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## The Unseen men on Father's Day: The Impact of Childlessness on Men's Health and Well-being

My book 'HOW IS A MAN SUPPOSED TO BE A MAN? Male Childlessness – a Life Course Disrupted': <https://bit.ly/3aa3TfO>

Father's Day is a celebration that honours fatherhood and paternal bonds, as well as the influence of fathers in society. Taking a different view to the 'new father' ideal, Georgie Codd's book, 'Never Had a Dad' is a poignant exploration of the complex dynamics surrounding fatherhood, family and human relationships. The discussions surrounding fatherhood highlight an often-overlooked aspect of men's lives: the impact of unwanted childlessness. In the UK (and most parts of the world) the data on father's fertility history is not typically recorded at the registration of a birth (the mother's is). As a result, childless men do not exist as a recognized 'category' making it extremely challenging to find data on how male childlessness affects men economically, socially, their mental and physical health, mortality, and well-being. However, my research shows that childlessness affects men.

Research shows there are more childless men than childless women: in Europe approximately 25 percent of men compared to 20 percent of women are childless (Tanturri et al., 2015). A British cohort study found that 25.4 percent of men and 19 percent of women were childless (Berrington, 2017).

Recently, I did a 'quick and dirty' analysis of the data in The National Confidential Inquiry into Suicide and Safety in Mental Health (Appleby, et al., 2021). The section 'Suicide by middle aged men' seems to show that over 60% (38% were parents) of the cases were probably childless at the time of their suicide.

Older childless men have smaller social networks and poorer behaviours in terms of health, diet, self-care, and well-being than those married with children. Fathers have higher incomes than childless men, regardless of their partner history. Childless men have higher mortality risks than fathers (Dykstra and Keizer, 2009, Keizer, et al., 2009).

Unmarried and childless men face greater risks of poor midlife physical function (functional decline) than married men with children. There were no differences in outcomes among women (Guralnik, et al., 2009).

A Norwegian study found childless men in late middle age had higher mortality than fathers (Grundy and Kravdal, 2010).

An Australian study found that men, five years after a diagnosis of infertility, who did not become fathers suffered poorer mental health compared to men who become fathers (Fisher, et al., 2010).

A Swedish study showed that lone childless men and lone non-custodial fathers, had an increased risk of death through suicide, addiction, injury, external violence, poisoning, lung, and ischemic heart disease. The authors argued that the that higher mortality rate was connected to emotional instability and willingness to take risks, while parenting moderated risk-taking behaviour (Weitoft, et al., 2004).

A Swiss population study indicated that generally, men had over twice the rate of unassisted suicide and a similar level of assisted suicide compared to women: accounting for underlying health problems (for example, cancer) the rate for unassisted suicide for men was nearly five times the rate for women (Steck, et al., 2018).

A British study found circumstantially childless men reported having experienced depression with 80% stating that childlessness was an element in their mental health issues (Hadley and Hanley, 2011). Similarly, childless men reported being more depressed and lonelier than equivalent women (Hadley, 2019, Hadley, 2020, Hadley 2024).

A study of North American coworkers revealed divorced, widowed, and never-married childless men reported higher rates of loneliness compared with women in similar circumstances (Zhang and Hayward, 2001).

Divorced, and widowed childless men showed higher rates of depression than divorced and widowed women (Zhang and Hayward, 2001).

A tri-country study found connections between poor health behaviour and elderly childless people, with formerly married childless men having poorer physical health, smoking, depression and sleeping difficulties than partnered men (Kendig, et al., 2007).

Dutch data demonstrated that single non-parent men aged 45–59 were poorer socio-economically and psychologically compared to men in relationships (Dykstra and Keizer, 2009).

Contemporary studies find a decline in sperm efficacy from the age of 35 onwards. Environmental and occupational contaminants have a detrimental effect on sperm quality and egg development. Working class men are more likely to work in hazardous jobs (Hadley, 2021, Tomova and Carroll, 2019).

There is an untested and unprovable assumption that men are disengaged from and uninterested in, matters of human reproduction. This attitude has become structurally embedded in policy, the media and academia (Inhorn, et al., 2009, Inhorn, et al., 2009).

Prof Cynthia Daniels argues that ideal masculine norms have systematically reduced, and hidden men's reproductive vulnerability, reinforces gender stereotypes and distorts the role of men in reproduction. Men are socially conditioned to believing that showing vulnerability is a weakness. This leads to both a profound neglect of male reproductive health and a distorted view of men's relationship to family, fatherhood, relationships, and reproduction (Daniels, 2002, Daniels, 2006).

Men view health as central to quality of life (Hadley, 2021: p196; p.203).

William Collins (2019) argues that there is an 'empathy gap' when it comes to men and boys. There is good evidence of institutional ambivalence about men: in 2008 the NHS introduced a routine vaccination programme against human papillomavirus (HPV) for girls aged 12–13. HPV causes serious diseases in both sexes. However, only after campaigns by health professionals and special interest groups was a vaccination programme for boys aged 12–13 started in September 2019 (Hadley, 2021: p. 241). Similarly, patients who do not conform to traditional masculine gender norms have been viewed as lesser by staff in health and care settings (Hadley, 2021: p. 274). The exclusion of father's fertility history at the registration of a birth means that in the UK (and most other countries) it is impossible for government agencies to have exact and up to date statistical evidence of the level of childless men in the population. This has serious implications for future provision of services and is particularly critical for health and social care policy and practise (Hadley, 2018, Hadley, 2019, Hadley, 2021, Hadley, 2021, Hadley, 2023).

This complex landscape calls for a more nuanced understanding and approach to male reproductive health. It is imperative that societal attitudes evolve to recognize and address the unique challenges faced by childless men. By doing so, we can work towards a more inclusive and empathetic society that acknowledges and supports the needs of all individuals, regardless of gender.

I am a World Childless Week Ambassador. This year's World Childless Week takes place on 16-22 Sept 2024.

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