Demography and Politics in the Palestinian Authority

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The new strategic thinking in the Israeli government is motivated, among other things, by a new awareness of demographic issues, and from estimations that in 2006 the Palestinians will be the majority population in Mandatory Palestine, between the sea and the Jordan River. According to this viewpoint, the Palestinian population continues to grow at a pace of 3 percent a year, while the Jewish population is growing at a slower pace, currently 2 percent a year. Thus the proportion of the Jewish population will continue to decline to 40 percent in the year 2020. According to those who hold this perspective, this will mean a death sentence for Israel as a Jewish-Zionist and democratic state. Yasser Arafat's speech in July 1987, in which he likened the Palestinian woman to a 'biological bomb' only served to exacerbate this feeling. In other words, demographic considerations, which recruit women's uteruses to the national conflict moved to the front of the public debate.

Scholars like Sofer[1] conclude, based on this analysis, that Israel should pre-emptively withdraw from large portions of the West Bank and the Gaza Strip that are heavily populated, and barricade itself behind walls and fences. This type of separation will protect Israel from existential dangers like becoming a minority of the population; terror; a flood of Palestinian migrant labourers; demands from migrant labourers for residence status based on the right of return; crime; and influences upon the Arab-Israeli population.

The security forces will have to develop appropriate defence mechanisms in order to provide protection from the persistent Islamic threat, which will be fuelled by the inability of the Palestinians to ensure the minimal standard of living for a quickly growing population. According to Sofer's conclusions, Israel's policies must ensure that the unavoidable Palestinian demographic explosion will be directed towards either Jordan or Egypt.

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The purpose of this article is rather narrow. It does not attempt to discuss the consequences of demographic behaviour on Palestinian society. Instead, it challenges Sofer's apocalyptic demographic argument concerning Israel's interests. It argues that a demographic change is possible, but it is likely that it will occur only when a strong and orderly Palestinian state is created. The argument is founded on the comparison between Palestinian demographic behaviour and the demographic behaviour of other Muslim societies, assuming that they will respond similarly to similar socio-political forces. Despite the fact that a comprehensive model that may explain, or at least predict, demographic behaviour is still lacking, research in Muslim countries in the last two decades may expose the main factors that influence demographic changes among Muslims. The availability and accuracy of data somewhat prevents a valid quantitative analysis, but some major trends may still be identified.

Until twenty years ago fertility rates in Arab and Muslim societies remained high regardless of economic development. During recent decades a radical decline in fertility rates has been seen in several countries, which have undergone socio-cultural changes.[2] This paper argues that demographic and economic development are mutually associated, and that Palestinians seek to improve their standard of living as much as other Arab and Muslim societies. In addition, it assumes that if Palestinians adopt policies that proved successful in other Arab countries, they have the potential to change Palestinian demographic behaviour. Therefore, a main part of the article, after presenting demographic trends in Arab and Muslim societies, analyses the factors that cause demographic change among some Muslim countries in comparison to those that continue to present high fertility rates. The second part of the article discusses Palestinian demographic behaviour, concluding with an investigation of the conditions that may lead to a decline in fertility rates in Palestine.

DEMOGRAPHIC TRANSITION AMONG MUSLIMS IN THE MIDDLE EAST AND ASIA

In the 1960s, the average total fertility rate among Middle Eastern countries was 7.0, in the 1980s it was 5.0 and in the year 2002 it declined to 3.3. This trend includes most Middle Eastern societies, and only in a minority—Yemen, Saudi Arabia and the Palestinian Authority (PA)—has it remained high, with close to 5.0 children per woman.[3] Both theoretical and empirical professional literature deals extensively with the variables that control this trend of descending fertility rates of Muslims in their countries.

Based on the literature, three factors are particularly influential: government policy, socio-cultural values and aspirations, and personal goals.[4] Included in the first group are planned policy steps: exposing the public to family planning programmes, including contraceptives, and

improving the access of the population, especially women, to education and to the labour market. In the second group, there are factors relating to common socio-cultural perceptions, like the status of women in society, the family unit and the relationship between religion and fertility. In the third group are conscious aspects of the individual, ranging from the 'sociological person' (who sees recruitment in the service of collective goals as an important value) to the 'psychological person', who emphasizes self-enhancement.

At the first United Nations Convention on Population, held in Bucharest in 1974, most Middle Eastern governments vehemently refused to adopt any family planning policy. Less then a decade later, this position began to change and countries like Tunisia and Egypt started to take steps to reduce their fertility rates. Legislative changes were made, like banning polygamy, access to abortion and contraceptives was made easier, there was an expansion of health services to the whole family in order to reduce infant mortality, and there was a change in the status of women. These changes marked a new trend that grew in strength in most countries of the region.[5] Over the last few years, only a few countries have continued to resist the adoption of family planning programmes as part of the formulation of comprehensive national development programmes.[6] The leadership in most countries in the region recognizes that a family planning policy accompanied by an enlarged investment in education and health are steps that will reap an enormous financial dividend.

A recent study, which examined the economic development of 19 developing countries, including Egypt, Jordan and Tunisia, reached the conclusion that their economic development is due mainly to the growth in the number of students with 12 years of schooling. This growth, coupled with low wages, has encouraged foreign investment, one of the main factors in the economic progress of developing countries.[7] Most research from the last decade about Muslim societies in the Middle East and in Asia tend to over-emphasize the importance of the socio-cultural variables on reducing fertility and lowering the rate of natural increase, especially the effect of societal values regarding the place of women. Goldscheider, a prominent researcher in this field, addresses the connection between socio-cultural variables and the rate of natural increase.[8] In his research on the demographic behaviour of different religious groups in Israel, he claims that the high fertility rate among Muslim women in Israel is caused by the prevalent social norms regarding the centrality of the family unit and the woman's status and position within it.

According to Goldscheider, the limited access of women to the Israeli labour market enhances their dependence on men, and strengthens the role of the woman as a mother. The importance attached to the family unit, and its glorification, forces women to play their part in the dominant value system. A large number of research papers support this conclusion,

claiming that the variable of a woman's autonomy is the main factor predicting the fertility and rates of natural increase in Islamic societies.[9] In this context, some difficult issues arise regarding the role of Islam as a variable that encourages birth.[10] The only single conclusion that arises from the cumulative research effort is that religion has no singular dominant effect on the demographic process.

It cannot explain, as some have tried to do, the high rates of natural increase in Arab and other Muslim countries.[11] The influence of religion changes from one society to another, especially with regard to the position of religious institutes and religious figures in the society and the state. A comparative examination shows that in most cases religious authorities generally provide legitimacy and support for fertility reduction policies. The importance of government policy and societal values as dominant variables in the process of reducing the rate of natural increase has also received support from economic development. An efficient national planning programme can realize major fertility decline even in economically disadvantaged countries when they experience economic improvements. Research indicates that when the economic horizon is opened and there are reasons for believing in a potential for prosperity individuals change their fertility aims, particularly making decisions to have fewer children.[12]

It is widely accepted that this decision is closely connected to a dramatic increase in the education level of women. The growth in the number of women attaining higher education influences worldviews, patterns of behaviour and actions in all areas of their lives. It is also expressed in changing perceptions regarding women's status in the family and society, growing awareness of family planning programmes and the need to invest in improving their children's life chances, as well as their own employment opportunities.[13] Even though most studies find negative correlations between women's education and fertility rates, these coefficients are not entirely significant. In some cases, total fertility rates remain high, even among women with a higher education.[14] Despite the aforementioned changes there is still a high proportion of illiteracy in Middle Eastern countries, compared to countries with a similar per capita GDP. Most illiterates live in three countries: Egypt, Iraq and Morocco. Over half of them are women.[15]

Against this background, some representative processes and changes in a number of Muslim countries that have different experiences of fertility decline will be examined—women's education, which indirectly includes the role of the state in the demographic process of change, government family planning policy and the views of the religious establishment about policies aimed at lowering the fertility rate.

Regarding family policy, it is important to differentiate between structural and instrumental policy steps. The first includes government

actions designed to change patterns of behaviour and thinking, such as: development of the education system, encouraging women to obtain a higher education, making education accessible for girls and passing legislation calling for mandatory schooling. The instrumental changes include policy steps designed to translate changed perceptions into operative steps, like spreading knowledge about contraceptives, and encouraging their use. Four typical examples, representing different levels of commitment to family control policy are being examined. The representative countries are: Jordan, Saudi Arabia, Iran and Bangladesh (Table 1).

JORDAN

Since the mid-1970s, the average family size in Jordan has decreased. At the end of the 1990s, the average fertility rate was 3.7 children per woman, compared to 5.6 in 1990 and 7.4 in 1976.[16] Most of the reduction occurred among women aged 20–39 with higher education. Jordanian demographers relate the reduction in the total fertility rate mainly to the government's family planning policy initiated during the 1980s and to social development. The reduction was also related particularly to reduced rates of infant mortality and the rise in educational levels, especially with regard to women, developments in which the government played a major role.[17]

Since the 1990s the government has been intensifying its fertility reduction policy mainly through the distribution of knowledge about family planning and the use of contraceptives. They make use of public telecommunication systems and religious figures who are government workers and have the public credibility needed to counter traditional views of family planning.[18] Due to these actions the percentage of women who use contraceptives increased from 40 percent to 53 percent between 1990 and 2002.[19]

SAUDI ARABIA

Fertility rate data sources at the beginning of the twenty-first century are murky. They range from 4.5[20] to 5.7.[21] Despite the differences among data

TABLE 1

TRENDS IN TOTAL FERTILITY RATES IN SELECTED MUSLIM COUNTRIES 1970–75 TO 2000–05

Country	1970–1975	2000–2005	% decline 1970–1975 to 2000–2005
Jordan	7.8	3.6	54.0
Saudi Arabia	7.3	5.5	24.6
Iran	6.4	2.0	69.0
Bangladesh	6.3	3.2	49.0

Source: Obermeyer, 1992, p. 39. Human Development Report, 2004.

sources, it is obvious that in the last decades, fertility rates have slowed down, as shown in Table 1. Yet there is little question that the total population is growing rapidly and that the fertility rates of Saudi women are still one of the world's highest. Decline in fertility rates is directly explained by the increase in women's education and participation in the labour market. Between 1985 and 1997, female secondary school enrolment grew from 31 percent to 57 percent. The average age of women at the time of first marriage rose to 22 years in 2000 and female participation in the labour market rose from 10 percent in the 1980s to 23 percent in the late 1990s.[22] The use of modern family planning methods was still extremely low, 20–35 percent, in the late 1990s, but has been growing gradually since the 1980s.[23] However, the expression of these changes on fertility rates is far smaller than the potential influence they may have, due to the existence of dominant background factors that play a significant role in thwarting the process.

Above all, the Saudi Arabian government does not have a comprehensive policy to address population issues. One of the reasons is that since the government views population in terms of meeting its labour force requirements, it actively tries to promote higher fertility rates among Saudi nationals. As of 2004 the government had no plans to introduce educational programmes promoting family planning. On the contrary, women who give birth receive financial support. Political and religious leaders in Saudi Arabia refuse to overcome the common belief that family planning initiatives cannot be accepted by Muslim theology. One of the side effects of this is that it allows the political and religious elites to marginalize women economically.

Employment opportunities for Saudi women are limited and they are concentrated in the education and health services sectors and, in the last decade, partly in the private sector. The marginalization of women in the labour market and in public spaces is guided by the belief that women are expected to uphold religious and traditional values.[24] In Saudi Arabia, the combination of the government, political institutions, Islamic religion and the system of gender relations, is a powerful factor which impedes the process of family planning. The politically motivated close relationship between the government and religious institutions, serves to significantly limit the influence that economic conditions may have on the demographic behaviour of the country.

IRAN

For two decades, the rate of natural population growth has been declining dramatically. Between 1966 and 1976, the rate of natural population growth was 2.7 percent. In the next decade it increased to 3.2 percent. Since the end of the 1980s, this rate has actually decreased, despite the

theocratic regime.[25] At the beginning of the twenty-first century, the rate of natural population growth was 1.2 percent. This process is reflected, of course, in changes in the Total Fertility Rate (TFR). In 1985, the TFR was 5.6 births per woman. In the year 2000, it declined by 64 percent to 2.0.[26] In the rural sector, this decline is even more dramatic, from 8.1 in 1976 to 2.4 in 2000 (a 70 percent reduction).[27] A coercive and encompassing family planning policy enacted in the 1980s is the main reason for the declining birth rate. Iran's plan is the most wide-ranging to be enacted so far in the Middle East.[28] Initial steps were taken in the 1960s, under the framework of a national development policy. The health-care system was the main agent for this policy that sought to encourage contraceptive use. This line of policy was abandoned when Khomeini took power chiefly because it was identified with western culture. During his rule, the government embarked on a policy of encouraging reproduction. Immediately after the end of the war with Iraq in the late 1980s, in the context of rebuilding the national economy, a new policy was initiated.[29]

In 1988 after a national conference on population policy held in Mashhad, a national family planning programme was ratified by official high ranking religious leaders, even by Khomeini who gave his blessing shortly before his death in 1989.[30] The support of those religious leaders was the cornerstone of the programme's success. Another significant cause for its success was the role of the lower ranking clergy. Their dedication to spreading the message for limiting family size, as part of the general effort to revive the national economy, was a powerful force in altering prevalent notions of family planning.[31] The major goal of the national family planning programme was defined as the prevention of unwanted pregnancies in order for families to improve their physical and social health. Such improvement might result from spacing pregnancies, postponing the first pregnancy and limiting the fertility period by increasing the legal age of marriage.[32]

Iran's family planning programme success was based on providing high quality services to all groups especially outside major urban centres. Indeed, the programme has managed to distribute health services to a great part of the rural population. As a result, currently, 55 percent of married women in Iran use modern contraceptives—the highest among Muslim countries, and the gap between rural and urban women's use of modern contraception is also closest in Iran.[33] Another component of Iran's family planning programme is resources allocated to expand women's education and their participation in the workforce. Pensions were raised, and this was an alternative to children as an income generator in old age. In addition, the stipends for large families were removed. University students were made to take courses on family planning, and couples were instructed in family planning before they received their marriage licence. These varied activities reduced the fertility rates beyond all expectations.

The programme's goal was to reduce the fertility rate to 4.0 children by the year 2011. In reality, by the year 2000, the TFR was 2.0.[34] The government programme removed social barriers that were theoretically embedded in the population, while convincing the population that family planning does not contradict cultural values. By financing the programme with money from government coffers, it encompassed those with meagre incomes from rural areas. Improving the access of women to education was also an important factor in the success of the policy. Between 1976 and 1995, the percentage of women with some education grew from 17 percent to 62 percent.[35] At the end of the 1990s, 75 percent of women had some education. During the academic year 2002–2003, female enrolment exceeded that of men for the first time since universities were established in Iran.[36]

Another important factor in achieving policy goals was to expand female participation in the labour market. In 1992 the 'High Council of the Cultural Revolution' adopted a set of employment policies for women, which, while reiterating the importance of family roles and continuing to rule out certain occupations and professions as inappropriate from an Islamic perspective, encouraged the integration of women into the labour force. During the 1990s women were encouraged to enter certain scientific and technical fields and even the field of law became more open to women. Female 'legal consultants' as well as assistant judges were permitted in the Special Civil Courts. Since the 1990s there has been a steady increase in women in government employment, perhaps as a reflection of the deterioration of government wages and the increasing participation of men in the private sector. In the late 1990s about 33 percent of public sector employees were women. Most work in the Ministries of Education and Health and about 35 percent of them have university degrees.[37]

Two major lessons may be learnt from the Iranian experience. First, even the most fundamental Islamic regime may adopt a pragmatic attitude towards population growth and recruit the religious leadership to support demographic policies, including the use of contraceptives. Second, population programmes are inherently multi-dimensional and cut across many government agencies. The success of the family control programme depends upon the government's ability to recruit and coordinate among agencies to achieve programme targets. An administration that is committed to reducing the birth rate and that allocates the necessary resources can achieve this goal.

The process of change described here requires a rethinking of the argument that the process of demographic transition cannot be rapid. The dramatic reduction in the population growth rate in Iran in the last decades strengthens the argument that the process of reducing the TFR in any given society in the Middle East and elsewhere is feasible, given a few necessary preconditions. Furthermore, these examples prove that the socio-cultural

characteristics of societies in the Muslim world are not an impassable barrier to demographic change. The success of Iran's family planning policy supports the conclusion that one must carefully examine the proclaimed influence of Islam on the rate of natural increase. The Iranian experience confirms that a committed policy and financial support, easily available family planning services and strong demand, can ensure that a decline in fertility rates occurs very rapidly.

BANGLADESH

In 1970s Bangladesh's TFR was 6.3 children per woman. Twenty years later (1994–1996) it was 3.3 children per woman.[38] The Bangladesh fertility transition has attracted more theoretical interest than any other contemporary transition. Among countries where there has not been a coercive government family planning programme, Bangladesh, with a 1997 per capita income of US$270,[39] is the poorest to have a total fertility rate under five births per woman.[40] Interest in the Bangladesh fertility decline was heightened by a World Bank study, which reached the conclusion that 'for a family planning programme to succeed it is unnecessary and indeed implausible to invoke economic change and shifts in the utility of children as the central determinant. The crucial change needed has nothing to do with structural changes, such as changing the patriarchal society, improving the position of women, variables that drive down the demand for children'. According to the study's authors the crucial component for family planning to succeed is a sustained political commitment to an effective family planning programme, adopted and pursued at the highest levels of government.[41]

An anthropological-demographic field study conducted in Bangladesh and data on fertility decline collected by other researchers refute these claims. Caldwell and his associates who conducted the field work found that economic and social improvements are the key factors in the success of family planning control. Most people identified improvements in their well-being less in terms of individual economic advance than with reference to the extension of the economic and social infrastructure: better roads, the extension of the electric grid, greater access to health services, education and family planning, and the spread of the media. Indeed, the improvements in the economic sphere in Bangladesh between 1960 and 1980 were real. According to one resource, the Human Development Index (HDI) (based on life expectancy, literacy, and real GDP per capita) for Bangladesh rose by 45.5 percent between 1960 and 1980, the second greatest increase during that period in South Asia.[42] One major lesson may be learnt from the Bangladeshi experience. Economic improvements markedly change people's choices. When there are opportunities to be grasped and choices to be made, these increasingly include ones about family size.

PALESTINIAN DEMOGRAPHIC BEHAVIOUR IN THE WEST BANK AND GAZA STRIP: 1968–2003

In spite of the numerous demographic statistics published about the Palestinian population, it is quite difficult to draw a complete and continuous demographic picture from 1967 to the present. During this period, not one complete broad and encompassing population census of the Palestinian population in the West Bank and Gaza was conducted. The vast majority of demographic data relies on sample polls that have been conducted over the years by various organizations, such as the Israeli government, non-governmental foreign agencies, and, since 1993, the Palestinian Central Bureau of Statistics. The most recent population census was conducted by the Palestinian Authority in 1995. It relies on sample polling from 15,000 Palestinian households with 110,574 inhabitants.[43] Though the absence of consistent and reliable data complicates the identification of fluctuations in demographic behaviour, it does not preclude the possibility of recognizing the shifts in general trends and locating some of their causes. Despite its limitations, the figure that reflects the trend of change is that of the total fertility rate. Though it is essentially a hypothetical statistic, its inference serves the purpose of this essay, which aims to outline the shifts in demographic behaviour over time.

From the data accumulated on the Palestinian population in the years 1968–2003, the Palestinian TFR in the West Bank and Gaza has remained one of the highest amongst Muslim populations worldwide. Yet the total Palestinian fertility rate has, for over a decade, moderately declined. In the West Bank, this process has been gradual, moderate but consistent, whereas its progression in Gaza is marked by cyclical change. From 1968 to 1975 an increase in the fertility rate is apparent in both population groups, or, at least, neither exhibited signs of decrease.[44] From 1975, there was a gradual and slow decrease that came to an end towards the end of the 1980s. From the late 1980s, signs of difference began to appear between the two regions. In the West Bank, after a slight increase, a slow and gradual process of moderation is evident and this continued until the beginning of the twenty-first century.

In Gaza the level of fertility continued to rise until 1992, when it peaked at 8.1 children per woman. From 1993 on, there was a slow, gradual but consistent decrease in the fertility rate (see Figure 1). Due to the nature of the statistics and their level of credibility, it can be cautiously suggested that the gradual decreasing trend in the fertility rate was a product of the following interrelated factors: change in the political climate due to the signing of the Oslo agreement between Israel and the Palestinians; developments in Palestinian expectations due to the changes in economic conditions;[45] and the activities of various non-governmental organizations (NGOs) towards the promotion of social causes (including family planning) among the

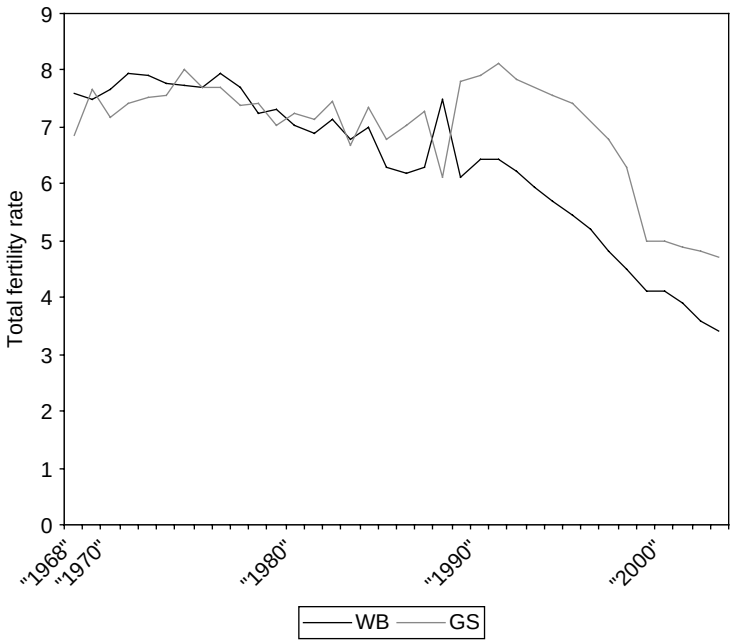

FIGURE 1
TOTAL FERTILITY RATE BY YEAR AND SUBPOPULATION (WBGS) 1968–2003.
SOURCES: P. FARGUES, 'PROTRACTED NATIONAL CONFLICT AND FERTILITY CHANGE: PALESTINIANS AND ISRAELIS IN THE TWENTIETH CENTURY', *POPULATION AND DEVELOPMENT REVIEW*, VOL. 26, NO. 3 (2000), PP. 468–470; PA MINISTRY OF HEALTH 2004. (http://moh.gov.ps/demography)

Palestinians.[46] These components created, in parts of this population, the infrastructure for altering personal preferences, and the motivation to pursue fertility restraint.

Numerous explanations have been offered for the high fertility rates among Palestinians.[47] These explanations lack comprehensiveness. Nonetheless they contribute to promoting the discussion of possible reasons for the decrease of the fertility rate, the main concern of this essay. Most of the studies aimed at deciphering Palestinian demographic behaviour in the West Bank and Gaza incorporate a treatment of two categories that shape the fertility rate: direct (proximate) determinants and background factors.[48] The first category is defined as the biological and behavioural factors that directly influence fertility. The proximate determinants that account for most observed variations in fertility worldwide are: marital patterns, contraceptive prevalence, women's education, the proportion of women in the workforce and infant mortality.

Although the direct variables play an important role in generating fertility, the manner of their effects is largely determined by social,

economic, political and other background variables, which operate through them in a complex way. As Oppenheim Mason put it: 'It is time to recognize that there is likely to be a complex interplay among several factors involved in any fertility decline—with a different mix involved in each decline.'[49] The following analysis serves to present several proximate determinants which characterize the Palestinian population, and also to provide suggestions that could explain the contribution of the background variables to the demographic behaviour witnessed.

DIRECT (PROXIMATE) DETERMINANTS CHARACTERISTIC OF THE PALESTINIAN POPULATION

One of the most palpable characteristics of Palestinian society is that the majority of the people recognize the importance of education, which is expressed by an ongoing increase in the rate of education in the young population. Notably evident is the demand for high school and higher education.[50] In 1970, among the population aged 14 and over, only 16 percent had nine years of education or more in the West Bank, and 25 percent in Gaza. By 1987 these rates had risen to 38 percent and 49 percent respectively. By 2000–2001 66.5 percent of the married women in the West Bank and Gaza and 55.5 percent of males had 12 years of education and 11 percent of women and 21 percent of the males had graduated from university or college.[51]

It is commonly believed that the increase in the rate of education amongst the population, and specifically among women, caused a decline in the fertility rate. Empirical data concerning the Palestinian population supports this notion, though in a relatively limited manner. The TFR of women with an elementary school education in the mid-1990s was 6.62, the TFR of women with high school education 5.57, and the TFR of women with higher education 4.62.[52]

The slight effect that the relatively high proportion of educated women has on the fertility rate is attributed to the nature of economic, socio-economic and cultural variables. Their combined effect operates as the dire economic conditions in the West Bank and Gaza restrict the possibility of Palestinian women escaping their low social positions with the aid of familiar tools such as postponement of marital age, and entry into the wage-earning labour market; and, at the same time, these economic conditions serve to augment the importance of the family and reinforce its patriarchal structure.[53]

These processes impede opportunities for women to enjoy the fruits of their education (in terms of improving their socio-economic status and welfare) and lessen the motivation to reduce fertility. The adverse economic conditions are also responsible for the decrease in the marital

age, because they justify cutting wedding costs; lowering the bride price; and hastening marriage in order to lower the family's expenditure.[54]

There is reason to assume that these considerations explain the absolute high rate of couples who marry across Palestinian society. Comparative data shows that the rate of women who marry among Palestinian refugees in the West Bank and Gaza is higher than that of Palestinian women who reside in Jordan and Lebanon. In Gaza, the percentage was 76 percent in the 1990s, in the West Bank it was 67 percent and in Lebanon, 63 percent.[55]

The influence of women's education variable is minimal, perhaps primarily due to the low participation of women in the wage-earning job market.[56] In 2001, this rate stood at 13 percent in the West Bank and at 8 percent in Gaza; and, as Table 2 shows, it is one of the lowest existing in the Muslim populations in the Middle East.[57] Married women make up little of this population; the majority of wage-earning women are single or divorced. Among married women, most of the wage-earners are educated and employed in a small number of socially acceptable occupations and professions such as teachers, nursery carers, pharmacists, and so forth.[58] The low participation rate in the wage-earning workforce exists despite the relatively high proportion of women holding higher degrees and regardless of the continued decline of economic conditions, which increases the need for women to work to supplement family income.[59]

Despite the widespread tendency to attribute the high fertility rate mainly to economic and cultural background factors, the political variable's influence on demographic transition has also been examined. According to one view, the Palestinian Authority is engaged in an undeclared pro-natal policy and nurtures a social norm whereby fertility is esteemed as a powerful tool in the struggle against Israeli occupation.[60] As one commentator puts it, 'fertility was high because it was desired'.[61]

TABLE 2

PERCENTAGE OF WOMEN IN WORKFORCE (2002)

State	Female economic activity rate (% age 15 and above)
Turkey	50.8
Morocco	41.8
Tunisia	37.5
Egypt	35.7
Algeria	30.9
Iran	30.0
Syria	29.2
Jordan	27.6
Saudi Arabia	22.0
West Bank and Gaza	9.5

Sources: F. Roudi-Fahimi, 'Women's Reproductive Health in the Middle East and North Africa', *Population and Reference Bureau*, Washington DC, 2003; Human Development Report, 2002.

This line of reasoning maintains that by enlarging the proportion of Palestinians in the total population residing in Mandatory Palestine between the river and the sea, demography will democratically triumph over Israeli power. However, some researchers doubt the firmness of this correlation.

According to their view, the 'political fertility' argument, as it may pertain to the vast part of the West Bank and Gaza population, is unfounded.[62] Khawaja, for example, finds that the fertility rate among the Palestinian refugee populations is not conclusively higher than that of non-refugees. In 1991–1994, a refugee woman in the West Bank had on average 0.4 children less than a non-refugee woman. Between 1983 and 1994 the decline in the fertility rate among refugees in the West Bank was more rapid than that among the non-refugee population; 15 percent and 9 percent respectively.[63]

One of the possible explanations for these findings is that the use of contraceptives among Palestinian refugees is more prevalent in the camps than outside of them, due to the activities of the United Nations Relief and Works Agency (UNRWA) support teams, which provide a sense of security and professional standing.[64] But even if there is truth in this critique, namely that family size is not determined in light of the strategic 'womb struggle', the importance that political elements have in explaining high fertility levels among the Palestinians have been underestimated.

An in-depth analysis of the role played by the political factor reveals that its influence on fertility can be exerted in one of the following ways: actively, passively and indirectly. The first way has been accentuated and discussed widely; it is expressed in the actions of the post-Mao Chinese regime, which imposed an aggressive fertility control policy.

The second way consists of avoiding an active and determined family planning policy, which is discernible by the few resources allocated to fertility control, including the distribution of information regarding contraception. In this manner, the government does not provide a public environment that encourages fertility control. On the contrary, it furtively legitimizes preserving the existing reproductive behaviour, and any private initiative to alter it may be interpreted as challenging the socially accepted norms.

The third, indirect manner is economic. In order to achieve its goals, it turns largely to treating the side of demand in the level of motivation a society has to lower its fertility.[65] This motivation mainly, though not exclusively, draws from economic building blocks, in bettering macro- and micro-economic environmental conditions. Caldwell's findings in Bangladesh underline this, as do the steps taken by the Brazilian government, which led to its fertility revolution. In this case, the process of restraining fertility comes as a result of policies that brought on the growth of the consumer society, increased social security coverage and the enhanced

provision of medical care.[66] In other words, a significant decline in fertility rates occur even when the government does not take direct action in order to attain that goal; suffice that an economic horizon is perceived to be opened. Accordingly, in the case of economic activity growth, the effects are augmented. In that case there is a growing portion of people who tend to prefer material well-being over a high number of children.[67]

The combination of the analytical conclusions that arise from the studies describing the contribution of family planning policies to the decline in fertility rates, and the theoretical framework developed by Easterline,[68] which is based on economic thought and social theories, supports (both in theory and empirically) the main argument of this article, that the key to explaining Palestinian fertility behaviour lies in the political background variable and in its related economic by-products. The theoretical framework developed by Easterline sees modernization as a dominant force in determining fertility.

The process of modernization, which is mainly evident via the spread of education and urbanization, raises the exposure to a lifestyle that prefers quality over quantity, and reduces the opposition to normative changes.[69] The inclusion of standards that are embodied in a lifestyle which values material well-being raises the demand for consumer goods and encourages a reduction in the number of children per family as part of the process of decreasing the economic burden involved in their upkeep. Therefore, the decline in fertility occurs due to the changes in the nature of the supply factors that are defined as cultural and social standards.

The shift in standards also allows for a decrease in cost. Easterline suggests that the element of cost includes the effort required to bring about a change in attitudes and trends towards use of birth control; the price necessary to achieve information about birth control and their actual cost; as well as the extent of family planning services that are provided by the government. According to the underlying logic of the theory, modernization reduces, through education, the cost factor by raising women's accessibility to information and family planning services, and their willingness to consider fertility restraint.[70] The analysis of the examples aforementioned in this article, and the fact that the relatively high level of educated, urban Palestinian women is not manifested in fertility reduction, lead to the conclusion that there is room to expand the term 'cost' in the theory offered by Easterline, and to include within it the aspect of governmental political commitment to family planning and its associated economic features.[71]

The key lesson from the test cases is that the nature, and mostly the manner of implementation, of a governmental family planning policy has a key role in fertility decline. The rate of declining fertility is largely due to the extent of measures taken by the government to achieve this goal. A government that incorporates in its policy direct measures such

as: distribution of contraceptive information, widespread sponsoring and development of reliable health services, alongside economic growth that motivates normative change, creates a powerful dynamic for family size control. Conversely, it is most likely that without elements of economic change even a strong governmental commitment to the decrease of fertility will be difficult to implement.

This article maintains that the combination of a family planning policy and the nature of the economic horizon can contribute considerably to the understanding of Palestinian demographic behaviour. It proposes that the decline in fertility in Palestinian society was delayed until the beginning of the 1990s primarily due to the absence of these two elements. In light of incremental changes that occurred largely from the second half of the 1990s, a slow process of decline in the fertility rate can be seen. This process will gather momentum when the Palestinian government commits to a formal family planning policy and the conditions for sustained economic growth stabilize.

The underlying assumption is that this combination will more likely exist when a sovereign Palestinian state is established and its leaders choose to improve the social and economic welfare of its citizens and ensure their security. The combined effect of these two elements will provide the mechanism for realizing the potential contained in the proximate determinants that already exist in Palestinian society, and raise the motivation of a growing part of the population to lower the fertility rate in response to the improvement in standards of living.

THE WEST BANK AND GAZA STRIP: ECONOMIC CHARACTERISTICS IN THE POST-OSLO PERIOD

When the economic agreement, the so-called 'Paris Protocol', was signed and subsequently incorporated into the Oslo agreement, many predicted that it would be a starting point for the growth of the Palestinian economy in the West Bank and Gaza. And indeed, even though the treaty did not end the conflict, it produced a number of important changes in the political and, chiefly, the economic climate in the West Bank and Gaza. Up to the eruption of the second Intifada in September 2000, several economic indicators mark the extent of this positive development.

Between 1994 and 1999 the average annual real GDP growth rate was 8.3 percent.[72] The financial sector grew rapidly with a strong increase in banking activities. From 1996 to 2000 the amount of savings grew significantly, and private bank deposits increased by 133 percent. Most funds originated from Palestinians residing overseas who wished to expand their economic activities in the Palestinian Authority areas. The scale of imported goods to the PA was rising steadily. The high level of imports is explained, in part, by the high level of private consumption, which

is fuelled by workers' remittances and transfers from abroad.[73] In 1994, 70,000 Palestinian workers were employed in Israel. In the last third of 1999, their number grew to roughly 124,000, some 22 percent of the Palestinian workforce, after a considerable decline in their number in the years 1995–1997. From 1994 to 2000, the number of employees in the West Bank and Gaza grew by over 150,000 from 325,000 to 480,000; 365,000 of which were employed in the private sector and 115,000 in the public sector (approximately 24 percent of the total workforce).[74]

Ever since the establishment of the PA, foreign aid served as a major source of its income. In 1994–1996, the amount of foreign aid reached an average annual rate of about 13 percent of national revenues. Until 2000, US$3.3 billion was allocated to the PA, approximately 87 percent of which was grants. In those years, about one-third of the capital went to developing the physical and public infrastructure, water supply and sewage systems, education and health; some went to NGOs, mostly for the improvement of health and education services.[75]

The economic affects of the Oslo agreement were a source of optimism for part of the population, which feeds expectations for prosperity and freedom from poverty. It also altered individual preference systems, including the demand for children. These economic changes, both real and perceived, realized a hesitant process of fertility restraint, one which has lasted for over a decade. Still, the slowness of the process is attributed to the political conditions of Palestinian society. The postponement of the resolution of the conflict, in the form of the establishment of a sovereign Palestinian state, has hindered the government's commitment to achieving this goal.

In the Palestinian Development Plan (PDP) for 1999–2003,[76] which included a discussion and description of sectoral priorities, as well as lists of projects which the PA wanted to see undertaken, there was no trace of a family planning control programme. Two explanations can be offered for this. First, there is the argument that the PA agencies lack the financial tools and operative ability to implement a planned policy, due to the Israeli impediments on territorial control and mobility.[77]

It can also be ascribed to the effects of the conflict. The PA avoids undertaking a family planning programme, and by doing so de-legitimizes the dismantling of widespread social norms due to the politically charged nature of the matter. Prior to the establishment of an independent Palestinian state, any formal implementation of a family planning policy would play into Israeli hands and weaken the Palestinian negotiating position, which views the demographic threat as a source of power in its negotiations with Israel over a final settlement.[78]

Despite the official avoidance of family planning, the Oslo treaty did have an influence on this matter. A short time after it was signed, there was international involvement to help Palestinians fund ad-hoc projects and

both direct and indirect humanitarian actions were taken in family planning. For example, the number of kindergartens in the PA region grew in 1994–2001 from 436 to 811.[79] The kindergartens were constructed mostly by NGOs because the PA does not see itself as responsible for their construction or their maintenance. Nevertheless, the growing number of kindergartens increases the number of women liable to join the labour market.

Up to the late 1980s, family planning clinics were repeatedly exposed to fundamentalist threats. These incidents decreased dramatically from the early 1990s onward, and with their reduction came a rise in family planning services. The activities of non-governmental organizations, such as the Union of Palestinian Medical Relief Committees (UPMRC), and the unofficial actions taken by government agencies, aimed at expanding these services across the community. Palestinian health and education officials, working with foreign donors and international organizations, quietly support family planning through a steady expansion of clinics and community outreach services. Women are taught about the different methods of contraception that are acceptable under Islam. Health and education officials refer delicately to the 'spacing' of children, underscoring that they are not talking about placing limits on family size, which would violate Islamic teaching.[80]

Although it is difficult to resolutely link the issues, there is reason to believe that these initial family planning initiatives brought about an increase in female awareness of the matter. In one of the polls conducted among married Palestinian women in 645 households in the West Bank during the 1990s approximately 70 percent of the participants expressed the desire to delay the age of having their first child, which could be interpreted as a will to reduce the number of births.[81]

CONCLUSIONS

The Palestinian population, which has concrete direct determinants to encourage fertility decline, such as one of the lowest infant mortality rates in the Muslim world (24 per 1000 live births in 2003)[82] and one of the highest levels of women's education, remains amongst the last societies in the world to join the process of demographic transition. Given the crucial role that political and economic factors in Muslim countries play, both within and outside the Middle East, one must conclude that these factors also play a crucial role in impeding the fertility decline in the West Bank and Gaza. The fact the growing share of the educated population in the West Bank and Gaza (specifically among women), is not reflected in fertility behaviour is explained mainly by women's low societal status.

This is indirectly reinforced by the inability of the labour market in the West Bank and Gaza to absorb new entrants. Future economic activity will

be able to generate jobs and to increase standards of living for its rapidly growing population. The growing labour market will expand female opportunities to actively participate in the workforce and to assist more women to improve their position in society. If moderate Palestinian fertility decline in recent years in the West Bank and Gaza is partly a consequence of real and perceived economic prosperity since 1993 (one which has shrunk again between September 2000 to 2003), then the key to accelerating fertility decline lies in bettering economic conditions in the West Bank and Gaza.

This requires the removal of restrictions on Palestinian economic activity, investment in public and physical infrastructure, the expansion of employment opportunities and the labour market in the West Bank and Gaza. Under these conditions, it would be in the Palestinian government's interest to promote a family planning policy. It is assumed that a strong government may gain the support of the religious leadership in adopting an effective family planning policy. The basic prerequisite for enacting these steps is the resolution of the conflict between Israel and the Palestinians and the establishment of a sovereign Palestinian state with permanent boundaries.

NOTES

1. A. Sofer, http://www.demographyproblem.com, 2004, p. 26.
2. Y. Courbage, 'Economic and Political Issues of Fertility Transition in the Arab World—Answers and Open Questions', *Population and Environment*, Vol. 20, No. 4 (1999), p. 363.
3. F. Roudi-Fahimi, 'Women's Reproductive Health in the Middle East and North Africa', *Population and Reference Bureau*, Washington DC, 2003.
4. A. Goujon, *Population and Education Prospects in the Western Mediterranean Region* (Jordan, Lebanon, Syria, the West Bank and the Gaza Strip), Interim Report, *International Institute for Applied System analysis* (IIASA), Laxenburg, Austria, 1997; J.C. Caldwell, 'Demographic Theory: A Long View', *Population and Development Review*, Vol. 30, No. 2 (2004), pp. 297–310.
5. F. Roudi-Fahimi, 'Islam and Family Planning', *Population and Reference Bureau*, Washington DC, 2004.
6. Roudi-Fahimi, 'Women's Reproductive Health', pp. 3–9.
7. F. Roudi-Fahimi, and V. Mogbadam, 'Empowering Women, Developing Society: Female Education in the Middle East and North Africa', *Population and Reference Bureau*, Washington DC, 2003.
8. C. Goldscheider, 'Religious Values, Dependencies and Fertility: Evidence and Implications from Israel', in R. Leete (ed.), *Dynamics of Values in Fertility Change*, Oxford, 1999, pp. 313–320.
9. Goujon, *Population and Education*, pp. 4–7; Courbage, 'Economic and Political Issues', pp. 375–380; R.M. Khraif, 'Fertility in Saudi Arabia: Levels and Determinants', A paper presented at 24th General Population Conference, Salvador, Brazil, 2001.
10. C.M. Obermeyer, 'Islam, Women, and Politics: The Demography of Arab Countries', *Population and Development Review*, Vol. 18, No. 1 (1992), pp. 37–40.
11. J.C. Caldwell, 'Routes to Low Mortality in Poor Countries', *Population and Development Review*, Vol. 12, No. 2 (1986), pp. 182–185.
12. J. Huda Caldwell, C.B.E. Caldwell, B. Pieris and P. Caldwell, 'The Bangladesh Fertility Decline: An Interpretation', *Population and Development Review*, Vol. 25, No. 1 (1999), pp. 70–75.
13. Goujon, *Population and Education*, p. 6.

14. Ibid., p. 4.
15. Roudi-Fahimi and Mogbadam, 'Empowering Women', p. 6.
16. *Jordan Population and Family Health Survey*, Calverton, MD, 1997.
17. G. Gilbar, *Population Dilemmas in the Middle East*, London, 1997, p. 78.
18. C. Underwood, 'Islamic Precepts and Family Planning: The Perceptions of Jordanian Religious Leaders and their Constituents', *International Family Planning Perspectives*, Vol. 26, No. 3 (2000), pp. 110–112.
19. *Jordan Population and Family Health Survey*, Amman, Jordan, 2003.
20. Khraif, 'Fertility in Saudi Arabia', p. 4.
21. F. Roudi-Fahimi, 'Islam and Family Planning', *Population and Reference Bureau*, Washington DC, 2004.
22. Roudi-Fahimi and Mogbadam, 'Empowering Women', p. 7.
23. N.N.A. Al-Nahedh, 'The Effect of Socio Demographic Variables on Child-Spacing in Rural Saudi Arabia', *Eastern Mediterranean Health Journal*, Vol. 5, No. 1 (1999), pp. 136–140; Khraif, 'Fertility in Saudi Arabia', p. 9.
24. E. Doumato, 'Women and Work in Saudi Arabia: How Flexible are Islamic Margins?', *The Middle East Journal*, Vol. 53, No. 4 (1999), p. 575.
25. F. Roudi-Fahimi, 'Iran's Family Planning Program: Responding to a Nation's Needs', *Population and Reference Bureau*, Washington DC, 2002, pp. 3–4.
26. Roudi-Fahimi, 'Islam and Family Planning', pp. 4–6.
27. H. Hoodfar and S. Assadpour, 'The Politics of Population Policy in the Islamic Republic of Iran', *Studies in Family Planning*, Vol. 31, No. 1 (2000), pp. 19–20.
28. Ibid., pp. 21–24.
29. P. Paidar, *Women and the Political Process in Twentieth-century Iran*, Cambridge, 1995, pp. 21–30.
30. Hoodfar and Assadpour, 'The Politics of Population Policy', p. 24.
31. Ibid., p. 27.
32. Ibid., pp. 22–24.
33. Ibid., p. 31.
34. Ibid., pp. 27–29.
35. Roudi-Fahimi, 'Islam and Family Planning', pp. 3–4.
36. V.M. Moghadam, 'A Tale of Two Countries: State, Society, and Gender Politics in Iran and Afghanistan', *The Muslim World*, Vol. 94, No. 4 (2004), p. 449.
37. Moghadam, 'A Tale of Two Countries', pp. 461–462.
38. *Bangladesh Demographic and Health Survey* (BDHS), Calverton, MD, 1997, p. 7.
39. *World Development Report 1998/99*, New York, 1999.
40. Huda Caldwell *et al*., 'The Bangladesh Fertility Decline', pp. 3–4.
41. J.J. Cleland, F. Phillips, S. Amin and G.M. Kamal, 'The Determinants of Reproductive Change in Bangladesh: Success in a Challenging Environment', *The World Bank*, Washington, DC, 1994.
42. Huda Caldwell *et al*., 'The Bangladesh Fertility Decline', p. 75.
43. *The Demography Survey in the West Bank and Gaza Strip: Final Report*, Ramallah: Palestinian Central Bureau of Statistics (PCBS), 1997.
44. P. Fargues, 'Protracted National Conflict and Fertility Change: Palestinians and Israelis in the Twentieth Century', *Population and Development Review*, Vol. 26, No. 3 (2000), p. 462.
45. H. Frish and M. Hofnung, 'State Formation and International Aid: The Emergence of the Palestinian Authority', *World Development*, Vol. 25, No. 8 (1997), p. 1247.
46. C. Belfrage, 'The West Bank and Gaza Strip, A Case of Fulfilled Potential', Institute for Economic Research, Lund University, Sweden, 2000, pp. 13–24.
47. P. Fargues, 'Protracted National Conflict and Fertility Change: Palestinians and Israelis in the Twentieth Century', *Population and Development Review*, Vol. 26, No. 3 (2000), pp. 468–470.
48. H. Jones, *Population Geography*, London, 1990, p. 99.
49. K. Oppenheim Mason, 'Culture and Fertility Transition. Thoughts on Theories of Fertility Decline', *Genus*, Vol. 40 (1992), p. 7.
50. Gilbar, *Population Dilemmas in the Middle East*, p. 56.
51. Palestinian Human Development Report (PHDR), UN Development Reports, 2002, pp. 90–105.

52. M. Khawaga, 'The Recent Rise in Palestinian Fertility: Permanent or Transition?', *Population Studies*, Vol. 54, No. 3 (2000), pp. 332–333; A. Goujon, *Population and Education,* p. 17.
53. See note No. 2, p. 372.
54. J. Pederson, S. Randall and M. Khawaga (eds.), *Growing Fast—The Palestinian Population in the West Bank and Gaza Strip*, Fafo, Institute for Applied Social Science, Report 353, Oslo, 2001, p. 13.
55. M. Khawaja 'Fertility of Palestinian Women in the West Bank, Gaza, Jordan and Lebanon', American University of Beirut, Lebanon, 2001, pp. 8–11.
56. 'Palestinian Society in Gaza, West Bank and Arab Jerusalem: A Survey of Living Conditions', Fafo, Institute for Applied Social Science, Report 151, Oslo, 2001, p. 5.
57. *Human Development Report*, United Nations Development Report, 2002.
58. Goujon, *Population and Education*, 1997; Fafo Institute 'Palestinian Society in Gaza, West Bank and Arab Jerusalem', p. 7.
59. J. Pederson and J. Hooper (eds.), *Developing the Palestinians Society: Socio-Economic Trends and their Implications for Development Strategies*, Fafo Institute for Applied social science, Oslo, Norway, 1998, p. 13.
60. See note No. 2, pp. 369–371.
61. Khawaja, 'Fertility of Palestinian Women', p. 3.
62. Ibid., pp. 13–16.
63. Ibid., pp. 8–12.
64. Fargues, 'Protracted National Conflict and Fertility Change', p. 469; Courbage, *Population and Education*, p. 370.
65. D. Kirk, 'Demographic Transition Theory', *Population Studies*, Vol. 50 (1996), p. 376.
66. G. Martine, 'Brazil's Fertility Decline, 1965–1995: A Fresh look at Key Factors', *Population and Development Review*, Vol. 22, No. 1 (1996), pp. 55–61.
67. Jones, *Population Geography*, p. 270; Fargues, 'Protracted National Conflict and Fertility Change', p. 469.
68. R.A. Easterline and E.M. Crimmins, *The Fertility Revolution, A Supply–Demand Analysis*, Chicago, 1985, pp. 7–15.
69. Ibid., p. 22.
70. Ibid., p. 62.
71. Kirk, 'Demographic Transition Theory', pp. 375–376.
72. 'Economic Performance and Reform under Conflict Conditions', IMF, 2003, pp. 5–9.
73. Ibid., pp. 10–13.
74. Ibid.
75. PHDR, 2002; UN Development Report, 2002, pp. 33–38; IMF, pp. 12–15.
76. *Palestinian Development Plan for 1999–2003*, Palestinian National Authority, 2003.
77. R.L. Giacaman, L. Wick and H. Abdul-Rahim, 'The Politics of Childbirth in the Context of Conflict: Policies or De Facto Practices?', *Health Policy*, Vol. 72, No. 2 (2005), pp. 133–134.
78. Gilbar, *Population Dilemmas in the Middle East*, p. 32.
79. PHDR, p. 91.
80. Ibid., pp. 92–94.
81. N. Ismail and M. Shahin, 'Family Planning and Women's Reproductive Health Survey', PRC, Jerusalem, 1996, p. 1.
82. PHDR, 2002; Palestinian Ministry of Health, 2004. (http://moh.gov.ps/demography)