



Mini Review

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Ageism and Stigma: The Pandemic Pressure on the Elderly in Bangladesh

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To Cite This Article: Ala Uddin. Ageism and Stigma: The Pandemic Pressure on the Elderly in Bangladesh. *Am J Biomed Sci & Res.* 2022 - 15(4). *AJBSR.MS.ID.002124*. DOI: [10.34297/AJBSR.2022.15.002124](https://doi.org/10.34297/AJBSR.2022.15.002124)

Received: 📅 February 16, 2022; Published: 📅 February 21, 2022

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Since the second world war, no single event has left so many people across the globe traumatized yet at the same time, except recent the coronavirus pandemic (Covid-19), though disproportionately. Beginning largely in early January of 2020, the pandemic has overtaken the planet with an overwhelming impact in every sphere of human life. However, throughout the crisis, the Covid-19 has been found as a binocular, which has mirrored the human relationship in the unequal societal system clearly than ever before. Many believed that the elderly are the most susceptible to the Covid-19 disease and its outbreak in the wake of the pandemic. In effect, we observed a behavioral shift toward the elderly during the pandemic. While the elderly are mainly vulnerable to the disease, they become worried and very anxious about this. Based on my personal observation and conversation with older people (60 years and above), this article attempts an insight into the dynamics in the context of Bangladesh society.

Globally, older people are disproportionately affected by the pandemic and experience greater hospitalization rates and mortality if infected. While the first world is making a choice and prioritizing its patients with special care for the vulnerable people, Bangladesh, on the other hand, is giving additional woes to its elderly through the coronavirus-induced lockdown, restrictions and stigmas. However, this is not true for every society. In the last five months (March-August) 60 years and above Covid-19 patients were relatively less than 10% in Bangladesh. As they usually stay at home and take precautions out of risk and blame, they were found relatively less infected than their youths; however, death rates among

the infected elderly (60 years and above) are higher (about 40%). Because they gradually have lost immunity with ages and accelerated by complicated diseases such as diabetes, heart diseases and blood pressure, which is as usual as natural.

Due to the pre-existing chronic illnesses, however, it has become more complex as well as challenging to protect the elderly from other diseases given the priority on the deadly virus. As biological, with age, an individuals' immune system gradually weakens, and hence the older people are at much greater risk at this moment. The risk of serious complications and mortality from Covid-19 reflects vulnerability and the presence of chronic diseases, rates of which increase with ages. Reasonably, the severity and fatality of infection are higher among the elderly immunosuppressed people with pre-existing respiratory illnesses, chronic health problems, and under-detection of symptoms. As the elderly are more vulnerable to the virus, a generational conflict has also begun in the wake of the Covid-19 pandemic.

A closer look at the coronavirus situation shows that the picture in Bangladesh is different from western countries. Although many suspect the elderly as a potential patient of Covid-19, this is not equally true for the elderly. As data suggests, in Europe and neighboring India, more than 70 percent of people over the age of 60 have died, more than 60 percent of the dead are under 40 years of age. But 61 percent of deaths in Bangladesh are under 60 years of age as more than 60% of deaths occur under the age of 40. Although many suspect the elderly as a potential patient of Covid-19, this is not particularly true for the elderly, which has been

seen in developing countries like Bangladesh. According to IEDCR, Covid-19 infected patients in the age group of 60 and above are only 7% while 76% belong to below 60 years old with 28% in 21-30 years, 27% in 31-40 years, 17% in 41-50 years and 11% in 51-60 years group. Infections and deaths vary widely between men and women, with 71% of men and 29% of women being infected, and 77% of men and 23% of women being died of Covid-19.

Thus, people under the age of 60 are more infected in Bangladesh; because, at first, they assumed they would be less infected and will be recovered even if they were infected (due to immunity), and second, youth groups (under 60 years) are more likely to work outside the home— eventually they become more vulnerable to contract the virus. As the tendency of Covid-19 disease varies between youth and elderly, men are more likely to stay outside for works than women, and men are more likely to be infected and dead than women. As the Covid-19 data suggests, patients in the age group of 60 and above have the highest death rate (39%), followed by 51-60 (29.62%) and 41-50 (17.39%). As compared to these age groups, the death rate for the age group of 31-40 and 21-30 are 8.29% and 3.4%, respectively. Old age spans four decades (from 60 to 100), and individuals differ tremendously across the stages. For example, according to current data (as of August 30), the death rate from Covid-19 among elderly 60 and above is 39%, but much higher than 21-30 years (3.4%), who are the most infected group (28%). However, the elderly (aged 60+) with other diseases and weak immune systems are at the greatest risk.

A curious look between different ages shows that ailing elderly stay in the hospital longer, take longer time to recover, have more lung infections and get sicker and weaker rapidly and many die eventually. However, there are also different instances. Despite being a heart disease patient with minor skin cancer, a 100-year-old woman in Bangladesh has survived a Covid-19 infection after a long 20-day battle. Here it may be mention that, according to some reports, women's immunity is stronger and more effective than that of their counterparts. Recently, a study published in Nature claims, the woman has more "robust" and "sustained" attacks on the virus by their immune systems' T cells. However, the infection and death rates of men and women are not analyzed by age grade in this piece. Apart from the age-grade or gender-based segregation and infection, to contain the outbreak of Covid-19, the lockdown was necessary for Bangladesh, but after so much denial and confusion, the announcement came so sudden that no one was adequately prepared, least so the elderly— often indoors in the interior of the house. Ironically, they are as vulnerable to the virus as to the isolation needed to contain it. Since the beginning of lockdown on March 26 2020, the similar inflammatory discourse has become a pandemic routine.

In urban areas (such as Chittagong city in Bangladesh), many elderly live alone and are struggling with basic amenities like food, domestic utilities, and hygiene kits, along with the lingering fear of the pandemic. They might not be aware and updated with authentic information related to infection amidst the spread of misinformation through a variety of modes, most of which are out of their purview to the most. With wariness and guilt, they also suffer due to the prevalent stigma of ageism. Although traditionally, the elderly were looked upon with dignity and respect in Bangladesh, they have become very marginalized over time. With social degradation, old age, loss of vitality, fear of death and helplessness have given ageism a prevalent disorder and dementia as 'social evil'.

As a result of lockdown or restriction, the elderly faced problems as they lost the chance to walk or move even after the ease. Thus, their diseases worsened, such as diabetes, heart disease, and blood pressure. As they are considered less important, they had no alternatives like other essential family members, as if they have nothing to expect, except waiting for inevitable death. In a recent conversation, a 68-year-old man, who has been widowed for the last ten years and lives alone in a cooperative society in Agrabad said, trapped at the apartment day after day, he felt suffocated inside his own flat. With nowhere to go and with only painful news playing on television and Facebook, he said that he might lose his sense and strength amid the pandemic. Likewise, another respondent, a 73-year-old woman, said that the constant news of the death of the elderly in particular has put her into a depression. Another 66-year-old man, who lives alone in a residential area in Nasirabad said that though his daughter lives nearby and would visit him every day before the lockdown, his housing society has put a complete ban on all visitors, including blood relatives.

During the lockdown, he was dependent on neighbors for his meals and essential needs. Although now he has survived the crisis, he does not forget his sufferings during the lockdown. Many elderly people are engaged in informal activities in urban areas as rickshaw puller or nut seller to earn a minimum living. Their experience is different from other elderly. Amid the pandemic, particularly during the lockdown, they all have become job/workless, having none to depend on for livelihoods. Although the government has allocated a stimulus to provide relief and necessities to vulnerable people, the elderly have not been considered by the local representatives/officials. So they just depend on neighbors or private donors for relief, which is neither regular nor enough to maintain two meals in a day, let alone a proper immune system. Moreover, a portion of the elderly live independently, and in case of an emergency such as a stroke or a heart attack, there is none to check on them regularly.

The experiences of the rich, the poor and the middle class are different even among the elderly. Poor elderly can expect relief or help from others or may continue to do their work even at a limited

scale. But elderly in the middle-class family cannot seek such relief or help due to their social position. In this situation, many have been forced to leave the city and move to the village. During the pandemic, special care is required for particular age groups such as children and the elderly. While the elderly are more vulnerable to the Covid-19, they must be taken into special care, which, for many families, has been another tough job at home. As observed, while in the wake of coronavirus outbreak, the 60+ elderly people were susceptible, required steps and care were not taken to protect them. Instead, they were kept under siege as they were not merely at risk but also considered virus carriers. They were largely kept indoors, not even allowed to mix with their grandchildren so that the latter are more likely to be infected if they come in contact with their grandparents.

It is obvious that 60+ of those infected elderly are those who have faced more deaths. They, however, feel they have not received necessary services or preventive care and required medication, who are largely dependent on other family members if they have such alternatives at all. They did not receive expected services, even those in need, and jobless elderly did not receive the promised relief or food aid from the government fund. Those who worked outside in pursuit of livelihood were much more looked down upon in the eyes of others at risk of contracting the coronavirus. So, fewer people came to them (street vendors, rickshaw pullers for services based on what they used to maintain livelihood a few months back. As a result, they did not get help, nor did they get the support they needed to survive. All these variabilities have exposed unequal attitudes that led them to think 'elderly is a curse'.

This pandemic has already exposed myths, suspicions, discriminations and a lot of discrimination and stigma against the elderly. It has made the lives of the elderly riskier amplifying the stigma of ageism. The current pandemic situation seems to be a great opportunity for discrimination against the elderly. But their contribution to society should not be denied. It is important to keep in mind that other areas will never be safe if a section of society remains at stake. From the Covid-19, it is widely learnt that if one part of the society becomes infected, it can put other parts at risk. Therefore, it is necessary to give equal attention to every section of society, including the elderly, to stay safe from the outbreak. The risk of Covid-19 is not the same for all. Given the prevalent social relationship, it has been found discriminatory against the elderly like other vulnerable groups. A proper understanding of this disease and its transmission require us to see the complexities of the elderly more comprehensively.

With grounded reality, I argue that no particular age group is vulnerable to any disease. It rather largely depends on how the age group responds to the pandemic. During the stay-at-home period, older people do not receive the required care and treatments needed to keep other diseases and disabilities in check. While the elderly are at a unique risk of vulnerabilities, the elderly need special care from their family members and relatives amid the pandemic. Similarly, the elderly in hospitals or clinics due to ailments are at greater risk of contracting the Covid-19. Fostering contact between the old and the young can help offset inter-generational tensions. As COVID-19 cases continue to soar worldwide, our senior citizens' physical and psycho-social health needs urgent attention, now more than ever before.