

## **BIRTH CONTROL IN THE EIGHTEENTH AND NINETEENTH CENTURIES IN SOME HUNGARIAN VILLAGES**

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By way of introduction I should explain how I came to be interested in historical demography, most of all in low marital fertility and birth control among rural populations. Investigating the possible economic and social factors contributing to the exceptionally low fertility of the Hungarian population in the mid-1960s, I was astounded by the persistence of regional fertility differences that could not be explained by the different levels of economic or social development of these regions.<sup>1</sup> Going back several decades I found a very similar pattern of regional differences of fertility, each of them showing much higher levels but a similar rank order. It seemed that long-lasting historical factors influenced the fertility level of the particular regions at least as far back as the last decades of the nineteenth century, i.e. since we have at our disposal regular series of vital statistics published by the Statistical Office. This fact drew my attention to historical demography and set me to investigate the roots of these differences.

A recurrent topic in Hungarian sociological and anthropological literature of the nineteenth and the first half of the twentieth century was the existence of birth control, often called the 'one child family system', in some peasant population groups in Hungary. When collecting this literature I found a book by a Dr Hölbling, published in 1845, in which it is explicitly stated that the Hungarian peasant population of the southern part of Baranya county, called the 'Ormánság' region, practised birth control in marriage in order to avoid pauperization.<sup>2</sup> Also, the analyses carried out in the framework of the Princeton University series of comparative historical studies found the marital fertility of Baranya county to be remarkably low in the period 1880-1900.<sup>3</sup>

Intrigued by these puzzling regional differences in fertility and by the above mentioned literature, I selected for family reconstitution two villages from the 'Ormánság' region and two villages from the 'Sárköz' region, both in southern Transdanubia and both well known because of their 'one-child system'. All four villages, the population of each of which numbered roughly between 300 and 1300 in the period of investigation, were inhabited by Calvinist Hungarians, who were mostly

autochthonous, i.e., their ancestors had survived in the region during more than 150 years of occupation by the Ottoman Empire. Their survival was due partly to the fact that the areas were marshy, often inundated by the rivers Dráva and Danube. However, the same fact meant that land became relatively scarce, as compared with other parts of Hungary, when population began to increase at a considerable rate in the peaceful decades soon after the liberation from Ottoman rule.

The villages had good Calvinist parish registers from the second half of the eighteenth century onwards, and these were processed by the well known method of family reconstitution.<sup>4</sup> The reconstitution was quite successful as about one third of all families could be fully reconstituted.<sup>5</sup> This was due to the fact that there was relatively little migration among these people, except in the case of marriage when one of the partners, usually the bride, but sometimes the bridegroom, lived in a different village and migrated to the place of residence of the new couple.

### **Mortality**

Although the mortality figures resulting from family reconstitution are the least reliable as the registration of burials was the most incomplete,<sup>6</sup> it seems necessary to give some results in order to elucidate the question of the possible influence of mortality on fertility.

The most remarkable facts about mortality are that, on the one hand the death rate was quite low in the second half of the eighteenth century, while on the other hand it improved only very slightly up to the last decades of the nineteenth century. Infant mortality fluctuated between 200 and 300 per 1000. No mortality catastrophes occurred similar to those in France in the seventeenth century and in the first decades of the eighteenth century,<sup>7</sup> or like the outbreak of bubonic plague in Colyton in 1645-46.<sup>8</sup> Cholera and smallpox seem to have been the two most important epidemic diseases, but the mortality caused by their outbreaks was not comparable to the mortality crises experienced in earlier decades in Western Europe. Also acute famine seems not to have occurred during the period of investigation.

The relatively favourable mortality conditions in these regions as compared to other parts of Hungary may have been caused partly by the rather high level and mixed character of food production:<sup>9</sup> in addition to the production of cereals, animal husbandry, fishing and vegetable and fruit growing played an important role. The small size of settlements and the remoteness from major population agglomerations and from main communication roads also played a part. These latter conditions, however, also contributed to the economic stagnation of these regions up to the second half of the nineteenth century.

### **Nuptiality**

In most parts of western Europe a peculiar marriage pattern prevailed: women tended to marry relatively late and many of them remained single.<sup>10</sup> According to Hajnal this pattern was characteristic of the territories west of the line Trieste-Leningrad with Hungary lying to the east of it. In fact, in the villages in southern Transdanubia which we investigated,

women married at a young age, around twenty, and few of them remained single. This marriage pattern, **ceteris paribus**, would have resulted in a much higher rate of population growth than in contemporary western Europe. This, however, did not happen in our villages where marital fertility was much lower than in most parts of western Europe.

### Marital fertility

The theory of demographic transition, accepted by most demographers, implicitly assumes that populations living in pre-industrial conditions at a relatively low level of urbanization, education and modernization did not practise birth control to any important extent. Recent research in historical demography, however, has demonstrated the existence of widespread birth control among some pre-industrial populations.<sup>11</sup> Our four villages are outstanding examples of the widespread practice of birth control under very backward economic and social conditions. The age-specific marital fertility rates found were not only much lower than those of the present-day Hutterites, a healthy population where birth control is absent whose fertility schedule is often used as a reference level, but also lower than the age-specific fertility rates of the populations of Colyton before 1629<sup>12</sup> or of Crulai from 1647 to 1742,<sup>13</sup> which might be considered as examples of conditions obtaining in western Europe in the past.

**Table 1. Age-specific marital fertility (children born per 1,000 woman-years lived)**

Community	Period of marriage	Age of married woman						
		15-19	20-24	25-29	30-34	35-39	40-44	45-49
Hutterites		300	550	502	447	406	222	61
Colyton	1560-1629	412	467	403	369	302	174	18
Crulai	1647-1742	320	419	429	355	292	142	10
Vajszló and Besence	1747-1790	306	350	311	266	189	141	45
	1791-1820	251	291	244	198	152	66	16
	1821-1850	211	248	219	172	112	29	6
	1851-1895	232	245	160	119	32	13	0
Alsónyék	1760-1790	173	288	248	214	156	60	1
	1791-1820	139	227	182	148	75	45	0
	1821-1850	137	227	211	145	84	30	11
Sárpilis	1760-1790	369	393	331	276	282	182	4
	1791-1820	234	315	310	231	181	83	19
	1821-1850	288	273	239	151	82	36	9

The data in Table 1 indicate that, at least from the end of the eighteenth century, birth control was widely and increasingly practised in marriage. In consequence, for example, in the cohort married from 1791 to 1820, a woman living in marriage from the age of 15 to 49 might have had on average approximately five live births. This number under prevailing mortality conditions would have been just sufficient to ensure a slight growth of the population. However, as women married around age 20 and as some of them remained single while others were widowed before age 49, these marital fertility rates resulted in somewhat lower overall fertility which essentially stabilized these populations, and in later decades even led to their decline.

A remarkable feature of marital fertility in our villages, both demonstrated by the pattern of the intervals between births and also mentioned in the book by Hölbling cited above, was the fact that young couples tried to avoid child birth in the first years of marriage. That is, they adopted a pattern of birth control different from that practised by modern couples who tend to concentrate the production of children in the first years of marriage.

### **Methods of birth control**

Was it really the practice of birth control which caused these low levels of marital fertility? In addition to the fact that the data display all the characteristics of controlled fertility, such as the concave shape of the fertility curves with a sharp decline at relatively young ages, higher age-specific rates in cases of later marriages, long birth intervals, and so on, we also have information from the literature dealing with the 'one child family system' on the practice and the methods of birth control. In essence all the modern methods were used: coitus interruptus, mechanical contraceptives (mostly pessaries), abortions induced by mechanical devices (needles and roots of plants) and chemicals (poisonous plants). The deleterious effects of these methods on the health of women was often stressed by contemporary authors.

### **The cultural system**

Fülep, a Calvinist pastor living in this region between the two World Wars, emphasized that the norms of number of children in the family and the obligatory practice of birth control were deeply embedded in the culture of these people.<sup>14</sup> They had special moral norms, a special view of the world. The pressure of the community on young couples was extremely strong. 'If a married woman remained sterile, she was sympathized with; if she had no living children it was said, "it is her concern"; but if she had more than two children she was ridiculed, despised, condemned — "Can she not take care?" — or, "I would be ashamed if I littered as much".<sup>15</sup>

### **Possible economic and social causes**

As mortality declined only slightly in this period, it may not have been an important factor in the rapid decline of fertility. Some authors considered that the practice of birth control was simply due to the moral depravity of these people or related to their Calvinist faith. However, similar low levels of marital fertility were also found among Roman Catholic peasants of the neighbouring villages. The authors living in the midst of these peasants, like Hölbling and Fülep, emphasized the economic and social conditions contributing to the development of marital birth control: namely, that from the end of the eighteenth century these people lived in a situation of land scarcity, that their land holdings became fragmented because of the system of partible inheritance, that the neighbouring large estates limited their possibilities of economic expansion, and that the lack of industrialization and of good transport facilities precluded their moving into other employment. Therefore, a large number of children meant for them the pauperization of their

descendants, the loss of independent peasant status, the necessity to serve as wage labourers on the large estates, alternatives which they obviously abhorred. The adoption of birth control in marriage was a strategy to conserve scarce resources, to avoid pauperization and social downgrading. The strategy was very similar in its results to the pattern of celibacy and late marriage adopted by western European peasants, a pattern which, though effective, was probably just as severe and cruel as birth control with the primitive methods available.

### Household structure

When working with the parish registers of these villages I found, almost by chance, some listings of inhabitants by households which could be used to investigate household structure following the methods elaborated by Peter Laslett.<sup>16</sup> More than half of the households were of the multiple family and of the extended family type, that is many more than found in England and in northern France. The multiple family households resulted from the relatively young age at marriage discussed above and from the custom of permitting married children to live in the households of their parents. I would argue that the old parents, most of all the mother-in-law, or in some cases the mother of the young wife, saw to it that the young couple practised birth control. Thus, marriage at a young age, complicated households and birth control in marriage seem to have been strongly related elements in a strategy practised by these peasant populations.

- By making similar studies in other villages in Hungary it might be assessed how widespread this strategy was and what other strategies were adopted by peasants in similar and also in different conditions, as for example in the less densely populated Great Plain area of Hungary.

### NOTES

1. R. Andorka, 'Regression analysis of the factors influencing regional fertility differences in Hungary', **International Population Conference, London, 1971**. vol. 1, pp. 488-94.
2. M. Hölbling, **Baranya vármegyénének orvosi helyirata** (Medical description of the county Baranya). Pécs., 1845, p. 151.
3. P. Demény, 'Early fertility decline in Austria-Hungary: a lesson in demographic transition', **Daedalus**, Spring 1968. pp. 502-22.
4. E. A. Wrigley, ed., **An introduction to English historical demography**, London, 1966, pp. 283.
5. The results are described in a more detailed form in the following works: R. Andorka, 'Un exemple de faible fécondité dans une région de la Hongrie, l'Ormánság à la fin du XVIII<sup>e</sup> siècle et au début du XIX<sup>e</sup>: contrôle des naissances ou faux-semblants?' **Annales de démographie historique**, 1972, p. 25-53., R. Andorka, **Determinants of fertility in advanced societies**, London, 1978, p. 431.
6. Probably because a burial was rather expensive and because a poor family was not very much interested in registering the death of one of its members, while everybody was interested in having documented officially his marriage and the birth of his children in order to establish legitimacy and rights to inheritance.

7. See, e.g. P. Goubert, **Cent mille provinciaux au XVII<sup>e</sup> siècle**, Paris, 1968, p. 439.
8. R. Schofield, 'An anatomy of an epidemic: Colyton, November 1645 to November 1646', **The plague reconsidered** (LPS Supplement), 1977, pp. 95-126.
9. B. Andrásfalvy, **Duna mente népének ártéri gazdálkodása Tolna és Baranya megyében az ármentesítés befejezéséig** (Production in the flood areas of the population living at the river Danube in Tolna and Baranya counties until the completion of the protection against floods), Szekszárs, 1975, p. 476.
10. J. Hajnal, 'European marriage patterns in perspective', in D.V. Glass and D.E.C. Eversley, eds., **Population in history**, London, 1965, pp. 101-143.
11. E.g. E. A. Wrigley, 'Family limitation in pre-industrial England', **Economic history review**, Vol. 19, no. 1, 1966, pp. 82-109., D. Gaunt, 'Family planning and the pre-industrial society: some Swedish evidence', in K. Agren. et al., **Aristocrats, farmers, proletarians: essays in Swedish demographic history**, Uppsala, 1973, pp. 28-59.
12. Wrigley, *ibid.*
13. E. Gautier and L. Henry, **La population de Crulai paroisse normande** (INED, Travaux et Documents, no. 26), 1958, p. 234.
14. L. Fülep was one of the most brilliant philosophers of culture in Hungary. He lived and worked as a pastor of a small village in Baranaya county for almost two decades. His views on the 'one child system' were expressed in articles he wrote from 1929 to 1933, republished in the collection of his selected works *Művészet és világnézet* (Art and view of world), Budapest, 1976, pp. 93-145.
15. J. Hidvégi, **Hulló magyarság** (Decaying Hungarian population), Budapest, no date, p. 213. Hidvégi was a doctor who worked in the centre of the Ormánság region in the 1930's, and described the medical aspects of birth control in the most detailed form.
16. P. Laslett and R. Wall, **Household and family in past time**, Cambridge, 1972, p. 623.

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