

The Tick of the Biological Clock: Ten Commonly Asked Questions About Your Female Ancestors' Reproductive Capabilities

By Ruth A. Symes

Official records such as birth certificates and censuses can tell us how many children our Victorian and Edwardian ancestors had, but many other reproductive issues are seemingly 'hidden from history'. Certainly, few women chose to write about such matters as menstruation, contraception and childbirth in letters and diaries. These ten questions and answers about how our ancestors might have experienced their fertile years could, however, help unravel some family mysteries.

1. When did puberty start?

It is believed that most Victorian girls started to menstruate at around the age of 15, somewhat later than is now the case. This is probably because of widespread poor nutrition and poverty in the past.

2. What was the age of consent for sexual relations and for marriage?

For most of the nineteenth century, the legal age of consent – that is the age at which a girl might indulge in sexual intercourse without her partner falling foul of the law - was 12 in England. This was raised by the Offences Against the Persons Act of 1875 to 13 (though it went back to 12 a year later). In 1885, the Criminal Law Amendment Act raised the age of consent for girls to 16. The laws were changed in order to tackle the evil of child prostitution.

Regardless of the above, until the Age of Marriage Act of 1929, girls could marry from as early as the age of 12. The Act raised the legal age of marriage (with parents' consent) to 16 and (without parent's consent) to 21. In practice barely any of our female ancestors in the nineteenth and early twentieth centuries married at very young ages. Between 1846 and 1929, only 1,844 females married at an age lower than 14 according to the records. In fact, the average age at which our female ancestors married in the nineteenth century was 25.

3. What methods of contraception were available?

The processes of reproduction were not properly understood, even by scientists, until the mid- nineteenth-century. Additionally, there was widespread moral

disapproval of the use of contraception right up to the Second World War. Old wives' tales recommended all manner of queer ways to avoid getting pregnant including using a sprig of parsley or even a potato as a barrier method! After 1843 and the manufacture of vulcanised rubber, condoms were available as were rubber cervical caps, syringes and soluble pessaries. But these were ineffective, unpopular and probably not much used. Abstinence, *Coitus interruptus* (the withdrawal method) and prolonged lactation (breastfeeding) were probably the most common methods of family planning practised by our ancestors.

By the late nineteenth-century, books and pamphlets about birth control became much more widely available. After 1930 latex condoms, caps and diaphragms were used as contraceptives, but it was not until the 1960s and the advent of the contraceptive pill that our female ancestors were able to control their reproductive life effectively.

4. How common was illegitimacy?

Don't be too surprised if there are children in your family born outside wedlock, or within nine months of a marriage. In some parts of society, particularly in poor rural areas, a pregnancy was almost expected before marriage as a means of proving that the woman was fertile. The poor were far more tolerant of illegitimacy than either the middle or upper classes particularly at the beginning of the nineteenth century, but there was an increasing social stigma attached to illegitimacy in all classes throughout the Victorian period. In 1845, as many as 7% of all newborns were illegitimate whilst by 1880 this number accounted for fewer than 5% of newborns (figures from Claudia Nelson, *Family Ties in Victorian England*, (2007) p. 69).

5. How many children could my female ancestor expect to have?

The size of families was dependent on a large number of factors other than the availability of contraception. These included the age at which your ancestors married, the kinds of employment patterns they had (whether or not women were active in the workplace, for example), their religious background and the general culture of the area in which they lived.

Childbearing for many women would continue at regular intervals from marriage to menopause. The average number of births experienced by women in

the mid-nineteenth century was six, with 35% of women having eight or more children. Family size in general dropped after 1870. By the Edwardian period, it had become usual, particularly for couples at the top of the social scale (members of the gentry and the professions) and the middle classes, to have smaller families of between two and four children. Working-class families continued to be larger for a couple more decades, with Catholic families (who eschewed contraception entirely) remaining the largest.

6. How common was miscarriage?

Of course, no official family history records can alert you to any miscarriages that your ancestor might have experienced. A. L. Galabin, a Victorian doctor, estimated that a very high proportion of pregnancies - 20% - ended in miscarriage at the end of the nineteenth century. (Nelson, *Family Ties in Victorian England*, 2007, p.47). This might be explained by the high levels of malnutrition amongst the poor, inadequate provisions for public health, the total lack of ante- and post-natal care and the trials of hard physical labour in the cases of working-class women.

7. Was it possible to have an abortion?

From 1837, the law expressly forbade abortion at any stage in a pregnancy (as opposed to only after 'quickening' – or when foetal movement could be felt). This law was only revoked by the Abortion Act of 1967 (operative in England, Scotland and Wales) which allowed abortion up until 28 weeks gestation. There is no doubt, however, that many Victorian and early twentieth-century pregnancies were deliberately brought to an end, either by the women themselves or by people in the local area known for their skills in such matters. 'Remedies' containing abortifacients such as rat poison, gin and gunpowder were widely advertised in nineteenth-century newspapers, and claimed, euphemistically, to remove 'the most obstinate obstructions and irregularities of the female system in a few doses.'

8. What happened if a child was stillborn?

Your female ancestors may have had babies that were born dead. You will never be aware of these children, unless you come to hear of them accidentally through oral history. This is because, in the nineteenth and early twentieth centuries, neither a birth nor a death certificate needed to be issued for a stillborn child. Many such babies were buried informally and without ceremony. The compulsory registration of stillbirths began only in 1927 (1939 in Scotland) with the occurrences having to be registered within 3 weeks. Causes

of death were added in England and Wales only in 1960 (though from the start in Scotland). Stillborn babies could only be named after 1983 and, even now, it is not possible to name them in retrospect.

9. How common was infanticide?

The law, economic and social pressures of the Victorian periods and early nineteenth centuries did not make it easy for women (especially unmarried ones) to support their children. Their problems were of course exacerbated by the lack of a Welfare State, and the frequent impossibility of bringing fathers to account. Unmarried mothers could be vilified and ostracised by society, post-natal depression was not understood, and it was inevitable that some mothers were driven to infanticide.

Such cases will appear in court records and may also be reported in local, and possibly, national newspapers. The penalty for infanticide was the same as that for murder – i.e. death by hanging. It was not until 1922 that an Infanticide Act covering England and Wales reduced the sentences of mothers convicted of killing their babies to the same as those given out for manslaughter, and only with the Infanticide Act of 1938 that some consideration was made for what we would now call post-natal depression.

10. Why was childbirth so dangerous?

Without the widespread use of anaesthetics or a proper understanding of germ theory in the nineteenth and early twentieth centuries, many women (and many of their babies) died in childbirth- usually in their own homes. In wealthy families, doctors rather than midwives more commonly delivered babies in the Victorian period, but unfortunately this development did not result in safer procedures. The most common cause of maternal death was puerperal fever, a disease often carried from the dissecting room to the birthing chamber on the hands of doctors. For more detailed information about the practice of obstetrics at the time your ancestor was born see:

<http://www.elenagreene.com/childbirth.html>.

Useful Books and Websites

Jackson, M. *Infanticide: Historical Perspectives On Child Murder and Concealment, 1550-2000*, (Ashgate, 2002).

Chamberlain, G., *From Witchcraft to Wisdom: A History of Obstetrics and Gynaecology in the British Isles*, (Royal College of Obstetricians and Gynaecologists, 2007).

Davis, M. L., *No-One But A Woman Knows: Stories of Motherhood Before the War*, (1915) (Longman, 1998).

Fisher, K., *Birth Control, Sex and Marriage in Britain, 1918-1960*, (OUP, 2006).

McLaren, A., *Birth Control in Nineteenth- Century England*, (Croom Helm, 1978).

McLaughlin, E. *Illegitimacy* (Guides for Family Historians), (FFHS, 1985).

<http://www.elenagreene.com/childbirth.html> Useful history of obstetrics.

www.emblah13.wordpress.com/2014/06/08/victorians-in-the-family-way-photographs-of-pregnant-ladies/ photographs of pregnant women in the Victorian era.

Ruth A. Symes is the author of *Family First: Tracing Relationships in the Past* (Pen and Sword Books; Unearthing Family Tree Mysteries; It Runs In the Family; and Tracing Ancestors Through Letters and Personal Writings.

See her Amazon author page at <https://www.amazon.co.uk/-/e/B00LSGAMZS>

Her blog is at www.searchmyancestry.blogspot.co.uk

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