Causes and consequences of the fertility stall in Israel: the case of Jewish settlers

EPC 2014: June 25-28, Budapest, Hungary

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Although the literature about fertility dynamics in Israel is abundant, no demographic research has yet focused on the Jewish settlers in the occupied Palestinian territories. Their fertility has been stable for at least fifteen years with a TFR of 4.99 children per woman in 2011 (ICBS) at a level well above their counterparts in Israel and despite some major changes in lifestyles and living conditions. The aim of this paper is thus to analyze the factors associated with a stalling fertility decline among this specific Jewish subgroup. Three waves from the International Social Survey Program (ISSP) are used from 1991, 1998, and 2008. With stall in the fertility decline being the main outcome of interest, a probit regression model is used to assess the effect of changes in institutional, socioeconomic, and reproductive behaviour variables and changes in the TFR. We expect the most important change that contributes to the stall in Jewish fertility to be related to changes in the family planning services as reproductive health programs and fertility clinics emerged in Israel in the past decades. Furthermore, positive changes in the socio-economic conditions are to only have a slight negative impact on fertility. Such factors are believed to have a bigger impact on fertility behaviour than the ongoing conflict in the region, contrary to common beliefs.

1 Introduction

In Israel and the occupied Palestinian territories, population growth is a major issue and fertility is on the political agenda. Courbage (2012) said that "as far as statehood is concerned, it is obvious that the establishment of a single state in Palestine, or two states depends a great deal on the population dynamics of the two populations [the Jews and the Arabs]". The high general fertility in the region has often been referred to "the war of cradles" and "the population time bomb". In such setting, the fertility behaviour of Israeli women does not follow the same trend as in many comparable European countries.

Despite its high level of development and a favourable economy, Israel seems to have reached a plateau in its fertility in the past decades [2]. A large number of articles documented the links between its high fertility and the religion, religiosity, or ethnicity of its population. Maintaining a total fertility rate of 3 children per

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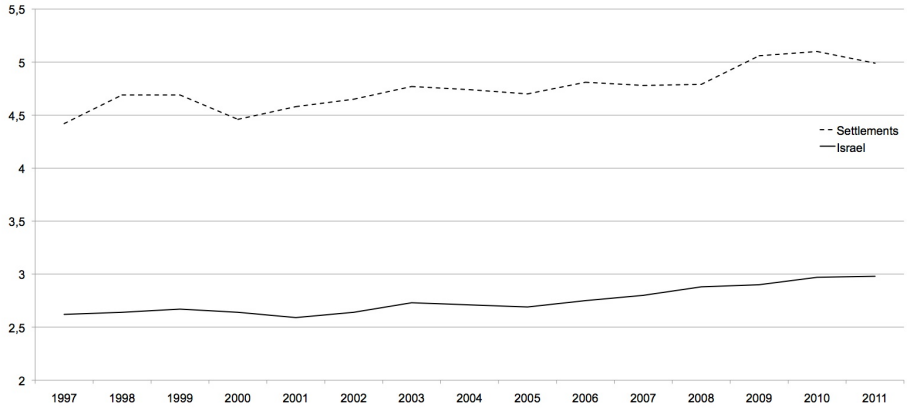
[2] In the past 20 years, stalls have been observed in a number of African countries (Ezeh et al. (2009); Moultrie et al. (2008)) and in other regions of the world such as the Middle East and Latin America (Cetorelli and Leone (2012); Gendell (1985)).

woman in 2011 (ICBS) relative to their European and American counterparts inspired a vast literature about the country's fertility transition(s) ((Friedlander and Feldman, 1993); (Friedlander, 2002)). One of the main conclusions is related to the heterogeneity of the population. The subgroups are at different stages of the transition (Bystrov, 2012). Regardless of how these population groups are formed, they all seem to maintain a higher fertility than their counterparts elsewhere in the world.

One Israeli subgroup is known for its higher fertility: the Jewish settlers. They are known to be more rural, have lower wages and to be more religious than their counterparts in urban Israeli cities (Israel Ministry of Foreign Affairs, 2002). With an average of two more children per woman than in the rest of the country, they have very different attitudes towards fertility and deserve to be studied separately. Figure 1 shows the amplitude of the differential between the settlers and Israel.

Figure 1: Fertility in Israel and the Settlements, 1997-2011



Source: Statistical Abstract of Israel, different years (1998-2012), Table 3.9, "Live Births, Deaths and Infant Deaths, by District, Sub-District, Area, and Religion." Settlers reside in the district of Judah and Samaria.

2 Background: fertility in the Jewish settlements

Very few studies have focused on the Jewish settlers although their increasing number now accounts for about 12.5% of the population, that is to say, about 318,700 settlers in the West Bank in 2011 (Statistical Abstract of Israel 2012: table 2.6). The high growth rate in the region is mainly due to four factors (Courbage, 2012): low crude death rate, high life expectancy, young population and high rate of immigration. they are more nationalist and religious than their counterparts in Israel and value large families Courbage (2006). By moving in the settlements built by the Israeli government, families benefit from many monetary and fiscal incentives (B'tselem, 2002). These advantages give the settlers a better standard of living than if they were to live in Israel.

Many researchers have associated their fertility level to their higher religiosity (Courbage, 2006) while others argue that it's not so much religiosity as nationalism that has an impact on their fertility (Anson and Meir, 1996). However DellaPergola (2011) points out a shared undercurrent between all groups that cannot be ignored. For that matter it would be simplistic to reduce the higher fertility of the

settlers to higher religiosity and nationalism.

3 Objective and hypotheses

The objective of this article is to determine the causes and consequences of the lack of change in the settlers' fertility through time. We ask ourselves why is fertility stalling in Israel, especially in the Jewish settlements? To do so we will identify what are the drivers of the stall of the fertility decline and how they vary among the different subgroups within the settlements.

Three main sources of change are often put forward to explain such fertility trends (Ezeh et al., 2009) and we will assess their impacts on fertility in the Jewish settlements:

Changes in the reproductive behaviour: Bystrov (2012) noticed an emergence of alternative living arrangements and of births to never-married women among the less religious population. Still not frequent, inter-faith unions are known to be less stable and could lead to a reduced number of births (Adsera, 2006). During the 2000s, the pill became the most popular form of modern contraception among Israeli women (Bystrov, 2012). Contraceptive prevalence however declines with increasing religiosity and differences in contraceptive method choices by religiosity remain after controlling for socio-economic variables (Okun, 1997). Indeed religious women are more prone to use natural methods, mostly for short-term contraception, than secular women (Okun, 1997). According to the ideational theory, a temporary fertility stall could suggest that there are barriers to the spread of new reproductive behaviours (Stecklov and Nahmias, 2007).

Changes in the family planning service environment: Israel has always had a pronatalist attitude with policies on reproductive health and familiar rights (Landau, 2003). The government gives families incentives to procreate. It has one of the most generous child allowance programs in the world (Manski and Mayshar, 2003). It is also the country with the highest rate of in-vitro fertilization clinics per capita and is the only one that explicitly legalizes surrogacy (Landau, 2003). In counterpart, no funds are allocated for contraception and sterilization is not a common practice. Abortion is allowed only under very restrictive conditions and has to be approved by a doctor (Population Policy Data Bank, United Nations). These welfare policies have been established in the 1970's when the Jewish fertility reached its lowest point.

Changes in the socio-economic factors: Socio-economic factors are often cited as key drivers to fertility decline as children represent costs and benefits that vary depending on the education level, income, place of residence, and other characteristics of the parents. Interruptions in societal development could lead to as fertility stall in view of the structural theory. As Jewish settlers are known to be more rural and to have lower wages than their Israeli counterparts (Israel Ministry of Foreign Affairs, 2002), fertility decline could be slowed down.

4 Data and methods

We will mainly use cross-national survey data of the International Social Survey program (ISSP) that runs an annual self-completion survey containing a set of

questions asked to a probability-based nation-wide sample of adults. The topic of interest is religion and its three waves are of 1991, 1998 and 2008. In this survey, attitudes towards religion are examined. The main topics are: fertility planning, abortions, extent of trust in religious institutes and governmental institutes, religious faith, prayer, participation in religious ceremonies and outlook on the world. Detailed demographic and socio-economic characteristics of the respondents are also included for each wave of the survey.

The outcome of interest is a dummy variable that stands for the "status" of the stall that will be given to each of the subgroups of the population (namely by religiosity). It will take the value of "one" if the TFR remained unchanged or increased from 1998 to 2008 while it decreased from 1991 to 1998. It will take the value of "zero" in all other cases.

$$y_i = \begin{cases} 0 & \text{probability } 1 - p_i \text{ (no stall)} \\ 1 & \text{probability } p_i \text{ (stall)} \end{cases}$$

The main independent variables are changes in the proportion of women using contraception, the proportion of adolescent pregnancies, the acceptance of family planning services, the proportion of women who received family planning services, the acceptance of alternative living arrangement, the proportion of women with a higher education, and the proportion of women who participate in the workforce.

After a descriptive analysis of the fertility of the different subgroups (by religiosity, socioeconomic status, etc.) over time to examine the relationships between observed changes in the selected variables and changes in the TFR, a multivariate analysis will be performed using a probit regression model. In the first part, bivariate analyses will be performed with each independent variable separately and then we will proceed to a multivariate analysis with all the independent variables.

5 Expected results

We expect the most important change that contributes to the stall in Jewish fertility to be related to changes in the family planning services as reproductive health programs and fertility clinics emerged. The biggest change that occurred in the past decades for secular and traditional Jews is the emergence of alternative living arrangements. Although they might contribute to lower their fertility levels, access to reproductive health programs probably counter-balances for their negative effect. In sum, positive changes in the socio-economic conditions must have a slight negative impact on fertility as well as changes in reproductive behaviour (mostly experienced by secular and traditional Jews).

It is often said that to complete the fertility transition, replacement level must be reached. Jews in Israel and the settlements seems to have had a stable fertility of around respectively 3 and 5 children per woman and is starting to show signs of the second demographic transition. Has fertility in Israel really stalled or has it reached a stable fertility level for the future?

References

Adsera, A. (2006). Marital fertility and religion in spain, 1985 and 1999. *Population Studies*, 60(2):205–221.

Anson, J. and Meir, A. (1996). Religiosity, Nationalism and Fertility in Israel. *European Journal of Population*, 12:1–25.

B'tselem (2002). Land Grab: Israel's Settlement Policy in the West Bank.

Bystrov, E. (2012). The Second Demographic Transition in Israel: One for All? *Demographic Research*, 27(10):261–298.

Cetorelli, V. and Leone, T. (2012). Is Fertility Stalling in Jordan? *Demographic Research*, 26(13):293–318.

Courbage, Y. (2006). Les enjeux démographiques en Palestine après le retrait de Gaza. *Critique Internationale*, 31:39–52.

Courbage, Y. (2012). Demographic Trends and Challenges in Case of Statehood in Palestine, 2012-2048. *Birzeit University Working Paper - Conference Public Events Module*.

DellaPergola, S. (2011). Fertility Prospects in Israel: Ever Below Replacement Level? *United Nations Department of Economic and Social Affairs*, page 42.

Ezeh, A. C., Mberu, B. U., and O.Emina, J. (2009). Stall in the Fertility Decline in Eastern African Countries: Regional Analysis of Patterns, Determinants and Implications. *Philosophical Transactions of the Royal Society of London*, Series B(364):2991–3007.

Friedlander, D. (2002). Fertility in Israel: Is the Transition to Replacement Level in Sight? *Completing the Fertility Transition*, United Nations Population Division: New York:440–447.

Friedlander, D. and Feldman, C. (1993). The Modern Shift to Below-Replacement Fertility: Has Israel's Population Joined the Process? *Population Studies*, 47(2):295–306.

Gendell, M. M. (1985). Stalls in the Fertility Decline in Costa Rica, Korea, and Sri Lanka. *Washington DC: The World Bank (World Bank Staff Working Paper, 693)*.

Landau, R. (2003). Religiosity, Nationalism and Human Reproduction: The Case of Israel. *International Journal of Sociology and Social Policy*, 23(12):64–80.

Manski, C. F. and Mayshar, J. (2003). Private Incentives and Social Interactions: Fertility Puzzles in Israel. *Journal of the European Economic Association*, 1(1):181–211.

Moultrie, T. A., Hosegood, V., McGrath, N., Hill, C., Herbst, K., and Newell, M.-L. (2008). Refining the Criteria for Stalled Fertility Declines: an Application to Rural KwaZulu-Natal, South Africa, 1990-2005. *Studies in Family Planning*, 39(1):39–48.

Okun, B. S. (1997). Family Planning in the Jewish Population of Israel: Correlates of Withdrawal Use. *Studies in Family Planning*, 28(3):215–227.

Stecklov, G. and Nahmias, P. (2007). 'The Dynamics of Fertility Amongst Palestinians in Israel from 1980 to 2000. *European Journal of Population*, 23:71–99.