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Muted Voices of Invisible Men: the Impact of Male Childlessness

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Abstract

The vast bulk of the discourse surrounding reproduction is centred on women. Yet, the rate of childlessness in the United Kingdom (and much of the world) is higher among men. Recently, there has been an increased focus on fatherhood and fathering in academia, policy, practice and the general media. However, data on men who do not become fathers has been excluded and their experiences minimised and dismissed. Infertility research has shown that failure to achieve the high social status of parenthood has the similar effects on mental and physical health as a diagnosis of life-threatening illness. In this chapter I will draw on two qualitative research studies to show how not achieving the pronatalist ideal of parenthood impacts on men's identity, sense of self, behaviours, health and wellbeing and social networks across the life course. The workplace is an arena where people who do not fit socio-cultural norms and expectations are overtly and/or covertly stigmatised and discriminated against through policy, working practices and everyday interaction between groups and individuals. I will argue that failing to acknowledge men's experience of non-reproduction has a significant impact on both individuals and institutions alike.

Keywords: Childlessness; fatherhood; masculinity; mental and physical health; policy; workplace

Introduction

How we reproduce is fundamental to our understanding of our way of being in the world. With every interaction - each step, each breath, each reach, each connection and all behaviour in every environment, our existence is challenged, confirmed and defined by who and what we are and *who and what we are not across the life course*. The absence of childless men's experiences in general and in the workplace particularly, are examined in this chapter. To do so I will draw on my qualitative PhD (Robin A. Hadley, 2015) and MA (Robin A. Hadley, 2008) research studies into the impact of unwanted male childlessness. Qualitative research aims to explore social situations through a 'reflective, interpretative, descriptive, and usually reflexive effort to *describe and understand* human action and experience (Fischer, 2006, p. xvi original italics). The 14 men interviewed for my PhD were aged between 49 and 82 years, 13 were White British and one Celtic Australian, 12 were heterosexual and two described themselves as homosexual/GAY. In my MA I interviewed 10 heterosexual men aged between 32 and over 60 years and all were White British. All interviews were semi-structured. Full details of my PhD and MA methodologies can be found in Robin A. Hadley (2021a). The quotes used are drawn from qualitative semi-structured interviews with men who were neither a biological father or social father (for example, men who foster, adopt and/or are a step-parent). The terms associated with childlessness are many and varied. In this piece I use the terms 'involuntary childlessness' and 'involuntarily childless' to include people whose Assistive Reproduction Technology (ART) treatment was unsuccessful and those who are 'childless not by choice' (CNBC). This latter group consist of people who wanted to be a parent but did not become one through a wide range of circumstances. For example, not being accepted for ART and/or cultural, economic, social or personal factors.

Background

Demographics

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). Across the last half-century a demographic change of reduced fertility rates and increased age of mortality has resulted in an increase in the number of childless people (Kreyenfeld & Konietzka, 2017). This trend has significant consequences for governments, employers and individuals. For governments, concerns include future pension and health and care provision. Employers, apprehension surround managing how people's reproductive careers intersect with the work environment. For the individual, anxiety encompass the balancing of individual wishes and socio-cultural expectations in a variable economic context.

Historically, the vast majority of literature on reproduction (academic and general) has concentrated on 'women's and maternal processes' (Hinton & Miller, 2013, p. 248) with a contemporary acknowledgement on the impact of childlessness. Professor Marcia Inhorn has argued that men have been marginalized in all literature as 'the second sex' because of the unproven assertion they are both uninterested and disconnected from reproductive aims and outcomes (Inhorn, Tjørnhøj-Thomsen, Goldberg, & la Cour Mosegard, 2009b). Contemporary research strongly repudiates earlier research that reported men were less distressed than women by a diagnosis of infertility (Fisher & Hammarberg, 2017). Moreover, it identifies how fatherhood and grandfatherhood are deeply significant to men's identity (Robin A Hadley, 2021a: 16). Consequently, there is a paucity of data on men's reproductive behaviours, expectations, experiences, intentions, and outcomes across the life course.

Childlessness

Childlessness is commonly viewed as a deficit identity and associated with poorer health, wellbeing and lack of social connections. Childlessness is frequently reduced to a binary of 'involuntary' or 'voluntary.' In addition, a commonly held belief is that if there is no medical cause then at some level childlessness is a choice. However, the many factors that lead to childlessness are complex, change over time and include age, attitude to reproduction, class, culture, economics, education level, employment, gender, health, relationship skills and upbringing. Most of the research reporting the experience of childlessness has often focused on those whose ART treatment was unsuccessful. People in this situation are classed as 'involuntarily childless' and the phrases 'involuntarily childless' and 'involuntary childlessness' have become pseudo-clinical terms. However, there is a large population of people who are CNBC who are not recorded because they have not sought medical help. For example, Boivin et al (2007) observed that approximately only 50 percent of people with fertility issues accessed medical treatment. Furthermore, statistics on childlessness in the UK and many countries are ambiguous because they are solely based on the collection of only the mother's fertility history at birth registration (Sobotka, 2017). Notwithstanding the significant level of childlessness, Cristina Archetti (2019, p. 175) contends that the childless are 'nearly non-existent from the perspective of the general population. Particularly the involuntary childless are virtually invisible' (original italics). She goes on to argue that up to 90 percent of the childless population are involuntarily childless. Renske Keizer's (2010) analysis of the Netherlands Kinship Panel Study found of the childlessness, 10 percent were 'infertile', 10 percent 'chosen childless' and the remaining 80 percent 'childless-by-circumstance' (Sociologie Magazine, 2010).

In the UK, it is estimated that one in seven couples – approximately 3.5 million people – may have problems in conceiving (National Health Service, 2017). Contrary to media portrayal of miracle IVF babies, it is important to acknowledge that gamete loss and miscarriage are extremely common in ART. In the UK, 79 percent (46,166 people: 59,586 treatments) of IVF embryo transfers were *unsuccessful* (Human Fertilisation and Embryology Authority, 2019). The losses surrounding reproduction are seldom acknowledged (Bueno, 2019) and include grief, mental and physical health, wellbeing, and social and economic stress. Julie Beuno's (2019) pioneering book argues how perinatal loss is hidden, minimized and/or unacknowledged in many societies. Notably, she illustrated how men are structurally and socio-culturally distanced from the loss. Kerry Jones's et al (2019) literature review of men's reactions to neonatal loss found that in addition to grief, men struggled with loss of role, status and lack of support from health professionals. Consequently, given the lack of acceptable/expected social narrative to draw on, men struggle to grieve and have difficulty in understanding how to behave, express their emotions, relate to their partners and the wider social environment. Studies show that fathers experiencing stillbirth and neonatal death (Kerry, Robb, Murphy, & Alison, 2019) and infertile men downplay their own loss and focus on their partner's needs (Mason, 1993; Petrou, 2018; Throsby & Gill, 2004). Consequently, there is an embedded socio-cultural subjugation of the childless and the resultant disenfranchised grief they experience (Corr, 2004; Tonkin, 2010). For men, their experience is compounded by the view vulnerability is a weakness (Daniels, 2006).

Every workplace and every workforce are set in socio-cultural contexts that reflect dominant heteronormative (promotion of heterosexuality) and pronatalist (idealisation of reproduction and family) normatives (Hadley, 2021a). Individuals and organisations have to negotiate the informal and formal structures surrounding parenthood – from everyday accepted

and expected socio-cultural practices to upholding maternity and paternity laws and policies. For the involuntarily childless, events to celebrate pregnancy, baby's birth and child-related absences and activities can be sources of distress. Scandinavian countries are renowned for their equality policies regarding parenthood. In Sweden it is illegal for employers to discriminate against parents and fatherhood is not seen as a barrier to a career (Bodin, Plantin, & Elmerstig, 2019). On the other hand, Ann-Magritt Jensen (2010) proposes that men may be ambivalent about family-friendly policies noting that Norway's level of male childlessness has increased (Jensen, 2016). She cites two reasons (Jensen 2010). First, men suggest that employers may prefer childless employees because they will not be absent due to paternity leave. Second, men may be anxious about their ability to fulfil the 'new father' role compared to their surety in their work-based skills. Consequently, the work environment is an arena where people's career paths and their reproductive intentions and outcomes intersect with socio-cultural practices, legislation and employer policy and procedure.

Men and Masculinity

Views of men and masculinity centre on traditional stereotypes of assertiveness, bravery, emotional inexpressiveness, goal orientated, independent, invincibility, objectivity, risk taking, robustness, stoicism, and virility. Theories of masculinity have concentrated on crime, young men's education, the body, sexuality, violence and unemployment with an emphasis on income (Connell, 1995; Robin A. Hadley, 2021a, p. 44; 69). Critics suggest that much of masculinities theory and research focuses solely on negative attributes (such as misogyny or homophobia) and narrow demographics (younger college/university students) that do not represent men in general. Moreover, there is a failure to acknowledge that males have higher mortality across the life course

than females, men are more susceptible to death by Covid-19 than women and in the UK, men are 75 percent of suicides, 80 percent of the homeless, and 90 percent of the prison population (Liddon & Barry, 2021). Compared to feminisms, where reproduction is the subject of an ongoing and wide-ranging discussion, in masculinities scholarship there is little interest in male infertility and the impact of male childlessness. It was feminist scholars studying the impact of ART on women and couples who first highlighted the absence of men's lived experience (Letherby, 2016; Throsby & Gill, 2004). Indeed, studies show that during and after infertility treatment men report the process had a deep impact on their identity and masculinity (Hammarberg, Collins, Holden, Young, & McLachlan, 2017; Inhorn, 2012). Cynthia Daniels (2006) identified that the ideal types of traditional masculinity promote invincibility and deny that men *are vulnerable* to 'biological, economic, emotional, physical, political, psychological and social forces' (Robin A. Hadley, 2021a, p. 241). William Collins (2019) argues this is reinforced by a structurally and socially embedded 'empathy gap' where men's negative experience is demeaned, dismissed or ignored at all levels. Likewise, psychologists Martin Seager and John Barry (2019, p. 88) argue that men's negative behaviours are amplified and their positive behaviours minimized.

Fatherhood is a significant social status and extremely important to men's sense of identity (Inhorn, Tjørnhøj-Thomsen, Goldberg, & la Cour Mosegard, 2009a; Miller & Dermott, 2015). Significantly, class, education level, financial and economic stability are highly influential factors in men's fertility decisions and outcomes. Other factors include age, attitude to family, employment type, health, leisure activities and partner's intentions (Knijn, Ostner, & Schmitt, 2006; Parr, 2010; Roberts, Metcalfe, Jack, & Tough, 2011). Knijn, Ostner and Scmitt (2006) concluded that unemployment delayed men's reproductive intentions and argued that the UK's lack of 'family friendly' policies reinforced traditional masculine breadwinner stereotypes (ibid.:

191). Analysis of the 1946 British Birth Cohort Study (Guralnik, Butterworth, Patel, Mishra, & Kuh, 2009) concluded that for men, marriage and parenthood were protective factors against functional decline (the loss of physical and/or mental health) in middle age. Childless and never-married men were found to be at greater risk than women and married men. Contemporary research demonstrates that the widely held assumption that men are fertile from puberty until death is false (Hadley 2021, p.32). There is increasing evidence that environmental, occupational toxins and lifestyle habits (alcohol, drug use, diet, caffeine and tobacco use, pollution, sedentary routine and stress) have a deleterious effect on sperm quality (Tomova & Carroll, 2019). Moreover, sperm efficacy declines from the age of 35 years onwards with a correlation between babies born with genetic issues and older fathers (Yatsenko & Turek, 2018). A Swedish study (Weitof, Burström, & Rosén, 2004) compared the mortality and health records of cohabiting and lone childless men, lone none-custodial fathers and lone custodial fathers with long-term cohabiting resident fathers. They found the former two had an increased risk of death by addiction, external violence, injury, lung and heart disease, poisoning, risky health behaviours (diet, smoking, alcohol, and narcotic use) and suicide. Weitof et al findings supported research that shows marital status has a positive effect on men's health. Moreover, they argued that having children at home was as important to mortality risk as having a spouse.

Findings

In this section the experiences of the men from my MA and PhD are used to illustrate their experiences of work-based interactions. Agreed pseudonyms are used to protect the participants identity. The ages and the study the material was drawn from are provided in brackets following each quote.

People who do not comply with pronatalist social expectations of parenthood are subject to direct and indirect stigmatization. Childless men and women are the focus of stereotypical labelling that leads to discrimination, exclusion, isolation, mistrust and viewed as deviant. This has led to many voluntary and involuntarily childless people hiding their status to protect themselves and others from social stigmatization (Hadley, 2021: 23). Moreover, they report a feeling of outsidership in familial, peer and social relationships where they viewed as different, disapproved of, othered, and scapegoated (Hadley, 2021: 232-234). For example, Jeremy illustrates the various levels of disconnection while Russell's experience of commonplace work conversations highlighted the social bonding aspect of parenthood:

“There's social expectations, there are media expectations, but when one doesn't fit in to those expectations, then one doesn't fit.” (Jeremy, 61; MA)

“People with kids just have got no conception of how alienated people like me...feel... People just talking, you know, at work, they talk about their kids; they talk about their experiences raising their family...All this stuff that you don't know about, but you're on the fringe, you haven't experienced - that is alien to you.” (Russell, 55; PhD)

Russell spotlighted how the pronatalist ideal was reinforced in everyday social exchange. His feelings of alienation resulting from his lack of parenting experience corroborated other research findings of voluntarily and involuntarily people (Exley & Letherby, 2001; Robin A. Hadley, 2021a). Likewise, Edward noted the impact of colleague's familial obligations from monetary collections for a newborn baby to co-workers having to absent themselves at short notice for parenting issues:

“It was a bit awkward at work sometimes, when there was a collection and a card signing for someone who was having a baby – that hurt. It was an unwanted reminder

and something that couldn't be said... it was a minor annoyance when a colleague dropped their work to dash off for their kids at short notice. The assumption was others picked up the work on top of their own.” (Edward, 60; PhD)

Edward's experience illustrates how the feeling of distress can result in feelings of 'outsiderness' where one is simultaneously both 'outside' and yet, inside a group (Exley & Letherby, 2001; Robin A. Hadley, 2021a).

“...it's like you had children, you got all sorts of flexibility in the shifts, less night shift, less weekend, you got the holidays, and that's like yes, I've got children, I've got to be off when they're off... it was to the utter detriment of people without children...In my previous relationship, she was a healthcare professional... that was all of the crappy shifts...a ridiculous number of nights, Christmas, New Years, everything else. And again, trying to have holidays it was no way in June, July, or August.” (Marcus, 33; MA)

Marcus's experience identifies the systemic structural and practices that reinforce pronatalist practice.

Career

Two other participants Jeremy and George, had been teachers and both indicated that childlessness had impacted on their career:

“I wondered once or twice whether the fact that I didn't have my own children might made a difference to people's assessment as to who they might give the job too.”

(Jeremy)

George's experience highlighted three ways in which childlessness affected his career journey.

First, he did not feel he fitted with his younger colleagues' social activities. Second, neither did he

fit into the group of colleagues who were parents. Third, he reflected on whether his lack of experience of parenthood had impacted on his performance as a teacher.

“I no longer belonged to this younger group of teachers. I couldn’t do all the things that they wanted to do, and I didn’t want to, but I also didn’t belong to the family’s group ... It would have added to my ability to be a teacher if I had had the experience of being a parent because I would see where parents were coming from.” (George, 60; PhD)

George’s reflection highlights two main factors. First, not having children meant he did not have access to the social resource of a shared experience that parenthood brings. Second, in his assessment his age and status as childless and married caused him to be socially out of age/stage synchronization with both older and younger colleagues. Wider economic and work environments influence people’s reproductive intentions and outcomes. Ernest was an early career researcher in a leading University and the precarious nature of research work meant he had had to relocate several times. He outlined how the regular changes in location influence reproductive plans:

“I think it is an environmental...we move around a lot for career and stuff. It’s an issue.” (Ernest, 34; MA)

Consequently, for Ernest, there was a conflict between career aspirations and opportunities and his belief that stability is a foundation for family life:

“...once you settle...in your home life, your family life and career...you’re probably much more ready to want to start a family.”

Social relationships

The workplace is significant to men's social relationships. Moreover, the quality of those relationships is dependent on a range of factors such as class, gender, qualifications, status, communication, and relationship skills:

"I've definitely had people saying to me things like, 'Oh, I thought you were gay'... They've definitely very strongly alluded to the fact that it has to be because I'm [living] with my mother." (Stephen, 49; PhD)

Stephen's work identity had been 'othered' and he was labelled due to his age and gender as not conforming to stereotypical pronatalist norms. Ben, a senior health professional had also been othered in a work setting:

"I was in a clinic at lunch time, and I was having a conversation with some nurses, and something came up about children - I contributed to the conversation and ... I can remember one of them saying, 'Well, of course you don't know until you've had them'." (Ben, 60; MA).

Consequently, Ben had difficulty navigating the parenting discourse in the work environment:

"There were times it was just too painful...one wanted to be away as far from them as possible."

Similarly, Shane noted that in reflecting openly about his desire for fatherhood in his work setting his view of himself was adapted to accommodate socio-cultural norms:

"I think as an individual I am a bit strange in the fact that I pronounce or announce that I want to have a baby and in the middle of the office..." (Shane, 33; MA)

Ben and Shane's experiences illustrate how they navigated stereotypical structurally embedded social normatives around men and masculinities. Furthermore, their behaviours demonstrate the impact on their self-esteem and identity, social identity and way-of-being-in-the-world.

Conclusion

We are biopsychosocial beings, and, in this chapter, I have described how the workplace is a site for where biological, psychological, and societal roles are played out. These roles are overtly and openly reinforced structurally, culturally, and socially at all levels. In most societies women are to a greater extent still judged by the ‘Motherhood Mandate’ (Russo 1976) where their existential validity is measured internally: motherhood and grandmotherhood have the highest prestige. Similarly, men are assessed by their reproductive external virility: where their socio-economic status and reproductive standing is conflated with and frequently obscured behind, dominant stereotypes of the traditional provider/protector role. Yet, there is an important distinction between men and women; men’s reproductive experience is disenfranchised structurally and socially in two main ways. First, the non-collection of fathers fertility history at birth registration (unlike mothers) means there is no comparable data on the levels of childless men and women (except for most Nordic countries). Secondly, the absence of a social script for childless men to draw on. Moreover, older and lone men are often viewed as both ‘dirty old men’ and both sexually impotent and unacceptable (Robin A. Hadley, 2021a, p. 23; 69; 233) Nevertheless, the importance of fatherhood was captured by how the men in my various research studies have struggled to negotiate living and being in a pronatalist society.

One major concern is that the childless are a hidden group - a significant population of ‘known unknowns.’ As stated previously, there are many reasons why people are without children or family. Childless people are frequently seen as available to care (for ageing parents and others), cover for absent colleagues and work unsocial hours (Robin A Hadley, 2018; Robin A. Hadley, 2021b). Stakeholders and policymakers need to recognize both the increase in the childless demographic and the ways that childless people can be supported and included in the workplace .

For example, Bristol University's Equality and Diversity Staff Inclusion policy lists triggers such as conversations about pregnancy, photographs on display and/or posted on social media. An important strategic action would be to include the childless in equality and diversity policy and practice (Staff Inclusion, 2020). Similarly, research shows (Hadley 2021a) that social networks of the childless and older employees (particularly men) may not be as able to offer the same level of support as those with family networks. This is important when managing staff absences and return to work processes.

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