

A survey of overspill families in Andover

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Andover

NEW towns and overspill towns present many problems to the medical services, including the difficulty of estimating the need for maternity bed accommodation. Andover may be considered a case in point, for here a quiet market town with 16,985 inhabitants in 1961 will grow to approximately 48,000 by 1980.

In order to form some idea of the potential pressure on local maternity units in the next decade, a survey was undertaken in 1967 to try to forecast the future family size amongst the overspill population. This was done by asking health visitors to interview 95 overspill families during the course of their routine calls. The parents were questioned about the present size of their families, their religions, and their wishes regarding the future size of their family. Past and present methods of birth control were discussed and the wives were questioned about where they would wish to have future babies delivered. All the families had moved to Andover from London in the past five years and now occupy modern terraced houses, with good access to schools and place of work. It was thought that these families were now in a position to decide for themselves their ideal family size unhindered by housing problems.

How far this inquiry answered these questions may be judged by the results below.

Results

1. Age of parents interviewed

The average age of fathers was 28.3 years and of mothers 25.5 years. Twelve wives were older than their husbands—roughly one in eight. This can be compared with the age brackets of families in a random sample of 100 overspill families kindly prepared for me by the Andover Borough Housing Department.

TABLE I
AGE GROUPS OF HUSBANDS COMPARED WITH
RANDOM SELECTION

<i>Families in present study</i>		<i>Random*</i>	
	<i>Per cent</i>	<i>Per cent</i>	
20-30 years	76.84	40	
31-40 years	16.84	28	
41-50 years	5.26	18	
51-60 years	1.06	6	
61-70 years	—	7	
71-80 years	—	1	

100 per cent=95 families

*Includes eight widows who as "head of the family" were by chance included.

TABLE II
AGE GROUPS OF CHILDREN

<i>The 95 families</i>	<i>Children</i>	<i>'Random' children</i>
0- 5 years	157	65
6-10 years	14	27
11-15 years	3	17
16-20 years	1	13
Over 20 years ..	—	4
TOTAL	175	126

2. Numbers and ages of children

There were 175 children in the families studied. This represents 1.84 per family, or an average family size of 3.84. The average number of children in the random sample

was 1.26. (It is not surprising that the former figure is a little higher since in no case had the health visitors called on any family where there were no children).

3. *Future family size and birth control methods*

Thirty of the families said that they definitely did not wish to have any more children. The average age of the 30 mothers was 27.4 years, and the total number of children was 73, *i.e.* 2.43 children per family (or a family size of 4.43). Of these 30, 13 used no birth control at all, seven of these 13 had at least one Roman Catholic parent, though two of these had adopted 'artificial' birth control methods at some time. Thus six non-Roman Catholic families were in urgent need of birth control advice.

Forty-six families wished to have more children: they already had 61 children (average family size 3.33) and said that they would like in all a total of 124 children—giving a family size of 4.7. It is of interest that 26 of these families were using birth control methods at present, and that eight families had at least one Roman Catholic partner.

Nineteen families were not sure whether they wanted to increase their family. They had 41 children in all—an average family size of 4.16. Amongst these 19 were four Roman Catholic families, three of whom and one Muslim family used no birth control.

The salient fact that emerges is that 40 families used no birth-control methods. Of the other 55, three families relied on a diaphragm, 31 families on oral contraceptives, 14 on a sheath and seven used other methods, either chemical or an intra-uterine device.

4. *Place of delivery*

The wives were asked where they wished to have a baby should they become pregnant. Fifty-four (56.8 per cent) said they preferred hospital delivery, 38 home delivery, and three were undecided.

5. *Possible future family size*

It could be said that the 46 'decided' families wanted 63 more children and that the 19 'undecided' might perhaps have 19 more children—giving a total of 82 more children. This means that the total number of children might be 257 or a total family size of 4.71.

Discussion

From these small numbers it is doubtful whether any firm trends of population increase can be predicted. Nevertheless, as a pointer, the exercise might be thought useful.

By 1980 some 6,000 families will have been absorbed from London in the overspill scheme. The group of 95 interviewed families will probably have produced about 82 children. Since the random sample had only 68 per cent in the 20–40, or child bearing age brackets, the number of children must be reduced to take this into account. Thus, theoretically, 60 more children might be born to 95 overspill families. If the rate of arrival of such families is steady over the next 12 years then the total number of children (3,790) must be halved, giving an estimated 1,895, or about 160 per year.

The general-practitioner maternity unit in Andover, having 11 beds at present, delivers about 350 mothers in a year. To accommodate an extra 160, another six beds would be needed. As our expansion is planned to be by six in the new unit to be built next year, it can be seen that since the rest of Andover will no doubt increase its population, the criteria for admission and length of stay will probably have to be reviewed to accommodate both overspill and indigenous mothers.

Summary

Lessons from this small study can be briefly mentioned as:

- (i) In the course of routine visits health visitors can collect medical information

which is of potential value to general practitioners and health-service administrators.

(ii) Even though some families did not want any more children, one fifth of them appeared to be in need of birth control advice.

(iii) Into an overspill town a large influx of young fertile couples will arrive. This study seems to suggest that they wish (at present) to achieve a family size of almost three children.

(iv) To accommodate the births it is estimated that our local maternity unit will need to be expanded by six beds: the same figure arrived at by the regional hospital board using more orthodox calculations of population and birth rate.

Acknowledgements

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BLOOD TRANSFUSION

Nov. 14th 1666

At the meeting at Gresham College to-night, which it seems they now have every Wednesday again, there was a pretty experiment of the blood of one dog let out, till he died, into the body of another on one side, while all his own run out on the other side. The first died upon the place, and the other very well and likely to do well. This did give occasion to many pretty wishes, as of the blood of a Quaker to be let into an Archbishop, and such like; but may if it takes be of mighty use to man's health, for the mending of bad blood by borrowing from a better body.

Nov. 28th 1666: . . Mr Carteret and I to Gresham College, and here they had good discourse how this late experiment of the dog, which is in perfect good health, may be improved for good uses to men, and other pretty things. . . .

SAMUEL PEPYS

S.W.M.H.

Social workers in mental health are accustomed to unusual, sometimes threatening situations, and the community has come to rely on their skill and fortitude. It is relevant to recall, however, that recently a social worker in mental health was murdered by a patient at the home in the course of his normal duty. This is an occupational hazard, fortunately not shared by any other colleagues.

Report from Mr L. H. Jenkins
to the Clerk of the Devon County Council