



Australian Longitudinal Study  
on Women's Health

## ALSWH Submission to the Inquiry into Social Isolation and Loneliness in Queensland

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The Australian Longitudinal Study on Women's Health (ALSWH) tracks the health and wellbeing of over 57,000 women across Australia and is now in its 25<sup>th</sup> year of operation. ALSWH takes a life course approach and regularly surveys four cohorts encompassing the adult lifespan. Participant data is linked to state and national administrative data sets providing detailed insights into the factors impacting women's health and health services throughout their lives.

This submission presents data and research specifically focused on loneliness and social isolation in Australian women. As a longitudinal study, ALSWH is uniquely positioned to provide insight into the causes and drivers of loneliness and social isolation, their impacts on women's health and wellbeing and potential mitigating factors.

## Which matters most – social isolation, social support or loneliness?

The terms social isolation, social support, and loneliness are sometimes used interchangeably in discussions about social health. However, they are distinct concepts that measure the quantity and quality of our social health. Social isolation is a quantitative measure of social contact. Loneliness is a subjective, qualitative measure of that contact. It is possible to be isolated and happy in solitude or in a relationship and still feel lonely. Social

support is a subjective measure of the depth of relationships. A person could be socially isolated but have access to good support from a few close friends.

In a paper published in 2021, Dr Rosanne Freak-Poli and associates used data from the 1921-26 cohort of the Australian Longitudinal Study on Women's Health to investigate whether social isolation, social support, and loneliness are independent factors or whether they interact with each other.

Overall, two thirds (66%) of 70–75-year-old women reported being socially isolated, lonely, or lacking social support at Survey 1 in 1996 ([Freak-Poli et al., 2021](#)).

- 61% were socially isolated
- 9% had low social support
- 14% were lonely
- 3% were socially isolated and lonely and had low social support

Dr Freak-Poli and her associates also investigated how these factors influence Health Related Quality of Life (HRQoL). This measure of how we perceive our health status is associated with mortality and morbidity. They found that in ageing women, social isolation, social support, and loneliness are separate, though interconnected, factors that all negatively affect HRQoL. Loneliness had the strongest association with poorer HRQoL, followed by low social support, and then social isolation.

## Vulnerable groups

### Older men vs. older women

The World Health Organization recognises that 'social isolation and loneliness shorten older people's lives, and damage their mental and physical health and quality of life'([World Health Organisation, 2021](#)). A comparison in social network size and satisfaction amongst 70-year-olds found significant differences between the genders ([McLaughlin et al., 2010](#)). Women from ALSWH's 1921-26 cohort had significantly larger social networks than men from the comparative Western Australian based Health in Men Study (HIMS). Being single, divorced or separated also had a greater negative impact on men's social networks than women's.

More extensive social networks were associated with:

- Higher education (for both men and women)
- Widowhood (for both men and women)

Smaller social networks were associated with:

- Lower education (women)
- Not being born in Australia (men and women)
- Poor mental health (men and women)
- Sight, hearing or speech difficulties (men and women)
- Chronic conditions (men)

Further research with these cohorts showed that subjective satisfaction with social support was more important than social network size. For older men and women in the ALSWH and HIMS cohorts, satisfaction with their social support predicted a lower risk of future disability ([McLaughlin et al., 2012](#)).

## Pregnant women and new mothers and the impact of COVID-19

To capture the impact of the COVID-19 pandemic in 2020, ALSWH sent a series of short, fortnightly online surveys to participants in the three younger ALSWH cohorts (born 1989-95, 1973-78, and 1946-51). The September 2020 survey focused on the theme of sexual and reproductive health during COVID-19. One of the most prominent themes in a qualitative analysis of women's survey comments was the impact of COVID-19 restrictions on pregnant women and new mothers. Women from the 1989-95 cohort wrote about being isolated at home and the impact this had on their mental health, access to social support and medical care ([Loxton D, 2020](#)). Participants comments illustrated the impact of their isolation during this time.

"My baby was born at the start of the pandemic. It really impacted my mental health as I was isolated and only had my partner and baby." (1989-95 cohort participant)

"There was a time when I was pregnant since covid began and covid made keeping the baby impossible as my family are in NSW and I'm Victoria and I couldn't see there being any support to do it on my own." (1989-95 cohort participant)

"Covid has affected my antenatal appointments and potential for meeting other pregnant mothers via antenatal classes." (1989-95 cohort participant)

## Measuring social health – the Australian Longitudinal Study on Women's Health

ALSWH is funded by the Australian Government Department of Health and jointly managed by the University of Newcastle and the University of Queensland. Since 1996, the Study has worked with the Department of Health to produce evidence supporting policy development and contribute to guidelines for health professionals and health service provision. As a longitudinal study, ALSWH is uniquely positioned to provide evidence on the effectiveness of policies and health programs enacted at the population level.

Research into social health considers social support, social isolation and loneliness. The ALSWH has data on each of these. To date, the majority of social health research using ALSWH data has focussed on the critical role of social support. Social support has been found to contribute to ALSWH participants' physical health ([L. Holden et al., 2015](#); [Leung et al., 2014](#)), mental health ([Libby Holden et al., 2015](#); [Holden et al., 2019](#); [Tran et al., 2018](#)), healthy pregnancies ([Bedaso et al., 2021](#)), and longevity ([Byles et al., 2019](#)). There is scope for research using the ALSWH data on loneliness and social isolation and loneliness by researchers and policymakers.



Study data are freely available to approved organisations. Over 900 researchers from institutions around the world have accessed ALSWH data for analysis. ALSWH also undertakes commissioned research and data analysis. For more information visit <https://alswh.org.au/for-policymakers/>.

#### ALSWH cohorts

Cohort born	Year recruited	Age at recruitment	Age in 2021	% Living in Queensland
1989-95	2012-13	18-23	26-31	20.8 %
1973-78	1996	18-23	43-48	20.6 %
1946-51	1996	45-50	70-75	19.1 %
1921-26	1996	70-75	95-100	15%

#### ALSWH data on loneliness

Women from the 1921-26, 1946-51, and 1973-78 cohorts have been asked about their experience of loneliness. The number of women reporting loneliness only fluctuates slightly as the cohorts age. This is most noticeable in the 1973-78 cohort who report being lonely less frequently as they age. Around 3-4% of women from the 1973-78 and 1946-51 cohorts report being lonely most or all of the time.

Women from the 1921-26 cohort were asked 'Are you sad or lonely often' at Survey 1 (1996), Survey 2 (1999), Survey 4 (2005), Survey 5 (2008), and Survey 6 in 2011. Their responses ranged from 8.6% to 14.6% across this period.

#### 1946-51 cohort: How often did you feel lonely last week?

Survey Year (age)	S2 1998 (47-52) %	S3 2001 (50-55) %	S4 2004 (53-58) %	S5 2007 (56-61) %	S6 2010 (59-64) %	S7 2013 (62-67) %	S8 2016 (65-70) %	S9 2019 (68-73) %
<b>Rarely or none of the time</b>	68	71.4	72.4	71.6	73.9	73	74.6	71.2
<b>Some or a little of the time</b>	20.4	18.4	17.3	17.1	16	15.6	14.1	17.9
<b>Occasionally or moderate amount</b>	7.8	6.9	7	7.4	6.9	7.4	7.5	7.6
<b>Most or all of the time</b>	3.8	3.3	3.4	3.9	3.2	3.9	3.9	3.3

**1973-78 cohort: How often did you feel lonely last week?**

Survey Year (age)	S2 2000 (22-27) %	S3 2003 (25-30) %	S4 2006 (28-33) %	S5 2009 (31-36) %	S6 2012 (34-39) %	S7 2015 (37-42) %	S8 2018 (40-45) %
<b>Rarely or none of the time</b>	55.3	58.5	63.4	63.1	67.3	67.3	66
<b>Some or a little of the time</b>	28.8	26.7	23.8	24.9	21.8	21.7	22.8
<b>Occasionally or moderate amount</b>	11.3	10.6	8.6	8.6	7.9	7.6	7.4
<b>Most or all of the time</b>	4.6	4.2	4.2	3.4	3	3.4	3.8

\* Survey 9 is currently being undertaken

**Are women in Queensland lonelier?**

Rates of loneliness among ALSWH participants in Queensland are similar to the overall rates of loneliness among all ALSWH respondents

- At Survey 6 of the 1921-26 cohort, 12.4% of all participants said they were sad or lonely, compared to 15% of Queensland participants reporting being lonely
- At Survey 9 of the 1946-51 cohort (aged 68-73), 7.6% of respondents Australia wide were occasionally lonely in the past week, and 3.3% were lonely most of the time, compared to 7.9% and 3.6% in Queensland
- At Survey 8 of the 1973-78 cohort, 7.4% of respondents Australia wide were occasionally lonely, and 3.8% were lonely most of the time, compared to 7.4% and 4.1% in Queensland.

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