

PAWS for thought: the hidden MAWFIA (Men Ageing Without Family: Isolated and Alienated)

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In 2026 the [Bayeux Tapestry](#) returns to the UK for the first time for over 900 years.

According to historians on the [Rest is History Podcast](#), the tapestry records the event that changed the history of Europe. The tapestry starts with the death of the ***childless*** Edward the Confessor (1003-1066) whose lack of a biological heir, familial, and relational tensions led to the Norman invasion. Fast forward to the present day, imagine an intricate tapestry recording the demographics of the countries of the world. At least one-third of its threads, though crucial to its structure, are deliberately hidden, ignored, or downgraded in its description and preservation, which is the situation of people ageing without support (PAWS) ⁽¹⁻³⁾ as evidenced by the increase in the number of people found long after they have died ⁽⁴⁾. The discourse surrounding ageing frequently highlights the importance of social support, particularly from family networks. However, a significant, yet overlooked, demographic faces unique challenges: the growing population of Men Ageing Without Family: Isolated and Alienated (MAWFIA). Their struggles and societal invisibility have profound implications for individuals and public policy ^(3, 5).

In my research ^(1, 6-8), men in the MAWFIA demographic frequently experienced a profound sense of "missing out" on fundamental life experiences associated with fatherhood and grandparenthood. For instance, David (aged 60) described it as missing, "one of the central experiences of human life", expressing a feeling that he had "something to give" but had

"missed out" missed out'. This sense of disruption can continue across the life course, impacting their current and future "ways of being" ⁽¹⁾.

The impact of involuntary childlessness extends significantly to men's social networks and overall well-being ⁽⁷⁻¹²⁾. Older childless men tend to have smaller social networks and report poorer health and well-being behaviours than married men. They face increased risk of loneliness, social isolation, depression, and ill health. For example, a Swedish study identified an increased risk of premature mortality among single childless men due to factors such as suicide, addiction, and various diseases ⁽¹³⁾.

Why are men "Invisible and Alienated"? The invisibility of MAWFIA men is largely systemic. Unlike women, men's fertility history is generally not systematically collected during birth registration in many parts of the world, making it impossible to accurately assess their numbers. This fundamental absence of data means that this demographic often remains a "known unknown" to policymakers, healthcare providers, and academic scholars.

Furthermore, societal stereotypes and prevailing gender norms have contributed to alienation. The concept of fatherhood is often seen as a prestigious identity and not achieving it can lead to a "secret stigma" for men. This societal expectation, coupled with the traditional masculine ideal of being emotionally stoic, can limit men's ability to express their feelings of loss and access to support. Biases in academic fields that have historically focused on women's reproductive experiences inadvertently contribute to the marginalisation of men's experiences ^(1, 14, 15). Grandparenthood is an increasingly significant aspect of identity in later life, often serving as a "critical buffer against ageist discrimination and prejudice". For involuntarily childless men, this role is absent, contributing to their sense of loss. The negative portrayal of older men as "dirty old men" or sexual predators can intensify their fear of being viewed as

a threat to children, further limiting their engagement with younger generations. This "outsiderness" reflects a feeling of being different, disapproved of, and scapegoated ⁽¹⁾.

This oversight fuels "empathy gap" ⁽¹⁶⁾ where men's negative experiences are frequently demeaned, dismissed, or ignored. Psychologists Martin Seager and John Barry ⁽¹⁷⁾ argue that men's negative behaviours are amplified, while their positive behaviours are minimized. This is compounded by the ubiquitous generalisation of stereotypical assumptions about men (e.g., assuming they are stoic or uninterested in reproduction): "meneralization." Consequently, the complexities and diverse realities of men's lives have been diminished. The lack of an acceptable or expected social narrative leaves men struggling to grieve, understand how to behave, and express their emotions.

The consequences of this invisibility, empathy gap, and meneralization' include:

- **Emotional and Psychological Distress:** Many circumstantially childless men show their feelings not as "loss" or "grief", but rather as "something missing", reflecting the absence of a societal script or language to articulate their experiences ⁽¹⁾.
- **Health and Well-being Disparities:** Older childless men tend to have smaller social networks and poorer health behaviours, such as diet and self-care, than married men with children.
- **Social Stigmatisation:** Those who do not conform to the sociocultural ideals of parenthood are subject to direct and indirect stigmatisation. A significant concern for older, lone childless men is the fear of being viewed as a "dirty old man" or paedophile.

Actions and Further Considerations

To integrate these unseen threads and create a more complete and supportive societal tapestry, concerted efforts are required at various levels.

1. Government Level

- **Prioritize Male Fertility Data Collection:** Implement parity in collecting fertility history of both parents at birth registration. These data are essential for understanding demographics and informing future healthcare and social care provisions.
- **Ensure Policy Inclusion:** Include childless individuals, particularly men, in equality and diversity policies. Policies must move beyond assuming that all older adults have traditional familial support.
- **Develop a Comprehensive Men's Health Strategy:** Implement strategies addressing childless men's health needs: fill knowledge gaps, improve healthcare access, mental health support, and lifestyle interventions.
- **Address Social Care Funding and Reform Delays:** Remedy social care "invisibility" with sustained funding and a clear sector vision. Champion older adults and people with disabilities incorporate lived experiences into their policies.
- **"Rural-Proof" Social Care Policy:** Design adult social care policy accounting for local characteristics, especially in rural areas where connectivity may be lacking.

2. Community-level

- **Rethink Caregiving Assumptions:** Challenge assumptions that childless individuals are "available to care" for aging parents or colleagues with children.
- **Foster Alternative Intergenerational Ties:** Recognize alternative forms of "family" or "fictive kinship", such as godparenting, mentoring, or "surrogate grandparent" roles.

- **Develop Inclusive social Spaces:** Use experience from specialized support initiatives like LGBT+ over-50s groups ^(1,6,11) to make social facilities more welcoming for older men.
- **Implementing Co-production in Social Care:** Involve people who draw on care and unpaid carers as equal partners in adult social care development.
- **Promote Peer Support Networks:** Enable peer-led initiatives, recognizing the "embodied knowledge" from lived experience.

3. Individual Level

- **Acknowledge and Validate Loss:** Acknowledge that involuntary childlessness constitutes a complex and enduring form of complex bereavement for men, involving the loss of an expected identity, role, and intimate relationships ⁽¹⁾.
- **Challenge Internalized Stereotypes:** Actively challenge deeply ingrained stereotypes that stigmatize childless men.

PAWS and MAWFIA provide a critical overview of how society understands and supports an ageing population. The experiences of men over 60 without children or family are not simply an absence, but a distinct reality shaped by personal impacts and systemic invisibility.

Policies and services that fail to account for the "known unknowns" of MAWFIA leave many isolated and without adequate support as they navigate later years. Recognizing their needs is not just compassionate, but crucial for a more equitable approach to ageing. By acknowledging and addressing the experiences of this population, we can ensure our societal tapestry is complete and resilient, reflecting the full spectrum of human experience.

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