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COVID-19 and the portrayal of older people in New Zealand news media

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ABSTRACT

International epidemiological data have emphasised that COVID-19 poses a particular threat to older adults. As media coverage plays an important, direct role in shaping official responses to unfolding crisis situations, the aim of this paper was to analyse the portrayal of older people and COVID-19 by mainstream New Zealand news media. We undertook a qualitative document analysis (QDA) of New Zealand coverage during March 2020. From a total sample pool of 482 articles obtained from the database Knowledgebasket, 91 articles met our inclusion criteria. Our analysis of this coverage found that older people were most often referred to as an nameless, homogeneous 'other' group who were overwhelmingly framed as being at risk and passive. Only a third of articles framed older people as active. Older people's agency and ability to navigate threats to their health and wellbeing were under-represented in news coverage. Coverage stigmatised older people as passive and inherently, rather than situationally, vulnerable and neglected the diversity of their social circumstances and intersecting identities, including ethnicity. We conclude this article with suggestions informed by our findings for promoting equitable media coverage of older New Zealanders' in the context of pandemics.

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Introduction

While COVID-19 has affected people the world over, epidemiological data have emphasised that the virus is a particular threat to older adults (Ministry of Health 2020b). In line with public health strategies adopted in Italy and Spain, on 21 March 2020 the Aotearoa New Zealand government required people aged 70 and over to remain at home at all times (Ministry of Health 2020a). While the general New Zealand population was required to self-isolate under level 4 restrictions imposed on 25 March the distinction between people over 70 and everyone else was established early on by the four-level alert system and the different freedoms it allowed (Baker et al. 2020). This age-based approach has played an important, ongoing role in shaping public perceptions of COVID-19 and has remained a central pillar of New Zealand's public health response (Ministry of Health 2020b).

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During crises, journalists operate as ‘first-line responders’ with the responsibility of swiftly ‘crystallising the feelings of a nation’ (Rupar 2020). Media reporting provides the public with important raw materials with which to make sense of crisis situations (Altheide and Schneider 2013). Media coverage of disaster events, of which the COVID-19 pandemic undoubtedly constitutes an instance, is ‘often rooted in judgments about the social value of disaster victims and on conceptions of social distance and difference’ that are couched in ‘broader societal and cultural metanarratives’ (Tierney et al. 2006, p. 62). Media coverage plays an important and direct role in shaping official responses to unfolding crisis situations and often operates to promote greater social control of already structurally disadvantaged groups (Tierney et al. 2006). It also helps to convey who matters during crises and who are thus legitimate recipients of community and government support (Flett 2020).

Media have long been acknowledged as a powerful vehicle for cultural beliefs about ageing (Miller et al. 2015; Fraser et al. 2016; Makita et al. 2019). While older people tend to be under-represented in media coverage, when present they are typically framed in relation to a range of stereotypes (Loos and Ivan 2018). Positive representations of older people include framing them as ‘active agers’ who are wise, loving grandparents and/or leisure-orientated retirees (Rozanova 2010; Allen and Wiles 2014; Stephens 2017). However, many Western societies are also steeped in anti-ageing mentalities; negative images tend to proliferate which frame older people as frail and dependent (Miller et al. 2015). These representations can promote resentment by supporting an ‘intergenerational warfare’ frame that presents older people as a burden on younger, economically engaged individuals (Rozanova et al. 2006). There is also a tendency to misrepresent older people as a homogeneous group (Loos and Ivan 2018; Makita et al. 2019). These stereotypes not only conflate a culturally, ethnically, socioeconomically and geographically diverse segment of the population, but also ignore older people’s agency and ability to promote and sustain social connections and manage other aspects of health and wellbeing (Wiles and Jayasinha 2013; Morgan et al. 2019).

How older people are portrayed in the media matters. Messages are often internalised and influence how individuals of all ages view themselves, others and how they behave (Gilleard and Higgs 2007; Fraser et al. 2016). In research conducted in New Zealand prior to the pandemic, we found media shaped older adults’ feelings of social connection (Morgan et al. 2019). The same media that made older New Zealand Europeans (NZE) feel included in wider society left older Chinese and Koreans feeling socially excluded because of perceived racism and their invisibility within this coverage (Morgan et al. 2019). Pandemic media coverage, if conducted in this vein, could contribute to older people feeling socially excluded (Weldrick and Grenier 2018) and lead others, particularly those from younger generations, to question older citizens’ worthiness to receive national support and goodwill (Flett 2020). The aim of this media analysis is therefore to explore how the New Zealand media represented older people during COVID-19.

Materials and methods

Conceptual framework

Our enquiry is underpinned by a critical gerontological approach that contends that age is not a stable category reflecting a biological truth but is rather an identity shaped also by

economic, political, social and cultural contexts in which individuals live (Twigg 2004). Critical gerontologists seek to question and unpack the underlying norms and expectations shaping the lived experience and representations of older people (Holstein and Minkler 2003). For example, critical gerontologists aim to complicate simplistic representations of older people as merely frail and dependent (Holstein and Minkler 2003). Work in this vein also challenges uncritical applications of the ‘successful ageing’ approach which emphasises that individuals ought to take responsibility for maintaining an active social life in order to remain healthy (Stephens 2017).

Instead researchers embracing a critical gerontological approach seek to understand the ways older people can resourcefully navigate their lives amidst changes to their physical and mental abilities and social contexts (Wiles et al. 2012; Stephens 2017). This approach is supported through deep engagement with the ways ethnicity, gender and disability status and other relevant identity categories intersect with age to shape experiences and representations of the ageing process (Grenier 2005; Krekula 2007).

Media analysis methodology

To capture national mainstream media portrayals of older people and COVID-19, we selected newspaper articles as our unit of analysis. Newspapers remain a significant feature of the social environment and one that older people widely consume (Roanova et al. 2006). This media analysis makes use of a qualitative document analysis (QDA) approach which aims to ‘capture the meanings, emphasis, and themes of what is presented as well as how it is presented’ (Altheide and Schneider 2013, p. 55). We created an extraction template derived from iterative readings of the data (Altheide and Schneider 2013) and applied framing and reflexive thematic analyses to deepen understanding of the general patterns identified through our first analysis phase. Framing analyses draw attention to the way health issues or groups of people are constructed and subsequently naturalised through media portrayals (Foley et al. 2019). ‘Frames’ are defined as the ‘particular perspective one uses to bracket or mark off something as one thing rather than another’ (Altheide and Schneider 2013, p. 53). A reflexive thematic analysis conceptualises themes as ‘patterns of shared meaning, cohering around a central concept’ (Braun and Clarke 2019a, p. 4). It is a flexible approach and analysis involves a situated, interpretive and iterative process (Braun and Clarke 2019a, pp. 6–8).

Sampling and search strategy

On 11 March 2020 COVID-19 was declared a global pandemic (World Health Organisation 2020). We selected March 2020 as our time period because this was when COVID-19 became a serious public health threat within New Zealand; the first case of COVID-19 in New Zealand had been confirmed on 28 February (Ministry of Health 2020b). During March month key public health messages emerged about who was the most vulnerable to the disease (Ministry of Health 2020a). In this period also was introduced the national ‘COVID-19 alert system’ that designated people aged 70 or older as subject to the most stringent self-isolation policies (Strongman 2020). Given the rapid spread of the disease and the escalating public health response, we decided to compare weeks within this month to explore changes over time.

We acquired articles from Knowledgebasket (<https://www.knowledge-basket.co.nz/>), a news and information archive that compiles both broadsheet and online news articles published in New Zealand. As a team we developed search terms and piloted in Knowledgebasket to ensure their sensitivity (Appendix 1).

Guided by previous media analysis work (Rožanova et al. 2006; Tierney et al. 2006; Miller et al. 2015), we looked for a systematic, comprehensive and manageable way to handle a large amount of longitudinal newspaper data, with the aim of obtaining sufficiency and quality of data to answer the research question (Braun and Clarke 2019b). After removing duplicates, T.M. read the top 100 ‘most relevant’ search results for each week as determined by the Knowledgebasket algorithm (Table 1). This algorithm determines relevance from amongst all available media articles according to the search terms used. We included any article that contained at least two lines of coverage about older people and COVID-19. We learnt that articles with only one line of coverage were information poor (merely referring to older people’s increased risk as a sidenote) and therefore we excluded them from further in-depth analysis.

Data analysis

We read six articles from week 3 and discussed them as a team to establish tentative frames and central concepts. We then read and discussed a further six articles from week 3 and further refined the frames. Following this, we read the six most relevant articles from week 4 to test and consolidated these ideas in the form of initial codes. Through this iterative process we aimed to maximise the transparency around how we generated ideas and ensure that the frames and themes were closely derived from the data themselves (Richardson 2000; Braun and Clarke 2019b). Each researcher coded the selected articles for at least two of the weeks under investigation, paired with a different researcher for each week. Through discussion in pairs and with the whole group we further elaborated and refined our codes (Table 2). Ultimately, for each article we identified: who was mentioned and who was directly quoted; the degree to which older people were spotlighted or emphasised in the coverage; whether older people were framed as ‘active’, ‘passive’ and/or ‘at risk’; whether the emphasis of the article was on economic, societal/collective and/or behavioural ways of understanding the experience of or response to COVID-19; and the take-home message of each article. Once the frames had been identified, we worked collaboratively to unpack the patterns of meaning underpinning them. We present these themes below with support from direct excerpts from articles.

Table 1. Total sample of news media articles.

Week	Date range	No. articles	No. duplicates	Unique articles	Final articles included from 100 sample
1	1–8 March	182	100	82	11
2	9–15 March	195	70	125	16
3	16–22 March	540	184	356	22
4	23–29 March	467	149	318	21
5	30 March to 5 April	304	79	225	21
Total		1688		1106	91

Table 2. Qualitative document analysis extraction template.

Categories	Number of articles
Degree of focus	
Spotlight	37
Semi spotlight	25
Minor spotlight	29
Length of article	
≤500	48
>500	43
Photograph	
Yes	22
No	69
Older people frame	
Risk	83
Passive	50
Active	30
Multi-framed	23
Article frame	
Societal/collective	56
Medical/epidemiological	22
Behavioural	13
Economic	11
Settings	
Public setting	62
Retirement home	17
Consumer setting	17
Own homes (collective)	12
Hospital	10
Own homes (specific)	8
Scope	
Local	18
Regional	33
National	31
International	14
Actively quoted	
Government officials	35
Non-for-profit/advocacy groups	30
Service providers	32
Older people	19
Family/friends	9
Passively mentioned	
Older people	56
Family/friends	11
Member of general public	13
Government officials	10
Non-for-profit/advocacy groups	13
Terms used	
Elderly	70
Specific age	29
Older people	28
Over 70	17
Vulnerable	16
Resident	13
'Our'	7
Grandparent	6
<i>Kaumatuā/kuia</i>	4

Results

From a total sample pool of 482 articles, 91 articles met the inclusion criteria. The characteristics of these papers are reported in [Table 2](#). Of these, 37/91 articles focused predominantly or exclusively on aspects of older people's COVID-19 experience or some

related response. In terms of attributed direct quotes in articles, older people in the context of COVID-19 were largely talked *about* by others, including government officials and politicians (35), non-for-profit/advocacy groups (30) and service providers (32). Rather than being sought out, named and quoted directly or paraphrased, older people were indirectly referenced but not quoted in 56/91 of articles. Older people were framed as being at risk (83/91) and passive (50/91). Older people were represented as being active with respect to the pandemic response in only a third of articles. Of these 30 articles, 23 combined the frames of active *and* at risk/passive. Cited articles are presented in [Table 3](#).

Older people at risk

The most widely deployed framing of older people in relevant media coverage was of older people being at risk in the context of the pandemic. The risk frame fell into two categories: biological and epidemiological risk, and psychological and social risk.

Biological and epidemiological risk

The vast majority of articles connected older age with increased biological risk of complications or death from COVID-19. However, the age at which someone became more susceptible remained unfixed. For example, the specific age range 70 and above was referred to in only 17/91 media reports. The term ‘elderly’ was the most frequently used – in 70/91 articles – and media reports also cited 60+, 65+ and 80+ as ages of increased risk. These are typical examples:

Most deaths have been among the elderly, with one or more underlying condition. (ART1)

The Diamond Princess ship is one of the few examples of a closed population who were all tested for the disease. Seven deaths occurred in 700 test-positive patients, giving us a case-fatality rate of 1 per cent. Remember, this was an elderly population. (ART2)

While age and underlying conditions were often reported as the reasons for increased vulnerability or susceptibility, there was little explanation of what an underlying condition was. Even exceptions where detail was offered retained a degree of generality and fuzziness, allowing the reader to fill in the gaps around placeholder terms such as ‘complications’, ‘conditions’ or ‘susceptibility’:

[Named older person] 80, has multiple sclerosis and heart conditions and [his son] said his father, as well as his mum, aged 75, were both susceptible to flu-like viruses, especially in a high-risk country. (ART3)

At 83, and with part of one lung removed from a respiratory infection when he was young, [Pope] Francis is potentially at risk of serious complications if he were to catch the virus. (ART1)

A single media report from week 1 alluded to scientific reasons for higher incidence and causality rates among older people, though little actual evidence was provided to explain the variation in immune systems. Drawing on the expertise of a medical academic, an article reported,

Table 3. List of cited news articles.

Article identifier	Title	Newspaper	Date published
ART1	Italy locks down regions	<i>Bay of Plenty Times</i>	8 March 2020
ART2	Do the consequences of this lockdown really match the threat?	<i>Dominion Post</i>	31 March 2020
ART3	Stranded Whangarei senior citizens susceptible to Covid-19	<i>Northern Advocate</i>	24 March 2020
ART4	Institute explores possible vaccine	<i>Stuff</i>	9 March 2020
ART5	Covid-19: residents 'all in this together'	<i>Bay of Plenty Times</i>	16 March 2020
ART6	Coronavirus: isolated East Cape community takes matters into its own hands	<i>Sunday Star Times</i>	22 March 2020
ART7	Crisis looms as Hop is delayed	<i>Coastal News</i>	19 March 2020
ART8	Coronavirus: look out for elderly neighbours who are staying at home, says Age Concern	<i>Marlborough Express</i>	23 March 2020
ART9	Calls to check on the elderly Concern for isolated older people	<i>Daily Post</i>	19 March 2020
ART10	Playing the blame game	<i>Dominion Post</i>	3 April 2020
ART11	Big spend-up revealed as lockdown nears	<i>Stuff</i>	25 March 2020
ART12	Supermarkets grapple with online backlog	<i>Whanganui Chronicle</i>	4 April 2020
ART13	Coronavirus: yoga instructor eyes online classes as customers shy away from groups	<i>Stuff</i>	19 March 2020
ART14	Careful watch on elderly in isolation urged	<i>Northern Advocate</i>	24 March 2020
ART15	'Take this seriously', elderly told	<i>Hawke's Bay Today</i>	24 March 2020
ART16	It's not in the villages, touch wood	<i>The Herald</i>	12 March 2020
ART17	Aged sector calls for plan for Covid-19 Special precautions needed	<i>Northland Age</i>	10 March 2020
ART18	Bodies found in abandoned Spanish care homes	<i>Stuff</i>	25 March 2020
ART19	Italy may leave over-80s to die	<i>Stuff</i>	16 March 2020
ART20	Looking out for the vulnerable	<i>Timaru Herald</i>	21 March 2020
ART21	Together apart: how virtual connections will get us through the Covid-19 lockdown	<i>Stuff</i>	28 March 2020
ART22	Energy payment a major win for elderly	<i>Dominion Post</i>	18 March 2020
ART23	Easier shop for the elderly	<i>New Zealand Herald</i>	1 April 2020
ART24	Unwelcome sign out in Maketū	<i>Bay of Plenty Times</i>	31 March 2020

While everyone had the same level of immunity to coronavirus – no resistance at all – the symptoms could be more damaging in older people or those with pre-existing conditions, [the academic] said. Older people have less resistant immune systems and are harder to vaccinate. (ART4)

Regions known to have higher older populations were singled out as being particularly at risk. This coverage focused on it being a responsibility of these regional and local communities to protect their older citizens despite potential economic or legal ramifications:

Given Marlborough's higher proportion of older people, a virus outbreak had potential to do more damage. (ART4)

[Named official] was especially concerned about Covid-19 reaching Tauranga as mostly those over the age of 60 had been affected by the virus. (ART5)

But fearful of the effect of visitors on their elderly population, some East Coast locals are gearing up to man illegal roadblocks and checkpoints to keep Covid-19 out. (ART6)

In the initial coverage, there were straightforward suggestions that it was the right thing to do for communities to cancel events that might enable the spread of the virus. Even where the reaction was mixed, as in the case of the cancellation of a festival in the Coromandel, such coverage did not contest the belief that ‘the town’s elderly population’ should not be placed ‘at risk from an influx of visitors’. (ART7)

Psychological and social risk

Coinciding with the introduction of the COVID-19 Alert Levels system which required people 70 and over to stay home, coverage from week 3 onwards focused more on the increased risk of social isolation and loneliness.

In this coverage the risk of being isolated was presented as already known and removal of physical contact was presented as a great concern for older people particularly. For example, an Age Concern Community welfare coordinator was quoted as saying,

These recommendations would be tough on older Marlburians, many of whom were still working or volunteering and leading active lives. Social isolation and loneliness are some of the big killers in the world for older people, in fact for anybody. (ART8)

Those who already had limited social connections were thought to be the most at risk. A 72-year-old Palmerston North woman was reported stating,

There’s a lot of older people out there who don’t have anyone left. Those are the ones who are going to suffer. (ART6)

One perceived risk to social connection was older people not using the internet and the need to get older people online so that they could be ‘together apart’. One charity manager noted, ‘not everyone has got Wi-Fi’ (ART9). Another challenge to social cohesion noted was the apparent intergenerational conflict that was reportedly playing out online:

TikTok, Twitter and other social media all have memes referring to the novel coronavirus as a ‘boomer remover’. The deeply unkind moniker highlights the deep-seated anger many young people feel towards older generations about their politics and other generational differences. (ART10)

Older people as passive

While frequently interconnected with the framing of older people as at risk, the framing of older people as passive included representations of older people as waiting to be protected by other more active members of their families or communities. This portrayal was amplified by the way that older people were often spoken for rather than included in discussions about their support and care.

Waiting for support

A frequent trope used was the positioning of older people as worried and waiting for support. Coverage drawing on press releases by charitable organisations often included advice to older people, such as drawing on or seeking support from existing social connections for social support and support with shopping. For example:

[City] Senior Citizens Association community support co-ordinator [name] said if the elderly were unsure of someone offering to help they should ring a family member, friend, trusted neighbour or caregiver. (ART11)

[Name], owner of Pak'n Save [supermarket], 'While we look into solutions we encourage the elderly and most vulnerable to seek support from family, neighbours or friends to shop on their behalf.' (ART12)

Families and communities were also given recommendations of how best to support older people.

Everyone still needs to eat but the elderly don't feel very secure so going over the hill to the supermarket is the last place they'll want to go. [Named yoga instructor] encouraged people to remember elderly people were less likely to utilise social media, so reaching out via land-lines or letters would be a better approach. (ART13)

These community-level approaches to mobilising support from others often drew on the language of inclusion and citizenship ('our elderly' was employed by seven articles but so were localised or regionalised identities such as 'older Malburians' and 'Southlanders'). While the intent of such coverage clearly was to include and support older people, by making them the object of community beneficence, 'they' were excluded from being actors in the community response. For example, one charitable organisation was quoted as recommending,

Check in on them. Offer to help, do little things, it can be just letting them know we're still thinking on them and they're not on their own can make a huge difference. (ART14)

A problem to be managed

Particularly in the early stages of the lockdown coverage there was a focus on urging older people to take lockdown measures seriously. One headline read, 'Take this seriously, elderly told' (ART15). This message was reinforced by a sound bite from one of Prime Minister Jacinda Ardern's 1.00 p.m. bulletins and headlined in media coverage:

Anyone out there who is over 70, or has underlying conditions, and is not listening to their children, please listen to me. (ART10)

This message was presented in the context of discussion about how difficult it might be to ask for help when people do not wish to be perceived to be putting anyone out, and about the most appropriate ways to get information to older people given that not everyone was online. However, the coverage both locally and internationally tended to present a less nuanced view that positioned older people as recalcitrant or even infantile.

Other media discussions centred on how to manage risk in rest homes and retirement villages. Articles such as one titled, 'It's not in the villages, touch wood' (ART16), outlined

the precautions industry leaders were taking to ensure COVID-19 did not enter the retirement villages and thus impact on their business or general brand. In these conversations older people were framed as needing to be managed and contained:

While we continue to hope for the best, we need to plan properly for the worst ... We're prepared and ready to talk to government agencies directly, a far more effective way of minimising the risk to the elderly and managing the situation. (ART17)

This early preparation to protect older New Zealanders starkly contrasts with international articles being published in New Zealand media at the same time, which discussed Spanish and Italian governments abandoning older people in care homes. This coverage was typically marked by sensationalist headlines such as:

Bodies found in abandoned Spanish care homes (ART18)

Italy may leave over-80s to die (ART19)

Older people as active

Articles that drew on active framing were far more complex and presented a more nuanced representation of older people. They conveyed a strong sense that older people were carefully navigating the threat that COVID-19 poses to their health whilst trying to maintain their independence where possible and gather and interpret information as best they could. They also more typically included the voices of older people, rather than others talking about them.

Navigating social connections

Articles including reportage of direct conversations with older people often discussed strategies older people employed to protect themselves and their social groups prior to lockdown measures. For example, a named Rotorua 86-year-old discussed her role, for 10 years, as convener of a weekly mahjong group, in which all of the players are senior citizens:

'I am concerned about my group on Fridays. We are using the same tiles but we have been taking procedures like wiping everything with disinfectants,' she told the Rotorua Daily Post. 'I'd rather not go – not run it – than have us at risk of someone coming in bringing in the virus.' (ART9)

Another social group planned to have a social distance gathering at the beach, where they would 'just yell at each other' (ART20). Coverage also focused on older people drawing on their families for emotional support, for example a 72-year-old [named woman] explained,

I'm doing okay with it all. I'm lucky, I've got family, my husband and grandchildren to keep me company. (ART6)

There was also a focus on the ways older adults were actively using the internet to maintain their social connections. One article cited a 90-year-old from Palmerston North, stating that 'It's a big advantage to be able to speak through the internet. It's very important to have a close relationship wherever they are' (ART21). Other coverage about local

councillors over 70 highlighted that older people as well as much of the workforce had migrated online to Zoom to continue working.

Not all older people were represented as expressing enthusiasm to move social interactions online. An 86-year-old man was quoted as observing there were ‘no provisions for people who don’t have a computer’ (ART21). He found a work-around: when he needs technological support he calls his daughter ‘because she’s Googling stuff all the time’.

Adjusting personal behaviours

Where older people were directly quoted in news, reporters tended to almost exclusively focus on their common-sense approach in adjusting their personal behaviour during the lead-up to and the period of lockdown (ART22). For example, older people were presented as explaining how they had adjusted to doing their food shopping online and how they were taking precautions like wearing ‘surgical gloves’ (ART 8) and avoiding large groups in the lead-up to lockdown. A 77-year-old observed that she and her friends responded to the knowledge of their higher susceptibility by changing how they greeted each other:

... worried about getting coronavirus, given their age. ‘We’ve all got our hand sanitiser and we’re washing our hands and all that sort of thing ... and we’re not shaking hands or cuddling.’ (ART22)

A few articles also highlighted the ways that older people wanted to be or were part of the community response. In an opinion piece the writer who identifies as ‘over 70’ explained that, while he to follow the rules and stay home for the next four weeks, he would be ‘happy to volunteer to provide contactless pickup/delivery if this could be organised’ so as to help others (ART 23). In another article a named older Matakana Island resident was part of the group creating a local monitoring plan, as he believed ‘if the virus hit, it would wipe us out’ (ART 24). From these ‘active’ articles we gain a far more varied vision of older New Zealanders’ responses to COVID-19, which involved them readying themselves and others for the threat posed by the virus.

Discussion

In New Zealand news media representations of older people and COVID-19 during the early stages of the pandemic, older people were disproportionately portrayed as at risk, passive and unable to speak for themselves. While the concept of being at risk was a primary framing for older people in early coverage, risk itself was represented in surprisingly unstable and generically rhetorical ways. We identified discrepancies in media reports that resulted in different age cut-offs such as >70 or >80 being judged as risky. We contend this slippage offers an insight into the way risk categories are created through social processes rather than being reflections of enduring biological facts. The media play an important role in the social process of ascribing risk, through their capacity to represent emerging medical knowledge as facts. Journalist’s role in ascribing risk was also evident in their increasingly focus on older people’s risk of loneliness and social isolation following the lockdown measures. This was presented as based in scientific

knowledge (Armitage and Nellums 2020) which many media used to emphasise that older people were at risk on two fronts: the biological and the social.

We contend that the ascription of risk in these media accounts reflects a form of 'structural violence' because older people were stigmatised as inherently, rather than situationally, vulnerable (Farmer 1999; Link and Phelan 2001). This interpretation is further supported in the way older people were also frequently represented as passive and 'othered'. For example, government officials, not-for-profit spokespersons and service providers were given far more column inches than older people themselves. Older people were most often referred to as a nameless, homogeneous other group characterised as elderly. This positioning undermines older people's agency to navigate threats to their health and wellbeing, as well as to define and articulate aspects of their identity and experience (Wiles and Jayasinha 2013; Morgan et al. 2019).

The homogenised representation of older people as at risk and passive was connected to their framing as worthy recipients of public consideration and support like all New Zealanders (Cousins 2020). 'Good' communities were those which protected their older people by pre-emptively cancelling events and setting up roadblocks to stop the spread of the virus. While this framing is to some degree paternalistic, during the time period studied New Zealand media coverage notably deviated from the more pernicious discourses identified internationally that privileged the economy over the health and safety of older populations (Flett 2020). A small set of New Zealand articles alluded to the 'boomer remover' discourse, which aligns with a traditional 'intergenerational warfare frame'; but only to challenge it (Rozanova et al. 2006). Contrary to international coverage of rest homes as places of abandonment, New Zealand coverage focused on older residents as a 'problem to be managed' to ensure their safety. New Zealand COVID-19 coverage therefore offers an insight into the complex social value of older people in New Zealand (Tierney et al. 2006). While older people were certainly members of what Prime Minister Ardern called the 'team of 5 million', in general they were cast as observers rather than actors in the collective response to the pandemic. Future media coverage ought to recognise the valuable individual, neighbourhood and community-level contributions older people have made and continue to make to the national COVID-19 response, for example, by naming them and using direct quotes where possible.

Articles that directly quoted older people tended to emphasise older people's pragmatism when responding, often pre-emptively, to the COVID-19 threat. Those older people who were quoted appear to have internalised notions of their higher susceptibility, as they cited their potential risk as the reason for altering their social lives and personal behaviour. Nonetheless, these articles still homogenised older people through subtle practices of quoting people who epitomised 'active ageing' principles, for example, by being active in formalised volunteer or organisational roles in the community (Wiles and Jayasinha 2013). The voices of less active older people were absent from the coverage, markedly people who were socially isolated prior to self-isolation measures and/or people with long-term disabilities. This process of othering older people who do not fit a very specific and narrow notion of 'successful ageing' further reinforces negative stereotypes about older people who have 'failed' to maintain social connections and remain engaged (Holstein and Minkler 2003; Rozanova et al. 2006). Such coverage thus subtly reinforces the connection between 'real' old age

with dependency, frailty and invisibility as identified in previous US- and Canadian-based media analyses (Miller et al. 2015; Fraser et al. 2016).

Although ethnicity was not reported in any coverage, it is possible to draw inferences about the lack of cultural diversity in the sample. For example, *kaumātua* and *kuia* were mentioned in four articles, but quoted in one instance (ART24). COVID-19 coverage therefore follows the pattern of under-representation of Māori in New Zealand media in general, which has been identified as entrenching the marginalisation of indigenous issues and the ‘ongoing maintenance of problematised social relations’ (Rankine et al. 2014, p. 228). Subsequent media coverage and academic research exploring the ways Māori have navigated the social and economic challenges of COVID-19 further corroborate our finding that there was limited representation of older people from diverse ethnicities in initial pandemic coverage (Pihama and Lipsham 2020; Taylor 2020). For media reporting to align with the principles of Te Tiriti o Waitangi’s commitment to ensuring Māori have an equitable voice in public life according to their Treaty partner status there needs to be greater representation of older Māori in subsequent COVID-19 coverage (Rankine et al. 2014).

We argue that by misrepresenting older people as a single group of able-bodied and typically white individuals, New Zealand news media followed trends of ‘visual ageism’ recognised in pre-pandemic media (Loos and Ivan 2018). The question of whose experiences and views receive media attention matters because such coverage influences how socially connected older people feel to their wider community. It also shapes how government subsequently conceives of and attends to different citizens’ needs (Krekula 2007; Morgan et al. 2019; Flett 2020). Challenging the stigmatising processes involved in the homogenisation of older people in the context of coverage of COVID-19 requires a multi-level response confronting beliefs and attitudes held by dominant groups about older people in society whilst also addressing the power structures that enable these messages to circulate (Link and Phelan 2001).

Limitations

Limitations of the study include the discrete focus of this study on the month of March 2020, meaning that subsequent developments in the portrayal of older people by New Zealand media have not been captured. This paper presents on a sub-sample of information-rich articles rather than capturing every article about older people in the New Zealand media, which limits the generalisability of the findings. We note, however, that this sampling strategy had a strong rationale from previous media analyses. As our analysis was restricted to news media, we have not captured the range of discussions occurring over social media, which being orientated toward a younger demographic may comprise different framings of older people and COVID-19. Our analysis focuses on what was said in the media but it might also be useful to investigate how these messages were received by New Zealanders from diverse backgrounds.

Conclusion

This media analysis concludes that older people were primarily portrayed as at risk or passive in the coverage of COVID-19 by the New Zealand news media. Older people

were nonetheless framed as deserving of national and regional support; a feature that has set New Zealand's national COVID-19 public health response apart from other nations'. To ensure a more complex, diverse and active picture of older New Zealanders in the context of COVID-19, older people's voices need to be more directly included in the news coverage.

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Appendix 1. Search terms used in Knowledgebasket

'elderly' OR 'older people' OR 'senior*' OR 'over 70' OR 'elder*' OR 'Kaumatua' OR 'older person' OR 'pensioner*' OR 'Grandparent*' OR 'aged residential care' OR 'nursing home'

AND

'COVID-19' OR 'Coronavirus' OR 'Pandemic'