Written evidence submitted by Department of Life Sciences, Manchester Metropolitan University (IMH0108)

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Contributor

I am a married, mediated childless older man (aged 63) with a congenital hearing disability. I have a PhD in social gerontology and specialise in male childlessness and ageing. My reason for submitting regards future health and care policy and practice for men who are childless/ageing without children (AWoC) or family (AWoF). Both these groups are invisible in current datasets and yet form a significant minority of the general and other populations, for example LGBTIQQ people.

The concern

The impact of the demographic change of falling fertility rates and increased life expectancy is widely acknowledged [(1)]. At present in the UK there is a significant gap in the population data which public bodies base current and future policy. The absence of the childless in policy and practice related to health and social care for older people is a significant issue. This is largely down to the childless being viewed as a 'non-category' with the result that their data is not routinely recorded in reports, surveys or other statistical data-collection events [(2: p.244)]. My submission is based on a specific findings from my doctoral study on male involuntary childlessness[(2)]: the failure to account for the impact off male childlessness in men's mental and physical health and wellbeing. I also highlight how the failure to record father's fertility history at birth registration (as a mother's is) impacts on current and future health and social care policy and practice. The Office for National Statistics [(3, 4)] report on the predicted tripling in the number of older childless women by 2045 warned of the impact that would have on health and care services. There was no equivalent data for men and no warning on the consequences of an increase in that demographic. Evidence included in both recent House of Lords committee reports examining respectively, Covid-19 and Health and Adult Social Care in relation to AwoC, AWoF and the invisibility of older men, can be found here https://bit.ly/2Pqra6G and here https://bit.ly/3DnsgpZ

Background

Literature (general and research) on infertility and childlessness has historically focused on women's reproductive health due to the perceived centrality of motherhood and the fallacy that

men are not interested in reproductive intentions and outcomes. This bias can lead to a scarcity of studies and publications specifically examining the experiences and challenges faced by childless men across the lifecourse. Moreover, non-parenthood is stereotypically viewed as a binary of chosen or biological childlessness. However, it is complex phenomena and includes the never-partnered, the expected-to-be-childless, the childless-by-choice, childfree, the childless-by-circumstance, those who have outlived or are estranged from their children, children have left home and live far away (functional or de facto childlessness). Additionally, over the life course people's relationship status changes which may involve becoming a social parent or becoming separated from biological children. Functional childlessness in later-life is significant because older people with children living further away are more likely to enter residential care than those with children living nearby [5]. This highlights issues for solo-living older people in maintaining an independent lifestyle. Consequently, there is limited empirical data and scholarly material available on this topic [6-8]. What little there is has demonstrated how childlessness can negatively affect men's health and wellbeing. Moreover, as a 'non-category' childless men are significant by their absence regarding policies, public health, and the epidemiology of men's health [2]. A large proportion of studies into childlessness are based on people's experience of fertility treatment(s). It is important to note that gamete loss and miscarriage are extremely prevalent in IVF: in the UK 79 percent (46,166 people: 59,586 treatments) of IVF embryo transfers were unsuccessful [9, 10]. Diagnosis of actual or potential infertility has the similar effects on mental and physical health as a diagnosis of life-threatening illness with implications for mental and physical health, well-being, intimate and wider social relationships and socio-economically. It has only recently been recognised that following a diagnosis of infertility, men who did not become fathers suffered poorer mental health than men who became fathers. The stereotype that infertile men were less distressed and more readily accepted childlessness than women has been thoroughly debunked [2: p.17]. There is substantial evidence to show that men are as 'broody' (desire parenthood) as women and have equal and in terms of depression, greater response to not reproducing [11, 12].

Nonetheless, there are some studies that have accounted for male childlessness highlights its impact on identity and mental and physical health:

1: Dutch data found 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 [13, 14].

2: British data showed unmarried and childless men face greater risks of poor midlife physical function than married men with children. For men, marriage and parenthood protected against functional decline in middle age. There were no differences in outcomes among women [15].

3: An Australian study found that five years after a diagnosis of infertility, men who did not become fathers suffered poorer mental health than those who had become fathers [16].

4: Swedish research demonstrated 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. Concluded that higher mortality rate was connected to emotional instability and willingness to take risks, while parenting moderated risk-taking behaviour [17].

5: Swiss population project 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, with a similar level for assisted suicide [18].

6: Analysis of Norwegian registers found that both childless men and women had a higher risk of mortality for most causes of death and that that childless men in late middle age had higher mortality than fathers [19].

7: A British study found circumstantially childless men reported having experienced depression with 80% stating that childlessness was an element in their mental health issues [20]. Similarly, childless men reported being more depressed and lonely than equivalent women [11].

8: 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. Furthermore, divorced, and widowed childless men demonstrated higher rates of depression than divorced and widowed women [21].

9: 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 [22].

10: Dutch data demonstrated that single non-parent men aged 45–59 were poorer socio-economically and psychologically compared to men in relationships [13].

11: Contemporary studies identify a decline in sperm efficacy from the age of 35 onwards, and a correlation between older fathers and babies born with genetic issues. Environmental and occupational contaminants have a detrimental effect on sperm quality and egg development. For example, air pollution, natural toxins, and synthetic toxicants (chemical compounds) are linked to abnormal foetal development, infertility, miscarriage, and poor pregnancy outcomes. Working class men are more likely to work in hazardous jobs [2, 23].

12: International feminist scholars argue that research has almost exclusively focused on women's reproductive lives leading to the exclusion of men's reproductive experiences. Consequently, an untested and unprovable assumption that men are disengaged from and uninterested in, matters of human reproduction has become structurally embedded in policy, the media and academia [24, 25].

13: American political scientist argues that ideal masculine norms have systematically reduced, and hidden men's reproductive vulnerability and that culture distorts the role of men in reproduction and reinforces gender stereotypes. Men are socially conditioned to believing to show 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 [26, 27].

14: Men view health as central to quality of life [2: p196; p.203].

15: There is good evidence of institutional ambivalence regarding men's health: in 2008 the NHS introduced a routine vaccination programme for girls aged 12–13 against human papillomavirus (HPV). 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 [2: 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 [2: p. 274].

Why this matters

In the evidence above it is clear that childlessness impacts on men's mental and physical health and well-being. A raw analysis of the data in The National Confidential Inquiry into Suicide and Safety in Mental Health section 'Suicide by middle aged men' [28] shows that over 60% (38% were parents) of the cases were childless at the time of their suicide. Because a father's fertility history is not taken at the registration of a birth, more accurate data is difficult to retrieve. Moreover, childlessness has serious implications for the provision of services across all ages - particularly for older people who need access to support as they age. Because men's details are excluded, the impact of childlessness on this population's behaviour, health and social status cannot

easily be examined. Importantly, the omission of this group's statistics from the datasets means health and care services at all levels will be under increased pressure from an uncounted population. Therefore, parity in data collection is essential for both institutions and individuals alike. For those planning public services lack critical data that could enable them to ensure services have the capacity to meet and manage demand. Importantly, the ONS note the implications this change in demographics has for the care of older people in later life, which is heavily dependent on family (typically adult children [2, 6, 7, 29]. The issue for childless older people is that if they require support, they do not have the safety net of family. Consequently, they are likely to enter formal care earlier, for lesser issues and remain in care longer than equivalent people with family. As older men tend to have smaller social networks, do not access health settings and more are likely to be estranged from family than women, they are at greater risk [2, 6, 7, 29].

Conclusion

It is important that this 'non-category' is recognised - the failure of parity in the collection of accurate data has serious implications for all citizens in terms of provision of health and care services. The small costs of addressing gaps in the data are outweighed by the benefits for public service planning and for individuals to maintain a high standard of independent living. Moreover, it will prevent the accusation that the ONS discriminates against women by only collecting data on their fertility history at the registration of a birth and therefore reinforcing gender stereotypes. Similarly, the ONS could be accused of discriminating against men by not collecting their fertility history at the registration of a birth. Planning future services and funding on data that excludes 49 per cent of the population is fundamentally flawed and has grave risks for both institutions and individuals [30, 31]. The term 'people' used in the ONS [3, 4] report effectively refers only to women: men are barely mentioned.

To discuss this important subject further, please do not hesitate to contact Dr Robin A Hadley.

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