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Intergenerational Silos amid the Covid-19 Pandemic

Neil Seeman

As case counts of COVID-19 climbed around the world in March 2020, scientists feared that the pandemic could create inter-generational strife. The Wall Street Journal, on March 18, 2020, declared in a headline, "A Generational War Is Brewing Over Corona Virus." The article noted:

"Across Europe, where social life is shutting down faster than in the U.S., a divide is spreading between the young, many of whom say they don't fear the virus, and their elders, including politicians and scientists, whose alarm about the illness is growing by the day…Despite the pointed fingers and occasional excesses, many young people bristle at the accusation of selfishness, saying the new social constraints are disproportionate and unfairly target their generation."

Yet in 2021 there is, from my perspective, no outrage expressed by the elderly toward the young. I do not see any demonstrable evidence of inter-generational strife or enmity. What I do see, however, is an intensification of intergenerational opinion silos.

Pandemic life harms us all, but we hear vastly more in the media – including from physicians in the media – about the mental health implications for the young vs. ramifications of virus-related constraints for the elderly. Why is this? In high-income countries, life has gone

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digital, marginalizing the elderly who tend to be less comfortable with technology than the young who knew no other world. Accessing real-time information about vaccination availability, scheduling online appointments with physicians, or ordering groceries online – all these aspects of current life can substantially challenge elderly persons, even when they can manage other life tasks well. But to most Millennials, Gen Xers or to Generation Z, these are minor inconveniences only.

It is, therefore, not surprising to see evidence of intergenerational opinion silos. RIWI survey data across 13 nations reveal interesting variations among nations in the assessment of how well public health messages are informing the public about COVID-19. Table-1: Illustrates these differences.

Data in Table 1 are weighted to country-level Census data to ensure representative and comparable samples, from January 24, 2020 – June 5, 2021. The question posed to randomly engaged unincentivized online respondents is: "How much confidence do you have in health officials' ability to educate the public on avoiding or treating the new corona virus (COVID-19)?". Answer choices include: "great deal of confidence," "quite a lot of confidence," "not very much confidence," and "no confidence at all".

Notice that in every region other than Russia and Hong Kong, the elderly either express the same amount of confidence in messaging or, importantly, *less* confidence than their younger counterparts. This is surprising since it is well-known that the elderly are the group most at risk from COVID-19. Because they are most at risk, public authorities deliberately target older people when they broadcast the changing specifics of preventive measures against the virus. Daoust's findings, published last year, had already shown that, despite the extra risk, elderly people were no more adherent to mask wearing, social distancing, hand washing, or lock-down orders than any other age group (Daoust, 2020). He used information from a dataset that sampled attitudes toward COVID-19 and included individuals' self-reported compliance with preventive measures.

Country	% of population 25-34 expressing: "great deal of confidence" or "quite a lot of confidence"	% of population 65 and older expressing: "great deal of confidence" or "quite a lot of confidence"
Australia	21	15
Brazil	19	12
Canada	19	19
China	18	18
Great Britain	19	18
Hong Kong	14	22
India	21	9
Iran	25	8
Mexico	21	10
Nigeria	20	8
Philippines	22	6
Russia	17	19
United States	20	16

Source: RIWI Corp. N = 139,986, ages 14 and older, for the following age cohorts: 14-24; 25-34; 35-44; 45-54; 55-64; 65 and over.

His results from 27 countries were very clear. The elderly were no more likely than people in their 50s and 60s to adhere to public health regulations. Daoust was surprised at his results but mentions that, in previous literature on invasive pneumococcal disease and heat stroke, both conditions to which the elderly are disproportionately at risk and both of which can be prevented by appropriate behavior, the elderly were no more likely than younger cohorts to take the preventive measures (vaccination against pneumonia; avoidance of direct sunlight on hot days).

One potential explanation for the global RIWI findings on dissatisfaction with public health messaging is that older populations have well-engrained, long-standing habits, which are difficult to reverse, even in times of crisis, and that these habits may be at odds with what they hear from public health officials. Cognitive difficulties in understanding both risks and public health instructions might be another reason. One could speculate that individuals in their 40s and 50s feel duty-bound to model proper behavior for their children, whereas the more elderly, freed from such obligations, may feel that they have reached an age that gives them the right to do as they please. In the case of instructions sent out over the Internet, one could argue that, despite widespread public health messaging intentionally targeting the elderly, many have not been reached effectively. One might also wonder whether, towards the later stages of one's life, a person might be more inclined to take health risks. This would probably depend on individual personality and life circumstances.

What the RIWI data in Table 1 do show, however, is that the elderly in many countries have relatively little confidence in the instructions they are being given and that this may explain, why, despite the risks, some may choose to not adhere to the rules. Trust is unquestionably vital, especially in situations that rapidly evolve and where scientific controversy and different approaches to the same problem by different regional governments are widely publicized.

Trust has been shown to be critically important during all infectious disease outbreaks. It affects not only willingness to comply with recommended behavior but also with the perception of risk. Anxiety can lead to mistrust and anxiety amid the COVID-19 pandemic, and has been worsened by messaging that has been emotionally upsetting, especially concerning death tolls in nursing homes for the elderly. Persistent uncertainty surrounding incubation periods, asymptomatic infection, transmissibility, relative infectivity of variants, and effectiveness of masks all increase anxiety. The pace with which experts have changed their messages did not help the situation.

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Information rapidly evolved and, while transparency with the public is what bioethicists recommend, receivers of that information need to be able to keep up with the rapidity of change. They need to process it and digest it, and this may be more difficult for people as they age. Changes in recommendations erode trust. They are confusing for everyone, especially the elderly.

The elderly may be especially prone to motivated reasoning or confirmation bias, which are phenomena studied by cognitive scientists that demonstrate that people tend to make decisions not on the basis of evidence but rather on what they already know to be true or what they would like to be true. Life experience with scientific evidence that turned out in the end to be false may, indeed, make the elderly more distrustful and more inclined to model their behavior on what they have done earlier under somewhat similar circumstances. Many have lived through earlier epidemics of other viruses and feel comfortable simply repeating what they have done before. Given older people's perceptions that the amount of time left to live is shrinking, they may also be prone to hyperbolic discounting, which is another cognitive bias that refers to the

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tendency to choose a smaller but sooner reward such as hugging grandchildren now over a larger but delayed reward such as making sure you were still around for their graduations and weddings. Older people may be far less certain than their younger counterparts that a date in the far off future will ever become a reality (Palgi et al., 2019). These are theories only, and need to be further examined.

Safety precautions other than those related to illness have been compared in the elderly and the young and reported in the literature. For example, focus groups have been held to determine comparative safety measures taken by different generations with respect to online risks. The Silent and G.I. generation (SGI) (born 1945 or earlier), older Baby Boomers (born 1946–1954), and Millennials (born 1977–1992) were compared. The results showed that, although each generation expressed online safety concerns, SGIs and Boomers were more wary of online security, had less confidence in their abilities to protect themselves, and were more uncertain about the effectiveness of protection resources. At the same time, compared to the Millennial group, they protect themselves less, and are more likely to rely on the assistance of others.

This finding is interesting because it parallels RIWI's data showing that the elderly in many countries, though more fearful than the young about COVID-19 risks, are less certain about the effectiveness of protection messages and measures. For this reason, they may protect themselves less and rely much more on the assistance of others. There have been studies, however, that have shown that older generations were more likely than the young to take the precautionary actions (Luo et al., 2021). The investigators attributed this increased likelihood to increased motivation due to a higher perceived severity risk of the disease. It could equally, however, be attributed to greater reliance on assistance.

Many different factors other than age contribute to the prediction of non-adherence to public health preventive measures (Pollak et al., 2020). Age is nevertheless important. Most contributing factors have been studied solely in the relatively young. Factors responsible for mistrust of public health messages need to be thoroughly investigated in the elderly, the population most at risk for COVID-19. Attempts to increase trust in public health messaging in this population will save lives. Exposing intergenerational silos in perception can help to deliver effective, somewhat differently worded, messages to different generations.

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