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Original Research

Loneliness and health in Eastern Europe: findings from Moscow, Russia

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ABSTRACT

Objectives: To examine which factors are associated with feeling lonely in Moscow, Russia, and to determine whether loneliness is associated with worse health.
Study design: Cross-sectional study.
Methods: Data from 1190 participants were drawn from the Moscow Health Survey. Logistic regression analysis was used to examine which factors were associated with feeling lonely and whether loneliness was linked to poor health.
Results: Almost 10% of the participants reported that they often felt lonely. Divorced and widowed individuals were significantly more likely to feel lonely, while not living alone and having greater social support reduced the risk of loneliness. Participants who felt lonely were more likely to have poor self-rated health (odds ratio [OR]: 2.28; 95% confidence interval [CI]: 1.38–3.76), and have suffered from insomnia (OR: 2.43; CI: 1.56–3.77) and mental ill health (OR: 2.93; CI: 1.88–4.56).
Conclusions: Feeling lonely is linked to poorer health in Moscow. More research is now needed on loneliness and the way it affects health in Eastern Europe, so that appropriate interventions can be designed and implemented to reduce loneliness and its harmful impact on population well-being in this setting.
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Introduction

In the period since the collapse of the Soviet Union, the Russian population has experienced sharp fluctuations in its social and economic well-being. Rapid and extensive socio-economic changes in the early 1990s included the removal of many state provided social security entitlements, while the introduction of a market economy resulted in job losses and the non-payment and severely delayed payment of salaries.

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Together these changes impoverished a large section of the Russian population and were associated with a sharp decline in population health, with life expectancy at birth falling by almost five years in the period between 1990 and 1994.[1] Even though strong economic growth after 2000 resulted in the increasing 'normalisation' of everyday life,[2] population health continues to be comparatively poor: in 2010, life expectancy in Russia was still lower than its 1990 level, with the life expectancy of Russian men being 14 years lower than that of men in the European Union.[1]

The negative effects of societal change on health have not, however, been experienced uniformly throughout the Russian population.[3] One group of people that may have been especially vulnerable in this setting are those who are socially isolated. Specifically, in an uncertain socio-economic environment where many of the societal social safety nets have been removed,[4] and where there is widespread distrust of the state and its representatives (e.g. politicians, bureaucrats and the police),[5] having a network of social contacts (i.e. family and friends) has become increasingly important, not only for day-to-day functioning, but even for everyday survival.[6] This can be seen in the results of research that has linked differences in social relations, network connections and social cohesion to variations in both self-rated health[7,8] and mortality[9] in post-Soviet Russia.

These studies have indicated that measures of social isolation, such as how often friends and relatives are contacted, may be important for health. As yet, however, there has been comparatively little research examining whether the subjective perception/experience of social isolation i.e. feeling lonely,[10] has any effect on health in the countries in Eastern Europe. This lack of research might be an important gap when it comes to understanding the factors affecting population health in counties such as Russia, as a growing body of Western research has linked loneliness to poorer psychological and physical health outcomes – including mortality.[11] Moreover, if loneliness is associated with poor health, there is reason to suspect that it might be having an especially detrimental impact in Russia, where out-migration, high rates of divorce, changes in the workplace and a decline in neighbourliness[12–14] have all affected the extent and quality of people's social relations negatively in the past two decades. Indeed, recent research showed that the prevalence of loneliness among the population in Russia was one of the highest in Europe [15] and indicated that loneliness may be affecting individual health there detrimentally.[16]

The present study will examine loneliness in Moscow. No previous study has focused exclusively on loneliness and its effects in this setting even though it might be an especially important place in which to study this phenomenon. Within Russia, Moscow can be regarded as a unique place which has been at the forefront of social and economic change in the post-Soviet period. Although it is by far the wealthiest city in Russia, many of its citizens have nevertheless experienced extreme financial hardship in the transition period,[17] with the city having the highest level of inequality in the Russian Federation (as measured by the Gini coefficient).[18] Crime has increased sharply in the city since the collapse of communism, while there has also been a large growth in its population[18] (while Russia's population has been decreasing) which may have also acted to exacerbate socio-economic strain in the transition period. Given its size, recent history and its social and economic extremes, the city may offer an ideal environment in which to examine loneliness and its effects on population well-being.

Against this backdrop the current study had two aims. First, to determine the prevalence and correlates of loneliness in Russia's capital city, Moscow; and second, to examine the relation between loneliness and three health outcomes – self-reported health, insomnia and mental ill health. This research builds on and extends recent research[16] by focussing on the relation between loneliness and health at the sub-national level in the largest city in Eastern Europe, as well as by examining the association between loneliness and several different health outcomes in this setting.

Methods

Study sample

The data used in this study come from the Moscow Health Survey 2004. A detailed description of this survey has been presented elsewhere.[19] In brief, in spring 2004, information was collected on the health, health-related behaviours and other characteristics of Muscovites using stratified random sampling across the 125 municipal districts of Greater Moscow. The Moscow city telephone network was used as a database for the random sampling of addresses as nearly every residence in Moscow (98%) has a telephone. In each district a predetermined number of interviews was conducted where the age and gender distribution of the interviewees matched that of the district's target population. If there was no contact at an address, or if nobody matched the age/gender selection criteria, then a new address from a reserve list of residential addresses in the same municipal district was visited. In total, over 2500 residences were visited to obtain the desired sample size of 1200 respondents. After the exclusion of a small number of respondents for various reasons, the final sample comprised 1190 people aged 18 and above, with a primary response rate of 47%. The sociodemographic characteristics of the sample were broadly representative of Greater Moscow's population, although the highly educated were slightly over-represented. Information was obtained from respondents using a structured questionnaire that was administered during face-to-face interviews. Permission for the study was obtained from within the Russian Academy of Sciences and the survey was vetted by the Moscow city authorities. All participants gave their informed consent before being included in the survey.

Study variables

Information about loneliness was obtained by asking respondents the question 'How often do you feel lonely?' where the response options were 'never', 'rarely', 'sometimes' and 'often'. In terms of their marital status respondents were categorised as being either 'married', 'divorced', 'widowed' or 'single'. For educational level, respondents who had an incomplete higher education or above were categorised as

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