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To cite this article: Diana Paton (2017): Maternal struggles and the politics of childlessness under pronatalist Caribbean slavery, Slavery & Abolition, DOI: 10.1080/0144039X.2017.1316963

To link to this article: http://dx.doi.org/10.1080/0144039X.2017.1316963

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Published online: 04 May 2017.

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ABSTRACT
This article considers the relationship of enslaved and apprenticed women in the Anglophone Caribbean to the embodied experience of childbearing, motherhood, and childlessness. It places this analysis in the context of a discussion of the development and implementation of pronatalist policies in the Anglophone Caribbean during the late period of slavery. It examines the experience of pronatalist policies by enslaved women, using as a case study a microhistory from Jamaica during the apprenticeship period (1834–1848). Although the existence of pronatalist policies gave some women (mothers with large numbers of children) a position from which to claim reduced workloads and other ‘rights’, they made the situation of childless women more difficult. In historians’ attention to the struggles of mothers, we have sometimes paid insufficient attention to the perspective of childless and bereaved women.

In early 1836, 18 months into the period of ‘apprenticeship’ that replaced slavery in Britain’s Caribbean colonies, a measles epidemic on Fairfield Estate in the Jamaican sugar-growing parish of St. James affected many children. The plantation manager complained to the local Stipendiary Magistrate that several mothers of sick children had been spending too much time with their children in the plantation hospital. Upholding the manager’s complaint, the magistrate ordered that four women do additional work to compensate the estate for the time lost.¹

This was a minor but instructive incident, which illustrates some of this article’s primary concerns. The prosecution on Fairfield Estate was part of a wider set of conflicts between planters and enslaved or apprenticed people over the use of time and the care of children. It took place at the end of a period of more than half a century during which enslaved women’s relationship to maternity had been politicized more intensely than ever before. In this period, efforts to increase women’s rates of childbearing intertwined with accounts of
their failures as mothers and accusations that their sexual lives inhibited fertility. Between the late eighteenth century and 1834, according to didactic sources if not actual plantation practice, children were to be treated as valuable commodities: potential adult labourers to be nurtured. If they were sick, authors of guides to plantation management routinely suggested, their mothers should be allowed time to care for them.2 By 1836, however, it was clear that planters did not value the lives or health of children sufficiently to accept mothers’ absence from fieldwork in order to look after sick children.

This change in the nature of conflict between enslaved women and plantation managements suggests the shifting implications, as the end of slavery approached, of what Walter Johnson, following the fugitive slave and anti-slavery writer J.W.C. Pennington, has termed the ‘chattel principle’. According to Johnson, at the heart of the experience of slavery was the knowledge that one was a commodity, a ‘person with a price’, ultimately convertible into cash.3 For enslaved women, the chattel principle extended beyond their own lifespan into their childbearing potential and the lives of the children they might bear. As Ned and Constance Sublette have recently put it, the chattel principle meant that women had ‘capitalized wombs’.4 For the American South, Johnson demonstrates the working of commodification through real and threatened sales. In Britain’s Caribbean colonies, the illegality of importation of new captives after 1807, and the limitation of inter-colonial movement of enslaved people after that date, meant that long-distance sale was less frequent.5 The chattel principle, then, did not work in exactly the same way in these different slave societies. Even so, the idea of the chattel principle can be usefully developed to examine Caribbean slavery in the amelioration period. Sale of enslaved people, particularly when estates became indebted, did take place, and transfer across even relatively small distances could make it hard for family members to maintain contact.6 The chattel principle worked in specific ways that bore acutely on women, through slaveholders’ emphasis on women’s childbearing as a sign of their value and that of the children they bore. Although people enslaved in the British Caribbean were less frequently converted into cash than were those enslaved in the American South, the pricing and valuing that undergirded the convertibility of enslaved people was a constant presence in the Caribbean too, and was made explicit through emphasis on children as commodity or investment. This principle stimulated division between women who did and did not have children, providing grounds on which mothers of living children could make claims for better conditions under slavery, while denying this ground to those who, for whatever reason, were childless.

Writing about the seventeenth and early eighteenth centuries, Jennifer Morgan explores the complex and contradictory nature of childbirth and the raising of children for enslaved women in the English American colonies (primarily Barbados and North Carolina), where women were valued ‘both for their productive and for their reproductive potential’.7 She argues that enslaved
African women ‘explicitly experience[d] the alienation of reproductive labor’ and that this ‘could not have helped but shape an enslaved women’s sense of herself as commodified’. Morgan’s study ends in the mid-eighteenth century, before West Indian plantation owners became concerned about demographic decline, but her comments raise questions about enslaved women’s later experiences. As the demographic dynamics of Caribbean slave society became clearer and slaveholders’ need for women to reproduce and to raise children became more acute, what happened to women’s sense of themselves as commodified?

Historians first studied the reproductive politics of Caribbean societies not out of interest in women’s experience of and relation to reproduction but through concern with demography. Historians such as Kenneth Morgan, J.R. Ward, Richard Sheridan, Barry Higman, and Kenneth Kiple have produced rich studies which have in particular addressed the question of why most enslaved populations did not grow through reproduction, and why North American slavery is the great exception to this rule. In addition, historians have focused on the causes of poor fertility, high mortality, and poor health; on causes of differential fertility rates between Africans and creoles; and on which of the above is the key factor in understanding the general issue of population decline. Without this important work, we would know much less about the demographic characteristics of slave societies.

Historical work on the demography of Caribbean slavery has discussed planter and state efforts to increase birth rates and rates of infant survival, and is concerned to measure their success. However, this work sometimes tends to address this issue from the point of view of those managing slavery. At times, historians even join with planters in using the language of livestock-raising to describe human beings as, for instance, when they discuss ‘problems’ in ‘breeding slaves from existing stock’. Historians have only recently begun to move beyond the planters’ eye-view perspective to ask a key question about pronatalist regimes: how did they influence women’s and men’s experience of and relation to their status as mothers, as fathers, and as enslaved people?

Feminist historians have taken up these questions. The first wave of monographs and Ph.Ds on women and Caribbean slavery all discussed demography and pronatalism, within a broader context of surveying all aspects of enslaved women’s lives. They were primarily interested in the reasons for demographic decline, exploring the interaction of women’s ‘agency’ and ‘resistance’ with other factors such as overwork, malnutrition, sex ratios, and women’s health. A new generation of historians, including Katherine Paugh, Sasha Turner, and Colleen Vasconcellos, is now working more specifically on questions directly related to the management and politics of reproduction, and to women’s ability to contest planter policies.

This article seeks to connect these historiographies, which touch on similar themes but often seem to have little to do with one another. It aims to maintain
the first wave of Caribbean women’s history’s attention to women’s experience and oppression, while drawing both on recent feminist historiography’s emphasis on the complexity of gendered power relations, and the detailed empirical focus of the demographic studies. So how were the pronatalist regimes of late slave society in the Caribbean experienced? To what extent did pronatalist policies transform the way in which enslaved peoples’ subjectivity was produced? What impact did these policies have on enslaved people’s (especially women’s) understanding of parenting, of pregnancy, of birth, and – perhaps most important but least considered – of childlessness? How did the experience and understanding of reproduction among what we might call the ‘amelioration generation’ of enslaved people differ from that of previous generations? And how did these experiences and understandings vary according to an individual woman’s reproductive history?

**The emergence of pronatalism**

Pronatalist policies developed in the context of the deadliness of Caribbean slavery. Seventeenth- and eighteenth-century Caribbean slaveholders relied heavily on the importation of African captives to maintain and expand the enslaved population. Between 1600 and 1807, slave ships brought more than 2,000,000 enslaved people to the British Caribbean colonies, but only around 700,000 people became free in 1834. These figures starkly imply the enormous human cost of Caribbean slavery.

As Seymour Drescher shows, during the first two centuries of New World slavery, neither planters nor state officials were particularly concerned about population decline. However, in the late eighteenth century, the emergence of demographic theory, the adoption of censuses, and the publication of Malthus’s *Essay on Population* (1798) converged to focus attention on the population dynamics of slave societies. Such knowledge was crucially mobilized in the British debates on the slave trade and later on the abolition of slavery. During the slave trade debates of 1789–1807, reformers who sought to outlaw the slave trade used the example of Barbados, which by this time had an increasingly creole population, and even Jamaica, which continued to rely heavily on importing captives, to argue that the enslaved population was already shifting towards ‘natural increase’. Conservative abolitionists like Edmund Burke developed plans for the encouragement of patriarchal marriage in the colonies, which they argued would increase reproduction. Such plans bolstered abolitionist claims that slavery could survive the outlawing of the import of new captives. Meanwhile, anti-abolitionists argued that population decline was inevitable among enslaved persons, in order to claim that abolition of the trade would be disastrous for Britain as a colonial power.

After 1807, these positions reversed. When anti-slavery re-emerged in the 1820s, abolitionists used the data provided by the Slave Registration Returns,
which recorded births and deaths of slaves, to suggest that continued population
decline revealed the cruelty of slavery. As Drescher demonstrates, they argued
that planters ‘were obviously overworking, underfeeding, and neglecting their
laborers’.19 Their opponents found these points hard to counter, but tried to
do so by emphasizing aspects of the causes of population decline that could
not be construed as planters’ responsibility, such as uneven sex ratios and
enslaved people’s ‘vices’.20

The importance of demography in the debates over slave trade abolition and
slave emancipation led to increased attention among plantation managers to
reproduction, to mothering, and to women. This concern is clearly displayed in
evidence collected by Parliamentary Committees in 1789 and 1790, which interro-
gated witnesses on factors relating to reproduction and population decline.
Questions and answers dwelt on plantation sex ratios, marriage, care of pregnant
women, arrangements for childbirth, diseases of infants, infant mortality, breast-
feeding practices, and self-induced abortion. Planters sought to demonstrate their
attention to women’s needs, while suggesting that enslaved women took
inadequate care of themselves and their infants.21 One even asserted that
women ‘injure both themselves and their infants by a sedentary life’.22

Pronatalist policies developed out of these concerns on both sides of the
Atlantic.23 They had little demographic effect: fertility remained low and
infant mortality high until slavery ended.24 Nevertheless, they significantly
affected the social dynamics of plantation life. Reforms were initially proposed
by both planters and abolitionists, and then taken up by Caribbean colonial
states.25 The Jamaican Assembly’s 1789 offer of a £1 bounty per child (increased
to £3 in 1792) for overseers on estates where children survived the first twelve
months of life paralleled some planters’ practice of rewarding mothers.26
Other measures regulated the work of pregnant women and/or mothers. The
1798 Leeward Islands Slave Code stated that women five months pregnant or
more could only be asked to do light work while, in Jamaica, women who had
six living children were legally exempted from hard labour after 1792.27 The
first slave code of British Trinidad provided that mothers of three children
should work one less day a week for half the year, and those of seven living chil-
dren be exempted from ‘all labour’ (except, presumably, the work of looking
after these children). This slave code also included provisions to protect
breastfeeding.28

After 1824, the official amelioration policy of the British government included
much that was implicitly pronatalist. Of the eight areas under which the Colonial
Office conceived amelioration policy, three related directly to gender relations
and the treatment of women: the legalization of marriage by enslaved people,
the prohibition on separation of families by sale, and punishment, specifically
the abolition of the flogging of women.29 While none of these was explicitly con-
cerned with reproduction, each derived from an analysis, influenced by aboli-
tionist campaigns, that understood the moral problems of slave societies to be
played out in their distorted sexual and gender relations. These distorted gender relations were in turn thought to explain demographic problems. Ameliorationists argued that sexual immorality and lack of domesticity explained women’s failure to get pregnant, give birth, and rear children. The counterpoint to the claim that enslaved people’s vice and promiscuity produced low birth rates was the argument that promoting marriage and domesticity would lead to population increase. The proposed prohibition on flogging women was partly motivated by the belief that flogging led to miscarriage, as well as by concern about the exposure of women’s bodies. It was also connected to anxiety about promiscuity, in that the disruption of the patriarchal relationship between husband and wife was thought to be connected to the impermanence of marriage. As one planter, criticizing his peers in 1832, explained: ‘while there was a chance of their wives being thrown down, and indecently flogged, they [enslaved people on his estate] did not like marriage’. When he abolished the flogging of women on his estate, he claimed, enslaved people were more prepared both to marry and to reproduce. Amelioration, its supporters hoped, would produce a more domestically oriented slave family and thus more children.

Pronatalist planters introduced some or all of a suite of policies. These included attempts to reduce the period of breastfeeding infants to a maximum of 12 months; monitoring of labour and childbirth through the establishment of lying-in hospitals, the regulation of midwifery, and the introduction of white doctors trained in European medicine; lighter work for pregnant and post-partum women; and rewards for women who had large numbers of children. Mathew Lewis famously introduced a ‘scarlet girdle’ for women with large numbers of children, as well as rewards at Christmas. These policies are revealed in letters between absentee planters and attorneys as well as the published writings of slaveholders such as Lewis’s Journal and advice books such as Gilbert Mathisons’s Notices Respecting Jamaica. Such sources privilege the practices of the estates of absentee, and of those who considered themselves to be ‘enlightened’ and progressive slaveholders. Reading them, we may exaggerate the extent to which day-to-day plantation life was influenced by pronatalism. Nevertheless, it is clear that many estates undertook measures to promote birth and infant survival – especially when those measures could be taken at little cost in women’s labour to the economy of the estate. Even under pronatalist slavery, the needs of agricultural production usually overrode the demands of the reproduction of the labour force.

Experiencing pronatalism

Some pronatalist policies were clearly experienced as coercive. This was particularly the case with planter efforts to regulate childbirth. For instance, in an early example of such efforts, the Jamaican estate owner Richard Beckford gave detailed instructions to his attorney when he left for England in 1754. Beckford
directed that ‘Mothers must not be Permitted to leave their houses’ till a reasonable Time after their delivery’. While there is no reason to doubt that Beckford thought that such a policy would improve the health of post-partum women and their infant children, it is also clear that coercion would be necessary for his instruction to be enforced. Later this type of instruction shifted so that women in labour were, at least in theory, to be compelled to go to the plantation lying-in hospital. Planters and defenders of slavery frequently complained that such regulations were difficult to enforce. James Adair argued that although ‘the pregnant women are averse to lying-in in the sick house … it ought to be insisted upon’. He suggested that women’s preference for black midwives over white doctors and for labouring in their own houses was a sign of their backwardness. Simon Taylor’s letters document his extended struggle to force women in labour to use the lying-in house, noting on one occasion that they ‘choose to skulk in the Negro houses’ rather than make use of the plantation’s provisions. Similarly, planters and their advisors frequently discussed their efforts to limit breastfeeding to a 12-month period after birth, something difficult to achieve without coercion.

The establishment of estate-based lying-in rooms in plantation hospitals coincided with changes in childbirth in England. The eighteenth century saw the rise of the ‘man-midwife’ (the forerunner of the obstetrician) and the invention of forceps delivery; upper-class women began to be attended by physicians rather than midwives and female friends. Associated with the development of man-midwifery was the establishment of lying-in rooms in several charitable hospitals from the 1740s on. These provided services for married poor women ‘of good character’, and gave the new men-midwives the chance to develop their skills, although the vast majority of women continued to deliver at home until the mid-twentieth century. According to Adrian Wilson, these changes were partly due to the fact that the development of women’s wage labour was breaking up the ‘traditional’ female birthing culture that involved the summoning of a group of ‘gossips’ who spent the whole period of confinement with the woman in labour.

Under Caribbean slavery, women were never able to sustain this kind of traditional birthing culture, although they tried to do so. Enslaved people’s time was strictly controlled and under intense pressure, making it difficult for a woman to be accompanied by her peers for the duration of her labour and delivery. Female kin and friends of women in labour were rarely permitted time away from the fields to attend their parturient peers, because such practices would have damaged the productivity of plantations. Like much else in Caribbean history, this situation provides an example of the emergence of characteristics associated with ‘modernity’ earlier in the Caribbean colonies than in the European metropolis. In this situation, the promotion by planters of lying-in rooms serving single estates was both a move towards greater isolation of birthing women and a means to protect the planter’s efforts to maximize output. Repeated
complaints from planters clearly suggest that, in contrast to the London lying-in hospitals where places were in significant demand, enslaved women rarely chose to give birth in their Caribbean equivalents. Where women did make use of these facilities, they seem to have done so because of coercion or, occasionally, incentives from plantation managers.41

Conflicts over pronatalist policies and the politics of childlessness

Other aspects of pronatalism also led to a significant conflict between planters and enslaved women. Studies by Emilia Viotti da Costa and Randy Browne, using the records of the Berbice and Demerara fiscals in the 1820s, show the frequency of disputes about breastfeeding. Planters repeatedly intervened to prevent women from breastfeeding children older than a year: many complaints heard by the fiscals related to this issue as well as to the more general question of time allowed for nursing.42 Mary Turner’s research confirms these conflicts, and also reveals the repeated attempts by women with many children to be relieved from field labour.43 In Jamaica, too, Matthew Lewis reported that mothers of children older than 18 months complained that ‘the overseer obliged them to wean their children too soon’.44 Time for breastfeeding had always been a point of contention in plantation societies, because of its effect on women’s capacity for field labour. But this set of conflicts emerged particularly intensely during the amelioration/ pronatalist period. Enslaved women with children fought hard to enforce the promises of less-intense plantation labour that pronatalism entailed, while resisting increased attempts to regulate their breastfeeding practices.

When slavery was replaced by apprenticeship in 1834, the terrain of pronatalism shifted, and many earlier promises were withdrawn. Children under six were now officially free, and with the advent of ‘full freedom’ close at hand, planters no longer wanted to invest in the production of children. Many planters reacted to apprenticeship by trying to force women who had previously been entitled to work at ‘light’ duties into the cane fields. As the chattel principle no longer worked as it had during slavery, these actions made the underlying commodification at work in what were referred to as ‘customary indulgences’ brutally visible.45 The Jamaican governor complained that in one parish:

Old women the mothers of from 6 to 9 children one with 7 alive and working in the same gang have here been forced out into the field tho’ exempted from it for perhaps 20 or 30 years on account of their having been the mothers of so many live children. …. They refused to allow the mothers time enough to suckle their children in the day time. … They deprive them of their old women (fit for no other purposes) whom they made to act as nurses to watch the children under the shade of a tree while the mothers were working around.46

Sligo’s complaint suggests also the tension between state officials, for whom the need to increase the West Indian population continued to be a concern, and planters, who were no longer interested in it.
The planters’ withdrawal of ‘indulgences’ produced a wave of protest from mothers, beginning in 1834 and continuing until apprenticeship ended.47 One well-documented example reveals this particularly well. In May 1836, Diana Hall, Eliza Hall, Elenor Hall, and Frances Thomas were prosecuted before William Carnaby, a Jamaican stipendiary magistrate, for absence from work for two weeks.48 In their defence, the women stated that they had many children: Elenor, with the fewest, had six, while Eliza, with the most, had 10. As enslaved people, none of these women had been required to undertake heavy agricultural work. When a new overseer arrived in 1836, however, he sent them to the fields. Apprenticeship was supposedly a step towards freedom: the strong sense of entitlement to exemption from fieldwork that had already existed during slavery was strengthened just at the moment when managers tried to attack it.

This sense pervaded the four Worcester women’s response when Carnaby ordered them to do a variety of relatively light tasks. Elenor acceded to his proposal that she work in the third gang, but the others ‘positively refused to do any labour’, for which act of ‘insolence’ they were sentenced to seven days’ solitary confinement in the house of correction. Once released, all three once again refused to work. Meanwhile, Frances Thomas was also not working as the overseer wanted. The four women appeared before Carnaby again on 17 June. Eliza ‘decidedly refused again to do any work’; she, Diana, and Elenor were imprisoned again.

For younger women, the crucial issue was not exemption from field labour but relaxation of the work-pace for pregnant women, and sufficient time to breastfeed or take care of children. On 12 February 1835, S.M. Cocking reported that he had ‘lectured’ the pregnant women and those with young children on Bellfield estate. Yet four days later he was back at the estate, where he ordered four women with six children each and three pregnant women to work as they had previously been instructed.49 On Friendship estate, Ann Smith asserted that she was ‘entitled to sit down’ because she was pregnant, and then refused to work.50 Similar cases relating to pregnancy and breastfeeding can be found throughout the stipendiary magistrate records.51

These conflicts, touching on questions such as when a child should be weaned and how a sick child should be treated, show that struggles about labour time were tightly intertwined with those over the organization of family life. Apprenticed women’s experiences as workers, and thus their activity in labour struggles, were constructed through their gender-based responsibilities and responded to shifts in planter attitudes to population increase. Similarly, planters’ and magistrates’ shared desire to maintain control of apprentices’ labour meant that the state attempted to regulate many other aspects of their lives. As Mimi Sheller argues, ‘female field labourers could make claims for improved working conditions not simply as free workers, but specifically as mothers who were struggling to support their families’, a claim that was particularly powerful in appealing to a British public concerned about domesticity.52 The position of ‘mother’ was a political site from which to struggle for a better life.
Women’s struggles to defend and institutionalize the ability not to work for women with six children, the right to time off for infant care, and the right to lighter work during pregnancy can be easily assimilated into a narrative of gendered resistance to slavery, and therefore appeal to historians and our readers today. But there is another side to this story which is harder to locate archivally. If being a mother was a crucial means for a woman to gain respect within her community and enabled her to lead struggles against plantation managers, what did this mean for the many women who were not mothers? If we were to fully reconstruct life on Worcester estate during apprenticeship, might we find, in addition to Eliza Hall and her co-defendants, another group of women of similar age with fewer or no children, for whom the tactic of demanding rights as mothers of children was not available? What was their relationship to these policies that had benefited, albeit in limited ways, women with large numbers of children?

The population on Worcester estate is yet to be fully reconstructed, but studies of other plantations demonstrate that such women were common. Richard Dunn’s study of Mesopotamia estate found that at least 40% of women were childless; in 1817 only eight women had five living children (which, at Mesopotamia entitled them to be relieved from hard labour). J.R. Ward shows that one-third of enslaved women in the British Caribbean at the time of emancipation had no children. How was pronatalist slavery experienced by women who had either not borne children, or whose children had died? By women like Sarah, a Jamaican apprentice who in 1835, shortly after she had spent a month in prison, gave birth to a child two months early? The child was reported to be the ‘5th or 6th she has had, none of which except for the last are living’. Or by women like Ann, an African-born woman recorded as childless in 1817, aged 28, and whose records in Slave Registration Returns every subsequent three years until 1832, when she would have been 43, never indicate that she had a child. Ann may have deliberately chosen not to become pregnant; she may have had no male partner; she may have been unable to conceive; she may have had a male partner who was infertile; she may have conceived but lost or deliberately ended her pregnancies, or, like Sarah, she may have borne children who had died. We don’t know which of these (or which combination of them) explains her childlessness. But we do know that there were many women like Ann.

If we want to know how Ann, Sarah, and other members of this significant minority perceived the struggles of people like Eliza Hall and her sisters in the wider context of pronatalist slavery, we must read between the lines and against the grain of sources produced for very different purposes, in an attempt to reconstruct, at least partially, enslaved women’s and men’s understandings of fertility and infertility. This is difficult given the limitations of the sources. While recognizing the difficulties of using sources from more recent periods to address questions about the eighteenth and nineteenth centuries, it
is nevertheless relevant that anthropological studies of the twentieth-century Caribbean have, from at least the 1950s until the present, emphasized the high value placed on childbearing, and the stigma incurred by women who do not have children. Twentieth- and twenty-first century ethnographies of West and Central African societies also emphasize the social value to women of bearing many children, and the stigma associated with reduced fertility or a childlessness. While some scholars have suggested that high fertility rates in sub-Saharan Africa result partly from late-nineteenth-century colonialism, the documented gender relations of the slave trade period suggest that the bearing of children was a necessity for social status for West African women then as well as now, while demographers argue that population growth (or even maintenance) could only have been achieved through high fertility.

Such evidence suggests that, for many childless women in Caribbean slave societies, the absence of children was a problem and a source of pain. A contemporary source that hints at confirmation of this is provided in the Jamaica Assembly’s justification for its 1827 decision to end the payment of money to women with children. The ‘premium’ was discontinued, according to the Assembly, ‘because it practically proved to be a source of jealousy and ill-will … the mother who had lost her child before the age when the premium was received, envying her more fortunate fellow servant’. While this statement can be interpreted as constructing an image of the enslaved woman as venal and un-maternal, the Assembly’s argument may also speak to real divisions in both experience and interest between women with children and those without. Have we, in our focus on the family, unwittingly overlooked the perspective of the childless and the bereaved? Were women’s experiences of infertility and child death more painful as a result of the material benefits accrued by women who had successfully raised six or more children, which implied that infertility and/or child death were the responsibility of the infertile woman or the bereaved mother? Did the emergence of a new and gender specific version of the chattel principle divide women from one another, making the differences of interest between mothers and non-mothers particularly stark?

These questions have rarely been raised in studies of slavery. Historians have instead focused on debating whether low reproductive rates indicate women’s practice of resistance through reproduction. Similar arguments have a history going back to the era of abolition. They reinterpret the arguments of planters such as Edward Long, who argued that enslaved women were ‘common prostitutes’ who took ‘specifics to cause abortion’, and endorse those of abolitionists like James Ramsay, who wrote that it was not surprising that enslaved women who were ‘upbraided, curst, and ill-treated’ would have ‘little Pleasure in cherishing and caressing a Babe, whom they must shortly resign to Stripes, to Blows, to Chains’. Ramsay suggested that such women might deliberately avoid motherhood. Writers like Ramsay thought that if women attempted to control their fertility, it could only be a response to the
situation of slavery. Contemporary historians’ debates about gynaecological resistance can sometimes repeat that assumption. While recognizing that the context of slavery was a critical element, enslaved women’s actions should be understood in a framework that goes beyond resistance, oppression, and deprivation. Enslaved women’s effort to shape fertility took place in relation to many other concerns, including expectations about possible children’s futures, the social and spiritual value attributed to motherhood by their peers and kin, the need for kin in later life, the desire to space children in order to ensure that existing children could be cared for, and myriad other individual and collective reasons. In short, the factors that operate in all societies to influence fertility were present in the context of slavery too.65

Consideration of the material and social context of bearing and raising children in a slave society, and particularly a pronatalist slave society, are thus critical in understanding enslaved women’s experience of and attitude to mothering and childlessness. It is here that comparisons with West and West Central Africa and with the contemporary Caribbean need to be used most carefully, recognizing the differences between each of them and the slavery-era Caribbean. In societies where women aim to bear as many children as they can raise, an important reason for doing so is the long-term ties of economic and social support between parents and children. Emily Osborn notes that for Baté women in Senegambia in the era of the slave trade, ‘motherhood offered a woman the most accessible and direct avenue to achieving, later in life, stability, prosperity, and even some wider influence.’66 Similarly, Caroline Bledsoe’s study of Gambian women in the 1990s documents women’s need to have children to support them in their old age, and their hope that at least one of their children will achieve enough professionally to provide them with a comfortable later life.67 Looking to the contemporary Caribbean, Catherine Maternowska shows that in contemporary Cité Soleil, Haiti, women’s desire to limit their fertility is constrained by the countervailing need to continue bearing children in order to ‘keep’ a man, and their hope that at least one of their offspring will ‘make it’ and support them later on.68 Studies of Jamaica in the recent past emphasize the stigma attached to women who do not have children.69

Under slavery, such reciprocal links between the generations were attenuated, but not broken. Grown children tried to care for their parents, and older people without kin on a given estate seem to have been particularly vulnerable.70 However, the pressures on young adults and the orientation of production towards a plantation rather than a familial economy meant that the children of enslaved people could not be a form of social ‘riches’ in the way that they were in West Africa during and after the slave trade, and would be again in the Caribbean after slavery ended. Thus, it seems likely that, because the condition of enslavement radically transformed the social meaning of childbearing, enslaved women consciously limited the number of children they bore. Yet for most women with no living children, the state of childlessness was not a choice,
but rather the product of bereavement or the inability to conceive. Our best hope for understanding this situation must be to consider it on a continuum with the reproductive decisions and constraints of women who were not enslaved in a range of societies, rather than to separate it out as something uniquely associated with slavery.

By 1838, older women in the British-colonized Caribbean had lived through three policy regimes that shaped their reproductive lives. Before around 1789, neither planters nor state policy paid much attention to reproduction. This period of neglect meant practically no provision for birth, or for the care of pregnant women and their infant children, and practically no time away from the unremitting labour of plantation work for pregnant women and mothers. In this context, women were theoretically free to make their own decisions about how to deal with pregnancy, birth, and infant care, but in practice the resources available to them – both in terms of time and material possessions – were so scarce that their choices were severely limited. After roughly 1789, and intensifying from the end of the legal slave trade in 1807 to the formal abolition of slavery in 1834, planters and colonial state officials intervened increasingly with policies designed to increase reproduction, which could benefit women by reducing their burden of work – although these policies always operated in tension with the immediate productive needs of the plantation economy. Such policies could also increase the surveillance of women’s reproductive decisions and practices, and increased pressure on women who did not have children. During apprenticeship, between 1834 and 1838, planters actively rejected their previous pronatalist policies, as children were no longer valuable commodities, while the colonial state attempted to continue stimulating the reproduction of the population. Enslaved people were no longer convertible into cash, nor did the potential ‘increase’ brought by women give them the specific value that it had during slavery. In this period, apprentices who were mothers fought to retain those elements of pronatalist policy that benefited them.

Pronatalist policies have been frequently analysed, but their impact on the social and psychic lives of those who experienced them has been little discussed. Nevertheless, despite difficulties with the sources, there is scope for consideration of the impact of living under a pronatalist regime. Pronatalism produced a particularly sharp and cruel version of the ‘chattel principle’, in a context in which women were often infertile and subfertile, and their children were highly vulnerable to infant mortality. Especially in their state-sponsored forms, they established a goal which was impossible for most women to meet, even should they want to do so, and which made brutally explicit the slaveholder’s investment in childbearing. Such regimes intensified a situation that was already inherent in slavery, in that whether women bore many children, few children, or none at all, their doing so could not but be imbricated with the needs of slaveholders.
Notes

1. Jamaica Archives, Spanish Town, Jamaica, 1B/11/23/9, William Carnaby, ‘Record of Visitations, Adjudications, and Valuations &c, by Special Justice Carnaby … 1 January to 30th June 1836’ (hereafter ‘Carnaby journal’), 21 and 30 March, 1836. Stipendiary magistrates were paid state officials appointed during the apprenticeship period to adjudicate conflicts between planters and apprentices, among other responsibilities.

2. For example, Thomas Roughley, The Jamaica Planter’s Guide; or, a System for Planting and Managing a Sugar Estate … (London: Longman, Hurst, Rees, Orme, and Brown, 1823), chap. 3.


6. Thanks to Camilla Cowling for helping me work through this argument.


8. Ibid., 108.


10. For a review of and contribution to this line of argument, see Morgan, ‘Slave Women and Reproduction in Jamaica’.

11. Ibid., 235.


17. Ibid., 142–3. As Paugh shows, Burke’s proposals were similar to those of other abolitionists including James Ramsay and Thomas Clarkson.


19. Ibid., 48.

20. Ibid., 49–50.


22. *Abridgement of the Minutes of the Evidence taken before a Committee of the whole House, to whom it was referred to consider of the Slave Trade* (London: House of Commons, 1790), 35, evidence of Gilbert Franklyn.


25. For details of planter-led pronatalism in Barbados, see Paugh, ‘Rationalizing Reproduction’, 144–6, and in Jamaica, Turner, *Contested Bodies*.


27. ‘An Act . . . for consolidating and bringing into one the several laws relating to slaves’. National Archives, UK, CO 139/47 (Jamaica); Bush, *Slave Women in Caribbean Society*, 29 (Leewards).


32. Turner, Contested Bodies.


34. For Mathison, Lewis, and letters between planters and attorneys, see Sheridan, Doctors and Slaves, 228–34. For the pronatalist measures introduced by Barbadian planters, see Beckles, Natural Rebels, 97–112.

35. Quoted in Sheridan, Doctors and Slaves, 228.


37. Turner, Contested Bodies, 146, quoting Simon Taylor to Chaloner Arcedekne, 5 August 1789, 15 November 1794.

38. For example, Roughley, Jamaica Planter’s Guide, chap. 2. Conflicts over breastfeeding are complex because, while planters understood their efforts to induce earlier weaning as pronatalist, ‘extended’ breastfeeding in a context of nutritional scarcity probably reduced child mortality.


40. Wilson, Making of Man-Midwifery.

41. For further evidence for this point, see Turner, Contested Bodies.


44. Lewis, Journal, 208.


46. NLJ MS 281 Sligo to Spring Rice, 24 August 1834.

47. This is clear from Jamaican records, and there are indications that it took place in other colonies as well. This and the next four paragraphs include revised material from a section of Diana Paton, ‘Enslaved women and slavery before and after 1807’, History in Focus 12 (2007), http://www.history.ac.uk/ihr/Focus/Slavery/articles/paton.html.
Material on this case is drawn from Carnaby Journal, 5 May and 17 June 1836 and National Library of Jamaica, Kingston, Sligo letter book, MS. 228, no. 4016, 102, 24 June 1836. For examples of similar protests, see Mimi Sheller, 'Quasheba, Mother, Queen: Black Women’s Public Leadership and Political Protest in Post-Emancipation Jamaica, 1834–65', Slavery and Abolition 19, no. 3 (1998), 90–117.

Sligo to Glenelg, no. 169, 28 September 1835; PP 1836 (166) XLVIII, cases of 2, 12 and 16 February 1835 (hereafter ‘Cocking journal’).

Carnaby Journal, 7 January 1836.

For instance, Evelina Williams, punished for taking time to breastfeed her 22-month-old child (Carnaby journal, 21 April 1836), Nancy Cowan and Jessy Ann Tharp, both punished for refusing to wean children (Cocking journal, 18 February 1835), Cecilia Henry, imprisoned for not weaning her 16-month-old (Frederick White, Diary of a magistrate in Jamaica, August 1834–February 1835, Rhodes House MSS. W. Ind. r. 1, 7 August 1834).

Sheller, ‘Quasheba, Mother, Queen’, 93.

For further examples of such struggles, see Browne, Surviving Slavery; Turner, Contested Bodies.


Ward, British West Indian Slavery, 179.

Thomas Davies to Marquis of Sligo, 1 September 1835, enc. in Sligo to Glenelg No 103, 6 September 1835, TNA CO 137/202.

TNA T 71/43, f. 1027. See also entries for Sarah Senior and Gilbert Senior in TNA T 71/45, T 71/46, T 71/48, T 71/50.


The Consolidated Slave Law, Passed the 22nd December, 1826 ... with a Commentary, Shewing the Differences between the New Law and the Repealed Enactment (Kingston, Jamaica: Courant Office, 1827), cited in Altink, Representations of Slave Women, 28.

For the former interpretation, see ibid., 28. Women who had not given birth to children may well have been involved in the care of the children in other ways, but still do not appear to have acquired the status of mother. Adoptive parenting took place, but adoptive parents (or ‘other mothers’) were usually women with their own biological children caring for the children of women who had died or run away. See Turner, 122–5.


65. Katherine Paugh makes a similar argument in ‘Rationalizing Reproduction’, 381.


Disclosure statement

No potential conflict of interest was reported by the author.

Funding

This work was supported by the AHRC [AH/L015501/1].

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