

Old, female and COVID-19+: issues of age and gender in the midst of the SARS-CoV-2 pandemic

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Abstract

Although it is still unclear whether COVID-19 infected elderly people more than young people, seniors fell victim to it more frequently and severely. This exploratory sample study addresses the impact of the pandemic on the socially vulnerable group of older women, by analysing their representation in supranational institutional publications. To do so, documents were collected from the WHO website that dealt with COVID-19, women and older people. Findings show that very few of these documents deal with older women and COVID-19. Those that do were examined discursively following a CDS qualitative approach. The analysis suggests that older women are little investigated, and that more qualitative studies are needed to explore their presence in supranational institutional discourse, if material is quantitatively limited.

Introduction and aims

Although there is no proof that older people become infected by SARS-CoV-2 more than younger people do (WHO 2020), “[e]xisting literature suggests that age is an important predictor of poor outcomes among patients with COVID-19” (Mills/Kaye/Mody 2020: 1). This leads to older adults (globally agreed upon as people aged 60 years and older, WHO 2018) having converted into an even more vulnerable social group during the 2019 global pandemic. Along with the physical and psychological fragilities connected with ageing, an entire new set of issues has indeed added itself to their conditions, as the virus impacted on this population harder. One such problematic aspect is the economic disadvantage at which high numbers of seniors have found themselves to be, for instance in the United States of America, “according to estimates from the Elder Index, a county-level measure of the income needed by older adults to meet basic needs” (Li/Mutchler 2020: 478). Nursing homes and long-term care institutions, by definition inhabited by elderly citizens, also contributed to making them subject to early, sudden and repeated outbreaks of the disease (Chen/Chevalier/Long 2021). Yet another demographic datum is that the older population that was either killed or severely affected, at various levels, by COVID-19 was mostly represented by women (Peterman et. al. 2020).

Whether female seniors fell victim to the pandemic more than their male counterparts due to force majeure, since women over 60 are a statistically larger group than men (UN 2019), still needs to be clearly established both clinically and statistically – also considering that the pandemic, as of Nov. 2022, has not been declared over yet. However, the thesis that is put forward here is that, irrespective of the number of males vs females that were infected, “COVID-19 has exacerbated issues that already left older women at a significant disadvantage compared to men” (Zycher 2020). Starting from this assumption, the aim of this exploratory study was to inquire whether said gender imbalance emerges in institutional texts and, in case it does, to briefly sketch the linguistic realizations thereof.

Methodology and material

Methods included a quantitative search for texts containing certain key terms related to older women and COVID-19 (see details below), followed by a manual screening, to establish that the relation was

sound and not casual, i.e., that female senior persons and the disease did not merely happen to be mentioned in the same text. When relevant texts were found, a concise qualitative linguistic analysis was carried out, to highlight how the connection was constructed discursively, with special attention to the depiction of older females who have been and are being affected¹ by the pandemic. The approach adopted to explore the representations of these social actors stems from Critical Discourse Studies (e.g. Wodak/Meyer 2015; Flowerdew/Richardson 2018), in particular Feminist Critical Discourse Analysis (FCDA) according to Lazar (2008 and 2018). Since “an investigation of gender and age is by its very nature a multi-disciplinary undertaking” (Anderson 2019: 14), reference was also made to studies on ageing and (female) gender (e.g. Ylännä 2012, Anderson 2019).

As regards the material, in order to pursue the proposed objective, and considering that “society may also be analysed in more local and more global terms, firstly at the level of interaction and situations and secondly at the level of groups, social organizations, organizations and institutions” (Wodak/Meyer 2015: 115), it was deemed suitable to begin with (supra-)governmental organizations. Specifically, three of these were explored: the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and the European Centre for Disease Prevention and Control (ECDC). The WHO, as is well known, began to operate over 70 years ago, in 1948, as the agency of the United Nations in charge of public health. Its latest general programme, the thirteenth, covers the years 2019-2023, and reminds us that it “was created as the directing and coordinating authority on international health, enabling the nations of the world to act together for the health of all people” (WHO 2019: 1). In 2018, it set out to achieve three specific targets by 2023: expanding universal health coverage, protecting people from health emergencies and ensuring better health and well-being. Almost the same role, i.e. that of addressing both chronic and urgent health issues, especially due to infections, is played by the CDC (est. 1946) and the ECDC (est. 2004), in the United States of America and the European Union, respectively. The COVID-19 pandemic, sadly, proved a perfect fit for the second of the WHO’s recent objectives, and its global impact required the joint efforts of public health institutions worldwide, including the CDC and ECDC; for this reason, they were considered relevant starting points for this study.

Surprisingly or not (see the concluding section), the search for texts relating to COVID-19 and its effects on old, female citizens provided very few results in general and, definitely, fewer than expected. The websites of the CDC and the ECDC, explored using their own internal search engines, but also manually browsing the various sections, did not return any text, of any genre, which discussed or even just underlined any relations between the demographic aspects of being old and female and the COVID-19 emergency. The very few hits mentioned ‘older adults’ as a heterogeneous group, without distinctions based on sex or gender; therefore, they were excluded for the scope of the research.

The only one of the three public health institutions that deals with the issue, to some degree, is the WHO. To be specific, the relevant texts that became the material for this study were retrieved by browsing the ‘Health Topics’, a collection of sections devoted to specific issues, of the WHO website, and identifying two of them as particularly relevant for this study: ‘Older people & COVID-19’ and ‘Violence against women’. The first section clearly has a great potential, since it already centres on two out of three of the selection criteria: seniors and coronavirus. The second section, on the other hand, which apparently only focuses on women as a demographic group, in fact also proves related to the recent pandemic. This is because violence against women is most often a domestic feat and, unfortunately, being locked up at home was a sad highlight of the first COVID-19 waves. For this reason, all the 10 texts featured in the sub-section regarding ‘Older people & COVID-19’ were selected, plus those texts (only 2) in ‘Violence against women’ that specifically mentioned COVID-19 and, of course, were dated 2020-2022. Twelve publications, published between May 2020 and July 2021, were thus manually collected (see Table 1).

¹ The idea is that people – women, in this specific case – can be both personally infected by the virus and also affected by it, even if not strictly tested positive for COVID-19; for example, when having to care for family members with COVID19, when economically or socially hit by the consequences of the pandemic, etc.

<i>'Older people & COVID-19'</i>	<i>'Violence against women'</i>
1. Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic (5 May 2020)	11. COVID-19 and violence against women (7 April 2020)
2. Role of community engagement in situations of extensive community transmission of COVID-19 (5 May 2020)	12. Violence Against Women and Girls Data. Collection during COVID-19 (17 April 2020)
3. Q&As on COVID-19 for older people (8 May 2020)	
4. COVID-19 Clinical management (27 May 2020)	
5. Maintaining essential health services operational guidance for the COVID-19 context, interim guidance (1 June 2020)	
6. COVID-19 and violence against older people (14 June 2020)	
7. Addressing violence against children, women and older people during the covid-19 pandemic (18 June 2020)	
8. Support for Rehabilitation. Self-Management after COVID-19 Related Illness (25 June 2020)	
9. Preventing and managing COVID-19 across long-term care services (24 July 2020)	
10. Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed (12 July 2021)	

Table 1. WHO publications about both women and COVID-19.

The publications belong to different genres, including the brief, the report, the factsheet, the Q&As and the brochure, and their total word count is 135,486. The distribution of the words in the 12 texts is evidently uneven, with 4 publications making up over 75% of the total number of words (Figure 1). However, since this is what the automated search actually returned, and because this was not conceived as a quantitative study in the first place, such imbalance was considered not to significantly affect the quality of the contents and, thus, of the findings.

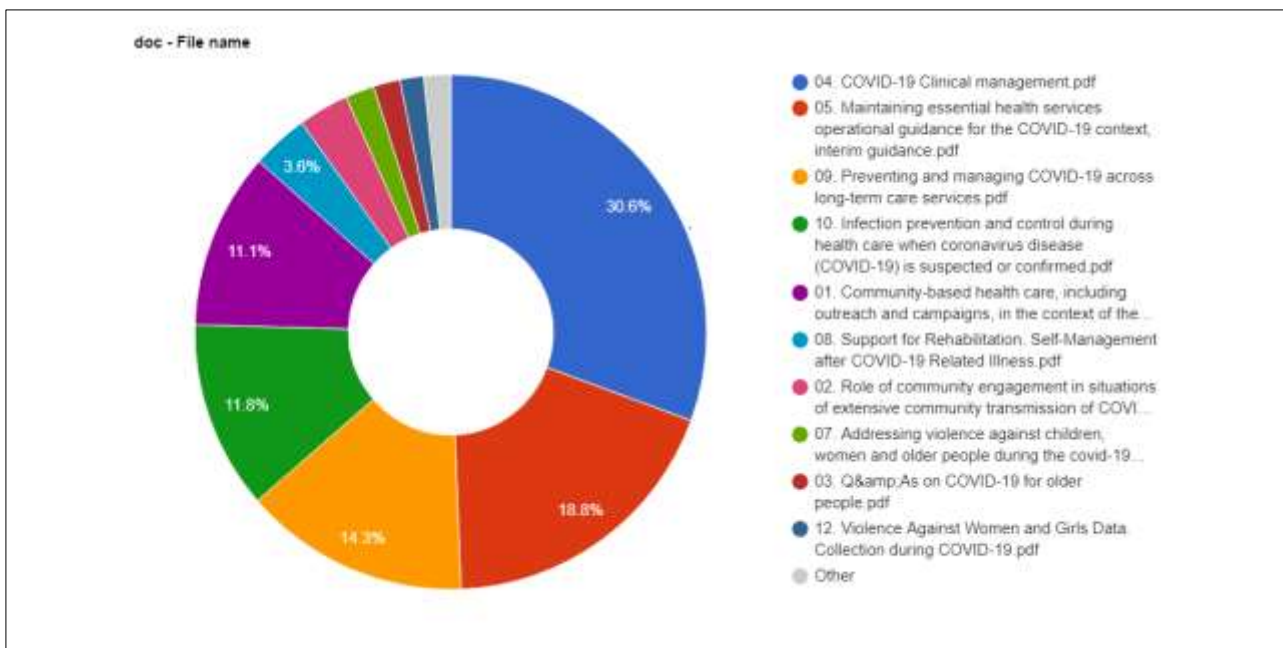


Figure 2 Distribution of words in the 12 WHO texts.

A manual screening was performed for relevant search terms, i.e. the arbitrarily identified lemmas: *WOM**, *FEMALE*, *SEX*, *GENDER*, *OLD **. The rationale behind this selection of key words was that searching for *WOM**, *FEMALE*, *SEX*, *GENDER* should intercept passages referring to *women* in the texts coming from the ‘Older people & COVID-19’; while searching for *OLD** would intercept passages referring to *older people* in the ‘Violence against women’ section. Such passages containing references to older women infected and affected by COVID-19 would then be commented upon from a discursive viewpoint.

Findings

The collection of texts was firstly classified according to their genre and target audience. This is because, in spite of their being publicly available on the WHO website, the documents that appear in the various sections may be directed at readerships with different levels of specialization. Even a synthetic genre analysis can thus reveal more about the function and intended target readers of the texts (see Table 2).

<i>Doc</i>	<i>Title/topic</i>	<i>Pages</i>	<i>Genre</i>	<i>Target audience</i>	<i>Level of specialization²</i>
01	<i>Community-based health care</i>	43	Guidelines (detailed)	Community managers	Interspecialistic to didactic
02	<i>Role of community engagement</i>	9	Guidelines (concise version).	“This document is directed at WHO country offices and national and subnational health authorities.” (p. 1)	Interspecialistic to didactic
03	<i>Q&As on COVID-19 for older people</i>	9	Q&A	Public	Popular
04	<i>COVID-19 Clinical management</i>	81	“Living guidance”	“The target audience is clinicians and health care decision-makers” (p. 4)	Specialistic to interspecialistic

² According to Cloître/Shinn (1985).

<i>Doc</i>	<i>Title/topic</i>	<i>Pages</i>	<i>Genre</i>	<i>Target audience</i>	<i>Level of specialization²</i>
05	<i>Maintaining essential health services</i>	61	“Operational guidance”	Healthcare managers and operators	Interspecialistic to didactic
06	<i>COVID-19 and violence against older people</i>	2	Guidelines (information + suggestions)	Public	Didactic to popular
07	<i>Addressing violence against children, women and older people</i>	7	Operational guidelines (information + instructions)	Healthcare and community managers and operators, public	Didactic to popular
08	<i>Support for Rehabilitation. Self-Management</i>	23	“Leaflet” / Guide	“This leaflet provides basic exercises and advice for adults” (p.1)	Popular
09	<i>Preventing and managing COVID-19 across long-term care services</i>	54	“Policy brief”	“Its intended audience is policy-makers and authorities (national, subnational and local)” (p. 5)	Specialistic to interspecialistic
10	<i>Infection prevention and control during health care</i>	23	Guidance	“This interim guidance is written for health facility managers at national or district/provincial levels, infection prevention and control focal points and health workers” (p. 2)	Specialistic to interspecialistic
11	<i>COVID-19 and violence against women</i>	3	Operational guidelines (information + instructions)	Healthcare and community operators, public	Didactic to popular
12	<i>Violence Against Women and Girls</i>	5	“A living document that summarizes principles and recommendations”	“To those planning to embark on data collection on the impact of COVID-19 on violence against women and girls (VAWG).” (p. 1)	Specialistic to interspecialistic

Table 2. Genre analysis of the texts considered.

The informational and instructional function of the material that features on the WHO website is well-known and in line with the institution’s advisory role. It is, however, differently declined according to the intended readership and users. At times, the document itself specifies what type of text it is (e.g. D09: “policy brief”, D12: “living document”) and who its intended audience are (e.g. D04: “The target audience is clinicians and health care decision-makers”, D12: “those planning to embark on data collection on the impact of COVID-19 on violence against women and girls”). It is therefore also possible to try and label the documents according to their level of specialization (Cloître/Shinn 1985), noticing that, interestingly, it is not always true that the shorter texts are those directed at the less specialized readerships: see D08, which is defined as a “leaflet”, but it is actually 23 pages long and looks more like a guidebook.

This said, an electronic search, followed by an accurate reading of the 12 individual texts, highlighted that only 4 of them in fact deal with older persons of female sex (see Table 3). Specifically, for the longest documents, only the relevant sections were focused upon (see column 3, Table 3), in order to identify the representations of women and/or of older people featured therein (see column 4, Table 3). The WHO's institutional role, as mentioned earlier, provides for an intrinsic 'guiding' function of all its publications; for this reason, the recommendations included in each document were also summarized and listed in column 4, Table 3.

<i>Doc</i>	<i>Title/topic</i>	<i>Relevant sections (if any)</i>	<i>Representations (of women and/or older people)</i>	<i>Recommendations (on women and/or older people)</i>
01	<i>Community-based health care</i>	Part 2. Life course stages and disease-specific considerations > Older people	Older people not disaggregated	Disaggregate older people data
02	<i>Role of community engagement</i>	All text	Women and older people as individual social groups	Consider gender and age
03	<i>Q&As on COVID-19 for older people</i>	All text	Older people not disaggregated	None
04	<i>COVID-19 Clinical management</i>	22. Caring for older people with COVID-19	Older people not disaggregated	Disaggregate older people data
05	<i>Maintaining essential health services</i>	2.1 Life course stages > 2.1.3 Older people	Women and older people as individual social groups. Older people not disaggregated; Women of reproductive age	Consider gender and age
06	<i>COVID-19 and violence against older people</i>	Whole text	Older people partially disaggregated	None
07	<i>Addressing violence against children, women and older people</i>	Whole text	Women and older people as individual social groups. Older women and economic conditions	Disaggregate by sex and age
08	<i>Support for Rehabilitation. Self-Management</i>	Whole text	Adults are non disaggregated target group.	None
09	<i>Preventing and managing COVID-19 across long-term care services</i>	Whole text	Older women pinpointed as special sub-group	Disaggregate older people data
10	<i>Infection prevention and control during health care</i>	Whole text	Older people not disaggregated	None
11	<i>COVID-19 and violence against women</i>	Whole text	Older women pinpointed as special sub-group	None
12	<i>Violence Against Women and Girls</i>	Whole text	Older women pinpointed as special sub-group	Consider different age groups among women

Table 3. Representations of and recommendations about older people and/or women.

Of the entire collection of 12 documents, however, the 4 ones dealing specifically with older women (with COVID-19 as a taken-for-granted background theme) are D07, D09, D11 and D12 (Table 4).

<i>Doc</i>	<i>Title/topic</i>	<i>Target audience</i>	<i>Relevant sections (if any)</i>	<i>Representations (of women and/or older people)</i>	<i>Reccomendations (on women and/or older people)</i>
07	<i>Addressing violence against children, women and older people</i>	Healthcare and community managers and operators, public	Women and older people as individual social groups. Older women and economic conditions	Disaggregate by sex and age	Disaggregate by sex and age
09	<i>Preventing and managing COVID-19 across long-term care services</i>	“Its intended audience is policy-makers and authorities (national, subnational and local)” (p. 5)	Older women pinpointed as special sub/group	Disaggregate older people data	Disaggregate older people data
11	<i>COVID-19 and violence against women</i>	Healthcare and community operators, public	Whole text	Older women pinpointed as special sub/group	None
12	<i>Violence Against Women and Girls</i>	“To those planning to embark on data collection on the impact of COVID-19 on violence against women and girls (VAWG).” (p. 1)	Whole text	Older women pinpointed as special sub/group	Consider different age groups within women

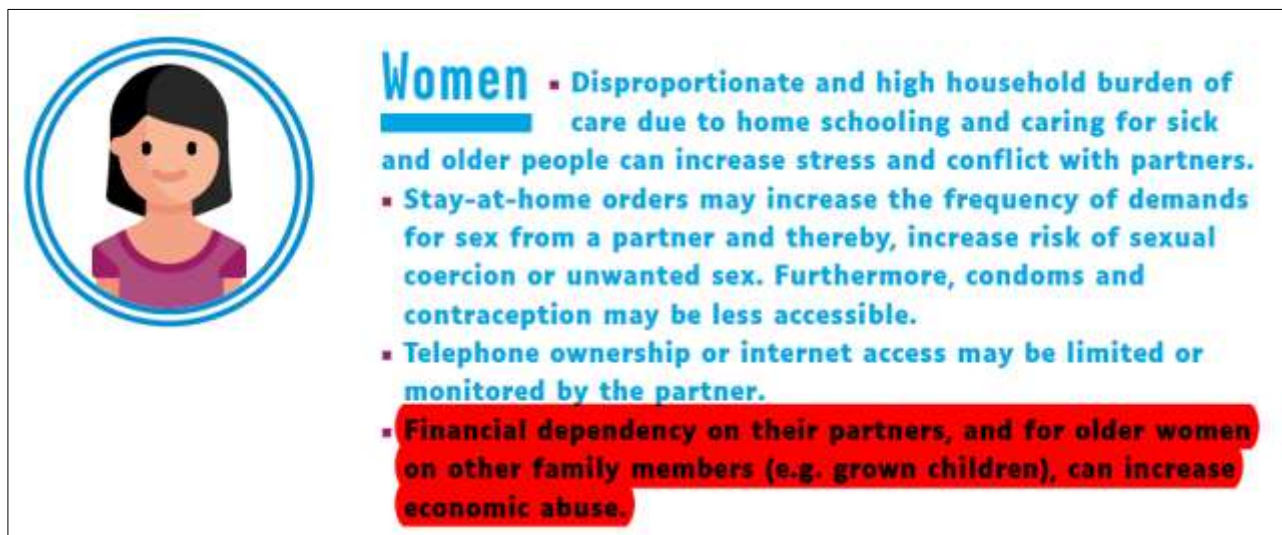
Table 4. The 4 documents dealing with old age, being female and COVID-19.

Negatively, for the purposes of this study, the number is quite small, amounting to 33% of all the texts collected. Interestingly, though, 2 are from the ‘Older people & COVID-19’ section and 2 from the ‘Violence against women’ section. Considering the heavy imbalance in the documents coming from each section, this means that *all* the texts that deal with violence against women do so taking into account the specific case of older women. The opposite, instead, is not true, in that texts dealing with older people only occasionally (2 out of 10, or 20% of this very limited sample) concentrate on the gender of the senior citizens referred to. From a lexical viewpoint, only the phrase ‘older women’ is utilized, which seemingly makes it a WHO ‘standard’ terminological label for this social category. The following paragraph presents a detailed analysis of the 4 relevant documents.

Analysis

‘Older people & COVID-19’ documents

Documents 07 and 09 come from the ‘Older people & COVID-19’ section of the corpus. D07, *Addressing violence against children, women and older people*, is by definition centred on weaker social categories. Since these include both women and older people (though separately mentioned), it does not appear surprising that it should be one of the texts bringing the two demographic conditions together. Specifically, it is interesting to notice that the ground on which they intersect is the financial one: being female and old or being a young unemployed person (grown children, see Fig. 2) is traditionally but also currently still associated with being economically weak.



Women

- Disproportionate and high household burden of care due to home schooling and caring for sick and older people can increase stress and conflict with partners.
- Stay-at-home orders may increase the frequency of demands for sex from a partner and thereby, increase risk of sexual coercion or unwanted sex. Furthermore, condoms and contraception may be less accessible.
- Telephone ownership or internet access may be limited or monitored by the partner.
- **Financial dependency on their partners, and for older women on other family members (e.g. grown children), can increase economic abuse.**

Figure 2. Economic abuse, as highlighted in D07.

Older women, being female *and* outside the working age span are particularly affected. In addition, while not being officially employed, women tend to work at home, and to continue to do so in their senior years, most often without remuneration, healthcare insurance or pension benefits. The issue brought to light here is thus that of *economic* abuse, which can easily be exacerbated in times of a health crisis, when sick people who need to be cared for at home add an extra burden to domestic workers. This can also be read in terms of the *invisibility* of certain workers (older female stay-at-home workers, in this case), in contrast with

[t]he ambivalent nature of the visibility conferred on older women comes at a time when there is arguably a greater platform for older women in professional and public life than ever before; a changing social context has reconceptualised the midlife period of the lifecourse, pushing back its chronological boundaries (Anderson 2019: 3).

A considerable amount of the work performed by women at home consists in caring for very young, old, disabled and (even temporarily) sick people. As life-expectancy increases, older women face a life of caring for even older family members, resulting in a lifetime of round-the-clock unpaid and unrecognized labour.

While D07 belongs to an interspecialistic-to-didactic level, D09 is a 54-page policy brief, whose “audience is policy-makers and authorities (national, subnational and local)” (D09: 5), of a specialistic-to-interspecialistic level. The issue involving older women is very similar to that in D07: economic weakness (see Fig. 3)

Furthermore, women, especially older women, represent the highest share of people who use care services, dominate the long-term care workforce, and are the main providers of family care (1, 27). In addition, long-term care services often depend heavily on migrant workers and workers from ethnic groups, who may be at higher risk (1, 38–40).

The response to the pandemic must include long-term care to ensure that ethnic, age and gender groups are not marginalized.

Figure 3. Marginalization based on age and sex, as in D09.

Older women are just mentioned briefly, almost in passing (introduced by “Furthermore”, as if adding extra information to a main topic within a much larger policy framework), and their mention is immediately followed by other weak social categories such as “migrant workers” and “ethnic groups”. This can be interpreted according to Wodak/Meyer (2015: 47), i.e. considering that

[A] thematically uniform text (= discourse fragment) can make more or less loose references to other themes and tie the treated theme to one or several others at the same time. This is, for instance, the case when in a text on the theme of immigration reference is made to the economic discourse strand or a discourse on women, and so on.

‘Violence against women’ documents

D11 and D12 are both from the ‘Violence against women’ section, actually representing it entirely. As noticed above, the documents featured in this section, perhaps for their specific focus on women, all contain references to older women as a particular sub-class. In D11, in particular, older women are grouped together with women with disabilities (see Fig. 4).



COVID-19 and violence against women
What the health sector/system can do

7 April 2020

Violence against women remains a major threat to global public health and women’s health during emergencies

- Violence against women is highly prevalent. Intimate partner violence is the most common form of violence.
 - Globally, 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence by any perpetrator in their lifetime. Most of this is intimate partner violence.
- Violence against women tends to increase during every type of emergency, including epidemics. Older women and women with disabilities are likely to have additional risks and needs. Women who are displaced, refugees, and living in conflict-affected areas are particularly vulnerable.

Figure 4. Focus on older women and disability, as in D11.

This can possibly be seen as an instance of the “prevailing cultural discourse of ‘age-as-illness’” (Anderson 2019: 7) in which, if being old equals being ill, then being old *and* affected by COVID-19 means being iller still. Risks and needs are mentioned once more, and yet another association is made with displaced persons, refugees and people living in areas with conflicts: these all contribute to creating a discursive representation of a lower quality of life and a shorter life expectancy.

Finally, D12 is a 5-page ‘living document’, addressing “those planning to embark on data collection on the impact of COVID-19 on violence against women and girls” (D12: 1). This text stands out as particularly significant, in that both its purpose and target audience are very well-defined, and belong to the specialistic-to-interspecialistic level. In this case, the WHO recommendations reach out to those experts who collect data to be put to various uses, among which other WHO publications with different aims and audiences. The suggestion of including older women among the so-called ‘marginalized female citizens’, therefore, appears quite relevant, since it acquires the strength of a guidance for the policy maker. Indeed, the title of the document itself, *Violence Against Women and Girls*, indicates a discrimination based on age: cf. ‘girls’, not further or better defined in the text, either in terms of years, or physical and mental development. Once more, old age is deemed to be on the same level as other demographic variables such as being young, disabled, a refugee, a migrant, and belonging to a racial or ethnic minority (see Fig. 5).

Advocate for the needs of women and girls who are often marginalized

This includes adolescent girls, older women, women and girls with disabilities, refugee women, female migrant workers, and racial and ethnic minorities. They should be included not only in the data collection exercise, but the research design and instruments should be tailored to better capture their experiences. This will inform interventions that meet the needs of groups which are often left out.

Figure 5. Marginalized women include older women, as in D12.

Without going so far as to completely espouse Feminist Critical Discourse Analysis, according to which “oppressive as well as transformatory relations of power must constitute significant ways for understanding gender dynamics in the contemporary period” (Lazar 2018 in Flowerdew, Richardson 2018: 385), combining social groups defined by such heterogeneous criteria, as in D12, suggests that even and especially at the institutional level it is necessary to (re)evaluate gender dynamics and transformations with greater attention. Indeed, whereas an openly ‘dominant’ or ‘repressive’ intention may not honestly, in the author’s view, be spotted, the result is nonetheless a random categorization that may, at the very least, “inadvertently contribute to the perpetuation, rather than the eradication, of hierarchically differential treatment of groups of women” (Lazar 2008: 92).

Discursive considerations

Lazar (2018) identifies four key research foci in FCDA: gendered dichotomisation of public and private spheres, androcentricism in organisational structures, violence against women and ‘new’ postfeminist gender ideologies. From the type and characteristics of the material retrieved in this

study, some considerations may be made, from a FCDA perspective, as regards at least the first and the third of said foci.

The discourse emerging from the WHO texts on older women and COVID-19 definitely and significantly intercepts the issue of gender in the public and private spheres. The pandemic – having come to the West seemingly unexpectedly (Europe and the US celebrated the 2019-2020 winter holidays unperturbed, having the usual large social gatherings, as they watched the news about the novel coronavirus raging in China), yet spreading like wildfire – highlighted the dark side of the female role in a tragic way. Globally, but painfully worse in Western-style societies that deem themselves more advanced in gender-equality terms, the burden that women ordinarily bear in private life made itself evident. Home-bound, restricted in our spatial movements, in turn expanding our temporal perception, we were all faced with being segregated with our entire household within the usually small limits of our homes. If these represented a safe haven, such limits possibly turned out to be acceptable. If they implied sharing tiny spaces with abusive family members, they became a prison – in the latter case, the connection with the ‘violence against women’ FCDA focus is self-explanatory. However, in-between the best- and worst-case scenarios, the lockdowns and movement restrictions implied a whole range of familial situations being exacerbated, and brought to light the pivotal role that women have in the home. The public sphere is traditionally associated with men and the private one with women and, as Lazar (2008) has shown, they are often kept separated, so that one should not affect the other. As women started emancipating themselves in many societies, for example taking on professional positions, which implied that they did start to move within the public sphere, the association between women and the private sphere, at the social level, did not decrease accordingly. In addition, said separation between the two spheres meant that large numbers of women, including in highly developed settings, found themselves saddled with a private burden, on top of the public one, that was hardly noticed socially. Lockdowns abruptly lifted this separation, by obliging women who had to stop working outside the home to take on the private burden totally and exclusively; and those who could telework to juggle with both their public and private responsibilities, at the same time and in the same space. Yet, because this phenomenon happened within the enclosure of one’s home, instead of revealing itself to society, it grew in silence and surrounded by invisibility. In the collection of texts retrieved from the WHO, the issue does emerge and is indeed discussed. Nonetheless, the language the institution employs, possibly in the attempt to seek neutrality, may turn out to produce the opposite effect, for example using depersonalising strategies. (Older) women, thus, do not appear as animate subjects; on the contrary, they feature as grammatical objects (“This includes [...] older women”, D12) or as complements in prepositional phrases (“Financial dependency, [...] for older women, can increase economic abuse”, D7). Saying that ‘older women undergo increasing economic abuse for their financial dependency’ would at least make them animate, grammatical subjects of their own victimisation. As text D7 shows, in the wording of what should be a woman-empowering recommendation, the responsibility falls instead on an inanimate subject, a circumstance, and not on an animate subject, a social actor, an agent, a person. The question then arises of whether the impersonal language of institutions guarantees impartiality or perpetrates power imbalances. Differently put, their use of depersonalised language could be viewed as substantiating the “discourse of age-as-invisibility [which] takes its place amongst many other discourses of ageing, as well as relating to a multiplicity of other discourses concerned with women, men, appearance, health etc.” (Anderson 2019: 8).

As just seen, the WHO’s role is mostly that of providing informed, scientifically-informed recommendations to policy makers and social actors. Always research-based, WHO texts are thus heavily dependent on academic research, which is vehiculated through their use of citations. The frequency of the quotations and the manner of citing sources can be a powerful rhetorical and argumentative device which, in this study, does not appear to be used as much as it could or should be used. Indeed, while the number of academic publications on COVID-19, and even on its effects on older people has been enormous from the beginning (*PubMed* alone retrieves 1318 articles searching for *COVID AND OLDER WOMEN* between 1 Dec. 2019 and 30 Nov. 2022), those devoted to

the gender-specific group of older women are significantly less (82, applying the same criteria). The infrequent appearance of older women in COVID-19 themed documents may or may not be due to a scarce interest of the academia in older women as a sub-group. In the first case, the various WHO recommendations to disaggregate data in order to include older women could be aimed at academics. Conversely, the suggestion may also be directed at political actors and policy makers, so as to implement a virtuous circle: the stronger the political interest in older women, the more the studies about them and the data emerging from such research. Differently put, said scarcity of references to female seniors and coronavirus in the material that has been analysed here supports a self-feeding vicious circle: the WHO recommends more studies on older women, but the low number of academic publications on the topic make the recommendation little substantiated and barely powerful. Now, if we move from the idea that “[s]ocial representations are bound to specific social groups and not spanning society as a whole [and...] are dynamic constructs and subject to permanent change” (Wodak/Meyer 2015: 21), then one of the WHO’s purposes is definitely that of orienting change toward vulnerable social sub-groups. The WHO’s qualitative effort in doing so ought to be matched quantitatively: dealing more extensively with an issue, irrespective of how, cannot but increase the society’s awareness thereof.

Finally, the WHO’s recommending function is also expressed in the ways in which the institution attempts to provide guidance to policy makers about how to favour older women: for instance, in their use of modality. Certainly, the WHO texts make a professional and specialised use of modals. For instance, deontic *should* is employed for recommendations, as in legal texts: “research design and instruments should be tailored to better capture their experiences” (D12); whereas deontic *must* is adopted for recommendations, as in legal texts but also as an ethical and moral call: “The response to the pandemic must include long-term care to ensure that ethnic, age and gender groups are not marginalized” (D09). Again, the standardised usage of language on the part of the WHO does, on the one hand, reflect its ethos as an authority; on the other, though, it contributes to the crystallisation of professional genres (Salager-Meyer 1990: 367) typical of the specialised levels, with the ensuing loss of argumentative force and empathy (ultimately, of human touch), so usual of institutions, and which makes them perceived as distant by citizens. In this sense, the texts in the material investigated here adopt and participate in discourses shared by organizations and institutions that are used to communicating with each other according to certain “mental models of language users [which] are the core interface that theoretically enable the link between social groups, their social representations, the mental models of their members and finally the discourse of their members” (Wodak/Meyer 2015: 113). The preoccupation, in FCDA terms, may be not so much that institutions like the WHO voluntarily wish to perpetrate the current *status quo* tipped against (older) women but that, by perpetrating standard linguistic usages, they do not do much to change it either.

Conclusions, limits and directions

This short sample study set out to investigate the qualitative presence of references to the effects of COVID-19 on older women as a vulnerable social group in institutional texts and, secondarily, to highlight the linguistic ways in which they were constructed, providing a possible discursive interpretation.

The research has highlighted, from a quantitative viewpoint, a very scarce number of references to older women, irrespective of the terminological labels used to refer to them. To begin with, two out of the three sources considered, namely the CDC and the ECDC, did not return any usable texts dealing with old, female, COVID-19 affected persons. This limited the selection to texts coming from the WHO alone. As search terms, *WOM**, *FEMALE*, *SEX*, *GENDER* were all employed, yet only the phrase *OLDER WOMEN* was used throughout the texts to refer to this social group, making it a sort of WHO standard terminology. Thus, only 4 out of 12 documents contained references to the desired social group: 2 from the ‘Older people & COVID-19’ section (20%), and 2 from the ‘Violence against women’ section (100%). From the qualitative viewpoint, of course, this signifies closer

attention to older subjects in women-focused texts. Collectively considered, these findings seem to show that “the reciprocal impact of gender and age(ing) at a linguistic level remains under-investigated and under-theorised” (Anderson 2019: 4). Whether it was the emergency context – requiring urgent measures embracing large shares of the population – that prevented institutions from singling out senior female citizens for special attention could be one explanation that may be evaluated in the future.

This inquiry presents several known quantitative and qualitative limits. As regards the former, a much wider corpus and many other corpora could be collected from institutional sources other than the WHO – or the CDC and the ECDC, which did not issue any. Not only was the selection of the publications analysed here limited in time, for practical reasons, but at the time of writing (November 2022) the COVID-19 pandemic can hardly be declared over, so this could give rise to an expansion of the present corpus, to which others from different organizations may be added. The number and size of the texts in a corpus certainly influences the quality of the findings that can emerge from their analysis, in terms of lexical, syntactic, textual and discursive patterns. Quality-wise, instead, the corpus could well be integrated by other collections, especially of academic and media texts, which could be searched for the same purpose of intersecting old people, women and COVID-19. The search would remain a very focused, niche one, but academic and media texts definitely provide for much richer repertoires than the WHO publications alone. As mentioned in the previous section, the medical database *PubMed* has recently been interrogated by the author, using *COVID AND OLDER WOMEN* as search terms and, although the search yielded less than 100 articles (82, to be precise, between 1 Dec. 2019 and 30 Nov. 2022), it nonetheless represents a small corpus that shall be the object of a further study and may complement the WHO collection,. As an additional attempt, other social sub-groups may furthermore be investigated, following the WHO recommendations (appearing in most documents in this corpus) to disaggregate data to include, e.g., *OLDER PEOPLE*, *WOMEN* (in general, not just old), *GIRLS*; of course, there would be a need for statistical evidence on these groups, as also highlighted by the WHO.

In terms of future directions and developments, it is apparent that social vulnerabilities emerge, evolve, disappear over time: while women’s vulnerability may be considered endemic or historical, industrialization and the ensuing longer life-expectancy have added the burden of being old to that of being female. The COVID-19 pandemic has burdened older women with yet another series of issues, which can naturally be considered a contingency, something that is here today but may be gone tomorrow. However, what if pandemics of this sort become more frequent, and thus create a new norm? Additionally, the WHO addresses the entire world, and COVID-19 is a global emergency, but the local responses were different enough, according to the specific continent, level of economic development, political orientation, *and* the role and position of women in its society. Therefore, while it is true that “[g]ender struggles are similar, yet different – and vice versa – across many parts of the world” (Lazar 2018 in Flowerdew, Richardson 2018: 375), “changing social conditions mean that cultural and individual expectations about ageing and the meanings assigned to age have also shifted in ways that make ageing an even more complex process, particularly for women” (Anderson 2019: 250). In this sense, when investigating supra-national institutional discourse, the United Nations Decade of Healthy Ageing (2021-2030) seems like a good opportunity for economic and intellectual investment in the issue of female older citizens. If the trend of scarcity of material on (and attention to) older women in supra-national organizations evidenced here should indeed prove a true indicator, and the problem should remain, then the only possible response could be to continue to go for quality-rather than quantity-based analyses. The quantitative gap may be filled and the quality of the research increased by the adoption of trans-disciplinary approaches. Among these, language-focused Critical Discourse Studies may continue to prove functional to producing remarks on discursive constructions and social critique, bearing in mind how “the language used about ageing women directly influences the language used by the ageing women” (Anderson 2019: 249).

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