

Premature mortality in single fathers



Single parenthood has become increasingly prevalent in many countries, with a 19% increase in the number of single parent families in the UK between 1996 and 2016.¹ Single mothers remain much more common than single fathers, but in some places there has been a substantial increase in the numbers of single fathers.² In the USA, for example, 8% of households with children were headed up by a single father in 2011 compared with only 1% in 1960.² Taking on a role as single carer for children could put a strain on the health of a single parent, and studies focusing on single mothers have found a greater risk of mortality in this group than in partnered mothers.³⁻⁵ However, until now, only one study,⁶ a population-based cohort study in Sweden (published in 2004), has compared mortality risks between single and partnered fathers.

In this issue of *The Lancet Public Health*, Maria Chiu and colleagues addressed this shortage of evidence using a population-based sample of parents from a Canadian health survey.⁷ They found that for single fathers the relative risk of dying compared with partnered fathers was 2.06 (95% CI 1.11–3.83) over a median follow-up time of 11 years (35 deaths among 871 single fathers and 345 deaths among 16 341 partnered fathers).⁷ In Sweden, single fathers also had an increased risk of mortality compared with partnered fathers, but the point estimate was more modest at 1.3 (95% CI 1.1–1.5).⁶ Chiu and colleagues suggest that this difference in effect size could be due to different populations and more recent data from Canada. However, the study in Sweden had greater power with almost four times as many deaths in single fathers (137 deaths among 4260 single fathers) and the CIs of the two studies overlapped.^{6,7} Nevertheless, single fathers do seem to have an increased risk of mortality compared with partnered fathers.

Chiu and colleagues found that single fathers consumed less fruit and vegetables and were more likely to binge drink than partnered fathers, which could have a negative effect on their health.⁷ Single fathers also had lower income levels and were more likely to be unemployed than were partnered fathers.⁷ All of these factors could contribute to the increased mortality in single fathers. However, the risk of mortality remained significantly raised even after adjustment for these and

other factors, such as sociodemographic characteristics, chronic conditions, social support, and health-care use.⁷

Future research needs to identify which medical conditions are responsible for the elevated mortality among single fathers compared with partnered fathers. This will require a larger population than was available in Chiu and colleagues' study, since a more detailed investigation into the various causes of death of single fathers should shed more light on which are the most important risk factors. In addition, the mortality rate ratio reported for single fathers compared with partnered fathers was greater than that for single mothers compared with partnered mothers.⁷ This difference requires further investigation to find out why being a single parent may be more detrimental to health for men than women.

The study⁷ noted that single fathers were more likely than partnered fathers to access health services. This finding suggests that lack of access to health-care cannot explain single fathers' raised mortality, but also that there is scope for health professionals to closely monitor the health of single fathers when they do access health services. The authors also reported that single fathers had less social support than partnered fathers.⁷ This lack of a support structure could provide a plausible explanation for the increased risk of mortality.

It is important to note the positive effects of having children in the household. In the study conducted by Weitoft and colleagues in Sweden, mortality was found to be highest not in single fathers, but in fathers who were not living with their children and in childless men living alone.⁶ These comparisons were not made by Chiu and colleagues, nevertheless, their results show that single fathers might be a particularly vulnerable group. From a public health perspective, health-care professionals should be made aware of this vulnerable group while further research is conducted to elucidate the reasons behind the increased risk of premature mortality in single fathers.

*Rachel F Simpson, Sarah Floud

Cancer Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Richard Doll Building, Roosevelt Drive, Oxford, OX3 7LF, UK
rachel.simpson@ndph.ox.ac.uk

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