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The Industrial City and Its People

Summary and Conclusion

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This volume is about how individuals and families lived their lives in an industrial city during much of the twentieth century and the beginning of the twenty-first. It was a period of major societal transformations, related initially to the Second Industrial Revolution and the final phases of the demographic transition, and later to the emergence and development of the modern Scandinavian welfare state. Throughout this period, Western societies experienced unprecedented gains in material welfare and living standards, although these gains were not always equally distributed. From 1900 to 1980, the ratio of average incomes in the top 10 percent and the bottom 50 percent dropped from 19 to 7 in Europe and from 14 to 9 in North America (Chancel and Piketty 2021). In the late nineteenth century, Sweden ranked among the most unequal countries in Europe, but even here a substantial reduction in economic inequalities took place in parallel with a rapid increase in average incomes, making Sweden one of the most equal countries in the world by 1980 in terms of income (Chancel et al. 2022; Roine and Waldenström 2008, 2009; Schön 2010). These trends, however, saw a reversal after 1980, when Western countries experienced growing disparities, with income and wealth becoming increasingly unequally distributed (Piketty 2018; see also DeLong 2022). The Nordic countries—Sweden included—also experienced very similar trends (Roine and Waldenström 2008, 2009; Schön 2010) despite the stronger involvement of the state in the economy and well-developed welfare systems. Still, the Nordic countries remain among the most equal Western countries in terms of income, although Sweden is the most unequal of the Nordics (World Bank 2020).

The course of the demographic transition and the post-transition demographic development followed a similar course across the Western world. Mortality, which had already started to decline in Sweden in the late eighteenth century, continued to decline in the twentieth century, increasing life expectancy at birth from about 55 years for men and 57 years for women in the first decade of the twentieth century to 80 and 84 years, respectively, in 2015.

After the end of the fertility transition in the 1930s, when the total fertility rate was less than two children per woman, there was an increase in marriage and marital fertility during the baby boom of the 1940s and 1950s (Van Bavel and Reher 2013), followed by a long-term decline in fertility to the subreplacement levels (e.g. Sobotka 2017) that have become a major concern of the early twenty-first century as Western populations are aging (United Nations 2023). Sweden has shown a somewhat deviant pattern, with more pronounced fertility variations than most other Western countries (Hoem and Hoem 1996)—variations that to a large extent have been related to economic cycles affecting the labor market for both men and women (Stanfors 2003). Nonetheless, the trend toward lower fertility has taken place in Sweden, as well as in the other Nordic countries, and the most recent decline—since 2010—would appear more difficult to link to changes in family policy, gender equality, or economic growth (Hellstrand et al. 2021; Ohlsson-Wijk and Andersson 2020).

This volume fills a gap in the narrative of twentieth-century demographic, social, and economic history by focusing on the individual—or micro—level as a complement to the more standard macro-level perspective. This approach has rarely been taken in previous research over such a long period of time due to a lack of high-quality micro-level data. To apply a micro-level perspective, we would prefer to have information similar to that available in contemporary administrative registers in many Western countries. But no country has had comprehensive digitized registers of demographic, social, and economic conditions of its entire population until the late 1960s—and most are often much later than that. Instead we have focused on an industrial city—Landskrona—and its rural hinterland in a region of southern Sweden, where we have a unique opportunity to analyze interactions between demography and socioeconomic conditions at the individual and family levels for the entire period 1905–2015. The different chapters of this volume present analyses that are based on data from the Scanian Economic-Demographic Database (SEDD), and, taken together, they give a nuanced picture of the demographic and socioeconomic development of families and individuals undergoing the fundamental societal changes of the twentieth century.

Landskrona constitutes a fair representation of a Swedish industrial city during this period. History and statistics reveal the city to be a good lens through which to observe the processes of industrial expansion and decline during the twentieth century. Its story is similar to former industrial hubs across Europe and North America, even though Landskrona, by international comparison, is a rather small industrial city. At the same time, it is important to keep in mind that, in some aspects, Sweden differed from most other Western countries in that the population was very homogenous throughout almost the entire period, the extension of suffrage came late and then happened very quickly, the country was

neutral in both World War I and World War II, and institutions of exceptionally high quality were established (Bergh 2022). Notwithstanding, the findings based on individual and family data provide invaluable insights and impart lessons applicable to other contexts.

The overview presented in Chapter 2 shows that Landskrona followed the same trends and variations as other Swedish cities in economic and demographic terms, but that, in some cases, the city was at the lower end of the distribution, such as in terms of earnings and education. The Social Democratic party—whose ideological view was that collective social provision is a productive investment and a condition for growth, central to the inception and development of the universal Swedish welfare state (Andersson 2006)—came into political power in the city in 1919 and stayed there until the 1990s.

Within 150 years the city of Landskrona was transformed into an industrial center, with periods of boom and crisis followed by de-industrialization. Major transformations, including industrial expansion and decline, changing labor market conditions, in-migration from the countryside and from abroad, changing family patterns and gender relations, and also progressive solutions to problems such as the lack of social security, can generate fundamental socioeconomic change, shaping economic inequality and conditions for social mobility (cf. Birdsall et al. 2001; Deaton 2013; Galor 2022).

As demonstrated in Chapter 3, economic inequality in Landskrona showed a clear U-shaped long-term trend, coinciding with the similar development in Sweden as a whole. Notably, the microdata also showed a U-shaped pattern for the development of intergenerational income persistence over time, recalling the negative association between inequality and intergenerational mobility as envisaged by the “Great Gatsby curve” (cf. Blanden 2013; Chetty et al. 2014; Corak 2013). A small literature on long-run mobility trends based on brother comparisons suggests income mobility improved for the cohorts of 1930–1955, in parallel with the introduction of the modern welfare state and also the reductions in income inequality noted in Finland and Norway, and this was followed by stagnation and declines in mobility for the cohorts of 1955–1970 (Markussen and Roed 2017; Pekkala and Lucas 2007; Pekkarinen et al. 2017). Moreover, findings for the United Kingdom (Blanden et al. 2004) and France (Nicoletti and Ermish 2007) suggest that the role of family background mattered more for individuals born in 1950–1970 compared to earlier cohorts, and this was mirrored by increasing income persistence across generations. Thanks to the micro-level income data across multiple generations, and for both sons and daughters, the case of Landskrona shows us that the decline in income persistence started before 1930 and that daughters acquired an income level closer to that of their fathers as women increasingly entered the labor force. Turning to absolute upward mobility, the share of individuals earning more than their

parents has decreased in recent decades, suggesting that the development of economic inequality might be an obstacle to equal opportunities.

The industrial city of the twentieth century rested on migration, whereby streams of people moving in and out of it defined its changing character over time. Overall, as shown in Chapter 4, the net migration to Landskrona was positive throughout this time except for two distinct periods involving industrial crises in the 1920s and the 1970s, and, similarly, the economic crisis in the early 1990s initially meant negative net migration. Still, for most years, the majority of the city's inhabitants were not born in the city, thus pointing to the city's role in offering job opportunities and the importance of the labor market and to the role of economic development as a pull factor for migration (see Lee 1966; Massey et al. 1993; Massey et al. 2005; Piore 1979). In the early twentieth century, migrants came from rural or other urban contexts in Sweden, but, over time, the city included a larger share of migrants from other countries, and, in the last decades, they came increasingly from non-European origins. Notably these migration patterns might partially explain the marked development in income persistence across generations in Landskrona (Chapter 3). A long-standing hypothesis is that intergenerational mobility may surge during periods of rapid economic transformation and high migration, particularly migration induced by spatial differences in economic development (Abramitzky et al. 2021; Lipset and Bendix 1959; Long 2005; Ward 2022). Evidence for Swedish municipalities in the late nineteenth century shows that migrant brothers were more likely to transition out of their father's occupation compared to brothers who did not move (Berger et al. 2023). During the period of our study, moving may at times have also enabled the individual to exploit the advantages of city living over rural living, and the city provided opportunity, too, in terms of higher economic growth and greater occupational and income mobility. On the other hand, the industrial crises of the 1920s and 1970s meant poorer employment opportunities and lower wages. There is both theoretical and empirical support for the idea that the labor market conditions encountered upon arrival matter for migrants' long-term earnings and employment (Åslund and Rooth 2007; Holmstrom and Milgrom 1987; Oreopoulos et al. 2012).

The large and more or less continuous inflow of individuals and families to Landskrona, together with the changing character of the in- and out-migrants, make it pertinent to examine the spatial distribution of households and how this evolved. The role of residential segregation is relevant because high levels can raise concerns regarding social sustainability and reduce the status of urban areas as places of opportunity with equal chances and prospects for all (Van Ham et al. 2021). A large interdisciplinary literature also shows that socioeconomic segregation can affect the life chances of many (e.g., Chetty et al. 2014; Hedefalk and Dribe 2020), and segregation of the urban housing market interacts with

high rates of poverty and results in geographically concentrated poverty, with the lower social classes residing in geographically isolated, homogeneous neighborhoods. Segregation patterns and their development are generally determined not only by demographic trends but also by macro-structural factors, including economic policy (Alba and Foner 2014; Koopmans 2010), as well as by local factors such as housing, housing tenure, and labor markets (Musterd et al. 2017).

Despite considerable previous research in this field, we have limited insights into whether and how segregation changed over time when measured at the local level. The analysis in Chapter 5 used geocoded information at the block level to show an emergent spatial pattern of social class segregation from 1940, after which the city developed from a pre-industrial and compact conurbation with socially mixed neighborhoods to a more segregated urban area that experienced suburbanization of the upper social classes. These findings mirror research on contemporary European cities showing that residential segregation between high- and low-income groups has increased in recent decades (Fujita and Maloutas 2016; Musterd et al. 2017; Tammaru et al. 2020). Available time series on segregation within cities cover only short periods, whereas residential segregation is likely to be a long-term process. Factors affecting social class segregation of this kind may have long time lags, and the processes that shape residential segregation (e.g., housing and income policy) are equally long.

Both industrialization and the demographic transition have had a far-reaching impact on individuals and families by fundamentally altering social relations within the family. These changes, together with increased female labor force participation, have revolutionized the productive role of women (Davis 1945; Demeny 1968; Notestein 1945). In the first half of the twentieth century, married women chose to add occasional paid employment to their role set but with little or no impact on men's involvement in household work. The post-World War II period witnessed a striking change in the economic role and position of women and also in terms of gender relations both within and outside the family (e.g., Jonung and Persson 1994; Stanfors 2007; Stanfors and Goldscheider 2017). In the 1970s, this was followed by family demographic changes, including delayed entry into marriage and parenthood, increased union instability, the rise of nonmarital cohabitation and childbearing, and greatly reduced total fertility. These trends, referred to as the "second demographic transition," are often linked with rising female independence and labor force participation (Lesthaeghe 1983, 2010; Van de Kaa 1987).

The analysis in Chapter 6 shows that trends in family formation (i.e., marriage and fertility) and in union dissolution through death or divorce developed in parallel with economic and institutional change, most notably the expansion of the welfare state, over the twentieth century. Few married women worked at

the beginning of the period, but unmarried women, mostly active in agriculture and domestic roles, were more likely to be employed. A key shift occurred around 1970, when more than half of married women joined the labor force, with childcare, government jobs, and female skill upgrade facilitating this change (Bhalotra et al. 2022; Fischer et al. 2020). This shift, boosting female labor force participation rates to very high levels by international standards at the time (Grönlund et al. 2017), broke traditional gender roles, impacting family dynamics by making family choices more voluntary and enabling divorce. During the 1970s and 1980s, women's economic independence improved. Despite concerns of a weakening of the family as an institution in the 1960s, families remained strong. By 1990, the labor force participation of married and cohabiting women was higher than for single women, indicating a dual-earner norm. The development in Landskrona signifies a regional gender revolution over the twentieth century, altering family dynamics and roles significantly.

While traditional analyses of the benefits of marriage have generally emphasized the economic gains, contemporary research also shows that married people on average tend to have better health (Aizer et al. 2013; Hu and Goldman 1990; Rendall et al. 2011). In the light of Gary Becker's theoretical work (Becker 1973, 1974), marriage can be viewed as a partnership for joint production, consumption, and risk-sharing that is in many ways beneficial for both parties. Having a partner and related social support can benefit individual physical health and emotional well-being and may also follow on from the increased likelihood of the healthy to marry or from a relationship between disease and divorce (Goldman et al. 1995; Lillard and Panis 1996).

Health differences by marital status existed in historical societies (Grundy and Tomassini 2010; Mineau et al. 2002), but there is limited knowledge about the long-term development of such differences and their interaction with gender and social class. Interestingly, the analysis in Chapter 7 demonstrates that the health gains of marriage increased after 1950, in conjunction with fundamental societal improvements and changes regarding family and demographic behavior. Possible explanations for the widening differentials are the decline in baseline mortality, the change in selection into single living, the increased importance of lifestyle differences between the married and the single, and possibly the greater emotional stress of singlehood.

The noted falling marital fertility in the first decades of the twentieth century and concerns about population decline fueled by high maternal and infant mortality laid the foundations of an international infant welfare movement (Fildes et al. 2013). In the early 1890s, public health strategies such as *gouttes de lait* (milk stations) to provide babies of poorer families with clean, sterilized or pasteurized milk had begun in France before traveling to Great Britain and the United States (Meckel 1998). For many countries, the losses of World War

I coupled with the continued decline in the birth rate placed an even greater emphasis on the importance of preserving infant lives (Dwork 1987). While the debate on the need and desire to save the lives of mothers and young children was international, the solutions in Sweden were in part unique (Bhalotra et al. 2022). During the period 1920–1950, a number of welfare schemes focusing on preventive health measures for children and their mothers was implemented across the country, of which all were universal and of which several constituted significant steps in the development of the modern welfare state. Both city dwellers and rural inhabitants benefited from the modernization of healthcare and medical progress, as shown in Chapter 8. These findings have the potential to influence current global health priorities (cf. World Health Organization [WHO]/UNICEF 2022) by highlighting that large gains in infant health may be achieved by relatively low-cost and scalable interventions, and they also have wider contemporary relevance, as shown by a number of recent programs targeting high-risk mothers and their children in, for example, the United Kingdom, Chile, and India (Bhalotra et al. 2017; Cattan et al. 2019; Clarke et al. 2018; Dhamija and Gitanjali 2021).¹

Institutional and medical developments played a role in infant survival chances and thus partly explain the large gains in infant health and life expectancy during the period studied. Life expectancy in Sweden has increased from 40 years in 1840 to more than 80 years today, which is an increase of almost 3 months per year over the course of the study period. At the same time, we have become taller, stronger, and more productive (Floud et al. 2011; Öberg 2014), and the decisive role of infectious disease in determining length of life has been replaced by cardiovascular disease and cancer.

In the 1950s and 1960s, it was assumed that not only would mortality further decline with the development of the modern welfare state, economic growth, and medical progress, but also socioeconomic differences in mortality would converge and possibly even disappear (Antonovsky 1967, 1980). However, recent evidence suggests that the health gaps between rich and poor have increased in most industrialized countries—Sweden included—from 1970 onward (Fors et al. 2021; Hederos 2018; Mackenbach 2019; Marmot 2004). Research has questioned the convergence hypothesis and argued that class differences in mortality have always existed and have stayed more or less constant over time (e.g., Cassel 1976; Deaton 2016; Elo 2009). The analysis in Chapter 9 shows that the social class gradient in adult mortality appeared as late as the mid-twentieth century (see also Bengtsson and Dribe 2011; Bengtsson et al. 2020) but that it was also more pronounced in urban than in rural areas. Moreover, the findings suggest that the urban mortality penalty lasted considerably longer than has previously been found at an aggregated level in Sweden. A possible mechanism behind the greater mortality difference in urban areas is that the urban environment was

unable to provide the means to compensate for an inherently more stressful lifestyle, one known to have more adverse health effects on individuals from the lower classes than on those from the higher classes. Another mechanism could be that work conditions were unhealthier and more dangerous in the factories in the city than were conditions in the countryside.

There are many theories regarding how health inequalities arise and why they persist in modern welfare states (see Mackenbach 2019 for a comprehensive review). While some theories emphasize the role of social selection and the fact that individuals have certain characteristics beneficial for both socioeconomic status and health resulting in the noted gradient (Batty et al. 2006; Mackenbach 2010; West 1991), other theories emphasize the role of absolute and relative resources respectively (i.e., that individual income and/or average income in society at large as well as income distribution matter for our health; Wilkinson and Pickett 2009). In Chapter 10, a descriptive analysis using geocoded data on the neighborhood level describes changes and persistence in spatial income inequality in Landskrona from 1940 to 1970, and, in a second-step regression analysis, shows that own family income, long-term exposure to wealthier neighborhoods, and also long-term exposure to a more unequal income distribution in the neighborhood of residence were important for individual survival. The analysis not only brings to the literature examining the role of income dispersion for health and well-being insights regarding the role of local inequality, but also complements research on how neighborhoods influence the outcomes of children (see, e.g., Ainsworth 2002; Chetty et al. 2014, 2016; Donnelly et al. 2017). The historical and longitudinal study of a medium-sized city beyond the US context provides a more comprehensive understanding of how neighborhoods impact individual outcomes across a diverse context and also shows that such effects are not only a contemporary phenomenon.

In conclusion, the chapters in this volume present a wide range of research on the interaction between economic, social, and demographic factors at the individual level. It is based on a unique data infrastructure whereby individuals and families can be followed longitudinally over the twentieth and early twenty-first centuries. Thus, the research is able to close the gap between historical studies based on parish records and contemporary research based on full-count registers or detailed surveys.

The findings show how the behavior of individuals and families was conditioned by the larger societal transformations of the twentieth century; transformations associated with industrialization and deindustrialization. The rise and fall of the industrial city had far-reaching implications on some patterns of behavior while leaving few traces in others. The life events in Landskrona offer a prism through which we can view individual life courses during these times of profound social change. Even though the study population was not statistically

representative of the Swedish population, the societal transformations of the twentieth century affected it in the same way as it did the populations of other cities and areas. The long-term patterns of social, economic, and demographic interactions revealed in the different chapters are therefore likely to be of broad relevance far beyond Landskrona and its hinterland. From the 1970s onward, when we have national comprehensive registers that also allow us to compare the differences in demographic outcomes across groups, the patterns are quite similar in the study area to Sweden as a whole, which further underlines this conclusion. Taken together, the volume provides a novel micro-based understanding of urban life and its developments in Sweden during the twentieth century. This knowledge is highly relevant in itself, and it also offers important insights into contemporary policy considerations as well as the development of theoretical frameworks.

Note

1. Regarding the role of economic versus social investments for population health across countries and time, see Riley (2007). For countries like Japan, Mexico, and Sri Lanka he states that dissemination of information about health risks and their avoidance, rather than investments in healthcare, explains much of the significant improvements in health and life expectancy.

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