



Lonelier than ever? Loneliness of older people over two decades

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ABSTRACT

To live with feelings of loneliness has negative implications for quality of life, health and survival. This study aimed to examine changes in loneliness among older people, both with regard to prevalence rates, and socio-demographic, social and health-related correlates of loneliness.

This study had a repeated cross-sectional design and was based on the nationally representative Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD). Analyses of trends in loneliness covered the years 1992, 2002, 2004, 2011 and 2014, and included people aged 77 years or older ($n = 2\,572$). Analyses of correlates of loneliness covered 2004 and 2014, and included people aged 70 years or older ($n = 1\,962$). Logistic regression analyses were conducted with findings presented as average marginal effects.

Contrary to what is often assumed, there has been no increase in loneliness among older people over time (1992–2014). Regression analyses for 2004 and 2014 showed that social and health-related correlates were more strongly associated with loneliness than socio-demographic correlates. Psychological distress was most strongly associated with loneliness, followed by widowhood. Most associations between the correlates and loneliness were stable over time.

1. Introduction

Loneliness has been defined as the discrepancy between an individual's desired and achieved levels of social relationships (Perlman & Peplau, 1981). To live with feelings of loneliness is not only a problem in itself, it also has implications for quality of life, physical and mental health, and mortality (e.g. Hawkey and Cacioppo, 2010; Holt-Lunstad et al., 2015; Hawkey & Cacioppo, 2010; Holt-Lunstad et al., 2015; O'Lunaigh & Lawlor, 2008).

There is a common belief that older people experience loneliness more often than other age groups. For example, in both 1982 and 2005, the vast majority of respondents in a Swedish population survey believed that almost half of the pensioners often feel lonely (Tornstam, 2007) and images that older people suffer from loneliness are often spread in media (cf. Ferreira-Alves, Magalhaes, Viola, & Simoes, 2014). Another common belief is that recent cohorts of older people experience loneliness to a larger extent than previous cohorts, as a result of changes in family patterns, such as smaller family size, increased divorce rates and greater geographical distance between family members (Dykstra, 2009), and transitions towards more individualistic societies (World Values Survey, 2016). Changes in family patterns and societal changes also mean that there may be other groups of people that are vulnerable to loneliness today than in earlier cohorts, that is, that

factors associated with loneliness may have changed over time. Based on a Swedish national survey, this study will examine whether loneliness among older people has increased in the last two decades and whether there have been any changes in socio-demographic, social and health-related factors associated with loneliness.

1.1. Trends in loneliness

The assumption that loneliness among older people has increased over time has been disputed, and a research review has found a slight decrease in loneliness (Dykstra, 2009). More recent studies have found that there is no change over time (Honigh-de Vlaming, Haveman-Nies, Groeniger, de Groot, & van 't Veer, 2014) or decreased levels of reported loneliness (Eloranta, Arve, Isoaho, Lehtonen, & Viitanen, 2015). In a British study, levels of loneliness among older people in 1999 were compared to findings in studies conducted between 1945 and 1960. Even in such long time perspective, no increase in severe loneliness was found (Victor et al., 2002).

1.2. Factors associated with loneliness

Factors associated with feelings of loneliness can be grouped into socio-demographic, social and health-related factors. Starting with

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Table 1

Number of respondents and response rates in SWEOLD for people aged 77 years or older in 1992, 2002, 2004, 2011 and 2014, and for people aged 70 years or older in 2004 and 2014.

	1992		2002		2004		2011		2014		2004		2014	
	Age 77 +		Age 77 +		Age 77 +		Age 77 +		Age 77 +		Age 70 +		Age 70 +	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Respondents	537	95.4	621	84.4	648	89.3	647	86.4	575	84.6	1110	87.5	1226	84.4
Direct interviews	473	88.1	539	86.8	509	78.5	541	83.6	553	96.2	929	83.7	1106	90.2
Indirect interviews	64	11.9	82	13.2	139	21.5	106	16.4	22	3.8	181	16.3	120	9.8
Non-response	26	4.6	115	15.6	78	10.7	102	13.6	105	15.4	158	12.5	227	15.6
Gross sample	563	100.0	736	100.0	726	100.0	749	100.0	680	100.0	1268	100.0	1453	100.0

socio-demographic factors, loneliness is more common among the oldest old than in younger age groups (O'Lunaigh & Lawlor, 2008; Pinguart & Sørensen, 2001; Routasalo & Pitkala, 2003), and loneliness in older people increases with age (Dahlberg, Andersson, McKee, & Lennartsson, 2015; Heikkinen & Kauppinen, 2011; Jylhä, 2004). Loneliness is also more often found in women than men (Aartsen & Jylhä, 2011; Cohen-Mansfield et al., 2009; Dykstra, van Tilburg, & de Jong Gierveld, 2005). However, research has shown that these associations with loneliness have less to do with age and gender *per se* than with associated factors such as widowhood and greater levels of health problems among the oldest old and among women (Dahlberg et al., 2015).

Low socioeconomic status is another socio-demographic factor associated with loneliness. Education and income have often been used as indicators of socioeconomic status. Both these indicators have been found to be associated with loneliness, partly due to fewer possibilities for social participation and smaller social networks among people with low levels of income and education (see Dykstra & de Jong Gierveld, 1999; Jylhä & Saarenheimo, 2010; Pinguart & Sørensen, 2001; Routasalo & Pitkala, 2003; Savikko, Routasalo, Tilvis, Strandberg, & Pitkala, 2005).

Social factors influencing loneliness include, for example, marital status, social support and social contacts. There is a large body of research showing an association between marital status and loneliness. More specifically, the loss of partner is a key predictor of loneliness in old age (Aartsen & Jylhä, 2011; Dahlberg & McKee, 2014; Dahlberg et al., 2015; Dykstra et al., 2005; Jylhä & Saarenheimo, 2010). As people age and are confronted with health problems, social contacts may focus more on the need for support, and people with larger social support networks have been found to be less likely to report loneliness (Dahlberg, Andersson, & Lennartsson, In press; Dykstra & Fokkema, 2007). Low levels of social contacts also increase the risk of loneliness (e.g. Ayalon, Shiovitz-Ezra, & Palgi, 2013; Victor, Scambler, & Bond, 2009).

Finally, health problems, such as mobility difficulties and depression have been found to be associated with loneliness (Aartsen & Jylhä, 2011; Cohen-Mansfield et al., 2009; Heikkinen & Kauppinen, 2011; O'Lunaigh & Lawlor, 2008; Tjshuis et al., 1999). People with low physical functioning are more likely to experience loneliness (Aartsen & Jylhä, 2011; Honigh-de Vlaming et al., 2014; Jylhä, 2004; Routasalo & Pitkala, 2003), as mobility difficulties may be a barrier to social engagement (Cohen-Mansfield & Pappura-Gill, 2007). A recent study has shown that loneliness has become more common over time among people with low physical functioning (Honigh-de Vlaming et al., 2014). Psychological problems, such as depression and anxiety, have also been found to be associated with higher levels of loneliness (Eloranta et al., 2015; Heikkinen & Kauppinen, 2011; O'Lunaigh & Lawlor, 2008).

In this study, loneliness among the oldest old in Sweden over the last two decades is examined. The aim is to identify changes in loneliness over time, both with regard to prevalence levels and to socio-demographic, social and health-related factors associated with loneliness.

2. Design and methods

2.1. Sample

This study has a repeated cross-sectional design and is based on the Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD) (Lennartsson et al., 2014). SWEOLD is a nationally representative survey of the oldest old (born between 1892 and 1944) living in Sweden at the time of data collection. SWEOLD provides comparable data from 1992, 2002, 2004, 2011 and 2014. The SWEOLD sample includes respondents aged 77 years or older in 1992, 2002 and 2011. In 2004 and 2014, the sample was extended to include individuals aged 70 years or older. Face-to-face interviews were carried out as the main interview mode in 1992, 2002 and 2011. In 2004 and 2014, telephone interviews were used as the main interview mode. In 2004, 2011 and 2014, postal questionnaires were used if the respondent did not agree to an ordinary interview or was unable to conduct an ordinary interview due to, for example, hearing problems. There were no significant differences in reported loneliness across the interview modes ($p = 0.192$).

The response rates varied between 84.4 and 95.4 percent (see Table 1). The low non-response rates, the inclusion of institutionalized persons and the use of proxy informants for people unable to be interviewed directly ensure that the SWEOLD sample is representative of older people in Sweden in each interview wave. In total, 4 566 interviews have been conducted. In some interview waves, only directly interviewed respondents have received the question about loneliness. Therefore, the analytical sample for this study excluded respondents who could not perform the interview on their own (see Table 1).

In this study, analyses of the trends in loneliness from 1992 to 2014 included people aged 77 years or older, with an analytical sample of 2 572 (approximately 500 in each data collection wave; see Table 1). In analyses to determine whether the association of sociodemographic, social and health factors with loneliness have changed over time, 2004 and 2014 interview waves were used. These interview waves used the same main interview mode and included people age 70 years or older, with an analytical sample of 1 962 ($n = 921$ in 2004; $n = 1 041$ in 2014).

Informed verbal consent was obtained prior to each interview. Ethical approvals for the SWEOLD study have been provided by Uppsala University Hospital (reg.no. 247/91), Karolinska Institutet Regional Research Ethics Committee (reg.no. 03-413) and the Regional Ethical Review Board in Stockholm (reg.no. 04-314/5; 2010/403-31/4; 2014/1003-31/5).

2.2. Material

2.2.1. Dependent variable

Loneliness was measured through the item: "Are you ever bothered by feelings of loneliness?" with four response categories. Analyses of trends in the prevalence of loneliness present data on all four response categories. Due to small numbers in some of the response categories, loneliness was transformed into a dichotomous variable for the regression analyses, indicating being frequently lonely (collapsing

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