Profile

Palestinian Demography Fertility: A Gender Informed Perspective

The Palestinian demographic picture has recently been the focus of much attention primarily because of its apparent deviation from what is generally expected or predicted by researchers and analysts, especially those who utilize the demographic transition model to explain or predict population changes. Often cited as having one of the highest fertility rates in the world, Palestinian fertility behavior is at issue in that, despite overall substantial socio-economic changes having taken place during the past three decades, and despite evidence that infant and child mortality have continued to fall over the years[1], a generally 'high'- although with some evidence of gradual decline[2]- fertility pattern remain unyielding.

How then, can we understand Palestinian fertility and demograhic patterns? What are some of the emelements that contribute to this fertiltiy puzzle? Are the assumptions about Palestinian fertility based an accurate assessment of the Palestinian reality? Here, we will first attempt to shed some light on these questions by examining the international debate and discourse on the subject in order to inform present day discussions of Palestinian demography and fertiltiy. A review of Palestinian demographic and fertility patterns will follow, utilizing some of the concepts and frameworks used internationally to assess demographic and fertility patterns in societies undergoing socio-economic change. Finally, an attempt will be made to integrade key issues and themes into a gender sensitive population policy framework for Palestinians.

The Demographic Transition: Mortality and Fertility

[1] See Hill, A., The Palestinian Population of the Middle East, **Population and Development Review**, Vol. 9, No.2., June, 1983, Heiberg and Ovensen, Palestinian Soceity in Gaza, West Bank and Arab Jerusalem, A survey of Living Conditions, Fafo Report 151, Norway, 1983, pp. 49-65.

[2] Tamari, S. and Scott, A., Fertility of Palestinian Women Between the National Perspective and Social Reality, **Shu'un al-Mar'a**, No.1, 1991, pp.155-186 (In Arabic).

Generally speaking, demographic transition refers to changes in fertility and mortality levels that occur during the transition from 'traditional' to 'modern' society. Within the classical framework, societies undergo transition from high to low fertility and mortality as modernity sets in. Here, the decline in mortality that accompanies 'modernization' and socio-economic development is seen to be followed by a decline in fertility, but only after a transitory period of high population growth, followed by a slowing down of growth caused by the fast decline of both fertility and mortality[3]. However, based on evidence generated from the developing world of persistent high fertility despite socio-economic change and mortality reduction, classical demographic theory came under scrutiny and criticism, leading to calls for the incorporation of other theories of social change to replace the classical demographic transition model.

Alternative theoretical currents arose around the concept of demographic transition in an attempt to explain existing developing world demographic realities, and in the face of excessive population growth, famine, unemployment and environmental degradation, especially in the African continent. These currents are broadly based on culturalist, feminist, and marxist postulates[4]. The culturalists maintain that the

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[3] Caldwell, J,The Soft Underbelly of Development: Demographic Transition in Conditions of Limited Economic Change, in **Fisher, S. et al (editors) Proceedings of the World Bank Annual Conference on Development Economics**, 1990, Washington D.C., World Bank, 1991, pp.207-253; Levy, M.L., The Demographic Transitions (Les transitions Demographiques), Population et Societes: **Bulletin Mensuel d'Informations Demographiques, Economiques, Sociales**, 207, 1986, pp.1-3; Miljanic, M., Demographic Transition Theory: Theory or Model, **Stanovnistvo,** 30-31, 1992, pp.5-20.

[4] Pice, V and Pirier, J., Theories of Demographic Transition: Towards a Certain Convergence, **Sociologie Et Societes**, 22(1), 1990, pp.179-192.

classical transition theory does not take into account cultural influences and individual decision making, whereby culture is placed in an auxiliary - and static - role because of the problematic assumptions on modernization[5]. However, and especially for our purposes, the purist version of this framework which encompasses Islam as a religo-culture -where the low status of women defined by Islamic cultures is singled out as a main cause of persistent high fertility among Islamic societies and groups within society[6] - is seriously flawed. The problem with such a framework is that on the one hand, it fails to make the necessary conceptual link between cultural and social structural factors (such as economic, patriarchal, familial and political) to explain high fertility among muslim nations and groups, thus omitting to examine socio-economic indicators of high fertility as a principal mode of analysis. Indeed, it has been argued and shown that fertility in muslim cultures is more of a function of sociological and epidemiolgical determinants than of theological doctrine[7]. On the other hand , this perspective also fails to recognize Islamic religion and culture as highly diverse, and influenced by the socio-economic and political conditions within which they are embedded. For instance, it has been shown that Islamic doctrine can be used to justify different policies for women and their reproductive choices, and that the ways in which women's rights are affected by religious doctrine are a direct result of the ideology of groups in power [8]. In other words, although muslim natality is universally high, considerable diversity exists among Islamic nations[9], linked to the diversity of the geopolitical, and socio-

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[5] Hayes, AC, 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.

[6] 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, Courbage, Y., Demographic transition Among Muslims in Eastern Europe, **Population**, 46(3), 1991, pp.651-677.; 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, Augst 24-September 1, 1993, sponsored by the International Union of the Scientific Study of Population.

[7]Omran, A.R., Epidemiologic, Sociologic and Theologic Aspects of Muslim Fertility, in Blake, R.R.(ed) Final Report on International Workshop on Communications in Family Planning Programs, Teheran, Iran, 6-18 June, 1970, Chapel Hill, North Carolina, University of North Carolina, Carolina Population Center,, 1971, pp.32-55.

[8] Obermeyer, C.A., Reproductive Choice in Islam: Gender and State in Iran and Tunisia, **Radical America,** 25(3), 1992, pp.23-36.

[9] Weeks, J.R., The Demography of Islamic Nations, **Population Bulletin,** 43(4), 1988, pp.5-54; Nagi, M.H., and Stockwell, E.G., Muslim Fertility: Recent Trends and Future Outlook, **Journal of South Asian and Middle Eastern Studies,** 6(2), winter, 1982, pp.48-70.

economic conditions within which Islamic religion and culture operate.

Marxists and other related structuralists have also mounted a critical response to classical demographic transition theory. In the main, it is argued that this 'constructed view of social change' that defines classical transition theory, does not take into consideration the dymanic, changeable and at times, rather uneven nature of social change. It is argued that the scio-economic changes brought about by the move from the domestic mode of production to wage earning and market economies are variable, affecting different groups wthin populations in different ways. Furthermore, it is argued that, while developing countries are incorporated into the world market economy, different 'modes of production' can continue to co-exist, with the domestic mode and household units continuing to be important as units deploying members in the subsistence economy and in the market economy through migration . Consequently, family demographic strategies continue to be committed to high fertility [10]. It is also argued that the move from self-subsistence to market economy and wage earning bring about specific circumstances and insecurity that favor a burst of natality as a means of social security and the survival of the younger generation and, hence, the accentuation of the demographic effects o famine or unemployment[11] Thus the transition model lends itself to viewing fertility transition as one integral part of the overall transition from traditional to modern society as a single dimensional process from high fertility to low fertility, a problematic of the model that has been critisized by non-marxists as well as being misleading to policy makers as well as the public[12] and , in fact, an inaccurate representation of reality. Examining the African experience, for instance, we note that fertility levels continued to be maintained at much higher levels than other regions[13], despite the introduction of the capitalist mode of production. However, such an introduction evolved along with ' the violent and discontinuous character of social change associated with the importation of capitalist production', and rendering such a transition incompatible with the theory of demographic modernization[14]. In effect, even in the case of

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

[11] Meillasoux, C., The Economic Bases of Demographic Reproduction : From the Domestic Mode of Production to Wage-Earning, **Journal of Peasant Studies**, (11)1, C1983, pp.50-61.

[12]NG, SM, GU, B., Dimensions of Fertility Transition in the Third World: Level, Timing and Quality, unpublished presentation at the **Annual Meeting of the Population Association of America**, San Francisco, (2)26, April 6-8. 1995

[13]Engelhard, P., An End to Poverty, **Vivre Autrement**, 10-1 October, 1994.

[14] Cordell, D. et al (editors), **Population, Reproduction, Societes: Perspectives et Enjeux de Demographie Sociale**, Montreal, Canada, 1993, pp.13-18.

today's industrial countries, the process of fertility decline took different time trends, with France taking 107 years in the process of decline of natural growth to a minimal level, while Japan taking only 10 years, and England 20 years[15] because of the different nature of the socio-economic, historic geographic and political conditions within which this fertility change took place.. Threre is epirical evidence on the origins,speed and correlates of fertility declines in different historical and geographical settings that point to the existence of more diversity than a theory of fertility change cna predict[16].

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[15]Miljanic,M., Demographic Transition Theory: Theory or Model, **Stanovnistvo**, 30-31, 1992, pp.5-20.

[16] Hirschman, C., Why Fertility Changes, **Annual Review of Sociology**, 20, 1994, pp.203-233.

While this framework is useful in explaining the limitations of the notion of modernization, and in exposing the at time dramatically disastrous economic effects of the incorporation of developing nations into the world market and the impact of this incorporation in bringing about or intensifying poverty, famine and even upheaval, its limitation lies in an over-emphasis on economic/ production factors that do not adequately deal with patriarchal, status, cultural, idelological and state policy/interventions influences that can have an important impact on fertility and fertility behavior. For instance, it has been argued that high fertility augments the political and social power of tribes in Iran, where children were found to be perceived in terms of their strong social power[17] - a notion that is not so different from the Palestinian notion of **'Izweh** or clan socio/political and protective strength and support. Likewise, it has also been shown that family planning programme efforts, especially if supported by strong governmental population policies and specific interventions in that area, can contribute to a decline in fertility in important ways, despite other seemingly over-riding factors [18]. Moreover, although socio-economic factors affect reproductive behavior, they can can also have an impact in terms of their reinforcement of certain cultural values[19], including, for instance, the preference for male children exibhited by many developing societies[20].

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[17]Agha janian, A., **The Value of Children and Fertility in Iran; A Pilot Study (unpublished), 1986.**

[18] Nagi, M.H. and Stockwell, E.G., Muslim Fertility: Recent Trends and Future Outlook, **Journal of South Asian and Middle Eastern Studies**, 6(2), 1982, pp.48-70.

[19] Okediji, F.O., Changes in Individual Reproductive Behavior and Cultural Values, **IUSSP Lecture Series on Population**, Liege, International Union for the Scientific Study of Population, 1974.

[20] Immerwahr, G.E., Socio-economic: How much Economic and How Much "Socio'?, the Economic and Social Support of High Fertility: Proceedings of the Conference Held in Canberra, 16-18 November, 1976, edited by Ruzicka, L.T., Australian National University, Department of Demography and Development Studies Centre, 1977, pp.187-201; Galal-El-Din, M.E., The Rationality of High Fertility in Sudan, 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.633-658.

One of the principal arguments linking high fertility levels to gender inqualities rests on the premise that legal, economic, educational and health inequalities faced by women in the developing world come in the way of their passage in the transition from high to low fertility status. Feminists have contributed to the debate on fertility and fertility determinants by arguing that an important component of patriarchy is forms of social control over women's reproductive capacity[21], leaving women with little direct control over the timing and number of their children, the circumstances under which they work, the returns to their labour and their sexuality[22].

Feminists generally hold that, one of the important factors in modern fertility decline is the changing economic conditions and employment opportunities outside the household that conflict with childbearing coupled with women's increasing access to material resources independent of men and children[23] . However, this interaction between fertility decline and women's work outside the household is described as strong in some countries, and weak in others. Here, it is argued that ' women's work can occur under two opposing conditions: pressure to work to support a large family and pressure to limit children in order to work and eliminate the potential for role conflicts'. Thus increased fertility may in fact force women to work to meet rising household consumption demands. That is, different types of relationships between work and feritliyt exist, with differing results - increase, decrease or no change in fertility, depending on the context of the household unit, and the history of events shaping fertility decisions.

[21] Folbre, N., Of Patriarchy Born: The Political Economy of Fertility Decisions, **Feminist Studies**, 9(2), 1983, pp.261-284.

[22]Dixon Mueller, R., Patriarchy, Fertility and Women's Work in Rural Societies, **International Population Conference/Congres International de la Population, New Delhi, September 20-27 ,1989, Vol 2**, Liege, Belgium, International Union for the Scientific Study of Population, 1989, pp.291-303.

[23] Iverson, S, **Evolutionary Demographic Transition Theory: comparative Causes of Prehistoric, Historic and modern Demographic Transitions**, Doctoral Dissertation, Unversity of Florida, 1992; Felmlee, D.H., The Dynamic Interpdependence 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.

In line with the notion that women's work outside the household is not always linearly and positively associated with decreased fertility, and where consequently, women's work outside the home is not always incompatible with her primary role as a biological reproducer, researchers have emphasized the importance of the costs and benefits of children as an economic resource. It is argued that in industrial countries, the transition from high to low fertility encompassed a rising cost and falling benefits to parents of having many children[24]. However, within this view that visualizes children in terms of their economic or non-economic value for parents and households, it is also argued that the cost of rearing and educating children is insignificant in terms of the existing resources in the family[25] that the costs of feritliy are primarily deferrred to women in the patriarchal system, with men maintaining a low cost to fatherhood. Moreover, extended families provide security which comes from maximum reproduction[26], while extended family support networks can be important factors sustaining high fertility, reducing the costs of fertility for women, thereby helping them to sustain their roles and responsibilities as biological pro-creators and sustain employment at the same time. That is, the labor force participation of women in some countries is not in competition with fertility because fertility is facilitated by access to kin[27].

[24]McGreevey, WP, **Economic Aspects of Historical Demographic Change,** World Bank, Staff Working Paper No.685, Washington D.C., 1985.

[25] Gala El Din, M.E., The Rationality of High Fertility in Urban Sudan, 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.633-658.

[26] 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.

[27] See for instance, Garey, A.L., and Townsend, N., **Sharing the Costs of High Fertiltiy : Kin Support and Child Care in a Village in Bostwana**, Presentation at the Annual Meeting of the Population Association of America, Miami, Florida, May 5-7, 1994;

A similar line of argument can be found in discussions of the relationship between fertility and women's education/ age at first marriage. It has been shown that the education of women is a key determinant of family size and that, as women's education rises, fertility rates decline. That is education is found to be the main predictor of variation in fertility, with age at marriage rising with increasing education and consequently reducing period fertility rates[28]. However, it has also been found that the relationship between fertility and education is complex, and not always uni-directional, with conflicting evidence in the literature showing how increasing education alone is not sufficient in itself to produce changes in fertility, as was noted for the Gaza Strip for instance, and where access to employment opportunities was believed to be a key determinant of fertility changes.[29] Moreover, It has also been noted in different parts of the world that women with the least education in fact can experience most rapid fertility decline and increase in contraceptive usage[30]. In other words, while the increasing education of women appears to be a factor contributing to fertility declines, it also appears to operate not on its own, but concommitant with other influences related to the economic setting and the availability of work opportunities as well as family planning services.

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[28] 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 seectos of Brahmin, **Journal of Family Welfare**, 39(4) 1993, pp.26-30.

[29]Fargues, P., Changing Hierarchies of Gender and Generation, in Makhlouf Obermeyer, C.(ed) Family, **Gender and Population in the Middle East, Policies in Context,** American University in Cairo Press, 1995, p.185.

[30] Weinberger, M. et al, Women's Education and Fertility : A Decade of Change in Four Latin American Countries, **International Family Planning Perspectives,** 15(1), 1989, pp.4-14.

Feminists contend that population policies and international interest in fertility are linked to national and international goals of fertility reduction and the control of population growth, focusing mainly on the delivery of modern contraceptives and sterilizaion as the main way of achieving fertility reduction rather than viewing the fertility porblem from the perspective of women's rights and needs[31]. Feminists challenge the premise that population planning equals family planning equals fertility control[32]. Feminists from the developing world also argue that population control policies are constructer to furthe the interest of First World countries and function in the patriarchal social situation, oppress women while denying them choices to propmote their health, and that whether antinatalist or pronatalist, population policies tend to treat women's bodies as instruments of male-dominated populationist ends [33]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[34]. They also call for the transformation of population policies to address development and human rights concerns and transform family planning into reproductive and sexual health servicees that advance health and rights[35]. The struggle to achieve women's reproductive rights is generally seen as a fight against patriarchy, basic beliefs, and legal systems at all levels[36].

In summary, then, attempts to come to grips with the issues of fertility, fertility decline and demographic changes are hampered by international controversies and contending veiws that preclude the possibilities of making definitive statements

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[31] Sen, Gita et al (eds) **Population Policies Reconsidered, Health Empowerment and Rights,** Harvard Center for Population and Development Studies and International Women's Health Coalition, Harvard University press, 1994; Zurayk et al., **Rethinking Family Planning Policy in Light of Reproductive Health Research,** The Policy series in Reproductive Health No.1, The Population Council Regional Office for West Asia and North Africa, Cairo, 1994.

[32] Mumtaz, K., the Woman Not the Womb : Population Policy in Pakistan, **Development,** 1, 1994, pp.26-30.

[33]Karkal, M., Family Planning and Reproductive Health, **Indian Journal of Social Work,** 54(2), 1993, pp.297-306.

[34] McCormak, T., Feminism and Fertility, **Queen's Quarterly,** 92(2), 1985, pp.251-259.

[35] Lane, S.D., From Population Control to Reproductive Health: An Emerging Policy Agenda, **Social Science and Medicine**, 39(9), 1994, pp.1303-1314; Germain, A. et al., Setting a New Agenda, Sexual and Reproductive Health and Rights, **Environment and Urbanization**, 6(2), 1994, pp.133-154; Handwerker, W., West Indian Gender Relations, Family Planning Programs and Fertility Decline, **Social Science and Medicine,** 35(10), 1992, pp.1245-1257.

[36] Cook, R., Putting the 'Universal" into human rights. Reproductive Health and International Law, **Populi,** 21(7), 1994, pp.15-16.

regarding the way in which to approach Palestinian demography and fertility. What can be safely stated here is what has been stated by others before, namely that complexities and diversity preclude the possibility of a dopting a simple theory of fertility change. Indeed, the complexity and instability of the Palestinian context prescribe a cautious approach to our reading of demography and fertility that is partially located in highlighting the differing socio-economic realities of the different regions of the country, and of men, women and families, while emphasizing the notion of Palestinian women's rights. It is guided by the same observation that others have noted, namely that 'peasants' and people, including the Palestinians - are not stupid and that they are economically rational. That is, while family decisions regarding family size cannot be reduced to cost benefit considerations, such decisions are affected in the long run by economic constraints.

Palestinian Population Trends

Historically, displacement and migration in search of work opportunities abroad have had fundamental effects on Palestinian population trends in the West Bank and Gaza Strip. Both the 1948 and the 1967 Arab Israeli wars led to substantial shifts of population, with refugees moving into and expelled out of these areas as a result of of Israeli military agression and war. By the late 1970's, only about 25% of the Palestinian population was living in the West Bank and Gaza Strip[37], under Israeli military rule. During the years of military occupation, major changes to the economies of the West Bank and Gaza Strip were brought about, with some benefits - mostly in the form of rising individual incomes - and many burdens - economic dependence, distortion and stagnation[38]. Migration into Israel and to the Arab world in search of work opportunities, especially after the mid 1970's was an important factor contributing to a decline of the population of the area and the decrease in population growth noted for the 1970's and early 1980's. Such changes in the population took place then as a result of Israeli policy aimed at intensifying the pressures upon Palestinian residents with tha aim of ultimately depopulating the area. Thus massive expulsions and emigration offset the natural increase in the population, which averaged a high of 3.5 percent per year, and minimized the effects on total population growth. The structure of the population was consequently distorted by selective expulsion and emigration of young adult males, where, in the middle years of life, the absence of males was particularly noticeable[39]. However, and despite these factors, the population of the West Bank and Gaza Strip grew to almost double its 1967 size by the early 1990's[40].

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[37] Hill, A., The Palestinian Population of the Middle East, **Population and Development Review,** 9(2), 1983, p.295.

[38] See for instance, Van Arkadie, B., Benefits and Burdens: A Report on the West Bank and Gaza Strip Economies Since 1967, Carnegie Endowment for International Peace, New York, 1977; Graham-Brown, S., The Economic Consequencies of the Occupation, in Aruri, N. (ed), **Occupation Israel Over Palestine**, Second Edition, Association of Arab-American University Graduates, Belmont, Mass., 1989, pp. 297-360.

[39] Abu Lughod, J.L., The Demographic Consequences of the Occupation, in Aruri, N.... Occupation..., ibid, p.406.

[40] Sabella, B., The Population of the West Bank and Gaza Strip, with Reference to the Palestinian Population of 1948, **Palestinian Population and Family Planning Conference, Cairo, March/April 1994,** , Palestinian Family Planning and Protection Society and Palestinian Red Crescent Soceity, Part Two, p 71.

During the years of occupation, Palestinian demography and fertility assumed special importance to both Palestinians and Israelis. From the Israeli point of view, the demographic question, that is, the natural and rapid increase in Palestinian family size, presented a real danger in undermining a jewish majority in the area's population. From the Palestinian point of view, Palestinian Arab population growth was seen as a prime instrument of change and Palestinian victory in the Palestinian national struggle for survival[41]. Consequently, calls and concrete steps were made to improve the health care infrastructure in the occupied areas, with a focus on developing maternal and child health services geared towards encouraging and supporting women to have as many children as possible. That is, within this generalized framework, women were seen as an object/ instrument that men use in the national struggle, without regard to women's needs, health status - because the children were the primary focus of the health service provision network - or rights, nor to the socio-economic changes taking place in the area that dictated a different role for women in society and in politics. However, and as has been shown, despite national ideologies and fervor calling on Palestinian to increase their family sizes as a matter of national survival, and perhaps not as rapidly and consistently as classical demographic theory would have predicted, fertility in the West Bank and Gaza Strip has in fact declined over the years.

Trends and Characteristics

Mortality since 1967

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 in the area was in the order of 130 deaths/1000 live births in the early 1970's[42]. Throughout the seventies, the downwards trend in mortality observed in the 1960's continued, where by the early and up to the middle 1980's infant mortality was estimated to be between 50-80 deaths/1000 live births[43], depending on the region, and reaching an all time low of about 43 deaths/1000 live births for the West Bank and by the late 1980's[44].

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[41] Tamari, S. and Scott... op.cit.

[42] Hill, A., op.cit. p. 303-305.

[43] The Union of Palestinian Medical Relief Committees, West Bank and Gaza Strip, **An Overview of Health Conditions and Services in The Israeli Occupied Territories**, Jerusalem, August, I987.

[44] Abu Libdeh et al, Population Characeristics and Trends, in Heiberg , M. and Ovensen, G. (ed) **Palestinian Society in Gaza, West Bank and Arab Jerusalem, A Survey of Living Conditions,** Fafo Report 151, 1993 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.

It should be noted here that the reduction in infant mortality - 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 - took place despite occupation and not because of it and is probably largely due to two factors. The first relates to the economic changes taking place during this period. In general terms, the years of occupation reduced the area into a situation of dependence on the Israeli economy, as well as other aspects of life. A move away from agriculture as a major source of income took place, but it was not accompanied by a drift of the rural population to the cities, nor by the development of a fully capitalist commercial agriculture [45], Palestinians quickly became Israel's 'reserve army of labour', and unemployment went down to a minimum during much of the period. As a result, individual icnomes rose, contributing to better nutrition, healthier lives, and, consequently, a reduction in infant mortality. The second factor relates to the development of a health care infrastructure by Palestinians for Palestinians outside the control of the Israeli military and within the framework of a non-governmental organization movement. beginning immediately after 1967, and taking force in the late 1970's and 1980's. Palestinian national political as well as other groups, supported mostly by international aid agencies and charities, developed a network of clinics and health care services specifically oriented towards fulfilling people's basic health needs, especially in the deprived rural areas - where the mortality levels where highest. This movement succeeded in the delivery of needed services to the population, and probably contributed in real ways to the observed reduction in mortality[46].

The second point that needs to be addressed here is that mortality declines affected different regions and different categories within the population in different ways. For instance, refugees, who had access to UNRWA health, educational and social services - including food distribution schemes - had lower infant mortality rates than the rest of the population, especially during the 1980's[47] . During the 1980's, the central region of the West Bank and urban areas in general had lower infant mortality rates than the north and the South of the West Bank, and especially rural and remote communities, where infant mortality continued to be quite high, reaching

[45] Graham Brown, S. ' The Economic Consequences of Occupation, in Aruri, op.cit. p.191.

[46] See the Health Chapter for further details.

[47] Abu Libdeh, op.cit.

97 deaths/1000 live births in 1988 for 20 villages in the Hebron District, in contrast to 49 deaths/1000 live births in a central area communityfor 1986[48]. These regional in mortality no doubt had an impact on the population's characteristics. However, the dearth of information precludes the possibility of examining such differences and their impact on population structure in the area.

A gender difference in infant 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 disadvantage of females [49]. Disparities between boys and girls, unfortunately, extend to morbidiltiy as well - the incidence of disease - where, as it will be shown in the health chapter, girls in the Palestinian society of the 1970's and 1980's as well as now, continue to be at higher risk of disease and death than boys of the same age and socio-economic status category. It is important to point out here that, for biological reasons relating to the inherent 'weakness' of the male y chromosome relative to the x chromosome of females, more male children tend to die during the first year of life than females. This means that, in a population where social determinants are not operating, one would expect to see more male children dying than felames during the first year of life. However, in West Bank and Gaza societies, the opposite of what is biologically predicted has taken and continues to take place, with more girls dying than boys, and where social determinants - the oppression and low status afforded to women in this society - have overriden biological predisposition. In other words, a gender informed reading of one of the main determinants of population growth - infant mortality and child survival - points to the need of addressing the question of regional and gender inequalities in future population policy delineations.

Fertility since 1967

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[48] The Union of Palestinian Medical Relief Committees and Birzeit University Community Health Unit, **The Biddu Health Study Interim Report**, Jerusalem, 1986.

[49] See for instance, **Giacaman, R., Life and Health In Three Palestinian Villages**, Ithaca Press, London, 1988; Abu Libdeh.... op.cit.

Even in the 1960's, the area was known to have high fertility rates. For instance, it has been estimated that the average parity for West Bank women aged 45-49 in 1971 was 7.5, a figure close to the total fertitlity obtained for the area during that period. It appears that after 1967 and up to 1976, there has been no change in the fertility rates in either the West Bank or the Gaza Strip[50] . However, fertility levels began to decline gradually since the middle 1970's and up till the middle 1980's, affecting women of different age groups in different ways. For instance, In the West Bank the decline affected mostly women betwen the ages of 15-25, while in Gaza, it affected women under the age of 20. This reduction in fertility was especially evident among women with better education, indicating a possible role of education in the reduction of fertility, and linking a higher age at first marriage for educated women the rest of the women population[51]. 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, and with the exception of the period of the Uprising, where it is postulated that fertility has risen slightly because of the a believed rise in early marriages and a general tendency among the population to have more children[52].

Given available information, it is clear that Palestinian fertiltiy has been taking a declining trend, although perhaps not sufficiently rapidly to thwart a very rapid population growth. Several factors probably contribute to this slowly declining trend, where some determinants are offsetting the impact of others. For instance,in the Gaza urban environment, although women's education has rapidly risen over the years, this was not accompanied by the expected level of reduction in fertility, and despite the economic hardship that the area has been facing in its recent history that should theoretically prompt people to have less children. However, and as has been noted, part of the explanation for this un-expected pattern - continued high fertility with the rapid rise in the educational levels of women - is attributed to the absence of a concommitant rise in women's status and job opportunity imposed by the political and economic reality in the area[53]. That is, the job market locally has been limited for women - or not cost effective, and mostly closed for work in Israel. As a result, educated women continue to mostly remain at home, without having to face the fertility- cost/benefit of rearing children dilemma and the potential incompatibiltiy between the primary role of women as biological reproducers and work outside the home. Moreover, within this predominantly patriarchal society, the costs of feritliy are primarily deferrred to women, with men maintaining a low cost to fatherhood. For, even among women who do work outside the home in formal employment - about

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[50] Hill, A. The Palestinian...op.cit.

[51] Tamari and Scott, op.cit.

[52] Abu Libdeh, op.cit.

[53] Fargues, P., Changing Hierarchies of Gender and Generation in the Arab World, in Makhlouf Obermeyer, C. (ed) **Family, Gender and Population in the Middle East, Policies in Context,** the American University In Cairo Press, 1995, pp.179-198.

19% in the West Bank and a very low of 6% in the Gaza Strip in the early 1990's[54], within the Palestinian context, and given the importance of the family as a system of socio-economic support, extended family support networks that are mostly based on women's unpaid labour - mothers, grandmothers, mother in laws and sisters - are probably important factors sustaining higher than expected fertility, reducing the costs of fertility and, thereby helping women to sustain their roles and responsibilities as biological pro-creators and sustain employment at the same time.

[54] Heiberg and Ovensen, op.cit., p.388.

Secondly, 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 security[55]. It has been rightly argued that a reduction in fertiltiy levels will be influenced by the development of public social security systems that can guarantee easy acccess to health and educational facilities and that can ensure security in old age. Given the Palestinian circumstances during the past 30 years, it is quite understandable why fertility rates did not decline as rapidly as expected, and despite the specific socio-economic changes taking place in the area.

Lastly, 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 continued to face the experience of child death, and conseuqently 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.

Family planning services

Historically, family planning service provision took root in the area in the 1970's and early 1980's.

Current Population Characteristics

Since 1967 and up till 1995, all Palestinian population data were derived out of 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 an actual survey represeting all of the population of the area. Today, and for the first time since 1967, we are able to examine the principal features of the Palestinian population's demographic picture by referring to the recently published demographic sample survey covering about 14000 representative dwelling units/ or households, and conducted by the Palestinian Central Bureau of statistics and referring to the year 1995.

Age and Sex

The Palestinian population of the West Bank and Gaza Strip is characterized by being rather young, with 46.9% of the population found to be under the age of 15 years. The differences between the Gaza Strip and the West Bank are evident, where 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, with a total of 74.3% of the population - 73.4% for the

[55] Tamari, S. and Scott, A., op.cit.

West Bank and an astronomical 76.1% for the Gaza Strip - being in this age category. These results and the differences between the Gaza Strip and the West Bank are a reflection of the combined effects of two determinants of population growth: the higher fertility rates, and the slightly higher chances of child survival - or lower infant and childhood mortality - in the Gaza Strip relative to the West Bank.

Males under the age of 15 years constituted 47.5% of the total male population, while females constitued a lower 46.3% of the female population for the same age category. A closer examination of the data reveals that the differences in percentages of males and females under 15 years of age is strongest in the early years, with 18.7% of the total female population being 0-4 years old, in contrast to 19.3 among the boys, and gradually declines at ages 5-9 years and reaching 12.9% of the total male population for males, in contrast to 12.7% of the total female population for females. 10-14 years. These results suggest continued differences betwen 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 compared to the West Bank: we find that 50.7% of the males are under 15 years old in contrast to to 50% for females in Gaza, while 45.8% of the males are under 15 years old compared to a lower 44.2% for females in the West Bank. These results indicate that the chances of child survival in the Gaza Strip are higher than in the West Bank. But they also suggest that when the chances of survival are higher, they positively influence the survival of females. Conversely, when the chances of child survival are low, girls are more negatively affected than boys.

We note a reversal in patterns related to sex in the age categories 30--69, where we find that when 23.6% of the population is within this age category, men constitute 22.3% of the male population while women constitute 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, in contrast to 21.4% of males in Gaza in this age category, relative to 23.3% for females. That is, women outnumber the men in these age groups. This is probably a reflection of the outmigration/expulsion of men from the areas. What is interesting to observe is that this reversal of pattern - where males constitute a higher percentage of the male population relative to women - begins to be noted early in the West Bank, starting with ages 30-34, and takes place considerably later in the Gaza Strip, starting with ages 45-49, and in less pronounced ways than in the West Bank. Perhaps this is a reflection of the inability of the younger Gazans to exit the country, and the relatively higher ability and networks of West Bankers - via Jordan - to continue to seek employment, education and a better life abroad.

Reversal once again begins to takes place in early old age, with a pattern of declining percetanges of females relative to males, and where we find that 1.9% of the women's population is 70 years or older in contrast to 2% for men. Arguably, the differences in percentages are tiny, but what we should take into consideration here is that the average life expectancy for women is higher than men in most developed societies. That is, even if the percentages of males and females who are older are the same, the point continues to hold: women should live longer because of biological reasons related to their relative strength compared to men. Consequently these results suggest that the life and health conditions of women, leading to premature death, is worse than that of men, and is a reflection of the debased and unequal status of women in Palestinian society. Overall, a low of 3.4% of the total

population is 65 years or older, with 2.9% for the Gaza Strip and a higher 3.7% for the West Bank. These data reflect continued inadequate socio-economic, nutritional and health conditions in the area , affecting especially the Gaza Strip population.

Mortality

The PCBS survey dealt with infant and child mortality only, and not total mortality. The figures on infant and child mortality were obtained using different methods that those used in previous infant and child mortality studies in the area (previous studies used indirect techniques while the PCBS ones used direct ones). Consequently, it is very difficult to make the relevant comparisons and delineate time trends that are continuous through the present. A few words are in order here, however. Firstly, the results obtained from the PCBS survey indicate that the infant mortality rate for the the most recent period (or up to five years preceeding the survey) is 28 deaths per/1000 live births, a figure that strikes any health care provider as too low to reflect reality. Moreover, the Fafo survey indicates that for 1990, the infant mortality rate was 48 deaths/1000 live births. Unicef's and other studies, utilizing indirect estimates as well - as with FAFO, corroborate FAFO's results. Thus, even if estimates are obtained with different methods, it is highly unlikely that the results would be so disparate. Secondly, it is well known that as infant mortality rapidly declines, such declines do not and cannot continue their trends as rapidly because further reductions in infant mortality require much bigger efforts and changes not only within the health care system, but the different systems affecting health, such as the safety of the environment, employment, nutrition and other such important determinants of health. In contrast to the figure obtained by the PCBS survey, there are reasonable iindications that, at best, infant mortality declines have reached a platau during the past 4-5 years, and, at worst, that this decline is taking a turn with an upward trend and rise in infant mortaltiy. It should be remembered that since the early 1990's a substantial proportion of non-governmental organization health care services, especially the rural clinics, have closed down[56]. Moreover, a 1995 survey of children's nutritional status in the Gaza Strip indicates that 15.1% of the sample children under the age of 5 years were moderately and severely malnourished - or below 2 standard deviations of the reference weight for age . The same study also found that about 14.2% of the children were stunted - evidence of long term or chronic malnutrition[57]. These results generally indicate a significant and higher than expected rate of malnutrition among children in the Strip, and raise questions as to the impact of such malnutrition on overall child mortality. In other words, it is hard to believe that infant mortality would have declined dramatically in the first part of the 1990's to reach the levels indicated by the PCBS study. In the meanwhile, economic hardship is in fact on the rise in the area, and unemployment is reaching high levels. Given this economic hardship and

[56] At least 40% of the clinics operating mostly in the rural areas in the late 1980's have since closed down. Information obtained from Health Development Information Project Data Base, Ramallah, 1995.

[57] Kumar, B., **Assessment of the Nutritional Status of Children Under 5 in the Gaza Strip**, Terres Des Hommes, Gaza Strip, December 1995.

a decline in service provision, it is highly unlikely that this downwards trend in mortality as reflected by the PCBS figures is in fact an accurate representation of reality.

PCBS has also outlined figures for maternal mortality by age, generally reflecting gradual declines in maternal mortality over the years. Taking women who are 20 and up to 49 years old as part of our calculation, and taking into consideration an element of under-reporting, we find that these figures might reflect and overall maternal mortality of about 100/100,000. It is difficult to assess the accuracy of these figures, mainly because of complication faced in this country pertaining to the way in which the causes of death are reported, and because of the absence of other comparable studies. However, we estimate here that these figures do not represent a substantial departure from reality, and compare favorably with maternal mortality in developing countries - 290 for 1980-1987 in contrast to 24 for industrial ones [58]. Consequently, it appears that, while maternal mortality is an important issue that needs to be addressed by health and population policy, it is not the most pressing one, in contrast to, for example, to the impact of high fertility on the health of women and their children in morbidility and life quality terms.

Fertility and Age at First Marriage.

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 1991[59] - regional variations are evident. Firstly, 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. Secondly, urban centres have the lowest fertility, with 5.81, followed by rural areas, with 6.39 and a high of 6.85 for refugee camps. Thirdly, PCBS data indicates a high -20% -rate of reported pregnancy at the time of the survey among all married women, with Gaza having the highest rate - 20.9% - followed by 18.5% for rural areas and a lower 17.8% for urban areas. 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 elwhere in the world.

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[58] United Nations Development Programme, **Human Development Report**, Oxford University Press, New York, 1993.

[59] Ibid.

There is evidence that increasing educational levels of women have a negative impact on fertility - that is decreasing fertility with increasing educational levels, with a TFR of 6.62 for women who have had less than a high school education, compared to 5.57 for those who have completed high school and 4.72 for those who have completed more than a high school education. However, While the relationship of declining fertility with rising education is clearly there when one examines the overall figures for both the West Bank and Gaza Strip, we find that this relationship does not hold when examining each of the areas separately. PCBS's data indicate that women in the Gaza Strip are better educated than women in the West Bank for all age groups. However, the TFR for Gaza is considerably higher than in the West Bank. Clearly, the data from Gaza reflects mostly the fertility rates of refugee populations, who live in considerably different socio-economic conditions to those of the West Bank.

One factor that could possibly explain the difference relates to the access of women to employment outside the home. It has been argued that increasing the education of women and economic distress do not necessarily produce the expected effects - declining fertility - in situations of belligerence, producing massive unemployment, and consequently, the inaccessibility of women to paid work outside the home[60]. An examination fo the relationship of women's work to fertility however is not possible, because the absence of such important data from the PCBS report. Another point argued by the same author pertains to the cost of children being upheld by UNRWA and international aid agencies, inadvertantly contributing to the persistent high fertility. While it may be true that refugees are partially sustained by such services, this argument seems too mechanistic and does not incorporate the meaning and importance of children for parent's later life. Indeed, people in this country actually spell this dependent relationship out. 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 well as during conflict as potential power. Furthermore, up till recently, employment opportunities for Gaza males were in fact quite available, where one can argue that increasing family wealth relates to parents having many male children in their families. It is only during the past two years or so that Palestinian migrant workers have faced serious impediments in seeking employment in Israel. Should these conditions continue, it is likely that this serious economic hardship will take time to reflect itself in fertility declines. Finally, it should be remembered that family planning within the context health services must be readily available, accessible and affordable so that the impact of socio-economic changes on fertility declines becomes evident, which, until very recently, was not the case in neither the Gaza Strip nor the West Bank.

[60]Fargues, P., Changing Hierarchies... op.cit.

Another determinant of high fertility in the area is the age at which women first marry. The Fafo study relating to the early 1990's shows that the median age at marriage was 19.5 years[61]. PCBS indicates a median age at first marriage of 20 years for the middle 1990's, indicating basically no substantial change in the median age at first marriage for the West Bank and Gaza Strip. Calculations obtained from the data presented by the PCBS report reveal 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 married below the legal age of 17 years - Gaza follows the Egyptian codes, banning marriage under 17, while the West Bank follows the Jordanian laws, which bans marriages under the age of 15 - PCBS data indicates a lower 31% of Gaza women in fact married under the legal age of 17 years during 1995. For the West Bank, Fafo data reveal that 37% of women in the West Bank married before the age of 17 yars, and 11% before the legal age 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 and about 6% below the legal age of 15 years mandated by Jordanian laws[62]. That is, marriage age does appear to be rising, although the phenomenon of early marriage continues to constitute an important proportion of all marriage, and a danger to the health of women and children, in addition to a contributing factor partially explaining persistent high fertility in the area. Given the impact of the age of marriage on fertility, age of marriage becomes an important component of future Palestinian population policies.

Desired Family Size

Utilizing PCBS tables pertaining to the responses of women to their views regarding the ideal number of children they would like to have, we find that, on the whole, about 63% of the women reported that 4-6 children would be 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, and 23% reporting 4 children as ideal in Gaza, in contrsat to 27% in the West Bank. The results pertaining to locale are similar in that 29% of urban women thought that 4 children was ideal, in contrast to 24% among rural women and 23% among camp dwellers, while 25% of urban women believed that 6 children was ideal, in contrast to 27% in rural areas and a high of 32% in camps. It therefore appears that women's perceptions of ideal family size are in fact compatible with the actual number of children that they have, and comparing with a total fertitliy rate of 6.24 for the area. What gives further support to this argument is the finding that in

[61] Hammami, Rema: Women in Palestinian Society, in Heigberg and Ovensen..... op.cit. pp. 283-311.

[62] We are unable to demonstrate regional variation in age of marriage- urban rural camp etc. - becaue the PCBS initial report did not contain such a data presentation. We have been recently told that PCBS will be publishing separate reports for each region alone in the near future.

fact, very few women reported that they would have wanted less children than what they had at the time of the survey. PCBS data indicates that 65% of the women reported that there is agreement between them and their husbands on the desired number of children they should have while 35% reported no agreement or no discussion. Among those with husband agreement, only 8% reported that they would have wanted less children that what they had, in contrast to 7% among those who did not have an agreement with their husbands regarding their desired family size. That is, the data suggests that women's perceptions regarding family size is compatible with their practice. While the interpretation of these results should be approached with caution as they are rather tentative, one cannot help but raise the issue of Palestinian women's actual and ideal choice of family size ultimately corresponding to their interests, giventhe particularities of Palestinian socio-economic and legal conditions that favor large family sizes, and that places women's vested interest in having large families, especially families of boys. Indeed, there are clear results in the PCBS study that point to boy preference among women. We find that, on the whole, calculations from the PCBS data reveal that an average of 3 boys is desired in the family, in contrast to 2 girls.

Palestinian Population Policies: past experience and future options

During the years of occupation, Palestinians were subjected to the contradictory effects of differing types of population policies, both stated and unstated. The first type exemplified the mainstream nationalist trend: a stated pronatalist policy utilizing population growth and the demographic pressure as an instrument through which to achieve liberation[63].This policy also visualized women as an instrument of men's national politics and primarily placed women in the domain of biological reproduction and family sustenance. Such a policy did not merely remain in the domain of ideological sloganeering, but was concratized in the development of a very low costs - sometimes even free of charge - clinic infrastructure that focused on what is called maternal and child health, but in fact focusing on children's health and generally neglecting women's health needs. For instance, until recently, prenatal care focused on the pregnancy, while post-natal care - that is, the care specifically geared towards women - remained glaringly absent. Furthermore, such schemes consciously refrained from introducing family planning services within clinics even to safeguard women's and children's health. This policy was also translated into conscious efforts to encourage families and women to have children, and in sustaining and maintaining them through various means, including charity programmes developed by local charitable and women's socieites, political and religious groupings, all under the banner of steadfastness. Many groups, ironically including women's committees, also focused on helping women to develop income generating schemes that do not contradict with their roles as wives and mothers - i.e. generating paid work for women in the homes in food production, sewing, knitting etc. An excellent example here is the work of In'ash al-'Usra, a women-s charitable society, which held a clearly stated pro-natalist nationalist policy of such excesses as to advertize special competitions for women who have more than ten children in local

[63] Tamari and Scott, op.cit.

newspapers, and which focused on helping women to financially and otherwise cope with large family sizes.

Interestingly, although for completely different reasons, and primarily as a consequence of the neglect of the health care infrastructure, Israeli military government policy falls within the pro-natalist category. Through constraints on governmental health care budgets, inhibition of growth and general neglect, the governmental health care services failed to meet basic health needs, sustained minimal and very inadequate maternal and child health care services, and did not develop any family planning services throughout the years of occupation. Moreover, the violence exersised against individuals and the collectivity causing death, injury, disability and encouraging outmigration all fuelled the fire further, giving further credence and impetus to Palestinian pro-natalist positions and practices.

The second type of policy evolved out of the health movement that developed in the late 1970's and early 1980's. Beginning as a curative oriented scheme, some of these local health non-governmental organizations were gradually transformed with practice and experience and in the face of Palestinian health reality. By the middle 1980's, and influenced largely by health considerations, some of these NGO's had already 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, again at very low costs, and focused on the provision of adequate pre and post natal care. With practice, some of these groups developed further their policy, incorporating the notion of the right of couples to chose their ideal family size and the notion of the rights of women to health as part of their stated policy as well as practice[64]. In line with these changes in policy, these groups developed their programmes further, introducing women's health projects, and family planning services, as well as counselling, as core components of primary health care.

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[64] 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.

The third type of policy is that of UNRWA. While un-stated, UNRWA's population policy for refugees remained pro-natalist - perhaps inadvertantly - until very recently. Through its service provision history in the area, and until 2 years ago, 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 restricted to 'advice' without the necessary availability and provision of family planning methods. It is believed that while UNRWA was aware of this problem, it was unable to react primarily because of the fear of a political reaction to such family planning service implementation, given the prevailing strong nationalistic pronatalist ideology. It is interesting to note here that, while this pronatalist nationalistic ideology did not stop the fertility rate to gradually decline throughout the period, it did contribute to the inhibition of the development of the family planning infrastructure in the area, which could very well have contributed to further declines in fertility. In that sense, it can be argued that the pro-natalist nationalist ideology probably had an impact, although indirect, on fertility levels in that it limited and constrained access to family planning services for those who wanted it. Other factors also contributed to an in-advertant UNRWA pronatalist effect. Such factors include the observartion that one researcher put forth that UNRWA's basic services helped alleviate the costs of child rearing at the level of the household, thereby contributing to high fertility among refugees[65] as well as UNRWA's stated and practiced policies regarding women.Up till the present, refugee women are not afforded equal status to refugee men by UNRWA mandate[66], while UNRWA's health care services continue to subsume women's health care under the umbrella of family health, in an apparent refusal to afford women's health a status and importance of its own, and a continued focus on maternal and child health, although family planning is currently being introduced into the health care services.

[65] Fargues in Makhlouf-Obermeyer (ed).. op.cit.

[66] Cervenac.....(what is the reference ?)

The fourth type of population policy is an anti-natalist/and or frank population control one, upheld mostly and recently by international aid agencies either operating or beginning to operate in the area[67]. While these different agencies couch their policies within the framework of women's reproductive health, safe motherhood, or child spacing, the point of departure is the same: a problem of over-population in the area that requires immediate intervention, and where over-population is seen as leading to grave social inequities and resulting in a massive increase in the numbers of people living in poverty, in contrast the alternative view that views over-population as a consequence of poverty, inequality and insecurity[68]. The activities of such aid agencies in family planning project project implementation in the area is likely to considerably widen the family planning service network in the country, especially that most are developing projects in conjuction or close coordination with the Palestinian Authority, and consequently, will be or are implementing schemes within the governmental health care infrastructure. In this sense, the presence and activities of such agencies is likely to have a positive impact on women's choices and access to services that they need. However, one can predict several problem areas here, based on the documented experiences of developing world women as well as based on the way in which such policies are being implemented. To begin with, while an anti-natalist population policy per se is not necessarily problematic in the absolute, it should not be implemented by international aid agencies without the adequate development of a Palestinian population policy that clearly spells out the national need for population control, and that takes into consideration the ways in which to minimize the differences in interest - where one can see how as a nation, one needs to consider the issue of population growth given these severely constrained economic conditions, but at the same time, one can also see how individual family's guarantee of economic security also rests on having as many children as possible - between individual families and the national collectivity. At the moment, while family planning programmes are beginnign to be implemented in conjuction with the PA and its blessing, this is being done without the requisite development of a comprehensive and well thought out national level population policy within which developments and programme implementation in the area could be guided. Here, we are not suggesting that we have to wait until such policies are developed. Rather, there is a need for a great amount of care and restraint, especially in the area of introducing new contraceptive technologies, and in not exhausting scarce budgets on semi effective or possibly ineffective strategies. Furthermore, the call here is for the development of a clear and comprehensive population policy that can guide these newly emerging activities in the area of fertility control.

Seconldy, judging from what has been taking place in the developing world, much of the past's investment in population policy has focused on family planning programs

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

[68] 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.

without adequate attention being paid to other key issues[69], such as women's status, early marriage, socio-economic development and social security. The fear in Palestine is precisely that such efforts, given the void of a comprehensive and rational Palestinian population policy, will translate into family planning services that are either ineffective or somewhat ineffective, and the expenditure of large amounts of scarse and much needed funds that could be more effectively used to address the population problem in more effective ways, and in synergysm - that is, using different types of strategies together to affect change geared towards the improvement of the quality of life of the individual, in contrast to achieving population control at the expense of individual and family welfare and rights.

[69] See for instance, Sen, G. et al. (ed) Population Policies Reconsidered... op.cit.

Thirdly, given the generally laissez faire setting, where the PA is hardly able to deal with major political problems it is currently facing, and where generally speaking, international aid is left to its own devices suggesting and implementing different strategies, with the blessing of an Authority that is too over-burdened with other issues, and where we see sometimes one international aid policy contradicting the other, there is plenty of space for great maneuverability, including the introduction of potentially dangerous medications or medications that continue to face international controversy regarding safety[70] without adequate consideration of the issues involved, such as injectable estrogens and progesterone - for instance, Depo-Provera.

That is, while there is no question that increasing the availability and accessibility of family planning is desireable both from the women's rights point of view as well as the national interest one, there is every indication to believe that the principal issues here are ones dealing with how these services are provided - for effectiveness and safety - and given other measures going beyond the provision of family planning services that the Authority needs to use in order to effectively deal with the current population situation.

Today, there is no doubt of the urgency of the need to develop a comprehensive and rational Palestinian Population Policy that can be at once effective and that can guarantee individual and women's rights. What then, are the principal issues that the Palestinian Authority needs to address in order to develop such a policy?

Firstly, there is a need to recognize, based on international as well as Palestinian experience, that population policies should not be reduced to the introduction of family planning services, and that policies must also address people's concerns, insecurities and burdens. That is, such a policy needs to be developed in line with people's socio-economic reality. There is a need to emphasize here that political will and interventions from the part of the Authority are also very important and are likely

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[70] It is interesting to note that the literature regarding the safety of injectable contraceptives is full of controversy. However, generally speaking, those upholding safety have tested the use of these medications in developed settings, where patient information, consent and follow up is more or less guaranteed, while those upholding the notion of danger represent women's health and advocacy groups and/or have based their views on developing world experience, where patient consent, safety precautions, patient screening and adequate follow have not been guaranteed. See Francisco, J.S., **Women's Reproductive Health Care: Research Notes**, Institute for Social Studies and Action, Women and Health Booklet Series No. 5, Qhezon City, Phillipines 1989; Hardon, A., Development of Contraceptives: General Concern. contraceptive ResaercH: Women's Perspective, in Mintzes, B. (ed.), **A Question of Control. Women's Perspectives on the Development and Use of Contraceptive Technologies, Report of an International Conference Held in Woudschoten, the Netherlands, April, 1991**, 1992, pp.7-16.

to have an impact on population growth if a multi-prongued strategy geared towards guaranteeing both the rights/safety of individuals and the interest of the national collectivity is developed in the near future.

Secondly, a rational and effective population policy must entail the development of compatible supporting policies within the different ministries for maximal effect. As it stands, family planning clinics are being developed within the governmental health care sector, while at the same time, recently formulated social services policies hint to a contradictory pro-natalist policy in terms of both its assumptions and visions regarding the role of women in society as well as in terms of the distribution of benefits [71]. Likewise, an effective policy needs to address the rising problem of un-employment and inequity that is gripping the area more than ever before. In the absence or the sub-minimal presence of social safety net or family support, or social security and old age benefits, it is highly unlikely that the Palestinian population will consider a serious reduction in family size, as families today, more than ever perhaps, are the pillar on which family welfare stands. Finally, an effective policy needs to also address the issue of health education in schools. As it stands, such schemes have been either abscent altogether from school curricula, or represent un-scientific representations of current knowledge.

An effective population policy also needs to address the problem of the restructuring of health care services and improving the quality of services as well. It has been repeatedly shown that women's and reproductive health and rights - the rights of people to determine the number and spacing of children - and women's health are key to an effective reduction in fertility. In the meanwhile, current health care services are operating on minimal budgets, in archaic ways, and primarily geared towards the old style maternal and child health care services which can defeat the purpose of effective population policies. In the Palestinian context, an effective evolution and restructuring of health care services is quite possible, especially in view of the models of women's health and reproductive health services already developed by local non-governmental organizations. There is every reason to believe that interactions between the governmental and non-governmental sectors could facilitate the changes needed in the governmental health care services that have been stunted and distorted by the years of military rule.

[71] I lost the article, Penny! Do you have the reference?

An enlightened interventionist policy has been shown to have far reaching changes, even within the context of an Islamic society. Indeed, the example of Iran and Tunisia are cases in point. In the Iranian case, an active debate on the dynamics of population policy and women's rights and responsibilities, combined by the government's effort to build public consensus on the need for borth control and family planning, and the consequent introduction reforms in the areas of marriage, divorce and education has proven to be instrumental in affecting change[72]. The success of Tunisia's population policy has been relegated to the introduction of successive changes in the law, including banning marriage of women under the age of 17, banning of the marriage of more than one wife, the regularization of divorce, restructuring of school curricula and the expansion of educational institutions and networks, the establishment of the National Family Planning Council that sets policies and outlines plans of action, and expansion of health and family planning services to rural areas, as well as guaranteeing women's rights. Political will, combined with legal changes and improvements in the status of women were shown to be key elements in the success of Tunisia's population policy[73]

In the Palestinian context, the stage is set for an active and enlightened governmental intervention in the area of population, in active cooperation with an already existing and experienced network of health as 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 the choice of their ideal family size is possible with consultation, cooperation, initiating public debates and building national consensus from the bottom upwards, and can achieve dramatic results in a short period of time. Within this framework, key legal changes and the improvement in the status of women, through education, employment, and the provision of equal rights remains an important key to success.

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[72] Hoodfar, H., Devices and Desires: Population Policy and Gender Roles in the Islamic Republic, **Middle East Report**, 24(190) 1994, pp.11-17.

[73] **Tunisian Population Policy and National Family Planning Programme**, Palestinian Family Planning and Protection Association and Palestine Red Crescent Society, Palestinian Population and Family Planning Conference Proceedings, Cairo, March-April, 1994, Vol.2, pp. 205-213 (In Arabic).