

FERTILITY OF HARLEM NEGROES

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A SOCIAL change of much importance during the period intervening between the World War and the present depression was the movement of Negroes to northern urban centers. In New York City, for instance, the Negro population increased 66 per cent from 1910 to 1920 and 115 per cent from 1920 to 1930, at which time there were 327,706 Negroes in the City. Less spectacular but no less fundamental than the population transfer itself is the problem of birth rates among urban Negroes. The growth of Negro population in cities has been so conspicuous it is little wonder some people cling to the idea that high fertility rates are generally found among them. It is true that even in some northern urban centers the annual birth rates of Negroes are as high or higher than those of whites. As ordinarily given in terms of births per 1,000 population, however, annual rates are crude indices for comparison. They do not take into account such factors as nativity, age and sex distribution, proportions married, and social class differences in fertility. The above and other factors should be held constant in comparing the fertility rates of Negroes and whites.

Previous studies of differences in birth rates by social class reported on by the staff of the Milbank Fund² have been confined to white women. In order to secure similar data for a group of urban Negroes, a house-to-house survey among 2,256 Harlem Negro families was made by special enumeration in 1933.³ The

¹ From the Milbank Memorial Fund.

²(a) Sydenstricker, E., and Perrott, G. St. J.: *Sickness, Unemployment, and Differential Fertility*. The Milbank Memorial Fund *Quarterly*, April, 1934, xii, No. 2, pp. 126-133.

(b) Notestein, F. W., and Kiser, C. V.: *Fertility of the Social Classes in the Native White Population of Columbus and Syracuse*. *Human Biology*, December, 1934, vi, No. 4, pp. 595-611.

(c) Lists of earlier population studies may be found in the 1930-1933 annual reports of the Milbank Memorial Fund.

³ The immediate occasion for undertaking the survey in 1933 was the opportunity

(Continued on page 274)

area chosen for study lies between 126th and 135th Streets and between Lenox and Eighth Avenues. This section, known as Health Area 12, was chosen because available census tract data pertaining to rentals, and to general, infant, and tuberculosis mortality indicated it to be neither the best nor the worst economically or socially. It appeared to be a "middling" Harlem section.

The schedules provided basic fertility data relating to nativity, date and duration of marriage, age of the husband and wife, usual or last occupation of the husband, and a complete birth-date roster of all children born. In addition, a variety of descriptive material was secured for each family, including religion and education of the husband and wife, place of residence since marriage, and employment and income history of all members of the household since 1929.

In this paper, survey data are presented pertaining to the birth rates of Negroes of different occupational groups. Other sources are drawn upon for a discussion of the general levels of fertility among Harlem Negroes.

The basic data for Negroes have been handled in a manner similar to that followed in previous studies of white women. The same occupational code was used for the division of families into broad social classes on the basis of the husband's usual occupation. The samples upon which the rates in Table 1 are based were confined to married women of childbearing age who were living with their husbands at the time of the enumeration. The data were further confined to unions in which the husband and wife were of similar nativity and neither had been married more than once.

After the above restrictions were made, the samples of native colored women of the white-collar class and of foreign-born colored women in general were too small to afford conclusive to utilize Negro "white-collar" investigators in collaboration with the Emergency Work and Relief Bureau. With the help of white enumerators from the Bureau, a similar investigation was carried on at the same time in the Bushwick section of Brooklyn. The enumerators were closely supervised and were required to demonstrate a thorough knowledge of the schedules and instructions before going to the field.

evidence of social class and nativity differences in the fertility of urban Negroes. From the data in Table 1, however, it appears probable that the native white-collar workers are a little less fertile than the native women of the laboring class and that these, in turn, are less fertile than foreign-born laborers. The total rate standardized for age among the native women of white-collar status was 85 births per 100 wives as compared with 97 among native laborers and 160 among the foreign-born laborers. On the other hand there appears to be little or no difference between the fertility rates of native skilled workers and those of native unskilled laborers, and these two groups are the largest among Harlem families.

In considering the above differences it should be borne in mind that the numbers in certain classes were small and also that all samples were drawn from the same general area in Harlem. It is possible that different results would have been obtained if adequate samples had been secured from several small areas of ex-

Table 1. Total number of children born alive per 100 Negro wives of child-bearing age, and of specified nativity and occupational groups.

NATIVITY AND OCCUPATIONAL CLASS	BIRTHS PER 100 WIVES			NUMBER OF WIVES				
	Total Rate Standardized for Age ¹	Age—Specific Rates			Total	15-24	25-34	35-44
		15-24	25-34	35-44				
<i>Native Negro</i>								
White collar classes	85	70	75	107	128	30	71	27
All laboring classes	97	80	92	112	721	206	368	147
Skilled workers	95	70	91	113	316	84	164	68
Unskilled laborers	98	86	93	111	405	122	204	79
<i>Foreign Negro²</i>								
Laboring classes combined	160	73	150	219	104	11	46	47

¹ Standardized by applying the age distributions of samples of 65,070 native-white married women under 45 years of age drawn from the 1910 Census. This standard was used in order to compare the fertility rates of whites and Negroes, Table 2.

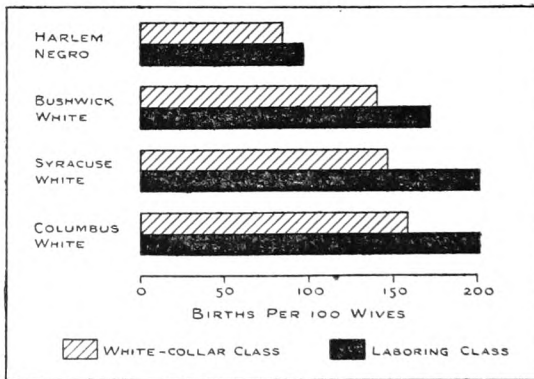
² Chiefly from the West Indies.

AREA	BIRTHS PER 100 WIVES		NUMBER OF WIVES	
	White-Collar Workers	Laborers	White-Collar Workers	Laborers
<i>Negro</i> Harlem	85	97	128	721
<i>White</i> Bushwick	140	172	563	917
Syracuse	147	202	571	538
Columbus	159	202	678	518

Table 2. Standardized birth rates per 100 wives of childbearing age among native Negroes and whites in specified communities and occupational groups.

area. At this time it is impossible to present rates of a similar type for a white population in Manhattan Borough.⁴ However, we do have comparable data for a white population in the Bushwick section of Brooklyn. It is true that Bushwick is somewhat removed from the metropolitan congestion of Manhattan. Indeed it is

Fig 1. Comparison of standardized birth rates of native Negroes with those of native whites of similar age and occupational level. Data from Table 2.



in Syracuse, New York, and Columbus, Ohio.⁵ (See Table 2.)

The rates shown in Table 2 and Figure 1 indicate the generally low fertility of the Negroes in the survey as compared with that observed among white women of similar or even higher occupa-

⁴ In a later paper similar rates will be presented for white populations in selected areas of Manhattan.

⁵ See footnote 2 (b).

something of a "family section." However, while the birth rates among native wives of this area are doubtless higher than those of white married women of the same nativity and occupational level in Manhattan, they are not high as compared with the similar rates found

tional level in Bushwick and other urban communities. The total standardized rate for native-white wives of the white-collar class in Bushwick was 140 births per 100 wives of childbearing age, a rate which is 65 per cent higher than that for Harlem women of the same broad occupational class and 44 per cent higher than that for Harlem laborers. The rate for Bushwick native laborers was 172 births per 100 wives or 77 per cent higher than that for Harlem laborers.

Still further refinements of the data were made to test the possible influence of age at marriage, duration and time of marriage, and place of residence since marriage. For purposes of comparison these restrictions could be made only for the laboring classes specified in Table 3 and Figure 2. The data were restricted to women who married in 1920 or later, were under 30 years of age

Table 3. Cumulative birth rates per 100 wives in successive years of married life in selected¹ native laboring groups of Harlem and Bushwick.

COMPLETED YEARS MARRIED	BIRTHS PER 100 WIVES		NUMBER OF WIVES	
	Harlem Negro Skilled and Unskilled	Bushwick White Skilled	Harlem Negro Skilled and Unskilled	Bushwick White Skilled
1	18	21	498	475
2	40	61	445	442
3	56	88	377	400
4	66	108	318	361
5	78	124	262	322
6	85	142	201	284
7	92	156	156	252
8	98	164	130	210
9	100	174	101	165
10	107	186	68	126
11	116	196	47	85
12	116	198	26	46

¹ The data relate to women married in 1920 or later at ages under 30. All had lived in New York or other northern cities since marriage.

Since the fertility rates for Negroes of skilled and unskilled status were not significantly different, the two classes were combined to increase the sample.

at the time of marriage, and since marriage resided in New York or in another northern city before coming to New York. Birth rates per 100 wives were computed separately for successive years

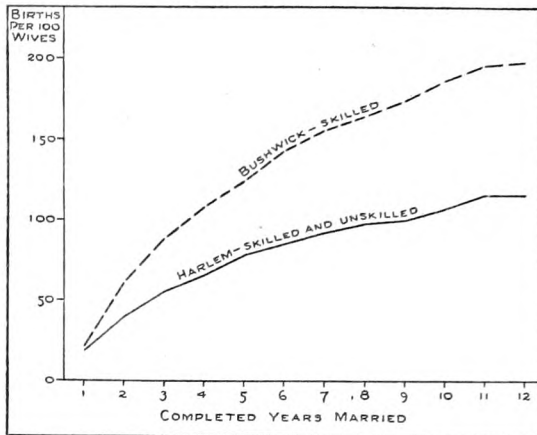


Fig. 2. Comparison of cumulative birth rates of Negroes with those of whites in selected laboring groups. Data from Table 3.

of married life and these were cumulated for indices of total number of children born in successive years. The results of this tabulation clearly indicate that the exceedingly low rates in Harlem persist when the above mentioned factors are virtually held constant.

The best available comparison of birth rates of Harlem Negroes with those of southern colored women is afforded by Census data and vital statistics reports for 1930.⁶ In Table 4 it will be seen that in that year there were 91 births in Central Harlem per 1,000 married colored women of childbearing age as compared with 187 and 188 respectively in Virginia and North Carolina, two states which have been in the birth registration area since 1917. Similar rates for Birmingham and Atlanta were as low as the rate for colored women in New York City as a whole, but it is possible that birth registration is not as complete in those southern cities although they have been in the registration area since 1928. In Richmond, Virginia, the

⁶ The number of married women of childbearing age in the southern areas and in New York City and its boroughs in Table 3 were secured from published 1930 Census data. For Central Harlem and Manhattan exclusive of Harlem, figures were estimated from unpublished 1930 Census data furnished by the Welfare Council of New York City. The numbers of births were obtained from the 1930 Federal report, "Birth, Stillbirth, and Infant Mortality Statistics" and from "Vital Statistics by Health Areas," New York City Department of Health, 1930. In this paper rates from official data are given only for the year 1930, due to uncertainties of population changes since the Census.

AREA	BIRTHS PER 1,000 MARRIED WOMEN 15-44 YEARS OF AGE	NUMBER OF MARRIED WOMEN 15-44 YEARS OF AGE
TOTAL NEW YORK CITY	113	67,994
<i>Boroughs</i>		
Manhattan	105	47,283
Central Harlem	91	30,321
Manhattan, exclusive of Central Harlem	130	16,962
Bronx	148	2,431
Brooklyn	139	14,009
Queens	96	3,846
Richmond	129	425
SELECTED SOUTHERN AREAS		
Virginia	187	84,263
North Carolina	188	124,263
Richmond, Virginia	136	8,880

Table 4. Number of live births in 1930 per 1,000 colored married women of childbearing age in specified areas of New York City and the South.

rate was 136 births per 1,000 colored women of childbearing age in 1930.

The birth rates computed from official sources also show that Central Harlem is an especially low birth rate area of the New York City colored population. The 1930 birth rate per 1,000 colored married women of childbearing age was 91 in Central Harlem as compared with 130 among colored women in other parts of Manhattan Borough. With the exception of the rate in Queens, the rates among colored women in other boroughs extended from 129 to 148. It appears, therefore, that the low rate in Harlem is in part due to intra-city selective processes.⁷

⁷ Back of the intra-city selective factors is the possibility of selection with regard to the major interests of Negroes who migrated to New York from southern areas. Perhaps the Negroes who came to northern cities are largely those who attach more importance to independence and new experience than to family life. This factor may affect the present fertility of urban Negroes due to the recency of the Negro migration, and possibly exists to a greater degree among Negroes in Harlem than among those in other parts of the City. This is obviously an intangible factor and it would be difficult to establish or refute with certainty its presence or importance.

Among such intra-city selective factors tending to bring about a low birth rate in Harlem, high rentals probably occupy an important place. While it may not be commonly realized, the 1930 median rental in Harlem was \$52 per month as compared with \$44 in the whole of Manhattan and \$46 in Greater New York, white and colored combined.⁸ The Harlem median rentals for 1930 were strikingly higher than those in certain Manhattan areas of foreign-white residents. For example, in Health Area 60 of the Lower East Side.⁹ While these figures present a picture somewhat the 1930 median rental was only \$20.

The amount of rent per room per month indicates that the foregoing comparisons may be somewhat exaggerated due to the presence of large flats in Harlem. These data, as of 1934, are available from the recent reports of the "Real Property Inventory." The rent per room per month was found to be \$7.47 in Central Harlem, \$7.77 in all Manhattan, and \$5.27 in Health Area 60 of the Lower East Side.⁹ While these figures present a picture somewhat different from that concerning total rentals, they indicate the reality of relatively high rents in the Negro area.

That the proportion which such rents bear to family incomes in Harlem is also high is shown in an intensive family income study of six "typical blocks" in Harlem recently conducted by the New York City Housing Authority.¹⁰ According to this report,

⁸ "Statistical Reference Data, Five-Year Period 1929-1933," compiled by G. J. Drolet and M. P. Potter under the direction of K. D. Widdemer, Committee on Neighborhood Health Development, Department of Health, New York City, 1935. This same report affords graphic comparisons of rentals in three Manhattan health center districts which are designated as "sore spot" areas with reference to mortality rates. One of these areas is Central Harlem and the others are East Harlem and the Lower West Side. In large part the latter two are areas of foreign-white residents. Presumably the three areas are fairly comparable with reference to economic circumstances of the residents, but the 1930 median rental was only \$35 in the Lower West Side and \$30 in East Harlem as compared with \$52 in Central Harlem.

⁹ The above figures were computed from relevant data in the Manhattan section of the report, "Real Property Inventory," The New York City Housing Authority, 1935.

¹⁰ "Harlem Family Income Survey." New York City Housing Authority, Harlem

the average income received by 1,990 families in the six blocks was \$76.80 per month and the average rental per month was \$30.39, or 39.9 per cent of the income.

The low income status of Harlem Negroes revealed in the above mentioned study is borne out by our own survey data. An analysis of the total family incomes in 1929 and 1932 among the Harlem Negroes surveyed indicated that almost one-fourth of the families received less than an average of \$100 per month in the pre-depression year and that almost 60 per cent received less than this amount in 1932. During this period the median yearly family income fell from \$1,808 to \$1,019, a decline of about 44 per cent.¹¹

The economic pressure of such low incomes, coupled with high rents, has necessitated the gainful employment of wives. As is generally known, birth rates among employed women tend to be low, and the high proportion of Negro wives who contribute to the family income undoubtedly is an important factor underlying the low fertility of Harlem Negro marriages. Including those who took in lodgers, 61 per cent of the native-colored wives in the Harlem survey reported at least some gainful employment. The outstanding occupations were those of housework and other domestic and personal services. Only 17 per cent of the native-white wives in the Bushwick survey reported gainful employment of any kind.

An adequate interpretation of the low fertility rates of Harlem Negroes would involve a careful analysis of factors other than

Branch, Will Thomas Williams, Location Director (Unpublished document, pp. 5, 20).

See also "Harlem 1934: A Study of Real Property and Negro Population." Prepared for The New York City Housing Authority, 1935.

¹¹ The significance of this decline is emphasized by the much smaller decline in cost of living during this time. According to figures published by the United States Bureau of Labor, the cost of living index for wage-earning and low-salaried families in New York City declined only 17 per cent from June, 1929, to June, 1932. A more detailed analysis of this whole subject of income changes among Harlem families may be found in an article by the writer: Diminishing Family Income in Harlem. *Opportunity*, June, 1935, xiii, No. 6, pp. 171-173.

those relating to economic pressure. For instance, the high incidence of venereal diseases among urban Negroes is sometimes mentioned as a direct cause and this factor probably does account in some measure for the low birth rates. The evidence for this is indirect, but it is interesting to note that from 1929 through 1933 the annual average rate of total venereal disease new case registration per 100,000 population was much higher in Central Harlem than in any other health center district of the City. This rate was 3,133 as compared with 653 for the City as a whole, a ratio of almost five to one. The rate was about three times higher than in the Lower East Side.¹² In spite of well-known inadequacies of such data, referring as they do only to registered cases, there is little doubt that both gonorrhoea and syphilis are more common among Negroes of the City than among whites.

It is not possible to measure the force of these diseases on birth rates. However, it is generally accepted that at least temporary sterility may be induced by gonorrhoea as a result of inflammatory changes in the genital organs of males or females. While there is not universal agreement as to the importance of syphilis on the outcome of pregnancies, it is interesting to note findings from a few studies. From data in "Syphilis in Pregnancy,"¹³ one of the cooperative clinical studies, it has been computed that 24.5 per cent of the 607 pregnancies of women under observation or treatment for syphilis terminated in miscarriages, stillbirths, and abortions. McCord,¹⁴ in a study of pregnant women with four plus Wassermanns, found that among 212 non-treated cases, 33.6 per cent of the pregnancies terminated as premature and full-term

¹² Statistical Reference Data. *Op. cit.*, p. 87.

¹³ Cole, H. N.; Moore, J. E.; O'Leary, P. A.; Stokes, J. H.; Wile, U. J.; Clark, T.; Parran, T.; Vonderlehr, R. A.; and Usilton, L. J.: Syphilis in Pregnancy. *Venereal Disease Information*. United States Public Health Service, March, 1934, xv, No. 3. Data used were taken from Table II, p. 19.

¹⁴ McCord, J. R., M.D.: "Syphilis and Pregnancy," a chapter in *FETAL, NEWBORN, AND MATERNAL MORBIDITY AND MORTALITY*, a publication of The White House Conference on Child Health and Protection. New York, D. Appleton-Century Company, 1931, p. 65.

stillbirths. An earlier report issued by the New York Association for Improving the Condition of the Poor¹⁵ and pertaining to colored women of the Columbus Hill section of New York City, indicated that 24.5 per cent of 449 total past pregnancies of untreated and unsupervised syphilitic women ended in stillbirths and miscarriages.

Thus the above studies may appear to show that from one-third to one-fourth of the pregnancies of syphilitic women terminate in stillbirths, miscarriages, and spontaneous abortions. Similar data for a selected white population in which there is presumably a small incidence of syphilis indicated that only one-tenth of the pregnancies (exclusive of those terminating in induced abortions) resulted in stillbirths and spontaneous abortions. The data are based upon a study of 991¹⁶ Bronx (New York) women who attended a birth control clinic in 1931 and 1932. The information was collected by Dr. Regine K. Stix of the Fund's staff, through personal interviews in which a special effort was made to obtain complete pregnancy histories.

It should be emphasized that in the foregoing discussion of possible factors underlying the low birth rates in Harlem, the procedure has been simply that of pointing out the presence of certain conditions which appear to be associated with low birth rates in a specific area. There is no doubt of the influence of intra-city selective processes but conclusive and precise evidence of the manner in which economic pressure, for instance, influences fertility must await definitive results from specialized and well-controlled data. It should also be pointed out that any implication of the determinative influence of economic hardships is based on the assumption that some form of voluntary limitation of families

¹⁵ *Health Work for Mothers and Children in a Colored Community*. Publication 131. Issued by the New York Association for Improving the Condition of the Poor, 1924, p. 11.

¹⁶ The women are largely Jewish. For the present analysis, criminal and therapeutic abortions were excluded in order to make the data more comparable with those previously mentioned. Although not explicitly stated in the reports cited, it has been assumed that few, if any, induced abortions were included.

is practiced. This whole field and that of the net influence of venereal disease on the birth rates of urban Negroes require further investigation.

In summary, the Negro families included in the survey are too much alike with respect to nativity and occupational level to afford an adequate analysis of class differences in fertility. There is the suggestion, however, that native-born Negroes of the white-collar class are somewhat less fertile than native-born laborers and these in turn are less fertile than foreign-born Negroes of the same occupational level. Approximately the same rates of fertility were observed among native Negroes of skilled and unskilled occupations and these classes combined are the dominant ones in Harlem.

Of most importance in the study is the fact that the birth rates among Harlem Negroes are generally very low. This situation is due partly to selective processes with reference to residence in Harlem as indicated by higher birth rates among the colored population in other parts of the City. Nevertheless the fact remains that Harlem is the chief residence of New York Negroes and birth rates in this section are exceedingly low. Although the data do not afford conclusive evidence, being largely circumstantial, it would appear that the factors of high rents, low incomes, and gainful employment of women have important bearing on the low fertility rates among Harlem Negroes. Selective factors relative to the interests of individuals who migrate to cities may be involved and it is also possible that the incidence of venereal disease among urban Negroes may account in part for the low birth rates. It seems more likely, however, that the situation reflects a deliberate limitation of families among married couples who can ill afford more children in the City. It may be that the low fertility rates of urban Negroes are temporary accompaniments of urbanization and may be increased as the preliminary stages of adjustment are passed. It should be emphasized, how-

ever, that an adequate interpretation of the whole problem must await investigations of a more specialized nature than the present one.