CHAPTER SEVEN

Fertility

Women's interests and intentions in both the biological and social reproduction of the work force have been recognized by feminist theorists (Mitchell 1972; Benston 1969; Leacock 1983). There may be many material and social benefits to females from childbearing and rearing, including physical protection by males, access to food and other resources, and the security attained by incorporation into one or more lineages. On the other hand, incentives to reproduce may also be few or insignificant, given the risks of pregnancy, reduction of income-earning opportunities for pregnant women, and the sometimes small likelihood of infant survival. The capacity to bear children may also be destroyed or reduced by overwork and undernourishment or by uterine infections and venereal and other diseases.

Caribbean slave women had few children compared to U.S. female slaves and women in other comparable settings. Research has generally focused on low birth rates and hence on low sex ratios, skewed age distributions, and high infant mortality. Low fertility itself has received little attention, although occasionally the class view on family formation has been echoed in fertility research, with different implications. Class theorists have held that slaves organized stable families in response to oppressive conditions, but they have also suggested that women failed to have children to protest their subjugation as slaves.

The continuing natural decrease of Caribbean slaves intrigues scholars, in part because revisionist research has uncovered both high birth rates and high levels of fertility in the U.S. South (Fogel and Engerman 1974; Klein and Engerman 1978). Demographic conditions explain much about low birth rates. Yet women's choice not to bear children and their incapacity to do so remain important and largely unexplored explanations for low fertility. Even less is known about slaves' feelings about children. A materialist analysis suggests few economic incentives for Caribbean slave women to bear children, compared to societies in which children's labor is valued by spouses or kin and women's workload is less than men's. But like materialistic reasons to form families, the reasons for bearing children varied among slaveholding societies of the region, with differing opportunities for slaves to utilize their children's labor to economic advantage and divergent and shifting demands for women's labor in agriculture.
Low Birth and Fertility Rates and Caribbean Slaves

New World slave societies present a major challenge to our understanding of fertility in conditions of low individual and family autonomy. It has generally been thought that slaves in the United States and in the West Indies had little reason to bear children, lacking control of their offsprings’ labor. Conditions conducive to high fertility, in particular, stable conjugal unions, were presumed to be absent among New World slaves. Recent scholarship has revealed high levels of nuclear family formation in the United States, along with greater intergenerational familial stability than was previously recognized or thought possible (Blassingame 1972; Fogel and Engerman 1974; Gutman 1977). Studies of Caribbean slaves have also revealed more nuclear families and historical endurance of kinship than was understood by earlier scholars (Higman 1976a; Craton 1978). Nevertheless there seems little doubt that family organization among slaves was more often nuclear in the U.S. South than in the Caribbean and that southern conditions were more encouraging to family continuity.

The difference in fertility between U.S. and Caribbean slaves is more dramatic than that found between styles of family organization in the two regions. The birth rate in the United States in the early 1800s was from 50 to 55 per 1,000 slaves, with a death rate of from 25 to 35 per 1,000. At the same time Jamaican slaves experienced a crude birth rate of 23 per 1,000; the crude death rate among Jamaican slaves was 26 per 1,000. About four-fifths of slave women bore children in the United States, but only two-thirds of potential female childbearers did so in the British West Indies (Klein and Engerman 1978, p. 366).1

Hence Caribbean slaves experienced a continuous natural decrease. Figures from the post-1816 British West Indian registration of slaves (Table 3.1) show that, even with the amelioration of conditions, natural decreases continued. Craton (1971, p. 5) estimates a natural population decrease in Jamaica of 4 percent during the early 1700s, dropping to 2 percent around 1790, 1 percent in 1808, and less than 0.5 percent in 1834. A natural increase was not achieved in Jamaica until 1845, nine years after the emancipation of British West Indian slaves, although slaves were probably reproducing themselves and the population growing on one-third of the estates by the 1830s (Craton 1971, p. 18). Records from individual estates indicate the problem: At Jamaica’s Worthy Park deaths outnumbered births by 2 percent annually from 1730 to 1780 (Craton 1977, p. 54).

Planters on Barbados purchased 75,893 Africans from 1712 to 1734 to increase the population from 41,970 to 46,362 (Bennett 1958, p. 44). During the 1770s the 2 percent birth rate at Codrington was less than the 2.5 percent annual death rate. Yet Barbados provided the major exception to British West Indian patterns of natural population decrease. Watson (1975, p. 139)
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contends that as early as 1760 slaves reproduced themselves. The Codrington estate achieved a natural increase later. From 1712 to 1761, 450 slaves were bought by the Society for the Propagation of the Gospel for Codrington, yet its population fell by more than one-third. In 1795 a net gain of 3 slaves was recorded, 11 in 1800, 5 in 1804, and 7 in 1805 (Bennett 1958, pp. 52, 96, 112).

French West Indian slaves also experienced natural population decreases. The general mortality rate for the region has been estimated at 5-6 percent and the natality rate at 3 percent (Debien 1974, p. 348). Imports of 258,300 slaves to Martinique from 1701 to 1818 expanded the slave population from about 14,000 in 1700 to 75,584 in 1802 (Tomich 1976, p. 41; Elisabeth 1972, pp. 148–151). Curtin (1969, p. 80) estimates the rate of natural decrease from 1664 to 1735 at 5.4 percent, dropping to a loss of 4.2 percent from 1736 to 1787 (see Table 7.1).

At the Case-Pilote estate in Martinique the slave population fell by 573 from 1806 to 1861, despite 1,349 baptisms (performed on nearly all French West Indian slave babies) (David 1973, p. 351). Debien (1962, p. 50) reports a Saint Domingue plantation that replaced its total workforce of 133 slaves from 1765 to 1778. In Saint Domingue as a whole the purchase of slaves raised the population by 85,000 between 1763 and 1776, but deaths outnumbered births by 50,000 (Fouchard 1981, p. 68). On selected indigo and coffee plantations in Saint Domingue, Siguret (1968, p. 223) found a 20 per 1,000 birth rate from 1778 to 1788 offset by a 60 percent mortality rate for the 10-year period, suggesting no marked demographic difference on coffee, indigo, and sugar estates.

Jesuit and Dominican estates in the French West Indies traditionally achieved population increases. On some other estates, generally in Guadeloupe and Martinique, births gradually outnumbered deaths by late in the eighteenth century. At l’Anse-à-l’Ane in Martinique a small natural increase

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Source: Curtin 1969, p. 80.
developed after 1763 (Debien 1960, p. 78). From 1753 to 1773, 60 to 98 children under age 11 resided at l’Anse-à-l’Ane for every 100 women over age 17, suggesting a still low fertility rate if the distribution of children is roughly equal among women under age 55.

The ample demographic data from the Catharina Sophia estate on Dutch Surinam support trends found elsewhere. The average annual birth rate of 26.8 per 1,000 from 1851 to 1861 was significantly less than the death rate, which rose from 38.9 per 1,000 between 1852 and 1856 to 47.7 per 1,000 between 1857 and 1861 (Lamur 1977, p. 168).

The Spanish West Indies present shifting patterns of mortality and fertility. Deaths increased and the birth rate fell in new areas of cultivation that opened up on southern Cuba. Table 7.2 offers demographic figures for nineteenth-century Cuban slaves. The mortality rate fell slightly from 63 deaths per 1,000 from 1835 to 1841 to 61 deaths per 1,000 from 1856 to 1860. At the same time the crude birth rate increased, from 19 to 28 births per 1,000. The rate of natural decrease was dramatic, worsening from a loss of 44 per 1,000 from 1835 to 1841 to a population decline of 33 per 1,000 from 1856 to 1860.

The mortality rate was higher in rural Cuba than in urban Cuba and higher on larger estates than on smaller coffee and sugar estates. Even in the eighteenth century, however, when semipatriarchal labor relations were characteristic of Cuban cash crop production, the slave mortality rate was about 4 percent, comparable to that in the British islands (Knight 1970, p. 182). Turnbull (1840, pp. 288–289) visited La Pita estate, finding 5 deaths in a year among 161 slaves but only 1 birth. He also found mortality higher on sugar than coffee estates, a relationship Higman (1984, p. 325) confirms for the nineteenth-century British West Indies. Slaves on nineteenth-century Cuban sugar plantations generally endured no more than 10 years of agricultural work, but on coffee estates as many as 30 (Turnbull 1840, p. 294).

In Puerto Rico, on the other hand, birth rates were consistently high, even after sugar planting intensified in the mid-1800s. Census figures from 1838 for Ponce, a municipio of widespread sugar cultivation, reveal 319 children for

| Table 7.2. Demographic Indicators for Cuba, 1835–1841 and 1856–1860 |
|---------------------------------|----------------|----------------|
| Indicator                       | 1835–1841      | 1856–1860      |
| Crude Death Rate                | 63             | 61             |
| Infant Mortality Rate           | 575            | 283            |
| Crude Birth Rate                | 19             | 28             |
| Fertility (Tasa global de fecundidad) | 87             | 132            |
| Natural Decrease                | −44            | −33            |

every 100 Creole slave women, and 132 children for every 100 women in the slave population as a whole (Scarano 1984, p. 142). The latter comparatively high fertility rate prevailed despite a heavily male and African population. The birth rate for 4,667 slaves in Ponce was 43 per 1,000 population in 1864, with mortality at 32 deaths per 1,000 (Curet 1985, p. 137). Although slavery was not as “mild” in Puerto Rico as once thought (Curet 1985; Nistal Moret 1980; Scarano 1984), better living conditions may have endured in the eighteenth and early nineteenth centuries and influenced demographic change after the revival of the sugar industry.

CAUSES OF NATURAL DECREASE

High slave mortality contributed substantially to natural decreases in population among Caribbean slaves, as Moreno Fraginals’s and Higman’s data reveal (see Tables 7.2 and 3.1). The death rates of slaves varied with time, place, and period in the creolization process. Early commentators and contemporary analysts agree that many slaves died in their journey to the Americas. Craton (1971, p. 26) speculates that at least one in ten slaves perished in the Middle Passage en route to the British West Indies and every third slave died during the next three years. Survivors had a 30-year life expectancy in 1730, 40 years in 1830. Ortiz (1975, p. 249) cites the observations of the slave trader Captain Trench Townsend that an agricultural slave could live no more than five years. Posing the problem in different terms, Dirks (1978, p. 148) suggests that 50 percent of African slaves were lost from passage through the first two or three years in the Caribbean.

The mortality rates of slaves during passage to the New World and through the trauma of settlement differed along the dimensions of place and time. Craton (1974, p. 195) estimates, for example, that for Barbados, with a 6 percent importation rate in 1670, annual mortality was probably more than 70 deaths per 1,000 slaves, slightly lower than his judgment for the British West Indies as a whole. If a newly arrived slave endured another 10 years in the West Indies, he or she lasted 16 in Barbados (Ortiz 1975, p. 249). However, at the Codrington estate on Barbados mortality was higher: From 1712 to 1748 six slaves died for every one born. Forty-three percent of new slaves soon perished (Bennett 1958, pp. 53, 60), in contrast to Barbados as a whole, where only one-quarter of newly arrived slaves died (Watson 1975, p. 139).

Some discrepancies in mortality rates reflect likely overestimations by early observers, along with the real tendency of Europeans to treat slaves as though they were abundant and cheap. Charles Leslie (1740, p. 326) observed, for example, that half of slaves perished during the seasoning period in Jamaica.
In St. Kitts two-fifths of slaves were said to have been lost during the seasoning period early in the 1700s (Sheridan 1985, p. 326). Humboldt (1960, p. 168) concluded, however, that only 7 percent of new Africans (bozales) fell to the rigors of initiation in nineteenth-century Cuba, the lower numbers reflecting his greater care in judgment and the better treatment accorded new slave imports as they became scarce with the constriction of the international slave trade in the nineteenth century [see also Kiple (1976, p. 53) and Dirks (1987, p. 92)].

It is widely claimed that at least one-third of slaves were lost in transport to the French West Indies and the first years of plantation work. The remaining slaves then survived no more than 15 years (Hilliard d'Auberteuil 1776, vol. 2, p. 62; Labat 1930, vol. 2, pp. 46–47; Debien 1974). On the Case-Pilote estate a life expectancy of 23 years was reported for the period from 1783 to 1848 (David 1973, p. 351). At Bisdary in Guadeloupe, men survived to 32.8 years in the 1770s, women to 30.8 years, considerably less than the life expectancy in France at the time (46 years for males, 45.6 years for females) (Gautier 1985, p. 122; Mathieson 1926, p. 53). On Catharina Sophia in Dutch Surinam the life expectancy of slaves was 23 years during the period 1852 to 1861. Only half of children reached the ages of 15 to 24. Mortality later rose even higher.

Throughout the region predial slaves generally experienced greater mortality than nonpredial slaves; rural slaves had higher mortality rates than urban slaves (Dirks 1978, p. 149; Knight 1970, p. 82). Mortality was generally higher for seasoned Africans than for locally born slaves (Higman 1984, p. 324; Craton 1971, pp. 13–14), but often differences in mortality rates and life expectations were marginal; once conditioned to their new surroundings, Africans sometimes outlived Creole slaves (Dunn 1987; see also Dirks 1987, p. 92; Siguret 1968).

High levels of infant mortality raised the rate of natural decrease and reduced the recorded birth rate because slave owners failed to log many early infant deaths. The infant mortality rate is estimated at 15 percent for early nineteenth-century Cuba (Moreno Fraginals 1978, p. 39). The mortality of slave children through the first year of life at Jamaica’s Worthy Park estate is judged to have been 200 per 1,000, counting stillbirths and miscarriages. Fifty-two per thousand children under age 5 died there annually (Craton 1977, p. 87). The latter figure has also been cited for the nineteenth-century British West Indies as a whole (Bennett 1958, p. 55; Goveia 1965, p. 124). Abénon (1973, p. 315) found that for two parishes in eighteenth-century Guadeloupe child mortality fluctuated between 30 percent and 50 percent. At the Seguineau au Fonds-Baptiste coffee estate in Saint Domingue, all 11 births recorded in 1778 were followed by death, an indication of the continuing dramatic loss of infant life there (Gautier 1985, p. 120).
Sources of Mortality

Slaves died from physical abuse, exposure, malnutrition, overwork, and disease. Conditions contributing to these afflictions varied in time and place, but poor food supplies and the incidence of infectious diseases and other illnesses are consistent across plantations and societies. Recent research suggests that West Indian slaves were especially susceptible to particular diseases because of inadequate consumption of specific nutrients and unsanitary living conditions.3

Early observers found many cases of yaws, dropsy, cacabay, fevers, dysentery, and eye inflammation among Caribbean slaves. Other afflictions, such as pica (dirt eating), were not recognized as disease. Yaws (frambesia), a disfiguring skin condition, was highly contagious but rarely fatal (Edwards 1966, vol. 2, p. 166). Africans and male children disproportionately contracted yaws; half of the sick children on one Saint Domingue estate suffered from this debilitating disease (Geggus 1978, p. 26).4 Ophthalmia, an eye inflammation that often leads to blindness, originated in West Africa. Dropsy, fevers, and dysentery frequently ended in death (Kiple and Kiple 1980, p. 210).

The leading causes of adult death varied with intensity of sugar planting, generally a consequence of the period of entry into cash crop production. On the new British sugar colonies, Trinidad, Tobago, and St. Lucia, diarrhea killed more slaves than other diseases, and it is linked by Higman (1984) to work demands and unit size. Cuban plantation records for the period from 1837 to 1853 also reveal that dysentery was the most common illness among slaves (Moreno Fraginals 1977, p. 200). Deaths resulting from diarrhea are common among modern people in poor countries; the diarrhea is usually caused by bacterial and viral infections and is intensified by dehydration. Lack of potable water contributed to and worsened diarrhea and dysentery among slaves as well (Dirks 1987, p. 85).

Dropsy, or edema (swelling), was the leading cause of death in some older areas of sugar cultivation. At the Newton and Colleton plantations in Barbados from 1811 to 1825 and from 1819 to 1834, dropsy accounted for 14.3 percent of deaths, followed by tuberculosis (12.2 percent), diarrhea (9.0 percent), marasmus (9.0 percent), nervous system diseases (7.9 percent), scarlet fever (6.9 percent), and leprosy (5.8 percent) (Higman 1984, p. 341). At Jamaica’s Worthy Park from 1811 to 1834 dropsy caused 10 percent of 222 deaths, ranking behind old age (53 percent) and fever (23 percent). From 1817 to 1820 in St. James Parish 11 percent of slave deaths were from dropsy. In 1843 Havana’s death rate from dropsy among blacks was three times that of whites (Kiple and Kiple 1980, pp. 210–211; Kaplan 1983, p. 318).

The causes of dropsy remain unclear. Schaw (1939, p. 128) observed that boilers in late eighteenth-century St. Kitts often died from dropsy, apparently resulting from exposure to heat. Boiling sites were hence raised to permit
more air circulation. Recent research by Kiple and King (1981) suggests that Caribbean slaves suffered thiamine deficiencies, leading to beriberi. A low-fat, high-carbohydrate diet and the boiling of food and consequent leaching out of nutrients robbed slaves of thiamine. Dirks (1987, pp. 88–90) speculates that a niacin deficiency may have caused pellagra that combined with beriberi to produce a number of closely related syndromes among slaves.  

At least one white physician attributed dropsy to pica. Dr. Caddell, of Barbados, believed that in 1812 pica caused 75 percent of adult deaths (Higman 1984, p. 295; Dirks 1987, p. 87). Pica is now generally associated with malnutrition, in particular, iron and calcium deficiencies, or with hookworm (Higman 1984, p. 296). Kiple and Kiple (1980, p. 208) point out, however, that hookworm was both known and resisted by blacks. They hypothesize that beriberi caused dirt eating and dropsy. A cultural component may also have contributed to pica. Higman (1984, p. 296) reminds us that dirt cakes were manufactured and sold by slaves, a practice that has continued in areas of West Africa (see also Dirks 1987, p. 87). And indeed Africans were everywhere in the Caribbean more likely to practice dirt eating, suggesting cultural continuities, stronger nutritional deficiencies among Africans than Creoles, or different ways of assuaging the hunger for thiamine and other as yet unidentified nutrients (Geggus 1978, p. 29).

**Child Mortality**

Children suffered high mortality rates in Caribbean slave societies. They died from yaws, worms, and dropsy; from marasmus and hookworm related to poor nutrition; from dirt eating; and from teething ailments (Higman 1984, p. 344; Sheridan 1985, p. 201). In the British West Indies in 1830 whooping cough killed more children under age 10 than any other disease (Sheridan 1985, p. 235). Another major killer of the same population was “worm fever” (Barclay 1828, p. 333).

Tetanus was the scourge of West Indian slave children. It killed perhaps one-fourth of infants before they reached nine days old, yet was unknown among whites and freed populations. Babies stricken with the tetanus bacillus suffered from “spasms and muscular rigidity” and finally died (Sheridan 1985, p. 238). Tetanus was called the sickness of seven days by the Spanish and may have taken the lives of one-third of infants born to Cuban slave women (Ortiz 1975, p. 258). Moreno Fraginals (1977, p. 200) claims that newborn tetanus accounted for 20 percent of annual child mortality. Of 134 slave child deaths in Grenada 20 resulted from tetanus in 1820; 24 of 288 children died of tetanus in 1830 (Sheridan 1985, p. 236). Higman (1984, p. 29) speculates that more than 25 percent of births were unrecorded in the British West Indies because of rapid infant death, frequently from tetanus.
The cause of tetanus among slaves has long been a mystery. It is now suspected that mothers and midwives packed the severed umbilicus with mud contaminated by animal feces. The use of rusty or dirty instruments or muddied stones to cut the cord also contributed to infection. Animal waste was applied as fertilizer in the cane fields and may well have been used by slaves to improve productivity in their kitchen gardens. Slaves’ quarters were near livestock pens, making it likely that dirt or tools taken from slaves’ yards would be lethal to newborns.

Planters were frustrated by the loss of infant lives to tetanus, and some believed that mothers themselves caused the deaths. Saint Domingue planters occasionally punished women whose babies died from tetanus and the midwives who attended the birth (Debien 1974, p. 297; 1962, p. 129). At the large Foache estate in Saint Domingue both mothers and midwives encountered sanctions at the death of a child in the eighteenth century, the owner stating that this abusive course was known among slaveholders to prolong infant life (Debien 1962, p. 129).

Tetanus was most common in the Spanish West Indies from November through February. Ortiz (1975, p. 259) suggests that there were two forms of infant tetanus, one contracted from foreign objects and the second caused by cold dry weather. The cool atmosphere may have worsened infections contracted from dirty tools or dressings. The high incidence of tetanus during the winter months suggests that some children actually died from tetany. Caused by deficiencies in calcium, magnesium, and vitamin D, tetany is a “hyperirritability of the neuromuscular system, whose symptoms include convulsions and spasms of the voluntary muscles” (Kiple and Kiple 1980, p. 291). Thus winter’s little sunshine meant vitamin D shortages for those with poor diets and convulsive infant deaths. Tetany also caused teething problems, which killed many Caribbean slave children (Ortiz 1975, pp. 258, 260-261; Higman 1984, p. 344). Some infants simply died following convulsions and fever unassociated with tetanus or tetany (Kiple and Kiple 1980, p. 213).

Similar infant disease and mortality patterns were found on U.S. plantations. In the 7 southern states with 75 percent of the black population from 1849 to 1850, children accounted for 51 percent of deaths, whereas white children made up only 38 percent of white deaths (Kiple and King 1981, p. 290). Of deaths among U.S. slave children 9 years and younger, 23 percent can be accounted for by convulsions, teething, tetanus, lockjaw, suffocation, and worms (Kiple and King 1981, p. 290).

Fertility

The continuing natural decrease of West Indian slave populations was attributable to both high mortality and low fertility. It is difficult to discern
which variable had a larger impact on population change, but British West Indian registration figures suggest that changing mortality was generally the major determinant of population growth and decline in the early nineteenth century, with low fertility levels remaining constant (Higman 1984, p. 374). A planter and trader claimed before the Privy Council that low slave birth rates had many causes, some of which pertained specifically to fertility: early and frequent sexual unions, male and female venereal diseases, abortion, menstrual disorders, long-term suckling of infants, and lack of interest of slave women in their children (Sheridan 1985, pp. 226–227). These factors have continued to interest scholars, although virtually no research has been conducted on fertility control or subfecundity among Caribbean slaves.

**Demographic Correlates of High Fertility**

There were areas and eras within the history of Caribbean slavery that generated fertility increases. For example, the amelioration of the living conditions of slaves during the early 1800s led to some modest rises in fertility. An adequate number of females was required to achieve population increase; in the British West Indies natural increases occurred generally after the population was disproportionately female (Higman 1976b, p. 65). Although Caribbean male slaves sometimes outnumbered females by 3 to 1 in the eighteenth century, sex ratios in the United States were nearly even. Eighteenth- and nineteenth-century U.S. slaveholders purchased women to allow for family creation, whereas Caribbean planters preferred males or were able to purchase only males (Klein and Engerman 1978, p. 365). During the last years of U.S. slavery women were present in the following proportions: In 1820 there were 95.1 female slaves for every 100 males; in 1830, 98.3; in 1840, 99.5; in 1850, 99.9; and in 1860, 99.3 (Blassingame 1972, p. 78).

Selected groups largely accounted for fertility increases in the Caribbean. Higman (1984, p. 357) summarizes the situation in the British West Indies after 1807, when their participation in the international slave trade ended and slave owners and colonial governments sought to preserve slave lives.

Thus, it is apparent that in general, the level of fertility was highest in colonies where the slaves lived most often in small units, producing crops other than sugar or, to a lesser degree, coffee or cotton. But the proportion living in towns seems not to have mattered. Of the demographic variables, high fertility was more commonly associated with relatively large proportions of creoles than with low sex ratios. High fertility also tended to occur where there were large proportions of colored slaves.
It has been argued further that African slaves accounted for much lower fertility throughout the region (Higman 1976b, 1978; Craton 1979). As the female slave population grew and became creolized, their fertility increased. African women were more vulnerable than second-generation slaves to a variety of ills that reduced fertility, and they were perhaps less willing to build sexual liaisons in a new and strange environment. There is also increasing evidence that the West African diet was poor and fertility low. Curtin (1985, pp. 181–182) reports that African “famines may have been a major source of slaves.” Starving people in drought-stricken areas were surely sold as slaves, Curtin argues, although the dimensions of this phenomenon are unknown.

Hence North American slavery, especially in the U.S. South, represented an improvement in the nutrition of many Africans and thus their prospects for bearing children. Advances were greater in the second generation, of course, when the trauma of forced emigration, enslavement, and absorption into a new “disease environment” had passed (Sheridan 1985).

Slaves in the United States were mostly locally born before those in the Caribbean. There was a native-born black majority in the American mainland colonies as early as 1680, but only 25 percent of the Caribbean slave population was African in 1800 (Fogel and Engerman 1974, p. 23). This difference in creolization rates is thought to explain much of the high level of slave fertility in the U.S. South. Evidence of greater Creole fertility is found, for example, at Jamaica’s Worthy Park, where African slave women had only half the fertility of Creoles (Craton 1977, p. 96). A similar contrast was found at Jamaica’s Mesopotamia, where from 1774 to 1831 African women had an average of 2.4 births and Creole women, 4.2 (Dunn 1987, p. 815; 1977, pp. 60–61). Creole slaves were also more fertile on the 197 absentee plantations held by the British from 1796 to 1797, although they were also younger than their African counterparts (Geggus 1978, p. 13). Yet some slaveholders, particularly in the French West Indies, believed that African women were more fertile than Creoles (Debien 1974, p. 348). Creole women were no more fertile than Africans on the Saint Domingue coffee and indigo plantations studied by Siguret (1968, p. 225). In the eighteenth century at Nippe in Saint Domingue, however, African women had fewer surviving children than did Creoles (Gautier 1985, p. 84).

In the early days of Caribbean slavery, with more women than in the eighteenth century but a majority of Africans, fertility was often high. On early eighteenth-century French islands, for example, Labat and DuTertre found high fertility levels (Labat 1930; DuTertre 1958, vol. 2, p. 472; see also Jesse 1961, p. 148). Gautier (1985, p. 75) surmises that early French West Indian plantations exhibited high fertility if large and if males outnumbered females, stabilizing marriage and increasing fecundity. Childlessness and few births per mother then increased to levels considerably more than those found among U.S. slaves. At the Mt. Airy estate in Virginia, for example, at least
two-thirds of slave women of childbearing age listed in estate records from 1809 to 1828 were mothers; perhaps 90 percent of all females on the estate during that period bore children or would eventually do so. Of families, 86 percent had 4 or more children. In contrast, from 1799 to 1818 at Jamaica's larger Mesopotamia plantation, of 200 potential mothers, half bore no children, with only 37 percent of mothers bearing 4 or more children, and as few as 55 percent of all women ever becoming mothers (Dunn 1977, pp. 58-59).

A similar situation occurred in the French West Indies. At la Sucre de l'Compte Pasquet de Lugé in Saint Domingue, for example, 36 of 111 women from 17 to 60 years old became mothers from 1723 to 1788, and 53 percent had only 1 child (Gautier 1985, pp. 112, 120). The age of first birth of a surviving child may also have risen, as it did at Nippes in Saint Domingue, from 20 years in 1721-1730, to 23½ years in 1731-1750, to 25 years in 1761-1770 (Gautier 1985, p. 83).

Debien (1974, p. 359) observed many births of few women on the sugar plantations of Saint Domingue that left records. At l'Anse-à-l'Ane in Martinique the 52 conjugal families each had an average of four children, with the fertility of maternal families (with a nonresident but continuing male presence) nearly as high (Debien 1960, pp. 51-58). Creole females generally had four or five children on the indigo and coffee plantations of Saint Domingue (Siguret 1968, p. 225). Geggus (1978, pp. 12-13) estimates a lower fertility rate for 197 Saint Domingue estates occupied by British troops in the early 1800s, with an average of 321 children under 5 years present per 1,000 women aged 15-44 on sucreries, and 439 on caférères (see also Geggus 1982, pp. 290-294).

**Fertility Control**

It is commonly assumed that Caribbean women exercised considerable choice in fertility. Knowing the physical risks and hazards of pregnancy and the economic and political benefits of rearing children, women—sometimes in consultation with lovers and kin—decided whether or not to conceive and bear children. Demographic research generally attributes high levels of authority and control to families in fertility decisions. Caribbean slave women, so often family heads, are thus credited with rational calculation of costs and opportunities.

The focus on women's power in fertility is perplexing, given the meager attention to women's intentionality in other areas of slave studies. Moreover, some commentators seem to believe that preindustrial peoples, such as West Indian slaves, were in control of effective contraceptive and abortion technology, when these resources vary greatly cross-culturally, even in the
contemporary world. Caribbean bondwomen were dependent on African women healers and midwives for assistance and information in birth control. With poor sanitation, lack of medical supplies, and little support from planters and other whites, neither slave women nor indigenous healers can be expected to have controlled fertility effectively.

Low fertility in human populations is generally attributable to contraceptive use and abortion, the physical inability of women and/or men to reproduce, and few occasions for sexual intercourse (McFalls and McFalls 1984). Caribbean slave women have been variously described as frequent contraceptive users, skilled practitioners of abortion, and sexual abstainers. Fertility control by Caribbean slaves may well be overestimated in explaining the low birth rate. A review of the evidence for women and family discretion and choice in fertility reveals little substantiation of the voluntary control hypothesis. Subfecundity and women’s frequent single status seemingly have as much significance in explaining slave fertility.

It is likely that slave women throughout the New World abstained from sexual intercourse when the likelihood of marriage and stable family life were slim. Or women may simply have feared pregnancy. There were grave dangers of maternal mortality, a strong likelihood of the newborn’s death, and little lessening of the mother’s workload during pregnancy or after birth. Moreover, in the eighteenth century, after Caribbean plantations increased in size and profitability, slaveholders strongly expressed their wish to keep plantations free of children and the expenses they incurred.

Indeed, to the masters and the slaves alike high-fertility patterns were unacceptable. The function of the female slave as a “work unit” was heavily stressed; in this capacity she was as essential to the plantation as a male slave, being required for domestic service and for the lighter operations connected with field and factory. It was even claimed by Governor Parry of Barbados, “the labour of the females... in the works of the fields is the same as that of men.” The rearing of children impaired her function as a labourer and thus was not countenanced by the master. The position of the pregnant slaves, it seems, was not a happy one. In the words of Ramsay, they were “wretches who are upbraided, cursed and ill-treated... for being found in the condition to become mothers.” A witness before the Select Committee of 1790–1 declared that “a female slave is punished for being found pregnant.” (Roberts 1957, pp. 225–226)

Some have argued that women’s failure to contribute to the slave labor force was their greatest act of political resistance (Hine 1979; Reddock 1985; White 1985, pp. 84–85; Brathwaite 1971; Bush 1986). “The low fertility was a reflection of the slave condition; it amounted to a class stand on the part of
women" (Moreno Fraginals 1977, p. 196). The hypothesis that women resisted pregnancy on political grounds runs counter to the notion discussed in Chapter Six, that New World slaves formed families in cultural opposition to slavery. It is possible, too, that women wished to have children but were often unable to conceive them or carry them to term because of malnutrition, disease, overwork, or lack of sexual opportunity.

Hence it has also been posited that women robbed slave owners of interest and effort by attending to their children. Jones (1982, p. 237) succinctly states this position in reference to U.S. black women, whose "full attention to the duties of motherhood deprived whites of their power over these women as field laborers and domestic servants." And, given slaveholders' early attitudes toward slave childbearing, the birth of slave children did oppose slave owners' goals. Evidence of collectivized child care conditions on many West Indian estates and women's heavy work in the fields and in food cultivation in parts of the region implies that many nineteenth-century slave women were in fact able to devote little time or concentration to nurturing children (Gautier 1985, p. 115).

Slave owners and observers of the era thought slave women were promiscuous, likely to contract venereal disease and thus become sterile (Moreno Fraginals 1978, p. 51). It is politically tantalizing to suggest that slave women actually resisted sexual relations, whether to oppose the system or to preclude the rigors and sadness of bearing and rearing children as slaves. More interesting, however, are the ideological and cultural factors implicit in Europeans' understanding of African mores and slave women's position within the slave and plantation communities. It is clear, for example, that the portrayal of slave women as sexually free was in part wishful thinking for white men. Even if not willing or able to enjoy slave women's favors, masters could imagine sexual abandon in slave quarters and envy the slaves' presumed amorality (Jordan 1968). Even the idea that promiscuity led to childlessness reinforces the planters' illusions of guilt-free sexuality among slaves.

There is little dependable evidence that Caribbean slaves had multiple unions, simultaneously or over time. That unions were so easily broken up suggests, however, that many people had more than one enduring or short-term union in their lives and several casual ones. The situation for Caribbean slaves, then, is not unlike that of other migrating peoples. Among such groups multiple sexual partners are common and have little apparent impact on fertility. Migratory people often exhibit high rates of birth and fertility. With meager historical evidence we can conclude little about Caribbean slave promiscuity, female sexual abstinence, or associations with population change. At most we can speculate that the rigid and closed social relations of blacks and whites in the Caribbean and the United States are reflected in the popular white notion that female sexuality was strong and fully expressed and that low fertility ensued.
Contraception

West Indian slave women probably used intrauterine devices and herbal mixes to prevent conception or implantation of a fertilized egg. The frequent indication of uterine and vaginal infections suggests that irritation to the reproductive organs was common and could well have been caused by intrauterine contraception and abortions (Sheridan 1985, p. 227).

Slave women nursed their newborn children, reducing the risks of another pregnancy. Slaves on some British West Indian plantations nursed their infants for two years, whereas slaves in the United States generally suckled their infants for only one year (Klein and Engerman 1978, pp. 360, 366; Fogel and Engerman 1979, p. 568; Dirks 1987, pp. 111, 201). Variations occurred even in British West Indian nursing practices, of course: Mrs. Carmichael (1834, vol. 1, p. 191) reports that weaning seldom occurred before the infant reached 15 or 16 months. Plantation managers on Barbados generally allowed slave women to nurse their babies for only one year (Bennett 1958, p. 13). Dr. Kuhn, practicing in Surinam in the 1850s, asserted that slave women nursed infants for two to three years and refrained from intercourse (Lamur 1977, p. 168).

Sheridan (1985, p. 245) argues that slaves in the British West Indies suckled their babies in order to prevent births. Yet nursing is an ineffective contraceptive if not used as the exclusive source of infant food (Scott and Johnston 1985). By the second year of life, babies are generally eating enough solid food that breast feeding has dubious contraceptive value. And West Indian slaves apparently fed infants solid foods, sometimes as early as the first week of life (Ortiz 1975, p. 284; Carmichael 1834, vol. 2, p. 189).17

Higman claims that the long breast feeding period among slaves carried over from Africa and nourished babies better than weaning and transition to the limited Caribbean slave diet.18 He finds little evidence of its use as a contraceptive or as a means for women to resist full-time return to agricultural labor. He suggests that, although planters protested long breast feeding, they often did little to prevent it (Higman 1984, p. 354). On the other hand, few accommodations were made for nursing mothers, as Dickson’s observations of a Barbados sugar plantation reveal: “When I first went to Barbados, I was particularly astonished to see some women far gone in their pregnancy, toiling in the field; and others, whose naked infants lay exposed to the weather, sprawling on a goat-skin, or in a wooden tray. I have heard, with indignation, drivers curse both them and their squalling brats, when they were suckling them” (Dickson 1789, p. 12). Combined with other physiological factors and social conditions, however, extended breast feeding may have influenced Caribbean slave fertility. There is increasing indirect evidence, for example, that malnutrition can prolong amenorrhea, the absence of menstruation, and perhaps ovulation among nursing mothers, even when they provide only food supplements to the child (Lunn et al. 1984).19 Also significant was the West
African taboo on intercourse during the breast feeding period, apparently reproduced in the Caribbean (Kiple 1984, pp. 110-111).

Infanticide and Abortion

Abortion and infanticide are both frequently reported by planters and others (Roberts 1957, p. 226; Moreno Fraginals 1978, pp. 52, 53; Braithwaite 1971, p. 213; Debien 1974, p. 363; Fouchard 1981, p. 73; Ortiz 1975, p. 283; Deerr 1949-1950; Moreau de Saint Méry 1958; Hilliard d’Auberteuil 1776; Labat 1930, vol. 2, pp. 216-217). Dunn (1977, p. 63) suggests that slave women practiced abortion to retain their attractiveness to white men, an alternative to the hypothesis that abortion was a means of political resistance for slave women and in keeping with the idea that slave women’s unions with white men were their greatest source of status and income. Schaw (1939, pp. 112-113) reinforces this point in claiming that black women aborted their children by European men: “They have certain herbs and medicines that free them from such an incumbrance, but which seldom fails to cut short their own lives, as well as that of their offspring.” Peytraud (1973, p. 235) offered another motive for French West Indian women’s abortions—to avoid punishment if their newborns died. Gautier (1985, pp. 113-114, 120) speculates that planters’ efforts to save infant lives during the amelioration period by punishing mothers at the death of their children failed to bring about population increases in part because of the resulting rise in abortions.

The actual incidence of abortion and infanticide cannot be determined. The argument that these practices were widespread is bolstered by the misery of slave life: One can legitimately ask why bondwomen would want to bear children, particularly if doing so stood in the way of other social rewards, as Dunn suggests. In the French West Indies abortion was severely punished and, with marronage, was a major concern of nineteenth-century planters (Gautier 1985, p. 137). We lack the history of enduring and frequent nuclear families and songs and oral traditions of parental devotion for the West Indies that Genovese (1976, p. 497) cites for the U.S. South, claiming that the incidence of infanticide and abortion is overstated. Nevertheless, three characteristics of interaction between whites and blacks suggest that the frequency of these practices has been exaggerated for West Indian slavery as well.

First, colonial officials often blamed low slave fertility on planters: their neglect of slaves’ health, mistreatment of infants, and overworking of women slaves. Hence it was in the interest of plantation owners to argue that conditions were sufficient for the reproduction of slave labor but that the slaves themselves did not want children (Gautier 1985; Bush 1986; Sheridan 1985). Indeed some early commentators seem to have attributed miscarriages to slave women’s neglect, failing to differentiate this passive behavior from abortion
Moreau de Saint Méry (1958, vol. 1, p. 61) believed that slave midwives and healers were responsible for many aborted pregnancies, stillbirths, and cases of tetanus. The loss of their children caused dramatic cases of mal de mère among bondwomen, worsened by midwives' cures.

Second, planters feared and respected slave healers and may have attributed to them more than they could actually achieve. Reproductive medicine was largely controlled by Africans, and herbal abortifacients were used in West Africa (Bush 1986, p. 127). Although Bush is surely correct that local knowledge of means to induce abortions is "universal, transcending chronological and cultural barriers," it did not always lead to effective application by healers and midwives, particularly without causing death or illness to mothers, as Moreau de Saint Méry's comments on the eighteenth-century French West Indies suggest.

Why are there not more female deaths recorded from bleeding or fever if abortions were common, especially with the highly unsanitary conditions in slave quarters and in light of Schaw's comment that abortion was often fatal to the mother? White doctors eventually saw most fatally ill slaves and would have been able to detect the sad results of badly performed abortions. Sheridan (1985, p. 244) notes, for example, that Michael Clare, a physician in Jamaica, described to a House of Lords select committee the administration by a midwife of the abortifacient "wild cassava" to a pregnant slave woman who then miscarried (see also Mathurin 1974). "Unexplained" deaths, common to every plantation, probably included fatalities from abortions, but the failure of contemporary observers to speculate on this, given the general conviction that abortion was common, is at least curious.20

A similar inconsistency arises when infanticide is considered. Most immediate infant deaths were accounted for by various forms of tetany and tetanus. European doctors left us their discussions of infant diseases, yet they were generally silent about means or patterns of infanticide despite its presumed frequency. This is in contrast to the United States, where white doctors and slave owners wrote often about slaves killing infants by smothering them (Kiple and King 1981; White 1985, pp. 87-89).21

Conclusions

Caribbean slaves experienced high mortality and low fertility, accounted for in part by the skewed sex ratios and a large proportion of African slaves of middle age. The brutal lifestyle endured by slaves on Caribbean sugar plantations and the voyage from Africa took many lives through accidents and disease. Quantitative evidence from British plantations indicates that slaves suffered from yaws, pica, dropsy, fevers, and tuberculosis. These patterns are
found as well in plantation records from other islands. Infant mortality was extremely high, with tetanus and other forms of tetany the major causes of infant death.

Slaves controlled their fertility but perhaps to a lesser degree than is generally assumed. The use of contraceptives and the practice of abortion, infanticide, and sexual abstinence are documented, but inconsistencies and omissions in the historical record suggest that Europeans may have overstated efforts by slaves to prevent childbearing and rearing. Our discussion of infertility in Chapter Eight reveals that subfecundity, along with common lack of continuous opportunity for sexual contact because of the sale of slaves and frequent reconstitution of plantation populations, may contribute new understanding of low Caribbean slave fertility.

The discussion of population change in West Indian slave societies is informed in part by events and transitions in U.S. southern slave communities. With a younger, creolized population and low gender ratios, southern bondmen and women achieved a natural population increase early in the eighteenth century. If age and place of birth are held constant, Caribbean slaves experienced greater mortality and lower fertility than U.S. slaves. Women apparently wanted fewer children and may have been less often able to conceive, carry, and deliver children than bondwomen in the United States.

Slaves in the United States had more reasons to have children, given the economic conditions of southern plantations. With a stricter gender division of labor, males controlled much of the income-generating potential of household economies. Women had both a measure of economic security and material incentives to bear children to provide assistance in enhancing household incomes. The construction and maintenance of kin connections were also supported by child rearing, although slaveholders broke up families and kinship systems with frequency, frustrating slaves’ efforts to keep family ties strong. United States slave owners encouraged childbirth to reproduce the slave population, adopting measures to ease birth and preserve infant life. Still, life on southern plantations was short and cruel for many slaves, and amenities were a function of smaller-scale production and smaller slave populations.

In contrast, eighteenth-century Caribbean slave owners did not welcome slave children and did little to conserve their health and welfare. Conditions of pregnancy, birth, and early infant life contributed to maternal and child mortality. Under these circumstances women had little reason to value children. Whether they could successfully control fertility, however, is questionable.

Although seldom considered, it is likely that many Caribbean slaves wanted children for both emotional and economic reasons. Household economies based on the growing of provisions and artisanal activities could, after all,
usefully incorporate children, as they did in the United States. In some Caribbean settings the birth rate actually rose among women responsible for households and among women with limited opportunities for cash accumulation. Yet, even for many Caribbean slave families in conjugal families and incorporated into extensive household economies, childbearing was relatively infrequent.