses involving other elderly individuals, even mentioning the bus drivers and young passengers as perpetrators or bystanders to this type of prejudice. In P6's account, there's the following comment: "I was sitting on the bus, in my seat, and then an elderly lady with a cane got on. There was a young woman in the front seat, and the elderly lady got on, and the young woman didn't get up. So, she scolded the young woman and called her out: 'Hey, I wanted to sit there.' The driver said, 'No, she's staying there, and besides, you old folks don't even show your card and act all high and mighty.' The driver himself is unprepared, in my opinion. And the young woman didn't move. There was a huge commotion on the bus. Total disrespect."

When P7 talks about her experience of witnessing ageism with other people, she says: "I've seen it, yes. Many times. In terms of taking the bus at the stop, the elderly, I mean not just old folks, the elderly themselves, they should have priority because some of them don't have strength in their legs or arms. The drivers, they don't wait, I've seen several elderly people fall, and another prejudice is that younger people don't give up their seats for them. There are other things, like stores where the saleswomen, for example, provide poor service when they see a simple elderly lady in sandals. I've experienced this with my mother and myself. This happens in many places."

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P8 reports situations on buses and in lines: "Yeah, I've seen it on buses where the drivers don't stop when they see an elderly person at the stop. Another thing is when we arrive at a place where there are older people in line for seniors, you know? And those younger folks whispering: 'Oh, these old folks just want to cut in front, you know. Why should they be served first?' I'm there in line too, and I'm listening, you know? Because I get in line, because there, everyone is like me, all elderly, you understand? But I see many people complain, they grumble, so in various places I've been, they say, 'Oh, these old folks, this old lady, this whole thing,' you know? Thankfully, it has never happened to me, but I hear it."

P9 also reports a case on a bus, corroborating the reason for the word "bus" appearing prominently, along with the word "driver": "Thank God, in my family, that doesn't happen because they treat me well, they even get worried when I go out, but I just don't like to see these scenes with other people, you know? We see scenes like that happening on buses, right? And I saw a scene the other day with a couple, I think they were going to the doctor. When it was time for them to get off, the door didn't open properly. Then the driver said, 'Come on, get off already!' And he squeezed the lady's arm a little for her to get off. And then he said, 'These old folks are always out and about.' So I couldn't hold back. I said, 'Sir, you don't even know everyone's life situation, just like you have your problems, we elderly folks have ours too. I think they're going to the doctor because they had a clear bag with prescriptions and everything. Sometimes a person is sick and has their limitations when getting off the bus...'."

P2 exposed a situation that relates to the quantitative data regarding ageism in healthcare professionals: "My friend has vitiligo, and at the health center, they think it's because she's elderly. They treat her differently because of her age. This disease doesn't only affect older people, right? It can affect young people too, and sometimes yes, people feel prejudice even about touching others. There's prejudice with this type of disease, vitiligo, too, you know? She felt it at the healthcare service as well, as if she had a bunch of diseases just because she's elderly."

In P4's experience, she says she witnessed ageism in public: "I've seen it with strangers, on the street. Someone calling to cross the street, someone saying, 'Oh, this old lady on the street, why doesn't she go home?' Old people should stay at home! But with

me, someone from my family, or even a friend, I've never witnessed anything like that, you know? But it makes us feel hurt, right? Because they're people of the same age, and people don't respect us, they mess with us."

P5 and P10 report never having witnessed ageism, but P5 describes a case of financial abuse that occurred in her family: "I've never witnessed it. I've only heard stories, which actually happened to one of my sisters, you know? She was semi-literate, and her son-in-law talked, talked, and talked, convincing her to sign some papers. He transferred a bunch of things into his name, and it was only discovered later when they reported it to the elderly affairs department, and it turned into a big mess trying to undo the situation. He took advantage of my sister's naivety because she was already elderly to commit this kind of abuse."

The data indicate a high number of ageism situations witnessed by most of the interviewees, with public transportation, particularly buses, being the most prevalent location for these situations. This leads to the reflection that there is a need for specific training for these professionals.

The results show that the majority of participants (75%) reported experiencing or witnessing at least one ageism situation, highlighting the prevalence of this prejudice in society.

4. DISCUSSION

The present study aimed to assess the self-perception of older adults regarding ageism during the COVID-19 pandemic in a sample from the state of Amazonas, with a mean age of 66.8 ± 5.9 years. The majority of participants were female. It's also important to consider the socioeconomic characteristics of the participants, as most of them had educational levels ranging from high school to complete higher education and reported income levels of up to 5 minimum wages, which averages approximately R\$ 6,000.00 Brazilian Reais. Additionally, most participants owned their homes. These data are relevant as they provide information about the socioeconomic context of the participants, which can influence their self-perception of ageism. Furthermore, the majority of

participants reported engaging in leisure activities and not having multiple chronic conditions, indicating a reasonably good level of health.

In light of the above, when considering this elderly population, it becomes evident that a substantial proportion of participants (75%) reported experiencing at least one situation of ageism based on the scale of self-perceived ageism. The questions related to jokes, offensive comments, and discrimination in public places were the most commonly reported. It is noteworthy that only a small number of participants (4.5%) reported not having experienced any form of ageism, while the majority agreed with at least one statement related to ageism.

Taking into consideration the interviews conducted with the participants selected for qualitative analysis, it becomes evident that the keyword "prejudice" stands out. Participants described situations where they were treated negatively due to their age, including jokes, offensive comments, and discrimination in public places such as public transportation. Furthermore, the analysis of responses revealed that ageism can also be directed towards other elderly individuals, not just the participants themselves. This suggests that ageism is a phenomenon observed not only in relation to oneself but also towards others. An important finding is the perception of ageism among healthcare professionals, as reported by one of the participants. This highlights the importance of addressing ageism not only in society at large but also in the healthcare environment, where age-based discrimination can have serious consequences for the quality of care provided.

Based on the described results, it is evident that ageism is a significant problem affecting elderly individuals in various areas of their lives. We chose to initiate the discussion by analyzing the information that more than half of the interviewees (56.8%) agreed with the statement that the COVID-19 pandemic worsened discrimination and prejudice against elderly people. This finding points to a similarity when compared to a study conducted in Israel in 2021, where the results indicate an important role of ageism in people's concerns, showing it to be a significant predictor of health-related outcomes during and after the COVID-19 pandemic. This similarity is noteworthy, despite the two studies being conducted in such different locations [13].

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Another noteworthy aspect of the present study is that 75% of the respondents reported agreeing that they had experienced one or more instances of ageism. This result is consistent with findings from previous research conducted in other countries, such as Spain in 2021. Analyses involving more than 300 elderly individuals in Spain indicated an increase in ageism in the country during the COVID-19 pandemic, with potentially negative impacts on their health [14].

One surprising finding in this analysis was the majority of respondents disagreeing with experiencing ageism related to their physical appearance. There were more older adults who disagreed entirely with having experienced ageism regarding their physical appearance, as well as not being the target of gross jokes, fake news, or prejudiced messages. This may have been influenced by the pandemic-related situation, as the research was conducted during a period when there was limited social interaction. However, according to an Indian review from 2020, which occurred during the pandemic, data suggests that self-perception of ageism may have been influenced by a certain level of complacency and acceptance of this type of prejudice. In some cases, older individuals themselves hold negative stereotypes about aging [15].

These studies prompt reflection on how much older individuals already know about ageism, their coping strategies, and the risks of lacking knowledge about the aging process. If the WHO's Report on Combating Ageism shows that 33% of people in Europe claim to have been victims of this type of prejudice, the present study in the Amazonas region demonstrated the universality of this prejudice, with 61.4% of respondents having experienced at least one ageism situation, and in some cases, up to 3 positive responses to the same individual [6].

Structural ageism and its universality are once again confirmed when one observes that 52.3% of the respondents stated that they had felt discrimination from healthcare professionals or services, which is in line with research conducted in Italy and Spain. These studies provided data showing that age criteria were used in the triage of ICU beds, ventilation resources, and other medical decisions. This raises ethical questions about what is justifiable or not in discourses and actions that homogenize older individuals, relegating specific conditions such as diabetes, heart and lung disease, obesity, and smoking to a secondary position [16].

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No instances of microstructural ageism (self-ageism) were found in the research. However, when responses were provided in a qualitative manner through open-ended interviews, half of the participants reported situations of ageism that can be identified as mesostructural (from one individual to another) and macrostructural. In the majority of cases, whether directed at themselves or others, these instances occurred within or while waiting for public transportation (buses), thereby leading to structural ageism, as it became evident that other individuals present in the situation also expressed prejudiced attitudes.

A recent study conducted in the Federal District of Brazil reveals that, directly and/or indirectly, elderly individuals have been victims of ageism in urban public transportation. This occurs both at the hands of drivers, conductors, and other passengers, highlighting, in many instances, a lack of societal preparedness in dealing with the mobility rights recognized through public policies and laws related to the elderly [17].

The majority of the reports highlight the presence of ageism that cuts across the three dimensions discussed in this study: cognitive (in the stereotype of older adults as beings with negative qualities), affective (in the feelings that lead to prejudice against older adults), and behavioral (manifesting in discriminatory and disrespectful attitudes).

In terms of form, ageism in most of the reported cases was entirely explicit, with direct displays of discomfort, anger, lack of knowledge regarding laws and public policies, disrespect, and a lack of empathy toward older adults.

Different, however, is the implicit form mentioned by P1 in the comment made by the daughter who judged the elderly mother's way of driving a car. The daughter only realized she was using age as a criterion when the interviewee directly addressed ageism.

In most of the other interviews, family support was mentioned as a source of support, demonstrating a correlation with a study conducted with grandparents (men and women) from Brazil, Uruguay, and Portugal. This study showed that "intergenerational relationships, particularly those between grandparents and grandchildren, promote social attitude change" and greatly contribute to health and improved quality of life by fostering cooperation among generations within the same family [18].

The responses from 52.3% of participants fully agreeing with the statement of having felt discriminated against by a healthcare professional due to their age during the

COVID-19 pandemic reveal a concerning aspect concerning a segment that, in theory, is considered knowledgeable about the aging process and the detrimental effects of prejudice on the health and quality of life of any individual.

This data highlights the unethical nature of age-related discrimination, demonstrating structural ageism, unfortunately still present in institutions, masked by rules or procedures that indirectly reveal social, economic, and utilitarian values that can influence the formulation of healthcare policies and resource distribution [19].

This information becomes even more significant when compared to studies that provide data indicating that even before the public health crisis brought on by the pandemic, in some European countries like Italy and Spain, advanced age was already taken into account in the regular distribution of hemodialysis machines, scarce organ transplants, or elective surgeries. Thus, age criteria during the pandemic sometimes played a significant role in medical-hospital protocols, as perceived by those in need of these services [16].

The account provided by P2 about her friend's situation in a Basic Health Unit (UBS) highlight that even though it was related to a skin condition like Vitiligo, which can occur at various stages of life, the elderly individual felt discriminated against in some way due to her age. While considering the subjectivity of this account, it is essential to contextualize it within the significant data found in this study.

Another issue that drew significant attention was related to the information about avoiding going to a place due to feeling discriminated against because of their age during the COVID-19 pandemic, where 90.9% strongly disagreed with this statement. This points to an empowerment regarding the autonomy, independence, and even self-esteem of the interviewees, suggesting the importance of participating in FUnATI activities. These activities help strengthen social bonds, autonomy, independence, and cognitive reinforcement through information about productive and successful aging.

The influence of functional family bonds, friendships, and social participation was also demonstrated in the results of a Mexican study from 2020, where they had a direct connection with the perception of health, psychosocial support, life satisfaction, and well-being perceived by older adults [20].

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Based on the results discussed in the study, we suggest that they indicate ageism is a significant issue that affects a substantial proportion of older people. This highlights the importance of addressing ageism in various areas of society, including public transportation and healthcare services. It's also important to recognize the limitations of the study, such as the relatively small sample size, and the results were observed in a specific elderly population. However, studies like this are of utmost relevance to emphasize the need for educational and awareness interventions, which can play a crucial role in reducing ageism and promoting a more inclusive and respectful society for all ages.

REFERENCES

1-   Naveca FG, Nascimento V, De Souza VC, et al. COVID-19 in Amazonas, Brazil, was driven by the persistence of endemic lineages and emergence of P.1. Nat Med. 2021;27:1230-1238. https://doi.org/10.1038/s41591-021-01378-7. Acesso em: 09 mar. 2023.

2-   Malta DC, et al. Social distancing, feelings of sadness and lifestyles of the Brazilian population during the Covid-19 pandemic. Health in Debate. 2020;44(spe4):177–190. DOI: https://doi.org/10.1590/0103-11042020E411.

3-   Donizzetti AR, Lagacé M. COVID-19 and Mental Illness in the Elderly: The Role of Risk Perception, Social Isolation, Loneliness and Ageism. Int J Environ Res Public Health. 2022;19:4513. DOI: 10.3390/ijerph19084513.

4-   Nikolich-Zugich J, Knox KS, Rios CT, et al. SARS-CoV-2 and COVID-19 in the elderly: what we can expect regarding pathogenesis, immune responses and outcomes. GeroScience. 2020;42:505–514. DOI: 10.1007/s11357-020-00186-0.

5-   Manso M, et al. Ageismo e COVID-19: uma revisão integrativa. Invest Soc Desenv. 2021;10(11):e274101119233. DOI: 10.33448/rsd-v10i11.19233. Disponível em: https://rsdjournal.org/index.php/rsd/article/view/19233. Acesso em: 6 jul. 2023.

6-   Pan American Health Organization. World Report on Ageism. Washington, D.C. License: CC BY-NC-SA 3.0 IGO. 2022. DOI: 10.37774/9789275724453. Acesso em: 20 maio 2023.

7-   Minó NM, Mello RMADV. Representation of old age: reflections on stereotypes, prejudice and stigmatization of the elderly. Oikos. 2021;32(1):273-298. DOI: 10.31423/oikos.v32i1.9889. Acesso em: 20 jun. 2023.

8-   Minayo MC de, Costa AP. Theoretical Foundations of Qualitative Research Techniques. Rev. Lusófona de Educação. 2018;40. DOI: https://doi.org/10.24140/issn.1645-7250.rle40.01.

9-   Palmore E. The Ageism Survey: First Findings. Gerontologist. 2001;41(5):572–575. https://doi.org/10.1093/geront/41.5.572.

10-   Ferreira-Alves J, Novo RF. Assessment of social discrimination against elderly people in Portugal. Int J Clin Health Psychol. 2006;6:65-77.

11-   Couto MC de P, et al. Assessment of discrimination against the elderly in the Brazilian context - ageism. Psychol Theory Res. 2009;25(4):509-518.

12-   Vilela RB, Ribeiro A, Batista NA. Word cloud as a content analysis tool: An application to the challenges of the professional master's degree in health education. Millenium. 2017;2(11):29-36. DOI: https://doi.org/10.29352/mill0211.03.00230.

13-   Ayalon L, Cohn-Schwartz E. Measures of self-and other-directed ageism and worries concerning COVID-19 health consequences: Results from a nationally representative sample of Israelis over the age of 50. PLoS One. 2021;16(5):e0251577. https://doi.org/10.1371/journal.pone.0251577.

14-   Fernández-Ballesteros R, Sánchez-Izquierdo M. Health, psychosocial factors and ageism in older people in Spain during the COVID-19 pandemic. Health. 2021;9(3):256. https://doi.org/10.3390/healthcare9030256.

15-   D'cruz M, Banerjee D. An invisible human rights crisis': The marginalization of older adults during the COVID-19 pandemic – An advocacy review. Psychiatry Res. 2020;292:113369.

16-   Rueda J. Ageism in the COVID-19 pandemic: Age-based discrimination in screening decisions and beyond. HPLS. 2021;43:91. https://doi.org/10.1007/s40656-021-00441-3.

17-   Abrahão Faiad De Moura A, Rezende Freitas E. Agerism In Urban Public Transport: A Reality? Interdiscip Stud Aging. 2023. DOI: https://doi.org/10.22456/2316-2171.132273.

18-   Azambuja Rm Da M, Ramos Mn, Ramos Mcp. Grandparents and Cultures: Intergenerational relationships and experiences in times of the COVID-19 pandemic. Res Soc Dev. 2023;12(3):e27312340631. DOI: https://doi.org/10.33448/rsd-v12i3.40631.

19-   Soares TS, Corradi-Perini C, Macedo CPL De, Ribeiro URVC. Covid-19 and ageism: ethical assessment of the distribution of health resources. Bioethics. 2021;29(2):242–250. https://doi.org/10.1590/1983-80422021292461

20-   Martinelli M, Rueda FJM. The influence of subjective well-being on quality of life in the elderly. Psicol Am Lat. 2020;34:183-193.

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Author contributions	
Marcia Batista Santoro:	Conceptualization, Investigation, Methodology, Writing – original draft
Verônica Farina Azzolin:	Data curation, Funding acquisition, Methodology, Project administration, Resources, Supervision, Writing – review & editing
Andreia de Azevedo Swierczynski Pitombo:	Investigation
Kennya Marcia dos Santos Mota Brito:	Writing – review & editing
Moisés Henrique Mastella:	Investigation, Methodology, Writing – review & editing
Euler Esteves Ribeiro:	Funding acquisition, Resources
Ivana Beatrice Mânica da Cruz:	Conceptualization, Formal analysis, Methodology, Validation, Writing – original draft
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Corresponding author:	Verônica Farina Azzolin
	Fundação Universidade Aberta da Terceira Idade – FUnATI
	Av. Brasil, 11430, Santo Antônio, Manaus – AM, Brazil.
	azzolinveronica@hotmail.com
Editor:	Christiane de Fátima Colet. PhD
Editor-in-Chief:	Adriane Cristina Bernat Kolankiewicz. PhD