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Demogrāfisko izmaiņu risinājumi sabiedrības
ilgtspējīgas attīstības veicināšanai / Solutions for
demographic changes to foster the sustainable
development of society

How did the COVID-19 pandemic impact perceived loneliness in different population groups?



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Outline

- ❑ Prevalence of loneliness in Lithuania
- ❑ Self-rated effect of the COVID-19 crisis on loneliness
- ❑ Socio-demographic characteristics of vulnerable population groups



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Loneliness negatively affects both individual and public health

Individual level

- ❑ Negative subjective assessment of one's mental and physical health (Cornwell, Waite 2009)
- ❑ Weaker cognitive functions, increased risk of dementia in old age (Wilson et al. 2007; Shankar et al. 2013)
- ❑ Risk for high blood pressure, cardiovascular diseases (Valtorta et al. 2016; Vingeliene et al. 2019)
- ❑ Can cause sleep disturbances (Hawkley, Cacioppo 2003)
- ❑ Links to alcoholism (Akerlind, Hörnquist 1992)
- ❑ Links to attempted suicide (Stravinsky, boyer 2001)

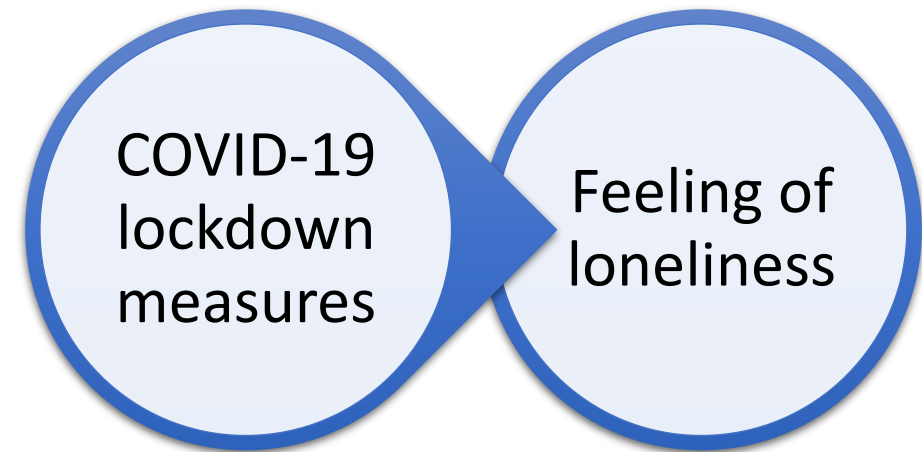
Societal level

- ❑ Higher levels of loneliness in the Central and Eastern Europe (Yang, Victor 2011; Gierveld, Tilburg 2010).
- ❑ Loneliness – not only a phenomena of older generation (Swader 2018)
- ❑ Mortality of lonely people is higher than people who feel socially integrated (the mortality effects are similar to those of obesity and smoking) (Luo et al. 2012; Holt-Lundstad et al. 2015; European... 2018)

Loneliness and COVID-19 pandemics

Research questions

- ❑ What are the effects of the COVID-19 pandemic on loneliness in Lithuania, which experienced stringent lockdown regulation?
- ❑ How did the pandemic crisis affect population groups with different levels of loneliness?



Research Methodology and the Study Sample

- The research project „Loneliness: experience, causes and challenges to social cohesion“ (*S-LIP-20-23*), Funded by the Research Council of Lithuania
- Quantitative research design – survey research
- The timing of the survey: late autumn **November-December of 2021** (8 months since the COVID-19 measures were introduced in Lithuania)
- Characteristics of the sample: **N = 1067**, age 15–89, M – 48.3 years, SD – 18.0; female – 54.2%.
- Sampling method: the probability multilevel stratified sampling.
- The survey was conducted by observing the fundamental ethical principles of anonymity, privacy, and confidentiality
- Loneliness was studied using the indirect 6-item **De Jong Gierveld Loneliness Scale** (De Jong Gierveld, J.; Van Tilburg, T. 2010)

1.1. High Prevalence of Medium-Level Loneliness

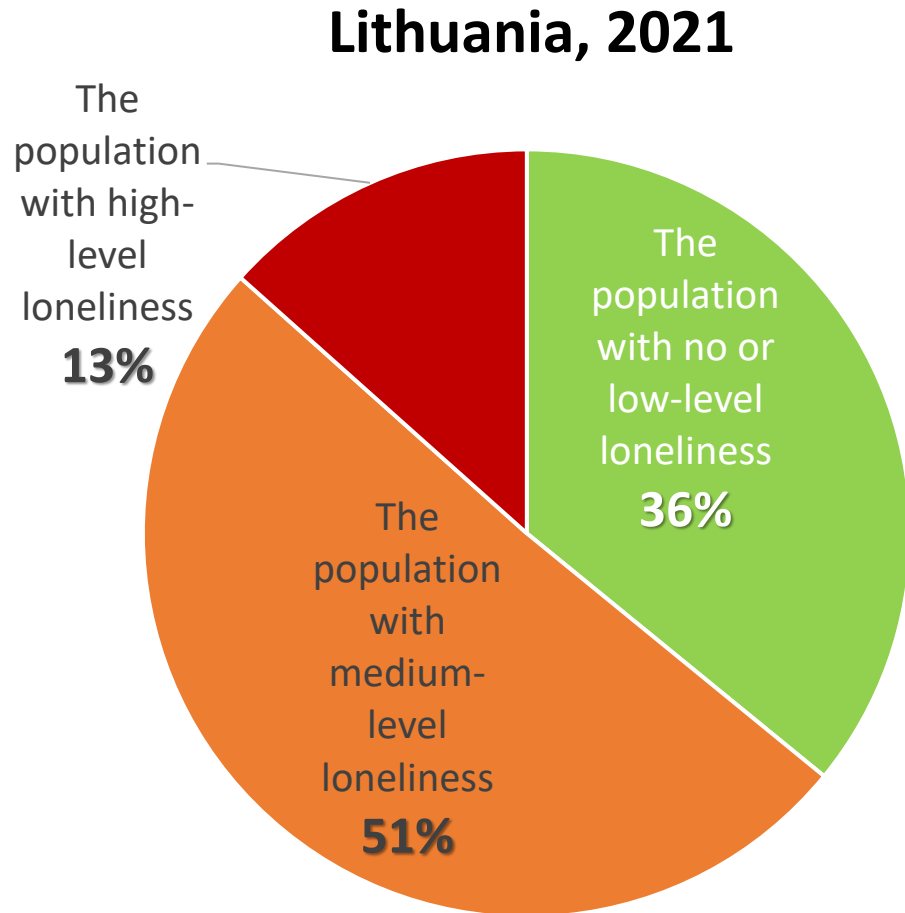
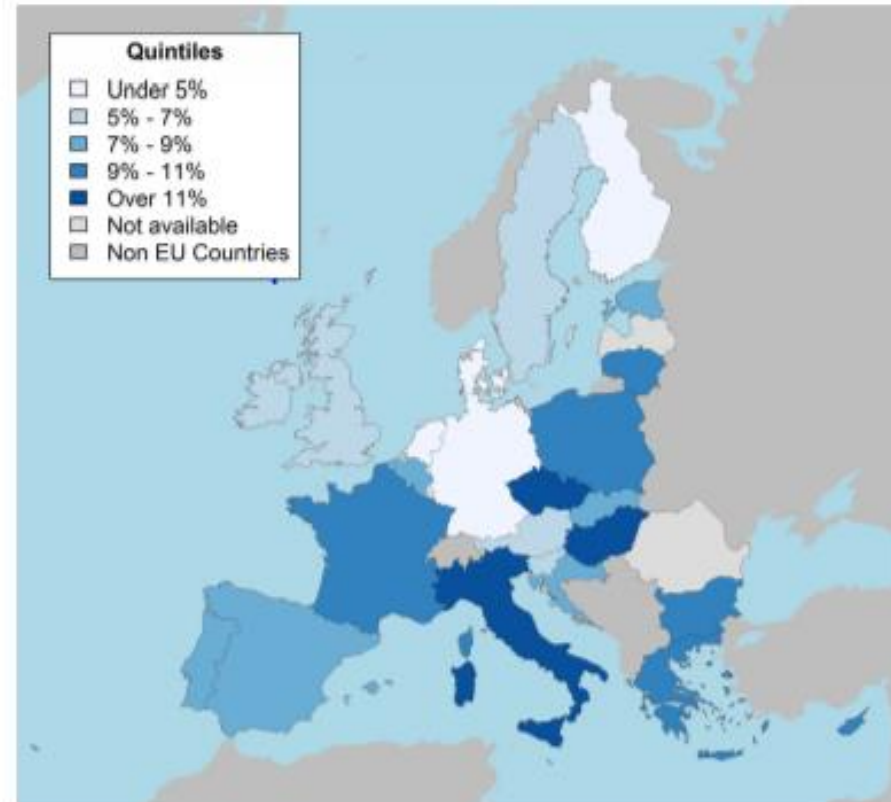


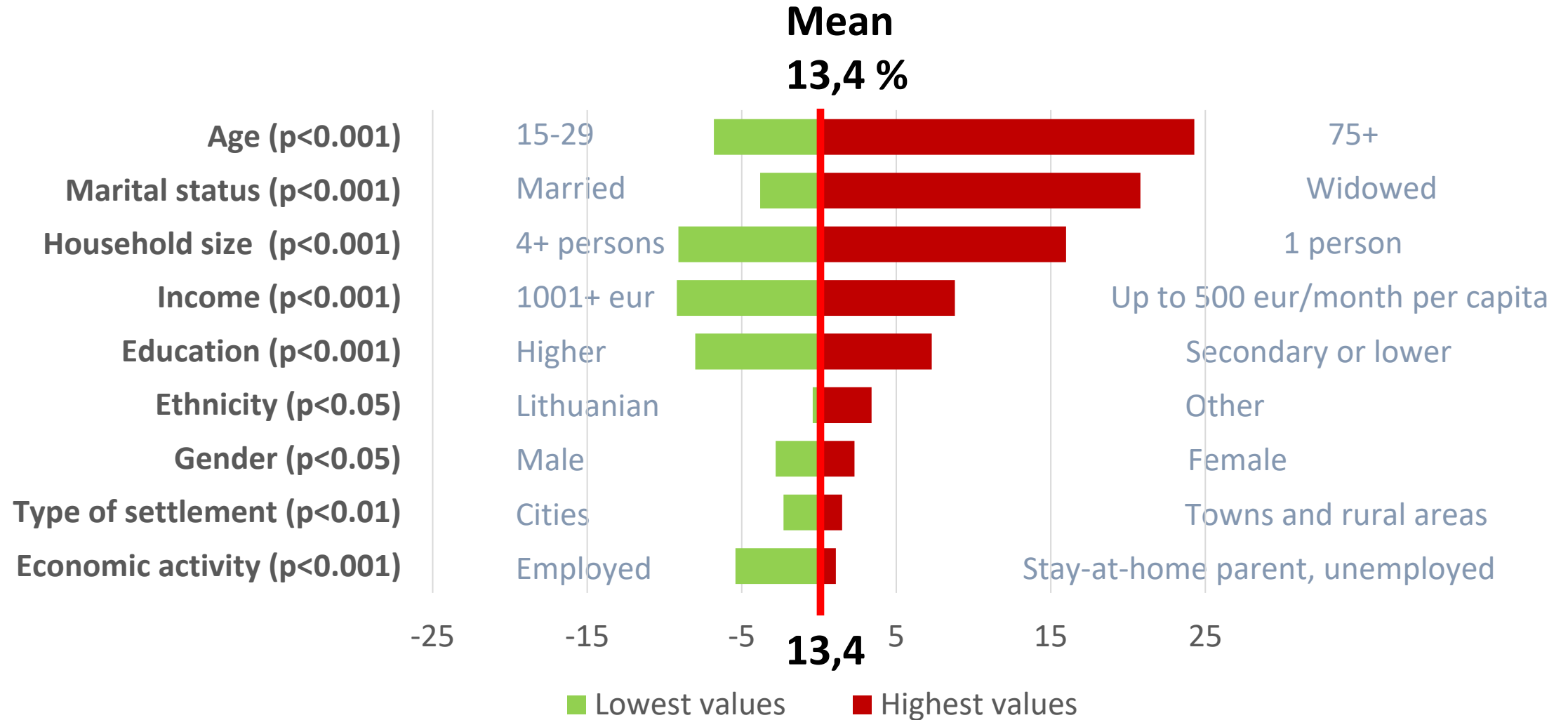
Figure 1: Prevalence of frequent loneliness across Europe



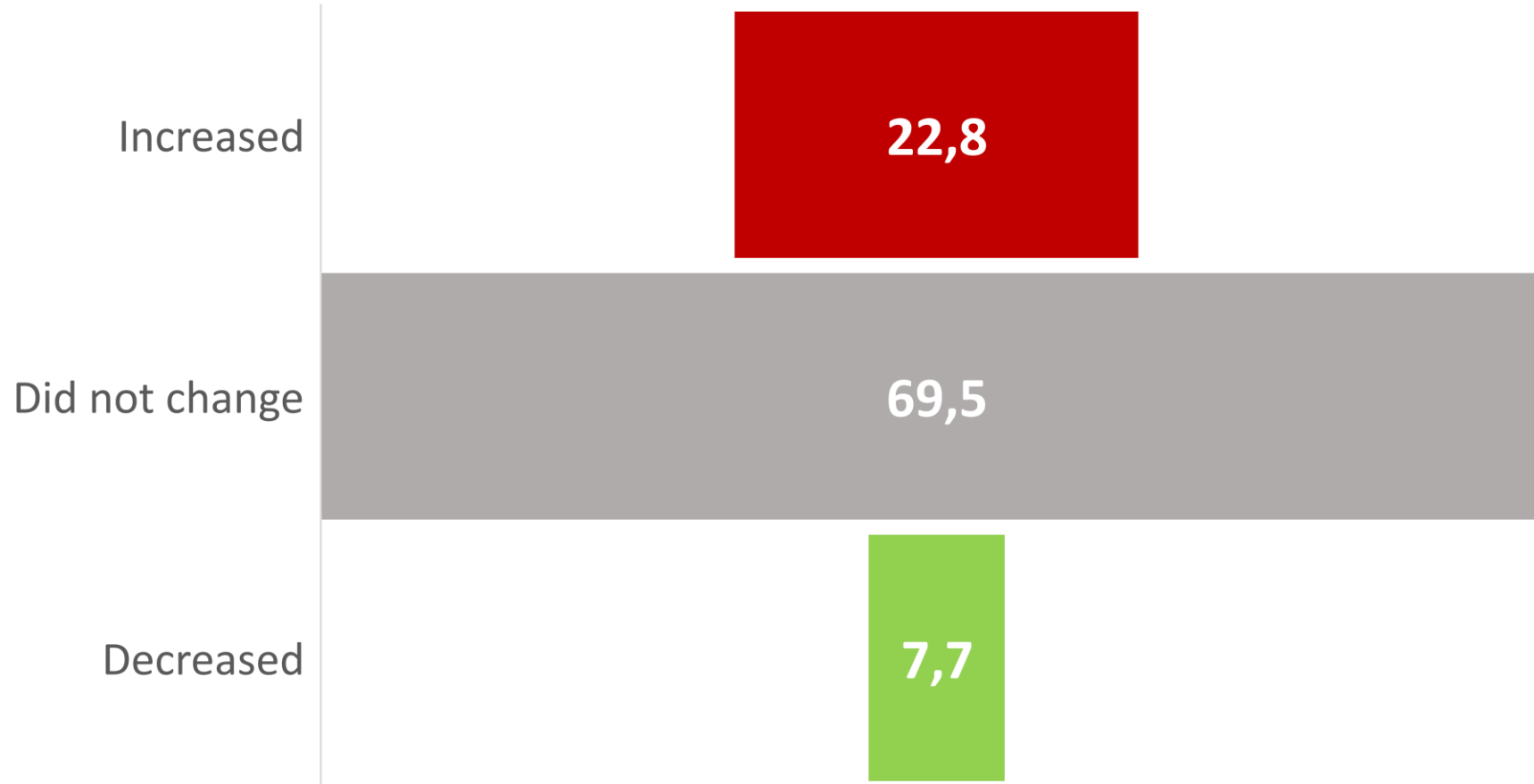
Note 1: European Social Survey (2010, 2012 and 2014).

Source: European Commission. 2018. Science for Policy Briefs. Loneliness – An Unequally Shared Burden in Europe. https://knowledge4policy.ec.europa.eu/sites/default/files/fairness_pb2018_loneliness_irc_i1.pdf

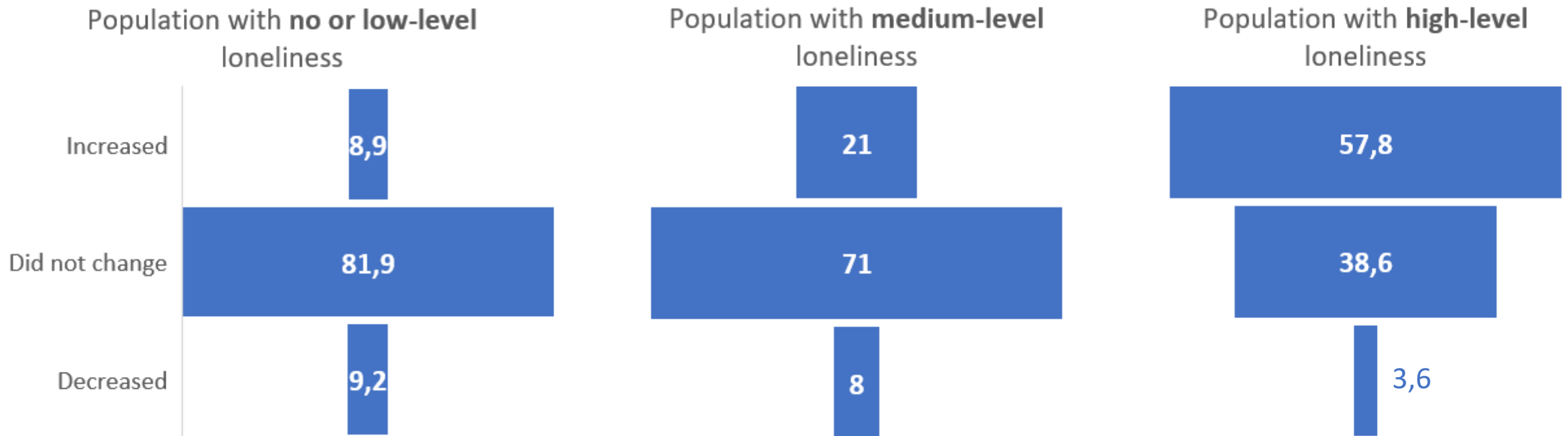
1.2. Vulnerable groups, 2021, per cent points



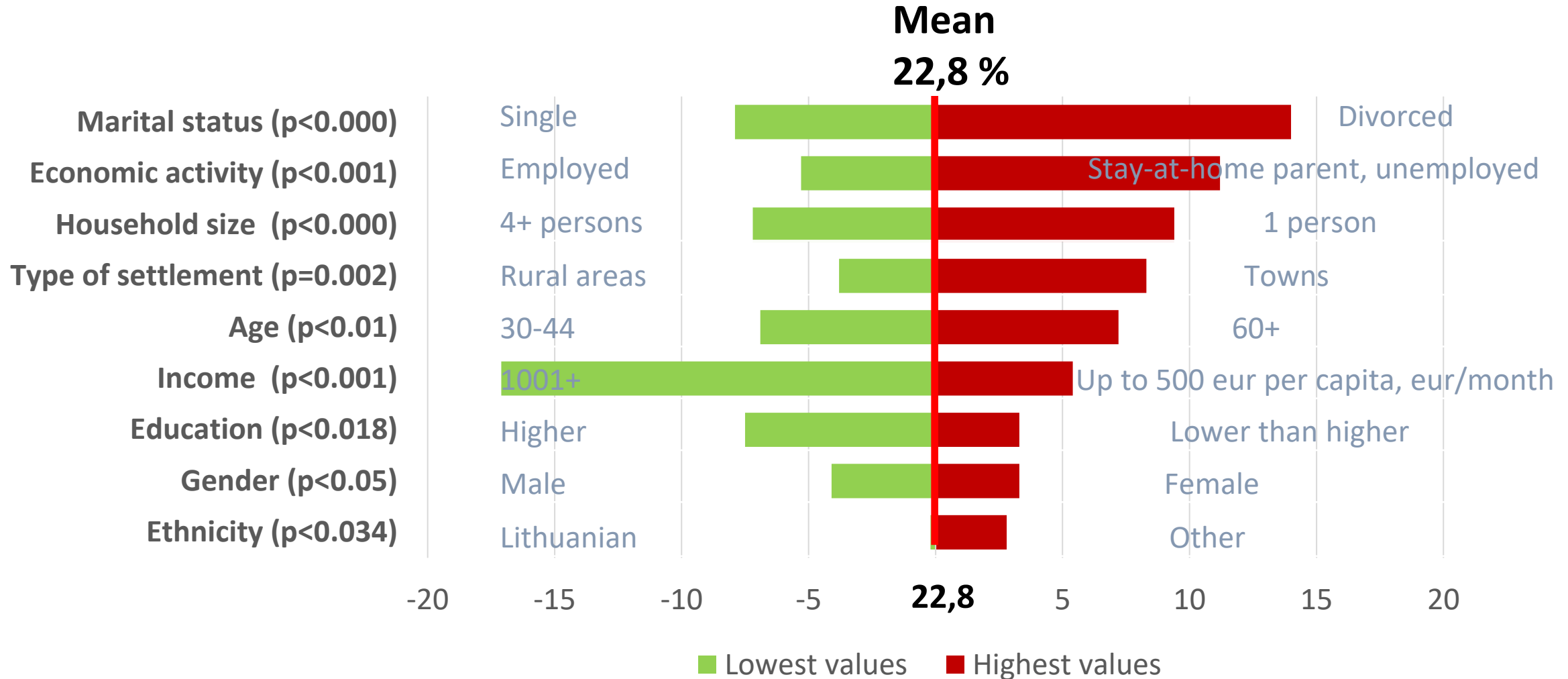
2.1. Retrospective perceived changes in loneliness, 2021, per cent



2.1. Retrospective changes in loneliness according to the level of loneliness, 2021, per cent



2.2. Demographics of increased loneliness, 2021, per cent points

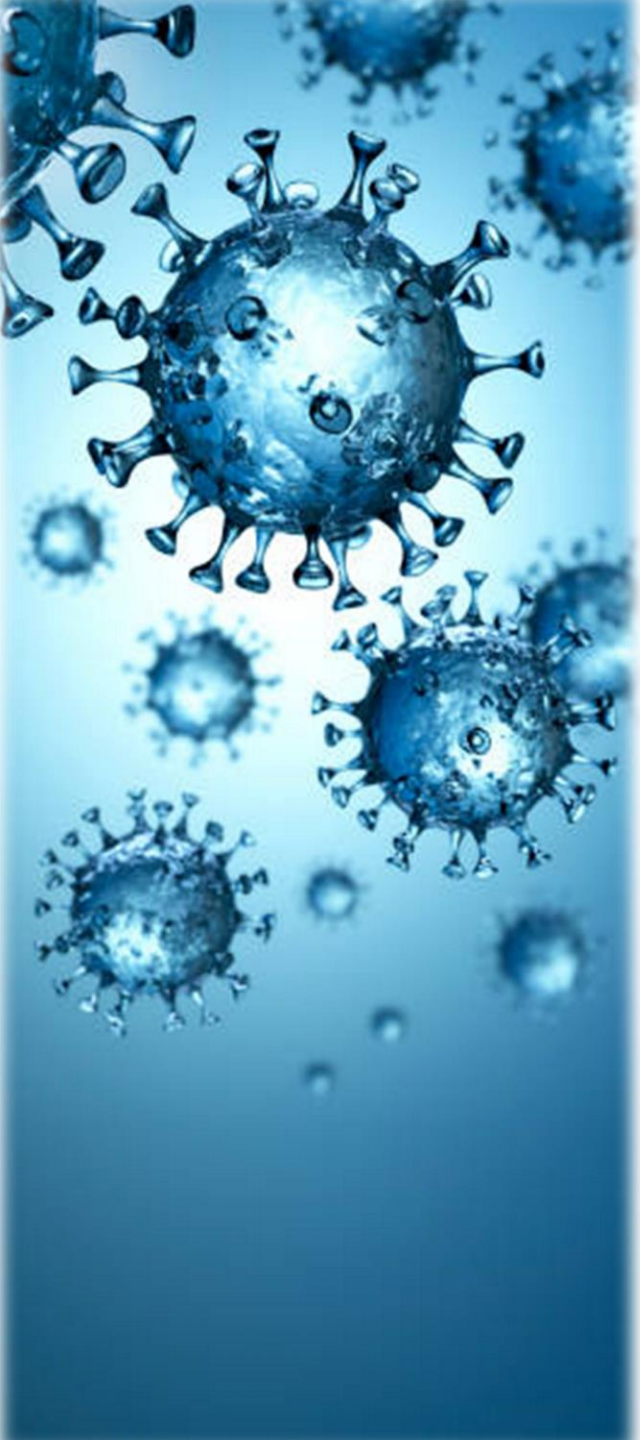




The take-home messages - 1

- What are the effects of the COVID-19 pandemic on loneliness in Lithuania, which experienced stringent lockdown regulation?
 - In the late autumn of 2021, **two out of three** persons stated that their loneliness **had not changed** during the first eight months of the COVID-19 lockdown, **every fourth** - that it **has increased**, and **every tenth** - that it **has decreased**.

- How did the pandemic crisis affect population groups with different levels of loneliness?
 - However, the pandemic crisis has **affected** population groups with different levels of loneliness to **very different degrees**. Those with very **low levels of loneliness** remained **stable** in the face of the crisis, while the majority of those experiencing the **highest levels of loneliness** experienced **increased** loneliness.



The take-home messages - 2

- The feeling of loneliness during the epidemic crisis increased mainly among **the divorced, unemployed, living in a one-person household, in towns, among older people, people with lower education and income, women and people of nontitular nationality.**
- The feeling of loneliness is related to structural inequality in society, so in the future, managers of any crisis at the national or local level need to take special care of supporting the mental health of socially vulnerable groups.

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