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The social networks of older involuntarily childless men



Robin Hadley (PhD defended)

r.a.hadley@keele.ac.uk

[@RobinHadley1](https://twitter.com/RobinHadley1)

www.wantedtobeadad.com

Background

- Demographic change: increased longevity, decreased fertility, smaller families, increase in divorce, diversity if family.
- Future impact on pensions, health & social care funding and provision (*Wittenberg et al 2008*).
- Family (adult children) provide most informal care for older people (*Phillips, 2007*).
- Potential or actual infertility has major implications for health, wellbeing and identity.
- Paucity of data on male experience of infertility (*Letherby, 2010*).
- Ageing research has focussed on older women as they lived longer, accessed more state benefits and health & care services (*Arber 2004, Arber et al, 2003*).

Childlessness

- Most societies are pronatalist: childless labeled as 'other'.
- Majority of research focuses on the 'involuntary' as it is based on those accessing infertility treatment.
- Potential or actual infertility has major implications for physical & mental health, socio-economically, identity & well being.
- Men reported as 'not interested' by infertility researchers. (Lloyd, 1996).
- Difficult to assess the level of involuntary childlessness because people who do not access treatment are not recorded.
- Men's fertility history is not collected: it is not possible to assess the level of childless men in the UK. (ONS, 2014; Cohort Fertility background notes).

Ageing and childlessness

- Older childless adults: *'rendered invisible in social science literature.'* (Dykstra and Hagestad 2007: p. 1275)
- Older childless adults have an increased risk of loneliness, social isolation, depression, and ill health. (Dykstra and Hagestad, 2007)
- Formerly married childless men showed poorer physical and mental health, sleeplessness, excessive drinking and smoking than men with partners. (Kendig et al, 2007)
- Long-term non-contact fathers & childless men have higher death rate through suicide and risky health and social behaviours. Linked to *'emotional instability and willingness to take risks.'* (Weitoft et al, 2004: p.1457).

Gerontology: the invisible men

- Older men were seen as advantaged: economically stable, married with care dividend.
- Older men died at an earlier age than women.
- Hearn (1995: p.101) states 'Older men are also defined by their earlier death than women...and constructed as pre-death...even invisible.'
- Men are judged as poor in accessing health care.
- Partner-less older men more likely to be placed in residential care than equivalent women.
- Seen as socially reticent and difficult to access for research on personal matters (*Arber et al., 2003*).

Pathways to childlessness

- **Economics:** *“The bloody interest rates hit 13% - so that made me delay, you know, overtures in those directions.” John (59)*
- **Social clock:** *“Nobody wants a 70 year old father when you’re 20.” Martin (70)*
- **Biological clock:** *“We just don't want to let time go by and let nature take the decision for us.” John*
- **Health:** *“IVF was very stressful for my partner so, after two cycles, we called it a day basically.” Edward (60).*
- **Relationship dynamics:** *“She said, “I never thought you are responsible enough to have children” Which, I guess, is the time I started drinking seriously.” John*

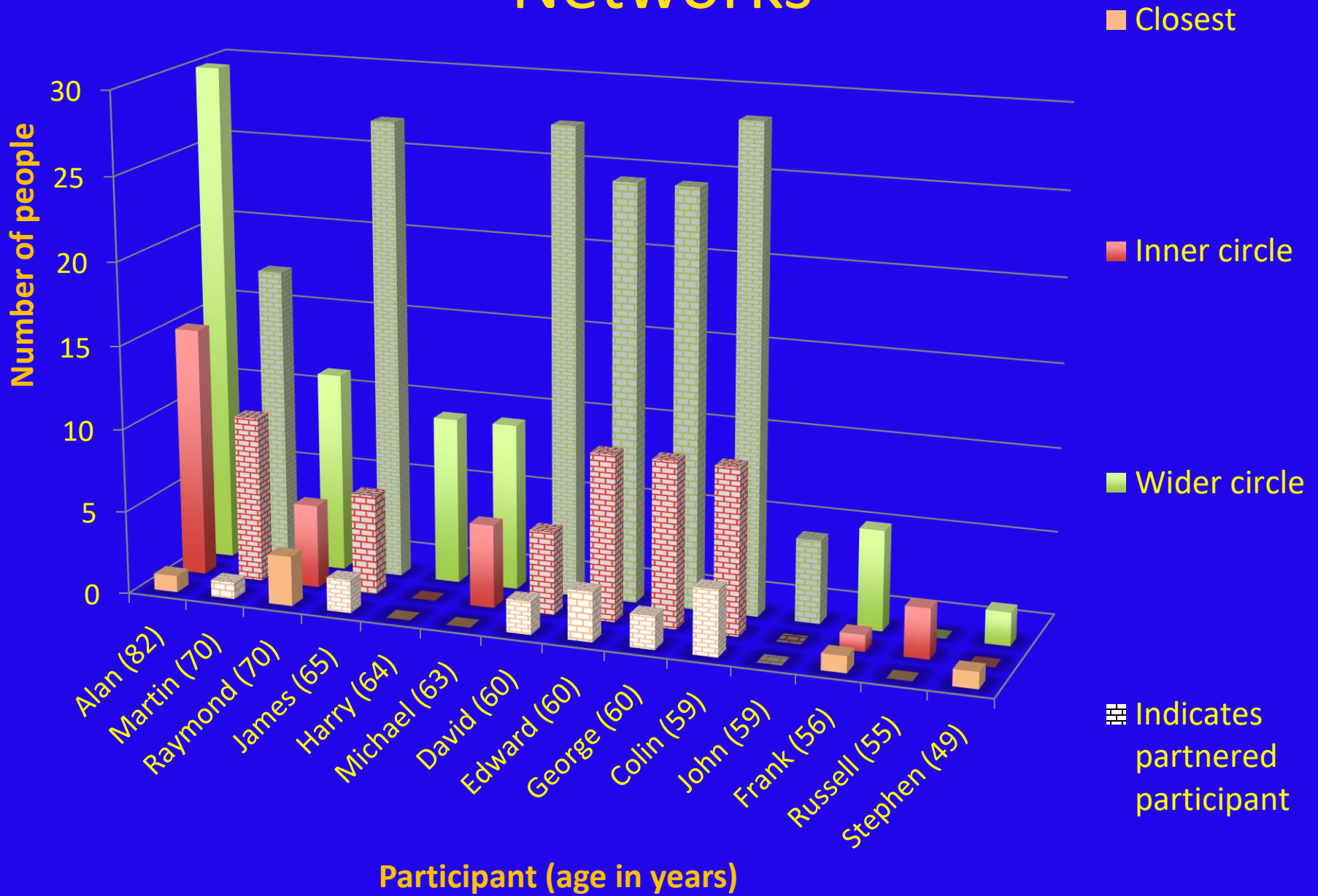
Social networks and childless people

- Relationships and social support are as important as physical health towards well being & preventing isolation & exclusion. *(Victor and Scharf, 2005)*
- Marriage is important to well being in later life – if the relationship is ‘good’. *(Wong and Waite, 2015)*
- Older childless are not disadvantaged when their health is good. If health deteriorates the informal support declines and the formal care does not take up the shortfall. *(Albertini & Mencharini, 2014)*
- Network size and type affect health: those with least resources tend to have poorer health behaviours. *(Wong and Waite, 2015)*

Social networks and men

- Older men especially see their partner as a primary source of care and support. *(Arber, 2004; Arber and Davidson, 2003)*
- Older men are more likely to have very small networks of one person or less compared to equivalent women. *(Phillipson et al 2001)*
- Partner-less older men are more likely to be placed in residential care than equivalent women. *(Arber and Davidson, 2003)*
- Concern over older men's isolation has led to projects such as 'Men in sheds' & 'Hen Power'.
- 'Out in the City' 50+ type groups offer support to older LGBT people.

Networks



Continuity of family dynamics

Colin: *“I have a great relationship with my partner and my brothers, they are most important. My family was, and is, extremely close. Very happy, and fun, childhood.”*

John: *“My childhood [...] I was not abused as such, but it was aversive [...] even now, my mum, it’s still a bloody monster. My middle brother I can't have any respect for him at all. I’m in contact with me brother [youngest]. Cousins, I would be hard-pressed to recognise - it's been so long. So now relative strangers.”*

Singletons: partnered & bereaved

Martin: *“I think my wife and I are very much for each other, so we tend to be our own social field. How do we socialise? Family. Of course it’s my wife’s family, ‘cos I’ve not got any. And that’s really just her siblings saying, “Let’s visit”, and the surrogate grandchild.”*

Harry: *“There’s no inner circle, no. [...] Loads of activities around here from people we knew. I’ve dropped out of that because I hate going on my own. [...] A problem – I’ll solve it. I’m the only one - I don’t know anyone. [...] There’s two long time mates that I got that, if I rang, would come at a click.*

Organisations influence on social networks

Alan: *“There is a core of people that is my relatives and some o' the closer people from the group. The ones that 'ave been there probably from the beginnin’.”*

Raymond: *“I've the people at the pub and I've got the group. With the group, if you're not well [...] I ring and then they know I'm not just, sommat's happened, I've not gone. I had a couple of phone calls back, see if I were alright, you know. You think, “Well somebody cares,” you know? [...] It's most of my life - going to the pub or the group. So, I mean, you take that away from me and just sit here forever? Then might as well curl up and die now, you know?”*

Future

Health: *“Who's gonna take us to the hospital? Who's gonna push us? When we fall on the floor, who's gonna pick us up?” Michael (63)*

“You're suddenly aware you're no longer invincible.” John (59)

Threat: *“I don't want people saying, “Oh, he's a bit of a paedophile, this one, looking at the kids”.” Raymond (70)*

Legacy: *“There is a richness of family history, which it's nice to pass on, again no one to pass it on to.” David (60)*

“To be brutal death is the future... I'd like to see my surrogate granddaughter grow up... 15 years will take her to 18. You can see them to be an adult then, can't you?” Martin (70)

Ageing masculinity

“How is a man supposed to be a man?” Frank (56)

Masculinity: provider, active, virility, strength, heterosexual, non-feminine, emotionally distant, subordination of others = ‘Ideal’ type.

Ageing associated with loss of: control, independence, strength, and physical and mental health.

Consequently, older men are viewed as ‘other’ and seen as both genderless and a sexual threat (Walz, 2002).

Emergent Masculinity: Men now behaving in ways that counter/reject the hegemonic masculinity ideal/the old ways. (Inhorn, 2012)

Mosaic masculinity: Older men adapt parts of masculine scripts to form their masculine identity. (Coles, 2008)

Summary

1. Influences on routes to childlessness: complex intersection between agency & structure: age, social status, relationships, economics, culture, health & timing of events. 'Social clock'.
2. Attitude and behaviours informed by gender, sexual orientation, social expectations, upbringing, relationship skills, relationships, economics, location & social networks.
3. Quality of Life influenced by health, relationships & social networks: chronic co-morbidities felt older than their age; most men with siblings & partners had larger networks than those without; positive impact of support groups e.g. MTL & +50 LGBT.
4. Policy: The childless not recognised in policy & practice documents. Masculine stereotypes embedded in service delivery may add to exclusion, isolation, & stigmatisation of older men.

Ageing Without Children (awoc.org)

- Grass roots organisation campaigning for the recognition of 'AWOC' people. Includes those childless by circumstance, choice, bereavement, disruption, & self defined.
- More people now in their 40s will age without children than ever before; estimates are between 20-25%.
- The population of older people in the UK is increasing.
- Assumption in health and social care policy and practice that older people will have family members to fill the gap left by the state.
- The ageing childless are not recognised in policy and practice documents.
- Seeking funding to conduct more research.

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Thank you for listening!

Any questions?



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Dr Robin Hadley
Rahadley7.8@gmail.com
@RobinHadley1
www.robinhadley.co.uk