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Masculinities fathering and health: The experiences of African-Caribbean and white working class fathers

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Abstract

There is a developing body of research that investigates the links between masculinities and men's health experiences, but the links between masculinities and the health of fathers has been a neglected focus for research in the UK. This paper presents some of the findings drawn from a parent study which investigated African-Caribbean and white working class fathers' experiences of fathering, health and social connectedness. Data are drawn from interviews with 13 men (6 African-Caribbean and 7 White working class) living in a city in the West Midlands area of the UK. In this paper, I analyse and discuss African-Caribbean and white working class fathers' stories about the meaning of health, the influences upon their health, and their health practices. It was found that for the African-Caribbean fathers specifically, anticipated or perceived racist prejudice, abuse or discrimination influenced their health experiences. However, the meaning of health for both ethnic groups of fathers was as functional capacity, that is health was an asset that allowed fathers to meet the obligations of paid work and fathering. These obligations were also associated with a restricted sense of personal agency for the men interviewed, and the associated constraints were linked to transgressive consumption of alcohol, food and tobacco. In addition, fathers were also involved in solitary ways of dealing with their vulnerability, vulnerability that was associated with fathers' health concerns, and other difficult life experiences. Fathers' solitary experiences of vulnerability were also mediated by hegemonic forms of masculinity. Nevertheless, the experience of fathering within the lifecourse influenced men's health experiences: reflexivity and challenges to both transgressive consumption and solitary experiences were linked to fathers' perceived obligations to children. The significance of gender, ethnicity and social class for theory and future research with working class fathers and boys is identified, and the need for gender-sensitive public health and health promotion interventions regarding the 'work-family balance' and working class fathers' personal and social skills is also discussed.

Keywords: Masculinities; Ethnicity; Fathering; UK

Introduction

My conceptual and occupational interest in fathers' gendered health experiences developed while working as a Health Visitor in the 1990s within the National Health Service in the UK.[1]

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[1]The use of the third person within this paper is not always appropriate, because it may hide the social elements of the research process. The use of the first person is employed where it is specifically necessary in the pursuit of reflexivity (after Webb, 1992), particularly as this paper addresses unforeseen, potentially

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Health visiting, a branch of nursing, had at this time a primary focus upon preventative health work with families (Williams, 1997). In earlier research with health visitors and their managers, I reported that the health needs of fathers were 'marginalised' within professional and organisational ideologies (Williams, 1997). Another UK study has also indicated that fathers were 'peripheral' to 'Sure Start' health and welfare initiatives targeted at children and families (Lloyd, O'Brien, & Lewis, 2003). Indeed, policy regarding families in the UK continues to focus upon women as gatekeepers to family health and welfare, in spite of evidence for the increasing involvement of fathers in the care of children within families in the UK (O'Brien, 2005). A limited policy focus on fathering is compounded by the absence of a coherent focus upon men's gendered health experiences within UK health policy. The 'Choosing Health' (DoH, 2004) strategy for health promotion, for example, recognised the importance of 'behaviour', 'lifestyle' and 'choice' for the health of men and women, but included no real strategic intention to improve gender sensitivity within health care.

While fathering and gender have in the past been neglected foci within UK health policy, so have the possible relationships between masculinities and the health of men who are fathers, within research. Hence, the decision to use Connell's (1995, 2005) work regarding masculinities was valuable in assisting analysis of African-Caribbean and White working class fathers' configurations of gender practice within this study. Connell argues that differing configurations of masculinities, that may enable or constrain men, have their foundation in social inequalities between men and women. However, Connell's work is also invaluable in that his framework also integrates differences in power between groups of men in society. Connell differentiates between a politically and culturally dominant form of hegemonic masculinity with less powerful configurations such as subordinated masculinities (e.g. sexual minorities), and marginalised masculinities (e.g. ethnic minority and poor working class men).

While there is negligible empirical work addressing fathers' gendered experiences of health, there is an emerging literature that attempts to consider the relationships between gender and men's health (Chapple & Ziebland, 2002; Emslie, Ridge, Ziebland, & Hunt, 2006; Moynihan, 1998; Oliffe, 2005; Robertson, 2004). Robertson (2004) has indicated that while some men may see health issues as feminine, rather than masculine, there was little evidence that men would not access help at a time of illness. Furthermore Emslie et al. (2006) have reported, in their analysis of men's accounts about depression, that some men were able to resist the constraints of hegemonic masculinity. On the other hand, Moynihan (1998) has argued that men's concepts of masculinity may prevent them from accessing help at a time of illness, reflecting a developing policy and conceptual concern with the links between masculinities and men's help seeking (Galdas, Cheater, & Marshall, 2005). Indeed, Courtenay (2000), has also argued that emotional control and denial of vulnerability by men are important aspects of hegemonic masculinity. Nevertheless, a recent study by O'Brien, Hunt and Hart (2005), did indicate that 'strength through silence' was associated with hegemonic masculinity within men's accounts about their health, but also found in the same study that some men questioned and resisted a hegemonic view that men may be reluctant to talk about or seek help. Research by Robertson (2006) also reports on the heterogeneous ways that 'health' was conceptualised by gay men, disabled men and men who were neither gay nor disabled, and that these concepts of 'health' were associated with changing masculinities.

An earlier investigation regarding fathers' health experiences found that health for fathers of diverse ethnic backgrounds may be linked to the need to 'get by' or 'go the distance', that is health may be necessary for men to remain active as workers and/or fathers in every day life (Williams, 1999). Watson's (2000) work has also indicated that experiences of 'parenthood', specifically, were associated with men 'letting go' of their bodies, with the body talked about as being constrained by economic and social obligations. This paper builds on this developing body of work regarding masculinities and health by reporting on men's health experiences as fathers within the lifecourse, with specific analysis of African-Caribbean and White working class fathers' stories about the meaning of health, the influences upon their health, and regarding their health practices.

(*footnote continued*)
hidden researcher and informant experiences of gendered practice.