

SURVIVAL OR DEVELOPMENT?
Towards Integrated and Realistic Population Policies for Palestine

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I would like to thank the organizers of this conference for the opportunity not only to address the conference today, but to benefit from scholars and experts working in other settings in the region to better understand some of the complex variables at play in my own examination of Palestinian population dynamics, fertility patterns, and their relationship to the real choices and life opportunities of women and men in Palestinian society. The multiple challenges facing Palestine today - whether political independence, sustainable development, economic growth or social justice - require both understanding Palestine's exceptional circumstances and integrating this understanding into regional and global contexts and comparisons. In approaching the topic of population policies for Palestine, I have also greatly benefitted from the interdisciplinary approach and the gender-aware frameworks utilized in the research of both the Women's Studies Program and the Department of Community and Public Health at Birzeit University: both are necessary, I believe, for understanding population issues and for developing realistic and effective population policies that meet the needs of Palestinian women and men. I would like to also mention our long-standing and valuable working relationship with The Population Council, Cairo, which over the years of occupation and in this new phase offered us access to regional scholarship and exchange, in addition to constant support during trying times.

A review of the fascinating and controversial literature on population since World War II indicates a generally unprecedented decline in the total fertility rate of developing countries (from a TFR of 6 in 1950 to 3.6 today), coupled with an equally unprecedented global annual growth rate of 93 million people. A 'demographic trap', as it is sometimes called, is seen to threaten the development process. On the one hand, economic growth and rising standards of living are seen to contribute to the reduction in fertility. On the other hand, states and governments in the developing world face difficulties in continuing to support rising living standards in the context of current population growth.

As I will discuss in the Palestinian context, this identification of population growth as the singular cause of poverty and under-development is highly problematic, even if currently influential. However, within this framework, fertility reduction assumes a central position in the existing debates on the demographic transition in developing countries, and in developmental debates in general. Various theories, or schools of thought, have put forward a number of unintegrated explanations of high fertility and fertility patterns and behavior, including culturalist, structuralist (or Marxist), cost-benefit and feminist approaches. There is no overall agreement on how these factors account for society's influence on fertility, as well as mortality. Clearly, monocausal explanations of these phenomena are not sufficient, necessitating the utilization of a multipronged approach to understand fertility and its determinants.

The case of Palestine in transition is perhaps one where contextual complexities are pronounced. In Palestine, there is evidence that fertility rates have been slightly declining over the past two to three decades, although present day fertility remains high, with a Total Fertility Rate of 6.24 for the West Bank and a high of 7.44 for the Gaza Strip, according to the first Palestinian national demographic survey completed in 1995 by the Palestinian Central Bureau of Statistics. A gradual decline in fertility has taken place despite Israeli military rule and its control of policy and services, the almost total absence of family planning services within the governmental, UNRWA and non-governmental organization health care services, and the instability and insecurity imposed by the political setting, which has imposed heavy burdens on Palestinian families and household to provide economic and social security for its members. Over the years, infant mortality has declined much more rapidly than the decline in fertility, in the typical and expected pattern. Still, Palestinian fertility continues to be one of the highest in the world, both in global and regional comparison.

Under the strenuous circumstances of long term political instability and insecurity, Palestinians are today aspiring to put forward agendas for the development of their society. In this attempt to build a viable economy and state, 'persistently high' fertility rates appear as an obstacle in that they restrict the utilization of human resources and hamper the ability of the labor force to support an overwhelmingly young population. This position stands in contrast to an ongoing and opposing discourse which sees Palestinian high fertility as an element of Palestinian

survival in the face of Israeli occupation and assault on Palestinian national identity - and indeed a demographic weapon in the conflict with the occupier.

In both views, we might detect a single-focus fixation on the population and fertility questions, whether low fertility as the key to development or high fertility as the key to survival, without due regard to the complex range of survival issues that confront ordinary people - men and women - and the nation as a whole - and which are reflected both in actual fertility behavior and the structures and activities of families and households.

The view that fertility reduction in Palestine is a quick fix for development may very well lead to the initiation of ill-conceived programmes that have solely demographic objectives, with potentially utilization of undesirable means to achieve fertility control, and where Palestinian national survival and individual and family welfare and well-being are not taken into serious consideration.

I must clarify here that there is no question that the introduction, increased availability and accessibility of family planning services is not only desired, but forms a fundamental demand from health, human rights and gender perspectives. That is, the problem here is not the introduction of family planning services; the problem is that the introduction of family planning services into existing health care structures is not a substitute for a well-thought out national population policy that takes into consideration individual and collective welfare from a Palestinian point of view. The current vacuum of national population policies is also accompanied by a multiplicity

of contradictory sub-policies, ideological orientations and trends. We find that, generally speaking, Palestinian men and women frequently express pro-nationalist sentiments, perhaps for good reasons related to survival needs rather than long-term developmental objectives. That there are undoubtedly significant differences between stated ideals and actual practice and, between women and men and among various household and economic settings, requires further research to identify and articulate.

We also find that the Palestine National Authority's position regarding fertility and population issues is at least eclectic, and perhaps contradictory : we find that draft social welfare/entitlement policies hint of pro-natalist orientations, and are supported by pro-natalist declarations to the press. But we also find governmental officials actively cooperating with the population objectives and programmes of various international aid agencies, which have entered the Palestinian context in full force and begun to invest in programmes to introduce family planning services within the present health care structures. Some of these programmes allude to a population control stance, or at least a lack of clarity of strategic objectives. To date, it is unclear how attentive these programmes will be to such key issues as individual and family welfare, human rights and gender relations. Moreover, as it stands today, it is not clear that such programmes will be able to provide quality level basic services, as the present health care structure is over-loaded and ailing for many reasons, but overwhelmingly because of the severely stunting and distorting effects of twenty-eight years of military rule. As it stands, the current health care system in Palestine requires major investments in re-structuring, re-orientation -

indeed, system re-development. Perhaps most important of all, it requires systematic human resource development. How then, can such an ailing and distorted system support the introduction of a service of such magnitude and importance, especially to women, without itself undergoing restructuring and reform. To introduce such a system without proper support, planning and vision, risks not only the failure of this important service provision, but also may undermine attempts to rationalize the health care system.

I believe that I need to clarify and re-iterate here that the demand for the introduction of safe and effective family planning services has been put forward for many years by sectors within the Palestinian women's and health care movements, precisely because of the deep realization of the importance of such services not only for health reasons, but also for reasons pertaining to improving the abilities of women to control their lives, and bodies, and to gradually attempt to operationalize the notion of 'choice'. For, as we all know, this notion of choice is complicated and elusive, where availability and accessibility of services are only some of many factors determining the possibilities of women to make these choices.

All too often, Palestinian women's abilities to make a choice of ideal family size is severely curtailed by her social reality, and the dictates of male and extended family priorities, as well as by the real social and economic benefits perceived by women in having many children. Given the prevailing general economic and political insecurity felt at the family and national levels, an important influence on fertility remains the value of children as a source of income and as a means to

ensure old age security. This includes a continued preference for sons - seen as providers for old age and disability -which also drives up family size. Coupled with the lack of opportunities for employment and continued dependence on male labor, Palestinian women's reality at least partially explains unyielding high fertility rates, especially in the Gaza Strip.

In the absence of social security for old age and other life circumstances, and in the presence of one of the worst bouts of unemployment, economic stagnation and financial insecurity and continued political insecurity and instability, women will continue to link their present and future security to children, particularly male children. Palestinian men and women, in this particular instance, can be seen to making rational choices linked to their pre-occupation with immediate family survival needs, rather than longer-term national level development objectives.

Understood in this way, the Palestinian case represents the classical split between individual family and collective welfare. It also reveals a continuing contradiction between different notions of collective welfare, generally defined by male leaders, between national political survival now - pronatalist positions - versus longer term sustainable development objectives - anti-natalist positions.

This does not mean that Palestinians need not worry about their population 'problem'. Rather, this is an attempt to clarify that, within the prevailing setting, and in the absence of a national level population policy that is able to combine, or at least consider, immediate individual and collective survival needs with longer term

strategic objectives, Palestinian fertility behavior appears to be in fact understandable, and not quite the puzzle that it represents at first glance. More important, it calls for the generation of information for policy formulation and planning purposes that goes beyond statistics, however important such data may be.

Our initial examination of the question of fertility in the Palestinian context dictates combining the statistical approach to understanding fertility with an analytical one whose core lies in the notions of rights and welfare, especially women's rights and welfare, and not merely the introduction of family planning services with strictly demographic objectives in mind.

Palestinians have been described as being at the crossroads, in transition, or in emergency circumstances for at least two decades. The fear is that this transitional state will persist for years to come and Palestine will remain an "exception," with all the negative ramifications emanating out of the lack of resolution, including a severe population problem. In this regard, while a coherent and integrated population policy may not be sufficient for change, it is nevertheless necessary at least to begin to chart the right course towards sustainable and equitable development. In this area, it is the responsibility of all parties involved, Palestinian as well as the international community and its aid agencies, to develop policies that are sensitive to the perspective and life realities of the average Palestinian family - men and women - living in these very trying times. These policies must also take into account and address the excruciating political reality that the Palestinian National Authority is confronting in its attempts to ensure national survival and dignity, in the face of a resurgent Israel and the present day global

political order. Unless the Palestinian perspective of national political survival is taken into consideration and the political impediments to socio-economic developments are removed, it is highly likely that immediate national political welfare and immediate family survival needs will take precedence over longer term development objectives.