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The social networks of involuntarily childless older men



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Background

- Based on my PhD: *Life without fatherhood: a qualitative research study of older involuntarily childless men.*
- 14 men were interviewed in 2012
- Age range: 49 – 82 years
- 2 non-heterosexual, 12 heterosexual
- 7 single, 7 in relationships
- 13 White-British; 1 Anglo-Celtic Australian
- My PhD studentship was funded by Keele University.
- Relationships categorised: 'closest' (complete trust), 'inner' (trust a priority, possibly a duty such as godparent), & 'wider' (informal connections, shared interest) (*de Jong Gierveld, 2003*)

Childlessness

- Most societies are pronatalist: childless labeled as 'other'.
- Majority of research focuses on the 'involuntary' as it is based on those pre, participating in, or post infertility treatment.
- Diagnosis of potential or actual infertility can have significant implications for health, identity, & well being.
- Difficult to assess the level of involuntary childlessness because people who do not access treatment are not recorded.
- In the UK, fathers fertility history is not collected at birth registration. Consequently, 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)
- **Survey data indicates older childless adults have an increased risk of loneliness, social, isolation, depression, and ill health.** (Dykstra and Hagestad, 2007)
- **After the partner, adult children most likely to provide care & support to older people.** (Wenger et al, 2007)
- **Demographic change of increased longevity, decreased fertility & smaller families: future impact on demand for formal care not only by the childless but also unavailable adult children.** (Phillips, 2007)

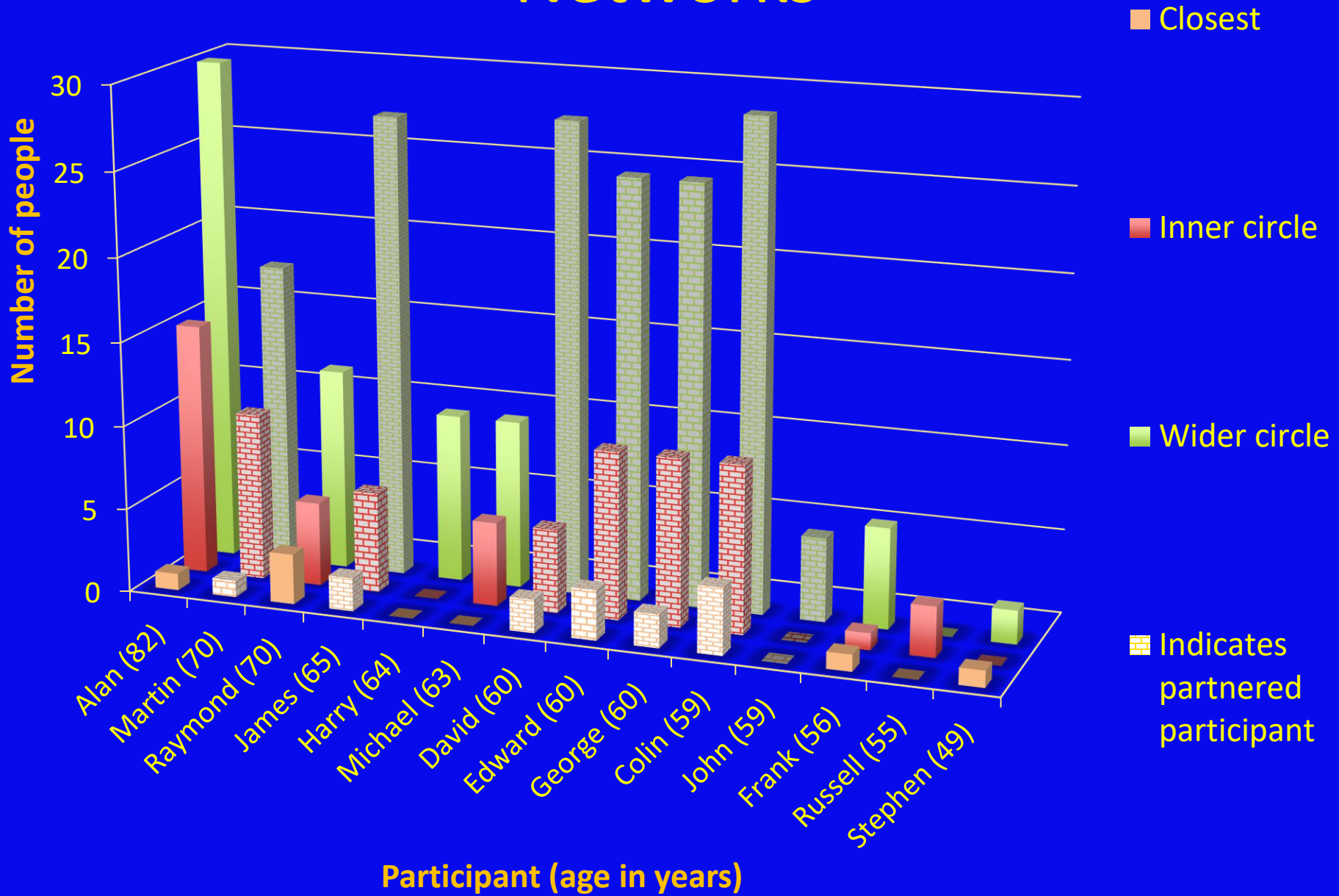
Social networks and ageing

- Relationships and social support are as important as physical health towards well being & preventing isolation & exclusion. (*Victor and Scharf, 2005*)
- Network size and type affect health: those with least resources tend to have poorer health behaviours. (*Wong and Waite, 2015*)
- Marriage is important to well being in later life – if the relationship is ‘good’. (*Wong and Waite, 2015*)
- Older men especially see their partner as a primary source of care and support - especially childless married men. (*Arber and Davidson, 2003, Arber, 2004*)

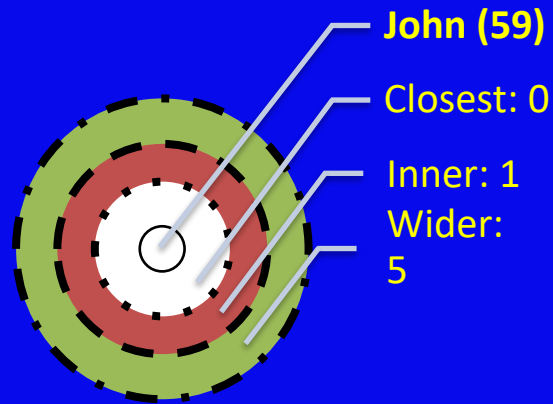
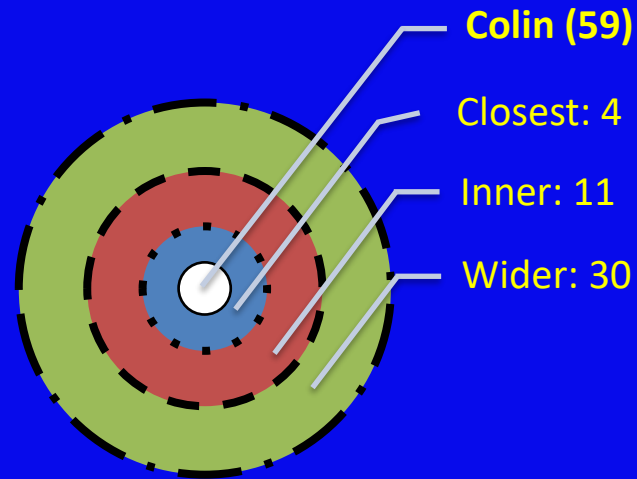
Social networks and childless people

- Extended family & non-kin give informal support to older childless people: intense care supplied by service providers.
- 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)*
- Partner-less older men are more likely to be placed in residential care than equivalent women. *(Arber and Davidson, 2003)*
- Older men are more likely to have very small networks of one person or less compared to women. *(Phillipson et al 2001)*
- 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



Partnered: with and without closest relationships

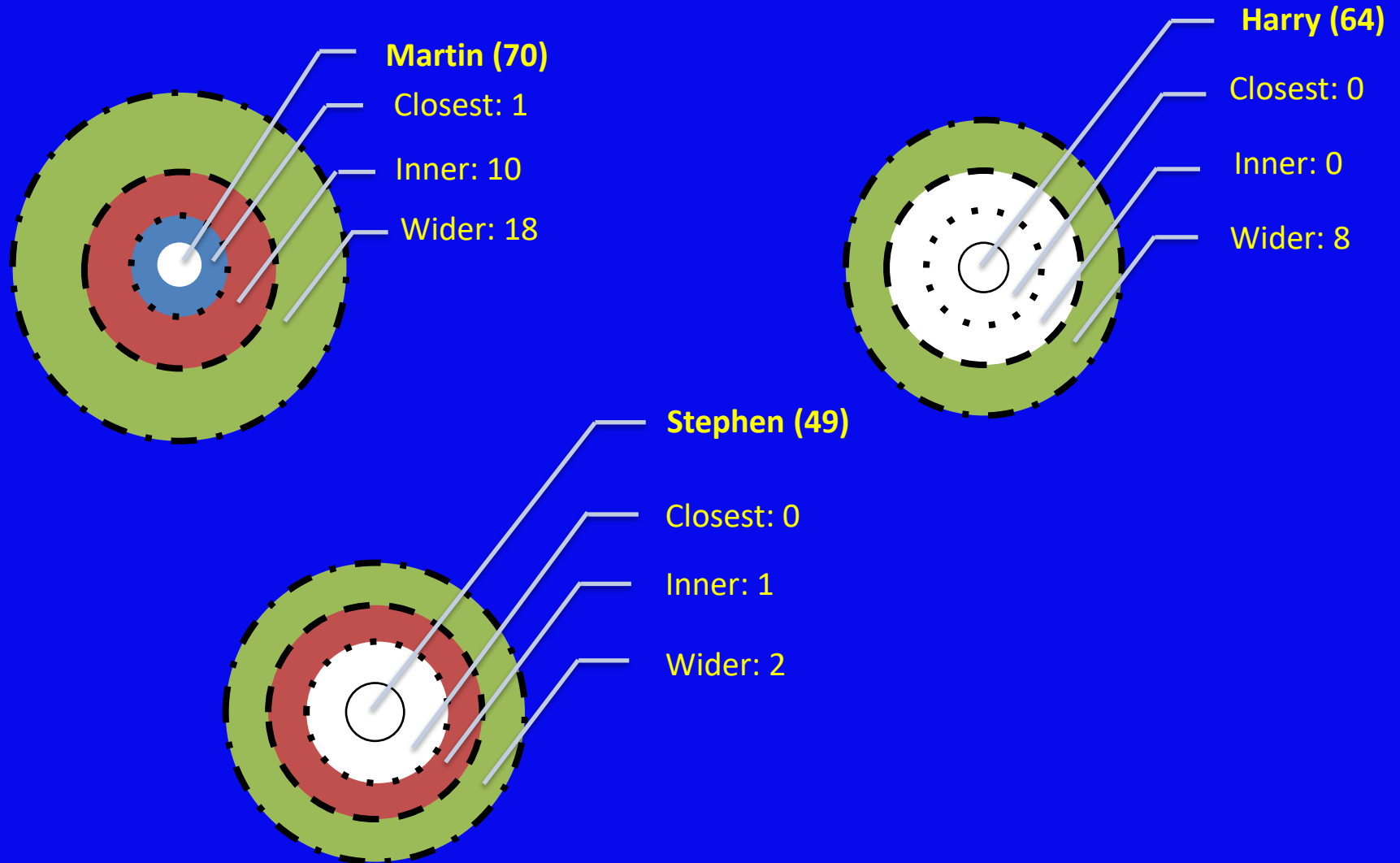


Continuity of/and family dynamics

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.”*

Singleton child: with and without partners



Partnered, bereaved, single

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.*

Stephen: *“I’m not a particularly sociable individual. [...] I have one or two good friends. I don’t feel the same level of discomfort at being on my own. I’m not aware that I’ve been excluded. Because I live with my mother colleagues thought I was gay.”*

Organisations and social networks

Alan: *“I think in the LGBT community is like all communities: they look after their own. You look after your people - your own tribe first.”*

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?”*

Grandfatherhood 1 & 2

Latent: *“I mean I think in a way of the two little ones in the pub as the grandchildren I’ve never had. I don’t say that in the pub to anybody, I don’t even let them know it, or their Dad.” Raymond (70)*

Adopted: *“They asked if they could adopt me as a granddad. That lasted 3 years - it was great. I felt I belonged - that’s what I miss.” Alan (82)*

Grandfatherhood 3 & 4

Proxy: *“Liz’s grandchildren appeared on the scene - I discovered what a pleasure that is, you know? I’m keenly interested in them, as I would be if they were my genetic grandchildren, I think. Liz’s ex-husband, he’s ‘Granddad’, I am ‘Pappous’ - the Greek word for Grandfather.” James (65):*

Surrogate: *“I said to the parents, “You know, this baby when it comes hasn’t got a paternal grandfather. Can I be a surrogate grandfather?” Which I am. They call me ‘Sgrampy’, which is an ‘orrible word, but its surrogate grandfather, surrogate grampy. Pat is ‘Gruntie’ because she’s actually a great aunt. And particularly, I say, the surrogate grandchild, is a big part of the social thing” Martin (70)*

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)*

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

Lineage: *“If you don't have children, you're not gonna have grandchildren.” Frank (56)*

Fictive kin: *“I'd like to see the, my surrogate granddaughter grow up to 18. So, you can see them be an adult then, can't you?” Martin (70)*

“Yeah, we do talk now, a new topic [grandparenthood] 'as entered the conversational gambit, you know?” James (65)

Factors that influence social networks

Family: Dynamics affect all levels of relationship at different times: singleton children have limited horizontal ties.

Upbringing: Affects seen across the life course in self esteem, & relationship skills.

Relationship: Partner influential – positively and negatively.

Fictive kin: 4 types of grandfatherhood & group membership.

Employment: Having to move on a regular basis may limit building connections. Exiting affects social network. [Links to Location.](#)

Religion: Regular social contact across the life course: may help form new networks if relocating.

Health: May limit social connections. However, support groups may supply alternative or increased connections.

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Thank you for listening:
any questions?



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