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# "A Slave to the Home": Female Labour and Mortality in the Rhondda; 1881 – 1911

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Ellie Macdonald – A329 The Making of Welsh History,  
2018

A Welsh miner's wife washing her husband after  
work, June 1931. Series 'In search of Wales', (1934)

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This work is dedicated to the wives of miners in Wales; you are not forgotten.

## Chapter 1: Introduction

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For this study, I will examine the reasons behind the high female mortality rates in the Rhondda between 1881 and 1911. For the age group 20-44 years, the death rates for women in the Rhondda are higher than men for the entire period, which is in direct contrast to the national trend in England and Wales (Registrar-General, Decennial Supplement 1931). This is a surprising statistic for many people, as these figures have been completely unnoticed in favour of the male coal miners' dangerous livelihood. An example of the traditional view of the mining community, with miners engaged in dangerous work, whilst women support them at home unrecognised is featured in the now criticised work *Coal is My Life: An Analysis of a Yorkshire Mining Community* by Dennis, Henriques and Slaughter (1956). This work does not question, at all, the miners' view of women in a solely supportive role. Whilst I do not intend to challenge the male experience, I do intend to challenge why these women have been largely ignored, and the reasons behind these figures.

The sudden growth and social changes which the arrival of the coal industry led to in the Rhondda clearly had a major impact on the lives of women living there. The community and economy was dependent solely on coal mining, which meant there was little for women to do in terms of paid employment. Women were responsible for the care of the children, care of the husband, the running and maintenance of the home, weekly budgets and in some cases the management of rooms and meals for lodgers. Women were in essence unwaged labourers who were exposed to just as many dangers as their pit working counterparts (Lewis, 1959 and Morris, Williams, 1958). Children were often plentiful, and large families coupled with lodgers led to the Rhondda being twelfth highest in England and Wales of the average numbers of persons per inhabited house in 1891 – 1901 (6.52 persons), and the highest in Wales (Rhondda Urban District Council, Annual Report of the Rhondda Medical Officer of Health, 1934). The period 1881 - 1911 benefits from the more detailed census records which were captured in the nineteenth century.

The hard work and cost of life to the South Wales coal miners is well documented, but little is written in modern history in comparison regarding the women, and even less about the striking levels of female mortality. The link between female domestic labour and mortality was unrecognised in historical discussion prior to 1914; maternal and infant mortality were seen as an educational problem, and women were blamed for this because as mothers and midwives they were ignorant or simply careless (Dyhouse, 1978, pp248-67). Work undertaken since has revealed and exposed these assumptions for what they are; incorrect and steeped in stereotype. Dot Jones, in her article *Counting the Cost of Coal*, suggests that "women paid a high price for their committed response to the demands of domestic labour; their own welfare was undoubtedly sacrificed for the welfare of others" (Jones, 2011, p.124). The article touches upon mortality rates in the Rhondda, and so gave me the idea for this under researched topic. She provides a great deal of background

on female labour within the home. Jones describes the lives of women as an “unremitting toil of childbirth and domestic labour”, and in doing so argues that this directly links to the high mortality rates of women in the Rhondda (Jones, 2011, p.124). The article is important in that it exposes the mortality rates in a series of graphs and arguments, however there is no great examination into any oral histories or medical reports which could provide much needed detail and context. This detail and context was not the aim of Jones’ article, but it has exposed a void of information in Welsh women’s history which I intend to fill. Mari A. Williams in her *Aspects of Women’s Working Lives in the Mining Communities of south Wales, c1891-1939* offers a further review of female labour and an insight into the female mortality rates. This article is almost an extension to Jones in many ways; it develops some of the key themes and arguments, as well as offering fresh insights into the reasons behind the high mortality rates of women in the Rhondda which I intend to expand on; “Women suffered not only as a result of their heavy domestic workload, but also because of their propensity to frequent pregnancies which left them exhausted and drained” (Williams, 2013, p. 65). The work Williams has undertaken collates some important primary sources and autobiographical works which gives some context to the hard labour women faced in the Rhondda in the early twentieth century which arguably contributed to these high mortality figures. Deirdre Beddoe has made major contributions to the gender history of Wales, and her work *Out of the Shadows: A History of Women in Twentieth Century Wales* draws on a wide range of sources, illuminating key areas of women’s lives. Most useful for this study has been her research into health and home life in the mining communities of South Wales, both before and in between the wars. Two works by Angela V. John; *By the Sweat of Their Brow* and *Unequal Opportunities: Women’s Employment in England 1800-1918* explore the problems which faced working-class women in and out of employment, and have provided much background into the Welsh and English mining communities, particularly the sections on domestic service and labour, on which I have been able to base my findings. John has written many articles on women, mining and Welsh history.

A number of autobiographies offer some insights into the lives of women. Elizabeth Andrews *A Woman’s Work is Never Done* is an excellent first-hand account from an influential political activist on her life from childhood in the Rhondda as a miner’s daughter through to her political activism for pit head baths and to improve the lives of colliery women. Andrews offers an exploration into the hard toil women faced on a daily basis, both in domestic labour and child bearing, which debilitated their lives; “extreme female ailments are due to the physical strain of lifting tubs and boilers in their homes” and described their lives as “nothing but slavery” (Andrews, 1919, q 24393). Bert Coombs’ *These Poor Hands*, an autobiography of a coal miner living in the South Wales provides a good male point of view. He confirms many of the female voices of the time with his accounts of women’s lives, particularly when he was a lodger. Exploring the households with lodgers provides interest, with its links to large households, little money and an extra workload for the women in the home which adds context to the argument that their extensive labour gave rise to a number of physical conditions which had an impact on mortality rates.

This study will focus largely on the census returns from 1881 – 1911. This data will present tables such as mortality rates by sex and age, causes of death in children, childbirth mortality rates, household sizes (including numbers with lodgers) and proportions of men to women in the area by age. Some information is not available for the Rhondda specifically, so instead data for Glamorganshire or Pontypridd is used a direct comparison with the rest of England and Wales. The census data has provided direct links to examine the reasons behind the high mortality rates of women in the Rhondda. For example, large household sizes on a small income correlate directly with first-hand accounts of women who starved themselves in order to feed their children, husbands and lodgers first (Jones, 2011, p.124). This led to a decrease in general health and in some cases death. The maternal mortality rates also indicate a higher than average female mortality rate directly due to childbirth, and the census records also show a higher than average fertility rate in the Rhondda, meaning a higher risk of such death.

Census records do not capture the detail of female labour; indeed they do not capture it at all as it was unpaid and unrecognised in official documentation. Rosemary Crook's *Tidy Women* offers a look at first hand experiences of female lives in the Rhondda valley. Crook concentrates in the large on the societal pressures put upon women by other women in the community; "A [...] network of colleagues and friends existed amongst the women and it was this that influenced the behaviour of women within it" (Crook, 1982, p. 2). Crook argues that this consensus of moral beliefs was essential in the support network between women, however there is no suggestion of the pressures on lives and health that these societal "norms" undoubtedly exposed women to. This is an area I believe needs to be explored to view the picture as a whole; the almost self-inflicted death sentence which women put upon themselves, and each other.

The aim and layout of this study is as follows. In Chapter 2, I will ask why female mortality rates were higher than males in some age categories and decennials, in direct contrast to the rest of England and Wales. I will examine reasons behind disease and the general poor health of women in the period, and also explore other factors such as overcrowding and housing which may have contributed to this. In Chapter 3, I wish to examine the high maternal mortality rates which were prevalent in the Rhondda in 1881 – 1911. This will take into consideration fertility rates, family sizes and the state of women's health which contributed to an inability to survive childbirth. I aim to argue that societal pressures and assumed ways in which women should behave contributed to these mortality rates. To answer these questions, I will examine the census, oral histories and local authority reports, and draw comparisons and conclusions between them all. I hope to offer a more comprehensive study on the female mortality rates than has previously been contributed before, and challenge the stereotype surrounding these women in popular history of the south Wales collieries that they are a background figure, only there to support and "keep house". These arguments will lead to the conclusion that there are three main interconnecting factors which

caused the lives of women in the Rhondda between 1881 and 1911 to be shortened; poor diet, domestic labour and child bearing, with the overarching factor for all three being poverty.

This study will contribute to the understanding of Welsh women's labour history, their status and role in a domestic capacity, and to the sacrifices they made for their families which contributed to the coalfield society in the late nineteenth and early twentieth centuries. It is essential when examining the mortality rates of women that we also examine the reasons behind these, and as such this work will also add to the argument that gender limited opportunities in this period, particularly in the Rhondda where the main source of income was through an occupation which did not allow a female workforce. Indeed, the societal expectations of women in the community were also limiting their experiences and lives, by the huge pressures which were put upon them to provide a "tidy" home and family, at the expense of their own health.



## Chapter 2: Labour, Diet and High Density Living

The Monmouthshire-born writer Gwyn Jones painted a bleak picture of the life endured by miner's wives in his novel, *Times Like These*; "It was like destiny. Every month you saw it: a young girl marrying strong and happy, the breaking, breaking; all the cares of the kitchen, the family, the pay-ticker, the never-ending round of washing, scrubbing, cooking, clearing away, polishing; the constant inflow of dirt; the child-bearing in agony after conception without desire and gestation without longing; brats at the heels, brats at the apron-strings, a daunting procession of life-drainers. At the best a life of denial and poverty, at the worst degradation" (Jones, 1936, p. 135).

Table 1: Mortality rates per 1000 population by sex and age

a) 1891 – 1900:

Pontypridd Registration District			England and Wales		
Age	Female	Male	Age	Female	Male
under 5	73.3	88.5	under 5	52.8	62.7
5 -	<b>5.6*</b>	5.0	5 -	4.4	4.3
10 -	<b>4.6*</b>	3.8	10 -	3.7	5.0
15 -	<b>7.0*</b>	5.3	15 -	4.5	5.1
25 -	<b>8.6*</b>	6.5	25 -	6.1	6.8
35 -	<b>10.6*</b>	9.9	35 -	9.6	11.5
45 -	15.6	18.6	45 -	14.7	19.0
55 -	33.1	40.4	55 -	28.4	35.0
65 -	66.4	79.0	65 -	60.7	70.4
75 -	129.0	143.4	75 -	146.5	160.1

Source: Supplement to 65<sup>th</sup> Annual Report of Registrar-General

b) 1901 – 1910:

Pontypridd Registration District			England and Wales		
Age	Female	Male	Age	Female	Male
under 5	54.3	66.3	under 5	41.9	50.0
5 -	3.8	3.5	5 -	3.6	3.5
10 -	2.2	2.1	10 -	3.7	5.0
15 -	3.2	3.7	15 -	2.2	2.1
20 -	<b>5.0*</b>	3.8	20 -	2.9	3.1
25 -	<b>6.2*</b>	4.7	25 -	3.5	4.2
35 -	<b>9.5*</b>	8.0	35 -	4.7	5.6
45 -	14.2	14.9	45 -	7.5	9.2
55 -	15.5	16.2	55 -	24.9	31.8
65 -	64.9	78.8	65 -	53.9	64.9
75 -	127.3	137.6	75 -	136.2	152.5

Source: Supplement Part III to 75<sup>th</sup> Annual Report of Registrar-General

Table 1 shows the mortality rates for the decennials of 1891–1900 and 1901–1910 for the Pontypridd Registration District, which includes the Rhondda Valleys as well as the town of Pontypridd. The majority of households in this district were within mining communities, and the data held within these tables provide a clear indication that between the ages of 20-44, women’s mortality was significantly higher than that of men, despite this age range being consistent with the working age of male miners. There is a clear contrast between the Pontypridd District, and that of the rest of England and Wales, where the female mortality rates are lower in all decennials over the age of 15 years. The mortality rates for England and Wales as a whole reflect the traditional pattern for pre-industrial communities in Britain (Ryan-Johansson, 1977, p.163-81). The findings above, however, appear to suggest that women in mining communities fared badly in relation to the rest of England and Wales who were either occupied themselves, or who were wives of men in other occupational groups.

A woman’s place was in the home, and there were strong and restrictive gender constraints inflicted on women by not only men, but by each other as well. The Nonconformist way of life in the valleys was strict, and its implications for household labour was simple - “Cleanliness is next to Godliness”. Rhondda women were responsible for domesticity, and the standards expected were high (Jones, 2011, p.124). Men would not be seen to be helping their wives, although, as is stated in Rosemary Crook’s *Tidy Women*, some did so privately if the women were struggling.

Living conditions were far from ideal, and the quality of housing in the Rhondda would have been disappointing to a new bride. Most valley housing was two-up, two-down and overcrowding was commonplace with large families and lodgers sharing rooms. Bert Coombs, a Rhondda miner, in his autobiography recalls; “The front room, our living room, was about ten feet square, and the bedroom about the same size [...] the scrape of a chair or even the creak of a bed, could be heard by the other family [...] We were not so crowded or noisy as those other houses – and they were many – where a considerable family was living in the front and back of each house” (Coombs, 1939, p.90).

Table 2: Inhabitants per house in the Rhondda; 1881 – 1911

Rhondda Urban District			
Census Year	Population	Inhabited houses	Inhabitants per house
1881	55632	9193	6.0
1891	88351	13551	6.5
1901	113735	19201	5.9
1911	152781	26250	5.8

Source: Census 1911

Table 2 shows the rapid population increase between 1881 and 1911, with the number of houses available almost doubled. However, the inhabitants per house does not decrease at the same rate. Evidently, the rate of house building in the Rhondda did not match the increasing demand (Jones, 2011, p.116). The rate of overcrowding was by 1891 worse than in England's largest industrial cities; the census reveals that while there were 6.5 inhabitants per house in the Rhondda, there were 5.0 in Manchester. A report by Dr. D. S. Davies, a Sanitary District Inspector in 1885, reveals some far from ideal living conditions; "Some WCs are with or without water [...] in some places full and stinking privy pits". By 1893 the situation had worsened due to overcrowding, as The Medical Officer of Health reported; "The river contains large proportions of human excrement [...] congealed blood, offal and entrails, the rotten carcasses of animals, cats and dogs in various stages of decomposition [...] The water is perfectly black from small coal in suspension [...] In dry weather the stench becomes unbearable". Rhondda resident T. Davies (sex unknown) wrote to the South Wales Daily News in 1894; "I have repeatedly complained to the board and its officers of the abominable nuisance created by their refuse tip on the Trealaw Road, the foul odour of which enters my house and makes it almost impossible to remain in it during the summer months, without mentioning having to partake of our meals, I may say, on the top of hundreds of tons of human excreta [...] I hope the authorities will consider their position and make an earnest effort to save us from this perilous foster-bed of disease."

The Rhondda Urban District eventually took over the water supply from the incompetent Ystrad Gas and Water Company in 1895 after a legal case, but it wasn't until 1912 that two necessary reservoirs were completed (Jones, 2011, p.117). This evidence of poor sanitation undoubtedly made women's health worse, and conditions inside the home were just as dangerous. The needs of the men in the household came first, followed by the needs of the children, with the women's needs coming last. Mrs. Jenkins, one Rhondda woman who was interviewed about her experiences, recalls that baths and hot meals had to be prepared for 7 in the morning after the 11 p.m. to 7 a.m. night shift, then again at three in the afternoon after the 7 a.m. to 3 p.m. shift, and finally at eleven at night after the 3 p.m. to 11 p.m. shift (Jones, 2011, p. 121). It was not uncommon for women to go to bed at midnight and be up again at four in the morning, every day, with an average of twelve hours or more "on her feet" (Spring Rice, 1939, p.108). As well as this, Rhondda women were immensely house proud, and worked arduously to keep their houses spotlessly clean. They would black-lead grates, polish brass, white-stone the front door step and wash the pavement outside. (Beddoe, 2000, p.17). The old adage 'Cleanliness was next to Godliness' was always precedent as Mrs. Baker, a respondent in Crook's *Tidy Women*, lays out perfectly; "We were poor but we were *clean*" - her emphasis (Crook, 1982, p. 41). Elizabeth Andrews in the *Report of the Royal Commission of the Coal Industry*, described the work of women in the Rhondda as "nothing but slavery" (Andrews, 1919, q. 24396). Houses were small and lacked the amenities which would help women with the daily toil of domestic life. Bathrooms were severely lacking, which made the duty of washing clothes, children and men from the pit arduous. Mrs. Smith from Cardiff, a newly

married wife to a Rhondda miner, was; “shocked that we had no convenience for our husbands to bath in. We had to bring a tub or tin bath, whichever we had, into the same room that we lived in, and heat the water over our living room fire in a bucket or iron boiler” (Llewelyn Davies, 1931, pp.67-72).

Bathing men who came home from the pit everyday was a dangerous task. Heavy, tin baths had to be dragged to the living room and water was heated on the fire. A bath of boiling water was not only dangerous to the women, but to the infants too as one respondent to the Women’s Cooperative Guild recalled; “No wonder so many children are scalded to death in Wales, as many people, unthinking, put the hot water in, forgetful of the little ones toddling around, and they stumble in. A little one, living close by me, five years old, died last week from falling in a bath of hot water” (Llewelyn Davies, 1903). Open fires were hazardous, and women in long dresses were recorded as burning to death when stretching up to reach the mantel (Beddoe, 2000, p. 17). Women would also have to wash and mend the miner’s clothing; thick with coal dust and also made of thick materials, which was laborious and exhausting.

Women were responsible for the meagre monetary budgets, which included food. Wage rates were relatively high, but fluctuating coal demand would result in lay-offs, not to mention the risk of injury, industrial disputes, lockouts and strikes which meant continuous uncertainty (Jones, 2011, p. 114). All bills were paid before food was considered, and women notoriously fed their families before themselves. Margery Spring Rice, in her account *Working-Class Wives; Their Health and Conditions* published in 1939, surveyed 1,250 women from working class towns and cities, of which eight respondents were living in the Rhondda. One respondent, Mrs. S; “Has nine children, and had three miscarriages [...] her own diet consists of bread and butter and on Sunday a little meat for eleven. She never eats fish or eggs and only a little vegetables on Sunday. She says she has “not sufficient blood” (Spring Rice, 1939, p. 163). I have interpreted “not sufficient blood” to mean she was suffering with anaemia, a condition which the majority of respondents in Spring Rice’s findings had due to frequent pregnancies and poor diets, as well as a complete lack of medical care. Indeed, some respondents had horrendous experiences with child birth leaving them with “twisted womb” and severe haemorrhaging, leading to anaemia in most cases, worse in others. The majority of respondents in this report did not eat enough. It was common for women to survive on bread and tea, and to eat whilst standing up on the left-overs in the kitchen. One respondent wrote; “the Doctor told me I had anaemia and gave me some medicine, but I know it is not enough food” (Spring Rice, 1939, p.110). Spring Rice’s report also concludes that; “Poverty increases the housewife’s difficulties in relentless geometrical progression and it is not surprising to find that she takes the comparatively easy way out by eating much less than any other member of her family” (Spring Rice, 1939, p. 157).

Health Visitor’s accounts within this report are also revealing. In hundreds of cases, they write that women were starving themselves in order for the children and husband to eat more, and to also

lighten the burden of labour which cooking for herself would cause. Besides the financial difficulty in providing food for herself, many respondents also mentioned that most days they were simply “too tired to eat”. One woman states that “she has no time for dinner on a Monday”; an alarming cause for concern in women’s health.

Of course, malnutrition inevitably leads to a weakened immune system and a susceptibility to disease. Tuberculosis was a leading cause of death in the nineteenth century, named *y pla gwyn* (the white plague) in Wales (Beddoe, 2000, p. 15). Links have been made with the contraction of TB and damp housing, poor diet and it’s incredibly rapid transmission between the infected and healthy. The NHS website states most at risk are “those living in crowded conditions and in poor health or with a poor diet because of lifestyle and other problems”. Women in the Rhondda between 1881 and 1911 were malnourished, over worked and living in incredibly crowded conditions so the disease was easily spread; they were at a great risk of contracting and dying from the disease. There were countless other diseases prevalent at this time. Unfortunately, deaths by disease in adults is not calculated in the census, but it is recorded for children to some degree as Table 3 shows.

Table 3: Cause of death in children under five years; 1891 – 1900, Pontypridd Registration District

Cause of death	Total deaths under 5 years
Measles	1136
Scarlet fever	332
Diphtheria	694
Whooping cough	826
Enteric fever (typhoid)	50
Diarrhoea and dysentery	1560
Cholera	28
Tabes mesenterica (wasting)	243
Phthisis (Pulm. TB)	88
Other TB and Scrof. Dis	270
Disease of nervous system	3907
Disease of respiratory system	4501
Violence	325
Other causes	3653
<b>Total</b>	<b>19724</b>

Source: Registrar-General’s Decennial Supplement for 1891-1900

Diarrhoea, dysentery and cholera are borne from bacteria in unclean water which, as already established, was commonplace in the Rhondda. Disease of the respiratory system can be linked to the dangerous levels of coal dust and ash prevalent in the houses, due to miners’ wives washing their husbands’ clothes at home and the lack of pithead baths. As women spent the majority of their time inside the home, it is reasonable to assume that respiratory disease was just as much a danger for them as for their husbands.

Women were sceptical of advice from doctors, particularly those whose only advice was to “rest”. They simply did not have time to rest, and so ignored this advice. They were also disinclined to go into hospital as they did not want to leave the children for any length of time, or to neglect their domestic duties. The cost of medical care for themselves was also one which women would avoid. Budgets were too small to factor this in, and food and medical care for their families was far more important. This meant that a great deal of illness went untreated and must therefore be influential in the decline of women’s health and a rise in mortality.

The correlation between high female mortality rates and high-density urban living coupled with intensive domestic labour and poor diet is clear; these factors all took their toll on women’s health, and in doing so shortened their lives.

## Chapter 3: Pregnancy and Child Bearing

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Table 4: Maternal mortality 1881 – 1910; deaths /1000 live births

Decennial	Pontypridd Registration District	England and Wales
1881 - 1890	8.0	4.7
1891 - 1900	8.1	5.1
1901 - 1910	6.1	4.0

Source: Supplement Part III to 75<sup>th</sup> Annual Report of Registrar-General

Table 4 shows the stark difference between maternal mortality rates in the Pontypridd District and those in England and Wales between 1881 and 1910. In fact, they were amongst the highest in England and Wales as a whole (Jones, 2011, p. 126). There were a variety of causes for this comparably high rate in puerperal mortality rates. There was a distinct lack of antenatal clinics and maternity beds in hospitals, and if women did make it to a hospital, infection rates were high. Midwives were not medically trained, and there was no permitted requirement for them to be so. There was also the obvious factor of a general low standard of women's health, poor diet and in many cases malnutrition (Beddoe, 2000, p. 94).

As identified in Chapter 2, malnutrition was undoubtedly a driving factor in both maternal and female mortality rates as a whole. An interwar investigation was carried out in the Rhondda by Lady Juliet Rhys Williams, and she was surprised at the results. In 1935, pregnant women in the Rhondda were provided with additional food (at the discretion of medical officers) with the view of saving the lives of those most undernourished. On the introduction of this scheme, the records shown by Lady Williams indicate a sharp decline in the puerperal mortality rate almost immediately; in 1934 the maternal mortality rate was 11.29 per thousand and by the close of 1935, this had fallen to 4.77 per thousand (Williams, 1936, p.11). This cause and effect was ignored in late nineteenth and early twentieth century Welsh mining authorities. Maternal mortality was generally regarded as not a medical issue, but one of education and ignorance on the woman's part. In 1898, the Medical Officer Dr. Herbert Jones reported that; "The three [infantile] deaths from scarlet fever were from Pentre, two can be clearly traced to carelessness on the part of the parents" (The Pontypridd Chronicle and Workman's News, 10<sup>th</sup> June 1898).

This attitude continues; in his 1902 Medical Officer's Report, Dr. J. D. Jenkins was recorded to have assumed that; "Among the factors given as being especially potent in the Rhondda were the inexperience and ignorance of mothers. Their inexperience was due in no small measure to the early age at which many of the women married, and the influence of the ignorance of mothers was most noticeable in the improper feeding of infants" (Weekly Mail, 20<sup>th</sup> June 1903). This same report

also concluded that; “There is a need of a more abundant water supply, a better system of refuse disposal, a proper provision for the isolation of small-pox cases, and an extension of the present fever hospital to meet the needs of the district [...] The water is derived from uncultivated uplands, which in several situations are characterised by the presence of peat areas [...] As regards the housing accommodation in the district, the medical officer states that the demand for houses continues to be in excess of the supply” (Weekly Mail, 20<sup>th</sup> June 1903).

It is difficult to read this and not make a link between the unsanitary conditions and poor housing in the Rhondda and the high maternal and infantile mortality rates. Women were unjustifiably blamed for both. Dr E. J. Maclean, Senior Gynaecologist at the Cardiff Infirmary claimed that 80 to 90 per cent of births in Glamorgan were attended by “untrained and uneducated” midwives, and was reluctant to agree that housing conditions and sanitation were also a factor (Maclean, 1909). By 1913, several experimental schemes were campaigned for and tried out in various towns and cities throughout England and Wales. The attitude towards ignorance still remained, however. Fathers were invited to participate in meetings and sessions designed to help mothers with raising their children, but as the author of a 1913 survey on infant welfare centres explains; “The better type of father will probably keep away. He regards the whole thing as the wife's business.” (Gibbon, 1913, p.27).

Elizabeth Andrews had campaigned for local authorities to set up maternity committees and clinics which employed trained midwives and health visitors, and that they co-opt two representatives from women’s organisations to sit on the committees; “One County M.O.H. referred to them as ‘wild, hysterical effusion’ and falling back on a scriptural phraseology, said the Council must be charitable to such people ‘as they know not what they are talking about’. In another county we were called a ‘lot of interfering busybodies’.” (Andrews, 1957, p. 30).

A report carried out by Clara E. Collet in 1898 was demonstrable in providing evidence to suggest that maternal and infant mortality rates in England and Wales went hand in hand with the poor sanitation and overcrowding in industrialised towns and cities, as opposed to female ignorance. She also gave rebuke to the assumptions by local authorities that women who went to work proved to be most at risk as they were unable to breast feed. She examined data from the 1891 Census on the extent of female employment and infant mortality returns for 27 large towns and found that there appeared to be a much stronger connection between infant mortality and the proportion of the female population returned as indoor domestic servants in 1891 (Dyhouse, 1973, p. 253). She concluded that; “There is nothing so likely to weaken the power and to relax the efforts of the medical officers of health as the easy-going policy of a sanitary committee which believes itself entitled to attribute high death-rates to the moral habits of the community, quite apart from such factors as overcrowding and bad sanitary conditions.” (Collet, 1898, p. 239). Collet’s findings however were ignored. The Inter-Departmental Committee on Physical Deterioration in 1904 discussed the problem of infant mortality, but they continued to argue that the facts seemed to



identify that the loss of lives was greater where women were in employment (Dyhouse, 1973, p.253).

Another factor to consider in the high maternal mortality rates in the Rhondda were the large families which were common place in the period.

Table 5: England and Wales fertility by occupation type

Date of marriage	Children born /100 couples	
	All Occupations	Miners
1852 - 61	690	759
1862 - 71	662	760
1872 - 81	602	717
1882 - 86	551	684

Source: Supplement Part III to 75<sup>th</sup> Annual Report of Registrar-General

Table 6: Households by number of children, Rhondda, 1881

Household Size	Number of children in household					Total
	0	1	2	3	4 or more	
Number of households						
1	24	0				24
2	298	42	0			340
3	111	363	39	0		513
4	91	143	325	32	0	591
5	35	99	157	296	35	622
6	36	54	99	129	251	569
7	14	24	60	80	279	457
8	6	13	16	31	244	310
9	4	5	8	25	149	191
10+	3	2	13	13	174	205
Total	622	745	717	606	1132	3822
% total	16.3%	19.5%	18.8%	15.9%	29.6%	100.0%

Source: Supplement Part III to 75<sup>th</sup> Annual Report of Registrar-General

Table 5 shows that fertility remained high amongst mining communities compared to the trend over all occupations, and it was also slower to fall in line with the national trend when the birth-rate fell towards the end of the nineteenth century. This high fertility rate clearly links in with the high infant and maternal mortality rates precedent at the time; childbirth, it seems, had a direct bearing on women's health (Beddoe, 2000, p. 19). Table 6 shows that almost thirty per cent of the households in the Rhondda had four living children or more. Working-class families were large, and it was not uncommon for there to be women with six, seven or eight children in cramped and confined living environments. Margaret Llewelyn Davies, secretary of the Women's Cooperative Guild, published a collection of letters in which women had written about their experience of pregnancy and child

bearing. One letter, entitled 'Struggles of a Miner's Wife' details some of the horrors of motherhood the women in the Rhondda were facing;

"I lost my baby first, a grand little girl of two. Then, a year and a half after I lost a fine lad of fourteen in the hospital, of scarlet fever and diphtheria. Two years after that we lost a girl of twelve from tubercular disease of the kidneys from cow's milk [...] so you will see we've had our troubles. I may say I have had very good times at confinements, except the first and the last. The youngest was born feet first, which was an awful experience, and her heart was nearly stopped beating [...] I used to get up always by the ninth day until the last. I was between forty-one and forty-two when she was born, so had to rest a bit longer, but had to see to the household duties as soon as possible."

This woman's eight pregnancies had produced seven live births of which only four now survived. Bearing and raising large families like this required a great amount of labour, and this labour was exacerbated by the traditions in the Rhondda that this should be done to a high standard, and by the woman alone. The unremitting toil of childbirth and domestic labour killed and debilitated Rhondda women as much as accident and conditions in the mining industry killed and maimed Rhondda men (Jones, 2011, p. 124). Rosemary Crook, in her study *Tidy Women*, which records oral histories from the inter-war period, states that one informant revealed that her mother had suffered a nervous breakdown and a loss of religious faith as a result of constant childbearing (Crook, 1982, p. 43). This correlates with the letter above, who states that she was still childbearing into her forties, at great risk to her physical and mental health.

The situation in the Rhondda is illustrated well by Elizabeth Andrews; "the death rate of mothers in the Rhondda was the third highest for the country due to a lack of housing and hospitals [...] the miner's wife in those days ran greater risks at childbirth than her man in the pit." (Andrews, 1957, p.41).

## Chapter 4: Conclusion

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To conclude, there are three main interconnecting factors identified which caused the lives of women in the Rhondda between 1881 and 1911 to be shortened:

i) Poor diet:

A miner's wage, when he was working, was not enough to sustain the large and ever increasing families which were commonplace in the Rhondda. When he was out of work, belts had to be pulled even tighter. Women would not go to work after marriage, and so had a meagre budget to work with, often meaning their own needs came last which led to malnourishment, exhaustion and ultimately ill health. This poverty led to a poor diet and a lack of medical attention which women would not spend on themselves, much less take the time out of their day to "waste" on visiting the doctor or hospital. The links between tuberculosis and a poor diet have been made, and the diabolical water supplies in the Rhondda of this period made matters worse in terms of dysentery and cholera. This general neglect to basic self-nourishment coupled with poor sanitation and water supplies would be a significant cause in female mortality.

ii) Labour:

Women worked longer hours than men; sixteen hours a day was not uncommon (whilst men worked eight) and their workload was physical and arduous. Efforts were increased because tradition dictated that this work be performed to a high standard. The work was dangerous, particularly in the case of bathing their husbands, the open fires within the home and the significant amount of coal dust and ash in the home. Families were large and the responsibility of childcare would rest solely with the women. This, coupled with the copious amount of work around the home and cooking meals for men at differing times dependent on shifts, led to exhaustion and malnourishment, and indicates a significant cause in female mortality between the ages of 20-44.

iii) Child bearing:

Maternal mortality rates were high due to a range of different reasons; a lack of ante-natal clinics, low numbers of beds in maternity clinics, high infection rates in hospitals, a lack of trained midwives attending the births, and the general low standard of women's health which led to a dangerous labour. The sheer numbers of pregnancies and the high fertility rates in the Rhondda also took their toll. Indeed, one Health Visitor notes of Mrs. Y from South Wales that "I think she was probably anaemic before marriage, and five pregnancies in five years have drained her vitality" (Spring Rice, 1939, p. 53). Birth control was frowned upon and so not an option, and many women believed that illness was a result of the extra responsibility raising another child would bring, instead of the very real problem of too frequent a pregnancy.

Of course, what links all of these factors together is poverty. Women had very little money left over each week for the luxury of additional food to feed herself to improve her diet, labour saving devices for the home, hired help or, crucially, medical advice and care. Improvements to these social issues came later, after much campaigning on the part of women. The mortality figures from the Registrar-General provide clear evidence of the problem of female lives between 1881 and 1911. It is appalling that this has been largely ignored for so long in favour of a narrative that the man's labour, and the dangers of a miner's occupation takes precedence over the female experience.

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