

Covid-19 i diskriminacija starijih - istina ili zabluda?

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Apstrakt: Diskriminacija starijih osoba je realnost u Republici Srbiji, ali i ostalim državama na evropskom kontinentu. Stavovi u razvijenim društvima su prepuni predrasuda, a starije osobe su žrtve diskriminacije, naročito žene koje su dvostruko diskriminirane, po osnovu starosti i po osnovu pola. Institucije države neretko smatraju da su starije odrasle osobe pre teret nego integralni segment stanovništva kojima mora da se pruži adekvatna podrška. U patrijarhalnim društvima kao što je društvo u Srbiji, starije osobe retko imaju priliku da se izjasne o bitnim životnim pitanjima niti imaju priliku da donose odluke. Zdravstveni sistem u Republici Srbiji se relativno dobro prilagodio na krizu javnog zdravlja pojavom nepoznatog virusa COVID-19, ali na osnovu iskustava tokom pandemije ipak su starije osobe bile značajno ugroženije u odnosu na ostalu populaciju. Već ionako težak položaj starijih osoba je dodatno pogoršan tokom pandemije COVID-19. Život starijih osoba se nedovoljno vrednuje i pogoršava se odnos prema njima u porodici, društvu, pristupu zdravstvenim ustanovama i ostalim servisima od interesa za njihov opstanak. Tema ovog rada je analiza stanja starijih osoba za vreme COVID-19 pandemije.

Ključne reči: starije osobe, diskriminacija, nasilje, ejdžizam, COVID-19

Covid-19 and Older Adults Discrimination - Truth or False?

Abstract: Discrimination against older adults is a reality in the Republic of Serbia and other countries on the European continent. Attitudes in developed societies are full of prejudices, and older people are victims of discrimination, especially women who are double discriminated against based on age and gender. State institutions often consider older adults a burden rather than an integral segment of the population that must be provided with adequate support. In patriarchal societies such as the one in Serbia, older adults rarely have the opportunity to express themselves on critical life issues, nor do they have the chance to make decisions. The healthcare system in the Republic of Serbia adapted relatively well to the public health crisis caused by the appearance of the unknown virus COVID-19. However, based on the experience during the pandemic, older people were still significantly more vulnerable than the rest. The already difficult situation of older adults has been further aggravated during the COVID-19 pandemic. Older adults' lives are undervalued, and the attitude towards them worsens in the family, society, and access to healthcare facilities and other services of interest to their survival. This paper's topic is analysing the condition of older adults during the COVID-19 pandemic.

Keywords: older adults, discrimination, violence, ageism, COVID-19

1. Introduction

In mid-November 2019, rumours of a "mysterious pneumonia" existed in Wuhan, China. On 31 December, the World Health Organization (WHO) was notified of the disease, and in the first days of January 2020, several researchers worldwide completed the RNA sequencing of the virus. There was no doubt: a new virus of the coronavirus family, SARS-CoV-2, and the respiratory disease caused by it, COVID-19, had been discovered. Subsequently, on 27 January 2020, three events prompted the WHO to change the global COVID-19 risk from moderate to high. First, confirmation that the disease can be transmitted from human to human sustainably (WHO). Second, on 11 January, the first death from COVID-19 in China was recorded. (<https://www.nytimes.com/article/coronavirus-timeline.html>) Finally, the disease is reaching other countries. On 30 January, the World Health Organization declared a public health emergency of international concern. On 11 March, the organisation updated the status of COVID-19 to a pandemic, meaning the virus was circulating on all continents.

The WHO declaration invited countries to prepare their national mechanisms for managing and responding to this biological disaster. Although the COVID-19 pandemic was not the first of this century, the contamination curve is still increasing in some countries, and it has caused unprecedented impacts on society (Rodrigues, Carpes, Raffagnato, 2020). The COVID-19 virus has been declared a threat to public health worldwide, and the World Health Organization has declared it a global pandemic, which has raised many questions and problems in almost all areas of social life. This global threat to health security has accelerated the need to improve warning systems for global health risks and reduce and manage such risks.

The pandemic has exposed many issues concerning and responding to health emergencies such as COVID-19. That being said, the waning immunological vigour of older persons and presence of risk factors ("co-morbidity") often accompanying older age (hypertension, increased BMI, diabetes, chronic lung disease, immunomodulation-immunosuppression, smoking, ischemic heart disease and cerebrovascular disease, etc.) make the disease a much more serious event for many older people (Clarfield, Jotkowitz, 2020). During the past two years, operational guidance from well-recognized organizations in emergency management and public health has called for regional planning operations in disaster. The regionalization efforts in preparedness coincide with parallel efforts in regionalization of general public health service provision (Stanley, 2010).

Even before the COVID-19 epidemic outbreak in March 2020, the healthcare system of the Republic of Serbia faced severe challenges regarding organisation financing and provision of services. But, despite that, the system has shown resilience and adaptability to this emergency from the beginning (Štrbac et al., 2022). As part of the observed problems, it was noted that there was significant discrimination against older adults in such emergencies. Too often, the lives of older people are weighed less than others: they should simply be isolated because they are the most vulnerable; they have lived their lives and have had their chance at living a fulfilling life; they are, in any case, amongst those who are going to die soon. These and similar arguments can be found in everyday discussions as well as in the opinions of experts and ethicists (Ehni, Wahl, 2020). The article examines discrimination against older adults, which, due to the unpreparedness of society for an emergency during the pandemic, made this discrimination even more prominent. Older adults in Serbia are the biggest victims of the state of emergency and the unpreparedness of society for the massive, urgent needs of the population. Apart from the unpreparedness of the community for emergencies, violence against older adults on various grounds is increasingly visible in the public eye.

2. Who are older adults?

Older adults are people above a specific age limit, and the United Nations described older adults as over 60 (United Nations, 2013); for example, the World Health Organization set this limit at 65+ years. However, according to Devedžić and Stojilković (2012), the ageing process of the population is, among other things, the result of human changes, that is, the reduction of the mortality of older adults and their longer average life. Older adults are associated with poorer physical and mental health, increased social isolation and loneliness, greater financial insecurity, and reduced quality of life. (World Health Organization, 2021). Globally, the number of older adults (aged 60 and over) is expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050, while the number of people aged 80 and over will be almost four times larger. Predictions say that older adults will outnumber children for the first time in 2047.

About two-thirds of older adults live in developing countries, as this population in less developed regions is growing faster than in more developed areas. Projections show that older adults will be increasingly concentrated in less developed parts of the world. By 2050, almost 8 out of 10 older adults will live in less developed regions (United Nations, 2017). At the beginning of 2019, 90.51 million people over 65 lived in the European Union (EU), almost a fifth of the total population. And in the next three decades, an upward trajectory is projected to reach 129.8 million inhabitants or approximately one-third of the total population. The average age of men is expected to increase from 76 years in 2008 to 84.5 years, and for women from 82.1 years to 89 years by 2050 (European Union, 2020: 8). The population of Serbia is also getting older, the birth rate is meagre, and other reasons contribute, such as migration from villages to cities, other countries and depopulation. Every fifth citizen of Serbia (21.3%), i.e. more than 1,400,000 inhabitants, is over 65 years old.

Table 1.: Population 65+ by gender with the total population in Serbia in 2019

Age group	Total %	Men %	Women%
65+	20,7	18,21	23,06
75+	8,23	6,7	9,69
80+	4,63	3,46	5,58
85+	1,91	1,45	2,35

(Source: Statistical Yearbook 2022, Republic Statistical Office)

The percentage of people over 65 will be at least 22% by 2030, which is almost every fourth inhabitant. (Republican Bureau of Statistics, 2022) The main feature of the age-sex structure of the Republic of Serbia today is the numerical dominance of men among the young population, that is, the dominance of women among the middle-aged and old population. The gender aspects of ageing are not only in the numerical composition of women and men in that category, but that is the most visible data. "The oldest" is the region of Southern and Eastern Serbia, where even 25% of the population is over 60 years old. (Republican Bureau of Statistics, 2022) At the same time, the position of older adults in Serbia, on the European continent and in many societies globally is complex. According to the data presented in the Third National Report on Social Inclusion, the position of older adults, primarily in rural areas, is unfavourable. There is no uniform and thoroughly institutionalised system of services for older adults which is financially sustainable and puts older adults at risk of social isolation. These are difficulties in accessing social and health services, transport services, and employment opportunities, not to mention participation in political and public life. Moreover, out of 19.5 per cent of recipients of cash social assistance, older adults are represented almost four times less or 5.6 per cent, which caused barriers that reduce accessibility for older adults (land maximum, insufficient information, administrative illiteracy).¹ The already difficult situation of older adults was made even more difficult by the Covid-19 pandemic when it was difficult for them to access health institutions.

3. What is discrimination against older adults?

Ageism can be defined as "an alteration in feeling, belief or behaviours in response to an individual's or group's perceived chronological age". (Comincioli et al., 2022) Every person who gets older is likely to be a target of ageism at some point. Ageism as a specific form of discrimination is very different from other types of discrimination, which are unlikely to affect everyone. So the scope and breadth of ageism are enormous. The social image of older people as vulnerable or incompetent affects their performance, health, and well-being. Ageism has an impact on the course of life. (García-Soler et al., 2020) When discussing legal regulations in the Republic of Serbia, older people are identified as a group at increased risk of discrimination. To improve the general social position of particularly vulnerable groups, which include women, older women, rural women, and women with disabilities, the Strategy for Prevention and Protection from Discrimination from 2014 to 2018, and then the Strategy for Prevention and Protection from Discrimination from 2022 to 2030, were adopted.

As previously stated, a significant share of the population of Serbia comprises older adults, and all the adopted documents greatly influenced the initiation and visibility of many issues, including discrimination against older adults. Although, at first glance, there may not be significant gender

¹Government of the Republic of Serbia, National report on social inclusion and poverty reduction in the Republic of Serbia for the period 2014-2017., Belgrade, 2018

differences among older adults, older men inevitably have more autonomy and control over their lives, property and family matters than older women. They are less often exposed to domestic violence than women of a similar age, have better financial situations, have a higher pension, and often own valuable immovable property (Commissioner for the Protection of Equality, 2019). There is also a significant gender gap in older women's activity and employment rates. Many older women, especially those who live in the countryside, are discriminated against by being excluded from decision-making, even in their own families, they rarely own property, and most often, they are without a pension or other income (Amity, 2018). Almost half of the citizens of Serbia, who are 75 and older, are denied the satisfaction of material needs, which is a significantly higher percentage than in the EU. While in the EU, the population's material deprivation rate, especially women, decreases with age, in Serbia, it increases. Many older adults, especially women, did not meet their health needs, so they did not visit a doctor when necessary or receive appropriate diagnostics or therapy (Belgrade Center for Human Rights, 2019). The pandemic has made the already complex discrimination policy towards older adults in all segments of society even more difficult.

4. Ageism during the Covid-19 pandemic

The risk mitigation measures adopted in most states, such as physical distancing and the severe reduction of social contact disproportionately affected older adults and their well-being (Voinea, et al, 2022). In the Republic of Serbia the key measure was the ban on the movement of persons 65+, introduced on 18 March 2020, who live in settlements with more than 5,000 inhabitants and persons 70+ in settlements with up to 5,000 inhabitants. After three days, on 21 March 2020, this measure was changed in terms of the permission to move from 4 to 7 a.m. on Saturdays, and the very next day, 22 March 2020, on Saturdays from 3 to 8 a.m., and from 21 April 2020, on Fridays from 4 to 7 a.m., to buy groceries, as well as on Tuesdays, Fridays and Sundays from 6 p.m. to 1 a.m., for 30 minutes, within a radius of up to 600 meters from the place of residence (residence or residence). With the latest changes on 25 April 2020, movement is allowed from 6 p.m. to 1 a.m. every day, for a duration of 50 minutes, and with the Decision to ease the measure of movement restrictions during the state of emergency, older adults are also allowed to move on Friday, 1 May 2020, in lasting twice for 60 minutes, in a diameter of up to 600 meters from the place of residence (place of residence or residence). In the media, government representatives informally justified this measure by the need for older adults to be protected as a particularly vulnerable category, where the mortality rate due to COVID-19 is extremely high. The measure prohibiting the movement of elderly persons, which until 21 April 2020 meant going out only once a week, and in the night hours, represented a restriction of freedom of movement and had a causal impact on the mental and physical health of older adults. In this regard, the Commissioner for the Protection of Equality recommended to the Government of the Republic of Serbia to review the adequacy and frequency of the dates specified for the movement of older adults to mitigate this measure.

At the beginning of the pandemic, strict measures were implemented worldwide to prevent the spread of COVID-19, such as avoiding social activities, physical distancing, and isolation, which further increased mental health concerns among older adults. Certainly, these social measures contributed positively to the effectiveness of disease prevention and prevention of spread. Now it is very important to protect elderly people from infection, but also it is important to respect them and to support them in this complex situation. There is a great risk of "ageism". The higher vulnerability of old adults to infection increases the risk of "ageism" and the active role that elderly people are having during outbreak reduces the risk of "ageism". There could be also an increasing risk that age could represent a negative factor when the acute phase of the pandemic puts high pressure on the healthcare system and the availability of resources is not enough to cope with all the needs (Petretto, Pili, 2020). However, the mental health of older adults requires more attention and care, as they are the demographic group that experiences social isolation the most. In addition, as previous studies of older adults have shown that social isolation is a "serious public health problem" that increases the risk of cardiovascular, autoimmune, neurological, and mental health problems, the mental health problems of the elderly caused by COVID-19 should be more carefully considered and to be treated as a public health crisis. (Lee, et al. 2020).

While restrictions may aim to be protective, such policies have often translated into patronising public communication depicting all older adults as "vulnerable" members of society (Fraser, et al. 2020) Discrimination was especially evident with the adoption of the Order on the ban on visits and restriction of movement in the institutions' facilities for older adults from 14 March 2020. By that

Order, visits to all social welfare institutions for the accommodation of older adults were prohibited, and the users of the institutions were forbidden to leave the institutions. Reception of new users of the accommodation service in institutions was allowed only with health documentation confirming that the person was not infected with the virus. Each newly admitted user was preventively ordered to be isolated for 14 days within the institution. The establishment of discriminatory triage practices for not referring older adults from nursing homes to hospitals to avoid the saturation of health resources at the beginning of a health crisis and restrictive legislation for forced isolation in nursing homes could be linked to socially accepted stereotypes and discriminatory practices at different levels. Ultimately, this could be related to the high mortality rate and physical, social, and emotional consequences of older adults living in nursing homes (Álvaro García-Soler, Penélope Castejón, Sara Marsillas, Elena del Barrio, Lori Thompson, Pura Díaz-Veiga, 2020). Apart from older adults in nursing homes who were discriminated against multiple times, the burden of isolation also fell on older women in many nursing homes.

In Serbia, women comprise 51.3% of the total number and predominate in the middle-aged and old population. Also, significantly more women live in single households, 60% than men, 40% (Republican Biro of Statistics, 2019), which also leads to the conclusion that the choice of measures and how they were communicated and implemented encouraged and deepened the generational gap, instead of intergenerational solidarity (Pajvančić et al., 2020). As the pandemic continued, it became clear that most segments of society were ill-prepared for this kind of emergency, especially for different categories of older women and everyone else who requires a certain type of health service. Corona vaccines that became available to the general public in 2021 have brought optimism among older adults. However, although two years have passed since the beginning of the pandemic, there are still no answers regarding the normalisation of the functioning of the health system, which is of existential importance for older women whose health, social and emotional condition is still at risk. There is concern that a prolonged pandemic may cause physical damage to individuals and a collective form of intense stress. Witnessing or experiencing a disaster causes mental shock, such as anxiety and depression, spreads tension and fear among individuals like an infection and collectively affects society (Lee, Jeong, Yim, 2020). It is essential that the recommendations uphold the principle of the equality of all human beings and avoid discrimination against the vulnerable among them. When the pandemic subsides, countries will have an opportunity to reflect on what would have transpired and on how they dealt with the tragedy (de Castro-Hamoy, de Castro, 2020).

5. Abuse and violence against older adults - a specific form

Ageism and negative age stereotypes can be expressed unconsciously and consciously through microaggressions in interpersonal interactions, through social and cultural institutional messaging, and through exposure to and encounters with systems of law, government, employment and healthcare. The negative impact of age stereotypes on older adults has been well documented, yet the experience of older adults and ageism within the family has been understudied (Gordon, 2020). Violence against older adults is the most hidden form of violence in families and institutions in many societies. Abuse of older adults is a special type of violence, mentioned for the first time in Great Britain in the seventies of the last century when the term "granny battering" was coined (Janković, Todorović, Vračević, 2015). Recently, violence against older adults has become more frequent, and the victims usually do not report the perpetrators because they are family members. In contrast to the abundance of evidence of the positive impact of family support for older adults, very little attention has been given to the issue of ageism and age discrimination in families (Gordon, 2020). Older adults who become victims of violence are often burdened with shame, the feeling that they are to blame for the violence, fear because of the abuser, and mistrust in the appropriate instances of the system. Furthermore, among the emotional obstacles to reporting violence is the syndrome of learned helplessness, the feeling of powerlessness and the desire to protect the family "from shame", including the abuser.

Older adults (among them even more invisible older women), although they make up a significant part of the population in the Republic of Serbia, are not sufficiently identified in society as a particularly vulnerable category of the population. It is essential that the recommendations uphold the principle of the equality of all human beings and avoid discrimination against the vulnerable among them (de Castro-Hamoy, de Castro, 2020). Population ageing has become a global policy concern and expected to have a far-reaching effect in developing countries as they have been slower to adopt requisite policy measures. Despite this demographic transition, there is also a concern of epidemiologic transition, which raises challenges for a healthy and long life. This combined demographic and epidemiologic

transition may significantly challenge the ageing population, especially for older adults who are not healthy and without a proper support system. Compared to developed countries, developing countries are experiencing a faster ageing transition and are noted for inadequate funding, human resources (HR), and lack of healthcare infrastructure.

Evidence indicates that adequate interventions from health and non-health sectors required for a healthy ageing society (Irshad, et al. 2023). Older people in Serbia still have difficulty realising their health and social protection rights, pension insurance, the right to information and financial independence, and protection from abuse and violence. As a general normative concept, human dignity protects persons from humiliating and degrading treatments including the prohibition of treating persons merely as a means or as if they morally count for less or nothing at all. It does these works for older people as well. But the exact content of these normative functions ought to be articulated in accordance with what it means for older persons to live well and lead a life of dignity and authority (Gebremariam, Sadana, 2019). The most common problems faced by older adults in Serbia are poverty and neglect within the family, including disposal of property without their consent, dissatisfaction with exercising the right to material support, when they find themselves in a difficult financial and life situation due to a lack of income or an insufficient amount of income, and when poor health condition, it is difficult to exercise the right to help and care of another person.

Many users of homes for older adults are placed in homes without their consent, with the consent/pressure of their children or closest relatives. There are no rare cases of placement in a home when that person can no longer do housework and take care of others or when the room they use is "more needed" by other family members. The problem is that there are still illegal homes for older adults, whose unprofessional and uncontrolled work massively violates the guaranteed rights of older adults in such institutions (Ombudsman, 2019). In the Republic of Serbia, according to the Ministry of Labour, Employment, Veterans and Social Affairs data, 283 licensed nursing homes are registered. However, that number is higher since there are nursing homes that do not have a license. Older adults with a lower level of social activities, who are functionally dependent, chronically ill, and older persons with disabilities diagnosed with dementia, are more exposed to all forms of abuse. Abuse of older adults can be in the form of intentional or negligent neglect by the care provider (person in charge of care). Abuse can also take the form of neglect through failure to provide basic needs, food, water, clothing or adequate housing, failure to assist in maintaining personal hygiene or providing health care.²

The health care system must be prepared to respond effectively to the problems caused among older adults (Moghadas, et al 2022). The results of research on violence against older adults (Petrušić, Todorović, Vračević, 2012) show that among the prosecuted acts of domestic violence, about 10% were committed against older family members. This data only confirms that violence against the elderly is less reported and more difficult to detect than violence against younger family members and is by no means an indicator of a lower prevalence. Violence against older adults is most often committed in the victim's and perpetrator's family homes (90%). Violence against older adults is less often committed in a public place than violence against other family members, which is one of the specifics of violence against older adults, contributing to its more difficult detection. Also, no research has ever been done on the number, type, and forms of abuse against older adults in nursing homes, given that researchers do not have access to those people, which was more pronounced during the pandemic. In the past, we have witnessed that inscriptions appear sporadically in the media, and the reaction of the competent institutions is also sporadic. There is no systematic care and control of the institutions where older adults reside, and the forms and number of abuses are in the domain of the hypothesis.

Apart from a few researchers and independent and specialised state bodies, almost no one deals with such criminal acts. Violence against older adults in the family context is most often perpetrated by their children and grandchildren, in contrast to violence against other family members, where the dominant form is partner violence - violence against a married, cohabiting, or ex-spouse. Violence against older women by their spouses is often just a continuation of the continuous violence they have been exposed to. As in any other type of violence, the solution is not to "keep silent" and "run away from the problem", with the justification that it is a private family matter. An effective response by society to the

² <https://www.danas.rs/vesti/drustvo/todorovic-zlostavljanje-starijih-je-cesto-skriveno-potrebne-brze-parnice-ako-do-prijave-dodje/>

problem of abuse of older adults is practically impossible if there is no formally defined coordination of the institutions of the system but also the wider local community when abuse has already occurred (Janković, Todorović, Vračević, 2015). Family relationships are a key part of social support for older adults because a protective environment is important. Therefore, family support and relationships can protect older adults' psychological and mental health in all situations. Research has shown that older adults in low-functioning families with weak solidarity feel more depressed and lonelier (Lee, Jeong, Yim, 2020). The life course approach is invoked to underscore inequalities among older people; to argue that these arise from the cumulative impact of advantage and disadvantage across people's lives; and to label as inequities those differences that are unjust and must be addressed (Keating, 2023).

According to data from the Ministry of the Interior, during the COVID-19 pandemic, domestic violence was on the rise, but there is no data on the types of domestic violence, so it is expected that violence against older adults was also increasing. In an emergency, alerting society's institutions to reduce the pandemic's negative effects is necessary. COVID-19 needs to be understood as a wake-up call to ensure adequate nursing care for the elderly based on evidence, the requirements of an aging population, responsibility, and social welfare. A strong public health response in the form of urgent and joint action is needed to generate (global) preparedness and to protect this at-risk group (Fischer, et al. 2020).

6. Possible ways to improve the current situation

The Covid-19 pandemic has affected different populations in different ways, and one of the particularly vulnerable groups is older adults. Older individuals are more susceptible to the virus due to their weakened immune systems and have experienced discrimination and neglect in various forms throughout the pandemic. One of the most prominent forms of discrimination against older adults during the pandemic has been implementing policies that prioritise younger patients over older ones regarding medical care. Discrimination was especially problematic in the early stages of the pandemic when there were shortages of medical resources, but it has continued to be an issue in some places even as the situation has improved. The pandemic has also increased social isolation and loneliness among older adults, further contributing to their vulnerability. Social distancing measures and lockdowns have meant that many older individuals cannot see their loved ones, attend social events, or even leave their homes. Social distancing has significantly impacted their mental and physical health, well-being, and health since social isolation has been linked to various adverse health outcomes.

Moreover, older individuals have also been disproportionately affected by the economic consequences of the pandemic. Many have lost their jobs or have seen their retirement savings diminish, leaving them in precarious financial situations. The economic situation has been especially problematic for those who rely on pensions or other forms of fixed income, as the cost of living has increased while their income has decreased. In addition to these challenges, older individuals have experienced discrimination in other forms, such as age-based stigmatisation and negative stereotyping. For example, some younger individuals have blamed older people for spreading the virus, even though research has shown that younger people are also responsible for transmission. This type of ageism can significantly impact older individuals' mental health and well-being, further exacerbating their vulnerability.

The Covid-19 pandemic has exposed and exacerbated the discrimination and neglect experienced by older adults in various forms. From healthcare policies prioritising younger patients to social isolation and economic hardship, older individuals have faced numerous challenges during the pandemic. Addressing these issues will require a concerted effort by policymakers, healthcare professionals, and society to recognise and address the needs and vulnerabilities of this population. The key factors include an increase in coordinated, cooperative, and collaborative collective action early on in the pandemic. The main driver seems to be a common sense of urgency and a shared cognition based on reliable information. Both of these will prove crucial to tackling similar challenges in the future (Hattke, Martin, 2020) The National Strategy on Aging in Serbia 2006 - 2015 provided good foundations for activities to improve the position of older adults in Serbia in the form of the principles of lifelong development of the individual, promotion and protection of all human rights and fundamental freedoms, ensuring economic and social security and quality of life in old age; enabling full integration and participation of older persons in the community; elimination of all forms of social neglect due to the decline of functional abilities in old age and disability; involvement in achieving gender equality; respecting diversity and consequently different needs among the elderly population;

promoting intergenerational and intragenerational transfer; solidarity and dialogue; establishing partnerships at all levels.

The key areas in which the situation needs to be improved are improving institutional mechanisms for monitoring the living conditions of older adults, monitoring the implementation of policies and measures, and evaluating their effects, improving social and health care services, improving the digital inclusion of older adults, as well as reducing the gender gap among older adults through strengthening the protection of older women. In addition to the social protection system (respite services, daycare services for older adults, help at home, training of informal caregivers with a particular emphasis on the care of people with dementia) and health care (screenings, detection and services for victims of abuse), which are most often thought of when is this topic in question, the participation of the police (informing the police in working with the elderly and recognising different forms of abuse of older adults), but also of the judicial system (through the legislative framework that identifies this phenomenon and defines the framework of protection in cases of abuse), is of crucial importance. Education system (raising awareness of issues related to ageing and developing intergenerational solidarity) and the financial sector (Janković, Todorović, Vračević, 2015).

It is necessary to spread a positive image of ageing, the attitude towards older adults, and their enormous contribution to society and their role today (Commissioner for the Protection of Equality, 2019). That is why it is necessary to introduce a teaching unit on education, which refers to intergenerational solidarity and a good upbringing of children with older adults in the circle of families by personal example. Preventing discrimination against the oldest citizens must be a moral imperative in a society facing deep demographic ageing. It is everyone's moral obligation not to turn a blind eye to anyone's discriminatory performances but rather to suppress discrimination against older adults and invest in our own better old age. Bearing in mind above all the demographic picture characterised by demographic ageing and high average age of the population, along with further migration and departure of young people, special attention should be paid to the implementation of measures and activities aimed at reducing poverty, encouraging rural development, as well as achieving full equality of men and women, especially vulnerable and marginalised social groups, taking special care of the poverty of older citizens. (Commissioner for the Protection of Equality, 2021) Also, in public opinion, the dominant approach to ageing as a problem must be changed. The pandemic, as the biggest health challenge, showed all the weaknesses of care for older people that did not disappear when the end of the pandemic was declared. Their problems in all social areas remained unsolved, with no indication that they would begin to be solved.

7. Literature

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