



POPULATION AND FERTILITY



**PALESTINIAN
WOMEN: 2
A STATUS REPORT**



Palestinian Women: A Status Report

2

Population and Fertility

*Population Policies, Women's Rights and
Sustainable Development*

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INTRODUCTION

PALESTINIAN WOMEN: A STATUS REPORT is published by the Women's Studies Program at Birzeit University in separate English and Arabic editions. This ten chapter report is an attempt to build a comprehensive picture of the current challenges facing Palestinians in the West Bank and Gaza Strip in building a society based on gender equality. The guiding assumption is that such equality is necessary for both sustainable development and democratization. This report is very much a product of its time. On the one hand, it has been greatly influenced by the conceptual revolution in women's studies which puts gender relations, asymmetries and gaps at the center of analysis. On the other, the report is an attempt to respond to the new complexity of the current situation in Palestine, which offers new opportunities for intervention in public policy alongside the continued efforts of grassroots organizations and activities towards bringing about positive change in women's lives.

Eight of the chapters address the situation of women in specific sectors of contemporary life in the West Bank and Gaza Strip. A further two provide context and concepts for examining the main features and trends in this society, and the key issues in gender and development that can be brought to bear to understand Palestinian reality. The sectoral chapters have a threefold task. The first is to delineate gender gaps by analyzing women's differential access and/or integration in each sector. The second is to analyze how women's socially assigned roles and responsibilities may act to exclude women or place unequal burdens on them. Finally, the chapters aim to explore linkages between, and possible determinants of, these processes. Various chapters show the linkage between high fertility rates and gender gaps in secondary education; early marriage and the absence of labor opportunities and social protection. Others identify assumptions about gender roles and their impact on women and men's access to social security and assistance, or delineate the relationship between access to capital and achieving political power.

In terms of key gender indicators, the Report points out that the situation in Palestine shows some sharp contradictions. Positive indicators for women, such as rising educational levels and political participation, exist alongside negative indicators of their low labor force participation and persistent high fertility. To understand these seemingly contradictory indicators requires an integrated framework that examines the specific constraints, resources and opportunities that shape the lives of women and men. Instead of the common assumption that Palestinian women's lives are largely determined by culture, the report attempts to show that gender asymmetry is produced across a number of different but interacting realms of life: the family and household, economy, politics, and society.

While there are many commonalities between gender relations in Palestine and those in other Middle Eastern societies, the history of both military occupation and resistances to it stamp all areas of life in the West Bank and Gaza and must be taken into account. As such, gender as a basis of social organization is examined in relation to other dynamics - national/political, economic, and social - that shape the fates and futures of Palestinian women and men in their different socio-economic and political settings. In turn, the new reality of Palestine in transition has introduced changes in political, economic and social life that require fresh analysis and has made the task of understanding where change is needed more urgent, in order to create a democratic society of equal citizens.

Although the focus of this report is Palestinian women in the West Bank and Gaza Strip, a work comparing the commonalities and differences between Palestinian women across their various territorial contexts is yet to be written. A project comparing the situation of women in the West Bank

and Gaza, in refugee camps in Lebanon, Syria and Jordan, inside Israel, or in the far-flung Palestinian diaspora would be extremely important in illuminating the role of gender in structuring the Palestinian nation. Such a project is beyond the scope of this report but it is hoped that it may serve as a catalyst to other researchers.

Understanding the status, roles, economic and social participation and life circumstances of women in the West Bank and Gaza, is in itself a daunting task. This is both due to data gaps and inconsistencies and the historic lack of gender-informed research and scholarship, a gap which is just beginning to be addressed by gender-aware researchers and research centers. The report brings together the large but uneven range of existing research, data and policy documents on Palestine and Palestinian women. The Women's Studies Program was also fortunate to be able to draw upon new research and upon the new data generated by the Palestinian Central Bureau of Statistics. As such, the status report may also be useful in identifying areas for further investigation and research.

This status report is the final publication in the first phase of the Palestinian Women in Society project. In the second phase, researchers in the Program will be investigating gender and social policy in several aspects, including gender and public provisions for social security, gender and family and kin-based social support systems., and gender and educational reform

In many ways, the making of this report was a collaborative effort, as each chapter was the subject of in-depth discussions by all members of the Women's Studies Program, where changes and new material were introduced. Each chapter, however, has an individual author who is acknowledged. As with many projects, the less acknowledged work of discussion and debate, and research and editorial assistance, were equally vital to the project.

The chapters and authors are as follows:

1. Palestinian Society -- Lisa Taraki
2. Population and Fertility -- Rita Giacaman
3. Family -- Rema Hammami
4. Labor and Economy -- Rema Hammami
5. Social Support -- Penny Johnson
6. Education -- Mona Ghali
7. Politics -- Islah Jad
8. Law -- Penny Johnson
9. Health -- Rita Giacaman
10. Gender and Development -- Eileen Kuttab

This edition is considered by the Women's Studies Program as a "discussion edition" to be developed and modified through the process of debate among women's movement activists, researchers, developmental practitioners and policy makers.. The chapters have, wherever possible, tried to identify practical implications for positive change in order to promote the building of shared strategies.

- *Women's Studies Program*
Birzeit University

POPULATION AND FERTILITY

Population Policies, Women's Rights and Sustainable Development

Rita Giacaman

In the first Palestinian national demographic survey, the Palestinian Central Bureau of Statistics (PCBS) assessed the Total Fertility Rate (TFR) for the West Bank and Gaza, excluding East Jerusalem, at 6.24: 6.24 being the average number of children born alive to a woman during her lifetime in prevailing fertility conditions.¹ Sizeable regional variations were found between the West Bank and Gaza, with the TFR for the West Bank at 5.61 and the TFR for Gaza at 7.44. Gaza thus has one of the highest fertility rates in the world. Only Oman and Yemen in the Middle East and several countries in sub-Saharan Africa register similar or higher fertility rates.²

When this report was released to the public, the Palestinian press highlighted an interview with PCBS officials where Palestinian high fertility in Gaza was termed a "timebomb" because of its potential effects on development, social and economic progress and stability. This view of Palestinian fertility reflects the current agenda of building a viable Palestinian economy and state: persistent high fertility, in this perspective, restricts the utilization of human resources and hampers the ability of the labor force to support an overwhelmingly young population. This position stands in contrast to an earlier but ongoing discourse which sees Palestinian high fertility as an element of Palestinian survival in the face of Israeli occupation and its assault on Palestinian national identity. In both positions, women are essentially viewed as objects with a singular role: reproduction. In the context of this ideological battle, women's rights as essential components of population discourse and intervention strategies tend to disappear from the picture.

Often cited as having one of the highest fertility rates in the world, Palestinian society's fertility behavior is at issue in that despite substantial socio-economic change in Palestinian society over the past three decades, and despite evidence that infant and child mortality have continued to fall over the years³, a generally 'high' fertility pattern remains dominant--despite some evidence of gradual decline.⁴

¹ Palestinian Central Bureau of Statistics, **The Demographic Survey in the West Bank and Gaza: Preliminary Report**, Ramallah, March 1996, p. 32. From 1967 until 1995, population data for the West Bank and Gaza was derived from the 1967 Israeli census and its population projections for the West Bank and Gaza Strip, or represented estimates of population drawn up utilizing different methodologies but without referring to a survey of the total population. The PCBS's demographic sample survey covers 14,000 representative households and was conducted by PCBS for the year 1995. The figures do not represent the Palestinian population in East Jerusalem.

² Using rates as reported in United Nations Development Program, **Human Development Report 1996**, UNDP, New York, 1996, pp. 154-155.

³ Abu Libdeh, H, Ovansen G and Brunborg H, "Population Characteristics and Trends," in Heiberg M and Ovansen G (eds.), **Palestinian Society in Gaza, West Bank and Arab Jerusalem: A Survey of Living Conditions**, Oslo, 1993, pp. 49-65. Also see Hill, A., "The Palestinian Population of the Middle East", **Population and Development Review**, Vol. 9, No. 2, June, 1983.

⁴ Tamari, S. and Scott, A., "Fertility of Palestinian Women: Between the National Perspective and Social Reality", **Shu'un al-Mar'a**, No.1, Nablus: 1991, pp. 155-186, in Arabic. See also: "A Decline in Fertility Among Palestinian Women since 1993", a review of a recent article published in the journal 'Population', *al-'Ayyam*, Ramallah, April 8 1997, in Arabic.

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What are some of the elements that contribute to this fertility puzzle? How do fertility rates relate to other population characteristics of Palestinian society? How do present fertility patterns in Palestinian society effect the life circumstances of women and men and, in turn, how do these circumstances shape reproductive behavior? What are potential factors for change or continuity? Utilizing some of the new approaches to understanding demographic transition, we will try to layout the relationship of Palestinian demographic and fertility patterns to the social, economic and political processes in society, and to suggest some elements of a gender-sensitive population policy framework for Palestine.

The Demographic Transition: Mortality and Fertility

The Palestinian demographic picture deviates from the classic model of demographic transition used to explain or predict population changes. The classic model dictates that societies undergo transition from high mortality and fertility to low mortality and fertility as "modernity" (or industrialization) sets in. Within this model, originally developed to explain demographic transition in Europe, the decline in mortality that accompanies socio-economic development is followed by a decline in fertility, after a transitional period of high population growth.⁵

Palestine is not alone in its non-conformity to this model, however. Based both on new studies of European data and on evidence generated from the developing world of persistent high fertility despite socio-economic change and mortality reduction, classical demographic theory has come under critical scrutiny. The answer, it seems, is not so simple. Other theories of social and economic change and cultural practices, have been utilized to modify, augment or replace the classic model of transition. Elements of each of these models can be useful in examining the reasons for persistent, although gradually declining, Palestinian high fertility, and illuminating where continuity or change may occur.

Cultural Explanations

The cultural model takes into account cultural influences that may modify the classic demographic transition theory⁶, which is generally based on a straightforward modernization paradigm, whereby societies universally and irreversibly move from "traditional" to modern industrialized society. In the crudest model, "culture" (often conflated with religion) is that which stands in the way of this transition. In more useful formulations, specific cultural institutions and practices in society may encourage people to value large families, as well as work to restrict the diffusion of knowledge and access to contraception.

⁵ Caldwell, J., "The Soft Underbelly of Development: Demographic Transition in Conditions of Limited Economic Change", in Fisher, S. et al (eds.), **Proceedings of the World Bank Annual Conference on Development Economics**, 1990, World Bank, Washington, 1991, pp. 207-253.

⁶ Hayes, A.C., "The Role of Culture in Demographic Analysis: a Preliminary Investigation," Working Papers in Demography, No. 46, Australian National University, Research School of Social Sciences, Canberra, Australia, 1994.

While culture-specific understandings of fertility behavior and practices are important, the culturalist framework has largely been deployed in the Arab and Middle Eastern context to explain high fertility as a direct product of "Islam" as a religio-culture. The low status of women in Islamic cultures is singled out as a main cause of persistent high fertility.⁷ The link with structural factors (economic, patriarchal, familial and political) is generally neglected, and the diversity between, and changes within, so-called "Islamic" societies is generally ignored. Eight countries in the Middle East and North Africa, for example, record fertility rates of 4 or less, including Egypt at 3.9, Morocco at 3.8, and Turkey at 2.7,⁸ while Libya, Saudi Arabia, Yemen, and Oman register fertility rates of over 6.5. Some researchers have posited a correlation between oil-based economies and persistent high fertility - whereby the costs of high fertility are absorbed by state subsidies and when local female wage labor is not in demand.⁹ However, it is clear that no single factor can explain this diversity between - or within - the countries of the region. A more complex look at the specifics of each country is required, in which cultural practices can be examined in a wider context.

Structural Model

A useful corrective to the cultural approach is in the approach of Marxist and other structuralists, who argue that social and economic transformations brought about by the transition to market economies are variable. Uneven and unequal incorporation into global markets exists side by side in developing countries with the persistence of a subsistence economy. Households deploy family members in informal and casual labor to increase family income, while market inequalities may encourage male migration. Consequently, family demographic strategies continue to be committed to high fertility.¹⁰

Highly insecure conditions may also favor a burst of natality as an "investment" in social security and the survival of the younger generation. In situations of economic uncertainty and the absence of public social security, extended families provide security, which comes from maximum reproduction¹¹, while extended family support networks can be important

⁷ See, for instance, Roudi, N., Nagi, M.H., Trends and Differentials in Moslem Fertility, *Journal of Biosocial Science*, 16(2), 1984, pp. 189-204; The Demography of Islam, *Population Today*, 16(3), 1988, pp. 6-9. ; Ahmed, G, *Rights and Status of Women in Islam and Causes of High Fertility Among Muslim Women*, Presentation at the International Population Conference/Congres International de la Population, Montreal, Canada, August 24-September 1, 1993, sponsored by the International Union of the Scientific Study of Population.

⁸ Makhlof Obermeyer, C., "Introduction: A Region of Diversity and Change," in Obermeyer (ed.), *Family, Gender and Population in the Middle East: Policies in Context*, American University in Cairo Press, 1995, pp. 5-6.

⁹ Fargues, P., "Changing Hierarchies of Gender and Generation," in Obermeyer, *op. cit.*, pp. 181-183.

¹⁰ Piche, V., The Economic System and the Demographic System: Where Are We Today?, *Population, Reproduction, Societes: Perspectives et Enjeux de Demographie Sociale*, Cordell, D. et al (ed.), Montreal, Canada, 1993, pp. 13-18.

¹¹ Caldwell, P., "Egypt and the Arabic and Islamic Worlds", in Caldwell, J.C. (ed), *The Persistence of High Fertility : Population Prospects in the Third World*, Vol.1, Pt.2, Australian National University, Canberra, Australia, 1977, pp. 593-616.

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factors sustaining high fertility. War, conflict and disruptive social change can also play a signal role in maintaining high fertility levels. For instance, persistent high fertility in Africa has been linked with the "violent and discontinuous character of social change associated with the importation of the capitalist mode of production."¹² In the Palestine case, the significance of war and political conflict for producing insecurity can hardly be overrated.

The importance of children as social security in old age may reinforce and interact with cultural values, such as the preference for male children exhibited in Palestine, as well as other developing societies.¹³ The signal importance of family survival strategies in the absence of social protection and economic uncertainty obviously bears on the Palestinian case.

Of related relevance to the Palestinian context is the emphasis by some researchers on the direct costs and benefits of children as an economic resource. Households "decide" on the optimal number of children through an economic logic of benefits and burdens. This approach can be helpful in focusing on the problem of how structural factors such as market and other economic forces are translated into household decisions about family size, as well as emphasizing that humans make active choices to improve their life circumstances in fertility and other decisions. However decisions regarding family size - in Palestine or elsewhere - cannot be reduced to cost-benefit calculations, nor to necessarily conscious logical decisions that families make. On one level, children may augment political and social power, rather than simply provide additional economic resources. On another, decisions about family size are taken within several contexts - whether unequal power relations in the family or pressures from wider social and cultural contexts.

Feminist Approaches

Fundamental to the different feminist approaches to understanding fertility and population dynamics is the notion of patriarchy, in contrast to focusing on religious prescriptions and traditions, or, in the case of the Arab World and Palestine, Islam. Patriarchy is generally seen as manifested in social relations that enable men to dominate women, relations which are expressed in a stratification system, supported by social, economic and political institutions that give men advantages and constrain women. Patriarchal systems function at different levels and affect both fertility and mortality, and consequently constitute an important factor affecting population and its growth.

The feminist approach rests on the premise that legal, economic, educational and health inequalities faced by women in the developing world are obstacles to their transition from high to low fertility status. Women's access to material resources independent of men and children¹⁴ serve to increase women's agency and are viewed as important factors in fertility

¹² Cordell, D. et al. (ed.) *Population, Reproduction, Societies: Perspectives et Enjeux de Demographie Sociale*, Montreal, Canada 1993, pp. 13-18.

¹³ Galal al Din, "The Rationality of High Fertility in Sudan", in Caldwell, J.C. (ed.), *op. cit.*, pp. 644-658.

¹⁴ See Felmler, D.H., The Dynamic Interdependence of Women's Employment and Fertility, *Social Science Research*, 22,4, 1993, pp.333-360; Jeevan, S., Employment of Women as Related to Fertility Decline, *Population Education News*, Jul-Sep. 1993, pp. 22-23.

decline. The emphasis on women's agency also helps us to understand the global finding that education of women is a determinant of family size: as women's education rises, fertility rates decline. That is, education is found to be a significant predictor of variation in fertility: age at marriage rises with increasing education and consequently reduces fertility rates.¹⁵ Education alone cannot produce fertility decline, but must exist with several other factors, including the economic setting, access to work opportunities, and availability of family planning services, among other determinants.

Feminist scholars are helpful in pointing out that both choice and cost (whether in conscious decision-making for a child or reproductive behavior in general) are gendered. Fertility behavior is negotiated between a husband and wife, and unequal power relations or other constraints may come into play. Women's position in the family and household, and access to education and resources, are crucial in determining fertility choice and behavior. Power and position are not simply individual, but embedded in social institutions. Social control of reproduction is a pronounced feature of patriarchy, which privileges elder males and elder women over young women in the extended household. The costs of fertility (at least in time and care) are primarily deferred to women in a patriarchal system, with the cost of fatherhood being relatively lower.

Feminists also contend that population policies to reduce fertility and control population growth err if they primarily focus on the delivery of modern contraceptive technologies. Instead, a wider perspective of women's needs and rights is necessary if population policies are going to be effective.¹⁶ In this latter approach, women's access to knowledge and choice of contraceptive technologies is emphasized, rather than seeing them simply as passive recipients of technological diffusion. Feminists from the developing world also note that "population control" agendas can reflect First World interests, rather than agendas that integrate women's health, rights and decision-making into population policy. They stress that reproductive rights are at the core of the population problem, where gender equality is seen as the cause, not the consequence of economic growth and smaller families.¹⁷

Approaching Palestinian Fertility

Whether as articulated policy, in health spending priorities, or incentives or disincentives for family growth, the Palestinian National Authority will be setting elements of a population policy, in conjunction with a significant number of international agencies and NGOs working in Palestine. The diversity of "causes" for reproductive behavior and institutions precludes adopting a simple theory of fertility change. The complexity and instability of the

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¹⁵ Cleland, J. and Rodrigues, G., How Women's Work and Education Affect Family Size, *People*, 7(4), 1980, pp.17-18; Sujatha, DS, Murthy, MS, Husband-Wife Communication and Fertility among two sects of Brahmin, *Journal of Family Welfare*, 39(4) 1993, pp. 26-30.

¹⁶ See , for example, Sen, G. et. al. (ed.), *Population Policies Reconsidered: Health, Empowerment and Rights*, Harvard Center for Population and Development Studies and International Health Coalition, Harvard University Press, 1994.

¹⁷ McCormack, T. Feminism and Fertility, *Queen's Quarterly*, 92(2), 1985, pp. 251-259.

Palestinian context prescribes a cautious and multi-valenced approach that takes into account the specific political, economic, cultural and social characteristics of Palestinian society: the endowments and constraints that shape fertility behavior - for, as we discover below, regional and socioeconomic variations are pronounced.

The needs, rights and interests of women are a crucial factor in setting population policy. High or low fertility can only be assessed as a burden or blessing in relation to promotion of the well-being of the population itself, both women and men. It is therefore important to examine key demographic indicators - infant mortality, mortality, maternal mortality, age and sex characteristics - which influence well-being and where male-female differentials might be important. We will then proceed to look at a cluster of issues that affect Palestinian fertility, including age at first marriage and ideal family size, as well as the effect of female education and work opportunities.

Population Trends and Characteristics

Mortality and Infant Mortality

In general terms, mortality in the West Bank and Gaza Strip since 1967 has taken a downward trend, with the steady decline in infant mortality rates being the most important factor contributing to the overall decline in mortality. It has been estimated that the infant mortality rate was in the order of 130 deaths/1000 live births in the early 1970's.¹⁸ By the late 1980s, infant mortality was assessed at an all time low of about 43 deaths/1000 live births.¹⁹ Current PCBS figures show infant mortality at a surprisingly low 28 deaths/1000 live births.

Reduction in infant mortality is the main element contributing to a general reduction in mortality among the population and the main indicator of the health and well being of a nation. In Palestine's case, it is clearly linked to improvement in individual and family standard of living, as well as a probable link to improvement in health service provision. Like other developing societies, Palestine experienced a move away from agriculture as a major source of income: however, it was not accompanied by a drift of the rural population to the cities, nor by the development of a fully capitalist and mechanized commercial agriculture.²⁰ Instead, Palestinians quickly became Israel's 'reserve army of labor.' Unemployment was minimal until the late 1980s and individual incomes rose, contributing to better nutrition, healthier lives, and, consequently, a reduction in infant mortality.

The second factor relates to the development of a relatively independent health care infrastructure with a focus on meeting basic needs, particularly of the rural

¹⁸ Hill, A., *op.cit.* pp. 303-305.

¹⁹ Abu Libdeh et al., "Population Characteristics and Trends," in Heiberg and Ovensen, *op. cit.*, p. 69; Abu Libdeh, H. et al., "A Survey of Infant and Child Mortality in the West Bank and Gaza Strip", UNICEF and Jerusalem Family Planning and Protection Association, 1992.

²⁰ Sarah Graham Brown, ' "The Economic Consequences of Occupation", in Naseer Aruri, *Occupation, Israel Over Palestine*, AAUG Press, Belmont, 1989, p. 191.

population. This movement succeeded in the delivery of needed services to the population, and contributed to the observed reduction in mortality²¹, in conjunction with other international and local institutions, particularly UNRWA, which played a critical role in delivering health services to the refugee population. This population had lower infant mortality rates than the rest of the population, especially during the 1980's.²²

The new figures issued by PCBS deal with infant and child mortality only, and not total mortality. The figures on infant and child mortality were obtained using direct methods that differ from the indirect methods employed in previous infant and child mortality studies in the area. Consequently, it is difficult to make relevant comparisons or delineate trends to explain the sharp decline registered in the PCBS data. The PCBS survey assesses the infant mortality rate for 1990-1995 at 28 deaths per/1000 live births, a figure that is significantly lower than other recent studies, such as FAFO, which assessed the infant mortality rate in 1990 at 43 deaths/1000 live births. PCBS also assessed under-5 mortality at 36 deaths/1000 live births. No ready explanation is available, such as a sharp rise in economic well-being or the nutritional status of children, to explain such a significant drop in infant mortality. Moreover, while evidence indicates that the governmental health services are improving their ability to meet basic health needs, as is manifested by a serious investment in resources as well as program development, it will take time for such efforts to manifest themselves in a sharp drop in infant mortality. More analysis and further study are clearly called for, which are well beyond the scope of this chapter.

Infant Mortality and Under-Five Mortality: Is there a Gender Difference?

A gender difference in infant mortality and under-five mortality, in favor of boys, was also observable in both community and national level studies whereby boys were shown to have a better chance of survival than girls, primarily because of social disadvantages of females.²³ As Abu Libdeh points out:

"... in both the UNICEF and FALCOT 92 studies, girls seem to be at a higher risk of dying before ages 1 or 5 than boys are. This indicates that boys are treated better than girls..."²⁴

Female children biologically have a greater chance of survival. When female infant mortality and child morbidity rates are higher than male rates, as some studies indicate was the case in the West Bank and Gaza, it suggests a need to search for social determinants - such as differences in the treatment of male and female children. These social determinants can override biological predisposition. In other words, a gender informed reading of one of the

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²¹ See the Health Chapter for further details.

²² Abu Libdeh et. al., "Population Characteristics...", *op. cit.*, p. 60.

²³ See, for instance, Giacaman, R., **Life and Health In Three Palestinian Villages**, Ithaca Press, London, 1988.

²⁴ Abu Libdeh in Heiberg and Ovensen, *op. cit.*, pp. 59-60.

main determinants of population growth - infant mortality and child survival - points to the need to address the question of regional and gender inequalities in future population policy approaches.

Recent PCBS figures, however, reverse the gender gap in infant and under-5 mortality found in earlier studies. PCBS report male infant mortality at 30 female and 25 male deaths/1000 live births and under-5 mortality at 40 for boys and 32 for girls.

Table 1: PCBS Direct Estimates of Infant and Child Mortality, by Sex

Gender	Under-5 Mortality (Under 5 years)	INFANT MORTALITY RATE		
		Neonatal Mortality (0-1 month)	Post-neonatal Mortality (1-11 months)	Infant Mortality (Under one year)
Female	32	13	12	25
Male	40	20	10	30
Total	36	16	12	28

Source: PCBS, Preliminary Demographic Survey, March 1996, Derived from Table 3.7.4., p. 173.

Even within this reversal, however, more female than male infants die in the post-neonatal period of one to 11 months of age, suggesting a relative neglect of female children, whether in nutrition, health care access or other factors, during the first year of life. The post-neonatal is the period in which childhood deaths are more dramatically influenced by socio-economic, cultural and gender determinants than the neo-natal period.

However, more analysis and research need to be undertaken before gender gaps in mortality can be truly clarified and a functional assessment made. Age-sex characteristics obtained from the same PCBS study (see Table 2) indicate some male-female differences to the detriment of women, and raises some further questions concerning the reversal of the gender gap in infant mortality. Thus PCBS overall population figures, examined below, show "slightly more boys than girls, and more old men than old women, which may be related to under-reporting, but also be an effect of higher mortality for women than men, especially in the past."²⁵ Regional variations may also need to be taken into consideration. For instance, some area studies conducted in villages have found higher female than male mortality and morbidity. The FAFO survey findings of a gender gap in infant mortality in favor of boys, however, was the result of a national-level survey.

Age and Sex

The Palestinian population of the West Bank and Gaza Strip is youthful, with 46.9% of the population under the age of 15 years. This results in a high dependency ratio with grave

²⁵ PCBS, *op.cit.*, p. 31.

implications for sustainable development. The differences between Gaza and the West Bank are evident: in the Gaza Strip 50.3% of the total population are under the age of 15 years, in contrast to a lower 45% in the West Bank. Likewise, the population under the age of 30 years is also very high, accounting for a total of 74.3% of the population - 73.4% for the West Bank and an astronomical 76.1% for the Gaza Strip. Overall, the effects of persistent high fertility and declining infant mortality are strikingly evident.

Table 2: Population by Age, Sex and Region

Age Group	TOTAL			GAZA STRIP			WEST BANK		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
0-4	19	18.7	19.3	21.1	20.8	21.4	17.9	17.5	18.2
5-9	15.1	14.9	15.3	16.4	16.4	16.4	14.4	14.1	14.7
10-14	12.8	12.7	12.9	12.8	12.8	12.9	12.7	12.6	12.9
15-19	11.4	10.9	12	10.6	10	11.2	11.9	11.3	12.4
20-24	9	8.8	9.1	8.4	8.3	8.5	9.3	9	9.5
25-29	7	6.9	7.2	6.8	6.8	6.8	7.2	7	7.4
30-34	5.8	5.9	5.8	5.7	5.5	5.8	5.9	6.1	5.7
35-39	4.3	4.5	4.2	4	4	4.1	4.5	4.9	4.2
40-44	3.4	3.5	3.3	3.5	3.4	3.6	3.3	3.5	3.2
45-49	2.7	3	2.5	2.6	2.8	2.3	2.8	3.1	2.6
50-54	2.1	2.3	1.9	1.7	2	1.4	2.3	2.5	1.8
55-59	2.1	2.4	1.7	1.9	2.3	1.6	2.2	2.5	2.2
60-64	1.8	2.1	1.6	1.7	1.9	1.5	1.9	2.1	1.7
65-69	1.4	1.6	1.3	1.3	1.4	1.1	1.5	1.6	1.4
70-74	0.8	0.8	0.8	0.7	0.6	0.7	0.9	1	0.8
75-79	0.6	0.5	0.6	0.4	0.4	0.4	0.6	0.6	0.7
80-84	0.3	0.3	0.3	0.2	0.2	0.1	0.3	0.3	0.3
85+	0.3	0.3	0.3	0.3	0.3	0.2	0.4	0.3	0.4

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Source: PCBS, The Preliminary Demographic Survey, Table 3.2.1, p. 104.

Males under the age of 15 years constituted 47.5% of the total male population, while females constituted a lower 46.3% of the female population for the same age category. A closer examination of the data reveals that imbalances in age-sex ratios are strongest among the youngest age categories, with 18.7% of the total female population at 0-4 years old, in contrast to 19.3 among boys. This difference gradually declines, in the 10-14 age group, males are 12.9% of the total male population, in a slight contrast to females at 12.7% of the total female population.

These results suggest that there may be continued differences between the sexes in infant and child mortality rates, in favor of boys. The same pattern of differences between the sexes is observed for the West Bank and Gaza Strip separately, although interestingly, the differences between the sexes are less dramatic in Gaza where 50.7% of the males are under 15 years old compared to 50% of females. In contrast, in the West Bank 45.8% of the males are under 15 years old compared to a lower 44.2% for females. These results suggest that the chances of female child survival (in comparison to male) in the Gaza Strip is higher than in the West Bank.

This initial analysis of PCBS demographic data on age-sex ratios of the Palestinian population tends to indicate an infant mortality pattern in favor of boys which does not necessarily support PCBS's new findings on infant and child mortality, utilizing the same data set, where infant mortality for boys was found to be higher than for girls. Data for coming years needs to be carefully monitored and analysis of data for the current and coming years will be important to determine whether a change in mortality patterns of infants has indeed taken place.

In the current age-sex data, we also note a reversal in patterns related to sex in the age categories 30-69 where there are higher numbers of females than males within this age group. While 23.6% of the overall population is within this age category, men between 30-69 constitute 22.3% of the male population while women within this age group constitute a greater 25.3% of the female population. The patterns are similar in both the West Bank and Gaza Strip, although the differences are sharper in the West Bank, with 22.7% of the male population falling in this age category relative to a high of 26.3% for females. That women outnumber the men in these age groups is probably a reflection of the outmigration or expulsion of men from the West Bank and Gaza in the post-1967 period.

A reversal of this trend begins to take place in early old age, with a pattern of declining percentages of females relative to males. 1.9% of the female population is 70 years or older in contrast to 2% for men. Although the differences in percentages are very small, it is significant given that the average life expectancy for women is higher than men in most developed societies. Consequently these results suggest that the life and health conditions of women may be worse than that of men. In the same study, the average life expectancy at birth for males was found to be 70 years, in contrast to a higher 73.5 years for females. However, given that the calculations of average life expectancy at birth depend primarily on infant mortality calculations, an adequate assessment of the life expectancy figures depends on the further assessment and analysis of present and future infant mortality data. These discrepancies might also be a reflection of changing life expectancy and mortality trends over time, with age and sex characteristics in the older age groups reflecting inequalities of the past, while infant mortality data reflecting current trends, and consequently life expectancy as it stood at the time of the survey - 1995.

Maternal Mortality

PCBS has also outlined figures for maternal mortality by age, generally reflecting gradual declines in maternal mortality over the years. If women who are between 20 and up to 49 years old are part of the calculation, and taking into consideration an element of under

reporting, we find that these figures might reflect an overall maternal mortality of about 100/100,000. It is difficult to assess the accuracy of these figures, mainly because of complications arising from the way in which the causes of death are reported, and because of the absence of other comparable studies. However, it is probable that these figures do not represent a substantial departure from reality, and compare favorably with maternal mortality in developing countries - averaging 290/1000 for 1980-1987 in contrast to 24/1000 in industrial nations.²⁶ Consequently, it appears that, while maternal mortality is an important issue that needs to be addressed by health and population policymakers, it is not the most pressing one, in contrast to, for example, the impact of high fertility on the health of women and children in terms of morbidity and life quality.

The Fertility Puzzle

As noted above, Palestine's 1995 total fertility rate of 6.24 (5.61 in the West Bank and 7.44 in Gaza) is high in comparison to current rates in the region and those found among other low and middle-income developing countries. However, this figure actually represents a slight decline in fertility in the Palestinian context.

In 1971, it was estimated that the average parity for West Bank women aged 45-49 was 7.5, a figure conforming to regional levels at the time. From 1967 to 1976, there was no change in the fertility rates in either the West Bank or the Gaza Strip.²⁷ However, fertility levels began to decline gradually from the mid-1970's to the mid-1980's, affecting women of different age groups in various ways. In the West Bank, the decline took place predominantly among women between the ages of 15-25, while in Gaza, it occurred among women under the age of 20. This reduction in fertility was especially evident among women with higher educational achievement. The possible link between lowered fertility and rising education was the fact of higher age at first marriage for educated women in comparison to the rest of the female population.²⁸

By the early 1990's, it was estimated that the Total Fertility Rate for the West Bank and Gaza Strip was 6.84 births per woman, with a higher fertility rate for the Gaza Strip compared to the West Bank. It is postulated that fertility rose slightly during the period of the intifada because of an assumed rise in early marriage and a general pro-natalist tendency among the population, augmented by the increased male presence in the home environment²⁹. Given this overall context, the current TFR of 6.24 thus represents a slight decrease.

Although there has been this slightly declining trend in Palestinian fertility, it has not been sufficient to thwart rapid population growth. Several factors probably contribute to this trend of slow decline, with some determinants playing the role of offsetting the impact of

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²⁶ United Nations Development Programme, **Human Development Report**, Oxford University Press, New York, 1993.

²⁷ Hill, A., *op. cit.*

²⁸ Tamari and Scott, *op.cit.*

²⁹ Abu Libdeh, *op.cit.*, p. 65.

others. Moreover, within this predominantly patriarchal society, the costs of fertility are primarily deferred to women. Extended family support networks that are mostly based on women's unpaid labor in childcare and family maintenance - including mothers, grandmothers, mother in laws and sisters - reduce the costs of fertility. It has also been argued that procreation has been "disassociated" from its costs by the operations of Palestinian and international organizations, particularly UNRWA, through subsidized food, health, and other programs.³⁰ This latter point needs to be examined in the light of the overall resource flows of international and local NGO's to sustain the population of the West Bank. We also need to examine the resource flows and allocations of Palestinian families to determine how the costs of children are borne in various socioeconomic and regional settings.

Table 3: Fertility Trends since 1980

Year	1980	1981	1982	1983	1984	1985	1986
West Bank	7.6	7.1	7.06	7.11	6.95	6.79	6.48
Gaza	7.78	7.73	7.87	8.01	7.73	7.77	7.84
Total	7.67	7.32	7.34	7.42	7.22	7.13	6.94

Year	1987	1988	1989	1990	1991	1992	1993	1994
West Bank	6.28	6.49	6.79	6.94	6.86	6.76	6.48	6.23
Gaza	7.9	8.11	8.5	8.76	8.63	8.54	8.42	8.22
Total	6.84	7.05	7.38	7.57	7.47	7.37	7.14	6.91

Source: Yousef Courbage, (INED Institute), "Palestinian Fertility in the Aftermath of the Intifada," *Population*: 1997, Table 6, p. 227.

Analyzing PCBS data on mothers and children, French-based demographer Yousef Courbage constructed the above table, estimating fertility rates since 1980. Noting the clear rise in fertility during the intifada and the decline in fertility since 1993, he posits that Palestinian fertility is linked to political conditions. If we include the socio-economic circumstances engendered by new and old political realities (whether war and occupation or possibilities for peace and a measure of stability) Courbage's argument has considerable credence in the Palestinian context, although we would place socio-economic living conditions of people emerging from a particular political context as the main limit to fertility, rather than political conditions alone. Courbage also affirms that the negative conditions that promote high fertility, including early marriage, will not be overcome without women's active participation in society at all levels.³¹

³⁰ Fergues, Phillip, "From Demographic Explosion to Social Rupture," *Middle East Report*, September-October 1994, Washington, D.C., p. 9.

³¹ Courbage, Y., "La Fecondite Palestinienne des Lendemain d'Intifada" *Population* 52:223-233, January 1997.

Given the prevailing general economic and political insecurity felt at the individual family and national levels, an important influence on fertility remains the value of children as a source of income and as a means to ensure old age security³². This includes a continued preference for sons, seen as providers for old age and disability. It has been rightly argued that a reduction in fertility levels will be influenced by the development of public social security systems that can guarantee easy access to health and educational facilities and that can ensure security in old age. Given the Palestinian circumstances during the past thirty years, it is quite understandable why fertility rates did not decline as rapidly as expected, despite socio-economic change.

Finally, while infant mortality rates have been rapidly declining, they nevertheless continue to be high, especially in the rural areas of the north and the south of the West Bank. Infant death is a phenomenon that has an important impact on the family and collective consciousness. With an infant mortality rate of about 40 deaths/1000 live births in the area during the early 1990's, Palestinian families continue to remember the experience of child death, and consequently the need to increase their family sizes in order to compensate for the loss, or the potential loss, of their children, especially if the loss is that of a male child.

Regional Variations

With a high and persistent Total Fertility Rate of 6.24 for the West Bank and Gaza Strip - compared to a rate of 3.8 for the developing world and 2 in the industrial world for 1991³³ - regional variations in Palestinian society are evident. First, the West Bank fertility rates are considerably lower than those of the Gaza Strip, with 5.61 TFR for the West Bank, in contrast to 7.44 for the Gaza Strip. Second, urban centers have the lowest overall fertility, with 5.81, followed by rural areas, with 6.39 and a high of 6.85 for refugee camps. Third, PCBS data indicate a high - approximately 19% -rate of reported pregnancy at the time of the survey among all married women, with Gaza having the highest rate - 22%, in contrast to 16.8% in the remaining West Bank. Overall, about 21% of women in refugee camps were currently pregnant, followed by 18.5% in rural areas and a lower 18% in urban areas.³⁴ That is, while the overall fertility rates are high, fertility in the Palestinian context is evidently influenced and modified by the general socio-economic context within which people live in ways that appear to be consistent with observed patterns elsewhere in the world. Reflecting on the results of her 1985 survey of a Gaza camp and an urban neighborhood in Gaza city, Scott notes that "access to modern contraception is already widespread" in Gaza, and that the causes of high fertility must be identified elsewhere. She suggests:

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³² Tamari, S. and Scott, A., *op.cit.*

³³ *Ibid.*

³⁴ PCBS, *op. cit.*, pp. 149-150.

" The population is polarized between the lower classes and a small group of landowners and capitalists. It is the absence of a middle class leading the process of fertility transition that is the key to understanding differences in fertility between the Gaza Strip and the rest of Palestine".³⁵

It is also intriguing to compare results obtained from different West Bank districts, which share many economic and social features as well as, a common history. The regional reports of the PCBS give the following figures for fertility, infant mortality and under-5 mortality in seven West Bank districts, including Jerusalem (which is not included in the overall figures of the demographic survey).³⁶

Table 4: Total Fertility (TFR) 1995 , Infant Mortality (IMR) and Under-Five Mortality Rates (U5MR) 1992.

District	TFR	IMR	U5MR
Bethlehem	4.97	31	38
Ramallah	5.41	22	26
Jerusalem	3.95	31	39
Jenin	5.06	31	39
Nablus	5.01	26	31
Hebron	6.83	34	43
Tulkarem/Qalqilya	5.63	20	23
REMAINING WEST BANK	5.61	25	32

Derived from PCBS, District Report Series 1-7, 1996.

The most striking variation is the fertility rate of Hebron residents, which, at 6.83 is closer to Gaza than to other West Bank districts. Hebron also registers higher infant mortality and under-five mortality, concurring with a number of field studies of Hebron-area villages, where health conditions and access to health services are particularly poor. Hebron's rate of female education is slightly lower than the rest of the West Bank (secondary school enrollment is at 60% compared to a national average of 63%). Possibly of significance is a higher rate of intra-hamula marriages (56% versus 49% overall) and the persistence of family-based industry and unpaid family labor. However, proven correlations await more

³⁵ Scott, A., "Marriage and Childbearing under Occupation: Demographic Trends in the Gaza Strip, 1960s-1980s," Arab Regional Population Conference, Vol. 1, International Union for the Scientific Study of Population, Cairo, December 1996, p. 219.

³⁶ The regional reports estimate infant mortality and under-5 mortality by indirect methods, rather than using the direct results of the demographic survey.

research. What we can see is that fertility patterns vary according to a range of social, economic and cultural factors; several key factors will be examined in more detail below.

Educational Level

There is evidence that increasing educational levels of women have a negative impact on fertility - that is to say that fertility decreases with increasing educational levels. For instance, the TFR of 6.62 is found among women who have had less than a high school education, while the TFR is 5.57 for those who have completed high school and 4.72 for those who have completed more than a high school education.

Table 5: Total Fertility Rate by Highest Grade of Education

Highest Grade	Total Fertility Rate
Less than Secondary	6.62
Secondary	5.57
More than Secondary	4.72

Source: PCBS, 1996, p. 133, table 3.5.2

Scott shows that this correlation is also true among women in a Gaza camp and an urban neighborhood:

"The estimated total fertility of refugees is 5.7 births for highly-educated women and 7.3 births for women who had less than ten years of schooling. The total fertility rates for the same groups in the town are 6.8 and 8.3 births per woman respectively."³⁷

However, although the relationship of declining fertility to rising education is clear when one examines the overall figures above, this relationship does not hold when comparing between the West Bank and Gaza. PCBS's data indicates that women in the Gaza Strip are better educated than women in the West Bank: 47% of females in Gaza over 15 have finished secondary school, in contrast to only 41% of females over 15 in the West Bank.³⁸ However, the TFR for Gaza is considerably higher than in the West Bank. Along with other factors, the data from Gaza reflects the fertility rates of refugee populations, who live under considerably different socio-economic conditions than those of the West Bank. A key part of the explanation for this unusual pattern - continued high fertility with the rapid rise in the educational levels of women - is attributed to the absence of a concomitant rise in women's status and in particular, an ongoing lack of access to job opportunities due to the political and economic situation in the area.³⁹

³⁷ Scott, *op. cit.*, p. 206.

³⁸ PCBS, *op. cit.*, p. 200.

³⁹ Fargues, P., *op. cit.*, pp. 179-198.

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Access to Employment

One factor that also contributes to this difference relates to the differential access of women to employment outside the home. It has been argued that increasing the education of women does not necessarily produce the expected effects - declining fertility - in situations of political belligerence, which blocks the access of women to paid work outside the home. In conditions of great political and economic insecurity, such as the present reality in the Gaza Strip, children function in lieu of the welfare state, not merely in economic terms, but also in social status terms as sources of potential political or familial power. Furthermore, until recently, employment opportunities for Gaza males were in fact generally readily available, where one can argue that having many male children in the family increases family wealth.

Fertility and Age at First Marriage

Another determinant of high fertility in the area is the age at which women first marry. Palestinian women tend to marry early in life: various surveys over the past decade estimate 31-40% of women marrying before the age of seventeen. The FAFO study shows that the median age at marriage for women surveyed in the early 1990s was 19.5 years⁴⁰, meaning that half the women surveyed married below that age. PCBS's preliminary demographic report assesses the median age at first marriage at 18 years in its 1995 survey. Whether these two findings indicate a real decline in the median age of first marriage is difficult to conclude, given the differences in methodologies and data sets between the two surveys. Indeed, calculations obtained from the data presented by the PCBS report suggest that, generally speaking, marriage age appears to be rising, although the phenomenon of early, as well as illegally early, marriage continues. We find that for instance, while the FAFO survey indicated that in the early 1990's 37% of the women in the Gaza Strip had married below the age of 17 years,⁴¹ PCBS data indicates a lower 31% of Gaza women married under the age of 17 years by 1995.⁴² Gaza family law sets a minimum marriage age of seventeen, but permits marriages from the age of puberty with the consent of the judge and marriage guardian.

For the West Bank, FAFO data reveal that 37% of women in the West Bank married before the age of 17 years, and 11% before the legal age under prevailing Jordanian law of 15 years. In contrast, calculations from the PCBS figures reveal that a declining figure of 30% of women in the West Bank married before the age of 17 years and about 6% below the legal age of 15 years. The decline in marriage below the age of seventeen in both the West Bank and Gaza from the early 1990s (FAFO) to 1995 (PCBS) could be explained by an increase in early marriage during the intifada years, which is reflected in the FAFO figures.

⁴⁰ Rema Hammami, "Women in Palestinian Society", in Heiberg and Ovensen, *op.cit.* pp. 283-311.

⁴¹ Calculations derived from FAFO (Hammami, *op. cit.*, Table 10.2, p. 289).

⁴² Calculations derived from PCBS, Tables 3.4.6 A and B, pp. 123-124.

The phenomenon of early marriage continues to constitute an important proportion of all marriages taking place, and a danger to the health of women and children, in addition to a contributing factor to persistent high fertility in the area. Given the impact of the age of marriage on fertility, it becomes an important component to consider in the formulation of any future Palestinian population policies.

Desired Family Size

Recent PCBS data on women's stated preferences concerning number of children shows that 63% of married women reported that 4-6 children would be their ideal. Women in Gaza seemed to prefer a larger number of children than those in the West Bank, with a high of 32% reporting 6 children as ideal in Gaza, in contrast to 24% in the West Bank. Moreover, a lesser 23% of Gaza respondents report 4 children as ideal, in contrast to 27% in the West Bank. Women in urban settings choose slightly smaller desired family sizes than women in rural and camp settings: 29% of urban women thought that 4 children was ideal, in contrast to 24% among rural women and 23% among camp dwellers. In comparison 25% of urban women believed that 6 children was ideal, in contrast to 27% in rural areas and a high of 32% in camps.

Overall, less than a third of all women in various age groups⁴³ and settings choose six children or over as an ideal family size, pointing to some variance between preference and the actual total fertility rate of 6.24. However, looked at overall, women's stated perceptions of ideal family size remain fairly consistent with their actual number of children suggesting a compatibility between actual and ideal family sizes. But these patterns should not be taken at face value since conceivably it would be emotionally and socially difficult for most women to report that they would prefer less children than they actually have. PCBS data also indicates that 65% of the women reported that there is agreement between them and their husbands on the desired number of children, while a sizeable 35% reported no agreement or no discussion.

The interpretation of these results should be approached with caution as they are rather tentative. In addition, stated ideals and actual practice are certainly not identical. However, these results do suggest that many women's perceived interests may currently lie with large families, given the particularities of Palestinian socio-economic and legal conditions that favor large families -- especially given the context of a strong social preference for sons. Indeed, the PCBS findings show a clear pattern of boy preference among women. We find that, on the whole, calculations from the PCBS data reveal that an average of three boys is desired in the family, in contrast to two girls.

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⁴³ The exception is women in Gaza over 40, where 35-39% prefer six children or more. See PCBS, Table 3.6.15 p.167.

Palestinian Population Policies: past experience and future options

During the years of occupation until the present, Palestinians were subjected to the contradictory effects of differing types of population policies, both stated and unstated. The mainstream nationalist trend had a stated pronatalist policy in which the issues of population growth and demographic pressure were seen as instruments through which to achieve liberation.⁴⁴ Such a policy was concertized in the development of a very low-cost - sometimes even free of charge - clinic infrastructure under the rubric of "maternal and child health". In practice, however, these clinics focused on children's health and generally did not target women's own health needs.

The second type of policy evolved from the health movement that developed in the late 1970's and early 1980's. By the mid 1980's, influenced largely by health considerations, some of the local NGO's developed a new policy focusing on the need to re-consider the impact of high fertility on the well-being of mothers and children. Such groups introduced family planning services within primary health care clinics, providing basic pre and post-natal services at very low cost. With practice, some of these groups incorporated the notion of the right of couples to choose their ideal family size and the notion of the rights of women to health as part of their stated policy and to some extent, their practice⁴⁵.

The third type of policy is that of UNRWA. Until recently, UNRWA provided basic medical and health care in the West Bank without any form of family planning services. In the Gaza Strip, family planning was introduced in 1965, but was generally limited to providing 'advice' without necessarily making various family planning methods available. However, by the late 1970's, UNRWA was providing family planning methods in five centralized clinics catering to the needs of the Strip, while continuing to offer its advice services in its remaining clinic structure⁴⁶. It is believed that while UNRWA was aware of the need to provide the population with family planning methods and devices prior to the 1970s, it had moved cautiously in Gaza following the direction of the Egyptian Administration before 1967. Similarly, in the West Bank UNWRA followed patterns of health care delivery in Jordan and provided no family planning services whatsoever. The primary reason for this caution stemmed from a perception that implementing family planning services would elicit a negative political response, given the prevailing nationalist pronatalist ideology. Currently, however, UNRWA provides family planning services in its clinic on a wide scale.

⁴⁴ Tamari and Scott, *op.cit.*

⁴⁵ See, for instance, Najjab, S., "Policy Statement of the Women's Health Programme at the Union of Palestinian Medical Relief Committees in the West Bank and Gaza Strip", Union of Palestinian Medical Relief Committees, Jerusalem, 1994.

⁴⁶ This information was obtained from Dr. Ayoub al-'Alem, Director of Health, UNRWA, Gaza Strip, 1997.

The fourth type of population policy is anti-natalist or implicitly oriented towards population control. This has been the dominant policy approach of some international aid agencies either operating or beginning to operate in the area.⁴⁷ While these different agencies formulate their policies within the framework of women's reproductive health, safe motherhood, and child spacing, the point of departure is the same: a problem of over-population in the area that requires immediate intervention. In this view, over-population results in a massive increase in people living in poverty, in contrast to an alternative view that views over-population as a consequence of poverty, inequality and insecurity.⁴⁸ The activities of such aid agencies in family planning project implementation is likely to considerably widen the family planning service network in the country, especially since new projects are being developed in conjunction or close coordination with the Palestinian Ministry of Health, as well as non-governmental organizations. As such, taken at a distance, they are likely to have a positive impact on the range of choice and the degree of access available to women in search of family planning services.

However, there is a danger that implementing family planning programs that do not address some of the wider socio-economic determinants of current fertility behavior will mean their limited impact. Improving the quality of health and family planning care, decreasing early marriage, increasing employment, and developing an adequate social security system are all issues that family planning policy cannot afford to ignore if programs seek to have a real impact on current fertility levels. As such, a multi-faceted approach that seeks to address the wider context is necessary. Such an approach would aim to develop population policies that go beyond the introduction of family planning, and link with policies promoting women's rights and social and economic development in synergism. While it is obvious that policies and plans must be implemented in realizable phases, the vision needs to be comprehensive.

At present, the multiplicity of sub-policies regarding family planning, added to the contradictory positions taken by government officials (whether pro or anti-natalist), signals the absence of an integrated national level population policy. In this void, some advocates of family planning tend to view fertility reduction in Palestine as a quick fix for developmental problems that are the result of decades-long processes. This view translates into inadequately conceived programs that primarily aspire to achieve fertility control through the introduction of contraceptive services while not addressing men's and women's rights, family welfare and ultimately issues of Palestinian national survival.

While there is every reason to believe that Palestinians must and need to address their population problem within the framework of future sustainable development, there is also strong evidence that individual and family survival strategies continue to create a demand for children, and thus high fertility levels are maintained. Understood in this way, the Palestinian case represents a classic split between family and collective welfare. It also reveals a continuing contradiction among the different notions of collective welfare espoused by (male) national leaders, such as that between national political survival now and longer

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⁴⁷ See, for instance, Wilson, A. "New World Order and West's War on Population", *Economic and Political Weekly*, 29(34). 1994, pp. 201-204.

⁴⁸ For an interesting version of this argument, see Meillasoux, C., "The Economic Bases of Demographic Reproduction: From the Domestic Mode of Production to Wage Earnings", *Journal of Peasant Studies*, 11(1), 1983, pp. 50-61.

term sustainable development objectives. Existing fertility control programs cannot begin to address this contradiction, which is at the crux of Palestinian fertility behavior. Instead, this contradiction calls for coherent and realizable population policies that are integrally linked to overall development with a philosophy of rights and welfare at their core -- especially women's rights and welfare. As such, development policies must include a comprehensive framework of equal opportunity legislation that supports employment opportunities for both men and women and ensures their equal access to education, health and social welfare systems.

Indeed, the success of family planning programs globally, as gauged by contraceptive prevalence rates, appears to hinge on the enactment of multi-sectoral policies, where goals to lower fertility and increase contraceptive use are linked to addressing the social and economic reasons for a high demand for children. In a 1995 report pertaining to fertility in Sub-Saharan Countries, the World Bank clearly recognizes that multi-sectoral policies can affect the demand for children and contraceptive use in positive ways. The report specifically focuses on the need to improve female education and decrease child mortality, among other factors, in order to slow population growth. In the area of women's rights, the report states that:

" When women's legal rights are insecure, they demand more children. If women cannot own land, do not have rights to property when their husbands die or if they divorce, or are legally treated as minors, then children provide them with their only security. Unless women's legal status is strengthened, they will demand large families as insurance against future uncertainty. Laws must be enforced to ensure women's right to acquire, own and dispose of property, and to protect them from discrimination. Customary laws and practices that inhibit women's rights and opportunities must also be addressed"⁴⁹.

Additional demands for an effective solution to the population problem in Palestine include the improvement of long term employment opportunities for both men and women as well as the institution of a social security system that can guarantee meeting women's and men's needs, especially in old age.

Clearly, the formulation of socially and gender sensitive policies may not be sufficient for change. However, such policies form the foundation upon which Palestinians can address the complexities of population issues and dynamics as they relate to their own specific national context. Especially in the Palestinian case, the formulation of such integrated population policies may well offer the possibility of addressing what family planning and fertility control objectives cannot: namely a resolution of the split between immediate family and national survival imperatives now and planning for sustainable development in the future. Only an integrated and balanced policy approach can effectively address these short and longterm determinants of Palestinian fertility behavior; by responding both to the immediate needs of individuals and families while ensuring the longer terms needs of collective social development.

⁴⁹ Scribner, S., "Policies Affecting Fertility and Contraceptive Use, An Assessment of Twelve Sub-Saharan Countries", World Bank Discussion Papers, Africa Technical Department Series No. 259, The World Bank, Washington D.C., 1995, pp. 1-2.

In the Palestinian context, the stage is set for a dynamic and enlightened governmental intervention in the area of population, in active cooperation with an already existing and experienced network of health and women's non-governmental organizations. Effective change that takes into primary consideration people's quality of life, the rights of women to control their own lives and the right of families to make responsible choices of their ideal family size is possible. However, such intervention crucially depends on consultation and cooperation, as well as the initiation of public debate and the building of a national consensus from the bottom upwards. If population policy is approached in this way, dramatic results can be achieved in a short period of time. Within this framework, key legal changes and the improvement in the status of women, through education, employment, social security, and the provision of equal rights remains an important key to success.

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WOMEN'S STUDIES PROGRAM AT BIRZEIT UNIVERSITY

*Teaching * Research * Gender Intervention*

The launching of Women's Studies at Birzeit University comes at a critical time, as Palestinian women, as well as Palestinian society as a whole, seek to address a complex range of social, economic and political issues. Understanding gender relations in Palestinian society, analyzing and debating key social issues facing society, and developing effective gender-aware policies require a comprehensive and sustained initiative. The Women's Studies Program at Birzeit University aims to contribute to this effort through an innovative teaching program, systematic and directed research on gender relations in Palestinian and Arab society, and an active gender intervention program.

Teaching: Women's Studies is a Program within Birzeit University's Faculty of Arts; the Program currently offers a minor in Women's Studies. Teaching began in the 1994-1995 academic year. The Program has developed an interdisciplinary core curriculum of eleven courses, among them Introduction to Women's Studies, Women and Development, Women and the Law, Women in Arab Society, the History of Women's Movements, Gender and Discourse, and Women and the Family.

Research: The Women's Studies Program aims to conduct and facilitate research on Palestinian women, both through instituting its own research projects and through collecting archival materials and offering services to other researchers. In September 1994, the Program launched an extensive collaborative research project on "Palestinian Women in Society," which produced four working papers on feminist scholarship in the Middle East, gender and public policy in Palestine, gender and development, and gender and vocational education in Palestine, as well as **Palestinian Women: A Status Report**. The second phase of this project will investigate several aspects of gender and social policy in Palestine.

Gender Intervention: In addition to its scholarly and academic objectives, the Women's Studies Program aims to develop avenues to empower Palestinian women through a gender intervention program in conjunction with the expanding network of Palestinian women's institutions, as well as to contribute to gender-informed public and institutional policies that recognize and secure the economic, social and political rights of all citizens. Current plans include gender planning training in selected key institutions and locales, and utilizing seminars and workshops to promote gender-aware policy objectives.

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PALESTINIAN WOMEN: A STATUS REPORT is published by the Women's Studies Institute at Birzeit University in separate English and Arabic editions. This ten-chapter report is an attempt to build a comprehensive picture of the current challenges facing Palestinians in the West Bank and Gaza Strip in building a society based on gender equality. The guiding assumption is that such equality is necessary for both sustainable development and democratization. Eight of the chapters address the situation of women in specific sectors of contemporary life in Palestine. A further two provide context and conceptual frameworks for examining the main features and trends in this society, and the key issue in gender and development that can be brought to bear to understand Palestinian reality. The report utilizes existing research, data and policy documents on Palestine to try to understand how gender roles and relations and gender asymmetries in Palestinian society structure the lives and opportunities of women and men and either obstruct or allow healthy, equitable and sustainable human development.

In Palestine, positive indicators for women, such as rising educational levels and political participation, exist alongside negative indicators of unusually low labor force participation and persistent high fertility. To understand these seemingly contradictory indicators, an integrated framework is required that examines the specific constraints, resources and opportunities that shape the lives of women and men. Chapters explore the linkage among high fertility rates, gender gaps in secondary education, early marriage, and the absence of labor opportunities and social protection. Other chapters identify assumptions about gender roles and their impact on women and men's access to social security or delineate the relationship between access to capital and achieving political power.

The chapters and authors are as follows:

1. Palestinian Society ... Lisa Taraki
2. Population and Fertility ... Rita Giacaman
3. Family ... Rema Hammami
4. Labor and Economy ... Rema Hammami
5. Social Support ... Penny Johnson
6. Education ... Mona Ghali
7. Politics ... Islah Jad
8. Law ... Penny Johnson
9. Health ... Rita Giacaman
10. Gender and Development ... Eileen Kuttab

The Women's Studies Institute welcomes comments and criticism on these chapters; a primary objective in publishing Palestinian Women: A Status Report is to open up these critical issues for women and Palestinian society as a whole to debate and intervention.

**Women's Studies Institute
Birzeit University
Palestine**



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