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Protracted National Conflict and Fertility Change: Palestinians and Israelis in the Twentieth Century

Philippe Fargues

The course of fertility change in Palestine and Israel over the second half of the twentieth century might seem of negligible interest for the history of the demographic transition, since their combined 8.9 million inhabitants represent only one-sixth of one percent of the world population. Yet the exceptional political history of these populations, in which demography played a major role for both sides in nation-building, sheds a particular light on the political dimension of fertility change, a matter of interest beyond the limits of this small piece of land. Nowhere else in the world are populations at the two extremes of fertility transition found side by side in such a small territory (26,351 km²), with total fertility rates ranging from barely above the replacement level among Jews born in Europe and among Christian Arab Israelis (2.13 and 2.10 respectively in 1992–96), to the highest level recorded in today’s world among Palestinians of the Gaza Strip (7.73 in 1991–95). In this article, I argue that these extreme contrasts of fertility are a corollary of the long-lasting state of belligerence between Arab Palestinians and Jews that began in the wake of the Balfour Declaration of 1917.

Most demographic research is conducted at the national level, both for practical reasons (the state has taken the lead in the collection of statistics and the construction of statistical categories applied to population) and for reasons of ideology (population is fundamentally conceived as a national body). Accordingly, most studies of demographic differentials are made within the frame of international boundaries. This circumstance applies to the demographic literature on Israelis and Palestinians. Usual comparisons in this literature are between populations found within the same national entity, whether Israel proper (Ashkenazi Jews vs. Sephardic Jews; native Jews vs. immigrant Jews; Jews vs. non-Jews—by default: Arabs; Muslims vs. Christians), or within the Palestinian territories (West Bank vs. Gaza Strip; refugees vs. nonrefugees). 1 Territory and borders are fundamental ref-
ferences. In the case of Israelis and Palestinians, however, national feeling and migration across borders are intimately tied together. Place of residence or place of origin on the one hand and claimed identity on the other do not refer to the same territory for every individual. Jews of various geographic origins recognize a common Jewish Israeli identity—a national identity they do not share with their Arab fellow citizens—while Palestinians dispersed in various countries of the world recognize a common Palestinian identity.

Plurality of origin is easily taken into consideration for Jews regrouped under Israeli jurisdiction, because they are all covered by the same statistical system, which distinguishes between Jews and non-Jews. But the symmetric plurality of residential destination is not easily dealt with for Palestinians—whether for political or for practical reasons—because their national identity has long been denied or because statistical reconstruction of a population dispersed over the globe, with no internationally recognized nationality, would be a hopeless endeavor. Existing literature gives priority to the territory of residence and thus captures the effects of immigration or ancestral origin on demographic patterns, but ignores the effects of out-migration and dispersion. In order to treat place of origin and place of destination symmetrically, we focus on the territory of former (pre-1948) Palestine and compare fertility trends for the following subpopulations: immigrants vs. natives for Israeli Jews and residents of Israel; and the West Bank vs. the Gaza Strip for Arabs. Since belligerence and migration are inextricably bound together in the history of Jewish–Arab relations in Palestine and Israel, this approach is necessary to shed light on the relationship between belligerence and fertility.

By “state of belligerence” or “conflict” we mean, not only the military and political struggle opposing Israel to Arab states and Palestinian movements, but also the ordinary mistrust between the populations, including, within Israel, between Jewish and Arab fellow citizens. The relation between conflict and fertility is a complex one. Conflict can affect the quantity and quality of resources and the way they are made available to individuals, thus affecting the socioeconomic factors critical to fertility change. It can also shape ideational change related to fertility, sharpening identities and the vision of the nation as a quasi-biological body whose vitality is closely linked to reproduction, and thus make nativism a corollary of nationalism (McNicoll 1998). Finally, the relation between conflict and fertility can be mediated by migration. Fertility is associated with migration and migration is associated with conflict, but each of these two associations is susceptible to modification in both directions. If fertility differs between migrants and nonmigrants, it can be either because the two groups experience conditions that vary with place of residence or, on the contrary, because migration is selective along lines associated with fertility, actual or intended. Similarly, migration can be a cause of conflict or a result of it.
Data and categories

Except where otherwise stated, data on the Jews are those published by the State of Israel, currently providing fertility differentials according to place of origin. Palestinians present a more complicated statistical situation. Over the twentieth century, statistics on the Palestinians came from various administrative sources: Ottoman (until 1918); British (up to 1948); Israeli (since 1948 for the Arab Israelis, since 1967 for East Jerusalem, and between 1967 and 1992 for the West Bank and the Gaza Strip); Egyptian (for the Gaza Strip 1949–67); Jordanian (for the West Bank 1949–67); and Palestinian (since 1993 for the West Bank—East Jerusalem not included—and the Gaza Strip).

A major inconsistency appears for the West Bank and the Gaza Strip between Israeli figures (up to 1992) and Palestinian figures. The latter (from a 1995 survey and from the 1997 census) can be considered reliable while the Israeli data cannot. Numbers of Palestinian residents were underestimated by Israeli sources, in an initial misrecording in 1967, and their age distribution was estimated using models, not actual records. On the other hand, vital events were apparently better covered than the population per se, although some sources state that births were underregistered (World Bank 1993). Accordingly, age-specific fertility rates for the West Bank and the Gaza Strip under Israeli occupation (State of Israel 1987b, 1996) are possibly overestimated. Trends are probably consistent from 1967 to 1992 (the last Israeli statistics), but are not necessarily consistent with 1995 rates provided by the Palestinian survey (Khawaja et al. 1996).

Statistics on Arab Israelis pose another kind of problem. This population is not identified as “Arab” in Israeli statistics, but labeled “Others” or “Non-Jews.” Some tabular material is broken down by religion, and figures on non-Jews can be obtained by assembling “Christians,” “Muslims,” and “Others” (or “Druzes,” according to year and table). We shall not discuss here the fact that treating the Arabs as a residuum (non-Jews) or as a collection of religious communities denies the identity they themselves claim, either as Palestinians or as Arabs, and, by emphasizing a religious distinction, gives a public status to a criterion that has tended to be relegated to the private realm since the Ottoman reforms (Tanzimat) of the first half of the nineteenth century. We shall only note that the dichotomy “Jews/Others” does not identify unambiguously the Arab Israelis for the most recent years, since an unknown proportion of “Others” are non-Jewish family members of Jewish immigrants, that is, potential candidates for conversion to Judaism. Almost nonexistent before the mass immigration following the collapse of the Soviet Union, this category comprised some 128,700 persons at the end of 1998, or 10.2 percent of the non-Jewish population of Israel (State of Israel, Statistical Abstract 1999: Table 2.1).
Demography in the struggle

In the Balfour Declaration of 1917, Great Britain supported the goal of establishing a Jewish national homeland in Palestine. This paved the way for Jewish immigration to Palestine under the British Mandate. In the ensuing Palestinian–Jewish conflict, demography was always a central factor. The conflict, triggered by the settlement of immigrants nourishing the goal of nation-building, eventually produced a radical substitution of one population for another in the major portion of this territory. Immigration of Jews and displacement of Palestinians continuously rekindled the struggle for land and national recognition. In this context, fertility and migration—two alternative means of populating, hence claiming, territory—became intimately linked. The impact of political and military developments on migration, displacement, and settlement has been extensively documented in a rich literature. Although scholars disagree on the actions and motives of the two sides, they all acknowledge the political nature of these spatial population movements. The same is not true for fertility. The prevailing demographic approach considers each population separately and views fertility as the product of individual determinants—the quantity and quality of resources to which persons or families have access, such as education, economic activity, health, autonomy in the household, exposure to information, and the like. Yet such factors are far from exhibiting a one-to-one relationship with fertility that would transcend the political links between populations in conflict. Considering the state of belligerence between Israel and the Palestinians sheds light on the atypical trends and contrasts in their fertility.

The Zionist movement was born in the late nineteenth century and soon adopted the objective of settling the largest possible part of Jewry in Palestine. Two waves of Jewish immigration to Palestine had already taken place before World War I. Because many of these immigrants were former subjects of Russia—the arch-enemy of the Ottoman Empire—and because, after the first Zionist congress in Basle (1897), they were all suspected of advocating the political separation of Palestine, the Ottoman authorities opposed their settlement. Nor did the local population welcome Jewish immigrants, because, as citizens of European countries, they enjoyed the protection of Great Powers in accordance with the Capitulations treaties, because they lacked knowledge of Arabic, and because they avoided contact with Arabs except in paid labor. Although the Jewish immigrants initially were economically dependent upon the generous support of wealthy coreligionists, most notably of the French Baron Edmond de Rothschild, they soon formed an independent economy that was considered a foundation for an independent Jewish society. Such a situation impeded from the outset any integration in their newly adopted environment.

As early as 1905, Arab intellectuals warned about the threat the Zionist project in Palestine represented for the awakening Arab nation. The anti-
Zionism of the early Arab nationalists eventually turned into a popular uprising against Jewish settlements. The Jaffa riots of 1921, in which 47 Jews and a smaller number of Arabs were killed, and after which Tel Aviv was granted the status of a town separated from Jaffa, were caused by a “feeling among the Arabs of discontent with, and hostility to, the Jews, due to political and economic causes, and connected with Jewish immigration” (Haycraft Commission of Inquiry into the 1920–21 Arab Riots—http://www.us-israel.org/jsource/History/haycraft.html). From the outset of its Mandate over Palestine (1922–48), Great Britain, which during World War I had made conflicting promises of supporting the creation of an independent Arab kingdom and promoting a Jewish homeland in Palestine, was caught in a contradiction. It had to open the gates to large-scale immigration of Jews while preventing an Arab upheaval. The British policy was to adapt numbers of immigration permits issued to Jews to Palestine’s economic capacity to absorb new entrants (Reichman, Katz, and Paz 1997). This capacity was at first assessed by the level of employment among recent immigrants. Facing a rising protest from the Arab side, Great Britain decided in 1930 to take into account Arab unemployment, but this disposition was cancelled the following year under pressure from the Zionists. With the advent of the Nazis in Germany and the rise of anti-Semitism in Europe, the numbers of Jewish immigrants to Palestine increased, reaching more than 60,000 for the year 1935 (McCarthy 1990). Communal tension was becoming extreme.

What some historians refer to as the Great Arab Revolt of 1936–39 was triggered by the assassination of two Jews and the immediate retaliatory killing of two Arabs, but behind this incident lay an accumulation of grievances on the Arab side, including those against increased Jewish immigration. The revolt was followed by the White Paper of 1939, which formulated restrictions on Jewish immigration for five years, together with the rejection of Arab political claims on Palestine, by stating that Palestine would be neither a Jewish state nor an Arab one, but a binational state to be established within ten years. After World War II, Great Britain maintained restrictions on immigration, with 20,602 Jewish immigrants recorded in 1945–46, excluding illegal entries (United Nations Special Committee on Palestine 1946). Between the end of World War I and the creation of Israel in 1948, Jewish migrants to Palestine totaled 483,000, of whom 456,000 entered during the British Mandate (State of Israel, Statistical Abstract 1999: Table 5.1). This demographic outcome of the Mandate is variously considered decisive or limited: in the former view, the creation of Israel was fostered by the British colonization; according to the latter Britain mattered very little. Whatever the interpretation, the proportion of Jews in the population of Palestine rose from 12.9 percent at the beginning of the British Mandate to 34.5 at its end. As the Jewish acquisitions of Arab lands gained momentum, the conflict in Palestine decisively turned into a struggle of two peoples for the same territory. From then until the present, population
has been central in the struggle: for one side, settling the highest possible proportion of world Jewry in the region; for the other side, maintaining the status quo or regaining a status quo ante.

During the 1948–49 war, in which the Israeli army expelled Arabs from hundreds of villages and towns (Morris 1987), a further stage was reached. Contrary to most colonial projects, the Israeli one was intended to substitute one people for the other; it was not a will to dominate the Arab peoples as much as to dominate the territory (Rodinson 1967). Relative sizes of the two populations were at stake. Furthermore, the protracted conflict affected the whole demographic system prevailing in the contested territory. Because the communal frontier separating the Jews from the Palestinians—Muslims as well as Christians—remained sealed to any kind of mixing, the two populations developed separate reproductive systems. These two systems are opposed: on the Jewish side, a moderate and declining rate of natural growth replenished by immigration and, on the Arab Palestinian side, a high and rising rate of natural growth offset in part by emigration. Both the communal frontier between Jews and Arabs and the political border between Israel and its neighbors remained closed. After the Palestinian exodus of 1948–49 and the subsequent immigration of Jews from Egypt and Syria to Israel, these borders were never crossed again by migrants. Instead, all immigrants accommodated by Israel came from distant areas; populations with different levels of fertility were mixed together. On the Arab side, the closing of the Israeli border and, later, the restrictions on movement imposed on the inhabitants of the territories occupied by Israel in 1967—the West Bank and Gaza Strip—produced the opposite effect: the population was split into two subpopulations that no longer had direct contact with each other. The regrouping of the Jews and the dispersion of the Palestinians affected the courses of their respective fertility transitions.

The Jewish pattern of fertility convergence

At the end of World War I, a small Jewish nucleus lived in Palestine. This community of some 60,000 in 1918 was composed of two subpopulations: an Ottoman Jewish community, in part descendants of the Jews who had fled Spain at the time of the Inquisition to find shelter in the Ottoman Empire, representing around two-thirds of the total Jewish population; and the rest, immigrants of European origin, recently arrived in Palestine under the banner of Zionism. Together, they had lower fertility than the Arabs. In 1924 (the first available record), the crude birth rate was 38.3 births per thousand population for the Jews, as against 55.3, 59.0, and 40.4, for the Muslim, Druze, and Christian Arab populations, respectively (McCarthy 1990). Although data are not available on fertility differentials by place of origin, it is probable that Ottoman Jews, a mostly urban and Arabic-speaking population, administered by its own Millet for religious and personal
Figure 1  Crude birth rate of the Jewish population in Palestine 1924–47 and the Jewish population of Israel 1948–98

Source: State of Israel, Statistical Abstract 1999: Table 3.1.

affairs, but well integrated into the Muslim and Christian Arab environment in other respects, had the high fertility of the towns of the region at that time (with birth rates of around 40–45 per thousand). By contrast, the recent immigrants, who remained foreigners benefiting from the Capitulations system, many of whom settled in coastal agricultural areas culturally distinct from the local Arab peasants, probably brought European patterns of relatively low fertility to Palestine.

During the following 30 years (1918–48), the Jewish population grew largely because of migrations from Europe, a region of low fertility. As a result, average Jewish fertility in Palestine dropped at a sharper rate than would have occurred in the absence of migration (see Figure 1). The extremely high rate of overall population growth (averaging 7.94 percent per year in 1918–48), because of the decisive migratory component, paradoxically brought about the rapid decline in the rate of natural increase. By 1939, the crude birth rate of the Jewish population in Palestine had dropped to 23 per thousand per year, a level similar to the rate prevailing in Europe at the same period. World War II brought about similar effects as those experienced in Europe, but at an earlier stage: first a drop in the birth rate (1940–42), then a short baby boom that began in 1944 and ended in 1948. The Jewish population numbered some 650,000 at the proclamation of the State of Israel on 14 May 1948.
The hostilities that accompanied the creation of Israel extended beyond the military conflict itself into a hostility between Jews and Arabs in the majority of Arab countries. Jewish communities that had existed in these countries for millennia suddenly left. These “Arab Jews” did not differ greatly from the Arab or Berber populations among whom they lived. In particular, they probably had similarly high fertility. In Israel their fertility remained a high 6.5–7 children per woman among Jews originating from Asian and Arab countries, and 7.5 among those originating from North Africa, as against 2–2.5 among Jews coming from Europe (Friedlander and Goldscheider 1978). The mass influx of Jews from the Middle East and the Maghreb thus increased, starting from 1950, the rate of natural population growth of Jews in Israel. As a result, although they represented only one-third of the total immigration over 1918–98, they and their descendants amount today to some 50 percent of the Jewish population of Israel.

The State of Israel and the populations themselves aimed to merge Ashkenazi and Sephardi, the Jews of European and of Asian/North African origin respectively, into a new Israeli society. The fertility of the Sephardi did not remain high for long after they settled in Israel, despite a pronatalist normative context and Zionism (Goldscheider 1996). On the contrary, it dropped rapidly to converge with that of immigrants of European origin (see Figure 2). Migration to Israel accelerated the demographic transition among Jews originating from the Arab world—beginning with mortality reduction (since immigrants encountered a better health institutional environment in Israel than the one they had left behind in Arab countries), followed by fertility reduction. The convergence of Sephardis’ mortality and fertility toward Ashkenazis’ rates was a response to several developments.

First, a gradual equalization of social conditions between the various Jewish communities spread the factors conducive to fertility decline among the Sephardi, although even now the Jewish lower class comprises more persons of Asian/North African than European ancestry (Goldscheider 1996). At their arrival in Israel, Jewish immigrants from Arab countries were viewed by an all-Ashkenazi administration as “bad human material” or “very wild people” (Segev 1986: 155). Official efforts were aimed at upgrading their living conditions and transforming their habits, in particular regarding education and health. For example, David Ben-Gurion, Prime Minister and Minister of Defense of the new state, was concerned about the conditions of public health among Jews arriving from Yemen, including the care of children. “The Yemenite father...is not accustomed to feed his child properly before eating himself.... We must understand the soul of the Yemenite and treat his customs with respect, but it must be changed by gentle means and by setting an example” (cited in Segev 1986: 187). Not only did social conditions change but also family roles and status were transformed for Jews of Middle Eastern and North African origin following immigration to Israel. In their countries of origin these Jews lived close to their Arab neighbors,
sharing many cultural features with them. In particular, women were largely confined to the positions of mother and spouse. In Israel the predominantly Ashkenazi society held a Western conception of the role of women and had political institutions that included women in the military. Thus, for example, in the birth cohort of 1954, the proportion of women having served in the army was 57 percent among women of European origin as compared to 33 percent among those of Middle Eastern origin.  

The second reason for a convergence of Sephardi and Ashkenazi demographic patterns was a progressive mixing of the communities. Intermarriages increased from 8.4 percent in the marriage cohorts of 1949–53 to 22.2 percent in the cohorts of 1979–83. Marriages between Jews of European and Asian/North African ancestry were encouraged by the absence of communal barriers within the Jewish population in places where potential mates can meet, such as schools, places of work or entertainment, and the military. In addition, a marriage-market effect may have played a role in specific local contexts. Because they initially had higher fertility, the Jews coming from Arab countries and Turkey were to produce, a generation later, larger numbers of candidates in the marriageable population. Intermarriage, “an important component of the integration process,” brought about a convergence in the fertility of both communities toward the national pattern by the 1980s (Eisenbach 1992).
With a total fertility slightly above replacement level, this national pattern resembles that of the Ashkenazi before the immigration of the Sephardi in the 1950s. Neither the direct initiatives of the state to minimize behavioral differences inherited from a variety of geographic origins nor the will of the population to build a unified society would alone provoke this particular convergence. The imposition of Hebrew as a new common language may have contributed as a third factor. In another context, that of Europe during its fertility transition, linguistic borders more often delimited distinct patterns of nuptiality and fertility than did any other frontier. As a fact of communication, cultural models, in particular those related to family-building, are more easily shared by people speaking a common language.\textsuperscript{21} The ways in which the development and the systematic diffusion of the modern Hebrew language in all places of public life, as a vehicle for national integration, might have influenced fertility are still unresearched, but such influence seems at least plausible.

Contemporary fertility remains slightly higher among Jewish women born in North Africa or in Asia outside Israel than among those born in Europe (Figure 2). After three decades of convergence, a temporary reversal occurred in the early 1990s, followed by a resumption of convergence as of 1995. Differences according to region of origin suddenly and temporarily increased as an unexpected result of remote political developments: the collapse of communism in two countries containing large Jewish communities, namely Ethiopia and the Soviet Union. Political negotiations that unlocked the doors for migration brought to Israel two communities with contrasting fertility patterns: the entire Falasha community of Ethiopia, with a traditional high fertility level, and a large part of the Jews of the former Soviet Union, a community of low fertility. Thus the break in the trend of convergence was not the result of any sociological change in Israel; instead, it was a byproduct of a major political change on the international scene, a change the government of Israel welcomed as a means to enhance the flow of Jewish immigration. The long-term trend lies elsewhere: the fertility of the Jews born in Israel, who form an increasing majority at childbearing ages, exhibits an intermediate level between those of the various populations born outside Israel, with almost no change since the mid-1970s. Several characteristics of this average call for comment.

First, as with any average, it masks differentials. Diversity of ancestry has been replaced by religiosity, a criterion closely linked with political attitudes, as the main cause of variation in fertility. An inherited factor has given way to a characteristic affected by choice. As early as the 1970s, fertility patterns were no longer differentiated by geographic origin from the second generation onward: Jewish women born in Israel to European emigrants exhibited slightly higher fertility rates than their mothers; those born to emigrants from Arab countries exhibited significantly lower fertility than their mothers. In short, the emergence of a new fertility behavior was a
response to changes to which Jews, whatever their origin, were gradually exposed (Friedlander and Goldscheider 1978; Goldscheider 1996). The sharp fertility contrasts that still exist in Israel are now due to the gradation of religious values, and the still relatively high average fertility of Israeli Jews by international standards (2.67 children per woman in 1998) is in part the result of a pronounced religious heterogeneity. It was the close correlation between the proportion of votes gained by the Ultra-Orthodox in the 1984 Parliamentary elections and the TFR that first revealed the probable role of religiosity in fertility differentials (Schmelz 1986; Friedlander and Feldmann 1993). A survey conducted in 1987 to capture factors not collected in official statistics showed that it is not education or income, nor ethnicity or working status, but religiosity that produces the largest differentials in fertility. Fertility, actual or wanted, is perfectly ordered by religiosity; religious compliance is a strong predictor of family-building patterns (Kupinsky 1992; Goldscheider 1996; Adler and Peritz 1997).

Variations in religiosity are associated not only with different fertility levels but also with divergence in trends. According to Berman (2000), between 1980–82 and 1995–96 the total fertility rate rose from 6.49 to 7.61 children per woman for Ultra-Orthodox Jews while it declined from 2.61 to 2.27 among the rest of Israeli Jews. We return later to the interpretation offered by Berman and its political aspects. For the moment, we make two observations: (1) the recent increase in the TFR of Israeli Jews is the result of a sharp increase in fertility among the Ultra-Orthodox counterbalancing a decrease for all other groups; and (2) the resulting change in composition of the Jewish population of Israel will raise the proportion Ultra-Orthodox from 5.2 percent in 1995 to 12.4 percent in 2025—22.5 percent among children aged 0 to 17—if current fertility differentials and trends are maintained (Berman 2000). It has been suggested that because, after a generation, the high fertility of the Ultra-Orthodox would increase their weight in the polls, high fertility is implicitly part of their strategy of seizing political power within Israel by demographic means (Courbage 1999b).23

The second remarkable characteristic is a high level of fertility in Israel compared with countries of similar socioeconomic development. The Jewish population of Israel ranks among the most advanced by economic, social, and even political standards, but its average fertility is now significantly higher than that of Tunisia, Turkey, or Lebanon, to cite North African or Middle Eastern countries that are far behind Israel in standard of living and political participation. This particularity is partially the result of religious heterogeneity. The 1998 total fertility rate of the Jewish population of Israel is some 30 percent higher than the corresponding rate of the population of the United States (TFR=2.05). However, every population is heterogeneous, including those at replacement or below-replacement level of fertility. For example, Hispanics and blacks in the United States have a higher fertility level than the national average. If non-Ultra-Orthodox Jews of Is-
rael, with a total fertility rate of 2.25, are compared with non-Hispanic white Americans (TFR=1.8 according to Pinal and Singer 1997), the fertility of the former is still some 25 percent above the fertility of the latter. Compared to European populations from which a majority of immigrants came, the non-Ultra-Orthodox Jews in Israel have a fertility level some 53 percent higher than Western Europe (TFR=1.48) and some 66 percent higher than Eastern Europe (TFR=1.36). Religious heterogeneity thus cannot fully account for the relatively high fertility of Jewish Israelis.

Immigration to Israel may have selected for those with higher fertility. In a study of two cohorts of immigrants from the former Soviet Union, those who arrived in Israel during a period when the cost of out-migration from the USSR was high (1960–82) and those who arrived in a period of low-cost migration (1989–96), Berman and Rzakhov (2000) established that, controlling for age of the woman, the first cohort had a much higher fertility (TFR=2.5) than the second (TFR=1.7). Disentangling the effects of the situation prior to emigration and the circumstances encountered after immigration to Israel, the authors found that the effect of the situation prior to emigration was dominant. Their interpretation is that, migration being an investment in human capital in which the welfare of descendants is a critical concern, intergenerationally altruistic families are more likely to migrate and immigrant families self-selected according to altruism are likely either to have more children or to have children of higher quality (as defined in conventional economic terms). The relatively high fertility of Israeli Jews would partly result from a link between the propensity to migrate and parental behavior toward future generations. Complementary explanations can be found in the violent history of the Jews in the course of the twentieth century. The memory of pogroms and the Holocaust in Europe contributed to the pronatalism of Israeli political elites. Among the population, the continuous state of belligerence since the creation of Israel may affect desired family size: an additional child is insurance against the risk of premature death at war, according to one of the hypotheses offered by Goldscheider (1996). But numbers of extra births—some 25 percent above replacement level—by far exceed the number of war-related casualties. To fully understand the relatively high fertility of the Jews in Israel, one has to turn to politics and the particular relation that links immigration, fertility, and the nation-building process.

Immigration and the politics of Jewish fertility

Some 95 percent of the Jewish population of Israel originate from an immigration over the last three-quarters of the twentieth century. Without migration, the 60,000 persons constituting the Jewish community residing in Palestine at the end of World War I might have numbered only about 250,000–260,000 survivors and descendants by the year 2000. This high-
lights the importance of the external contribution. From 1918 to 1996, some 3 million Jews moved to Israel, 80 percent of whom arrived after the establishment of Israel, in compliance with the Law of Return enacted in 1950, which entitles every Jew to immigrate.\(^{25}\) This sustained mode of demographic growth from abroad may soon run its course for two reasons.

The first is the capacity of the destination to maintain pull factors. A political crisis affected Israeli society in the 1980s, diminishing the country's appeal as a destination for members of the Jewish communities of Europe. In almost continuous decline between the early 1950s and 1985, the balance of migration became negative from 1985 to 1988 (see Figure 3): for the first time, reemigrations—an already widespread practice between the two world wars that turned Israel into a mere stage in the migration from Europe to America for many persons—were no longer compensated by new arrivals. At the same time, Jewish settlements outside the borders of Israel, encouraged by the Israeli state, in the heart of the West Bank and the Gaza Strip under military occupation, gained momentum. Such settlements required higher Jewish population growth in the long term. In the 1990s, as mentioned above, immigration from Ethiopia and the former Soviet Union rose then fell. When the fragmenting communist state allowed the emigration of Jews and almost 200,000 of them arrived in Israel in a single year (1990), a great many believed—and the

**FIGURE 3** Immigration and emigration of Israeli Jews: 1948–98

![Graph showing immigration and emigration rates from 1948 to 1998.](image)

**NOTE:** Rates are calculated per 1,000 mid-period resident Jewish population.  
**SOURCE:** State of Israel, *Statistical Abstract* 1999: Tables 2.2 and 5.1.
Palestinians feared—that hundreds of thousands would arrive each year and reverse the demographic trend of progressively lower rates of population growth. But a few years later, this migration movement had subsided. From 1990 to 1998, 792,009 immigrants and potential immigrants from the former USSR were recorded in Israel. But not all of these immigrants would stay and not all were Jewish. The migration balance for all sending countries combined—765,000 for the decade 1989–98—was lower than immigration from the former Soviet Union alone, and the Jewish balance was even lower—657,700 persons, possibly less if certain immigrants recorded as Jewish were not authentic Jews (State of Israel, *Statistical Abstract* 1999: Table 2.2). The proportion of non-Jewish immigrants, which remained negligible during the first four decades of Israel’s existence (0.7 percent in 1948–88), rose during the following decade, with a continuous increase from 3.3 percent in 1990 to 28.4 percent in 1996, 36.1 percent in 1997, and 40.2 percent in 1998.

The second factor limiting new immigration is the size of the Jewish diaspora and the motivations of its members for moving to Israel. The proportion of the world Jewish population who resided in Palestine and subsequently Israel has risen continuously from 1 percent in 1925 to about 36.5 percent in 1998 (see Table 1), with a sharp rise due to recent immigration from the former Soviet Union. Now small in size, the Jewish community of Russia not only has one of the steepest rates of natural demographic decline but also a very high proportion of mixed marriages, resulting in demographic erosion reinforced by a dilution of identity. This community is probably no longer able to provide large numbers of migrants to Israel. Apart

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<td>12,870</td>
<td>3,517</td>
<td>27.3</td>
</tr>
<tr>
<td>1990</td>
<td>12,870</td>
<td>3,947</td>
<td>30.7</td>
</tr>
<tr>
<td>1995</td>
<td>13,020</td>
<td>4,522</td>
<td>34.7</td>
</tr>
<tr>
<td>1998</td>
<td>13,100</td>
<td>4,785</td>
<td>36.5</td>
</tr>
</tbody>
</table>

SOURCE: State of Israel, *Statistical Abstract* 1999: Table 2.3.
from Russia, the large majority of Jews reside in countries with higher income per capita than that of Israel (some 46 percent higher in North America and higher also in Western Europe, albeit to a lesser degree), and thus have low economic motivation to migrate to Israel. Moreover, Jews in Europe and America have experienced earlier and steeper fertility declines than the populations among whom they live\textsuperscript{28} and rank among the most rapidly aging communities in the world, with 20 percent of persons older than 65 years; they have a low propensity to migrate and, in any case, would be too old to contribute to the natural increase in Israel (Schmelz 1984).

Hence, the traditional engine of Jewish demographic growth in Israel, fueled primarily by immigration, is being increasingly exhausted, while, on the Palestinian side, as will be shown below, growth through fertility sustains rapid population increase. The contrast becomes particularly stark when the Palestinians are considered as a single population, whether living in Israel or in the West Bank and the Gaza Strip. Maintaining a numerical balance between the two populations and addressing the challenge of Palestinian high fertility at a time when Jewish migrations seemed poised to play a diminishing role became an Israeli concern as early as the 1960s. Pronatalism would be the only realistic response (DellaPergola 1992); “birthing the nation” (Kanaaneh, forthcoming) had more and more to rely on women’s fertility.

Pronatalist ideas predated the creation of the state. Friedlander (1974) notes that pronatalism made its first appearance when Britain placed greater restrictions on immigration through application of the aforementioned 1939 White Paper; it became a common concern among the Zionist leaders in Palestine during World War II in response to the Nazi extermination of European Jewry. In 1943, the call for increased fertility was explicitly linked with the Holocaust by the Chief Rabbi of Palestine, urging families to procreate—for the Jews should number not just 11 million but tens of millions and “be fruitful and multiply, and replenish the earth”—and by A. H. Fraenkel, a professor of mathematics at the Hebrew University, Jerusalem, who advocated a merciless fight against physicians performing induced abortion and recalled that “among the many means by which Hitler attempted in 1933 to increase the German birth rate, the one effective measure was the war against abortions.”\textsuperscript{29} Profamily public policies were also fostered before the creation of the state. Roberto Bachi, a statistician and demographer who frequently advised Ben-Gurion, suggested the adoption of family allowances or the granting of special credit facilities for young couples as early as 1943. The first five years after the creation of Israel were a period of intense Jewish immigration during which pronatalism was accorded lower priority. Only when immigration began to decline did pronatalism regain attention.

Jacqueline Portuguese argues that pronatalism is grounded in three basic forces within Israeli society: Zionism, the religious establishment, and patriarchal familism (Portuguese 1998). An institutional foundation for pronatalism was established in 1962 with the creation of a Committee for Na-
tality Problems, chaired by Bachi, who had been appointed by Ben-Gurion. Mainly concerned with low Jewish fertility, the committee prepared a report stating that “if all families bore two children only, a dangerous demographic recession would follow. Families of three contribute just marginally, and only families of four or more children make a real contribution toward the demographic revival of the nation” (cited in Portugese 1998: 77). In 1968, a Demographic Center was established within the Ministry of Labor and Social Welfare with the mandate “to act systematically in carrying out a natality policy intended to create a psychologically favorable climate, such that natality will be encouraged and stimulated, an increase in natality in Israel being crucial for the whole future of the Jewish people” (ibid.). Like many other examples of deliberate policies to raise fertility, the results attributed to the Demographic Center fall short of original expectations (Friedlander 1974). 31

Whatever the efficacy of the Demographic Center, its mandate was of political significance. Orientations very similar to those of the government—at that time ruled by the Labor Party—could be found in religious discourse, although in a more emphatic tone. A member of the religious Zionist lobby group Ephrat, for example, declared in 1964: “The pseudo-sophisticated woman, who today looks askance and with pity on the mother of the large family, is guilty of sabotaging the life-blood of the nation” (cited in Portugese 1998: 82). The concern with insufficient Jewish fertility was followed by a correlative worry about excessive Arab fertility. In 1976 the report prepared by Israel Koenig, a commissioner for the Ministry of Interior, stressed the political threat represented by the demography of Arab Israelis: “the increase of the Arab population...gives the Arab nationalists a feeling of power and a hope that time is working for them” (ibid.: 83). Finally, the concern with Jewish–Arab fertility imbalances gave way to a concern about the low fertility of non-Israeli Jews. In May 1986, the Government of Israel adopted a Decision on Demographic Trends within the Jewish People, in which “The Government expresses deep concern about the demographic trends in Israel and the Diaspora...as well as in assimilation and outmarriages in the Diaspora. The Government thereby decides to adopt comprehensive, coordinated and long-term demographic policies aimed at securing an adequate level of growth of the Jewish population.” (ibid.: 84–85). Pronatalism was explicitly aimed at the Jewish segment of the population. As stated by Goldscheider and Friedlander (1986: 33), “given the heterogeneity of Israel’s population, a comprehensive fertility policy would have to be differential. By this, we mean that measures directed to reducing fertility levels among some segments of the population (e.g., rural Muslims) would not be applicable to others (e.g., European Jews)...pronatalism would be absurd when applied to the Arabs.” It was implicitly acknowledged that extending educational, health, and welfare benefits to all Israeli citizens would tend to promote fertility limitation among the Arabs. The demographer Zvi
Eisenbach (cited in Portugese 1998: 75) asserted that the “continuation of the modernization processes is likely to encourage further reduction in the fertility of the Muslim population of Israel,” a mechanism elsewhere suggested by survey data (Keysar et al. 1992). Very similar arguments had been used for advocating the differentiation of population targets—pranatalism for one group, development as a route to fertility reduction for others—in other multiethnic contexts in which the state was confronted with a latent or open national struggle along with demographic imbalance, for example the former Soviet Union (Petersen 1988) or France toward the end of its colonial rule over Algeria.33

Pronatalist policies adopted in Israel do not substantially differ from those found in other developed countries. The 1959 law on child allowances accorded a monthly tax-exempt grant to families of four or more children for each child under the age of 14 (raised to age 18 in 1965); and the 1968 law on national insurance provided a birth grant for each child delivered in a recognized hospital. The child allowance and the birth grant, around 10 percent and 50 percent (dropped to 15 percent in 1989) of the average monthly wage, respectively (Portugese 1998)—were significant by comparison with policies in other countries, but low in terms of actual costs of children. Most scholars assessed their impact on fertility as modest at best. Bach disagreed, considering that “the considerable help extended in Israel to mothers, children and families might have been a contributory factor in sustaining fertility in Israel at a level considerably higher than that found in comparable industrialized countries” (Preface to Peritz and Baras 1992: 8).

Securing the professional position of women during and after pregnancy was the purpose of other laws, among them the law on women’s work (1954) instituting the right to maternity leave, and the law on severance pay (1963) instituting a financial compensation to women leaving work to care for their infant. Given Israel’s periodic involvement in regional conflicts, not only women’s work but also their enrollment in the armed forces competes with maternity. Two priorities on the same political agenda—the highest fertility for securing the future of the country and the largest mobilization of population for the current defense of the territory—are in possible conflict. For this reason, the Women’s Enrollment Act, requiring every woman to join the military, became the object of recurrent attacks in Parliament, notably from representatives of the religious parties who considered enrollment of women a direct cause of fertility decline (Friedlander 1974).

The communal and demographic heterogeneity of the population of Israel is another reason why pronatalist legislation is sometimes of ambiguous value for achieving national goals. Because Israel is by design a nation for the Jews, its government tends to favor Jewish, not Arab fertility. On the other hand, because Israel is anxious to appear as a country of social equity, its social legislation has to apply equally to all citizens. Most child allowances and family grants are public transfers proportionate to the num-
ber of children. By nature, they benefit high-fertility more than low-fertility segments of the population and the former are predominantly Arab. The contradiction between Zionist goals and social goals was made clear by the fate of the Ben-Gurion prize awarded to every woman delivering her tenth child. Created in 1949 to stimulate Jewish natality, the prize was discontinued ten years later, and “one of the reasons was apparently that many Arab women received it” (Friedlander 1974: 57). In order to address this kind of counterproductive outcome, Ben-Gurion later proposed that pronatalist programs be managed by the nongovernmental Jewish Agency instead of the government. However, social equity prevailed, and welfare policies remained under the authority of the state. Some selective procedures nevertheless could be applied. For example, the Law for Families Blessed with Children (1983), providing assistance to large families, was reserved by Parliament for veterans, a category restricted to Jews, since Muslim and Christian Arabs are not admitted in the military. Indirectly, the child allowance can also be viewed as a measure selectively intended for Jews simply because the threshold qualifying for tax exemption is too high for the poor, who are predominantly Arab (Portugese 1998).

Public transfers aiming to affect fertility are not only those explicitly designed for that purpose. The state manages other kinds of expenditures and transfers among groups of the population that can indirectly, but substantially, modify the economics of fertility (McNicol 1998). The financial support provided by the state to religious Judaic institutions in Israel may be interpreted as state support to the fertility of Ultra-Orthodox Jews, hence a determinant of the relatively high Jewish fertility at the national level (Berman 1999, 2000). As stated by Berman (2000), Ultra-Orthodox groups defy the price theory: a majority of men remain outside the labor force until the age of 40–45 in order to attend the Yeshiva—a time-consuming religious school, offering only prospects of low wages after its completion; their families have low incomes but many children. Indeed, their collectivity is secured by mutual bonds (an effective insurance network), rules (exclusive access to the network), and norms (religious regulations favoring fertility) that make it possible to redistribute internally to members of the network the subsidies received by religious institutions from the state. These, in turn, are secured by the political influence of the Ultra-Orthodox in Parliament.34

The Palestinian pattern of fertility divergence

The creation of Israel and its military supremacy since 1949 prompted the emigration of a majority of Palestinians. Emigration took two distinct forms. The first form arose twice, during the course and the immediate aftermath of two wars—1948–49 and 1967—with the mass and sudden exodus of a population seeking refuge from the Israeli army.35 This exodus was to proxi-
mate territories: the West Bank and Gaza in 1948–49 as well as the East Bank of the Jordan, Lebanon, and Syria during both wars. With no prospect for economic gain in these countries (at least until many years had passed), the displaced populations became refugees in camps where many of the survivors and their descendants still remain. The second form of emigration took was a steady flow, beginning from the West Bank in the 1960s and extending after 1967 to the West Bank and Gaza Strip as well—territories occupied by the Israeli army—toward the labor markets of the Arab-Persian Gulf. Seeking employment, and sometimes wealth, these migrants did not, however, entirely conform to the model of contemporary economic migration. Migrant workers in this case were accompanied by their wives and children.

The state of belligerence between Israel and its neighbors manifested itself as well in an encounter far removed from the battlefield, between the labor force of Palestine and the capital of the major oil exporters in the Gulf. The two Arab–Israeli wars of 1948–49 and 1967 had transformed a large proportion of the Palestinian population into refugees; confronted with precarious living conditions, the refugees rapidly became candidates for further migration. A third Arab–Israeli war, in 1973, increased the demand for labor in the Gulf countries and created an outlet for some of the Palestinian refugees. During the 1973 war Saudi Arabia threatened countries friendly to Israel with an embargo on Arab oil and thereby provoked a rapid escalation in prices. By creating a situation of permanent insecurity in the proximity of the world’s largest oilfields, the Arab–Israeli conflict contributed to a massive increase in oil revenues, which in turn generated a major market for international migrant labor. I will argue that a side effect of this economic phenomenon was to foster a high Palestinian fertility. Palestinian households that did not migrate received funds from two external sources that alleviated the costs of childrearing, and this infusion of funds may have inhibited fertility decline. The first source of money was private funds that migrant workers in the Gulf remitted to their families remaining in Palestine. The second source of money, public funds, was transferred by the governments of the Gulf states to Palestinian military or civil institutions in the name of Arab solidarity with the Palestinian cause. The discussion below is limited to those Palestinians who remained within the borders of Israel and the occupied territories and does not deal with the larger fraction of Palestinians now living abroad, where they form a diaspora.

Before the creation of Israel, Palestinians had high fertility, with differentials between various religious communities but apparently not between geographical units. Then two wars segmented the population. The conflict in 1948–49 separated those who remained in Israel and would become, in 1952, “Israeli Arabs.” The 1967 conflict isolated the inhabitants of the West Bank and the Gaza Strip from their Arab environment: respec-
tively from Jordan to which the former had been integrated and from Egypt under whose control the latter had been placed after the Arab defeat in 1949. Three subpopulations—persons living in Israel, the West Bank, and the Gaza Strip—became subject to distinct social conditions and political statuses and were largely deprived of communication with each other. The demographic response was the development of strong regional differentials, including differentials with regard to fertility.

Figure 4 plots fertility trends in the three Palestinian subpopulations from the mid-1950s to the mid-1990s. With the usual caveats on weakness in the available data, the following picture emerges. Until the late 1970s, no fertility decline had occurred in any of the three subpopulations, and regional differences were negligible. Then Israeli Arabs experienced the onset of transition; their fertility remains lower than that of Palestinians living in the West Bank and the Gaza Strip. The decline of fertility was never very steep among Arab Israelis as a whole, and its pace slackened from the mid-1980s onward to reach a low of around 4.1 children per woman around 1992. But Arab Israelis are not a homogeneous population. Religious communities among them exhibit substantial differentials, with the total fertil-

**FIGURE 4** The divergence of Palestinian fertility 1956–95: Total fertility rates by area of residence among three subpopulations

![Graph showing fertility trends](image)

**NOTE:** Figure plots 3-year moving averages of the TFRs given in the Appendix.
ity rate among Muslims roughly twice that of Christians (see Appendix) over the period 1955–98. Christian Arabs have the lowest fertility in Israel while Muslim Arabs have by far the highest (Goldscheider 1996; Gilbar 1997).

The excess fertility rate of Muslim women relative to Christians—with Druzes standing somewhere in between—emerged among various Middle Eastern societies in the early twentieth century. Eastern Christians, by comparison with their Muslim counterparts, experienced earlier diffusion of education, higher socioeconomic position, greater autonomy of women, lower child mortality, higher urbanization, and wider openness to the West, among other factors conducive to fertility decline (Courbage and Fargues 1997). Historically among the Arabs of Palestine, Muslim fertility exceeded Christian fertility by 50 percent during the British Mandate (McCarthy 1990). At first sight, the continuation of these large differentials among Arab Israelis after the creation of Israel does not seem to be directly related to the conflict. However, their persistence during the 1980s and the 1990s, while fertility differentials by religion waned in neighboring Lebanon, is puzzling. As noted by Goldscheider (1996), the high fertility of Muslim Arab Israelis has to be understood in the light of the particular residential segregation and economic integration of their community in Israel. Internal mobility has been limited for the Arab Israelis, who are still separated from the largest agglomerations where most employment is located, in the Jewish sector of the economy. With Israel’s shift from agriculture to industry and services, the Arab community has become increasingly dependent upon the Jewish sector for employment. For many men, labor is far from home. Men’s need to commute to work contributes to maintaining women in their traditional position of housekeepers and preserving the extended family as a structure of solidarity, thus inhibiting the reduction of fertility. This situation is more common for Muslims than for Christians. Indeed, the proportion living in localities of fewer than 20,000 inhabitants is 58 percent for Muslims and 38 percent for Christians (22 percent for Jews), while women represent 19 percent of the total civilian Muslim labor force as against 40 percent of the Christian labor force (Jews 44 percent) (State of Israel, Statistical Abstract 1999: Tables 2.11 and 12.7).

Demographic differentials that developed after 1948 among the Palestinians according to place of residence, and among Israelis according to Jewish or Arab ethnicity, can be interpreted in two ways. The first is that Arab out-migration during the war of 1948–49 was a selective process. According to this interpretation, those Arabs who emigrated were on average wealthier and more educated than those who remained in the new state of Israel (Goldscheider 1996). In other words, the Palestinians who remained in Israel formed a poorer subpopulation. Their late entry into the demographic transition was the result of an economic and social disadvantage prior to the war, rather than a consequence of the war. Selectivity in migration is usually associated with free choice. In general, those who start a
new life far from their home are more enterprising than those who remain. But what happened in 1948–49 was not the result of free choice. People who left did so because they were living in places from which they were forced to flee. By the end of the war, some 725,000 Palestinians had left their homes and only 156,000 remained behind. Such a high proportion of emigrants—more than 80 percent—far exceeds the conceivable outcome of any selection process. The second interpretation, according to which rising demographic differentials resulted from differences in the conditions of existence faced by Palestinians after their dispersion and the political treatment they were subjected to, thus seems to be more plausible. According to this interpretation, the gap between Arab and Jewish demographic trends in Israel is attributed not only to conditions prior to the war, but also to the fact that Arabs were transformed by Israel into second-class citizens, in particular by the Defence Regulations of 1945 that limited the free circulation of Arabs in Galilee (Jurays 1969).

Interpreting fertility differentials by religion among Arab Israelis is difficult because Muslims and Christians are not two distinct populations, but are linked by a substantial degree of intermarriage. Christian–Muslim marriages, by law, lead to the procreation of Muslim children. Some fraction of Muslim births are thus to parents one of whom is presently or was formerly Christian. For this reason, the higher fertility among Muslims than among Christians is subject to two opposing interpretations: one emphasizing the contrast between the two communities, and another highlighting the mixing between them (Fargues 1999). The recent development of places of communal contacts (universities, places of work, associations, etc.), on the one hand, and the small size of the Christian community and consequently of its marriage market, on the other, could well be playing a role in the contrasting population dynamics of the two communities.

On the other side of the Israeli frontier, in the West Bank and the Gaza Strip, no fertility decline was perceptible before 1975. The slow reduction of fertility that began at that time—both territories having TFRs well above 7 children per woman—halted in 1985–86. Thereafter, the two territories diverged. After a slight increase (possibly not significant), fertility resumed its decline in the West Bank but not in the Gaza Strip, which experienced a substantial rise in fertility, reaching a peak of 8.1 children per woman in 1991. The cause was a sharp increase in early fertility (see Table 2) that most sources attribute to an increased rate of marriage among teenage women (Abu Libdeh 1992; State of Israel 1996; Giacaman 1997). Behind demography, politics was at play. To understand demographic changes that were unpredictable according to common frameworks for interpreting the fertility transition, one has to notice their synchronization with a major political change, the Intifada (uprising, lasting from 1987 to 1993) that began in the Gaza Strip and then rapidly spread to the West
Bank, generating for the first time a measure of support from the Arab community of Israel.

**Resistance and the politics of Palestinian fertility**

In Israel as well as in the West Bank and Gaza Strip, Palestinians apparently have achieved the main preconditions for fertility transition. Their endowment in such resources as education, health, and access to information permitted by an urban environment stands well above that of many other Arab populations who have already experienced a steep decline of fertility. In addition, considering the deprivation in many basic material resources endured by Palestinians of the Gaza Strip and the West Bank and the widening gap between their aspirations and actual material circumstances, one would expect a fertility transition accelerated by economic hardships. Why did the costs of schooling children not motivate parents to limit the number of their offspring? Why did the knowledge and skills that young women gained at school not motivate them to delay marriage and space births? Why did changes such as drops in infant mortality or high rates of urban-
ization not result in an increasing prevalence of small families? The remainder of this section shows how the political situation in Palestine has distorted the predicted effect of each of these factors.

Palestinian children and adolescents have one of the highest rates of school attainment in the Arab world. Not only do all children attend school in early childhood, as attested by a near 100 percent rate of schooling around the age of ten, but they spend an average of 12 to 14 years at school (see Table 3). In other settings, parents providing secondary or higher education to their children would be motivated to limit their number. For reasons that are linked to the political conflict, neither economic nor sociological motivations for birth control have emerged from increased school attainment. First, school entails only modest costs, direct or indirect, for individual families. The children of refugees have free access to education provided by the United Nations Relief and Works Agency (UNRWA), established in 1950, which also provides school uniforms, books, stationery, meals, and transportation.

Second, the additional income children might bring to the family by working is negligible because of very limited job opportunities in the West Bank and the Gaza Strip, making unemployment, not employment, the only likely alternative to school. In light of the economic hardships faced by households, one would have expected the norm of a large family to wane given the need to reduce the number of dependents. But the consequences of large families for households are mitigated by the action of such organizations as UNRWA, the Palestine Liberation Organization, and Hamas, which ensure that childrearing costs do not weigh directly on the family alone. Moreover, the idea of trading off quantity for quality—that is, the perspective that increased educational investment in smaller numbers of children would provide opportunities for intergenerational social advancement—seems to be conceptually irrelevant in the peculiar situation of the Palestinians. Families claim that both quantity and quality matter, that the number

| TABLE 3  School enrollment rates (percent) by age, West Bank (excluding East Jerusalem) and Gaza Strip, 1997 |
|-----------------------------------------------|------------------|------------------|---------------|------------------|
| Age group                   | West Bank        |                      | Gaza Strip     |                      |
|                             | Male  | Female | Male  | Female |
| 5–9                        | 79.7  | 79.4   | 78.9  | 79.1   |
| 10–14                      | 94.8  | 95.2   | 94.6  | 95.6   |
| 15–19                      | 52.1  | 53.6   | 64.2  | 55.5   |
| 20–24                      | 15.8  | 10.4   | 24.4  | 11.5   |
| 25–29                      | 5.8   | 2.0    | 9.3   | 1.6    |
| Average number of          | 12.4  | 12.1   | 13.6  | 12.2   |
| years of schooling         |       |        |       |        |

of children they will give to the nation is a condition of its very existence and of a higher quality of life for future generations of Palestinians.

During the *Intifada*, incomes dropped by 40 percent in a single year (Roy 1995). In another context, the ensuing austerity might have prompted couples to control their fertility. Instead, fertility rose significantly in the Gaza Strip. I have already noted that a rise in very early marriages contributed to this rise. In turn, rising numbers of teenage marriages were a consequence of fathers suddenly lowering bride price to facilitate the marriage of their daughters during a period of great insecurity (World Bank 1993). Thus, the demographic response to growing economic distress was an increase in fertility, probably resulting in tens of thousands of additional Palestinian births.32

As young educated generations reach the ages of childbearing, new reasons for birth control are expected to emerge as women’s status in the family and society improve and nourish new aspirations. With an average of eight years of schooling in the generation of women born in 1960, and nine years in the generation born in 1970 (see Table 4), Palestinian women are among the best educated in the Arab region. But increased education did not change women’s fertility; to the contrary it increased it in the Gaza Strip, and possibly the West Bank, during the *Intifada*. Indeed in these territories under Israeli occupation, education of girls does little to enhance the situation of women, in particular outside the family. Human capital gained at school does not result in greater material resources earned in the labor market. Upon graduating from school, women, instead of gaining access to paid work opportunities that would provide alternatives to the exclusive role as mother and wife, encounter unemployment, discouraging them from seeking a job.

Local employment opportunities in the West Bank and the Gaza Strip are extremely limited because of a domestic economy successively devastated by an influx of landless refugees (1948–49), Egyptian and Jordanian mis-administration, and finally Israeli military occupation (Owen and Pamuk 1999). Short of land and capital and disadvantaged by an institutional framework unfavorable to economic development, the population relies heavily on resources generated in external labor markets in the Gulf and Israel. While emigration to the Gulf often meant a loss of local population, with

<table>
<thead>
<tr>
<th>Birth cohort</th>
<th>West Bank</th>
<th>Gaza Strip</th>
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<tbody>
<tr>
<td>1950</td>
<td>5.1</td>
<td>6.8</td>
</tr>
<tr>
<td>1960</td>
<td>7.6</td>
<td>8.3</td>
</tr>
<tr>
<td>1970</td>
<td>8.9</td>
<td>9.1</td>
</tr>
</tbody>
</table>

return being subject to restrictive Israeli rules, employment in Israel was available exclusively on a daily or weekly basis. With migrations to the Gulf slackening in the 1980s, the Israeli labor market became of prime importance, employing up to 47 percent of Gaza's workers and 25–33 percent of those of the West Bank as commuters, before the Intifada (Roy 1995; Kadiri 1998). While commuting to work across ethnic boundaries is a viable solution for men, it is not so for women. Figures are telling (see Table 5): according to the 1997 census only some 5 percent of Palestinian women in the Gaza Strip were economically active and 9 percent in the West Bank, rates of participation that rank among the lowest in the world; in addition, 25 percent of economically active women in the Gaza Strip and 19 percent in the West Bank were unemployed. These figures reflect the effect of the Intifada, which resulted in the closure of the Israeli border. For many men, this meant being cut off from their place of work; for women, the inability to maintain their selling of homemade textiles on the Israeli market.

Among the various factors that did not have the expected effect on fertility, improvements in child health deserve particular mention. According to reliable data, Palestinians have one of the lowest levels of mortality in the Arab region, in apparent contradiction to their very high fertility. For those living in Israel, the low mortality is attributable to the high general standard of health in the country, despite Palestinians' persisting disadvantages vis-à-vis Jewish Israelis. For those living in the West Bank and the Gaza Strip, infant mortality rates as low as 25 and 30 per thousand live births respectively (1995 estimates) are puzzling if one considers the low economic status of the population and the maldistribution of health care resources (Giacaman 1994). At a closer look, this could be another paradoxical effect of the protracted state of belligerence.

A significant share of material resources flowing to the Palestinians, as far back as the early 1950s from the international community (UNRWA), and later (1970s and 1980s) from the oil-rich Arab states and from the Palestinian diaspora (through workers' remittances), took the form of investments in constructing health centers, developing primary health care, and training medical and paramedical staff. These steps presumably contributed greatly to reducing infant and child mortality under Israeli occupation, if not ensuring a satisfactory health status to every surviving child. By target-

<table>
<thead>
<tr>
<th>TABLE 5 Labor force participation rates (percent) of the population aged 10 and older by sex, West Bank and Gaza Strip, 1997</th>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>West Bank</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Percent in labor force</td>
</tr>
<tr>
<td>Percent unemployed</td>
</tr>
</tbody>
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ing refugees, the most vulnerable segment of Palestinian society, UNRWA probably had a greater impact in reducing mortality than a system of the same cost addressed to the population at large.\textsuperscript{39} In addition to a health program funded from abroad, a Palestinian peculiarity was also at play: a strong political sense that all members of society contribute to the collective goal of resistance to Israel. For the Palestinians, improvements in health status became a means of resistance,\textsuperscript{60} with an “alternative health movement” defying the Israeli military by not waiting for official permissions, by openly promoting cooperation with political organizations banned by Israel,\textsuperscript{61} and by developing parallel health care infrastructures under the control of the Palestinian movements during the Intifada (Barghouti and Giacaman 1990). Lives lost because of the war, however numerous they may have been from the beginning of the conflict, have been more than compensated in numbers by lives spared thanks to external solidarity and internal popular mobilization.

The absence of any visible effect of urban life style on fertility also presents an apparent puzzle. How could the Gaza Strip, with 96 percent of its population living in towns,\textsuperscript{62} also show extraordinarily high fertility? The West Bank is less urban\textsuperscript{63} yet less fertile than Gaza. Some reasons why urbanization does not favor birth control among Palestinians have already been suggested: it favors education but not the fruits of education (in terms of socioeconomic position and welfare); it promotes child survival but not the need to have fewer children; and so forth. An additional reason is the quality of urban life: towns and cities placed for decades under curfew and martial law lessen the ability of people to communicate with each other and reduce the exposure to the cultural globalization and alternative ways of life diffused by the media. This effect seems particularly relevant in Gaza.

The Gaza Strip has been isolated from the rest of the world, including the West Bank, since the beginning of the Israeli military occupation. When a corridor road between these two territories was opened in October 1999, the population of Gaza greeted the event as the end of a 30-year siege.\textsuperscript{64} For people less than 30 years old, it was the first time in their lives that they were allowed to leave the narrow strip between the Mediterranean and the barbed wire of Israeli borders. In addition to their isolation from the outside world, the refugees and their descendants, who form some 65 percent of the population in the Gaza Strip, were not only severed from their previous places of residence in Palestine but were (and still are) living in camps separating them from the indigenous population. In contrast to the inhabitants of the West Bank, Palestinian refugees in Gaza had been excluded from political participation at the time of Egyptian rule as well as under Israeli occupation, which left them with no other means of political expression than violence (Roy 1995). Military repression and popular resistance were interacting in a vicious circle. Because the people were forced by the military to stay at home, they turned inward to their families. Deprived of hope
to improve their material wellbeing after the collapse of their domestic economy, they also had only limited exposure through the media to alternative ways of life abroad. Because they were subject to rigorous control over mobility, the inhabitants of the Gaza Strip were motivated to create large family households.

The above reasons for the persistence of high fertility among the Palestinians are primarily negative: neither school attainment and health status nor urbanization provided incentives to control births because they have been neutralized by the state of belligerence and its side effects. Are there also positive reasons, that is, reasons of self-interest for keeping the fertility rate high? As the prospect of a withdrawal by the Israeli army from the territories occupied in 1967 became indefinitely put off, both Israeli and Palestinian politicians realized that demographic growth is the Palestinians’ most potent weapon. The certainty that in the first decade of the twenty-first century, in the light of dwindling future Jewish immigration and continued high Arab fertility, the Arabs would become the numerical majority in the territory under Israeli control (Israel, the West Bank, and the Gaza Strip), became a crucial element in the conflict. Long before the Oslo agreement in 1993—by which the government of Israel abandoned the intention of complete annexation of the occupied territories—an Israeli preoccupation with Palestinian fertility had emerged. Prime Minister Golda Meir (1969–74) had clearly expressed this concern soon after she took office: “[In case of complete annexation] we would have to wake up every morn- ing wondering how many Arab babies have been born during the night” (quoted in Najjar and Warnock 1992: 270). Two decades later, before the Madrid conference of 1991 that was to launch the Israeli–Palestinian peace negotiations, a report from the Strategic Studies Center of Tel Aviv University commented on the annexation by Israel of the occupied territories, one of four scenarios envisaged for the future: “In view of the presence of over 1.5 million Palestinians in the territories, Israel—assuming that it wished to remain a Jewish-Zionist state—would have to either deny them political participatory rights, or eventually ‘transfer’ most of them from the West Bank and The Gaza Strip to the surrounding Arab states” (Strategic Studies Center 1989). In other words, with the annexation of the territories and the incorporation of their Arab population, demography would defeat democracy as proportional political representation would negate the Judaism of the state.

Palestinian leaders, it seems, only gradually became aware of the potential to use fertility as a political weapon. One of the first manifestations is seen in the following declaration by Umm Khalil, an activist since the 1950s, in an interview she gave in the 1980s: “I also encourage women to have more children. I once advertised that the society [women’s organization] will give away 200 prizes to people with the most number of children. I realize that having many children constitutes a burden on women, but we are in a battle for survival, and the Israeli concern with our birthrate is to
be taken seriously. Israelis want our land without Palestinians on it" (quoted in Najjar and Warnock 1992: 47). Eventually, the Palestinian leadership officially endorsed pronatalism. For example, the Palestine Red Crescent Society declared in 1993: “the high fertility of mothers among the Palestinian community [must be seen] as something positive, as a reassurance of the continued existence of the nation” (quoted in Kanaaneh, forthcoming). But how could the message of a collective scheme motivate individual choices in the private domain of procreation?

The absence of family planning clinics in the Gaza Strip before the end of 1995, albeit a consequence of pronatalism, is unlikely to be a cause of high fertility. Free contraceptive devices may not have been available, but many populations have reduced their fertility without the support of public birth control programs. Moreover, a contraceptive prevalence of 34 percent in Gaza and 50 percent in the West Bank (1995 figures, World Bank 1998) was not far below that of the neighboring Arab countries, despite a much higher fertility in the former two areas. Palestinian couples were familiar with contraception, but they were using it for spacing births not for terminating fertility. Total fertility was high because it was desired. Various channels, in particular the media, may have fostered pronatalist values. For example, a front-page headline in the Arab Israeli newspaper al-Ittihad was advertising “Every month, four thousand newborns in Gaza,” with a picture of all male children, that is, all future combatants. The valuation of motherhood, a tradition among Palestinians, was reinvented in a political context with the idea that giving birth to boys and bringing them up to be men would make women feel like “mothers of the nation” (Kanaaneh, forthcoming). In addition to the media, folk stories and tall tales passed by word of mouth transmitted the same pronatalist message. One of these tales coming from Gaza in the middle of the Intifada—“the stones uprising”—goes as follows: “One time the town was under curfew, a pregnant woman started to have labor pains. The soldiers took her to a military hospital to give birth there. It turned out that she was pregnant with twin boys. The head of one of the babies came out. He looked around and saw all these Israeli military uniforms, turned back to his brother and shouted, ‘Ahmed! Ahmed! We are surrounded, get some rocks!’” (Kanaana 1995). Pronatalism has penetrated the discourse of all branches of the Palestinian resistance, secular as well as Islamist. The preservation of pronatalist values by the families—which is different from the adoption of new values—was one sign among many that the Palestinians were mobilizing toward collective national goals.

A complementary hypothesis for explaining the persistence of high fertility among the Palestinians of the Occupied Territories is the resurgence of political Islam and the reviving Islamic values and practices of gender differentiation (Teitelbaum and Winter 1998). If the hypothesis that Islamism encourages fertility were valid, that would help explain why fertility is the
highest in Gaza, precisely where the Intifada—a movement led by Islamist groups—was the strongest, and would support my contention of a fertility transition inhibited by causes related to the Palestinian–Israeli conflict. However, three arguments challenge this interpretation. First, the political visibility of Islamist movements does not imply a corresponding prevalence of fundamentalism in the society. There is no evidence that Palestinians have greater allegiance to fundamentalist values than do Egyptians, for example. On the contrary, it seems that the ongoing legal reforms of personal status laws in Palestine do not arouse the same passion as they have in Egypt. Second, whereas Islamic fundamentalists claim familist values, there is no systematic association between Islamism and fertility. Among the many examples of the absence of such a relationship at the macro level are the cases of Iran and Algeria. Iran, a country ruled by Islamic fundamentalists where every institution and every aspect of public life bear the mark of Islamic values, has undergone one of the fastest fertility declines ever recorded, with the TFR dropping from 6.4 to 3.1 between 1986 and 1995 (Ladier 1999). Algeria has experienced, during the last two decades, a continuous and dramatic reduction of fertility (TFR in 1980: 6.4; TFR in 1997: 2.9; ONS 1998) in the context of the rising popularity of fundamentalists in society and, since 1992, during a period of internal turmoil and civil repression with a strong Islamic component. Third, until the mid-1980s, secular nationalism was the leading political force in Palestinian resistance, and Islamist movements did not emerge much before the Intifada (Legrain 1997), at a time when fertility in the neighboring Arab countries where Islamism was more prominent was already significantly lower than in the Occupied Territories.

Future prospects

At the dawn of the twenty-first century, a political turning point seems to have been reached in the Israeli–Palestinian conflict. The negotiations that began in 1993 are behind schedule, but are clearly heading toward the creation of a Palestinian state in part of the West Bank and the Gaza Strip. For Israel, this could mean that the Palestinian “demographic bomb” has been defused. With natural population growth working to their advantage, the Arabs are still assured of soon becoming a demographic majority in the territory of former Palestine. However, with perhaps three-quarters of them living under a Palestinian state, Arab demography will no longer be a threat to Jewish demographic hegemony in the territory directly ruled by Israel, that is, Israel in its internationally recognized borders, including the territories eventually annexed. For Israel, the advent of a Palestinian state in a territory delimited in order to contain nearly all Arab inhabitants of the West Bank and Gaza would largely relegate the question of Palestinian demography outside its borders.
The conflict, if it is to last, will take another turn with the recognition of a Palestinian state. The emergence of such a state could undermine the economic sustainability of population growth. The high fertility rate of the Palestinians was rendered feasible by the external support given to their economy. But their capacity to draw resources from abroad has been weakened by the closing of the two main outlets for Palestinian labor: the oil-rich countries of the Gulf and Israel. In the future, the political conditions for a resumption of labor migration to the Gulf or employment in Israel are likely to be compromised. In addition, the population of the new Palestinian state would not readily admit, after such a protracted struggle in nation-building, that exporting their labor services is the only route to economic sustainability.

On the other hand, reliance on external support does not necessarily imply that the work force has to emigrate in order to bring economic resources back home. Other routes would include direct investments in Palestine made by Palestinians living in the diaspora, provided that a political and institutional environment favorable to investors is established by the new state (Hanafi 1997). The Palestinian diaspora, mainly produced by the emigrations that took place in the course of the war of 1948–49 and during the 40 years following, has given rise to a sociologically heterogeneous and geographically dispersed population; nevertheless, flows of persons, goods, and ideas maintain the diaspora as a viable group. The relationships that Palestinian communities, which have settled around the world, have maintained among themselves and with the West Bank and the Gaza Strip could preserve their capacity to mobilize for national goals. The mobilization that occurred in the political domain during the resistance to Israel and the negotiations for the recognition of Palestine may have an economic dimension in the future.

It is also possible that economic achievements of the new state—which seem problematic at the present stage—would attract capital of non-Palestinian origin. The future Palestine is not obliged to live only on the resources of its territory, but can rely on the social capital that its population had accumulated all around the world. However, the particular kind of external support that fed its demographic growth under the state of belligerence was not investment prompted by economic incentives. Rather, it was subsidies generated from outside, most of them of public origin, that constituted a substitute for a domestic welfare state. Once peace prevails, the international community will be unlikely to help sustain a Palestinian welfare state. With the probable disappearance of the exceptional conditions that have kept the fertility of the Palestinians at a very high level, the fertility rate is likely to follow that of the neighboring Arab countries, into rapid decline. After years of divergence between Israeli and Palestinian fertility trends, a convergence toward a more or less common low fertility is the most likely prospect for the future.
## APPENDIX  Total fertility rate by year and subpopulation

<table>
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<tr>
<th>Year</th>
<th>Jews living in pre-1948 Palestine and Israel</th>
<th>Jews born in North Africa or in Asia outside Israel</th>
<th>Jews born in Europe or America</th>
<th>Arab Palestinians living in pre-1948 Palestine</th>
<th>Arab Israeli Palestinians</th>
<th>Arab Palestinians living in the West Bank</th>
<th>Arab Palestinians living in the Gaza Strip</th>
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Notes

An earlier version of this article was prepared at the Center for Middle Eastern Studies, Harvard University, for whose generous hospitality the author is grateful. It was presented as a lecture at the Fletcher School of Law and Diplomacy, Tufts University. The author acknowledges with gratitude the constructive comments made by Youssef Courbage and Roger Owen.

1 Palestine is defined here as follows: (1) before 1948, the territory placed under British Mandate after World War I; and (2) after the creation of Israel in 1948, the portion of this territory that is not part of the state of Israel as it is internationally recognized, i.e., the West Bank of the Jordan River and the Gaza Strip.

2 Having to exclude, for statistical reasons, a majority of Palestinians—those now living outside the former Palestine—is a serious limitation; and although a significant difference exists between refugees and nonrefugees in the West Bank and the Gaza Strip, fertility data are not available at this level of distinction.

3 The Balfour Declaration figured later as a preliminary statement in the British Mandate over Palestine decided by the victorious Allied Powers in 1920 (San Remo Conference, at which the treaty abolishing the Ottoman Empire was approved) and ratified by the League of Nations in 1922.

4 “Capitulations treaties” increased the jurisdiction of foreign consulates in the Ottoman Empire in terms of commercial, civil, and penal matters. Initiated in the sixteenth century and intended to protect foreign subjects, these treaties eventually became a source of resentment, as local populations perceived them as a limitation to Ottoman sovereignty. “Jews of all nationalities could always enter as pilgrims.... Since the Powers [“the six ‘Great Powers’ represented at the Sublime Porte at the end of the nineteenth century were Great Britain, France, Russia, Austro-Hungary, Germany and Italy”] (except Russia during the 1880s) did not accept the entry restrictions, consular protection was readily granted and there was little the local authorities could do when the Capitulations were invoked” (Mandel 1976: 18–19; 3n [bracketed insert]).

5 “Two important phenomena, of the same nature but opposed, are emerging at this moment in Asiatic Turkey. They are the awakening of the Arab Nation and the latent effort of the Jews to reconstitute on a very large scale the ancient kingdom of Israel”; Negib Azouri, Le réveil de la nation arabe dans l’Asie Turque, Paris, 1905 (cited by Kinnerling and Migdal 1994: 75).

6 “Although by the term of that mandate and of the British Balfour Declaration (of 1917), Palestine was marked as the place for the establishment of a Jewish national home (with due regard for the rights of the non-Jewish population), the British did very little to carry out that mandate” (Friedlander 1974: 44).

7 Among the countless declarations that corroborate the Zionist determination to substitute one population for the other, let us cite two prominent Israeli politicians. The first is David Ben-Gurion, speaking at the Council of the MAPAI (the Social Democratic Labor party) after the Haganah (Israel’s pre-state army) was ordered to settle Jews in Arab districts of Jerusalem in February 1948 (before the creation of Israel): “From your entry into Jerusalem,...there are no Arabs.... Since Jerusalem was destroyed by the Romans, it has not been so Jewish as it is now. In many Arab neighborhoods in the west one sees not a single Arab. I do not assume that this will change. What has happened in Jerusalem is likely to happen in many parts of the country.... [T]here will certainly be great changes in the composition of the population of the country” (cited by Nathan Krystall, “The fall of the new city, 1947–1950,” in Tamari 1999: 103). The second is Yitzhak Rabin, architect of the Oslo peace accords, declaring shortly before his assassination in 1995: “The red line for Arabs is 20 per cent of the [Israeli] population, that must not be gone over” (cited in Kanaaneh, forthcoming).

8 Asked in 1946 whether she would accept for the Jewish minority the privileges she was offering to the Arabs, Golda Meir (the future Israeli Prime Minister) answered “no, because there needs to be a place on earth where the Jews are not a minority” (quoted in Rodinson 1967: 69).
9 Intermarriages between Jews and Arabs are so rare that the Statistical Abstract of Israel ignores the phenomenon and lists marriages according to the religion of the couple rather than giving the religion of the husband and wife separately.

10 The bulk of emigration to Israel by the Jews of Egypt (60,000) and of Syria (30,000) occurred between 1948 and 1951 (State of Israel, Central Bureau of Statistics 1987a). The peace treaties between Israel and Egypt (1979) and Israel and Jordan (1994) opened the door to visits but not to settlements, with the exception of limited numbers of diplomats. Labor market opportunities in Israel did produce sizable commuting movements from the Occupied Territories and across the Lebanese frontier, but not settlement in Israel.

11 According to the most reliable reconstruction (McCarthy 1990), 58,728 Jews out of a total of 748,128 inhabitants in 1918.

12 Millet is a system by which the Ottoman power delegated its authority on questions related to personal status to the spiritual head of each of the recognized religious communities (five Christian and one Jewish).

13 The assimilation of the Jewish communities within local populations, as described by Goiten (1999) for medieval times, was not called into question until the birth of the Zionist movement.

14 Mandel (1976: 30) remarks that “A few of these Jewish nationalists became Ottoman subjects, but the majority by far did not, so that they could continue to enjoy the privileges and immunities granted to Europeans under the Capitulations.”

15 Eighty percent of the Jewish population of Israel at its creation (1948) were migrants or descendants of migrants arriving between 1918 and 1948; 85 percent of this migration originated from Europe, a region whose average crude birth rate did not exceed 25 per thousand at that time.

16 According to Kanaaneh (forthcoming): “Although ‘Arab’ and ‘Jew’ are constructed in Israeli Nationalism as two bounded and separate categories, Arab-Jews in Israel confuse this neat division.” Her remark would apply as well to the members of Jewish communities who lived in Arab countries before the establishment of Israel.

17 No reliable data exist on fertility by religion in the Arab countries at that time.

18 Jewish immigration originating from Arab countries (600,000 in total) and from Turkey (60,000) represented about 50 percent of the total immigration between 1948 and 1964 (State of Israel 1987a).

19 Israeli statistics list, according to the country of origin, persons who were born abroad or whose father was born abroad. These data do not provide the origin of persons whose family migration dated back to their grandfather or earlier (some 20 to 25 percent of the Jewish population as of 2000), nor do they provide information on multiple origins. DellaPergola (1991) assesses at 52 percent the number of “Oriental” Jews, another designation for Sephardic Jews.

20 Cited in Goldscheider (1996). Military service is compulsory for women as well as men, but women can be exempted for causes related to marriage or parenthood.

21 “Demographic diversity and linguistic diversity appear to go together.... A common language facilitated the diffusion of new fertility practices and/or norms and values about appropriate family size, and linguistic boundaries acted as temporary brakes to fertility decline” (Watkins 1991: 173).

22 Among the marriage cohorts of 1978–82, the number of children ever born and the number of wanted children were respectively: 1.9 and 3.1 for “seculars,” 2.2 and 3.6 for “traditionalists,” and 2.7 and 5.4 for “religious” (Kupinsky 1992).

23 This assertion presupposes an intergenerational transmission of religiosity within the family and the consequent political commitments, an interesting matter for the analysis of political behaviors.

24 Applying to a population of 58,728 in 1918 the annual natural growth rates actually recorded for the Jewish population of Palestine (McCarthy 1990) and later Israel (State of Israel, Statistical Abstract: Table 2.2) gives a figure of some 258,000 in 2000.

25 The 1952 citizenship law granted Israeli citizenship to every immigrant Jew upon arrival in the country.

26 Restricting the immigration of Soviet Jews was a great concern of the Palestine Lib-
eration Organization in 1990. Yasser Arafat told Algerian television: “I oppose in principle this immigration. It could reverse the balance of power. Abou Mazen [a PLO leader] even thought that it was a phenomenon similar to the immigration which followed the establishment of Israel. To understand the danger posed by immigration, we should recall that when Israel conquered 78 percent of Palestine, there were only 500,000 [Jewish] residents. Immigration then flowed from Iraq, Yemen, Egypt and Morocco to make good the deficit. I am convinced that if the population had remained what it was, Israel would not have survived. For Israel, immigration is an artery linked to the heart of a man. It feeds the economy, the army, the manpower and the farming community” (quoted in Ayalon 1992).

27 The Jewish population of Russia has been experiencing negotiate natural growth since the 1960s. With aging, its situation has recently reached a critical point where an extremely low crude birth rate (3 per thousand in 1993) is combined with a high crude death rate (30 per thousand in 1993); mixed marriages are dominant: 73 percent of Jewish men and 63 percent of Jewish women are marrying outside their community (Tolts 1995).

28 This includes Jews originating from North Africa, who maintained high fertility until the mid-twentieth century in their countries of origin, but rapidly adopted birth control when they settled in France (Schmelz 1984).


30 The committee also studied Ashkenazi–Sephardi differentials in fertility.

31 The Center has documented some issues of interest for enhancing fertility, such as attitudes of families toward the third child or the impact of the media on reproductive choices; it has designed some public policies, such as a plan to prevent abortions (1983); and it has prepared surveys to inform other policies, for instance a study on the modernization of Arab villages in order to find ways of reducing their fertility (1983) or another on modernization and its relationship to fertility in the Jewish population (Peritz and Baras 1992). However, none of these activities had a significant impact on demographic trends.

32 Ten years later, in Goldscheider (1996: 220), a similar sentence is found with “European Jews” replaced by “Israelis of European origin,” a category that includes the non-Jewish family members of Jewish immigrants, an emergent group in the 1990s.

33 Fernand Boverat, a pugnacious nativist and president of the French Alliance nationale contre la dépopulation, held two contrasting viewpoints, according to the targeted population in question. In a pamphlet entitled “Defeating the fall of the birth rate, through truth, duty and justice,” published on the eve of World War II, Boverat (1938: 16) fiercely advocated the revitalization of the French nation through natality: “At a time when the fall of the birth rate threatens the country and the society in their very existence...the increasing number of individuals who voluntarily refrain from procreating children is worse than poverty, worse than defeat; it is a moral suicide making invasion and ruin a deserved punishment.” Many years later, as the uprising that would eventually lead to independence began in Algeria, Boverat (1955: 10, 43) advocated a sharp curtailment of fertility among the Muslim population of that country: “the Muslim population will inevitably suffocate the European population [in Algeria] if the latter does not reach the replacement level. Unfortunately, the present legal status of Algeria prevents [the government] from providing greater family allowances and child benefits to non-Muslims than to Muslims.... Generalizing the access of Muslims to primary school is thus a necessity for checking overpopulation.”

34 “At current levels of transfers and taxes the Ultra-Orthodox population growth rate will render Israel’s welfare system insolvent and bankrupt municipalities with large Ultra-Orthodox populations” (Berman 2000: 23).

35 The 1948–49 war had brought about an exodus that was never officially quantified but that the most realistic sources assess at some 725,000 persons. They all left the same territory, Israel, and separated into three groups: 280,000 refugees in the West Bank, 190,000 in the Gaza Strip, and 255,000 mainly distributed in neighboring Arab countries (Kossaifi 1989). The 1967 war was responsible
for a second exodus, of a more limited scope than that of 1948–49. Around 150,000 persons left the West Bank and 100,000 fled the Gaza Strip when the Israeli army entered the area; a number of these persons were refugees from 1948 (ibid.).

36 Between 1949 and 1967, the Gaza Strip (under Egyptian rule) did not experience significant emigration but, as of 1960, a regular flow departed from the West Bank (at that time part of the Kingdom of Jordan) with some 140,000 departures between 1960 and 1967: 25,000 to the East Bank of Jordan and 115,000 to other Arab countries. Some of these migrants were native inhabitants of the West Bank, others were refugees of the 1948–49 war and their children born in the West Bank (Kossaii 1989). Under Israeli occupation, the West Bank and Gaza fed a sustained emigration assessed annually by Israeli statistics: a total of 171,000 left the West Bank and 114,000 left the Gaza Strip between 1967 and 1989 (State of Israel, Statistical Abstract, various years). The emigration stopped in the late 1980s, with the fall of oil prices and the subsequent closure of the Gulf labor markets. The Iraqi invasion of Kuwait (1990) and the war that followed in the Gulf area provoked a reemigration of some 300,000 Palestinians to Jordan and the Occupied Territories (El-Madi 1993). While Palestinian emigration to the Gulf was reaching an end, a significant return migration to the West Bank and Gaza took place in the 1990s: 30,000 persons as a result of the Gulf War, 30,000 members of the families of Palestinian policemen allowed by Israel to join their newly settled fathers or husbands, and a few thousand persons benefiting from the right to family reunification negotiated within the peace process (Zureik 1997).

37 The censuses carried out in the Gulf countries in the early days of their transformation into a major labor market, i.e., before the reunification of migrants with their families, indicate that the Palestinians constituted the only sex-balanced immigrant community with 114 men per 100 women in Saudi Arabia (1974) and 112 in Kuwait (1975), while other nationalities often had a sex ratio exceeding 200 men per 100 women.

38 The total fertility rate of the Arab Palestinians is estimated at 7.1 for the period 1940–44; by religious communities: 7.4, 6.7, and 4.6 among Muslims, Druzes, and Christians respectively (McCarthy 1990).

39 Christians had the highest fertility levels in the second half of the nineteenth century (Courbage and Fargues 1997).

40 Israeli military rule almost completely impeded mobility until 1966.

41 The characteristics of the Arab population of Israel, with lower socioeconomic status and significantly higher levels of fertility and mortality than the Arab population of former Palestine (Goldscheider 1996), were not documented by surveys at the time of the 1948–49 war.

42 One can counter the selectivity hypothesis with the case of Nazareth, a prosperous town with a large proportion of Arab Christians who did not emigrate. In July 1948, Israeli soldiers entering Nazareth were prompted by Ben-Gurion to avoid destruction of houses and expulsion of the population. According to the brigade’s commander, Nahum Golan, “Because of its importance to the Christian world—the behaviour of the [Israeli] occupation forces in the city [Nazareth] could serve as a factor in determining the prestige of the young state abroad” (quoted in Morris 1987: 201).

43 During the first half of the twentieth century, the term “Arab” came increasingly to mean Christians and Muslims together, as distinguished from Jewish Palestinians (Tamari 1999).

44 Two tenets of the Muslim religion are responsible for this result: (1) mixed marriage is permitted between a Christian woman and a Muslim man but not vice versa—a Christian man must convert to Islam before marrying a Muslim woman; (2) the child receives the religion of the father, hence is born a Muslim.

45 Age-specific fertility rates by religion are obtained by dividing births of a given religion by numbers of women of the same religion. When Christian women marry Muslim men, they give birth to Muslim children: thus the fertility of Muslim women is overestimated, while that of Christian women is underestimated. This underestimation could be significant. If ideal family size—an index usually correlated with actual fertility—is considered, Christian–Muslim differentials are greatly
reduced. In the marriage cohort 1965–74, ideal family size was 4.2 and 4.3 among urban and rural Christians, compared with 4.8 and 5.3 among urban and rural Muslims (Goldscheider and Friedlander 1986).

46 In East Jerusalem (annexed by Israel in 1980) and in the West Bank, the size of the Christian community has diminished substantially, with low birth rates and high emigration rates attributed by some to “Christians’ self image as a small, unprotected community” (Tsimhoni 1983).

47 The Gaza Strip has the world’s highest national level of fertility.

48 In fact, the proportion never-married among women aged 15–24 dropped from 64 percent in 1986 to 49 percent in 1992 in the Gaza Strip and, over the same period, from 73 percent to 60 percent in the West Bank (State of Israel 1996).

49 Attainment of high levels of high school education has a long tradition in Palestine, an achievement shared only by Lebanon in the Arab region. According to the Survey of Palestine conducted at the end of the British Mandate, the percentages of Arab children who received at least some formal schooling were estimated in 1945 at 85 percent and 63 percent for boys in towns and villages respectively, and at 60 percent and 7.5 percent for girls. It was 100 percent for Christians. School enrollment rates at ages 5–14 were 33 percent for Arabs and 97 percent for Jews (Anglo-American Committee of Inquiry on Jewish Problems in Palestine and Europe 1946). In Jerusalem in 1948, there was almost a gender parity in Arab schools (Rochelle Davis, “The growth of the western communities, 1917–1948,” in Tamari 1999: 32–66).

50 Hamas is an Islamist movement that was particularly active during the Intifada.

51 This holds true not only for school and health, but for food in the case of persons entitled by the status of refugee to receive the rations distributed by UNRWA. Refugees account for 28 percent of the population of the West Bank and 65 percent in the Gaza Strip (Palestinian Central Bureau of Statistics 1999).

52 Demographic causes have been sought for the Intifada itself. Some have seen the uprisings as the result of three trends: an increase in the demographic weight of youth because of decades of high fertility and a recent slackening in emigration to the Gulf; growing aspirations fed by rising levels of education; and frustration caused by unemployment (Gilbar 1997). But these are highly tenuous claims.

53 Ninety-five percent of the commuters were men (Kadiri 1998).

54 From 1987 to 1990, commuting labor to Israel declined by 33–50 percent (Roy 1995).

55 The relatively good health situation in Palestine seems to represent the regaining of an old advantage. The aforementioned Survey of Palestine noted a substantial and early decrease of infant mortality under the British Mandate, from 200 deaths per thousand live births in 1925–30 to 130 in 1940–44 among the Muslim population of towns. “Whilst in 1927–29 the rates of mortality of children in Moslem Palestine were among the highest in the world (185) and were close to those of most backward countries in the world, today they are closer to those of fairly progressive countries (122 in 1942–44)” (Anglo-American Committee of Inquiry on Jewish Problems in Palestine and Europe 1946: 709). The situation deteriorated under the rule of Egypt and Jordan, a period of very poor health status (Giacaman 1994), and remained a matter of controversy during the first two decades of Israeli occupation. In the early 1980s the population of the Gaza Strip had the highest prevalence of malnutrition among Palestinian refugees (Roy 1986).

56 Being less urbanized, less educated, and less represented among the middle and upper classes, Arab Israelis have less adequate access to the means of good health than Jews and consequently a higher mortality by age.

substantially higher figure of 70.0 (West Bank and Gaza) in 1985 is given by Barghouti and Giacaman (1990). If one accepts the range of 25–30, then the West Bank and Gaza have a lower IMR than neighboring Arab countries in the 1990s, with the exception of Lebanon: Egypt (DHS95): 63; Jordan (Papchild): 33.3; Lebanon (Papchild): 27.9; Syria (Papchild): 34.6.

58 According to field surveys, the Israeli health system was poor and the number of hospital beds available in the system decreased as of 1985; the main role was played by the private and nonprofit sector supported by the PLO and by UNRWA (Giacaman 1994). On the other hand, the reduction of infant mortality was also a response to improved standards of living accompanying urbanization and wages earned in Israel by labor commuters (Giacaman 1997).

59 According to a report by the World Bank (1998), the currently impressive health and education status of Palestinians in the West Bank and Gaza Strip may not be sustainable, because of the economic deterioration in Palestine and the major financial problems facing UNRWA.

60 Barghouti and Giacaman (1990) relate how, just after the occupation of Jerusalem in 1967, Palestinians managed to retain control of Al-Maqassed hospital.

61 For example, the Palestinian Red Crescent is chaired in Cairo by Fathi Arafat, the brother of Yasser Arafat, leader of the PLO and President of the Palestinian Authority.

62 Localities with more than 5,000 inhabitants at the census of 1997.

63 In 1997, 39 percent of the population of the West Bank was rural, but only 12 percent of the labor force was employed in agriculture.

64 “Siege ends for Gaza’s people,” International Herald Tribune, 26 October 1999.

65 An older emigration from Palestine had taken place during the last decades of the Ottoman rule and the period of the British Mandate.

References


