



# Ageism and the digital divide in Switzerland during COVID-19: Lessons for the post-pandemic world

Marion Repetti<sup>\*</sup>, Elisa Fellay-Favre

School of Social Work, HES-SO Valais, University of Applied Sciences and Arts Western Switzerland, Switzerland

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## ABSTRACT

The COVID-19 pandemic erupted in early 2020. The Swiss Federal Council implemented a semi-lockdown in March 2020, asking people, particularly older adults, to stay at home to limit the transmission of the disease and to use digital tools to maintain their social relations and activities. This study inquired how older adults confronting precarity experienced these restrictions, how digital tools functioned in this context, and what learning could therefore be imbibed for the post-pandemic era. We conducted semi-structured telephone interviews with adults aged between 66 and 90 years living in a rural and mountainous Swiss region. The obtained data were subsequently thematically analyzed. The results revealed that the respondents experienced ageism during the semi-lockdown and reported limited or non-existent opportunities to use digital tools to maintain online social contact. This predicament increased their sense of loneliness and amplified their feelings of rejection by the outside world. These observations elucidate the need for the enhancement of non-ageist social support for older people, including individuals with limited social and material resources. We advocate the adoption of innovative initiatives in the post-pandemic era to better include precarious older people in our localities and neighborhoods.

## Introduction

The United Nations (2021) has stated that ageism and the digital divide represent major themes that must be addressed to improve social inclusion in the later stages of life. The novel coronavirus (COVID-19) pandemic that began in late 2019 brought these issues to light (Ehni & Wahl, 2020). Older people were particularly at risk of social and digital exclusion, especially individuals experiencing diverse forms of precarity (Seifert et al., 2020). Rural areas were less studied than urban territories during COVID-19 (Mueller, McConnell, Burow, & Farrell, 2020). Rural residents encountered a reduced risk of contracting the disease; however, they were also less able to access the necessary health and social infrastructures (Souch & Cossman, 2021) or avail themselves of digital connectivity (Esteban-Navarro, García-Madurga, Morte-Nadal, & Nogales-Bocio, 2020).

During the first months of the pandemic, the Federal Council in Switzerland implemented a semi-lockdown to limit the transmission of COVID-19. It imposed a shutdown of certain businesses and activities and asked persons deemed “particularly at risk,” specifically “people 65 and older and people suffering from [certain] diseases”, to “stay at home and avoid gathering” (Federal Council, 2020, p. 786). For the present

study, we conducted interviews with adults aged between 66 and 90 years to investigate how older people living in precarity in a mountainous region experienced such policies and to ascertain the extent to which they utilized digital tools to sustain their social relationships and access services. First, this paper reviews the literature on precarity, and ageism and the effects exerted by the COVID-19 pandemic on older people. Second, we explore the conflicted social roles that digital tools can play in the later stages of life. Third, we explain our methods and describe the sample used for our research before presenting our findings. We then focus on the feelings of our respondents of being overwhelmed by information and address their confronting ageism during the semi-lockdown. We also attend to their limited use of digital tools in the pandemic context and overview their reported reasons. Our analysis instigates a discussion on the importance of reducing age-based discrimination and of thinking more critically about the opportunities and drawbacks of digitalization so we can develop more inclusive communities for older people in the post-pandemic era.

## Precarity and ageism during the COVID-19 pandemic

The term “precariety” denotes a condition marked by a paucity of

<sup>\*</sup> Corresponding author.

E-mail address: [marion.repetti@hevs.ch](mailto:marion.repetti@hevs.ch) (M. Repetti).

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economic and social resources, which causes some individuals to suffer unequal levels of exposure to “injury, violence and death” (Butler, 2009, p. 25). Precarity also entails a chronic insecurity about accessing basic needs and causes ontological consequences, such as anxiety, because of the individual's inability to anticipate the future (Jørgensen & Schierup, 2017; Standing, 2010). In later life, precarity results from cumulative advantages and disadvantages (Beard & Williamson, 2016; Dannefer, 2003) relating to power relations based on social statuses such as class, gender, and ethnicity (Grenier, Phillipson, & Settersten, 2021). Ageism also intersects with other power relations. Thus, some older individuals experience discrimination on age, low resources, and health disadvantages simultaneously (Calasanti, 2020). Social precarity can also result solely from age inequalities. Hence, older individuals can suffer ageism independently from other social statuses (Repetti & Calasanti, 2023).

Some researchers have attended to the effects of geographical territories on the aging experience (Moulaert, Wanka, & Drilling, 2018; Wanka & Gallistl, 2018). For example, older people inhabiting rural and mountainous areas are usually more affected by economic deprivation. They are likely to have lesser access to social and cultural services, public transportation, and Internet connections than urban residents (Breuil & Cordier, 2019; Esteban-Navarro et al., 2020; Walsh, O'Shea, & Scharf, 2020; Williams & Mattos, 2021). The social environment functions crucially in enabling older adults to overcome insecurities (Gruijthuijsen, D'herde, Draulans, Heynen, & Vanneste, 2022; Torres, Gobartt Vasquez, Bosh, & Puerto, 2010). Yet, those who encounter socioeconomic deprivations are less likely to enjoy strong social networks than others (Gray, 2008), which can reinforce their precarity (Aouici & Peyrache, 2019). Similarly, the insecurities of older people may be exacerbated by the composition of their households, with single, widowed, or divorced individuals being the most vulnerable (Lain, Airey, Loretto, & Vickerstaff, 2019).

Studies have indicated growing social isolation, sanitary risks, and psychological distress among older adults during the COVID-19 pandemic, particularly among the more precarious groups (Buffel et al., 2023; Kim & Jung, 2021; Vlachantoni, Evandrou, Falingham, & Qin, 2022). Schroyer (2021) found that the constantly changing information about the virus and the daily reminders of the number of deaths caused by the illness produced anxiety among older people in long-term care facilities. In addition, some scholars in countries such as the United States and the United Kingdom reported ageism in social and political treatment: older individuals were not prioritized despite their greater vulnerability to the virus. They were also framed in some instances as being responsible for the social and economic effects of the pandemic (Brooke & Jackson, 2020; Colenda et al., 2020; Ehni & Wahl, 2020).

Finally, older people have utilized their social and emotional resources whenever possible. They have sought the support of their social environments to navigate elevated levels of uncertainty, typically by maintaining their contact with others through the Internet (Gruijthuijsen et al., 2022; Kim & Jung, 2021; Sherwood-Johnson, Mackay, & Greasley-Adams, 2022). Yet, as detailed in subsequent sections, those belonging to disadvantaged groups with less access to digital tools experienced increased social isolation.

### The contrasting effects of digital tools

The progression of digitalization since the late 1990s (Vallas & Kovalainen, 2019) has reshaped social life in diverse and contrasting ways (Borup, Brown, Konrad, & Van Lente, 2006; Brooke & Jackson, 2020; Fischl, Lindelöf, Lindgren, & Nilsson, 2020; Komp-Leukkunen et al., 2021). Digital tools can ameliorate opportunities for social engagement and increase access to services, especially for residents of remote areas. Digitalization can simultaneously threaten the social inclusion of individuals who cannot access such tools (Britt, Stridh, & Sahlström, 2018; Molinuevo, 2020; Nordesjö, Scaramuzzino, & Ulmestig, 2022).

Digital literacy and access to digital tools are critical, and these

attributes vary depending on social factors such as class, gender, race, and ethnicity (Buffel et al., 2023; Matthews, Nazroo, & Marshall, 2019; Mitchell, Chebli, Ruggiero, & Muramatsu, 2019). Age also intersects with these determinants. Older adults are increasingly digitally connected; however, they remain less likely to possess digital tools and use them less comfortably and efficiently than younger individuals (Lee et al., 2019; Mitzner et al., 2019; Peine & Neven, 2019; Pruchno, 2019). According to Seifert, Ackermann, and Schelling (2020), older people in Switzerland use the Internet in their daily activities, which positively affects their social and emotional well-being. However, access to the digital world remains severely restricted for some older adults, as has been noted in other countries (Fischl et al., 2020; Lee et al., 2019). Similar observations led Holmes and Gurgess (2022), as well as Sharp (2023), to underline the substantive impact exerted by economic poverty on the ability of people to afford access to the Internet and to highlight the importance of adapting digital tools to varied and unequal individual needs.

Maintaining social connections and accessing services and goods digitally represented critical issues for older adults during the COVID-19 pandemic (Macdonald & Hülür, 2021). The stakes were even higher for those already at risk of social isolation: for instance, the people living in remote areas, those who suffer from pre-existing health conditions, and those with scant family ties (Portacolone et al., 2021; Williamson et al., 2020).

Subsequent sections of this paper describe our examination of the pandemic experiences of older residents of rural Alpine Switzerland whose living conditions were precarious. We also discuss whether or not ageism and digitalization mattered during the pandemic-related experiences of our respondents. Ageism and difficulties with digital tools can concern all older adults. However, this study aimed to better understand how these aspects were experienced by a segment of the older population that encountered multiple disadvantages. This social group is often invisible in research. Like other scholars such as Krumer-Nevo and Benjamin (2010), we believe that providing more visibility to people in precarity can offer us the means to:

look at the social structure and institution from the perspectives of people on the margins of society [and] can create an emancipatory process for the people involved and for society as a whole (p. 704).

Thus, this method of apprehending the social dynamics of aging is critical, especially during a global health crisis. Studies such as ours can better inform policymakers about the diversity of experiences that occur in the given contexts, which would thus require the adoption of equally discrete measures.

### Materials and methods

On March 16, 2020, the Federal Council declared that Switzerland was experiencing an “extraordinary situation” and imposed semi-lockdown measures on the entire population. The semi-lockdown entailed the closure of nonessential shops, restaurants, and sociocultural enterprises but the rest of the economy continued to operate. The entire population was directed to respect social distancing measures. However, people over 65 years old and individuals with certain ailments were required to remain at home (Federal Council, 2020). The recommendations were based on the observation that the risks of mortality from the virus were higher for older persons; thus, the lockdown rules were stricter for adults aged over 65 than for younger groups. In addition, like the United States, the Swiss authorities relied heavily on individual responsibility to control the spread of the disease. This strategy was very different from France, where the government implemented a total lockdown that included the strict policing of people's movements (Atkinson-Clement & Pigalle, 2021). The Swiss federal government relegated the responsibility of implementing protective measures to cantons (which are equivalent to states in the United States). In the same period, the federal authorities created an application for smartphones

that was made available to the public and enabled Swiss residents to track the progression of COVID-19. This application was not compulsory, but officials-in-charge strongly encouraged its use by the public.

In our qualitative study, we collected data from a rural Alpine area in Switzerland between May and July 2020. We conducted semi-structured interviews to understand the experiences of our respondents during the semi-lockdown. We submitted our research project to our university's ethics service to obtain the validation that our study was conducted in accordance with ethical standards and that our methodology was commensurate.

Socially invisible groups such as older people living in precarious conditions are less likely than other groups to willingly participate in scientific research projects, especially if they are residents of rural areas (Akram, 2021; Williams & Mattos, 2021). We ensured that the respondents felt they could answer our questions freely. We confirmed that the interviewees understood that we were not seeking correct answers. Rather, we were interested in their expertise and were attempting to ascertain their experiences of the semi-lockdown. We asked the respondents for their permission to record the interviews, explaining how we would use the data, describing the study's objectives, and guaranteeing data confidentiality. We also reiterated that they could stop answering our questions whenever they desired.

It can be challenging to find older people in precarious situations who are willing to participate in research projects. Therefore, we sought the assistance of local organizations that supported a wide range of older people encountering health conditions as well as social and economic precarity. These organizations helped us locate fourteen adults aged 66 to 90. The sample comprised ten women and four men. All of them held Swiss nationality and spoke either French or German (which are national languages in Switzerland) as their native language. Some of the interviewees lived in small peripheral towns but most were residents of a small, isolated mountain village. Unlike in the United States (for example), public transportation networks are extremely well-established in rural Switzerland. Nevertheless, it is difficult to travel in the studied territory without a car, and it can take more than an hour to reach a relatively urbanized area using public transportation (Maeder, Stauffacher, & Knaus, 2023). These geographic contexts thus typically diminish social connectivity and service-access opportunities for people living in economic precarity or with health impediments. At the same time, individuals in good health can avail themselves of increased natural spaces for hiking in such areas, which can also be advantageous for people who can afford private gardens or drive a car.

All the participants of our study belonged to the middle or lower socioeconomic strata. Some had been economically disadvantaged for a long time, typically because of long-term disability, while others had become more economically vulnerable in later life after events such as divorce or widowhood. Their household composition added to their precarity: all the women and two of the men lived alone because they were single, widowed, or divorced; one man cohabited with a partner, and one man lived with a parent. Most respondents resided in apartments and could not easily access gardens; most interviewees were also not sufficiently physically mobile to benefit from the surrounding countryside through activities such as walking or driving to nearby forested terrains. All study participants had reached full retirement age; however, one woman remained self-employed in the domain of financial security.

In 2018, 13.6% of people 65 and older in Switzerland were impoverished (compared to 5.8% of 18–64-year-olds). This percentage increased to 16.9% for those above 75 years. It was 15.2% among women and 24.5% among older people living alone (Federal Statistical Office, 2020). In addition, Rainer and Kubat (2022) have reported that older residents in rural Switzerland encounter higher levels of poverty (up to 20.2%) than those living in urban territories. Thus, our interviewees were sufficiently representative of the minority of economically disadvantaged older people in Switzerland because of their combined circumstances of insufficient incomes and living alone. It was

also unsurprising that most of them were women. Finally, eleven of our participants suffered from health conditions such as significant mobility or respiratory impediments and the need for support in daily activities. All except for three interviewees received regular assistance from health and social workers.

### *Telephonic semi-structured interviews*

We conducted the semi-structured interviews via telephone. First, we collected sociodemographic data about the interviewees (e.g., age and household size). Next, we focused on their opinions on the protective measures adopted against COVID-19, the difficulties they encountered, and the effects of the adopted measures on their daily lives. We also inquired about their thoughts on whether digital tools would help people maintain social contact during the pandemic. We further asked them whether or not they used such tools, and if so, to what extent and for what purposes. We used an interview guide to remind us about the topics we wanted to address with our interviewees; however, we adapted the order of our questions to their narratives and employed follow-up questions to increase our understanding of the ideas they articulated (Akram, 2021).

We conducted all the interviews in French, the language spoken in the researched area. We recorded, transcribed, and anonymized all the conversations. The extracts cited in this article were translated from French after the analysis was completed.

### *Analysis*

We subjected our data to a qualitative thematic analysis. Vaismoradi, Jones, Turunen, and Snelgrove (2016) define a theme as an abstract concept that allows scholars to interpret the discourses of research participants and enables the apprehension of the “depth of [their] meaning” (p. 102). Our thematic analysis was based on the categories advanced by the interviewees in answer to our questions. We realized that the respondents primarily expressed the specific effects of the semi-lockdown on their lives and began our examination by coding the interview transcripts using these categories. We then investigated every interview in detail to further scrutinize the narratives of our respondents. This deeper level of analysis identified three principal themes: first, stress resulting from constantly changing and contradictory information and difficulties of handling such news almost on their own; second, loneliness related to reduced social interactions and public encounters of ageism; and third, a generally restricted use of digital tools. We also evaluated our material from the perspective of the precarious living conditions of our participants and the rural and mountainous characteristics of their location. We aimed to understand the extent to which their experiences were shaped by their local and national residential spaces, more global social structures (e.g., age, class, and gender relations), and the specific context of the pandemic. We answered our research question through this exploratory process of theme construction and after achieving data saturation (Braun & Clarke, 2016; Paillé, 2011).

### *Results*

Our analysis highlighted three key elements of the COVID-19 pandemic-related experiences of our interviewees. Their lack of access to clear information generated a great deal of stress and they found it difficult to form an idea of the occurring phenomenon. The fact that most of our interviewees lived alone made the situation even more complex because of the absence of people with whom they could share their doubts and anxieties. In addition, our respondents were confronted with age-related differentiation in the rules that did not make complete sense and that they found discriminatory. Finally, their insufficient access to—or discomfort in using—digital technology precluded them from surmounting the difficulties as easily as other population groups.

This problem also surfaced when Swiss policymakers expected citizens to use a smartphone application to track the progression of COVID-19 viral infections. We detail these three observations in the sections that follow.

### *Navigating mass information and social distancing*

During the semi-lockdown, most of our interviewees felt overwhelmed by the constant, contradictory, and changing information conveyed by the media, which triggered their anxieties. They found it difficult to decipher the information, which ranged from rumors to official messages concerning the progression of the disease to the increase in the number of deaths and hospitalized people and found it hard to cope with the emotional impact of such news items. The anxieties were also due to their being in a population category that was deemed particularly at risk. For example, chronically ill Marc (68) attributed his concerns to the risk of dying from the virus: "Maybe it's a form of anxiety at the beginning because it's true that when it started, I said: 'Crap! With my disease, I'm afraid of catching it!' (...) I'm afraid of death. It's crossed my mind." Constantly changing information also sometimes caused our respondents to misinterpret the risks related to COVID-19. For instance, Marie (76) had heard "that older people were dangerous," and she thought that was why it was more important for older people to stay at home than younger individuals.

The fact that most of our interviewees lived alone exacerbated this anxiety: the impossibility of discussing the news with people they could trust made it particularly difficult for them to evaluate the information and decide how to react. Some of our participants were visited by social and health workers who helped them to cope with the situation. Marie (76) described these visits as "bright" moments. Marguerite (68) lived in a house with several apartments. She did not want to leave her home and younger volunteers purchased groceries for her. The semi-lockdown made her feel lonely and anxious. However, she received frequent health care for her lung disease. She met some neighbors when she collected her mail at the mailbox at the entrance of her house or did her laundry on the ground floor. She appreciated these opportunities to "just chat for two or three minutes, and then that's enough for me."

The social distancing measures inculcated a sense of loneliness in most of our interviewees, but regular interactions with their social environment helped them navigate this condition. However, as we describe in the next section, some of their testimonies also indicated that public interactions with younger people could have reinforced their loneliness.

### *Ageism and pandemic policies*

Our interviewees understood and respected the federal government's approach to the pandemic, but they also viewed the messages that instructed older people to avoid physical contact at all costs as a form of discrimination. Marc (68) said,

The only thing I found stupid was that they [the federal authorities] said it was because we're over 65. We're not bedridden old people; we're still here (...). I find that, if you look at the 60s, 65 s, and 70s, all the people, apart from a few cases, all the people who have died from this unfortunately are still people who were over 80 or 70. I've been stuck by this age of 65. I thought it was a bit silly. (...) Why 65? (...) We don't know why they stuck 65. But they had to make a decision.

In addition to questioning the relevance of treating people differently after 65, Marc thought this mandate could generate in younger people the mistaken impression that they were safe and that only older people should be concerned by the risks of the disease:

So, the young people say they are not risking anything because they are not 65, but we're 65 and over (...) They say "it's not going to

happen to us anyway, it's only going to happen to old people." So, it's true that this kind of thinking, let's say, I found it a bit ridiculous and stupid, that's all.

Marc suffered from several long-term illnesses and thus wanted to avoid contact with others to safeguard his health. However, he was mystified by the idea that he could be forbidden from venturing outdoors because of his age:

My partner [who is younger] told me that, "you shouldn't go to the shops, that's out of the question." And my GP told me not to go to the shops. That's the only thing that really hurt me, was that I was forbidden. I was forbidden things. I mean, I can get COVID-19 even if I'm not in a shop! I wasn't allowed to take the train, I wasn't allowed to go to the shops, let's just say that it was a bit heavy.

Some interviewees similarly felt that the rules specified for people above 65 years old violated their right to decide for themselves. Sylvie (69) stated, "My God, [older people] can't even go to the grocery store." This situation had made her very anxious, particularly "not being able to do what I wanted to do (...) overnight like that, all of a sudden. It completely blocked me."

Older adults did not risk receiving a fine if they ventured outdoors. However, our interviewees were concerned about the level the social control they experienced on certain occasions. Some interviewees met younger people in public spaces (e.g., when grocery shopping), who reprimanded them for coming into contact with others or simply for stepping out of their homes. Marc reported this experience somewhat humorously:

From time to time, as they say "like a snake," I would discreetly go and buy something quickly in the shops. And people would ask me if I'd been out? And I'd say, "No, I haven't been out" [laughs].

Others who braved going out of their homes felt more anxious about their experiences with such social controls, which sparked in them a sense of social rejection and powerlessness. Marie (76) said:

The look in the young people's eyes...when we go out, it almost gives you anxiety (...). When they see this old woman...it's an impression that someone was looking at me, that's it.

She continued to explain, "I was at the store (...) my brother had brought me, and...I quickly put on the mask [which was not yet mandatory] because I saw that I was being watched." Marie reported that an older family member encountered a similar situation in a food store when a salesperson asked him, "What are you doing here? You are not allowed to come to the store! You have to get items brought to you!" Marie was extremely worried about such experiences and stated at the end of her interview that she and other older people "will never be able to go out again!" Rebecca (76) analogously iterated that, "we [older people] have no right to do anything. (...) People don't like it when we talk. No, no...I think it's too hard. Frankly. But that's how it is."

Our interviewees felt as if they were not considered full citizens. They felt a sense of rejection from the outside world due to discriminating rules targeting people aged 65 and above and because of ageist interactions in public spaces. Their loneliness resulted from the absence of social interactions, but some of their interpersonal experiences on the rare occasions when they stepped outside their homes paradoxically aggravated their feeling of being left alone. Our interviewees simultaneously experienced significant barriers within their homes in using digital tools to connect with the external world, which we discuss below.

### *Technology challenges and opportunities*

Some respondents employed smartphones, tablets, and computers to maintain their social contact, inform themselves, and access goods and services. Martine (76) experienced economic precarity because of her recent divorce but attended gym classes online and used video chatting



to spend time with her nephew. She also used the opportunities her municipality offered to call the library and borrow books. She said this service “created a feeling that we are not forgotten.” Julie (78) was widowed and continued to work as a self-employed professional. The pandemic had significantly reduced her earnings, but like Martine, she maintained her connections with her family through her smartphone applications. She also used her computer daily for her professional activities, as she had before the pandemic. Martine and Julie did not suffer from any major health conditions at the time of their interviews, and Martine thought that her good health meant that “I don’t feel excluded.” Nevertheless, most of our interviewees did not use digital devices and preferred to utilize traditional communication tools (telephones, television, radio, and newspapers) to sustain their social contact, remain informed of the progression of the pandemic, and keep abreast of the decisions taken by the political authorities apropos protective measures.

Beatrice (79) started playing cards with a friend using the traditional phone, “I have a friend, we used to play cards and do it over the phone (...). And then we would score (...). But yes, but it’s really nice. We spend about two hours every day.” Beatrice did not use digital devices, but she offered some ideas about features digital devices could deliver if they were adapted to the needs of older adults, “There should be more games that can be played on the phone or things like that for people who are alone, so that they are not all alone [and] they can have fun.” She opined that opportunities to use such devices would counter loneliness and prevent older people from being “left in front of the TV all day.” She asserted that digital developers should consider older adults more when they create their programs and tools: “If there is a pandemic again... [I hope] that they will think about it and that they will be able to offer more games by phone.” Beatrice also articulated that basic technical support in some form could facilitate phone usage: “We’ll have to ask for a phone with a loudspeaker, you can do a lot with that.” Reflecting on how she had used the speaker of her traditional phones during the interview, she said, “that’s what I proposed [to my social worker who asked me if I wanted to participate in the interview] and it worked out very well.”

Jacques (66) explained that he owned a cell phone but could only use it to make calls. He wanted to utilize it to keep himself busy or access the news, but he did not know how to make use of those functions. Sometimes, his nephews or friends helped him to use his device. He wanted to use the Swiss government application to track COVID-19 cases, but he needed someone to teach him how. He had no access to such support and could not pay for courses to learn how to use smartphone features. Rebecca (76) did not use any digital tools but remained informed about the evolving pandemic via TV and the occasional municipality-delivered newsletter. When we asked her about the Swiss COVID-19 tracking application, she said she had no idea what it was and that she “didn’t hear anything, but I don’t inform myself.” Marguerite (68) used an older version cell phone only to call people. She did not want to use more recent smartphones. When we asked her if she knew about the Swiss application to trace COVID-19, she stated,

Yes, but I don’t have a smartphone. (...) One of my sons has already told me [to buy one], but it was a long time ago when they first came out, and they were [similar to] computers and all that. He said, “just try it, just try it.” I told him, “No, I don’t understand these things.” (...) I said to myself that this stuff was going too fast and that I couldn’t [follow].

Similarly, Victor (68) generally listened to the Swiss public radio to remain informed. When asked about the Swiss application to inform people about the pandemic, he said that it could be useful for people who were still working, but not for him, “For me... I don’t see the point because... I hardly ever travel any more... apart from to go to the doctor, so I think that it’s all fine [for me].... It’s all sorted [out]; there are no problems.”

Some interviewees asserted that their difficulties with using digital devices stemmed from their lack of digital socialization because they

belonged to a generation that did not grow up with such devices. Paul (87) thought it was too late for him to learn how to use digital tools. “It’s not my generation [laughs]. If we had... learned... yes [I could imagine using them].” Paul also found it difficult to handle digital devices because of his age: he had lost the dexterity required by their sizes and configurations.

Most interviewees also expressed their skepticism about data protection on digital devices. Martine (76) believed that digital tools posed a threat to her privacy. Similarly, Paul (87) thought that “in the long run, [digital tools] will become... a public danger (...) because everyone knows everything about everyone.” He felt that the potential confidentiality breach was “not ok” because “there would be no privacy anymore... it would be all out in the open, you see.” Thus, concerns about data protection discouraged some interviewees from using the Swiss COVID-19 tracking application even when they owned smartphones.

As the quoted extracts evidence, some respondents could sense that digital tools could effectively counteract loneliness. However, most of them were distanced from, had limited command of, or felt insecure about using digital tools. Our participants were also worried about data protection and the consequences confidentiality breaches could exert on their private lives.

## Discussion

Switzerland did not strictly or formally prohibit citizens from venturing outdoors when a semi-lockdown was imposed at the beginning of the COVID-19 pandemic. However, policymakers told adults aged 65 and above that they should self-confine. This mandate was intended to protect them from contracting the virus because their mortality risk from COVID-19 infections was higher than for younger age groups. Yet, this approach exposed older people to the possibility of substantial ageism, primarily because of the government’s failure to consider the diversity of the older population. All individuals aged 65 and above were considered similarly vulnerable, which is ageist and did not reflect statistical reality (Ehni & Wahl, 2020). In addition, policymakers assumed that all older individuals were equally endowed with the resources to combat the social and economic effects of the semi-lockdown. Such homogenous handling imposed dramatic consequences on some older adults, particularly economically disadvantaged cohorts like our interviewees, people with limited social networks of families and friends, and individuals living with major pre-existing health impediments.

First, most of our interviewees reported feeling isolated. Weeks would sometimes pass without seeing or talking to anyone because the intersection of living alone, lacking social networks, or being unable to access digital tools, and poor health, limited mobility and reduced economic resources. Most of our interviewees could also not benefit from living away from more crowded urban environments because they did not own gardens or were not healthy enough to go for walks in the surrounding countryside.

Second, our interviewees were also generally overwhelmed by the massive amount of information they received about COVID-19 and often struggled to understand the current situation or fathom how they should act to protect themselves from the disease. The anxieties caused by such difficulties were exacerbated because most respondents could only talk to a few people or were completely isolated. Social interactions helped them a lot in this context, whenever such interfaces became possible.

Third, our findings aligned with Bearth, Luchsinger, and Siegrist’s (2021) Swiss survey: our interviewees were very respectful of the public health measures. However, they also felt socially rejected by the expectation that their age group should respect stricter social distancing. They perceived the more stringent social distancing rules targeted at people aged 65 and above as discriminatory. They felt that individuals were arbitrarily and homogeneously categorized as “older” without consideration of the social and emotional consequences of such

classifications, or a balancing with, for example, how this would impact their social relations. This sense of social rejection was reinforced by their reception of ageist remarks and aggressive glances from younger people in public places such as grocery stores or streets. Other researchers have reported similar findings through studies conducted in both urban and rural Swiss contexts with more and less privileged older people (Repetti, Mesnard, Fassa, & Harrison, 2022).

Fourth, Internet coverage is generally good in Switzerland, including in more remote locations. Some of our interviewees, particularly Martine and Julie, used digital tools, which helped them to sustain contact with family members and friends or access varied goods and services. However, most of our participants did not own digital devices or were unfamiliar with their usage. The reasons for their incapacities were diverse and ranged from lack of money to purchase devices to their inexperience with such tools. Their inabilities also signified the unlikelihood of their utilization of the COVID-19 tracking application created by the federal authorities. Nevertheless, our interviewees contributed critical ideas about how their age group could increasingly access and use digital tools. This supports the findings of other studies (Buffel et al., 2023; Mitchell et al., 2019) that such observations illuminate efforts states and service providers must undertake to improve access for aged citizens at risk of digital exclusion. The opinions of our respondents also confirm that web developers should better consider to the attitudes of older adults toward digital resources. The assumption that all citizens can comfortably use, and access digital tools can inadvertently reinforce the exclusion of the most precarious sections of society.

Finally, unlike countries such as France and the United States, many Alpine villages in Switzerland encompass a small shop and a café despite being remote and hard to reach. They also often offer public transportation links that connect residents to more sizable towns or cities. Thus, healthy and mobile people of such areas and people who can afford, and drive vehicles do not experience major difficulties in accessing goods and services. However, our participants exhibited health issues and had limited resources, and were thus particularly dependent on the social solidarities they had developed in their residential milieu when they were not supposed to venture outside their homes. Also, such support varied significantly from place to place. Some participants received helpful services from their municipalities, while others went for days or weeks without meeting another person. Such problems can also occur in urban contexts. However, our observations likely reflect the circumstances of a significant minority of the inhabitants of rural and mountainous territories in Switzerland and elsewhere. These regions tend to have older and poorer populations, leading to higher rates of digital exclusion (Breuil & Cordier, 2019; Esteban-Navarro et al., 2020; Kashnitsky & Aburto, 2020; Rainer & Kubat, 2022).

## Conclusion

This study examined how older people living in a Swiss Alpine region and facing financial, social, and health-related hardships experienced the COVID-19 pandemic, particularly during the semi-lockdown phase implemented in the early months of the pandemic. The pandemic management policies applied in this context requested people aged 65 and older to adhere to stricter lockdown rules than younger citizens. This study revealed that spontaneous social control was established, particularly by younger people toward older adults, even though the government did not punish noncompliance with the stipulated measures or levy fines for transgressions. Some younger people admonished older adults who stepped outside their homes, even if merely to run errands or visit the pharmacy.

In addition, the pandemic represented a potentially difficult social experience for precarious older people in Switzerland because of their lack of well-defined information and the stress of contracting the virus or transmitting it to others, combined with their health and social difficulties and their sense of being excluded, forgotten, or even punished because of their age. Finally, the physical relationships of older people in

precarious circumstances with their social environments could not be compensated (or could only be offset to a limited extent) by using the Internet.

Digitalization offers access to globalized information to a major segment of the population, including the residents of remote areas, thus mitigating certain distance-related constraints. Therefore, public administrations and social and health services increasingly use digital tools for their services (Lobonț, Vătavu, Jicărean, & Moldovan, 2022). Such transformations are often based on the expectation that every citizen should possess and master digital tools. However, such a perspective ignores people who have limited access to the digital realm. For instance, the most disadvantaged older people rely specifically on support received from health and social services. Requiring the use of digital tools to access such needs may deter underprivileged citizens from receiving the benefits they are entitled to. Thus, the expectation that every citizen should be able to communicate digitally with the outside world is likely to further marginalize individuals who cannot satisfy this demand, like older people with diverse social and economic insecurities or reticent to use available technologies. Such expectations are particularly problematic for disadvantaged population groups because it is crucial for them to access essential material and social goods and services. Therefore, ensuring easy availability of essential material, administrative, and social needs should be guaranteed to all categories of people, including older adults, to guarantee their citizenship rights without mandating the use of digital tools.

The observations we have reported in this article add to the calls made by other researchers for a more emancipatory culture of gerontology in which older adults feel secure, respected, and valued rather than stigmatized and discriminated against (Calasanti & King, 2021; Phillipson, 2021). Rich social lessons were imbibed from the COVID-19 pandemic in this regard, which must be used to construct more inclusive societies in the post-pandemic era. Enhancing digital services and developing effective public policies and social programs would require more involvement of older individuals experiencing diverse forms of hardship explicitly. The inclusion of marginalized groups is crucial at a time such as the present when environmental and social problems are multiplying and when resilience depends on our collective capacity to protect the most vulnerable citizens. The experiences of the aged population living in precarity can prove extremely enlightening in such contexts and should thus receive much more attention.

## Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the author(s) used ChatGPT to proofread and edit certain sentences for English proficiency. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

## CRedit authorship contribution statement

**Marion Repetti:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Elisa Fellay-Favre:** Writing – original draft, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization.

## Data availability

The data that has been used is confidential.

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