

The reasons for rapid population growth in nineteenth century britain



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Number of people walking the face of earth has always been at constant change and the growth in population has always been a great issue of concern and attention by governments and leaders throughout time, especially if occurred in a short period of time. Reasons for rapid expansion in population can be accredited to several factors such as fertility, mortality, migration, and marriage. This natural cause sometimes beneficial and sometimes disastrous depending on the conditions and locations, could be controlled in very difficult ways. In the 19th century Britain, the rapid growth in population was one of great economic, social, political, and environmental changes that laid the basis of the society, as we know it today. Of these changes none has proved to be more significant than that of the redistribution and restructuring of Britain's population. Furthermore an interpretation of the causes of demographic change in that critical period following the demise of the old pre-industrial population regime which led to the modern twentieth-century pattern in which both fertility and mortality are particularly low.

After a period of unusual stagnation from 1700 to 1740, the population resumed its normal upward trend and afterwards between 1740 and 1780, the growth rate averaged 4 percent to 7 percent per decade, then accelerated to over 10 per cent per decade until 1911. The years between 1811 and 1821 had the most rapid population growth where it reached 17 per cent per decade. The second greatest growth was the decade 1871-1881, where it reached 14 per cent. However the greatest increase which was over 4 million, did not occur till 1901-1911. Subsequently the rate of

increase declined dramatically and the population, having doubled between 1780 and 1840, and doubled again at the end of century, rose by only about 50 per cent in the next sixty years to come. The distribution and composition of the British population in the nineteenth century was radically altered due to increased population emigration, especially the migration to more urban areas in search of a better life. There was also a major shift in paradigm in regards to social attitudes, particularly during the latter half of Queen Victoria's rule over Britain. As a result, during this time a shift towards small family size or "family limitation" occurred because changes in prospects of marriage were becoming a noticeable trend. Also substantial advancement in healthcare helped to improve the quality of a healthier life for the people of Britain, drastically changing the chances of one living or dying prematurely.

Not only did the population changed in composition, but also in distribution. Great Britain's population in 1801 was an estimated eleven million, and in 1901 that number rapidly grew to 37 million, with London's population share increasing from 9 per cent to 12 per cent. By 1901, London's population was more than twice that of Wales and slightly more than of Scotland. Among the many epithets applied to the nineteenth century, the 'age of statistics' would seem one of the most appropriate. The first British population census was conducted in 1801 and was subsequently repeated every ten years. While civil registration did not replace the recording of ecclesiastical events, particularly baptism and burials, it did mean that parish registers lost their position as the principal source for demographic enquiry. At mid century, agriculture was in steep relative decline, representing about 20 per cent of

those employed. Manufacturing was holding steady at about 33 percent, domestic service contributed 14 to 15 percent and the remaining 32 percent was made up from professions such as: mining, transport, building, dealing and public service. Moreover. By the end of nineteenth century, agriculture's contribution to employment was no more than 10 per cent.

Unlike the increase in fertility in the late eighteenth and early nineteenth century, the experience of the late Victorian period was dominated by the secular decline of marital fertility and perhaps a movement towards nuptiality was started. (Woods, 1987; Wilson and Woods, 1992).

Furthermore, we may now assume in a way it was not open to contemporaries that marital fertility was reduced as the direct consequence of changed behaviour rather than some general decline in fecundity. Patterns of thought and action were changing rather than physiology (Teitelbaum, 1984). Likewise, it is unlikely that the phenomenon was merely a result of the invention, marketing, adoption, and effective use of new methods of birth control. The rubber condom, Dutch cap, and douche all became available during the last decades of the nineteenth century. They were however rather too expensive for the general use until the 1920s and 1930s when the results of retrospective surveys reveal a far more widespread adoption (Peel, 1963). Since it was known that marital fertility was significantly reduced, it must be assumed that some combination of sexual abstinence, coitus interruptus, accurate use of the safe period and induced abortion were the most likely means by which family limitation was brought about. None of these methods was new to Victorians, however the

desire and confidence to use them were innovatory (shorter, 1973; McLaren, 1978; Sauer, 1978; Soloway, 1982).

Economists have provided one of the most important theoretical contributions to the study of fertility, their focus has tended towards the costs and returns of having children, the costs and availability of contraceptive methods, inter-generational wealth flow, and the conflict between investing in children or consumer durables. Children, especially in traditional peasant societies, represent a source of labour, income and security for their parents. But in the nineteenth century Britain, the economic value of children to their parents was far less obvious and presumably far less likely to enter any accounting framework for reproductive planning. In general if parents were not attempting to maximize their fertility in order to reap financial gains for the family wage economy, they were also not attempting, until after the 1870s, to restrict their fertility in order to avoid the liability of childrearing (Haines, 1979; Crafts, 1984a, 1984b). In addition, it was also unusual at this time for married women to be employed outside of the home, for reasons of tradition and lack of opportunity thus childbearing and rearing did not represent an alternative to wage earning as they do today. There is a persistent line of argument in demographic theory which holds that high levels of fertility are necessary to match high levels of mortality, and therefore that when infant or childhood mortality begin to decline, marital fertility will also be reduced without adversely affecting the effective level of fertility. That is, the supply of new adults capable of reproducing (Brass and Kabir, 1980; Teitelbaum, 1984; Woods, 1987).

Therefore, mortality decline not only facilitates the reduction of fertility, it

also acts as a strong inducement. Setting aside for the time being any consideration of what causes mortality patterns to vary, it is still obvious that for this particular demographic mechanism to work there must be a distinct time lag between the decline of mortality and fertility during which average family size will increase. Married couples would be impelled to limit their fertility thereby avoiding accompanying financial burdens which the survival of larger numbers of children would bring. This interpretation assumes that there is a distinct chronology to demographic change that a sophisticated adjustment mechanism is created requiring considerable foresight on the part of married couple and a degree of reproductive planning. In Britain, childhood mortality certainly did not decline at the same time as marital fertility, but infant mortality did not begin its secular decline until 1899-1900 (Woods, Watterson and Woodward, 1988). It seems likely that the reduction of infant and childhood mortality did eventually help to sustain marital fertility decline, but that mortality decline was not an initiating factor (Reves, 1985; Coale and Watkins, 1986, 201-33). The origins of the decline of marital fertility in Britain, as in much of Western Europe with the exception of France, are to be found particularly in last quarter of the nineteenth century. This much at least is clear from available statistics, but there are many aspects of this fundamental change in demographic structure that remains obscure. We know that until the 1870s British marital fertility was consistent with 'natural fertility', that was largely biologically determined with little sign of parity-specific control. Generally speaking, the births were neither deliberately spaced nor were there attempts to prevent conception or live birth once a particular number of children had already been born. A women's fertility was influenced by her physiological ability to conceive, her

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proneness to spontaneous abortion, and the frequency of coitus. The first mentioned declined with age, the second increase, while the last mentioned declined with the duration of marriage (Bongaarts and Potter, 1983; Wilson, 1984, 1986). During the nineteenth century, life expectation at birth in Britain improved from the mid-thirties to the upper forties and the low fifties by 1911. Of the change, most occurred in the latter part of the nineteenth century and was particularly obvious among those aged from 5 to 25. There was little or no decline either in national infant mortality levels or in mortality rates for those aged 35 plus before 1900 (Woods and Woodward, 1984, 39). However, there were important local and social variations in mortality.

The local differences were closely tied to environmental conditions, but especially urban/rural differences. The lowest levels of life expectation were invariably in urban places, and especially in what would now be called the inner cities inhabited by the poorest families in the worst housing with the most inadequate sanitation. Even in 1841 when life expectation at birth was 26 in Liverpool and 37 in London, it was 45 in Surrey and probably 50 years in the most salubrious rural areas (Woods and Hinde, 1987). By 1911 the national average had increased and the urban-rural differential had narrowed substantially. Moreover, it remains a matter of speculation whether the wealthy urban middle classes or the poor agricultural labourers experienced the lower level of mortality. Mortality rate began its secular decline, as well as a rapid decline of infant mortality towards the turn of the century. General fertility rates were in decline throughout the century, but from the 1870s marital fertility also began its secular decline. Fertility and mortality rate have declined since the late eighteenth century but the time

paths for the three countries traces vary, quite markedly. In France, fertility and mortality declined together from an early date and natural growth remained at a low level throughout the nineteenth century. In Sweden, Mortality declined before fertility in a way that has come to be regarded as normal and coincidental with the predictions of the classic demographic transition model. On the other hand, in England, the modern rise of population was initiated by the increase of fertility in the late eighteenth century and was only supported by the secular decline of mortality. These differences of form, pattern and the timing of change suggest the diversity of demographic structures in Europe in the nineteenth century, but they also illustrate aspects of a broader picture of conformity. In any consideration of the nineteenth century population history pride of place should go to mobility and migration, both internal and international. Not only did Britain's population experience radical redistribution, but the age, sex, and skill selective nature of migration also changed society, economy, and environment in several very important respects.

Over 90 per cent of the late nineteenth century mortality decline in England and Wales was due to conditions attributable to micro organisms, with 33 percent associated with respirator tuberculosis; 17 per cent with typhoid and typhus; 12 per cent from cholera, diarrhoea, and dysentery; 5 per cent from smallpox and 4 per cent from non-respiratory tuberculosis. It is believed, and as McKeown argued ' that the specific changes introduced by the sanitary reformers were responsible for about a quarter of the total decline of mortality in the second half of the nineteenth century'. The remainder of the improvement, mainly associated with tuberculosis, must be attributed to the

rise of living standards brought about by the industrial revolution, that is, 'perhaps half of the total reduction of mortality' (McKeown and Record, 1962, 129). This last quarter could be attributed to changes in the character of diseases especially scarlet fever (Eyler, 1987). The argument for the attribution of the first quarter is relatively easy to follow, how else could the water borne diseases have declined but what of tuberculosis? The direct effects of specific therapeutic measure can be ruled out conditions of exposure to the diseases, diet, physical, and mental stresses remain. McKeown excluded the last mentioned and claimed that exposure via crowding at home and at work were not reduced before 1900. Therefore, diet remained the most likely influenced on the downward trend of tuberculosis mortality.

There are four major aspects of migration and emigration that are of particular significance. First, the outer rural periphery- especially the west of Ireland and the Scottish Highlands- experienced massive emigration which caused general depopulation (Flinn, 1977; Anderson and Morse, 1990; Withers and Watson 1991). Although the Irish case is often linked to famine migration in the 1840s, the history of Irish emigration to North American and Great Britain is very complex which famine probably only exacerbated. Secondly, the countryside in general suffered net loss to the towns (Saville, 1957; Lawton, 1967). From Cornwall to Norfolk, Dorset to Anglesey and Aberdeen agricultural labourers, servants, and small tenants left and were not replaced, except by machines. In a few rural counties, such as Kent, this did not lead to absolute population decline because natural growth exceeded net out migration. Thirdly, the great industrial and commercial centres of

central Scotland, the English North and Midlands, and South Wales, not only increased their citizenry but also expanded physically until they coalesced into the amorphous conurbations so well known in the twentieth century. These Victorian cities grew particularly rapidly both by net migration and natural growth, despite high mortality. Intra-urban migration also fuelled suburban expansion which eventually affected whole cities, primarily through the depopulation of their inner areas. In the cases of certain Scottish and Northern industrial towns this process was obvious even in the late nineteenth century (Lawton, 1983; Morris, 1990). Lastly, London should probably be treated as a special case since it not only maintained its British primacy but also its share of the total population. The new problems associated with managing and servicing such a massive concentration of people (nearly five million by 1901) imposed many strains, not least in terms of transport, social inequalities, which were made more obvious by their juxtaposition, and sanitation. The broad picture of European migration shows that from 1821 to 1915, 44 million people left, of which Great Britain accounted for 10 million and Ireland for 6 million. More detailed estimates suggest that between 1853 and 1900, 4, 675, 100 people left England and Wales for a non- European destination and 896, 000 left Scotland. In both cases more than half went to the United States with a further fifth to Australia (Carrier and Jeffrey, 1953; Easterlin, 1961; Baines, 1985).

There is little reason to doubt that economic pressures, whether relative or absolute, played an important part in influencing the decision of many couples to limit their fertility in the late nineteenth century, but what still remains in doubt is why that pressure only took tangible effect in the last

quarter of the century and why the secular decline of marital fertility occurred so rapidly that different occupations, status groups and social classes all appeared to be reducing their family sizes. All of about the same rate and time, but from rather different levels (Stevenson, 1920; Innes, 1938; Woods, 1987; Haines, 1989).

Of those occupational groups that are relatively easy to identify, coalminers provide interesting illustrations of the difficulties encountered in developing purely economic explanations of fertility decline (Friedlander, 1973; Haines, 1979). Coalmining districts and families are known to have had higher fertility longer and have been among the last areas and social groups to attempt family limitation. A commonly held account argues that the income curve for coalminer peaked in the early to mid-twenties. There were few employment opportunities for women in such areas constrained a surplus of men and marriage for women was early and general. The demand for male labour was usually abundant, but the work was dangerous, accidents and injuries were common and often fatal. Therefore there was little economic incentive, as there was in the lower middle classes, to restrict fertility. But it is also likely that these rather closely knit communities perpetuated an ethos which was strongly oriented towards men's values and women's obligations and therefore less compatible with that degree of foresight and co-operation between the sexes. Something that was necessary for successful family limitation before the development of effective intra-uterine devices and oral contraceptive. It should be stressed that the British experience of the secular decline of marital fertility was merely part of a Europe-wide movement in which Britain was later than most of France, but in step with much of

Germany and Italy (Coale and Watkins, 1986; Watkins, 1991). The most important structural barriers to change appear to have been the major linguistic and cultural divisions, as well as the strength of pro-natalist religious feeling. Just as in Britain, it is not possible to say in detail how or why family limitation became a common practice, but the most plausible interpretations also stress the importance of changes in attitude and the removal of constraints on behaviour emphasised in the sociological approach rather than the after effects of industrialization and urbanization or the prior decline of infant and child mortality. The electoral swing was Europe wide, relatively rapid, and has not been reversed.

Farr's work on the demographic statistics of England and Wales have made it possible to describe in some detail the pattern of mortality variation in the nineteenth century, but we are still far from providing a full explanation of the origins of the decline of mortality during the nineteenth century. We know that medical science have had only a minor influence on the decline of mortality before the 1930s and that the cleansing of great cities was a special problem in a country like Great Britain which had a particularly high level of urbanization, but once the sanitation and public health problem had been solved then the positive effects would have been immediate and lasting. We also know that poverty brings poor diet and thus low nutritional status, and inadequate housing persisted and were then, as now, closely related to variations in mortality rates. The significance of and reasons for the decline of mortality from tuberculosis continues to be an area for enquiry, but few now follow McKeown's lead and argue from mortality via tuberculosis to improved living standards, especially diet. Many would now

regard the nineteenth century as a period on which the foundations of modern medical science were laid (Pickstone, 1985).

The rapid growth which began around 1740 was sustained in the nineteenth century. Death rates, which had fallen in the late eighteenth and early nineteenth centuries, stabilised at around 22 per 1,000 between 1820 and 1870, a development chiefly attributable to the appalling living conditions in industrial towns at the time. By the 1870s the public health campaign, which had been initiated in the 1840s to provide towns with drainage and pure water supplies, began to pay off and the general death rate fell from 22.3 per thousand in 1871 to 13.8 per thousand in 1911, which is a drop of about 40 per cent. Other contributory factors were the rising living standards (more food and clean clothes) and improved urban environment (better housing, public baths, and wash houses). On the other hand, the birth rate that had remained fairly high throughout the century began to decline during the 1880s. There were several main causes that led to this decline. Children were becoming an economic burden rather than an asset, as the Factory Acts limited employment opportunities and the Elementary Education Act (1870) required their attendance at school. Real incomes were rising and, for the first time, people were faced with the possibility of sustained improvement in their life. Increasingly they saw a clear choice between more children and a better life, and tended to favour the latter. Also large numbers of young men were emigrating and this lowered the marriage rate in many places. Resulting a decrease in family size, from 5 to 6 children in the 1860s to 2 to 3 in the 1920s. This tendency started among the middle classes and permeated slowly downwards through the social pyramid. One important

statistic changed scarcely at all, the infant mortality rate. Though fluctuating year by year from 100 to 180 per thousand, it averaged about 135 per thousand in the 1890s as it had in the worst decade, the 1840s. The explanation lies in the vulnerability of infants to infectious diseases in towns. Between 1901 and 1921 the rate fell dramatically by about 50 percent. The expansion of population and the progress of industrialisation were inextricably intertwined:

1. A rising labour force was provided to facilitate the introduction of intensive agriculture, as well as to mine coal and work in factories. Infant industries were able to draw on young, mobile labour with no vested interest in obsolete skills and without having to offer high wages to lute it from other employments.

2. A growing market for the necessities of life (food, clothes, shelter, and household goods) was provided, encouraging entrepreneurs to experiment with new techniques to enable them to produce more, faster, and cheaper. This steadily expanding domestic market exerted a valuable cushioning effect whenever volatile export markets underwent a temporary recession.

It must be emphasised that population growth did not, of itself, lead to industrial progress. It had this effect because it took place in the context of an economy that was already dynamic with abundant resources, a new technology of steam-power and machinery and a vigorous class of businessmen to exploit them. In Ireland this foundation was lacking, and therefore population growth simply led to mass poverty on an unprecedented scale.

In conclusion, the rapid population growth in Britain in the nineteenth century was caused by several different reasons such as: fertility rate, mortality rate, healthcare, emigration, migration, occupation, and other economical aspects. Furthermore, a number of informed observers believe that this fate would overwhelm England in the nineteenth century. The most influential of these was the Reverend T. R. Malthus, whose *Essay on the Principle of Population as it Affects the Future Improvement of Society* was published in 1798. He argued that population always tended to increase in geometrical progression whereas food supply only increased in an arithmetical progression. The former would, therefore, tend always to outrun the latter, producing wide-spread misery and eventually mass famines. Malthus did not foresee the amazing rise in the productivity of British agriculture during the nineteenth century, nor the ability of the country to import food from the virgin soils of the new World, but his gloomy predictions carried great weight with his contemporaries, and he must take a great share of the responsibility for the harshness of Victorian attitudes towards the poor. Since any easing of their condition would have encouraged them to breed and multiply both the course of their poverty and the numbers who must endure, it was necessary to control them harshly for their own, and also society's benefit.

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