Chapter 2
Mortality in the Family of Origin and Its Effect on Marriage Partner Selection in a Flemish Village, 18th–20th Centuries

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Abstract This chapter addresses the role of health-related characteristics as a basis of marriage partner selection in a preindustrial population with a low level of social differentiation and a high level of mortality. We measured health characteristics by the level of infant and child mortality in the family of origin of the marriage partners. We observed a homogamous marriage pattern according to mortality in the family of origin. We argue that mortality in the family of origin was probably used to evaluate potential marriage partners. The level of infant and child mortality in a family can be seen as an indicator of health status, (future) social position, physical appearance, or reputation of the potential partner and his family.

Keywords marriage, homogamy, health selection, mortality, preindustrial

1 Introduction

Partner selection leads to a solid, sometimes lifelong, union between two individuals, their families and friends. It offers a tool to attract new people into the family network. Hence, it is a crucial decision and the choices made concerning partner selection, whether instrumental or expressive, always reveal important characteristics of society.

In this chapter we address the role of health-related characteristics as a criterion in marriage partner selection in a preindustrial population with high mortality. In mainstream historical-sociological research, the significance of health for partner selection is not that often discussed. There are, however, good reasons for addressing the topic. Health was a central issue in preindustrial society. Apart from the high level of mortality, which simply made health a daily concern, there are more indirect ways in which health issues mattered. Preindustrial (agricultural) labor required a substantial

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physical input (De Beule 1962) which evidently required good health. The importance of health and physical strength is, for example, reflected by the higher prices in the United States that were paid for taller slaves, presumably because tallness was associated with greater productivity (Margo and Steckel 1982). Also, in contemporary developing countries, there is a relationship between height and wages (Strauss and Thomas 1998). Furthermore, health evaluations played a role in many decisions, for example in the selection of wet-nurses (Hedenborg 2001).

Consequently, health is a crucial determinant of life chances and therefore presumably a central element in partner selection strategies. Shorter (1975, 145) confirms this by citing preindustrial sources: “You chose the richest person […], aside from that, the morality and health of the parents were taken into account”. There are some indications that this view is correct. Indirect evidence comes from research on the effect of marital status on mortality. One of the reasons why higher mortality rates are observed for the unmarried is, it seems, that the unhealthy have a lesser chance of marrying (Murray 2000; infra). There is also some direct evidence. For some preindustrial (and modern) populations it is shown that physical characteristics such as stature, strength, body weight or previous health experience and health behavior affect marriage partner selection (Baten and Murray 1998; Sköld 2003; Fu and Goldman 1996; Helmchen 2002).

All this shows that in a preindustrial high mortality environment, health was possibly a criterion in partner selection. However, partner selection research mainly focuses on socioeconomic (e.g., class, wealth) and cultural factors (e.g., religion) without much reference to possible physical characteristics. There is an enormous amount of literature on partner selection that is based on the idea that wealth (and not health) matters. In this chapter we try to integrate the ideas on the role of health in mainstream partner selection research.

We aim to respond to four specific questions. First, is the partner selection pattern homogamous according to health? Second, if so, is this a consequence of the intentional use of health as a criterion or is it simply the unintentional consequence of structural causes, such as the association between social position and health? Third, what is the relationship with other criteria? When does one use health instead of wealth? And finally, can we give more precise reasons why health is important?

In sections 2 and 3 we discuss theoretical and methodological issues concerning the relationship between health and partner selection. In section 4 we perform an empirical analysis of the importance of health-related characteristics (infant and child mortality in the family of origin) for marriage in a preindustrial Flemish village.

2 Theory

In order to evaluate the role of health and to integrate it into partner selection theory, we first take a closer look at the assumptions underlying the view that health matters for partner selection. In section 2.2 we turn to a more systematic approach that incorporates the discussion of these assumptions.