No, Thanks; I'd Rather Stay at Home

Mothers who do not want to accompany their children into hospital— their class, their families, and their reading habits

S. R. MEADOW,* M.A., B.M., D.C.H., D.OBST.R.C.O.G.

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Eighteen months ago, at a time when many magazines and Sunday newspapers were printing letters from aggrieved mothers who were unable to accompany their sick children into hospital, I was resident at a London children's hospital. The hospital had accommodation for one mother, yet the room was empty for almost half the time. The reasons why mothers so often refused the offer of this room were noted. This led to a wider investigation of the views of mothers with sick children about staying with a child in hospital. Their opinions and reasons were collected during an 18-month period, together with other factual information about the family.

Method

The question asked of 400 mothers with sick children under the age of 5 was: "If your child had to be admitted to hospital to-day or to-morrow, would you like to and be able to stay there, provided a room is free?" One hundred of the mothers were centred on Southwark and South-east London; the other 300 were interviewed during a year's general practice in Banbury, Oxfordshire.

At the time of asking 25 of the Southwark mothers whose child was being admitted to hospital a room was in fact vacant for them; for the other 75 mothers no room was available and they knew it. For the 300 Banbury mothers it was largely a hypothetical question, since accommodation for mothers was extremely difficult to arrange in Banbury, and the hospital in Oxford which did have very limited accommodation for mothers was nearly 30 miles (48 km.) away.

The replies of mothers to the question was noted together with the age of the child, the social class, and the family commitments. In Banbury a record was kept of the Sunday newspaper which the mother read.

Results

Mothers who said they would accompany their children into hospital are included in the "Yes" column; mothers who said they would or could not accompany their children into hospital make up the "No" column.

	Yes	No
300 Banbury mothers	138	162
100 Southwark mothers	40	60

Since there was no marked regional difference the other results were considered together.

Series A

The Registrar-General's socio-economic classification into five groups, depending on the husband's occupation, was used.

* Formerly house-officer, the Evelina Children's Hospital, Southwark; General Practitioner, Banbury.

There was a higher proportion of classes I and II in Banbury than in Southwark (Table I).

TABLE I.—Social Class

Social Class	Yes	No
I	19	30
II	36	31
III	82	90
IV	26	37
V	15	34
Total ..	178	222

The number of other children under the age of 15 whom the mother looked after is shown in Table II and the age of the sick child is given in Table III.

TABLE II

No. of Other Children Under 15	Yes	No
None	105	92
One	59	75
Two	10	40
Three or more	4	15

TABLE III

Age of Sick Child	Yes	No
Under 6 months	38	46
6 months to 5 years	140	176

From this series of results the one outstanding trend is shown in Table II. The more children a mother had at home the less likely she was to accept the offer of a room in hospital. Therefore, the next series considers the mothers who had only one child, as this should give more meaningful figures.

Series B

The social class of the 197 mothers with only one child is shown in Table IV and the age of the sick child in Table V.

TABLE IV

Social Class	Yes	No
I	12	10
II	12	13
III	55	41
IV	16	14
V	10	14
Total ..	105	92

TABLE V

Age of Sick Child	Yes	No
Under 6 months	26	22
6 months to 5 years	79	70

Series C

The Sunday newspaper read by the mother was noted only among the 300 Banbury families (Table VI).

TABLE VI.—*Sunday Newspaper Read by the Mother*

	Yes	No
<i>Whole Group</i>		
<i>Sunday Times or Observer</i> ..	59	12
<i>Sunday Express</i> ..	26	48
<i>News of the World</i> ..	15	37
<i>Sunday Mirror</i> (nec Pictorial) ..	19	48
Others or none ..	19	17
<i>Mothers of only One Child</i>		
<i>Sunday Times or Observer</i> ..	30	5
<i>Sunday Express</i> ..	20	26
<i>News of the World</i> ..	12	14
<i>Sunday Mirror</i> ..	8	18
Others or none ..	9	4

Discussion

Although their child was ill at the time of the interview, for most of the mothers the question they were asked was hypothetical, and they knew this. This had obvious disadvantages. Many paediatricians think a mother is likely to accept the offer of accommodation for herself in theory but will refuse for either emotional or family reasons when the moment comes for her to accompany her child into hospital. While nearly 45% of all mothers thought they would accept the offer, in practice the proportion would probably be smaller.

In the results of Series A the only clear fact to emerge is that mothers were more likely to go into hospital the fewer children they had at home. About 53% of mothers with only one child accepted, 43% of those with one other child, and 20% of those with two other children. This is not surprising; most of the mothers had nobody to look after their children during their absence. Similar results were found in a survey by the Newcastle upon Tyne Group of Hospitals. It is interesting that Dr. D. MacCarthy (1963) at Amersham, studying records in retrospect, did not find this so: at Amersham as many mothers chose to come in who had other children as those with a single child. He suggested that the reason was that "mothers who have had more than one child are more awake to the need for preserving the bond with the hospital child."

Series B includes all mothers with an only child. Social class appears to have little or no relevance; nor, surprisingly, does the age of the child. The survey was limited, of course, to mothers of children below the age of 5. Much the same proportion of mothers wish to accompany their baby of under 6 months into hospital as do mothers of children over that age. It is probable that many paediatricians would not offer accommodation to a mother of an infant under 6 months, believing the mother's presence to be not essential.

Series C shows the Sunday reading habits of the Banbury mothers. The second section provides the most realistic information, as it includes mothers who had no other children to keep them at home. The figures are quite striking: readers of the *Observer* or *Sunday Times* were much more likely to accept the offer than were any other group of newspaper readers. It is, of course, these two newspapers which have in recent years published most articles in support of parents accompanying their children into hospital. They may be influencing their readers; or perhaps they are merely producing the type of article their readers want.

The reasons given by mothers for not wishing to accompany a child into hospital were interesting. Apart from the frequent reason that there were other children to look after, the reasons most often expressed fell into three groups concerning the principle of the thing, their own emotions, or their husbands.

Despite the publicity given to the maternal needs of young children, many mothers don't believe it: "I don't believe it does a child any harm to be away from the mother." Some of them had read or heard evidence to the contrary, but said, "I don't hold with it; children should learn to stick up for themselves." They seemed to think that children would grow sturdier characters without them: "children should be encouraged to be independent." Other mothers took the practical view that "there's no need to go in with her provided I can visit each day." It is surely relevant that the number of children's hospitals in Britain allowing daily visiting has risen from 23% in 1952 to about 80% in 1964.

Emotional reasons, including hospital fear and personal inadequacy, were another common cause of refusal. "I'm frightened of hospitals," "they make me go all queer," and "I don't like hospitals" were common views. Others felt incapable of being useful there: "I'd be no good at it"; and this was closely allied to the frequent implicit faith in the magic words "doctor" and "nurse." These two, regardless of whether either had children of their own or had looked after children for even a quarter of the time the mother had, were deemed automatically the best people to look after a mother's child: "nurses are trained to look after children, and would do it better than me."

The husband was put forward on many occasions as the barrier preventing the mother leaving the home. This argument ranged from the flat "I've got to do my husband's meals," through the matter-of-fact "someone's got to do the housework," to a timorous "he wouldn't let me."

Jobs outside the home were not given as reasons for refusal. Very few of the mothers had jobs, and those that had took time off if they wanted it.

There was not a significant regional difference between the Southwark and Banbury figures. Neither area had any local tradition of mothers accompanying their children into hospital, and results from an area such as Newcastle might be different.

At present there is accommodation for the mothers of approximately 4% of children admitted to British hospitals. Many of the children in hospital have no great need of their mothers because of their age, length of stay, or other factors. However, there remain a large number who might benefit, and, just as important, many mothers who would like to accompany their child and cannot. Most hospitals have plans for providing more accommodation for mothers within the next ten years. This paper does not purport to indicate the number required; but it may be of interest to those who will have the task of inviting mothers to stay in hospital with their children in future.

Summary

Four hundred mothers with a sick child under the age of 5 were asked for their views about accompanying the child into hospital. The more children the mother had the less likely she was to accept hospital accommodation for herself. Neither social class nor the age of the child was found to be a relevant factor in the decision. Mothers who read the *Observer* or *Sunday Times* provided a very high rate of acceptance compared with those who read other Sunday newspapers.

The reasons for mothers not wishing to accompany their children into hospital are discussed.

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REFERENCE

- MacCarthy, D. (1963). In *Children in Hospital: Studies in Planning*, p. 67. Oxford University Press, London.