(RE)PRODUCING THE CITIZENRY: REPRODUCTION AND THE PALESTINIAN (QUASI) STATE-BUILDING PROJECT

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Dedicated to my grandparents, Bahiye and Taha Hammoudeh,

Nofa and Ibrahim Ayesh

This dissertation by Weeam Hammoudeh is accepted in its present form

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EXECUTIVE SUMMARY

While exceptionally high Palestinian fertility has been featured prominently in the academic literature and the news press, dramatic drops in fertility have been noted in the quasi-state building era, which was ushered in by the signing of the Oslo peace accords. In this dissertation, I examine fertility change during this period through a multilevel and mixed-methods examination that draws on a political-economic approach in Demography. Beginning with a secondary analysis of fertility trends (chapter three), I show that the ongoing decline in fertility has mainly occurred through greater deliberate control of fertility, with the most marked change occurring between 2000 and 2006.

The remaining empirical chapters (chapters four-six) address three specific questions: 1) How has the Palestinian Authority and its institutions engaged with issues of reproduction at a policy level? 2) How are reproductive and family planning services provided and how have state bureaucrats, and specifically health providers, addressed reproductive practices and service utilization? And 3) How are decisions about reproduction made at the household level in a context of changing social, economic, and political conditions?

I argue that while the Palestinian Authority does not have an explicit population policy in place, a *defacto* policy focusing on the expansion of reproductive health service delivery and access along with an increasingly neoliberal turn in developmental policy has created an environment resulting in fertility decline. The lack of an explicit policy is in part due to the politicization of

reproduction in the period leading up to the signing of the Oslo Accords. A closer examination of policy documents indicates that the issue of 'population' or population growth, explicitly, were not engaged with in Palestinian policy documents until the 2000s, where discourse around population growth is couched in language related to the development and poverty implications of high rates of population growth. More recent documents, specifically post-2007, are more likely to frame high rates of population growth as a likely obstacle to economic development and a potentially destabilizing force rather than with the optimism of earlier policy documents that emphasized the potential benefits from high population growth, as long as appropriate policies and measures were taken.

In chapter five, I argue that the context of health care provision is an important site to understanding fertility change. The spike in uptake of contraception beginning in the mid-nineties, which is the period where services became part of Ministry of Health and UNRWA health-service provision, is indicative of a dormant demand for family planning services. The continued increase in contraceptive uptake and the prominence of contraceptive use as a key proximate-determinant of fertility change, as seen in chapter three, is likely related to the further expansion of reproductive health, and specifically, family planning services in the primary health care system and an emphasis on the expansion of access to health services through a marked expansion in health infrastructure throughout the oPt. The expansion of health services, which promotes the use of family planning for spacing rather than limitation and in order to improve maternal and child health outcomes, has both increased access to and awareness of services. Furthermore, the

framing and discourse around family planning as an important pathway to better maternal and child health outcomes has helped reduce some initial resistance to the appropriateness of contraceptive methods, and is broadly indicative of a system of health care delivery that is partly shaped by the broader societal and cultural context and in ways shapes and renegotiates understandings of health and sound 'planning' within the context of maternal and child health.

In chapter six, I draw on comparative ethnographic fieldwork in Hebron, Nablus, and Ramallah, and argue that the interactions between the political, economic, and social contexts are central to understanding reproductive aspirations and decisions made by Palestinian women and men. These interactions bring to the forefront important tensions resulting from contradictory structural forces that shape the social lives of women and men in the West Bank. The increasingly neoliberal turn of the Palestinian Authority's state-building project, which has included the pullback of public social safety nets, has increased the centrality of the family in social welfare provision. While this would lead us to expect greater emphasis on having larger families, the larger political economic environment constrains the abilities of families to provide for these increasing demands. Neoliberal reforms have increasingly privatized responsibility for public goods provision while providing fewer social protections. New economic aspirations and increased strains on the local economy have further constrained Palestinian families' abilities to cope with basic needs as well as new demands and shifting ideas of what is a materially acceptable standard of living in light of increased globalization. The interactions between these factors has resulted in an increased

emphasis on having fewer children and/or lengthening intervals between children, either out of economic necessity or through an emphasis on better quality of life or standards of living. I argue that this broader context and the interactions between the economic, political, political-economic, and social forces are important to understanding the sharp and rapid decline in Palestinian fertility in the post-Oslo period. While the continued centrality of the family and the cultural emphasis on children as a source of joy is likely to mitigate the speed and magnitude of further decline, a steady but slowing decline in fertility rates appears to be taking place.

CHAPTER ONE: INTRODUCTION

Introduction/Motivations for the Study:

Palestinian reproductive patterns and high Palestinian fertility rates have been the topic of much debate in the academic literature, and at times in the news press (Fargues 2000; Khawaja et al 2009). The exceptionally high fertility rates in the occupied Palestinian territory (oPt) have posed a 'demographic puzzle': structural factors considered necessary for fertility decline, such as improvements in women's education, significant reductions in infant mortality rates, access to contraception, and increased urbanization, are present in the oPt, yet have not resulted in the level of fertility typically associated with these social changes (Fargues 2000; Khawaja et al 2009). The total fertility rate in the oPt in 2006 was around four children (PCBS 2007). However, while still high by world standards, this fertility rate is substantially lower than the total fertility rate of slightly over six children in 1995, a drop of over thirty percent.

This demographic transformation beginning in the mid-1990s has taken place at the same period as an important political transformation: the ushering in of the Palestinian Authority (PA) as an interim quasi-state structure after the signing of the Oslo accords in 1993. The Palestinian Authority is an important institutional actor in understanding changes in fertility patterns in the oPt. The timing of the two raises the question: *What is the relationship between the nature of the Palestinian Authority's state building and the reproductive practices of the citizens of the new quasi-state structure in the oPt?* While persisting high fertility has been the primary

focus of the literature, recent studies highlight increasingly entrenched regional variations in reproductive patterns within the oPt (PCBS 2007; Taraki and Giacaman 2006), including within West Bank regions. This leads to a second question, *what explains the sub-regional variation in reproductive patterns in the quasi-state building era?*

This project speaks to the changing conditions of social and political life for Palestinians in the state-building era and the impact of these on reproduction and family formation, social processes embedded in a unique political context. It brings to the forefront the role of an important institutional actor that has largely been peripheral to the examination of reproduction in the oPt, the Palestinian Authority. Through illuminating the link between state building and reproductive practices, this project will contribute more broadly to understanding the politics of reproduction and how political transformations and reproduction are connected. I will examine the relation between state building and the reproductive patterns of citizens through employing a mixed-methods approach that includes comparative ethnography in three West Bank towns, Nablus, Ramallah, and Hebron; and secondary analysis of fertility trends.

In this dissertation, I begin with a secondary analysis of fertility trends in order to examine the nature of fertility change as well as the proximate determinants responsible for fertility change. To answer the broader question of the relations between the production of the state and reproductive practices, the project addresses three specific questions: 1) How has the Palestinian Authority and its institutions engaged with issues of reproduction at a policy level? 2) How are

reproductive and family planning services provided and how have state bureaucrats, and specifically health providers, addressed reproductive practices and service utilization? And 3) How are decisions about reproduction made at the household level in a context of changing social, economic, and political conditions?

Theoretical Framework and Analytic Approach of the Study:

An important thread of the anthropological literature, which is of relevance to this project, is the literature that directly engages with the links between nation building and reproduction, particularly in post-colonial settings showing that the role of women as reproducers of the nation is highlighted in national discourse and imaginary (Jolly and Ram 2001; Kanaaneh 2002; Pollard 2005). They also show that nationalism and nationalist discourse can either an increase or a decline in fertility as the new nation is being molded. What is important to point out here is that women and the family are not simply domains that are acted upon (Yuval-Davis 1997), but rather influence and are influenced by state power and nationalist ideology (part of the production of ideology). Of particular relevance to this project is Kanaaneh's (2002) work, which highlights the intersections between reproduction, gender, nation, economy, religion, and body, what she terms the reproductive measure, in her examination of the reproductive practices of Palestinian citizens of the state of Israel.

The literature discussed in the following section largely moves more classic or mainstream demographic explanations of fertility change and problematize the ways in which we think about fertility, highlighting the importance of taking context

into account. Many of these studies do so on different levels, some bridging culture and economic conditions, others emphasizing state policy and the connections between nation building and national projects on formulations of reproductive logic. The varied approaches of these studies can be effectively combined to inform the political economic approach to the examination of fertility that situates reproductive patterns within the sociocultural and political economic context in which they are embedded (Greenhalgh 1990 and 1995, Kertzer 1995).

Political-economic demography is a type of institutional demography that directs attention to the community institutions shaping fertility in structures and processes operating at regional, national, and global levels, and to the historical roots of those macro-micro linkages (Greenhalgh 1990 and 1995). The objective is to understand how a particular set of reproductive behaviors and institutions and evolve. Kertzer (1995) points out that one of the limitations of dominant cultural explanations of demographic behavior is that culture is treated as bag of non-demographic and non-economic characteristics that influence demographic behavior. Culture itself is not open to economic or demographic explanation.

Political economic approaches, on the other hand, place economic forces in a broader context that includes both political and cultural factors. The interaction between political, economic, and cultural processes is included in the analytical model based on this approach in order to produce a better understand the determinants of demographic behavior. Kertzer (1995) goes on to ague that the notion that economic and political forces act essentially directly on behavior needs to be abandoned, for the way these forces operate can also consist of nurturing

particular norms of behavior and conceptions of what is appropriate and socially desirable. In order to better understand demographic behavior, an analytical framework that pays attention to both political and economic forces as well as to social organization and cultural norms is needed.

Greenhalgh (1990) provides a more detailed outline of what a demographic political economic mode of inquiry would look like. Greenhalgh envisions a multidisciplinary endeavor that has five key attributes relating to level, time, process, causality, and method; it is an analytic framework that would provide us with a deeper understanding of demographic events and processes. This framework is multi-level, with the objective of understanding the local through examining sources of behavior at organization, community, regional, national, and global levels. Greenhalgh argues that it must also be a historical field of inquiry, examining fertility decline within an historical context. It must also be attune to social, cultural, and the political and economic forces underlying demographic change (process). It should also allocate analytic attention to structure and agency, macroenvironment, and microbehavior (causality). And finally, it should employ both quantitative and qualitative research methods. Quantitative methods are central to assessing the degree of change in causal variables, while qualitative methods are necessary for a deeper understanding of processes and mechanisms underlying change. This framework guides the dissertation, albeit with some variation in structure. What Kertzer (1995) and Greenhalgh (1990) both highlight, which is of importance to this dissertation, is the necessity of examining the

interplay between the political, economic, and social in how they shape fertility trends, and decisions about reproduction. In essence, that is the aim of this study.

Demographic and Anthropological Approaches to Fertility:

The core and perhaps foundational theory of this literature is demographic transition, which focuses on the transition from high mortality and high fertility to low mortality and low fertility, parallel to modernization theory within the development literature (Mason 1997, Greenhalgh 1995), paving the way for an understanding of fertility transition as a process of modernization and a necessity for development.

The population and development literature has primarily focused either on the need for controlling population growth through the processes of modernization and development and as a precondition for development (Easterlin1982; Dyson 2001) or on the reduction of fertility as an indicator of the developmental state's ability to enhance the capabilities and freedoms of its female citizens by protecting them from the adverse effects of excessive childbearing (Sen 1999). Others have focused on the link between development and fertility, in line with demographic transition theory, emphasizing the links between economic development and the improvement of economic conditions, which has resulted in mortality declines, and fertility decline (Dyson 2001; Lam 2011). Recent studies have focused on the role of developmental idealism, or views favoring development, as an ideational force that impacts people's fertility preference and behavior (Thornton et al 2012). What is common here is the emphasis on the links between fertility transition and economic

development. However, it is important to note here that while the theoretical links between development and fertility decline have been used to support global family planning and population growth reduction campaigns, the evidence and in fact the direction of the causal link has varied (Greenhalgh 2003).

A number of subsequent theories on fertility decline have built on demographic transition theory. These include theories that emphasize micro (individual) level changes in family organization and the status of women (Mason 1997); variations of these theories have emphasized the impact of the changes in the flow of intergenerational wealth flows and the rising costs of children (Caldwell 2005) while others point to changes in women's status within the household and improvements in women's education (Mason 2001) that have resulted in fertility declines.

While these theories have been used to examine micro-level changes in fertility as well as to compare populations throughout the world, they largely neglect the role of power, politics, conflict, and inequality in the reproductive regime, and treat the sociocultural context as separate from the rest of social life of individuals and groups (Greenhalgh 1995). The basic premise that once women were empowered and had access to contraception, they would take action to limit their childbearing based on research showing that women generally desire fewer births than they actually have. These theories and empirical examinations of fertility can shed some light on changes in fertility patterns, but don't sufficiently explain the mechanisms driving these changes, and are also incomplete because they largely ignore the role of politics and governance.

Here, Lesthaeghe and Surkyn (1988) as well as Pollak and Watkins (1993) go beyond the more mainstream formulation and bring together economic explanations of fertility with cultural and sociological explanations. Economic rationality, which has been the basis of economic theories of fertility, cannot be removed from the cultural and historical context in which decisions about fertility are being made. Rationality implies learning, foresight, evaluation of alternatives, calculation, correction, and a definition of both material and nonmaterial goals. Culture is important throughout and material conditions influence the value orientations of a given generation. Increased economic demands place constraints families and shape the form of cultural diffusion. The authors argue that cultural change is structured by economic change and is important to examine within a historical context with the cohort or generation as the unit of analysis.

The secularization of social institutions is important here. Furthermore, the diffusion of ideas does not necessarily result in fertility decline within the same generation experiencing the ideational shift. What Lesthaege and Surkyn (1988) show is the importance of linking changes in economic opportunity structures with ideational shifts when examining fertility patterns. While both economic opportunity structures and ideational shifts are important to understanding fertility trends, neither is sufficient on its own, but together they provide a more complete explanation. Pollak and Watkins (1993) similarly bridge economic and cultural approaches to fertility; here they bridge economic approaches with those that incorporate culture and diffusion. They distinguish between the diffusion of information (e.g. information about the availability of contraception) and the

diffusion of preferences (e.g. the 'thinkability' of fertility limitation within marriage). Both opportunities and preferences are important in examinations of fertility change. This stands in contrast to other studies also focus on the impact of ideational explanations, where the diffusion of contraception technologies and knowledge have increased women's access to contraception as well as encouraged uptake of contraceptive technology through more favorable views of contraception and an awareness of the possibility of reproductive control (Mason 1997; Bongaarts 2008).

Johnson-Hanks (2002) examines a context, in Cameroon, where women failed to adopt modern contraceptives because they did not align with cultural expectations of "modernity," self-control and discipline. Women preferred to rely on more 'traditional' contraceptive methods like periodic abstinence because it allowed them to achieve a set of social goals that emphasized a disciplined modernity. Culture in this sense, may define the space in which individual choice can be practiced and consequently it can define the area in which the rational actor model is relevant. Bledsoe's work (2002) can also be applied here, where women in the Gambia use contraception in ways that are to a great extent not in line with demographic expectations of modernity. Bledsoe highlights how women use contraception in order to maximize the number of births they will have and challenges conventional demographic thought which views the uptake of contraception as the way towards fertility decline, particularly in the developing world. Bledsoe's work highlights how the diffusion of technology and its cultural significance varies in different contexts. These studies move beyond more classical

demographic literature by incorporating systems of meaning or culture into explanations of fertility change that have commonly emphasized economics and rationality. In the same way that culture and economic context are central to theories of fertility change, these studies highlight the importance of including gender and power, social institutions, and the role of the family in our conceptualization of how preferences and choices about fertility are formed and articulated.

Along the same vein, but with emphasis on state structures and policies, of relevance here are various studies that engage more directly with state policy and fertility (Abbasi-Shavazi, McDonald, Hosseini-Chavoshi 2009; Chen 2012; Greenhalgh 1990 and 2003). Two notable cases stand out here; the first is the case of China, where the Chinese state has employed coercive methods in implementing its one-child policy (Chen 2012; Greenhalgh 1990, 2003). The second case, which is of greater relevance to the Palestinian case, is the case of Iran (Abbasi-Shavazi, McDonald, Hosseini-Chavoshi 2009).

In the period immediately following the Islamic revolution in Iran, political leaders implemented a clear pronatalist policy that went beyond discourse and included subsidies for children to encourage high fertility. However right after the Iran-Iraq war, the government shifted its policy to one of reducing population growth. During this period, the political discourse around fertility was replaced by discourse that emphasized the wellbeing of the mother as a religious concern and the importance of using contraception to assure women's physical wellbeing and adequate spacing between children. The discursive shift was also complemented

with the expansion of government institutions, including education, especially in rural areas, and increased family planning services throughout the country. Abbasi-Shavazi et al (2009) contend that the expansion of services was what ultimately led to the sharp fertility decline that occurred in Iran during this period, one of the fastest fertility drops in the world.

Similarly Greenhalgh (1994; 2003) and Chen (2012) outline the ways in which the Chinese state actively enforced a one-child policy in order to curb population growth, and in doing so also sought to modernize citizens through their reproductive practices, especially in the rural areas. Greenhalgh (2003) traces the one-child policy through ethnography of the state and highlights how the Chinese state produced nonpersons through its population policy. By drawing attention to Marxian language framing China's population problem, Greenhalgh shows how this framing allowed the state headed by Mao to frame the solution to the population problem as one of socialist planning, placing the planning of births within the realm of state control. This formulation also resulted in the creation of a new subjectivity, one of unplanned persons that face existential problems within the confines of the state.

Here, population control policies create new persons and social categories. This is also clear in Chen's (2012) study, where the rural subject needs to be socialized and essentially modernized in order to conform to the state's population policy and its vision to a modern future, away from the 'backwardness' of the countryside. Here the state acts not only through official policy, but also through service providers that are given the responsibility to educate the population on

contraception but also make sure that the state's policies are enforced (Chen 2012; Greenhalgh 1994).

Palestinian Fertility and the Possibilities of Political Economic Approaches:

Much of the literature on Palestinian fertility has focused on political explanations for the relatively high levels of Palestinian fertility, where scholars have argued that pronatalist ideologies espoused by Arab leaders have encouraged high fertility levels (Courbage 1999; Fargues 2000; Khawaja 2000). However, most of the evidence for this argument has been based on time trends in fertility, particularly the rise of fertility during the first Palestinian uprising between 1987-1993. Other studies have examined variations in fertility trends across the West Bank and Gaza Strip, including demographic and women's education variables as possible explanatory factors in explaining fertility trends (Khawaja 2000, 2003; Khawaja et al 2009).

In an examination of Palestinian fertility during the first Palestinian uprising (Intifada), Fargues (2000) notes that given the characteristics of the Palestinian population generally, which includes high education, relatively good health, and access to information that exceeds that of many other Arab populations and the great economic hardships faced, one would expect Palestinians to have already experienced steep fertility declines. However, at that point, fertility was showing only slight declines, and primarily in the West Bank, after a point in time where fertility actually increased to a TFR of over eight children per woman. He and Khawaja and Randall (2006) note that education, which was viewed to be a driving force for fertility decline, did not have the same effect in the Palestinian territories

due to the relatively low costs of education for individual families due to the mitigation of these costs by the United Nations Relief and Works Agency (UNRWA) as well as social and political solidarity groups that mitigated these costs. Furthermore, the low levels of female participation in the labor market do not push women towards reducing their fertility due to paid employment.

Another force was also at play; improvements in health status became to be seen as a means of resistance to occupation, a parallel health care infrastructure under the control of Palestinian political movements developed during the first Intifada (Barghouti and Giacaman 1990). These solidarity networks had been characteristic of the first Intifada and included involvement in the development of health and education structures. The external support that fed demographic growth during this period, Fargues (2000) notes, was subsidies, mainly of public origin, generated from outside and constituted a substitute domestic welfare state (p.31). It was also during this time that Kanaaneh (2002) notes the Palestinian political leadership recognized that demography can be an important political weapon. The period during the first Intifada was when high Palestinian fertility was recognized as a political weapon given the great Israeli concern with the possible outcome of a demographic war. Fertility was already high at this point, and so the increased pronatalist rhetoric can not explain how the high fertility regime came to be but it had consequences for how fertility and reproduction later came to be perceived by the segments of the population, and may in part explain the maintenance of a regime of high fertility at that historical moment.

While Fargues (2000) and Kanaaneh (2002) both put forth a nuanced and complex explanation for Palestinian fertility, both within the West Bank and Gaza Strip as well as among the Palestinian citizens of Israel, later studies examining Palestinian fertility haven't provided an adequate contextualized analysis. I contend that this is in large part due to the emphasis on the political fertility argument, where the Palestinian Israeli conflict was viewed as driving and at times leading to increases in fertility, as noted during the first Intifada. However, this does not hold true during the second Palestinian Intifada in 2000 where fertility had begun declining prior to the beginning of the Intifada and continued to decline thereafter (Khawaja and Ranall 2006; Khawaja et al 2009). Studies of Palestinian fertility since that time have focused on the impact of more classical determinants of fertility, like education and marriage patterns, connecting to other studies on Arab fertility (Eltigani 2005; Tabutin and Schoumaker 2005; Tabutin and Schoumaker 2012) noting the faster declines in fertility throughout the Arab world. As Courbage (2011) put it recently, 'demographic rationality' has finally arrived in the Palestinian territories with more contraceptive use and declining fertility rates. While these factors are important to understanding fertility trends, as Greenhalgh (1990; 1995) argues, they are in no way complete. Furthermore, what do we mean by 'demographic rationality' and how does it work? This is where a political economic approach to demographic inquiry is necessary.

In order to understand changes in Palestinian fertility, particularly since the mid-90s, I argue that we need to examine more closely important social and political transformations. It is also necessary to include the Palestinian Authority as an

institutional and political actor within our examination of fertility or demographic change more generally. The Palestinian Authority (PA) was established in 1994 to serve as an interim state structure as final status negotiations continued, talks that would result in the formation of a sovereign Palestinian state within the 1967 borders (Sayigh 2007). Upon the establishment of the PA, much of the responsibility for social services, including health and education services, which were formally administered by the Israeli military civil administration up until that point were transferred to this nascent Authority. This was the beginning of the period of state building, which focused on laying the foundations for the future Palestinian state through building state institutions as final status negotiations continued. These institutions included the establishment of various ministries, like the ministry of health and the beginning of a national family planning program as part of the reproductive health services provided by the MOH. It also included the establishment of various government offices, the legislative council, and a presidential compound.

However, despite the expansion of state infrastructure within the occupied Palestinian territory, in many ways, this was a state project that many have argued was set up to fail (Sayigh 2007)[1]. Since the beginning of the state building project, territorial fragmentation resulting from the expansion of Israeli settlements within the West Bank and increasing mobility restrictions between the West Bank and the Gaza Strip as well as within the West Bank have posed serious challenges and limitations on the Palestinian political establishments' already limited authority

[1] The development and nature of the Palestinian (quasi) state will be further developed in chapter four

(Hovsepian 2008; Roy 2001; Sayigh 2007). As others have noted, the Palestinian Authority's response has been one of 'adaptation', focusing on development in the areas where it had relative control and ties to local elites. This uneven development and increasing territorial fragmentation have led to the increased importance of more localized and kinship-based identities in the social, political, and economic spheres of life, particularly in areas where state penetration is weak (Khalidi and Samour 2011; Johnson 2006; Taraki and Giacaman 2006). These transformations also increased the insecurity in daily life for most Palestinians: the weakening of social institutions that were crucial to the ability of people to cope with difficult circumstances in the pre-state building era (Nassar and Heacock 1990). Furthermore, the increasingly neoliberal turn of the PA, particularly since 2000 and more sharply since 2006, has individualized the responsibility for coping with economic, social, and political shocks and limited the ability of social institutions to provide solidarity work (Roy 2001; Turner 2009; Khalidi and Samour 2011). As Sara Roy argues, this neoliberal turn has shifted emphasis from notions of public good to an emphasis on personal survival (2001).

In the introduction to an edited volume on social life in the Palestinian territories, Taraki (2006) notes that scholarship on Palestine and Palestinians is fixated on Palestinians as political actors, and mainly as unidirectional political actors reacting to Israeli occupation. She goes on to point out that the internal dynamics, stresses, and contradictions of the social groups and communities within Palestinian territories, or the subjectivities of individuals as they negotiate their everyday lives away from the barricades of occupation have not received much

serious attention from social scientists. The daily lives of many Palestinians is shaped by conditions of war, threat, instability, and vulnerability stemming from occupation but also structural formations at the level of economy, class structure, and polity.

Global currents increasingly shape the subjective experiences of ordinary people; where the family is the first order group in which these boundaries are defined. The family too is bounded by its location, whether within the nation, social class, or its geographic/spatial location. Bringing in Yuval-Davis (1997) here, it is also important to conceptualize the family as shaping and being shaped by political forces, which include the state and extra-state global forces. In her examination of kinship marriages, Johnson (2006), within this same volume, argues that the daily life and practices in the Palestinian context respond to practices of both Israeli military occupation threatening Palestinian identity and the contradictions of limited Palestinian rule since the beginning of state building. Where in much of the literature, kinship solidarities are posed in opposition to national state solidarities; Johnson argues that the Palestinian case provides a more complicated example. Households and families are not simply acted upon, but rather, they utilize their resources, including their 'embodied histories' (p.60) to respond to changing and often threatening circumstances. So these kin solidarities, manifested through kin marriages, can be viewed as constituting an important component of national identity. She notes that the Palestinian Authority's response to these consanguineous marriages has been to reinforce a modern/traditional binary in an effort to modernize and remake Palestinian families in line with the national state

building project (p. 101). This can be expanded to the examination of fertility and has clear parallels to the political economic approach put forth in the Anthropological Demography literature (Greenhalgh 1990, 1995; Kertzer 1995).

What Taraki (2006; 2008) and Johnson (2006) point to is the importance of understanding contextual factors on multiple levels, for example, family, community, state (or quasi-state authority), national, political, and global. Understanding local behavior and more specifically behavior at the micro-level of individual or household unit cannot be sufficiently done without a thorough examination of the intersections of these multiple processes and levels of inquiry. This echoes Greenhalgh's (1990) outline of what a demographic political economic analytical framework would include. In order to understand Palestinian fertility, we must also situate our inquiry within a larger historical context, paying attention to social, cultural, political and economic conditions and changes. While some examinations of Palestinian fertility have incorporated political context and various social-demographic characteristics, key conclusions about the relationship between political conflict and fertility, for example, have relied on period specific increases in fertility without a thorough understanding of the underlying mechanisms. Others have also treated social and cultural variables as static and demographic behavior primarily as a response to larger structural forces. Taraki (2006), Johnson (2006), and Kanaaneh (2002) complicate this picture and emphasize the dynamic nature of these processes and their intersections, confirming that social reproduction cannot be separated from physical reproduction and production (i.e. the economy) (Ginsburg and Rapp 1995; Moghadam 2004). In this approach, cultural production

is a continuous process of social transformation linked to political, economic, and sociocultural transformations (Taraki 2006; Greenhalgh 1990, 1996,2003; Kertzer 1995; Ginsburg and Rapp 1995).

Through this project, I expand the investigation into the changing sociopolitical landscape of the oPt to include a direct investigation of reproductive practices from a political-economy approach. The direct engagement with these social, cultural, political, and economic changes in understanding demographic change and family formation distinguishes this project from past examinations of Palestinian fertility behavior.

Empirical Approach and Organization of Dissertation Chapters:

In order to answer the specific research questions of this project, I employ a mixed methods approach that includes document review; secondary archival and other resources; extensive qualitative fieldwork in three West Bank cities over a period of seventeen months that includes participant observation, semi-structured and in-depth interviews, with some additional follow-up; and statistical analysis of secondary quantitative analysis.[2] In chapter two, I provide a detailed description of the methodology of this study.

In the chapter three of this study, I conduct a statistical analysis of fertility trends at the aggregate level, focusing on a decomposition analysis to examine the main proximate determinants driving fertility change. I then connect the statistical analyses with the qualitative portions of the study in order to address how and why

[2] The reasoning for the selection of the field sites as well as a fuller explanation of the methodology will be laid out in chapter two of this dissertation.

these trends have emerged. Chapter four addresses the first question of how the Palestinian Authority has approached reproduction, I rely primarily on a review of the literature on the development and progression of the Palestinian Authority state apparatus; a review of policy documents, conference proceedings and other public speeches of high level of officials within the Palestinian Authority.

Chapter five addresses the service delivery level, and interactions between women (service-utilizers) and service providers. Here, I begin by reviewing the policy level motivations and origins of the structure and nature of reproductive health service provision in the West Bank, with a focus on family planning services. For this portion of the study, I rely on three primary sources: Ministry of Health (MOH) reports, informational brochures, pamphlets, and protocols; observations at maternal and child health (MCH) clinics; and interviews with service providers at MCH clinics in the three field sites. In the second part of this chapter, I focus on the interaction between women and health providers at the clinics, focusing primarily on women's motivations for the use (or non-use) of services and the negotiations that are involved in service utilization.

Chapter six addresses the third sub-question of the dissertation, which engages more directly with the social context of family formation and childbearing, embedded within the larger socio-cultural, political, and political economic context. Here, while I do draw on portions of the interviews I conducted with women at MCH clinics, I rely primarily on in-depth ethnographically based interviews with men and women in the three field sites. Finally, in chapter seven, I refer back to the theoretical framework outlined in this chapter and discuss it in relation to the key

empirical findings. I also highlight the key contributions of using a political-economic framework in examining Palestinian fertility, and highlight plans for research related to broader demographic processes and development.

CHAPTER TWO: METHODS

In this dissertation, I draw on data derived from a mixed-methods approach that includes secondary analysis of quantitative data across regions; policy and document review; and comparative ethnographic fieldwork in three West Bank cities, Nablus, Ramallah, and Hebron. I begin with a discussion of the quantitative portion of this study, which relies on secondary data analysis, and then discuss the qualitative portion of the study consisting primarily of ethnographic fieldwork. While I discuss the specifics of the methods separately for these two larger components of the project, these components should be thought of as complementary to one another: the first part of the project provides an aggregate portrait of fertility trends and the proximate determinants of fertility change. The second (qualitative) stage provides deeper contextualized insights into the processes and mechanisms that impact fertility trends and outcomes. Through employing comparative ethnographic methods, I have gained a more nuanced and contextualized understanding of reproduction within each of these localities. Furthermore, I am able to draw on the specificities of the local to gain a more generalized understanding of fertility and reproduction within the Palestinian context. In the ethnographic work, I utilized a variety of methods including document review, ethnographically based interviews, and participant observation. The triangulation of methods allows for a richer understanding of the broader

research question. Below is a summary table of methods and the objectives of each method, respectively.

Table 1 Summary of Methods

Stage	Method	Objective
Stage I:	Quantitative Analysis of Secondary Regional Data	Aggregate portrait of fertility trends at regional and sub-regional levels; including a decomposition analysis of the proximate determinants of fertility change
Stage II:	Comparative Qualitative Methodology	Examine the Policy Field with Respect to Population and Reproductive Health Policy; Examine the context of family planning service provision; Provide a deeper contextualized understanding of the processes and mechanisms that impact fertility trends and outcomes.

Stage I-Examination and Decomposition of Fertility Trends between 1995 and 2010:

For this portion of the study (chapter three), I utilize data collected by the Palestinian Central Bureau of Statistics between 1995 and 2010. For the first objective of providing an aggregate level portrait of fertility trends in the oPt over time, I rely on data from the 1997 and 2007 censuses; and secondary demographic and health datasets collected by the Palestinian Central Bureau of Statistics. For the

purposes of this dissertation, I primarily focus on a decomposition analysis using demographic and health datasets for the decomposition analysis.[3]

Datasets:

Data from four Demographic Health Survey (DHS)-type household surveys were utilized in this paper. The household surveys were conducted by the Palestinian Central Bureau of Statistics (PCBS), and are all representative at the national level (combining West Bank and Gaza Strip). Data from the 1996 Health Survey, the 2000 Demographic and Health Survey, the 2006 Palestinian Family Health Survey, and the 2010 Multiple Indicator Cluster Survey (MICS) were utilized. The four datasets are used in order to examine fertility and contraceptive use trends over different points in time between 1996 and 2010[4].

Despite the variations in sampling strategies, the samples of all of these respective surveys are nationally representative. Table A1 provides a summary of the data sources and sample design. Data from the 1996 health survey is from a subsample of the 1995 Demographic survey undertaken by PCBS. The survey was

[3] As part of the larger project, I have begun creating a larger dataset with locality level indicators in order to be able to conduct a deeper spatial analysis. However, my access to the data is limited and I am still awaiting final transfer of the data in the coming months. I have been able to conduct only tentative analysis with data from the 2007 census, and plan to continue expanding the spatial portion of this study once I have full access to the files.

[4] Data from the 1996 health survey is from a subsample of the 1995 Demographic survey undertaken by PCBS. The survey was based on a multistage stratified sample design. The survey sample was constructed from population estimates and household listings of select clusters, or cells, in small areas (PCBS 1996). For the 2000 survey, stratified random samples were drawn using a sampling frame based on the 1997 population census. The sampling frame for the 2006 survey was based on an updated frame originally based on 1997 census. The 2000,2006, and 2010 surveys use a multistage stratified sample design, but unlike the 1995 and 1996 surveys, they were based on samples drawn from census enumeration areas. The 2006 and 2010 surveys were further stratified by governorate (within the two main regions of West Bank and Gaza Strip) and type of locality; while the 2000 survey was stratified by region and type of locality[4]. All of these surveys include complete birth histories for women and more detailed information for more recent births (the last two births for the 1996 survey and all births in the last five years for 2000, 2006, and 2010 surveys) for ever-married women between the ages of 15-49.

based on a multistage stratified sample design. A sample was constructed from population estimates and household listings of select clusters, or cells, in small areas (PCBS 1996). For the 2000 survey, stratified random samples were drawn using a sampling frame based on the 1997 population census. The sampling frame for the 2006 survey was based on an updated frame originally based on 1997 census.

Both the 2000 and 2006 surveys use a multistage stratified sample design, but unlike the 1995 and 1996 surveys, were based on samples drawn from census enumeration areas. The 2006 survey was further stratified by governorate (within the two main regions of West Bank and Gaza Strip) and type of locality; while the 2000 survey was stratified by region and type of locality[5]. All of these surveys include complete birth histories for women and more detailed information for more recent births (the last two births for the 1996 survey and all births in the last five years for 2000 and 2006 surveys) for ever-married women between the ages of 15-49. The 2010 MICS survey is based on an updated sampling frame based on the 2007 population census, and is representative at the governorate and type of locality levels. Despite the variations in sampling strategies, the samples of all of these respective surveys are nationally representative. Table 2 provides a summary of the data sources:

[5] i.e. these surveys are representative on the West Bank, Gaza Strip level but not necessarily representative at the governorate level (total of 16 governorates within the West Bank and Gaza Strip)

Table 2: Sample Design-data sources and analytic sample

Survey	Year	Sample				
		# of household interviewed	# of ever married women (15-54)	Response Rate (%)		Analytic Sample
				Household	Women	
Health Survey (PCBS 1998)	1996	3,934	3,349	98.2	N/A	3082
Demographic & health survey (PCBS 2000)	2000	6,349	5,729	94.0	99.4	4331
Palestinian Family Health Survey (PCBS 2007)	2006	13,238 (7,056)[6]	10,648 (4,890)	88.0	98.3	4141
MICS 2010	2010	13,629	12,005	92.0	97.4	8996

Analysis**:**

Chapter three of this dissertation utilizes an analysis of the proximate determinants of fertility based on the Bongaarts framework of the decomposition of the proximate determinants of fertility (Davis and Blake 1956; Bongaarts 1978 and

[6] It should be noted that for the multivariate analyses utilizing data from the 2006 Palestinian Family Health Survey, data for the household members completing the "large" questionnaire was used. This questionnaire is more detailed than the standard questionnaire that was administered to all households, and includes detailed information on women's attitudes towards family planning, as well as more detailed questions in other sections (including childrearing practices, the elderly, and youth questionnaires). The sample selected to respond to this questionnaire is also representative on the national and governorate levels. In total, 7,056 households took part in the study with a total of 4,890 currently married women between the ages of 15-49. For the 2010 sample, the questions of interest were posed to all women, the selection criteria consisted of age (between 15 and 49) and menopausal status (non-menopausal) resulted in the final analytical model in the extended analysis.

2015; Sibanda et al 2003). The Bongaarts framework is used to identify the relative contribution of these determinants to changes in total fertility.

This framework focuses on the four proximate determinants of fertility that were found to account for the majority of variation in fertility levels: marriage, contraception, induced abortion, and postpartum infecundability (Bongaarts 1978; Sibanda et al 2003). Bongaarts (1978) developed indexes based on these proximate determinants that can be calculated using data from conventional demographic surveys to measure the contribution of each of these proximate determinants to total fertility in a population, and to investigate sources of change over time. The framework was then updated in 2015 to account for changes in the nature and measurement of the proximate determinants (Bongaarts 2015)

All index scores range from 0 to 1. The index of proportion married C_m is calculated based on the weighted average age of the age-specific proportions married, with the weights given by the age-specific marital fertility rates. A score of 1 indicates that all women within the reproductive age group are married. This index assumes that no childbearing happens outside of wedlock, which is a valid assumption in the oPt. Births occurring in the year leading up to the survey period are included in the analysis of fertility. The index of contraception C_c is equal to 1 if no form of contraception is used and zero if all fecund women use modern methods of contraception that are 100 percent effective.

Since reliable data on induced abortion is not available, and given the low prevalence of induced abortion in the oPt, the index of induced abortion (C_a) was not calculated and assumed to be 1, where no births were averted by induced

abortion. The index of postpartum infecundability, C_i, is equal to 1 in the absence of postpartum abstinence and breastfeeding and zero when infecundability is permanent. Bongaarts recommends using 15.3 as the maximum number of births or the total natural fertility rate (TN), based on the theoretical maximum level of natural fertility. The equation for the total fertility of a population is[7]:

$$TFR = TN \times C_m \times C_c \times C_a \times C_i.$$

The analysis was conducted initially at the aggregate oPt level and then further disaggregated into West Bank and Gaza Strip for 1996, 2000, and 2006. Since mobility between the two regions is highly restricted, it is safe to treat them as separate physical entities for the purposes of this analysis. The contribution of each of the proximate determinants is compared across region and across survey year.

It is important to note that for the 1996 and 2000 surveys, the raw data made accessible did not include information on breastfeeding duration. The prevalence and mean duration of breastfeeding were, however, reported in the final report (PCBS 1997, 2001). For the calculation of postpartum infecundability, reported figures were used for the 1996 and 2000 survey samples. Following the calculation of the indices, the proportion change in fertility accounted for by each of the indices was calculated. It is important to note here that although there may be an overall decline in fertility within a certain time period, for example, we may actually see an increase in one index score, indicating that this particular index is less inhibiting of fertility in the later period. Changes in scores may cancel each other out, or the

[7] For a more detailed description of the calculation of the indexes, see Bongaarts (1978) and Bongaarts (2015).

negative effects of one index score may be mediated by another. The overall change in fertility would depend on the sum total of the changes in fertility accounted for by each of the proximate determinants.

Stage II-Qualitative Component:

The Field Sites:

The ethnographic portion of this project is located in Nablus, Ramallah, and Hebron in the West Bank. These towns represent variations in what Taraki and Giacaman (2006) discussed as modes of urban life characterized in part by different marriage and reproductive patterns. These regions also represent varying degrees of quasi-state penetration, and different levels of social and economic development.

Ramallah has become the de facto hub of the Palestinian Authority with an economy dominated by service jobs in the governmental, nongovernmental, and private sectors. Ramallah is also known for its cosmopolitan nature and its more diverse religious makeup. It is home to an increasing number of international non-governmental organizations and representative offices; it is a site where the global and local intersect in pronounced forms (Abourahme 2009; Taraki 2008). In sharp contrast, Hebron, the largest city in the West Bank in terms of size and population, is known locally for its conservatism, more traditional nature, and small trade economy. It has the lowest proportions of female labor force participation of the three urban centers, lower average levels of female educational attainment, and younger ages at first marriage for both women and men. It is also the site where the Palestinian Authority largely functions through pre-existing clan-based governing

bodies and associations (Dana 2016; Frisch 1997); as a whole the city of Hebron is least involved in national politics. However, it is the site of some of the most acute exposure to political violence due to the expansion of settlements in the heart of the old city of Hebron (De Cesari 2010).

Nablus stands in between Ramallah and Hebron in terms of development and socioeconomic indicators. It is the second largest city in the West Bank and is known for the highest average rates of women's educational attainment and generally later ages at first marriage. However, the local economy of the once thriving local commerce and merchant trade industries have been severely hit by military closures and movement restrictions (Taraki and Giacaman 2006). Recently, there have been efforts by the Palestinian Authority to revitalize the city through cultural and economic projects. While certainly not the hub of the Palestinian Authority, Nablus is a place, where there is at least ideological support for the state building project. It is home to a few government ministries. Also, ties between the local Nablus elite and the Palestinian political establishment have been strong, where some members of this elite have had higher-level positions within the national political structure (Doumani 1995; Taraki and Giacaman 2006).

Stage II-Methods:

I organize the qualitative portion of the project into three phases that address the three sub-questions of the project: 1) the National Politic (political and policy level), 2) encounters with the state bureaucracy (Family Planning Service Delivery level), and 3) the citizenry (household and individual level). I spent about

seventeen months in the field where I was primarily based in Ramallah, and travelled to Nablus and Hebron on a regular basis. The table below provides a summary of the methods used during this stage of the project.

Table 3: Stage II-Summary of Methods

Question	Focus	Methods
1) How has the Palestinian Authority and its institutions engaged with issues of reproduction in the state building period?	Population policy; National family planning & reproductive health programs	Document review
2) How have state bureaucrats, and specifically health providers, addressed reproductive practices?	Information provided on reproduction; educational material	Document review; Key informant interviews; Participant observation
3) How are decisions about reproduction made at the household level?	Value of children; factors influencing decisions; aspirations for children; expectations of the state	Ethnographically-based Interviews Field observations

Phase One: The politics of reproduction and the policies governing reproduction — This phase of the project provides insight into the national political backdrop in which ideas about citizenship, the nature of the Palestinian state and its population, as well as the perceived role of women in the political imaginary (see Chapter Four in this dissertation). Although some of these policies may only have an indirect relationship to fertility and reproduction, they are important to understanding the motivations for more direct policies (e.g. service provision), and affect women's productive and reproductive choices, as well as the structure of the family and family formation patterns (Maffi 2013; Moghadam 2004; Yuval-Davis 1997)

For this portion of the project, which is presented in chapter four of this dissertation, I primarily draw on document and policy review. I collected and reviewed policy documents that address population policies and reproduction. These include documents that specifically address population policy or population dynamics including fertility and reproduction; and documents produced by the PA and advisory and policy documents produced by international organizations addressing these issues within the framework of state building and development. These documents are important for understanding the discourse around reproduction and the motivation behind policies that impact reproductive patterns at the population level.

Phase Two: Family Planning Service Provision—This phase consisted of three components and was based in health care facilities in the three towns. Health care facilities represent a point where state policies are operationalized into service provision; it is also a point where women interact with the state bureaucracy. The nature and type of reproductive services provided have been shown to play a key role in determining reproductive behavior at the population level (Abbasi-Shavazi, McDonald, Hosseini-Chavoshi 2009; Brauner-Otto et al 2007; Maffi 2013).

a) Document Review:

I reviewed informational pamphlets and brochures provided to women at health facilities dealing with reproductive health and childbearing pamphlets. These documents offer insight into the kinds of information presented to women about

childbearing and reproduction, which may impact decisions they make about their reproductive practices.

b) Participant Observation:

I conducted participant observations at two maternal and child health clinics operated by the Ministry of Health (MOH) and an UNRWA provider in each town. Women interact with clinic health providers throughout their childbearing years. These interactions are likely connected to women's views about reproduction and their access to technologies that can impact their abilities to exercise some reproductive control. I paid close attention to how information about reproductive health and technologies is presented to women during their interactions with health professionals. The clinics are also a site where discussions about children and reproduction take place and provided further insights through informal conversations with women at the clinics, as well as interviews with women at the clinics.

c) Key informant interviews with health professionals:

I conducted semi-structured interviews with health providers at these clinics as well as in NGO and private clinics for further insights, posing questions about how health professionals present information about reproductive health and technologies to women. In total, I conducted 10 interviews with health providers. I asked specific questions about how they discuss family planning and contraception with women and their own views on reproductive health and family planning (see

interview schedule in the appendix). These insights are important because they illuminate the role of the medical establishment in women's reproductive choices and behaviors that are likely to be in part shaped by their interactions with health professionals and the information they provide.

Phase Three: Reproductive Behaviors and Desires of the Citizenry— This phase of the project focuses on how decisions and views on reproduction are shaped at the household. It connects to the first two phases in that it explores how transformations and policies taking place at a more macro-level are then manifested in household and individual perceptions and behaviors. This phase primarily consisted of ethnographically based in-depth interviews with women and men in the three cities. Throughout the course of the fieldwork, I resided in the Ramallah, and travelled to Nablus and Hebron. I took part in everyday social activities and special events. The interviews and ethnographic insights form the basis of chapter six in this dissertation. My observations while in the field will provide me with important contextual information necessary for the analysis of the data I collected.

In-depth interviews with women and men:

I conducted in-depth semi-structured interviews with women from different age groups, socioeconomic, and educational levels. In accordance with IRB protocols for this study, I hired a male research assistant to conduct interview with men given the cultural sensitivity of some of the topics discussed. The literature on reproductive decision-making and family planning is replete with studies that confirm the impact of men on reproductive decision-making, particularly in regions

where more traditional gender roles are common (Al-Riyami, Afifi, and Mabry 2004; Mason and Smith 2000; Druze and Mohammed 2006). Despite their importance, the voices of men have largely been missing from discussions of reproduction. The research assistant underwent IRB training before beginning work. I also met with the research assistant on a regular basis to go through interview transcripts and evaluate the progress of the fieldwork. Interviews were arranged through personal contacts and snowballing techniques and during my participant observation at health clinics. Given the expected role of social class in reproductive behavior and attitudes, we included women and men from diverse socioeconomic backgrounds within each of the three urban centers. I asked women about their reproductive desires, how they make decisions about reproduction, and the factors influencing their decision-making. I also asked more general questions about their aspirations for the future and the kinds of demands they make on the PA and quasi-state institutions (refer to sample interview schedule in the appendix). In total, 60 interviews were conducted with men, and 85 interviews were conducted with women (47 in clinic settings and 38 outside of clinics, primarily in women's homes),

Stage II Analysis

While in the field, I transcribed interviews and field observation notes with assistance from the research assistant. I also wrote analytic memos as a reflexive exercise in order to think through various aspects of the fieldwork. Through the memos, I reflected on findings and reassessed my approach to the research. I entered all the interviews into Atlas-ti for coding. I coded the material I collected as

well as the transcriptions by themes and sub-themes related to the study objectives. The first two phases of the qualitative component provide insights into the broader context in which reproductive choices are made, including the broader policy environment and at the level of service provision. The focus of the analysis for the third part of this stage is on how men and women view the broader environment in relation to their own reproductive practices and their aspirations for their children.

CHAPTER THREE: FERTILITY TRENDS IN THE OPT

Introduction:

Between 1995 and 2006, the total fertility rates (TFR) in the occupied Palestinian territories (oPt) dropped over thirty percent from a TFR of 6.1 children per woman to 4.6 children per woman; 4.4 children per woman in 2010; and 4.1 children per woman in 2014 (PCBS 2011; PCBS 2015). In this chapter, I examine the factors associated with the considerable fertility decline that has been noted since 1995, and the recent stabilization of fertility at roughly four children per woman. More specifically this chapter addresses the following research questions: (1) How has fertility changed in the oPt between 1996 and 2010; (2) Have changes in fertility been the same in the West Bank and Gaza Strip? (3) What is the main proximate determinant driving fertility change?; (4) Are there important regional differences in terms of the proximate determinants of fertility?

Background:

The occupied Palestinian territory (oPt) is divided into two distinct geographic areas, the West Bank and Gaza Strip. The Gaza Strip covers an area of less than 400km^2 and with a population of around 1.8 million people; it is one of the most densely populated places in the world. The West Bank is less urban than Gaza. On average, the Gaza population is slightly more educated than the West Bank

population. However, the Gaza Strip has greater poverty and spiraling unemployment rates as a result of siege and closure (Giacaman et al 2009), and has been sealed off from the West Bank and from the outside world (Sayigh 2007).

A recent World Bank report shows that the Palestinian economy has been in decline since the mid-90s (World Bank 2013). The Palestinian economy is very donor dependent. Much of the workforce in the oPt is employed by the Palestinian Authority, which relies on international funding agencies to meet its annual budgetary needs. The situation in Gaza has been especially difficult, where Gaza's external borders have often been closed and only open periodically to allow limited movement of people and goods. In the West Bank, restrictions on mobility are also pervasive with over 300 checkpoints within the West Bank and the construction of the separation wall resulting in devastating impacts on mobility, livelihood, human security, and the Palestinian economy as a whole. The situation has also been further aggravated by political strife between the Fatah led Palestinian Authority in the West Bank and the Hamas government in the Gaza Strip.

Despite these hardships, Palestinian health indicators generally point to remarkable progress, especially in comparison to other countries in the region with similar economic and demographic characteristics. Infant mortality rates are among the lowest levels in the region (Abdulrahim et al 2009), with an estimated Infant Mortality Rate (IMR) of 20.0 infant deaths per 1000 births in 2010 (PCBS 2012). Antenatal care is nearly universal, and over 95% of all deliveries are attended by skilled personnel. Child immunization is also almost completely universal (PCBS 2007). These improvements have been attributed to an effective primary health

care system that was initiated through the work of a grassroots movement focused on health beginning in the late 70s and early 80s. Primary health care is currently largely funded by international donors, as well as the health services provided by the United Nations Relief and Works Agency, which was established in 1950 and is responsible for health and education services for registered Palestinian refugees (Giacaman et al 2009).

Numerous studies have highlighted the importance of environmental, social, and economic factors in explaining variations in fertility trends within and across populations (Blake and Davis 1956; Bongaarts, Frank, and Lesthaeghe 1984; Bongaarts 2008; Bongaarts and Watkins 1996; Cleland 1994; Caldwell and Caldwell 1987). While the importance of these factors in influencing fertility has been established, their impact on fertility is indirect and varied across settings. Contextual factors typically influence fertility by influencing the proximate determinants of fertility. Building on the framework developed by Davis and Blake (1956), Bongaarts formulated a model that first summarized the eleven intermediate variables to eight proximate determinants and then reduced the model to four key proximate determinants: proportion married among women in the reproductive age group; contraceptive use; induced abortion; and postpartum infecundability, which is primarily based on duration of breastfeeding (Bongaarts 1978; Bongaarts 2015; Bongaarts and Potter 1983). Furthermore, these four proximate determinants were found to explain about 96% of the variance in fertility across populations (Bongaarts and Potter 1983).

Bongaarts and Potter (1983) identify trends in total fertility and the role of the proximate determinants at various stages of development based on trends at the time of their study (the framework was updated in (Bongaarts 2015)). In more developed societies, fertility decline occurs through: a postponement of marriage, which results in the delay of childbearing and the reduction of the duration of time a woman will spend in union during her reproductive years; and increased use of contraception and induced abortion in cases of unwanted pregnancies. As populations move along the stages of the fertility transition, the contributions of the proximate determinants are expected to change, where delayed marriage and increases in contraceptive use are expected to play a greater role in fertility decline. Studies from settings around the world show that there are significant variations in the contributions of the proximate determinants of fertility both within and across populations.

Since the development of the model, the Bongaarts framework has been used in a multitude of studies examining fertility trends in various regions of the world (Eltigani 2005; Palamuleni 2008; Sibanda et al 2003; Spoorenberg 2009; Tey, Ng, and Yew 2011). Sibanda et al (2003) use the Bongaarts framework to examine the factors behind fertility decline in Addis Ababa compared to other urban and rural areas in Ethiopia. They find that the single most important proximate determinant in reducing fertility in Addis Ababa, as well as in other areas, is the increase in the proportions of unmarried women. Contraception is the next main contributor to the decline in fertility. The changes in marriage patterns have resulted in reducing

fertility to very low levels compared to other parts of Ethiopia and sub-Saharan Africa. In their analysis of the proximate determinants of fertility in Peninsular Malaysia, Tey et al (2011) also find that marriage postponement and contraceptive use are the most important proximate determinants in terms of their effects on fertility. Another study (Spoorenberg 2009) of sharp Mongolian fertility decline in the post-socialist era found that the main source of fertility decline was the increased reliance of women on modern contraception in the new market economy, which made modern contraception available. Prior to the economic shift, induced abortion was the proximate determinant that accounted for the greatest proportion of fertility limitation.

Sources of Fertility Decline in the Arab World:

Fertility levels in the Arab world have dropped substantially, with an average TFR of about 3 births per woman in most of the Arab world, and with some countries like Lebanon and Tunisia at or below replacement level fertility. The oPt stands as an exception in this regard with an average of slightly over four births per woman, despite socio-demographic characteristics and contraceptive prevalence levels similar to countries with much lower fertility levels. Yemen is the only Arab country with higher total fertility rates than the oPt, and varies quite markedly on key socio-demographic variables like women's education.

Rashad (2000) and Eltigani (2005) examine changes in the proximate determinants of fertility and evaluate some of the underlying factors that have influenced fertility transition in the Arab world (primarily excluding the oPt).

Rashad (2000) finds that while fertility decline in parts of the Arab world was delayed compared to other regions, fertility decline has actually occurred at comparable and at times faster rates compared to other parts of the world. Similarly, Eltigani (2005) finds that contrary to what had previously been purported about Arab fertility being peculiar in that it starts early and continues into late reproductive ages, the age pattern of fertility in the Arab world is actually very similar to other regions in that with the decline in fertility, fertility has shifted from very young ages to adult ages, with more births occurring among women between 24 and 29 years of age and declining among women between 15 and 19 years of age. Findings from both studies indicate that variations in fertility in Arab countries are now primarily determined by age at marriage and the percentage of women currently married. Rashad (2000) points out that it is not just that marriage has been delayed in many Arab countries, but that increasing proportions of men and women in the Arab world are expected to remain unmarried well into later reproductive ages (even 40 and older). The role of contraception in inhibiting fertility in these countries has also become more significant in recent years, and in a few countries (for example, Algeria and Tunisia) is actually the most significant proximate determinant of fertility (decline).

The findings of these studies reveal that in the Arab world, fertility behavior has moved towards more intentional control of fertility rather than a state where fertility is determined incidentally by nuptiality and lactational behavior (Eltigani 2005). Furthermore, declines in fertility have been substantial, with fertility in most countries declining by more than two births per women from the late 1970s to

2000, with considerable variation across countries. Both studies highlight the importance of contextual factors and differences across countries in understanding fertility transition in Arab countries. These factors include differential changes in nuptiality and family formation patterns, as well as socio-economic conditions, which are quite varied across the Arab world. What these and other studies reveal is that the proximate determinants affect fertility in various ways across settings and at times within settings. Understanding the influence of the proximate determinants outlined in the Bongaarts framework on fertility can help in understanding the mechanisms by which socioeconomic conditions work to impact fertility. Similarly, I utilize the Bongaarts framework here to examine the role of the proximate determinants of fertility in accounting for the fertility decline that has occurred in the occupied Palestinian territories since the mid-90s. The methods utilized here are described in length in chapter two.

Results:

Decomposition:

Research Question 1: How has fertility changed in the oPt between 1996 and 2010?

Overall, for the oPt, there has been a 27.6% decline in predicted TFR and a 27.9% decline in observed fertility, with the biggest declines from 2000 to 2006. These overall changes in fertility are based on the sum total of changes in fertility accounted for by the three indices. Recent estimates (PCBS 2015) indicate that the decline in fertility has continued, with a TFR of 4.1 reported from the 2014 MICS survey.

Research Question 2: Have changes in fertility been the same in the West Bank and Gaza Strip?

The results also indicate some regional variation in the fertility decline. Comparing overall change in TFR in the period between 1996 and 2010, it is evident that the TFR was highest in Gaza in 1996 and 2010, while the predicted TFR decline in the West Bank was 1.3 children per woman compared to a decline of 2.0 children in Gaza. The pace of decline was somewhat faster in Gaza (33.4%) than in the West Bank (27.9%). This is also the case when examining trends in observed fertility, where between 1996 and 2010, there has been a 25.9% decline in observed fertility in the West Bank compared to 29.7% in the Gaza Strip. However, fertility in the West Bank continues to be lower than the Gaza Strip, with a difference of about one child between the two regions. Furthermore from 2000 onwards, the fertility rates in the two regions are declining at similar rates.

Research Question 3: What is the main proximate determinant driving fertility change?

Table 4 provides a decomposition analysis of the factors in fertility change based on the four surveys. For each survey, the fertility rates are based on births in the year leading up to the survey. As can be seen from the results, the index of contraception (C_c) is the lowest by the 2006 period, indicating the primary role of contraception in fertility reduction between 1995 and 2006. However, while change in contraceptive use between 2006 and 2010 also were the leading factor in fertility decline, the change was small enough that predicted fertility was nearly unchanged

during the recent period. There has been more change in this index compared to the other indices overall, as confirmed by the percentage change in total fertility due to this index (table 5) between 1996 and 2010. There has been a slight decline in fertility attributable to changes in the proportions married ($C_{m)}$.

Research Question 4: Are there important regional differences in terms of the proximate determinants of fertility?

A greater percentage of change attributable to contraception took place in Gaza than the West Bank between 1995 and 2010, with about an 18.4% decline in fertility associated with the contraception index in the West Bank compared to 22.2% in the Gaza Strip. The percentage change in fertility attributable to changes in proportions married are greater from 1995 to 2010 in the Gaza Strip (7.4% decline) compared to the West Bank (4.9% decline). The calculations of the index of postpartum infecundability (Ci), which is primarily based on breastfeeding duration, presented in Table 5 indicate a modest change in fertility accounted for by increased breastfeeding duration in the West Bank and Gaza Strip with increases in breastfeeding duration resulting in a 4.6 % decline in fertility in the West Bank compared to a 3.6% decline in the Gaza Strip.

Discussion and Conclusions:

While fertility in the West Bank and Gaza Strip continue to be high given the high levels of urbanization and years of schooling in the occupied Palestinian

territories, the findings of this study show that significant declines in fertility have occurred between 1995 and 2010, with the biggest declines occurring between 2000 and 2006. Between 2006 and 2010, there appears to be minimal change in predicted total fertility, however a downward trend has continued as indicated by the 2014 reported TFR (PCBS 2015), particularly in the West Bank where the most recent TFR stands at about 3.7 children per woman. The analysis of the proximate determinants of fertility highlights the importance of contraception as the most significant source of fertility decline in the oPt, with increases in age at marriage having a smaller but significant impact on fertility reduction.

While the downward trend in fertility in the Palestinian territory is similar to that in other parts of the Arab world, what appears to be unique about the oPt is the minimal role of marriage in fertility decline. This stands in contrast to the findings of Rashad (2000) and Eltigani (2005), which both highlight the importance of delayed marriage in declining fertility in Arab nations. Compared to other Arab nations, however, the recent stall in fertility decline in the oPt, given significant increases in the level of education and urbanization is puzzling. Indeed, compared to the few Arab nations with such high urbanization and education, the fertility levels in the occupied Palestinian territories remains quite high, constituting an ongoing 'demographic puzzle.'

Based on a descriptive analysis of fertility trends, marriage, and contraception in the oPt, Khawaja et al (2009) conclude that marriage is likely to be the main driving force behind the stall in fertility decline in the West Bank and the

Gaza Strip. Khawaja et al (2009) base their conclusion on changes in nuptiality based on changes in the mean age at first marriage in the West Bank and Gaza Strip and the proportions never-married between 1995 and 2004. They also find that overall contraceptive prevalence has not changed drastically in this period, but do note some change in the Gaza Strip between 1995 and 2000, where contraceptive use increased but then seems to decrease slightly between 2000 and 2004. The direct impact of the changes in these proximate determinants was not analyzed in their study, but rather the authors present trends of marriage and contraception separately. Although the authors note some change in contraceptive use, they appear to underplay its significance.

The analysis conducted for this study indicates that contraception has actually played a key role in fertility decline, particularly between 2000 and 2006. Part of the discrepancy may be a result of the inclusion of different surveys in this study and Khawaja et al's study (2009), where they end with the 2004 DHS, whereas in this study the 2006 PFHS is used to examine the later period. While it would normally seem unlikely that such variability would occur between surveys conducted two years apart, further investigation would be necessary in order to conclude whether these reflect actual changes or possible artifacts of sampling or other bias. The direct approximation of the impact of changes in the proximate determinants on fertility change through a formal decomposition analysis highlights the increasingly important role of contraception, signaling a shift towards more deliberate control of fertility in the oPt. While marriage patterns have not resulted

in large changes in fertility, significant fertility decline has occurred because of contraception. If marriage patterns in the oPt begin to shift to older age at marriage similar to changes to nuptiality in other parts of the Arab world, we are likely to see further declines in overall fertility.

The increases in contraceptive use since 1995 also coincide with the expansion of primary health care services across the oPt to include family planning services as an integral part of primary health care delivery. Both the Ministry of Health and UNRWA began providing family planning services beginning in 1995, with increases in awareness building beginning in the late 90s. Chapters four and five explore the context of policy and health service provision further. Chapter six further investigates the political, social, and economic forces that may be behind these declines in fertility.

While the regional analysis here has focused on comparisons between the West Bank and Gaza Strip, some preliminary results from initial analysis based on data collected and aggregated for the broader dissertation project, indicate that variations within the West Bank also persists, with consistently higher fertility in the Hebron area. In fact, Hebron is more similar to Gaza in terms of fertility rates and trends. I have included some preliminary maps (of the West Bank) in the appendix, and will be building on them in the future in order to understand the spatial dynamics of fertility and other demographic processes.

Table 4: Summary of Index results for proximate determinants of fertility by region and survey

	West Bank				Gaza Strip				oPt			
Index	**1995-1996**	**1999-2000**	**2005-2006**	**2009-2010**	**1995-1996**	**1999-2000**	**2005-2006**	**2009-2010**	**1995-1996**	**1999-2000**	**2005-2006**	**2009-2010**
Marriage	0.680	0.693	0.667	0.647	0.761	0.758	0.710	0.705	0.707	0.715	0.682	0.666
Contraception	0.588	0.577	0.489	0.480	0.710	0.648	0.606	0.551	0.631	0.603	0.531	0.507
Postpartum Infecundability	0.825	0.829	0.781	0.787	0.796	0.790	0.767	0.767	0.814	0.815	0.775	0.779
Predicted TFR	5.1	5.1	3.9	3.8	6.6	5.9	5.1	4.6	5.6	5.4	4.3	4.0
Observed TFR	5.4	5.5	4.2	4.0	7.4	6.8	5.4	5.2	6.1	5.9	4.6	4.4

Table 5: Decomposition of percentage change in total fertility due to changes in proximate determinants of fertility

	West Bank					Gaza Strip					oPt				
	95-00	**00-06**	**95-06**	**05-10**	**95-10**	**95-00**	**00-06**	**95-06**	**05-10**	**95-10**	**95-00**	**00-06**	**95-06**	**05-10**	**95-10**
Proportion Married	0.019	-0.038	-0.019	-0.030	-0.049	-0.004	-0.063	-0.067	-0.007	-0.074	0.011	-0.046	-0.035	-0.023	-0.058
Contraception	-0.019	-0.153	-0.168	-0.018	-0.184	-0.087	-0.065	-0.146	-0.091	-0.224	-0.044	-0.119	-0.158	-0.045	-0.197
Postpartum Infecundability	0.005	-0.058	-0.053	0.008	-0.046	-0.008	-0.029	-0.036	0.000	-0.036	0.001	-0.049	-0.048	0.005	-0.043
Percentage change in predicted TFR	0.005	-0.249	-0.240	-0.040	-0.279	-0.099	-0.157	-0.249	-0.098	-0.334	-0.032	-0.214	-0.241	-0.063	-0.298

CHAPTER FOUR: PALESTINIAN STATE FORMATION AND POPULATION POLICY

Reproduction, Population, and the Palestinian State-Building Project:

Much of the attention that has been placed on Palestinian fertility has been on the nationalist underpinnings of fertility and the association between reproduction and nationalism (Collins 2004; Courbage 1999; Fargues 2000; Khawaja 2000). High Palestinian fertility has oftentimes been explained in political terms drawing on nationalist rhetoric and pronatalist proclamations made by Palestinian political leaders as well as political conflict with Israel as a main driving force for Palestinian fertility trends (Abu-Duhou 2003; Fargues 2000; Kartin and Schnell 2007). Others more specifically argue that Palestinian political leaders have encouraged a high fertility regime by associating fertility and reproduction with nationalist aspirations or as a political tool against the Israeli state. While these arguments have also gained traction in broader media outlets as well as some academic literature, in this chapter I address the question: *how has the Palestinian Authority approached the issues of fertility, reproduction, and population growth? And, does the Palestinian Authority have a population policy?*

The Palestinian Authority has not had a clear or explicit population policy. However, through focusing only on the discursive level or on nationalist rhetoric, we miss out on important transformations that are taking place partly through policy making at the institutional level, through public goods provision and more specifically health sector expansion, as well as broader policy, which has taken a

more neoliberal turn in recent years. When we turn the lens to the institutional level throughout the process of Palestinian state building, we find that the policy and service delivery environment has actually been favorable to—perhaps indirectly—fertility decline. Furthermore, because fertility and reproduction have been associated with nationalist aspirations, particularly during the first intifada and leading up to the signing of the Oslo Accords, and because of a sociocultural emphasis on children, the Palestinian Authority cannot actually articulate a population policy that explicitly advocates for a decline in fertility in order to deter or reduce population growth. However, as the Palestinian Authority's state building project has evolved, concerns with proper governance and development in highly constrained policy environment make concerns about being able to provide public services for a quickly growing population more pertinent. This has led to a *de facto* policy that emphasizes the health importance of family planning through an emphasis on maternal and child health as well as a concern with development and poverty reduction. Additionally, cutbacks in public service provisions and forms of public welfare in a context of increasing costs of living and growing economic constraints make economic considerations more important in couples' decisions to have more children or not.

In the sections that follow, I begin with a brief note on Palestinian nationalism in as far as it relates to the rise in the importance (albeit limited in both time and scope) of fertility in nationalist discourse or the nationalist political imaginary. I will then move on to describing the progression or evolution of the Palestinian Authority and its institutional infrastructure. Here, I will discuss the

evolution of the Palestinian Authority throughout three periods: the initial period of formation (1994-2000); beginning of neoliberal turn, the second Intifada and political change and division (2000-about 2007); and the more pronounced neoliberal turn in governance beginning in 2007. This evolution is important in understanding the policy field, the roles of key players, and the overall impact these political shifts have had on policy, as well as in making clear the constraints the Palestinian Authority faces due to its limited sovereignty within a context of an ongoing Israeli military occupation and extreme dependence on international aid for its basic functions.

Nationalism and Reproduction: Implications for Population Policy

In a speech in the late 1980s, the late Yasser Arafat, then chairman of the Palestinian Liberation Organization, reportedly likened the wombs of Palestinian mothers to a 'biological bomb' (Kartin and Schnell 2007), responding to increasing Israeli fears of a Palestinian demographic 'time-bomb' (Kanaaneh 2002; Kartin and Schnell 2007)[8]. This response to an Israeli fear of a Palestinian or Arab demographic 'threat' (Kartin and Schnell 2007) became more common during the height of the first Palestinian intifada, where some Palestinians, including some members of the Palestinian political leadership, embraced the rhetoric around Palestinian fertility as a form of resistance, where Palestinian women became objects of a nationalist

[8] Other proclamations have been attributed to Arafat in public discourse in Palestine; for example, he is reported to have encouraged Palestinian women to have many children, as reported to me by some respondents ("ten for you and two for the cause"). Can also refer to Najjar 1992.

discourse that politicized their reproduction (Kanaaneh 2002; Massad 1995; Tamari and Scott 1991)[9]. This type of politicization of reproduction or political demography of sorts is not unique to the Palestinian-Israeli context, and has been present in other settings, particularly at the peak of political conflict (Abbasi et al 2002; Abbasi-Shavazi et al 2009; Blanc 2004; Fargues 2000). As others studies have shown, the impact of political conflict can have varied effects on fertility (Abbasi et al 2002; Abbasi-Shavazi et al 2009; Blanc 2004; Fargues 2000), and as Kanaaneh (2002) further shows, even within a context where reproduction is framed through nationalist political discourse, varied responses to the politicization of fertility co-exist within the same context; whereby on one side some people interpret the nationalist rhetoric as encouraging them to have more children for the 'nation', while others use nationalist claims and framings to focus on quality, thereby favoring lower fertility. While both of these existed in the Palestinian case, it appears that at least in the period during the first *intifada* and leading to the signing of the Oslo Accords, the political rhetoric around reproduction was pronatalist. Upon the formation of the Palestinian Authority headed by Arafat in Gaza in 1994, and gradually gaining partial control over other regions of the West Bank, albeit with limited sovereignty, the translation of rhetoric into policy and practice paints a more complicated portrait.

[9] It is important to note here that the partaking of the Palestinian leadership in a discourse/rhetoric that draws on a political demographic calculus, in some ways mirroring Israeli concerns, does not imply a symmetry of power, especially where at the time, the Palestinian leadership largely functioning in the margins of Israeli state power. See Kanaaneh (2002) and Khalidi (1997) for further elaboration.

PLO to PA and the early foundations of the Palestinian State-Building Project:

Prior to the formation of the Palestinian Authority, the Palestinian national liberation movement emerged in the early 1960s, with the Palestinian Liberation Organization (PLO) formally founded in 1964 as the official representative of the Palestinian people (Khalidi and Samour 2011; Muslih 1993; Jamal 2002) with the goal of liberating historic Palestine. After the 1967 Arab-Israeli war, and the occupation of the West Bank (including East Jerusalem) and Gaza Strip, the PLO largely operated in exile until the 'return' of part of the Palestinian political leadership to the West Bank and Gaza Strip beginning in 1994 (Khan et al 2004; Muslih 1993). Throughout most of the twentieth century, Palestinians did not have a national government or state: going from Ottoman rule prior to 1918; the British Mandate in Palestine from 1918-1948; the formation of the State of Israel in much of historic mandate Palestine in 1948 with the West Bank governed by Jordan and the Gaza Strip by Egypt until 1967; and the Israeli occupation of the West Bank and Gaza Strip in 1967 (Khalidi 1997; Muslih 1993). Within the West Bank and Gaza Strip, the Israeli military governed the occupied Palestinian territories through the Civil Administration beginning after the 1967 Arab-Israeli war until the arrival of the Palestinian Authority and the partial transfer of governance. A thorough discussion of the various periods of governance and the historical political context are outside the purview of this dissertation. What I would like to focus on here is the period immediately preceding the signing of the Oslo Accords in 1993, during the first Palestinian *intifada* or uprising, in order to provide some context to the nature

of governance and the pre-existing infrastructure that was to serve as the infrastructure of the would-be Palestinian state in the West Bank and Gaza Strip.

The first Palestinian *intifada*, which began in 1987, has largely been characterized as mass populist resistance movement (Jamal 2002; Muslih 1993; Nassar and Heacock 1990; Khan et al 2004), against the Israeli occupation in the West Bank and Gaza Strip. While the *intifada* is significant because it eventually led to the negotiating and signing of the Oslo Accords in 1993, the infrastructure and institution building that took place during this period are important to understanding the infrastructure for and development of the Palestinian state-building project. Muslih (1993) notes that associational life in the West Bank and Gaza Strip has historically been rich, through political and PLO organizations, religious charities and organizations, women's organizations, NGOs, as well as clan based associations. Throughout the course of the *intifada,* many of these grassroots forces came together and took on the responsibility for service and public goods provision, especially given the shortcomings of the Israeli Civil Administration in meeting the needs of the population (Nassar and Heacock 1990; Khan and Giacaman 2004)[10]. Furthermore, with increasing closures of roads and schools, these grassroots movements found ways to circumvent restrictions imposed by the Israeli occupation to provide basic public goods (Barghouti and Giacaman 1990; Barghouti 1994; Hovsepian 2008; Nassar and Heacock 1990; Khan and Giacaman 2004; Wick 2008). Despite the Israeli Civil Administration being officially responsible for the

[10] Although the Palestinian population grew significantly during this period, the Israeli civil administration largely maintained the same level of services that were available during the Jordanian and Egyptian administrations, despite collecting taxes from the population, services were largely lacking and subpar (see Giacaman et al 2009; Hilal 1978, Khan 2004, Nassar and Heacock 1990).

provision of basic public services to the Palestinian population, by 1994, local Palestinian NGOs were responsible for providing sixty percent of primary health care services, about half of secondary and tertiary care, and 100 percent of day care (Hanafi and Tabar 2004). During this time, the PLO, alongside regional and local actors, was active in supporting *sumoud*[11] or steadfastness activities and programs in the West Bank and Gaza Strip (Nassar and Heacock 1990; Wick 2008). As Muslih (1993), the PLO also operated as a 'state' in exile during this time through cooperation with local PLO representatives to sustain a network of institutions in order to exercise political power in competition with the Israeli military, which Palestinians were actively resisting at this juncture.

With rising international pressures, following extensive peace process negotiations, the PLO and Israel eventually signed a Declaration of Principles (Oslo Accords) in Washington, DC in September 1993. The Palestinian Authority was formed, months later, in 1994. Initially, the Palestinian Authority had some control in Jericho and Gaza city in 1994, later expanding into larger portions of the occupied Palestinian territories beginning in 1995—with varying levels of authority over civil and security matters depending on how regions were classified—of the West Bank and Gaza Strip with the expectation that a Palestinian state would soon be formed on the West Bank and Gaza Strip pending final status negotiations (Khan 2004). Over twenty years have passed since the signing of the Oslo Accords. Currently,

[11] Sumoud or steadfastness refers to a political and social movement that was more prevalent beginning in 1967 and peaking during the first intifada, where the PLO, Arab governments, solidarity activists, and diaspora Palestinians provided assistance to Palestinians residing in the oPt in order to encourage them to remain on their land and resist Israeli attempts and pressures to push Palestinians out, see Nassar and Heacock 1990 and Wick 2008 for more detailed explanation.

negotiations are on hold, and Palestinian sovereignty over the West Bank and Gaza Strip are perhaps more constrained than previously, and with the chances for a two-state solution appearing more and more bleak, particularly in light of further Israeli settlement entrenchment and land annexation (Khalidi and Samour 2011; Turner 2015). The Palestinian Authority does not control its external borders, lacks territorial contiguity, and lacks meaningful sovereignty over its own land, water, minerals, air space and access to the sea (Khalidi and Samour 2011; Khan 2004; Turner 2015). As Khan puts it, it was actually a limited self-government with very limited administrative, security and legislative powers over limited areas in the West Bank and Gaza Strip (WBGS). However, it has a state like quality. Since its inception, the Palestinian Authority rapidly expanded its infrastructure, including ministries, public institutions, schools, health centers, etc. It established police and security forces, was responsible for some direct taxes, issued passports, etc. In the following sections of this chapter, I will focus on the evolution of PA governance, especially as it relates to health and population policy. In reading through the following sections, it is important to keep in mind that even if the Palestinian Authority formulates clear policies, its ability to implement policies and exercise sovereignty is heavily limited by Israeli restrictions—which include closures, blockades, withholding of taxes, and other restrictions on movement and public infrastructure development (Giacaman et al 2009; Khalidi and Samour 2011; Khan 2004)—and limitations imposed by restrictions and impositions by donor countries and international organizations (Hanafai and Tabar 2004; Khalidi and Samour 2011; Turner 2015).

1994-199: Early Period of Palestinian Authority (limited) Rule

As evident in the limitations, mentioned above, placed on the Palestinian Authority, the Palestinian interim national authority was left with the difficult task of taking over the main functions of the Israeli Civil Administration, while at the same time assuring Israeli security and relative calm until final status agreements were signed (Khalidi and Samour 2011; Khan 2004; Sayegh 2007). The restrictions and demands placed on the Palestinian Authority have led some to argue that the Palestinian Authority represented a state project that was doomed to fail (Sayegh 2007). The advent of the Palestinian Authority and the 'return' of the Palestinian leadership in exile was met with optimism, excitement, as well as skepticism and critique from Palestinians (Jamal 2005; Khalidi and Samour 2011; Khan 2004; Sayegh 2007). The Authority that was formed after the signing of an agreement that was arrived at through international mediation was also heavily influenced and financed by the international community (Hovsepian 2008; Khan and Giacaman 2004; Roy 2001; Hanafi and Tabar 2004; Turner 2015); two weeks after the signing of the Declaration of Principles in September of 2003, the US government convened the Conference to Support Middle East Peace with the goal of marshaling international support for the Declaration of Principles where donors pledged about $2.4 billion for Palestinian development (Hovsepian 2008). The international community was not only involved in financing Palestinian development, but also in shaping it with a series of task forces, which included the World Bank, the IMG, an

Independent Task Force sponsored by the US Council on Foreign Relations, etc (Council on Foreign Relations 1999; Hovsepian 2008; Khan et al 2004).

This early period of the formation of the Palestinian Authority was characterized by international financial commitment and momentum as well as an emphasis by the Palestinian Authority on the expansion of infrastructure for the future Palestinian state (Hovsepian 2008; Khan et al 2004; Ministry of Planning 2009); this included the establishment of various ministries, expansion of public service centers (including health centers and schools); the establishment of the Palestinian Central Bureau of Statistics; and a gradual expansion in the reach of the Palestinian Authority into preexisting local governance institutions. One of the most striking, and oftentimes critiqued, features of this expansion was the dramatic increase in the numbers of public employees; about 20,000 Palestinians were employed during the peak of the Civil Administration, with the number rising to about 120,000 (with a large portion of new employees employed in the new security sector) by 1996 (Council on Foreign Relations 1999; Frisch 1997; Hovsepian 2008) under the leadership of Yasser Arafat. The vast expansion of the public sector has been critiqued as a form of centralized patrimonial (and neopatriarchal) governance (Frisch 1997), which was characteristic of the early years of the Palestinian Authority under Arafat, as well as posing a challenge to future sustainable development (Council on Foreign Relations 1999; RAND 2003; Kham 2004). Furthermore during this period, greater emphasis was placed on short-term political relief, social assistance, technical assistance, and expansion of public infrastructure and institution building, without a long-term developmental vision

for either the state being formed (Diwan and Shaban 1999; Ministry of Planning 2009). While the Palestinian Authority was critiqued for this short-sightedness, the increased centralization and authoritarianism of the presidential office, and for the huge increase in public expenditure by an Independent Task Force commissioned by the Council on Foreign Relations (1999), the task force's evaluation of the performance of the Palestinian Authority during the initial years notes the tremendous progress made in terms of service delivery, particularly in the areas of health and education, that were comparable and even exceeded the performance of more established states (Council on Foreign Relations 1999). Furthermore, during this period, public expenditure on social welfare either through institutionalized channels (Ministry of Planning 2009) or through presidential accounts (Khan 2004) was greater than at any other point during Palestinian Authority rule.

In terms of health (and reproductive health) policy during this period, the emphasis was on increasing access to health services and the expansion of the infrastructure for health (Giacaman et al 2009; personal communication with Deputy Minister of Health). The expansion of services also included the expansion of reproductive health services beginning in 1995, including nationalized family planning provision at the primary care level at Ministry of Health (MOH) and UNRWA facilities (Abdulrahim et al 2009; Kanaaneh 2002). The focus initially was on making services available, without a clear policy with respect to population growth or fertility levels (Giacaman 1997; Kanaaneh 2002). It is important to note here that the expansion of services was also partially subsidized by the United Nations Fund for Population (UNFPA) as well as other UN and international bodies,

which emphasized the expansion of reproductive health care provision in the aftermath of the 1994 International Conference on Population and Development in Cairo (personal communication with Deputy Minister of Health). This is not to say that the Palestinian Authority simply followed instructions set by the international community. Notably, the framing of these services, which is discussed at greater length in the following chapter, primarily in terms of the health benefits of family planning services. In a press release by then Deputy Health Minister, Dr. Munzer Sharif, to the 32nd session of the Commission on Population and Development, dated March 25 1999, Dr. Sharif states (1999; p.1):

> The Palestinian National Authority, represented by his Excellency President Arafat, has given special attention to promote women's issues in general and women's health and rights in particular…
>
> According to the census conducted during December 1997, the total population was 2.9 million including East Jerusalem. The following are a few other population statistics:…the Total Fertility Rate 6.1; Infant Mortality Rate 24.5/1000; Maternal Mortality Rate 70/100,000; Growth Rate 4.08; and Contraceptive Prevalence Rate 45.2.
>
> Although no explicit population policy has yet been formulated, the Palestinian Health Plan was developed in accordance with the principles and objectives of the ICPD Program of Action. Promoting reproductive health, including women's health, is the central theme of the Palestinian Health Plan.
>
> The plan, ***inter ah.*** *Aims for the following* (emphasis in original)*:*
>
> 1. To reduce maternal mortality and high-risk pregnancy by 50%
> 2. To integrate Reproductive Health/Family Planning services and counselling in the primary and secondary health care level.
> 3. To increase contraceptive prevalence by 25%.
> 4. To increase the proportion of women receiving postnatal care.
> 5. To introduce screening in nearly 50% of health facilities for early detection of breast cancer and cervical cancer.
> 6. To increase awareness of the population on reproductive health issues through mass media and other communication channels.

Dr. Sharif goes on to note that the Women's Health and Development Directorate had been created to oversee implementation of reproductive health policies, and that the Palestinian Central Bureau of Statistics and was established to produce official statistics. He later goes on to note: "Our main goal in the Palestinian Authority is to strengthen Reproductive Health services including Family Planning/Sexual Health in order to reduce the infant and maternal mortality rate." The emphasis here on the role of the state in health or the biopolitics (including the production of official statistics related to reproductive health) are not new, and compare to the trajectories of modern state projects (Foucault 1988 & 2004). However, the framing of family planning services primarily in their function to reduce infant and maternal mortality rate, despite making note of the population growth rate and the Palestinian Authority's commitment to women's rights is reflective of policy that engages with population issues through the lens of health and development. The emphasis on expanding family planning services without any discussion of family planning services on total fertility rates is also indicative of a political reluctance to engage with fertility or population growth explicitly, despite a clearly articulated target for the expansion of contraceptive utilization at the population level that would arguably have an impact on total fertility. The timing of the press release is also important here; the end of the 1990s and the beginning of 2000 signaled a shift towards more expansive developmental and planning policies in the oPt (Ministry of Planning 2009).

2000-2007: Growing emphasis on planning, neoliberal development, and political upheaval

Beginning in the late 1990s and into early 2000, the Palestinian Authority began to place greater emphasis on (developmental) planning (Ministry of Planning 2009) with the first developmental plan formulated for 1998-2000 and the first five-year development plan formulated in 1999 (Ministry of Planning 2009), again with a significant role played by international bodies, NGOs, and donor countries (Khalidi and Samour 2011 and 2015; Tabar and Hanafi 2004). The assessment of the task force commissioned by the Council on Foreign Affairs in 1999 (Council on Foreign Affairs 1999) during this time emphasized the need to reduce the size of the public sector, make the PA bureaucracy more efficient, and emphasized the importance of the private sector in future economic development. The PA appeared committed to implementing these fiscal reforms. It was also during this time that the Palestinian Authority was facing greater financial constraints, partly due to Israel withholding tax revenues from the Palestinian Authority (Khalidi and Samour 2011; Khan 2004), as well as growing corruption, and public outcry against PA corruption that intensified in light of deteriorating economic conditions beginning in the late 90s (Ministry of Planning 2009; World Bank 2003).

It was during the beginning of this period that Khalidi and Samour (2011; 2015) argue the seeds for the more neoliberal turn of the Palestinian Authority began to be implemented. The extremely large number of public employees were beginning to put great strains on the financial sustainability of the Palestinian Authority resulting in deeper fiscal problems. Additionally, assessments by

international bodies were increasingly referring to the high population growth rate in the oPt as a source of potential further strain and demand for public services (Council on Foreign Affairs 1999; World Bank 2003). This language would not be publicly adopted by the Palestinian Authority until after 2006. The growing unrest eventually culminated into the second Palestinian *Intifada* or uprising at the end of 2000; while the first uprising was largely a populist resistance movement against Israeli occupation, the second uprising while protesting the Israeli occupation was also a response to growing discontent with the Palestinian Authority and the incessant corruption (Ghanem 2010; Jamal 2005; Khalidi and Samour 2015). During the peak of the second uprising between 2000 and 2003, development plans were largely placed on hold, with a shift towards emergency relief at the height of political conflict (Ministry of Planning 2009; World Bank 2003). While much was placed on hold during this time, basic services and poverty alleviation programs were provided through emergency relief provisions, rather through institutionalized social policy (Ministry of Planning 2009). It was also during the second uprising that Arafat expanded health insurance coverage to include all children up to the age of three as well as all maternal health services[12] (Giacaman et al 2009; Mataria et al 2009; Ministry of Planning 2009). These measures were taken in order to alleviate some of the needs of the Palestinian population in the West Bank and Gaza Strip during heightened conflict and increased Israeli restrictions on movement, closures, as well as more frequent military incursions into Palestinian areas (Giacaman et al 2009; Ministry of Planning 2009).

[12] This included family planning services.

During the final years of Arafat's rule, he was largely unable to effectively govern due to restrictions placed on him, including his confinement to the presidential compound by Israel. It was during this time that the Palestinian Authority began shifting towards more comprehensive development plans, with the first comprehensive plan formulated in 2004 (Ministry of Planning 2004; Ministry of Planning 2009). The plan shifted the focus from emergency assistance to more comprehensive and sustainable development. During this period, health policy focused on the expansion of access to health services, especially in light of greater restrictions on movement; this actually resulted in building more clinics and health centers in areas that were cut off by military checkpoints and closures (Giacaman et al 2009; Mataria et al 2009; Ministry of Health 2008). Access to primary health care services expanded, but the health system was unable to develop secondary and tertiary care sectors due to the shift in attention to emergency care (Mataria et al 2009).

In the aftermath of Arafat's death in November 2004 and the election of Mahmoud Abbas as president of the Palestinian Authority in January 2005, the Palestinian Authority's state building project reached a critical juncture, leaving a void in authoritative leadership (Ghanem 2010). Abbas's government focused on attempting to achieve a period of calm from the political violence of the intifada in an attempt to continue making strides towards statehood (Hovsepian 2008; Ghanem 2010). However, the period of political upheaval continued. The election of Hamas during the legislative elections in 2006 was met with international boycott and embargo, which placed a greater strain on the public sector (Giacaman et al

2009). Political tensions rose between Hamas and Fatah, with various failed attempts at forming 'technocratic' unity governments to appease international pressure that eventually culminated in a Hamas takeover of rule in the Gaza Strip, and Fatah rule in the West Bank through the Palestinian Authority from 2007 onwards.

2007 and beyond: Neoliberal Palestinian Authority Rule in the West Bank

The advent of Salam Fayyad's government in 2007 is typically associated with the more pronounced neoliberal turn in PA policy (Khalidi and Samour 2011 and 2015). Beginning with Fayyad's government, the shift in PA policy shifts to an emphasis on the development of the private sector and encouraging investment as exemplified through the 2008 conference in Bethlehem as part of the PA's "Palestine is open for Business" declaration to encourage foreign direct investments (Khalidi and Samour 2011). This period signified a clear shift towards neoliberal reforms and the reduction of the size of the public sector and an emphasis on transparent and more effective governance (Ministry of Planning 2009; Palestinian Authority 2009; World Bank 2010). Despite the limited policy space available to the Palestinian Authority, the Palestinian Authority Program outlined in the PA's "Ending the Occupation, Establishing the State" (Palestinian Authority 2009), the PA is attempting to exploit the policy space it does have to implement a neoliberal agenda, through reducing public expenditure (largely through layoffs) and increasing tax revenues[13]. These plans clearly signify a shift in policy that is largely

[13] Refer to 2008-2010 Palestinian Authority Reform and Development Plan

framed in developmental terms, that is arising in the absence of a political resolution (with Israel as well as between the PA and Hamas). These policies have further included reductions in expenditure on public goods and social welfare (Ministry of Planning 2009). This has included a cutback in indirect subsidies for electricity and water and the enforcement of prepaid meters in new buildings and particularly in areas where the PA has typically covered unpaid electricity and water debts in the past[14] (Khalidi and Samour 2015). Additionally, the shift in emphasis on economic growth has also helped foster an environment that encourages the adoption of a Middle Class lifestyle, partially made available through the increase in the availability of bank loans and mortgages (Taraki 2008; Khalidi and Samour 2011 and 2015).This shift in a more inward looking reform agenda (Khalidi and Samour 2011) has also been complemented with a more active campaign for international recognition that culminated in the Palestinian Authority obtaining non-member observer state status at the United Nations General Assembly in 2012[15], that further try to project an imaginary of a Palestinian state that is connected to the global economy, despite limitations on sovereignty and the PA's ability to implement its policy agenda without Israeli approval and international donor backing (Turner 2015).

[14] These policies became more prevalent from 2007 onwards, including a failed attempt to enforce a law that required Palestinian 'citizens' to obtain a 'certificate of payment' showing they had no outstanding utility bills before they could request civil documents (Khalidi and Samour 2015). The introduction of these laws has been met with public outcry with growing protests against PA fiscal reforms and the failure of the PA to alleviate the increases in the costs of living. Various protests and strikes took place throughout the course of fieldwork for this study, and have continued as exemplified by the teachers' strikes taking place in February and March 2016.

[15] http://www.un.org/apps/news/story.asp?NewsID=43640#.Vvyf4dirTcs

Implications for Population Policy:

The above descriptions of the PA's own political transformations and the shifts in the nature of the Palestinian state-building project provide insights into the political economic context that will be discussed more directly in terms of how it impacts reproductive decision making in chapter six of this dissertation. But, what implications do these shifts have for population and health policy. As I discussed previously, the early period of Palestinian Authority rule focused on institution building and the expansion of public service provision, with an emphasis on health and education. Reproductive health and family planning services began to be incorporated into primary care services in 1995, without a clear policy articulated in terms of the objectives of their inclusion. This begins to shift in the late 1990s, as exemplified by the press release previously discussed; here we begin to see a policy that calls for the expansion and integration of family planning services into primary and secondary health services with the goals of improving infant and maternal mortality (Sharif 1999). Irrespective of framing, a further integration of family planning services in the public health infrastructure was underway and continued as health services expanded, particularly after 2000 (Abdulrahim et al 2009; Giacaman et al 2009; Ministry of Health 2009). Services continued to be provided during the second intifada; despite physical obstacles imposed by the Israeli military, more localized (and perhaps less efficient) health centers were established, particularly in rural areas facing closures, (Giacaman et al 2009; Mataria et al 2009; Ministry of Health 2008 and 2009). In chapter three, we incidentally see that the sharpest decline in fertility actually occurs between 2000 and 2006, with the

increased uptake of contraception playing the most significant role in fertility decline during this period. What implications, then does the neoliberal turn have for fertility and reproduction? The short answer is in terms of reproductive health care provision, there haven't been significant changes in access to health services, where family planning services continue to be covered and highly subsidized in the public health sector[16]. But two important shifts have changed: the discourse around fertility, at least in policy documents has shifted slightly; and, the increasing neoliberal turn with a pullback in public subsidies has further privatized responsibility for public goods while at the same time implicitly encouraging a modernity with implications for fertility and reproduction.

First, in terms of the discursive shift. I noted previously, that while international institutions warned that the high Palestinian natural growth rate can pose a challenge for state-building and development (Council on Foreign Affairs 1999; World Bank 2003), this language was not publicly adopted by the Palestinian Authority. However, in its more 'developmental' turn (Ministry of Planning 2009), the discourse has begun to shift, although it falls short of making explicit population policy recommendations. While the framing around the health significance of using contraception continues to be used, particularly at the health service delivery level (refer to chapter five). Palestinian Authority policy makers and planners have become more likely to adopt the developmental discourse around fertility and population growth, which associates high fertility with increased poverty and

[16] Family planning services can be accessed at subsidized rates without needing to be enrolled in the government insurance scheme. This was also something I witnessed during my fieldwork at the clinics when women were registering for services. The costs for contraceptives ranged from three Israeli Shekels (less than 1 USD) to about ten shekels (about 2.5 USD) in the government sector.

further challenges to sustainable development (Ministry of Planning 2009). At a 2008 conference cosponsored by the Palestinian Ministry of Planning and the Palestinian Family Planning and Protection Association (PFPPA), PA ministers or representatives of PA ministries publicly discussed the challenges posed by fertility that went beyond a framing that focused exclusively on health[17]. Then Minister of Information, Riyad Al-Malki focused on the direct links between poverty and high fertility, calling for greater awareness building on population issues using a discourse that frames high population growth as a challenge for sustainable development, which were later echoed in a working paper by a representative from the Ministry of Planning. Then Minster of Health, Dr. Fathi Abu Moughli emphasized the Ministry of Health's commitment to expanding reproductive health services, and discussed the importance of service provision for poverty alleviation and development, while reiterating the MOH's commitment to providing subsidized services.

These discursive shifts are also evident in a 2009 Ministry of Planning report that examines social policy, which discusses the potential developmental pitfalls that would occur if population growth was not met with economic opportunity, drawing on the concept of a 'demographic dividend' (Ministry of Planning 2009). While this type of discourse may not be surprising from the Ministry of Planning, it has been reiterated in the 2011-2013 Palestinian National Health Strategy, titled "Setting Direction-Getting Results" (Ministry of Health 2011). The strategy is introduced as part of the broader Palestinian Authority State-Building project,

[17] PFPPA 2008 Population and Development Conference Proceedings

where health is an important component. The plan notes, that while fertility has declined, it still remains high, and goes on to discuss the implications of demographic trends, later noting:

> "…the number of Palestinian youth (15-24 year) will increase 80% to 1.3 million, placing greater demands on public services and resources such as education, health, housing, employment opportunities, and natural resources. If these demands cannot be met—and in the current socio-political situation, the scenario is not positive—the 'demographic bonus' will instead become a 'youth bulge' with potentially destabilizing effects on the society." (Ministry of Health 2011, p. 14)

While I don't want to overstate the significance in these statements as representative of a clear and explicit policy, they do indicate a shift in the 'political arithmetic' related to high fertility and population growth compared with the political discourse prior to the formation of the Palestinian Authority. The calculations and considerations taken into account in a state-building program vary from nationalist rhetoric during a peak of populist resistance. Similar to the Iranian case (Abbasi-Shavazi et al 2009), the calculus of governance and public service provision have implications for how high population growth is perceived, and in a context of increasingly difficult economic conditions and constrained authority and limited sovereignty (Khalidi and Samour 2011; Sayegh 2007), political leaders are increasingly shifting the focus to the implications of high population growth in terms of real obstacles for the future ability of the Palestinian Authority to meet the demands and needs of the Palestinian population in the oPt. While this has not been translated into an explicit population policy—which is also likely linked to previous politicization of reproduction by past Palestinian leadership—the continued emphasis on expanding reproductive health services as well as the reduction in

public welfare provision create an environment that is more conducive to fertility decline.

CHAPTER FIVE: FAMILY PLANNING SERVICE PROVISION

"When we first began work, women were having over six children and now they're having around four. That's a thirty percent decline, and we consider that a success."

This quote comes from an interview I conducted with the Deputy Minister of Health when I asked him about reproductive health policy since the establishment of the Palestinian Ministry of Health. When I asked further whether decreasing the fertility rate was a goal of reproductive health policy, he responded:

> "…no not decreasing, we respond to the needs of the population and we have worked to increase awareness…you need to look at the universal coverage of antenatal care, immunization, declining infant mortality rates, and lower maternal mortality rates, family planning is part of that [i.e. it has played a role in helping the MoH reach these targets]."

He went on to say" "They say that it is because of poverty, but people were poorer before, living in much simpler conditions, there has been an increase in awareness." I then asked whether the ministry [of health] only approached family planning from a health angle, he responded "… we are the ministry of health, so we are primarily concerned with health, it [family planning] has implications for other areas like poverty, but our responsibility is health."

While there is no clearly stated population policy in the oPt, as has been discussed at greater length in the previous chapter, these quotes highlight the role health services provision has played in the change in fertility rates. Since the inception of the Palestinian Authority, there has been a significant expansion in the

public sector, including health care provision (Council on Foreign affairs 1999; Gicaman et al 2009). What is also important to note here is the emphasis on health significance of family planning services; in this chapter I focus on the provision of family planning services, primarily in the government sector and the implications for understanding the decline in fertility rates in the oPt generally, and in the West Bank specifically. This chapter draws on observations at maternal and child health (MCH) clinics run by the MoH and UNRWA in Hebron, Ramallah, and Nablus, as well as interviews with health providers and women attending the clinics and providers in other NGO and private sector health providers.

In light of the political and policy approach to family planning and reproductive health highlighted in the previous chapter, the emphasis on planning on spacing between children at the service delivery level is consistent with the general approach of the Palestinian Authority. Furthermore, the large-scale expansion of health services, which have included the incorporation of family planning services at the primary care level as well as awareness activities at various periods have implicitly supported fertility decline through an emphasis on spacing and maternal and child wellbeing. Health provision in this context has been effective in expanding the reach of care as well as women's access to family planning services, despite ongoing challenges (Abdulrahim et al 2009; MOH 2009). The insights from the participant observations at the clinics provide us with a glimpse into how the use of these services is carried out at the clinic level, as well as how providers and women navigate and negotiate the health care service provision system that is embedded in the broader local sociocultural context.

The Palestinian Authority Health Sector and Family Planning Provision:

Since its inception in 1994, the Palestinian Ministry of Health has sought to: "the ministry has prioritized great attention to the implementation of primary healthcare principles, and hence has worked towards providing health services, improving and expanding services, and easing access of various segments of the people (population) to them [health services], and additionally to equity in the distribution of services among various segments of society and in the locations of services." (MOH 2009) The emphasis on primary healthcare, as we see in the above quote from the Ministry of Health 2008 annual report (MOH 2009) has been an important part of the development of the Palestinian health care system in the West Bank and Gaza Strip (Giacaman et al 2009), with an early emphasis on collaboration with community based health care providers and volunteers and forms of social action for health that were prevalent during the first intifada in the eighties and early nineties. The emphasis on equity and access are also part of the ethos that was heavily influenced by social movements around health at the time (Barghouti and Giacaman 1990; Hovsepian 2008; Nassar and Heacock 1990; Roy 2001). The expansion of healthcare and the infrastructure for health across the West Bank and Gaza Strip was an early part of the Palestinian Authority's 'building of state institutions,' where in collaboration with UNRWA, NGO, and community based actors, improvements in health at the primary level have been very successful, especially when compared to other places with similar or greater resources (Council on Foreign Policy 1999; Giacaman et al 2009). This includes almost universal

immunization and vaccination, as well as sharp declines in infant and maternal mortality rates (Giacaman et al 2009; Abdulrahim et al 2009). Between 1994 and 2009, the Ministry of Health established 239 new centers in the West Bank and Gaza Strip that provide primary health care services, totaling 694 health facilities (all levels). Various insurance schemes that have been introduced, since the PA's inception, have increased coverage and access for much of the population (Giacaman et al 2009; Mataria et al 2009), with approximately 60% of the population covered through formal government insurance[18]. Additionally, maternal health services, family planning services, and coverage for children up to the age of three are provided irrespective of insurance status.

Comprehensive family planning services and programs began in both the Ministry of Health and UNRWA in 1995, after the Palestinian Authority took over responsibility for health care provision from the Israeli Civil Administration (Giacaman et al 2009; Council on Foreign Policy 1999). Dr. Ramlawi, the Deputy Minister of Health, who began his career during the later years of the civil administration, noted that the provision of family planning services was part of a comprehensive program for health care provision that was also influenced by the call made in 1994 at the International Conference on Population and Development in Cairo. The emphasis, as we also see above, however was (and continues to be) on the importance of family planning services for maternal and child health. During my interview with him, Dr. Ramlawi further pointed out that in addition to expanding health insurance coverage, because the Palestinian Ministry of Health was more

[18] Registered refugees are covered through UNRWA, and others are also covered through private providers

attune to needs and cultural norms of the population, they worked with community health workers in rural areas in order to increase awareness and access to health care provision. Furthermore, with family planning services specifically, the MOH focused on increasing the numbers of women health providers in order to increase the likelihood of women taking up services, as well as incorporating family planning services at the primary health care level. To date, 159 MOH family planning clinics provide services, 139 in the West Bank and 20 in the Gaza Strip[19], with the MOH recording 91,198 family planning visits in 200, including a growing number of new visitors.

In the remainder of this chapter, I will begin by outlining the ways in which family planning services are offered, including how they varied in the different field sites based on my observations and interviews at the clinics. I will draw on the discursive and programmatic aspects of care provision. I will then draw on my observations in the clinics, focusing on the interactions between women and health providers and discuss women's decisions regarding family planning and contraception in these settings based on interviews with women and informal conversations at the clinics.

[19] The large disparity in the numbers of clinics between the West Bank and Gaza Strip, even when taking into account differences in population size is primarily due to the greater number of rural localities in the West Bank and the greater geographic distribution. Furthermore, due to mobility restrictions, the MOH has had to build health centers in villages that are not very far physically from larger centers, but where residents have to face considerable obstacles to reaching these sites. In the Gaza Strip, there is greater urbanization and a smaller geographic radius, which reduces these types of access concerns, although currently in the Gaza Strip, services are constrained greatly by siege and restrictions on imports, as well as the destruction of basic infrastructure like sewage and electricity.

Family Planning Care Provision:

'*I tried every single method and all my children were planned* (Najla[20] said proudly, referring to her 6 children)." Najla has been working in the government sector almost since the arrival of the Palestinian Authority. Her career began at the Palestinian Family Planning and Protection Association (PFPPA), where she was initially trained as a family planning counselor. When the Palestinian Authority began taking over responsibility for health service provision and formed the then nascent Palestinian Ministry of Health in 1995 (Giacaman et al 2009; Council on Foreign Relations 1999), she travelled from clinic to clinic in the South West Bank in order to train Ministry of Health (MoH) staff in family planning counseling through a collaborative project between the PFPPA and MoH. She eventually joined the MoH and has been working as a family planning counselor at a clinic in Hebron, primarily servicing Hebron's H2 residents, for over a decade. Najla represents a generation of civil servants and government employees that joined the newly formed Palestinian Ministry of Health from the outset, some beginning their careers in the Israeli Civil Administration. Najla was always there when I visited a MoH clinic in the Hebron area, and, as a resident of the area, knows many of the women that frequent the clinic. While I was there, she mainly kept track of what women were coming in for and if women were coming in for the first time, she explained all the available services to them before they went into see the physician on duty. Najla worked at a clinic located in a historic building in Hebron's old city center that has been used as quarantine facility historically and a health facility for over a century; today the

[20] This is a pseudonym

clinic caters primarily to women residing in Hebron's H1[21] area and women from a few nearby villages wanting to get an IUD put in. Men are not allowed in the waiting area for the family planning unit in order to assure women privacy and to respect the social norms in the area.[22]

The quote from Najla represents the complex nature of family planning rationality and service provision in the Palestinian West Bank. Najla emphasized that her children were planned, i.e. there was adequate spacing between them, and they stopped having additional children once they reached their desired number of children years ago. Najla is a strong proponent of family planning services, and talked about how she tried all the methods that were available at the clinic, so that she would have more experience to speak from and be in a better position to advise women on the various methods that were available. Though she had a personal preference for a seemingly large family[23], she fervently believed in adequate spacing and giving each child their 'right' [to adequate care, affection, and resources]. All of her children went to school, and were all on their way to going to college. She is also part of the larger community she serves, and works with knowledge of the social, cultural, and political context that is shaping women's uptake of family planning services. She also emphasized the importance of helping women meet their needs and talk through whatever issues they may have.

[21] Refer to site descriptions in methods chapter

[22] Based on my observations, the refusal to allow men into the unit as part of policy was only specifically articulated in the Hebron area. In Nablus and Ramallah, men would occasionally come in with their wives and sit in the waiting area, although they rarely entered the examination room with them. The policy as was articulated at this specific clinic was in response to 'problems' the head nurse noted they had faced, particularly with women become uncomfortable or men and extended family members occasionally coming in to try to get information on services or treatment that women had received.

[23] At the time Najla began having children, TFR in the oPt was around eight children per woman

Najla explained that in the past, there were more women that had reservations about using contraception for religious and health concerns. That has changed, and she noted that there are very few people that voice religious concerns or reservations. 'I explain to them that religiously the issue is with *tahdeed* not *tantheem*…it is also important for the health of the mother and the child.' *Tahdeed* in Arabic means to limit, while *tantheem* refers to planning. The former, as understood in the local context, denotes setting a specific number of children or permanently stopping or preventing childbearing through sterilization. *Tantheem* on the other hand denotes an emphasis on adequate spacing seen as part of a planning process that is important for the health of the mother and child. Through *tantheem*, women give their bodies enough time to recover from pregnancy and childbirth and also make sure to have enough time and energy to care for one child before having to worry about another. This distinction between *tahdeed* and *tantheem* was pointed out by several providers in conversations, and in some instances by women at the clinics. This distinction is not unique to the Palestinian setting and resonates with other settings in the Arab and Islamic world (Maffi 2008; Pell 2016). While drawing on religious and cultural understandings of family planning and contraception, the concept of *tantheem* is also tied to the framing of family planning in terms of its positive impact on maternal and child health as well as its importance in a seemingly common discourse centered on a child's 'rights' that is discussed by service providers and service users.

In the previous chapter, I discuss the evolution of the Palestinian state-building project, and the expansion of state infrastructure. The Palestinian

governmental health infrastructure was preceded by the Israeli Civil Administration, which had considerable failures in terms of population wide health coverage (Barghouti and Giacaman 1990; Giacaman et al 2009); however, it is important to note that the infrastructure for health in the oPt also benefitted greatly from a social action movement around health and the presence of NGO providers that helped form the infrastructure for health care provision that would later be institutionalized.[24] Family planning programs and programs concerned with sexual and reproductive health in the government and NGO sector have been funded by various international agencies, including UNFPA and USAID. These programs have shaped the context of care provision and have generally reinforced a discourse focused on women's rights, reproductive rights, as well as the rights of children and mothers, often making links between forms of rights-based discourse and a discourse emphasizing the health benefits of family planning or the necessity of family planning and reproductive rights to assure the health of (reproducing) women and children.

During the time I spent at the clinics, I didn't witness any general educational or informational sessions that discussed family planning to a larger group of women attending the clinics. There were often discussions among women waiting about their own experiences with specific methods and their reasons for taking up or discontinuing the use of a method. Depending on the setup of the clinic, at times

[24] These NGOs played a greater role during the early periods of the Palestinian Authority in shaping policy. With time, however, and particularly during a post 2006 funding crisis, there has been a more 'statist' push in terms of channeling funding as well as in policy setting, however to a lesser degree with UNRWA. Increasingly, the MOH outsources some services through NGO providers that already have a presence in more remote villages, rather than building their own clinics in these areas, or form some sort of cost and human resource sharing cooperation. More NGO leaders and directors have become critical of this shift, particularly their exclusion in shaping national policy.

health providers (primarily nurses) would join the discussion, especially if they wanted to correct a piece of information. Awareness building did occasionally take the form of counseling one-on-woman with a woman seeking services and occasionally with women coming in for other services like child immunizations/vaccinations. When I asked about awareness building activities, most health providers noted that they do take place, albeit rarely. Many noted that they were more common in the past, and that now, general knowledge of contraceptive methods and the importance of planning was common among women, they saw their roles primarily as responding to women's needs once they came to the clinics rather than outreach. They also often emphasized that they don't try to push women towards a particular method or the uptake of contraception in general, unless they really saw a health risk. [25]

These framings are important not only in understanding a program aimed at increasing awareness about and uptake of family planning services, but these framings also draw on cultural and religious understandings of the appropriateness of services, while at the same time emphasizing the medical and health-related necessity of family planning services, not only for mothers but also assuring that children are given their rights. Given the sociocultural and even political context, this emphasis on spacing legitimizes family planning culturally but also in terms of a more objective medical rationality. This rationality is inherent in Najla's distinction between *tantheem* and *tahdeed;* and in fact, this distinction was mentioned by most

[25] I will discuss this later, but there are some awareness raising materials and brochures in clinics, although they aren't usually on display, with the exception of some informational posters at some clinics.

of the health providers I interviewed and women themselves. Furthermore, the legitimization and framing of family planning services as a medical necessity within this setting implicitly places the onus on women to adequately space their pregnancies as to not place their (current and future) children at a disadvantage. In the next section, I will explore the interactions between this medical rationality and the sociocultural understandings and their role in shaping how providers present and render services as well as how women negotiate (and shape) their use of services. I will then discuss some general differences based on my own clinic observations and interviews, and finally discuss variations across clinics.

Contraceptive Use and Provision in Palestinian Sociocultural and Medical Contexts:

Most women began using medical contraception after they had at least two children, many preferring to rely on more natural methods like breastfeeding or in some cases, condoms. For example, less than 6% of women with one child in the 2010 MICS survey were using any form of medical contraception compared to 23.94% among women with two children, and 37.86% of women with at least three children.[26] It was extremely rare for women to use any type of contraceptive, particularly medical forms, prior to their first birth. Based on tabulations from the 2010 MICS survey, less than 1%[27] of women who have used any form of contraception (including more 'natural' forms) did so before the birth of their first

[26] Based on direct tabulation from 2010 MICS survey; these statistics do not include women using more 'natural' methods or condoms.

[27] Based on my tabulations from the 2010 MICS survey raw data, 0.49% of women who have ever used any form of contraception did so before they had one child; 19.32% of these women used contraception for the first time after their first birth; and 26.56% after their second birth.

child. Some women noted, "when you get married, you want to try yourselves [in terms of fertility], to make sure that everything is fine." While most women didn't personally struggle with infertility issues, many noted that they had heard about others who had difficulties conceiving. A young woman in her mid-twenties residing and working in Nablus told me that she had gotten pregnant about a month after getting married, and soon found out that it was an ectopic pregnancy and needed to have an abortion. The doctors advised her that she should wait six months before she tried getting pregnant again. She and her husband began using condoms so that she had enough time to recover from the ectopic pregnancy. She explained "the people around me don't understand and tell me to get pregnant, to try myself out (*ajarib hali)*…I was reassured I was able to get pregnant and my husband and I agree, so we're doing what is best medically."

Here we see a reiteration of the notion of trying ones' fertility, which shapes the cultural context for decisions regarding the timing of the first use of (modern/hormonal) contraception. What I would like to add here is that this idea of trying one's fertility is reinforced by health providers. Most providers noted that it was policy not to prescribe (hormonal) contraceptives, but the justification drew not only on the cultural context where women generally don't take modern contraception before they've had at least one child, but primarily relied on medical reasoning where they explained that medical protocol warned against prescribing oral contraception to a woman before she has had her first child, and that it was medically not possible to insert an IUD before a first birth, and that it was most appropriate after two births. While the medical evidence is questionable/contested,

this is one example where the sociocultural context shapes 'objective' medical rationality and consequently impacts the context of choice and decision-making for women. One young woman in her late twenties told me: "its impossible for them to give you anything [birth control] before the first child…at the end, I went back to my doctor and I told her I know that [taking birth control pills] doesn't have an effect [on fertility/infertility] and then she prescribed me *lighter* birth control pills." While this woman was talking about her experience in the private sector, and had arguably more agency than other women given her graduate education and upper middle class background, this quote further illuminates that while medical knowledge is presented as objective science, it's production and application is still rooted in the broader sociocultural and policy context; knowledge that both shapes and is shaped by this context.

Oftentimes when I would visit this clinic, women would be making conversation, frequently talking about their own experiences with contraceptive methods or seeking advice about methods they haven't tried or were about to try. They were often concerned with potential side effects or possible discomfort with some methods. Through my own observations and in the interviews I conducted with women, the preferred method of choice appeared to be the IUD, followed by oral contraceptives.[28] Health providers didn't appear to be pushing any one method, and also noted that many women preferred the IUD, which was available at most clinics where an OB/GYN or women's health physician was on duty.[29] The brochures

[28] This is also consistent with data from health surveys (Include PCBS citation)
[29] A women's health doctor is a general practitioner that has received additional training in women's reproductive health, without being specialized/certified as an OB/GYN.

available at the Family Planning clinics also explained each available method in language that was simple to understand, but which also drew on medical knowledge. Many women cited the convenience of not having to remember to take a pill daily and the long duration of the IUD's validity. Some women had concerns about heavy menstrual bleeding while being on the IUD or lower back pain. This was commonly talked about by women, however providers generally assured them that the lower back pain was not associated with the IUD and that the heavy menstrual bleeding was usually temporary and wasn't something to worry about.

Women were generally more concerned with the possible side effects of oral contraceptives because of the 'hormones' and the possibility that they would affect their mood and sensitivity, and increase the likelihood of 'nervousness'. While the pill has become more commonly used in the oPt overall, this was a common concern among the women I spoke to at the clinics. Some women who had previously been on the pill noted that they didn't face any of these issues; while others who did were reluctant to discontinue use because they had previously tried the IUD and had suffered side effects or were told by the physician that the IUD didn't suit their bodies (*ma binasibni)*.

Health providers assuaged these fears with medical knowledge and 'facts' when they were addressed to them. Much of the knowledge women had, or at least the information they came to the clinics with, came from the experiences of women they knew and advice they received from their mothers, sisters, or mothers in law, and in some cases information from the Internet. This information was at times at odds with the information presented at the clinics. In many instances, providers

were able to assuage women's fears or provide them with information on methods that would be more suitable for their needs. At times, women would have to make a decision between risking pregnancy and dealing with the discomfort of certain methods. It was also not uncommon for women to discontinue a method after some period of use, particularly the IUD. Some women talked about seeking temporary relief or allowing their bodies to rest for some period of time between stints of IUD use. Usually during this period of time they used more 'natural' methods, like counting or withdrawal, or condoms if they thought their husbands would be ok with using them.

Among most of the women I spoke to, the use of contraception was a necessity either for spacing or in order to prevent any additional pregnancies. While most women gravitated towards using IUDs, recent data shows greater method variability, with an increasing number of women using contraceptive pills (REF). The use of specific methods also appeared to depend on how many children women already had. Women rarely use the IUD, for example, before they had already had at least two children. Here there was also some variation across the clinics in the three cities, particularly in the Hebron area. The women that were using contraceptive methods in the Hebron generally had more children at the time they used a 'modern' contraceptive method for the first time, and in one clinic in particular, more women appeared to be using modern forms of contraception for the first time when they wanted to stop additional childbearing, which was typically around at least four children.

One woman in her late thirties who had come to the clinic for the first time with her sister, who had used contraception in the past, explained that she was not in a position to have any more children, and wanted a reliable method. She was both *ta'bana (*tired)[30] and not in a position, financially, to take care of any more children since she already had six children and struggled to care for them. Many of the women that came to the clinic in Hebron's old city were from more disadvantaged backgrounds, and many had married young. There were a few younger women during each visit who were initiating contraceptive use after having two children. Providers noted that this was becoming more common, especially as financial constraints deepened and awareness of family planning increased. At the newly built clinic in the Rama area of Hebron, which was more recently developed, the room for family planning services was right next to the clinic catering to antenatal and infant care, with a common waiting area. One family planning counselor sat at a desk in the room, with an examination bed next to her and informational posters hung up in the room. She invited me to sit in the room with her.

At this particular clinic, very few women were actually coming in for family planning services, and many were coming in for postnatal checkups or were bringing their infants in for vaccinations. The nurse in the infant care unit was instructed to tell women to visit the family planning counselor after their child was seen by health staff. Women were asked to enter the room on their own; given that most women visited the clinics with their mothers in law, the counselor explained, she wanted them to provide them with information on family planning without

[30] While the word *ta'bana* means tired, it also denotes more than a physical tiredness but also feeling worn out and/or not in very good health.

worrying about their mothers in laws' influence over them. Most of the women were young, typically in around 19-22 years of age with one t two children, and many of the mothers in law were not yet in their forties. The counselor noted her frustration with the population she provided services to and their 'lack of awareness' sometimes using the Arabic word for ignorance (*jahl).* She also noted that this was an issue with *ahl al khalil* (the people of Hebron), and their preference for large families. She herself was a Hebronite, but currently resided in a village near Hebron where her husband is from. The counselor provided them with information about the services available and the importance of family planning for spacing and then proceeded to ask them if they were interested in using contraception. Most of the women were not interested in the information she was providing them with, and that appeared to increase her frustration.

Very few women did come in for contraception at the Rama clinic. One woman was very adamant about a method that she could rely on for an extended period of time without having to worry about taking pills. The counselor explained to her that they don't offer the IUD at the clinic because they don't have a physician to insert it, and told her that one option is an injectable contraceptive. The woman quickly agreed without asking many questions, noting that she did not want any more children. The counselor then asked her if she wanted to consult her husband first, and the woman told her that she didn't want to and that she just wanted the injection. The counselor then gave her the injection after she paid a nominal fee and the woman was on her way. She pointed that sometimes women don't want their

husband to know they're taking contraption because 'Hebronite men like [to have many] children.'

Here again another 'cultural' reason is offered to explain the behavior of women's health care utilization or in this case their general lack of service uptake. The health service provider in this case also articulated her frustration with this phenomenon that she saw resulting from a lack of awareness of the importance of family planning for health. This was the only clinic where I witnessed a more aggressive or proactive approach to family planning awareness, and this may in part due to the seemingly low rates of service uptake in this particular area. Given the demographic characteristics of the women that visit this clinic, it is not unsurprising that they are less interested in family planning services during the earlier part of their childbearing. Concerns about the safety and side effects of modern contraceptive methods, especially at the beginning of one's childbearing, also appeared to be more pervasive or more commonly expressed by women in this area, regardless of education or socioeconomic status. While it is unclear why women in Hebron appear to begin using family planning services at higher parity levels on average when compared to women in Nablus and Ramallah, several characteristics may explain these variations, at least partially. Women in the Hebron are on average less educated when compared to women in Ramallah and Nablus; marry younger; and have more children. While this may in part be due to women's education and employment in the area, in the following chapter I argue that part of the explanation for the greater emphasis on family and childbearing in this area has to do with the sociopolitical and economic context.

What I do want to point out here is the interaction between the local cultural context and the provision of health care. While family planning is promoted, albeit more hands-on in some areas compared to others, in terms of its 'objective' health impact and importance, the message itself is not culturally neutral and comes into play with prevailing social and cultural norms. The maternal and child health clinics are important sites where these interactions play out. They are sites where knowledge is exchanged between health service providers and women utilizing services; they are also sites where knowledge is reproduced and where women share experiences in the waiting rooms. While most health providers noted that they don't try to influence women's choices, but rather respond to their needs and requests, the family planning program does encourage a certain type of rationality, one that comes into contact with prevailing norms and seeks to influence them through the ways in which services are provided as well as through the messages that are sent to women either through health providers or in the form of informational materials and posters at the clinics.

In one clinic in the Nablus area, about eight women were sitting in the waiting room for their names to be called. Across where the women were sitting was a poster with two columns titled '*al zawaj al mubakir'* (early marriage). The left column portrayed a woman who married young. She didn't complete her education, lived in poverty, and had many children who appeared close in age. She and her children wore disheveled clothes and most of them were barefoot. The heading on the right column read '*al zawaj bil sin al munasib'* meaning 'marriage at an appropriate age.' The woman under this heading completed university and was

portrayed in one illustration with her college diploma; she married after completing university, had a professional career; she wore stylish modern clothing, had a professionally dressed husband, a nice house, and two well-dressed children (a son and a daughter) that looked happy and healthy.

This is another example of where some social norms are again addressed through their negative impact, primarily on women and children. The variations between the two women in the poster, one that married young and the other who married at an appropriate age, also reinforce connections between early marriage, poverty, and high fertility. Similarly high fertility and short or inadequate spacing are framed in terms of their ill effects on the health of both mother and child. The booklet that provides information on contraceptive methods also presents an illustration of a family of five on the cover: a mother, father, and three children that don't appear to be very close in age to each other. These images project notions of a type of rationality that women are encouraged to adapt. These notions, however, are not simply taken by women at face value and are negotiated and adapted depending on their own particular conditions as well as the context or community they are a part of. The reluctance or even refusal of health providers to prescribe modern and specifically hormonal contraception to women who have not at least had one or two children further elucidates this interaction between medical practice and sociocultural norms.

CHAPTER SIX: THE SOCIOCULTURAL AND POLITICAL ECONOMIC CONTEXT OF FERTILITY DECISIONS

The decision to have a child or not involves a complex range of considerations, material and practical calculations, beliefs, and emotional desires. In this chapter, I focus on four themes that have emerged from the fieldwork for this study: *the economics of childbearing and family formation in a new (political) economy; social safety nets and social welfare, children's rights and parents' responsibilities; insecurity and the changing sociopolitical environment; and the emotional desire to have children.* I will begin by discussing each of these themes separately and will then discuss them in relation to the broader societal context, drawing on variations between and within the different cities.

The economics of childbearing and family formation in a new (political) economy:

> "Life changed with fast technology, life is now complicated and the preoccupations and demands of life are more complicated, the increases in the costs of living have had an impact on the numbers of children because their costs are great."~ 30 year-old woman in Hebron

Although economic considerations in reproductive decisions have been well-noted in the demographic literature on fertility, the quote above from a 30-year old woman in Hebron[31] bring together the connections between economic considerations and the changing political economy. What is important here is not only the increases in the costs of living but a shift in what is considered a good standard of life, which brings into focus new demands on parents and families (Kanaaneh 2002; Taraki 2008). These new demands were seen as a byproduct of

[31] Has masters degree and 2 children

increased connectedness to a global economy and access to material goods that had not been available before (Taraki 2008). Often in the narratives and discourses of women and men, present lifestyle demands and costs of living were often compared to simpler times in the past. For some this was seen as a sign of progress, while others expressed their preference for simpler times[32] and their frustrations with current conditions, as we can see in this man's narrative:

> "In the past, people were content in everything, now nothing pleases a child, food is different, and drink, and many things, a lot of things I see today wasn't available when I was a child meaning the economic situation, [I] mean that the past was more preferable than today, [today] there are increases in the costs of living and everything is costly" ~man residing in a Ramallah refugee camp

While characterizations of the simplicity of the past were often romanticized, the perception of the past and its comparison to a present filled with financial challenges and increased demands are reflective of a common struggle to adapt to the times, particularly among men of lower socioeconomic status. This new economic context introduces material calculations and expectations that many people noted were not part of their own upbringing. The above quote not only points out the shifts in economic expectations but also echoes a frustration with the current state of things, particularly among those who are on the margins of the new economic order. The visibility of new material goods among children also posed challenges for parents who were not able to provide these goods that were often referred to by participants as '*rafahiyat*' or *'kamaliyat'* (luxuries); their inability to

[32] Oftentimes this was a romanticized sense of the simplicity of the past, and was invoked more often by men (compared to women), and especially among those with more acute financial concerns and generally lower socioeconomic status.

provide these luxuries for their children was sometimes perceived as a shortcoming on the part of the parents and many parents noted that they didn't want to deprive their children of what they needed and wanted. Both women and men cited these concerns across the three cities, and many noted that they faced increased pressures to provide these luxuries because their children's desires, as well as their own, were shaped by their peers as well as greater exposure to mass media, including advertising, and social media.

As I was talking to a woman in her forties, who is a community based rehabilitation worker in Nablus, with three children, two in high school and one in college, after she was telling me that even though she and her husband are both college educated and employed, they still struggle to meet the needs of their families. She paused during the conversation and, almost regretfully, noted: "…sometimes I think that if we had fewer children, we would be able to provide them with a better life." She later explained that it would mean that they would be able to do more for their children, so that they could have a better life in the future; with college tuition costs, books, clothes, and other demands, they face many challenges in meeting these new expectations. So, economic demands are not only restricted to providing material goods, but also include a growing emphasis on investments in children for their future. In this woman's account, there are also clear feelings of guilt for not being able to do more for their children, and risking placing their children in a more disadvantaged position in establishing their own careers and futures. She also explained that the outlook for their children in the

future appears to be grim, given the difficult economic and political conditions, as well as corruption and nepotism.

Educational expenses and concerns about sending children to college also factored into economic calculations, in a few instances when I asked women about the ideal amount of spacing between children, they mentioned that four years was ideal so that no more than one child would be in college at the same time. Khawaja and Randall (2006) have previously argued that education hasn't had as much of an impact on fertility in the oPt because education didn't represent a large cost for parents, largely due to subsidized schooling (primarily through UNRWA). While this may be the case to an extent, especially in the Gaza Strip, the emphasis of respondents on education costs were not restricted to primary or even secondary schooling, but largely emphasized university education and to a lesser degree, private school education, particularly in Ramallah. The emphasis on education is not new in the Palestinian context, however there is an additional layer to this emphasis on education that is connected to the new economic order, where university education has become a necessity for finding employment for both sons and daughters. One educated woman with four children explained to me that they had to budget carefully, although they had a 'good' income because they wanted to send their kids to private schools so that they could learn English and be more competitive for studying abroad hence placing them in a better position in the future, "we have to provide them with a good foundation (for the future). It was common for women and men to talk about how it was their hope to provide their children with the 'best education' (*yit'alamu ahsan ta'leem*). While the emphasis on

education (and private school education) exemplifies shifting notions of what is necessary to be competitive in the labor/employment market, when these quotes are taken into context, they also emphasize two points: increased emphasis on the role of parents in the provision of *public social goods* or put differently the increased privatization of social responsibility and public goods provision; and the increased visibility of class distinctions or social gaps.

Figure 1: Bank of Palestine Advertisement

The figure above is from an advertisement for the Bank of Palestine advertising savings accounts for children, the figure depicting a young girl dressed as an astronaut reads: "A small [savings] account…teaches them saving (how to save)" and then in the largest font on the advertisement "Their dreams are worthy/deserving." This advertisement is illustrative of the privatization of public

goods provision I refer to earlier, it also reinforces a neoliberalized imaginary that has become more pervasive throughout the West Bank (Taraki 2008; Abourahme; Samour and Khalidi) that is both global and national at the same time. Furthermore, the speed at which these changes in expectations took place has been astonishing to many women and men. Many referred to this generation of children as the 'children of technology'; 'they ask for an iPhone or an iPad at a young age' one woman noted while we were sitting in the waiting room at the MCH clinic, another noted '…when we were young we used to play outside with our neighbors and make up games, most children today don't play outside in the neighborhood.' Children today, according to many women and men, largely don't play outside as much as they did in the past because they are more consumed with playing with toys and devices at home. It I important to point out here that there was also growing concern with the outdoors not being as safe as they used to be when parents were growing up, due to increasing urbanization, mistrust, and insecurity.[33]

These increased demands for *rafahiyat* or luxuries increase the financial and material burdens women and men have to bear as parents. Economic considerations were among the most commonly noted considerations by participants in this study, irrespective of where they lived. Moreover, economic concerns, particularly as they related to increases in costs of living, have taken center stage in recent years, with increasing protests, including public sector strikes.[34] While previous observations

[33] More on this in later section on insecurity

[34] In fact during the beginning of my time in the field and throughout the course of fieldwork, there were various public sector strikes, university strikes, as well as strikes in the UNRWA sector. Increasingly, news and social media articles have focused on rising costs of living, especially in Ramallah.

from respondents highlight the increasing frustration with these 'new' economic demands, the ways in which these demands are perceived and taken into account vary considerably, especially across socioeconomic and class divides. It was more common for women and men of middle class or professional backgrounds to also view some of these material transformations as 'progress'; they implied greater connection to the global economy and potential for more comfortable standards of living and a new type of modernity or progress (*tatawur).* A professional man, with two children, residing in Ramallah said:

> "...today we are in 2014, [we] provide my children a computer and each one of them has his own room and an internet line, both of them go to private school and participate in swimming classes, horse-back riding, and they're both currently competing for a blue belt in karate, I didn't have all of these things when I was a child."

A young woman from Nablus who identified herself as ambitious and had recently begun her graduate education alongside her husband explained to me during an interview at one of the MOH clinics where she had come in to get a refill for her birth control pills. "Right now I have two (sons), and I was able to buy an iPad for the older one (as she pointed to her older son)…and when he (then pointing to the younger child) is old enough, I want to be able to do the same. I don't want to deprive them." In order to do the same, she explained, she couldn't have many children, and would be content with the two she had. She too had had ambitions for her children that required certain material goods and an emphasis on an education that provides them with a strong foundation in foreign languages, namely English, and positioned them to be more competitive in a more globalized job market; the

more globalized job market both refers to the job market within the West Bank as well as prospects for employment abroad. Others (Taraki and Giacaman 2006; Taraki 2008) have noted the increasing emphasis on foreign language proficiency, and particularly English, for work in the West Bank, especially in Ramallah where the NGO sector is larger. English has become important both for local and international NGO jobs as well as some PA/government jobs, where staff have to communicate with the international community for advocacy, reporting, funding, etc. Furthermore, migration for work has been an important and more normalized aspect of life for Palestinians (Hilal 1978; Roy 1991), both within the oPt and refugees and diaspora Palestinians; where remittances to family members have also played an important role historically as a source of family support and *sumoud* or steadfastness (Tamarai 1993). Several women and men referred to the increasing social gaps, and occasionally talked about it in terms of corruption and the political elite that were 'living' while others struggled. Others, like the Nablus woman, mentioned above, positioned themselves as part of an educated professional class that had ambitions towards a better material life, despite political and economic obstacles.

While these respondents recognized the challenges they and their children would face in maintaining this newly desired standard of living, they more readily accepted their own role in shaping a better future for their children, albeit knowing that it would potentially be constrained by a volatile political reality. For some this new economy posed challenges, but it also represented greater access to more

global economies (including communication) and modes of consumption, signaling progress and advancement at a societal level.

> The financial conditions in general are difficult for people whether in the past or today, but today it is better than before in terms of the means, now there is an independent home, the number of household members is fewer and the health and social conditions are better now. (48 year old professional father of three win Ramalllah)

> Social ties today are better than before and more preferable, in the past your ties were limited to your paternal aunts and uncles and your maternal aunts and uncles, and your friends were the people that lived in the neighborhood and you wouldn't know anyone else beyond that, today with technological advancement and social media you are able to get to know people in all parts of the world and you can communicate with them at any time...in terms of moves, I used to live in Kobar and when I came to Ramallah in 2007 my situation improved for the better...because Ramallah, you feel like you are in another world in terms of the progress and though and many other things that I benefitted from living in Ramallah. I studied social work at the al-Quds Open University and I wasn't expecting to work in a field other than my own and of course in the customs department I received additional training and obtained a certificate in this field and because I have a bachelors degree I was employed and am now vice-director and I also have a private business, a computer shop... (32 year old father of three residing in Ramallah)

> Of course, it changed, a long time ago (before) they used to have a large number of children, it would reach twenty children, today as a result of progress, the concern is with quality not with a number, meaning that people are concerned with the health aspect/conditions of children; people weren't concerned with this before, they would have children and most of them would be ill, today no, I see them, they assess their conditions from the first child. (46 year old man residing in a refugee camp near Nablus)

These quotes represent various dimensions of 'progress' and to an extent the promise of a better future partly due to globalization. The first quote emphasizes progress and the promise of upward social mobility. This degree of optimism was rare among participants of this study, although among middle-class and high education backgrounds, a cautious optimism was more prevalent, and where a

greater degree of access to opportunities and 'luxuries' was also implied. In some ways, then, class distinctions have become more important, but also what we see in the first quote is an invocation of place, and namely Ramallah, as being more conducive to more progressive lifestyles and opportunities. This progress also holds a promise or possibility of advancement and upward social mobility. However, this also depended on people's class and social position as well as whether they had connections or *wasta.* What is important to note is that even with the optimism invoked in the first quote, this same participant discusses potential obstacles at a later point, including the political climate and insecurity, as well as corruption. It was less common for people with better socioeconomic status to discuss insecurity stemming from their financial situation, whereas most participants invoked the broader state of insecurity, irrespective of social class or spatial location (I will expand on this in the third section of this chapter).

While the previous chapter focuses on health services and health considerations in reproductive decisions, here we also find a discourse that draws on notions of health, often associated with progress and advancement, in reproductive calculations. While the discourse centering on health is promoted and reinforced by the public health policy, it is also part of a new political economy. A new type of rationality is becoming more pervasive, at least discursively, although it is also being challenged at the same time. So, while this rationality that emphasizes modernity and progress is becoming more common, it is also a site of contention, where notions of social inequality, public goods and protections are contested. This

will become more apparent in the following section, particularly in the discussion of social welfare, social security, and public goods provision.

Social Safety Nets, Social Welfare, Children's Rights And Parents' Responsibilities

Absence Of Social Safety Nets And Social Welfare

> "Within this framework, it is noteworthy that the (material) living conditions and life and political conditions that are prevalent in the West Bank and Gaza, since the beginning of the second intifada gave birth to sentiments among Palestinian citizens of *inkishaf* (vulnerability and exposure) and insecurity, and that is what fostered the awareness among them, of the importance of the family and familial relations and local solidarities as a final haven (last resort) to provide security and protection and the basic needs of individuals and families, especially in the absence of a sovereign state and the weakness of the Palestinian Authority; the family or the clan or the local community, and through solidarity activities (institutionalized and non-institutionalized)[35], are the base for securing the bare minimum economic and security needs of the population…Consequently, the family or clan, and local community became the basis for individual behaviors and values, in the context of the regression of the role of the institutions of the Palestinian Authority that have become incapable of providing protection and welfare for the citizen amidst difficult political and economic conditions that became prevalent in the Palestinian territories since the second intifada."[36] (Palestinian Authority Ministry of Planning 2009, p.33)

The above quote comes from a report, which surveys and evaluates social policies in the oPt from the Palestinian Authority's inception in 1994 to 2008, published by the

[35] This is in the original in Arabic and here the report is referring to both institutionalized and non-institutionalized forms of support. Institutionalized forms of support include formal support through political parties, religious charities, community organization, etc. Non-institutionalized support can also come from these types of organizations but most likely refer to in-kind donations or other forms of support from individuals or families. There is also a family mechanism called *sandouq al-aala,* which literally means the 'family box', and while there are variations across families, it is a fund of sorts that members of the extended family pay into on a regular basis. The funds are then used to cover emergency costs for members of the extended family and most often are used to cover funeral-related expenses as well as support for members of the extended family that have been identified as needy.

[36] This is a translation directly from the original text in Arabic

Palestinian Ministry of Planning. Before I get into the implications of the quote, in the report, for thinking through links between social welfare and the family, I would like to juxtapose it with the following quote from Abu Ihab after he was prompted with a question about whether he thought children were a source of social security for their parents:

> "From my perspective, this is a wrong notion (in reference to children being a source of social welfare/security), social security is defined and alluded to internationally based on human rights, where every person who is a member of society is entitled to economic and social rights that guarantees him rights, dignity, and to live freely…it is the responsibility of the government to provide everything for citizens, it bears responsibilities it is obliged/responsible for executing for every citizen in accordance with the state's resources. Speaking of the government, currently in the West Bank we find that the government has come short in all areas that are entitled to citizens, social security is one program of the government's programs that it has to guarantee and provide to all citizens without discrimination as to who they are." (Abu Ihab, Hebron camp)

Abu Ihab is a 43-year-old man who lives in a refugee camp near Hebron, where he also grew up with his wife and six children. He has a ninth grade education and is an officer in the Palestinian Authority police. His poignant observation above points to an important tension, especially if we examine the two quotes above in juxtaposition with each other. The quote from the Ministry of Planning report acknowledges the Palestinian Authority's failure (albeit framed in terms of forces beyond its control or based on its limited sovereignty) to provide social 'welfare and protection' to 'citizens', especially in a context of deteriorating or difficult political and economic conditions. In this narrative of the quasi-state's inability to provide public goods effectively, the family is reified as 'final haven' for social protection and

security, as "the base for securing the bare minimum economic and security needs of the population" as well as a reference point for the values and behaviors of individuals. The quote from Abu Ihab challenges this notion and points this failure back at the 'government' through a heavily human rights based discourse. Abu Ihab's challenge was not unusual throughout the course of fieldwork, whether formally through interviews or in more casual conversations.

Social security and social welfare were a point of contention for many women and men participating in this study, provoking a myriad of responses ranging from a direct challenge to this notion (as we see above), where demands for the provision of public goods are then made on the Palestinian Authority, to a resignation that given the current state of affairs (which include occupation, political and material insecurity, and corruption), parents need to take it upon themselves, or in drawing on their extended family resources, to provide their children with the resources they need to face the shocks and challenges they are likely to face in the future, and at the same time bring up children that will be there[37] for their parents as they get older.

What I will show in this section is that the importance of children to social wellbeing and social welfare transcends a more narrow concept of the importance of children as a source of old-age security, as an insurance policy of sorts, for parents, and has important implications for our conceptualization of social welfare and protection for all members of the family, including children and their parents. These conceptualizations also further elucidate the ways in which society operates,

[37] This is not in a strictly financial/material sense and largely implies moral support as well as support in times of emergency.

not only in the realm of the family, but also in the way the political system is structured. The ideas and concepts in the narratives of women and men also bring to the fore tensions and contradictions related to the broader sociopolitical order. The presence of the Palestinian Authority, the continued state of insecurity resulting from military occupation, political and economic insecurity have further entrenched the centrality of the family unit in daily life while at the same time creating conditions that limit the family unit's ability to cope with these demands. The family unit is a central feature of the ways in which society operates, but it is also a site that is threatened by structural threats to its wellbeing and the very social fabric in which it is embedded.

Throughout the course of this section, I will move between setting the foundation for understanding the sociocultural context of family, social welfare, and social security and protection. I want to emphasize that I am engaging with the categories that follow as analytical tools (Hirschman and Reed 2014) to tease out the particularities and meanings embedded within them. These categories and dimensions are not mutually exclusive of each other and often interact. On a similar note, while much of what is to follow does in fact reify and emphasize the 'centrality of the family', this centrality is nuanced and it itself a site of contention.

Al-wahdani ma ilo dhahr (الوحداني ما الو ظهر)*: Family Support and Protection*

The above quote in Arabic means "the one who is alone [an only child] doesn't have a back." *Al-wihda*, the root of the word, can be translated to loneliness

and aloneness, but here it goes beyond loneliness or being alone; within this concept and its use in the quote above, are entrenched notions of social connectedness and social protections or safety nets that come with having a 'back.' An only child doesn't have an anchor or a column to stand on, thereby leaving her/him socially vulnerable. Another man noted: "some people only have one child, but the child lives a kind of deprivation because they want a brother or sister, because being alone is not good." A graduate educated professional woman, whose husband is an only child, noted: "…they (multiple children) do constitute a form of social security because the care of the parents will be [divided] among more than one [child]."

While children are in fact not 'alone' and only children are rare in the oPt, the quotes above are useful in that they echo a social world that is framed by relationships embedded within the family. The family and family life are central to the ways in which people navigate their social universe as well as formative features of identity. Suad Joseph (1993, 1994, 2004) has discussed the importance of conceptualizing identity as primarily relational or in terms of "connectivity" throughout her research in Lebanon, with clear extensions to other Arab settings. In thinking about reproduction and fertility in the Palestinian setting, it is important to examine what people say, the ways in which they justify choices, the choices they make and those they don't make through a lens that emphasizes the *relational* rather than the individual. The quotes above highlight important expectations of the family and its role in daily life. The family unit serves as an anchor, and a source of protection for women and men. The second quote in the previous paragraph further elucidates that point. Beyond not having an anchor in terms of being protected

socially, only children are viewed as deprived, a deprivation that is also symbolic and emotional. Children are important in constituting a form of social protection or a source of social support, not strictly for parents, but importantly for their siblings. In fact, when asked about an ideal family size, it was not uncommon for respondents (both women and men) to refer to four children as an ideal number, which was oftentimes accompanied with "two boys and two girls, so that they can support each other." The last quote in the previous paragraph highlights how having a sibling reduces the burden of caring for one's parents, which would be a greater burden if placed on the shoulders of only one child. Concurrently, siblings, in an ideal sense, constitute a support unit.

These relations of support between siblings were referenced more often by respondents, and highlight a conceptualization of social and family support that is not only embodied through children supporting their parents, but siblings supporting each other. These references further highlight the usefulness relational identities and 'connectivity' as a lens to think of family relations. This form of 'connectivity' or 'relationality' underpins a sociocultural context that anchors social relationships and identities within kin or family-based identities and relations. "Connectivity describes a relational (as opposed to an individualist) construct of personhood in which selves with porous and fluid boundaries experience self and significant others as extensions of each other." (Joseph 2004; p. 274) The production and reproduction of identities and social ties are also embedded within the broader social, political, and economic context, thereby bringing to the fore the inherent contradictions of daily (family) life in the oPt.

Johnson (2006, p.98) further points out: "…the prominence of kin and family relations in Palestinian society point to the continued and active importance of a 'kinship universe' (Holy 1989, 114), where both domestic and public activities are played out and where social and political identities and meaning are constituted. In the Palestinian context, kinship and place are intertwined in the symbolic economies that produce these identities and where women and men act to realize their homes for security and better futures in marriage, reproduction, and family life." Johnson draws on Holy's concept of a "kinship universe" (Holy 1989 in Johnson 2006) or "universes reconstituted by kinship practices in varying settings with varying values." As Johnson notes, the significance of family in Palestinian society does not move (i.e. increase or decrease) on a linear spectrum; but rather is continuous and often recreated, redefined, and reconstituted.

Here I would like to refer back to Abu Ihab to illustrate this point further. When asked what his hopes were for his children, Abu Ihab says: "My hopes for them are many, but I do hope to buy each of them a large plot of land that has a big house with all the provisions they need and all necessities." When he was later asked about what he expects from his children in the future, Abu Ihab notes "…I expect from them…I expect for example care and concern (*ri`aya wa ihtimam*) because we haven't had any shortcomings with them so it's only natural that they care for us." So while Abu Ihab, for example, makes demands on the government for social security and clearly points out that this public good is and should be the responsibility of the government, the reality of the failure of the Palestinian Authority's apparatus to meet this demand both because of corruption and the lack

of sovereignty stemming from occupation reifies the importance and centrality of the family or "kinship universe." Abu Ihab also draws on a cultural ideal or imaginary of a patrilineal residential pattern, ideal types that are becoming less common in quickly urbanizing spaces. Furthermore, he is drawing on an imaginary of what would later become an extended family home at a time where nuclear families have become more prevalent throughout the West Bank (REF). This example is also illustrative of the continuous negotiations of ideals, values, and demands that have come to the fore more recently. These changes have implications for articulations of parents' responsibilities, children's rights, social security and welfare, notions of 'public goods', as well as the privatization of the responsibility for these 'public goods'.

Children's Rights and Parents' Responsibilities:

> "You've become a person with responsibilities towards other people, you have to take care of them and provide them comforts, security, stability, you have to open your chest to them, provide them with their needs and wants." (Hebron man)
>
> "Complete care for the child, so that they receive their rights from all aspects from nutrition, clothing, childrearing, and education." (Nablus woman)

The quotes above refer to an important aspect of parenthood, responsibility. Throughout the course of my fieldwork and especially when I asked women about their experiences as mothers, a common response was "*hilwe bas mas'uliye kbeere"*, meaning "nice/rewarding but a big responsibility." The quote above from a Hebron man further reinforces how great this responsibility is and the sacrifice it requires. Throughout the interviews, gendered dimensions of parental responsibility are

evident, where men were more likely to focus on providing for their children financially as well as providing children with protection and a sense of stability and security. Women brought these aspects of parental responsibility up, but also highlighted aspects of day-to-day care and nutrition that are indicative of a gendered division of labor . For example: "It's nice but difficult, I didn't know how to deal with dressing [the baby], and I worry about her from illness, it's a responsibility, worry but also rewarding (*hilwe*), I used to keep asking my mother on the phone and she would give me advice." (Hebron woman, 28, high school education) Aspects of day-to-day care were also more of a concern for mothers with young children. These aspects of care consumed a significant portion of women's time, where women continue to spend significantly more time on household chores and childcare responsibilities compared to men (PCBS 2002; Taraki and Giacaman 2006). These aspects of care were important to women, but were only part of a more comprehensive understanding of parental responsibility, which was echoed by women and men.

Interestingly, the issue of children's rights was regularly brought up by participants throughout the course of the study, children's rights needed to be taken into account: when considering how many children to have and when to have them; when considering the material and financial conditions that were necessary to make sure that children received these rights and entitlements; as well as echoing into broader notions of rights in discussion of stability, security, and the future (both in terms of parents' responsibilities as well as government/state responsibilities). An essential component of these rights and hence parental obligations/responsibilities

are providing basic needs: "Expenses, clothes, schools, university, one looks at other people's children and I want my daughter to be educated, and I want to provide her with everything...you have to save, you have to deprive yourself so that you can save for your daughter and to take into consideration your husband's [financial] conditions." In addition to guaranteeing basic needs, including education, are met, there is greater emphasis on children's entitlements to recreation and to things that may have been considered luxuries by past generations. Many of these aspects have been discussed in the earlier section focusing on the economic aspects of childbearing and childcare. In addition to the economic aspects, these invocations of rights also invoke a right to a life of dignity, stability, protection and security:

> "...you have to have from the beginning provided them [children] a dignified life, of course the state has to provide these things, but we don't have children's rights [in practice]"
>
> "Children are the core/foundation of society and we shouldn't underestimate/undervalue them. Society doesn't [adequately] care for them and there is a lot of deprivation, there isn't [quality] education or recreation nor are children's causes taken on, talents are not highlighted and encouraged, and mothers are not made aware or informed with respect to childcare." (30 year old mother of 2 in Hebron, masters degree)

These quotes serve as social critique or commentary that stem from a deep concern for children and their futures. What is interesting is not only that children's rights are invoked, but inherent in these quotes is a negotiation of who should be responsible for these rights as well as an assessment of the status of the provision of these rights.

The above quotes also underpin the intense responsibility parents feel towards providing for their children in multiple respects, including the material, social,

emotional, and an overarching emphasis on safety and security. The consistent references to children's 'rights' or 'deprivation' further illustrate the intensity and multifaceted dimensions of parenthood (beyond reproduction).

Demographic literature, and particularly the literature focusing on the developing world or global south, stresses the importance of children as a source of 'old age security' in more traditional societies, thereby encouraging larger family size. There is this notion that once the structure of society changes, as highlighted in Caldwell's wealth flows theory (1988; 2004), children become a liability on parents, and the driving force for high fertility that stems from the economic value of children diminishes thereby pushing towards fertility decline. The insights from participants in this study complicate the picture, and not in thinking through the 'costs' of having children, but the reconstruction of the 'social' in rights, relationships, and responsibilities inherent in family and parent-child relationships. The observations from many participants emphasize the centrality of the role of parents and in some instances siblings, and the extended family in setting the foundation for children to be successful or to be able to stand on their own feet in the future.

In the beginning portion of this section, I began by discussing social security and welfare. Inherent in much of the discussion is an emphasis and perhaps caveat that even if it is possible that children will be responsible for the care of their parents in old age, it is imperative that parents don't have any shortcomings towards their children and prepare them (inasmuch as they are able to) to care for themselves and potentially be there for there for their parents if the need were to

arise. Abu Ihab's emphasis on not having any shortcomings or failings towards his children (and their entitlements) is not rare, and we can see another articulation of it in the following: "…they are the biggest form of (social) security as well, when you have created the right foundation and have provided your children with everything to guarantee their future, you will guarantee that they will be by your side." (Ramallah man)

Again, we see an emphasis on 'creating the right foundation' and providing children with what they need in order to 'guarantee their future." It is also possible that children will continue to need their parents, even as they get older:

> "Not necessarily (social welfare) as long as you have established yourself on all fronts and especially the financial side, you don't worry if your child is now far (further) from you because of the preoccupations of life, meaning it's not such a (source of social) security, it is possible that he (your child) will come back to you and need you in everything..."
>
> "…of course respect and communication with us, but they might be the ones that need us and we might be a source of support for them (in the future), meaning I don't expect life to change them (in terms of how they treat their parents)."

So, the nature and direction of responsibility between parents and their children is not linear, where care and responsibility oscillates between parent and child. In the same vein, wealth flows are not unidirectional or even unidirectional up until a certain age (e.g. until a child completes graduates from university), where wealth then flows back from children to parents. The nature of the support children are expected to provide is also variable, with greater emphasis on social and emotional support that keeps parents connected to their children and not isolated in old age. For some employed women, grandparents have also been an important source of

support with childcare, however as more couples are living further away from their own parents, daycares are becoming more common used (Giacaman et al 2005; Johnson 2006).

Furthermore, drawing on the previous section, the types of investments and provisions that are required have shifted. These shifts highlight important generational variations, as well as variations that are deeply intertwined with broader structural changes that have to the fore in the post-Oslo era. Here, the interactions between the socio-cultural, the political, and the political economic are important to understanding the shifts in conceptions, values, and behaviors related to the family, family formation, and reproduction (Reference Greenhalgh & Kertzer & Kanaaneh 2002). Kertzer (1995 p.49-50) points out "Looked at another way, political and economic changes have their impact on people insofar as they are filtered through the social organizational arrangements that people have adopted as a means of adaptation to their environment… Moreover, preexisting cultural and social features may condition the way in which people react to these political and economic forces, so that the behavioral endstate cannot simply be predicted from the political and economic forces at work, but only from a more complex analysis of the impact of those forces given preexisting social and cultural arrangements." The preceding sections exemplify this with changing notions and contestations, the following section will further elaborate on this interplay through a discussion of the multifaceted state of insecurity respondents discussed.

Security and Insecurity in a Changing Sociopolitical Environment

Concerns with security are common throughout the world, and perhaps are extenuated when people think about their children. In conflict and post-conflict settings, concerns and fears about safety and security are often exacerbated by political, social, and economic conditions (Shalhoub-Kevorkian 2015). Kertzer (1995) emphasizes that political and economic forces work through preexisting social and cultural arrangements. In the Palestinian setting in the oPt, it is important to think of insecurity not just in its more visible form during times of acute military or violent conflict, but through the everyday insecurity people grapple with on a daily basis and especially as they think about their future and the future of their children (Abu-Nahleh 2006; Giacaman et al 2007; Shalhoub-Kevorkian 2015). The notion (or notions) of security is itself multifaceted and includes physical, psychological, economic, and political security. As one woman noted: "What is included under security are health needs, and creating employment opportunities; security includes everything that is necessary to guarantee a (good) economic and healthy life for people." All the various aspects that are necessary to provide people with a sense of security are deeply embedded in the political context, both in terms of Israeli occupation and prospects for negotiations to lead to independence and freedom, as well as political insecurity stemming from corruption and intra-Palestinian political divisions. These forms of insecurity caused a lot of restlessness, frustration, worry, and fear among participants. Here, I would like to turn to observations from participants in the study:

> "My expectations are, God willing, that it [children's future] will be better and I hope for them but I'm worried/afraid in terms of security that the security conditions worsen because there is a chance that the negotiations will fail and that there won't be a peaceful political resolution between the

two sides [Palestinian and Israeli] and this would have a [negative] effect on the other aspects, the economic, the social, and others."

"…the political conditions are moving on a road, we don't know to where, and its possibly towards [something] worse" (Nablus)

"God willing their (referring to his children) future will be good, but the climate especially the political right now the political situation is moving backwards, Israel doesn't want peace, our president tried with them but to no avail and its possible that the intifada will return and this poses a danger to the future of the Palestinian people." (Ramallah)

"Children today, may God be with them, the political conditions are dangerous and there are [more] arrests of children." (Hebron)

"Currently, the government has shortcomings in all aspects/respects, unemployment is increasing and poverty is increasing, suppression of [free] speech is also increasing from the actions of the [Palestinian] Authority; political democracy has been sentenced to death, you are not allowed to express your opinion except within the bounds of the dominant [political] current, if you go against them, they might prevent you from traveling if you want to travel, they might arrest you, you might find yourself in a difficult situation if you want to receive a [public] service from them whether in health or education or otherwise, and the government has the ability to change these conditions but as long as there is corruption everything will remain as it is." (Ramallah)

"….because of the political conditions, people starting feeling insecure politically, people now have complaints in regards to the [Palestinian] Authority, some defend the Authority because it is in their interest and others are quiet because they cannot speak, there is political suppression/repression in Ramallah, there is no freedom of expression and mouths are sealed, now they are even monitoring social media like facebook and others and keeping records on anyone who is [openly] insolent or if they being up the Authority, my [personal] financial situation is stable and I'm comfortable, and the services are available but there is mismanagement because corruption [*wasta]* is present."

"I have lived in Ramallah all my life, I now work at a job that requires a lot of [physical] effort and it impacted my health and now I have hypertension, when I got married I had a lot of big responsibilities and I became worried meaning I began to think and take into consideration my children and what I want to do for them in the future and all that, I am content economically and financially. Furthermore, the political conditions in the country with the presence of the Authority, the citizen now feels

> cautious because the political situation is unknown, no one knows what will happen and it is possible at any point that the Israelis storm Ramallah and place the [presidential] compound under siege like they did during the time of Yasser Arafat meaning there is no political stability..." (Ramallah)
>
> "There is fear from the ghost of unemployment and the economic catastrophes, there is worry and I'm not optimistic to be honest the current state of affairs is not encouraging/hopeful, and this will be reflected on all other aspects [of life]" (Ramallah)

The observations above provide important insights into the broader state of insecurity that people live with on a daily basis. One important aspect of the prevalent state of insecurity is not necessarily in daily struggles, which are more variable depending on class and location, but in the uncertainty and precariousness inherent in people's lives, largely stemming from the broader political context. While some participants noted that they are managing for now, and in fact in terms of services and daily comforts, many participants noted that life was made easier in these respects compared with the past. However, most participants, women and men, noted that uncertainty about the future and the volatility of the political situation has mostly increased.

This precariousness connects to various aspects of life, and one of the dominant aspects, perhaps unsurprisingly, has to do with a perceived increase in unemployment or as one woman put it "the ghost of unemployment." This was a common concern, which wasn't limited to what people said during the course of interviews, but also in more general conversations at clinics, the news, commentary, etc. Previously, I discussed the great emphasis that was placed on education, with shifting definitions of what constituted adequate and quality education. Despite the emphasis on education as being necessary for employment, there was also

widespread recognition that education didn't guarantee employment and that unemployment was a growing social problem, especially as the numbers of unemployed university graduates increased. While many participants connected the problem of unemployment and economic insecurity to the political uncertainty stemming from Israeli occupation, as one woman explained the government was not able to meet the needs of the population "*because of the presence of occupation and the current political situation because the Palestinian people are living on external assistance."* Other participants also saw the problem as partially resulting from PA corruption and a lack of political will to invest in job creation. As one woman put it: *"The support (referring to international assistance) is not palpable and needs are not being met."*

Growing unemployment was consistently brought up as a source of insecurity. One woman from Nablus explained that the future was generally grim: *"depending on the quality of life from the political and economic situation because there is no security and jobs and a dignified life, and there is also unemployment."* In one of my visits to a clinic in Hebron, women were talking about an agreement between the Palestinian Authority and the Qatari government to issue work visas and provide jobs for thousands (with rumors ranging from a few thousand jobs to tens of thousands) of Palestinians to work on the new world cup stadium at various skill levels. Offices had opened in various governorates/districts across the West Bank, and according to many popular accounts were closed within hours of opening due to the volume of applications. During a visit to a Nablus, a similar account was relayed to me. "The ghost of unemployment" as one woman put it was also seen as a

potentially destabilizing force, partly due to the increasing economic demands that were resulting in more frequent public protest against the Palestinian Authority, but also drawing parallels to social upheaval that lead to uprisings in the Arab world.

One final aspect or transformation further extenuated this state of insecurity, the disintegration or weakening of social ties. Most participants felt that the strength of social ties or social cohesion had deteriorated since their own childhood, where relationships between family members and neighbors were stronger for the most part. There are various aspects to the social disintegration that participants noted: people didn't know their neighbors in the same way they did in the past; there was growing mistrust and a sense that people were competing for limited resources and opportunities and thereby focused on their self-interests; growing class distinctions and social gaps.

The weakening of social ties was seen to increase the sense of insecurity in various ways, which are tied to the various aspects of social disintegration. *"There was security [in my youth] because in the neighborhood we used to know each other, but now there is no security."* This quote from a 36 year-old Hebron woman was reflected in many other women's observations about why they weren't comfortable with their children playing outside without supervision. Many of the neighborhoods women grew up were becoming increasingly urbanized with multiple family apartment buildings becoming more common. These changes increased the lack of familiarity between neighbors, which were more likely to be family members in the past (Johnson 2006). There was also a growing sense of mistrust and worry about social ills that women perceived as becoming more prevalent; oftentimes these

perceptions were shaped by rumors or stories they heard about through friends or via social media. These social ills were also perceived to be increasing due to people having more access to social media and the Internet.

During a conversation with a woman at a clinic in Hebron, she explained to me: '…when we were young we used to play outside with our neighbors and make up games, most children today don't play outside in the neighborhood.' The pace of change also poses additional challenges to parents, not only in meeting the new material desires and demands of their children, but also in being able to protect them. She later explained to me that she needs to be on top of things, and makes sure to follow up on '*face*'[38] in order to protect her teenage daughter from bad company and gossip. One man talked about taking into consideration the type or 'quality' of people living in his neighborhood before he decided to move. In his narrative, there was also an emphasis on class background and upbringing in how he defined the quality of the people he was (consciously) deciding to expose his children to. While some of these concerns may be exaggerated to an extent, they do signify a growing mistrust, given the ways in which society is transforming, due in part to greater access to communication methods as well as transformations of place or neighborhoods as well as residential patterns. These changes largely increase pressures and demands on parents to be more attentive to various aspects of their children's lives as well as their surroundings.

[38] This is a common colloquial shorthand reference to Facebook

Two other important aspects of this perceived disintegration of social ties are: a growing emphasis on self-interests, and growing class distinction. The following two quotes further elucidate these points:

> "…during [and since] the time of the second intifada، the societal situation began to slip, people stopped asking about each other['s wellbeing], corruption became widespread, I have lived through the [Palestinian] Authority and have lived among people, and you feel like everyone is conspiring against you, no one wishes the other well." (Ramallah man)

> "It has changed for the worse and they [people] think about money and the cohesion between people is weakening...during the first intifada [people] used to share their load of bread, and now things have switched/turned around and everyone thinks about money. And the reason is from the occupation and people passed through difficult conditions and Israel was at war with us and because it made us think only about money, the occupation until people starve...now there are distinctions in terms of class and some people have a lot of money while others don't have [money] to eat." (Hebron woman)

The above quotes highlight the growing sense of mistrust as well as nostalgia for a not so distant past where social ties were more cohesive; where people generally helped each other and asked about each other's wellbeing. This growing social disintegration and the increase in self-interested behavior is also contextualized within the broader sociopolitical context that pushes people in this direction. The disintegration of social ties is not only important in its own right, but also largely viewed as a bigger problem due to the broader state of political and economic insecurity. The multiple forms of insecurity do appear to be reinforcing the role of the family as "the final haven for social protection," (Ministry of Planning, 2009) which also places more pressure on parents in the midst of increasing nuclearization of the family unit (Johnson 2006; Giacaman 2011). The increased

pressures also further push parents to think about family size and appear to be pushing couples towards 'planning' and having fewer children. Furthermore, these conditions together create an environment where parents can hope for relative security, as one Hebron woman put it: "*They [my children] live in peace in [the middle of] a jungle/forest, they live serenely."*

Joy, Affect, and the Emotive Value of Children:

The preceding sections of this chapter focus on various dimensions of the processes and contexts shaping decisions about reproduction, childbearing, and childrearing in the Palestinian West Bank. Moving between the economic and political economic realities families are faced with to broader notions and concerns with social welfare and shifts in responsibilities and obligations for parents and families that are further extenuated by a broader context of insecurity that is connected to both Israeli military occupation as well as Palestinian Authority failures and corruption. The combination of these factors and dimensions appear to paint a bleak picture, with little (but some) promise for a better future and may have us wondering: why do couples decide to have children? Why, in light all of these challenges, do Palestinian women and men continue to place (an albeit shifting) emphasis on children? Here, I want to turn to a motivator for childbearing that is less commonly discussed in the demographic literature on fertility, joy, affect, and the emotive value of children.

"Without them [children] life doesn't have any flavor"

> "Children are an essential foundation for the presence of society, if we want to imagine a society without children, as they say paradise without people is not [worthy of being] entered"
>
> "Children are the adornment of life on earth" (*Al-atfal zeinit hayat al-dunya*)

The above are a few of many similar quotes that highlight this affective value placed on children. Most, if not all, of the women and men participating in this study expressed the joy they felt when they found out about pregnancies or when they saw their children for the very first time. Children provided these women and men with a sense of purpose and meaning, provided life with 'flavor' and 'adornment,' a life that would otherwise be flavorless and almost lifeless. As one woman put it when she spoke about what motherhood meant to her: *"Motherhood is a big thing/part in my life and I had a great eagerness to see my children and to embrace them. Children are an important part of my life and I forget the fatigue and effort it takes to care for them when I see them happy."* One woman elaborated: *"They create an atmosphere and liveliness at home and one (al-insan) is living with a goal in mind and they are children."* Another woman talked about how after years of struggle and separation from her husband, who was a political prisoner for over a decade, her son *"brought life back into the home,"* also strengthening her bond with her husband after years of (imposed) separation.

Similarly, descriptions of motherhood and fatherhood, while including elements of sacrifice, also largely drew on notions of purpose, tenderness, and warmth, as we can see from the following quotes from respondents: *"Motherhood is life"; "[Motherhood] is the warmth of the home, the family, and tenderness.";*

"*Fatherhood is something spiritual, it is tenderness, refuge"; "Tenderness, warmth, giving, the hope for life in the future*." These quotes underpin the more emotive aspects of reproduction and childbearing, especially in a social context that celebrates and encourages having children. In a chapter, in her book, on birthing in Jerusalem, Nadera Shalhoub-Kevorkian (2015) notes:

> "…when pregnancy and birth have been studied in conflict zones, the topic has been treated very one-dimensionally, reduced to issues of life and death, as if any joy, happiness, sense of peace of contentment simply does not hold in such spaces and for such women."

The observations and narratives of women and men in this study underpin the importance of children as a source of joy, happiness, and contentment. And perhaps as one woman put it: children are the "hope for the future, and the building blocks of society."

Conclusion

Throughout this chapter, I have attempted to provide a deeper analysis of the context of childbearing in the West Bank of Palestine through examining the interplay between economic, social/societal, insecurity, the state, and politics, as well as the more emotive motivations for having children. I have also attempted to bring some of the tensions, contradictions, and negotiations to the forefront. While caring for these children and providing them with 'dignified' lives is becoming increasingly more difficult given broader structural barriers and insecurity, they, like the family, represent a form of refuge and promise for women and men alike. It is also telling that one of the most common responses I used to get when I asked

women about the importance of children or the significance of children in their lives, after the provided me with their response they would often follow it up with "*Allah la yihrim hada minhum",* which translates into "May God not deprive anyone of them." Although this is beyond the scope of this dissertation, this was also echoed in conversations that drew on a fear of infertility, which is further heightened with a growing awareness of infertility concerns and treatments; where the idea of voluntary childlessness is culturally and socially unfathomable.

Here, I would like to push beyond previous literature on fertility in conflict zones or minority group-status theories that have been used to examine fertility in the Palestinian setting and others (Goldscheider 1969, Khawaja and Randall 2006; Fargues 2000). Read one way, these observations can be interpreted in terms of the preservation of national or ethnic group, particularly in conflict zones. This, however would lose sight of the nuance as well as the important economic, social, and political transformations that are taking place; transformations that are important in understanding how couples conceive of and negotiate conceptions of having children. The Palestinian context, and the specific context in the West Bank are unique in various ways that have been discussed in previous chapters, and can help us understand the uniqueness of the responses or choices families have made. There are however more general parallels with other settings and the broader demographic, sociological, and anthropological literatures. The specifics of the negotiations and tensions connect with broader questions related to family, gender, and social transformations that have taken part or are currently underway in other settings, including the Arab world (Joseph 2004; Moghadem 2013). Furthermore,

the interplay between the political, economic, and the social is an important lens for a more holistic understanding of various demographic processes, including but not limited to fertility (Greenhalgh 1990, 1994; Kertzer 1995). The finding presented here also have broader implications for the ways in which the family, and more specifically the Arab family has been theorized (Hopkins 2004l; Joseph 2004), particularly as transformative and even revolutionary political and social changes are taking shape in the region. Here, it would also be important to take into consideration notions of social welfare and public good, particularly in the context of patriarchy, patrimony, and weak or contested states and regimes.

CONCLUSION:

Drawing on political economic approaches to demography (Greenhalgh 1990, 1994; Kertzer 1995), throughout this dissertation, I have explored the various ways in which policy, politics, the economy (and political economy), health service delivery, as well as social contexts interact to impact fertility in the oPt generally, and in the West Bank more specifically, during the post-Oslo period. A decline fertility rates beginning in 1995, and peaking between 2000 and 2006 across both the West Bank and Gaza Strip has largely been mediated through more deliberate control of fertility through contraception, as seen in chapter three of this dissertation. Chapters four through six address three specific questions related to the broader question of the relations between the production of the state and reproductive practices: 1) How has the Palestinian Authority and its institutions engaged with issues of reproduction at a policy level? 2) How are reproductive and family planning services provided and how have state bureaucrats, and specifically health providers, addressed reproductive practices and service utilization? And 3) How are decisions about reproduction made at the household level in a context of changing social, economic, and political conditions?

In chapter four, I argue that while the Palestinian has not had a clear or explicit population policy. However, through focusing only on the discursive level or on nationalist rhetoric, we miss out on important transformations that are taking place partly through policy making at the institutional level, through public goods provision and more specifically health sector expansion, as well as broader policy,

which has taken a more neoliberal turn in recent years. When we turn the lens to the institutional level throughout the process of Palestinian state building, we find that the policy and service delivery environment has actually been favorable to—perhaps indirectly—fertility decline. Furthermore, because fertility and reproduction have been associated with nationalist aspirations, particularly during the first intifada and leading up to the signing of the Oslo Accords, and because of a sociocultural emphasis on children, the Palestinian Authority cannot actually articulate a population policy that explicitly advocates for a decline in fertility in order to deter or reduce population growth. However, as the Palestinian Authority's state building project has evolved, concerns with proper governance and development in highly constrained policy environment make concerns about being able to provide public services for a quickly growing population more pertinent. This has led to a *de facto* policy that emphasizes the health importance of family planning through an emphasis on maternal and child health as well as a concern with development and poverty reduction. The *de facto* policy is evident at the level of health service delivery, where the importance of family planning is emphasized through its impact on maternal and child health outcomes. At the level of service delivery, providers avoid using the language of limitation, which is thought to be culturally and religiously inappropriate, and instead focus on planning, which denotes adequate spacing between children so that both mother and child are healthy. In light of the political and policy approach to family planning and reproductive health highlighted in the chapter four, the emphasis on planning on spacing between children at the service delivery level is consistent with the general

approach of the Palestinian Authority. Furthermore, the large-scale expansion of health services, which have included the incorporation of family planning services at the primary care level as well as awareness activities at various periods have implicitly supported fertility decline through an emphasis on spacing and maternal and child wellbeing. Health provision in this context has been effective in expanding the reach of care as well as women's access to family planning services, despite ongoing challenges (Abdulrahim et al 2009; MOH 2009). The insights from the participant observations at the clinics provide us with a glimpse into how the use of these services is carried out at the clinic level, as well as how providers and women navigate and negotiate the health care service provision system that is embedded in the broader local sociocultural context. It is also worth noting that many of the interviewees (both women and men)

In chapter six, which is the last empirical chapter, I have attempted to provide a deeper analysis of the context of childbearing in the West Bank of Palestine through examining the interplay between economic, social/societal, insecurity, the state, and politics, as well as the more emotive motivations for having children. I have also attempted to bring some of the tensions, contradictions, and negotiations to the forefront. While caring for these children and providing them with 'dignified' lives is becoming increasingly more difficult given broader structural barriers and insecurity, they, like the family, represent a form of refuge and promise for women and men alike. This is where the interplay between the four themes is important: for example, while the increasing importance and continued centrality of the family in providing social protection suggest that fertility rates

should continue to be high, the increased economic demands and the quickly changing and more globalized aspirations parents have for their children push couples towards having fewer children.

The fixation on politics in the case of Palestinian fertility is evident throughout the literature, (Khawaja and Randall 2006; Fargues 2000; Kanaaneh 2002; Kartin and Schnell 2007), and while the political dimensions life for Palestinians are arguably important, focusing on rhetoric or the presence of conflict to explain why Palestinian fertility remains among the highest in the Arab World is inadequate, and misses important insights we gain from examining how politics are institutionalized through policy and service provision; as well as how politics, the economy, cultural and social norms interact to shape decisions and aspirations related to fertility. Furthermore, the emphasis on high Palestinian fertility can lead us to neglect the sharp decline in fertility in the last two decades, which appears to be continuing, albeit more slowly.

Furthermore, examining fertility change through the interplay between the political, economic, and the social is an important lens for a more holistic understanding of various demographic processes, including but not limited to fertility (Greenhalgh 1990, 1994; Kertzer 1995). The finding presented here also have broader implications for the ways in which the family, and more specifically the Arab family has been theorized (Hopkins 2004l; Joseph 2004), particularly as transformative and even revolutionary political and social changes are taking shape in the region. While notions of social welfare and public good provision are often neglected in studies of fertility in developing countries, this is a potentially

important aspect of fertility and family formation, particularly in the context of patriarchy, patrimony, and weak or contested states and regimes undergoing great social and political upheaval.

In short, various aspects of the Palestinian state building project, within the context of occupation and limited sovereignty, have created—whether directly or indirectly—conditions that have pushed people towards having fewer children on average compared to the generations before them. The findings presented in this dissertation highlight the added value of applying a political-economic framework to examining fertility change. Furthermore, the use of mixed-methods through a multilevel examination have provided the study with rich and nuanced insights, further highlighting the potential gains derived from incorporating qualitative inquiry into demographic research (Axinn et al 1991; Bachrach 2014; Greenhalgh 1994; Kertzer and Fricke 1997).

More preliminary findings that have been noted in chapter three further point to the potential significance of spatial factors. In moving forward with this study, I plan to expand the spatial comparative lens to include indicators that I am currently in the process of developing from various secondary data sources. I would also like to expand the qualitative inquiry into social welfare and social safety nets, particularly as social transformations continue to take form.

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APPENDIX:

Sample interview topics:

Please note that these are the general topics to be discussed in the interviews, the interviews will be semi-structured to allow for more engagement from the interviewee. Questions will not necessarily be asked in this order, depending on the flow of the interview. The questions are also likely to change during the course of fieldwork, depending on how interviewees respond to them.

Sample interview topics with policy makers (within the MOH):

- Work history/career trajectory
- Involvement in policy formulation
- How are national policies made?
- What are current government priorities? Do you think these have changed/will change over time?
- Awareness about population dynamics and trends and whether they are factored into policy decisions
- How do you think circumstances have changed in the Palestinian territory since the establishment of the Palestinian Authority? In your point of view, how have these changes affected Palestinian society in general?
- Opinions about population growth and population trends in Palestine
- How are reproduction and childbearing viewed in Palestinian society
- How political leaders have dealt with issues of reproduction and population growth in the past and their own impressions
- What do you think the future outlook for Palestinian society is? In your view, what do you think the key characteristics of Palestinian society will be in the next two decades?

Sample interview topics with health providers:

- Type of training they have received
- Work-flow characteristics and demographics of patients served
- Guidelines and protocols they have received about reproductive health (including changes in protocols over time)
- How they present information about reproductive health and technologies to women
- How they discuss family planning and contraception

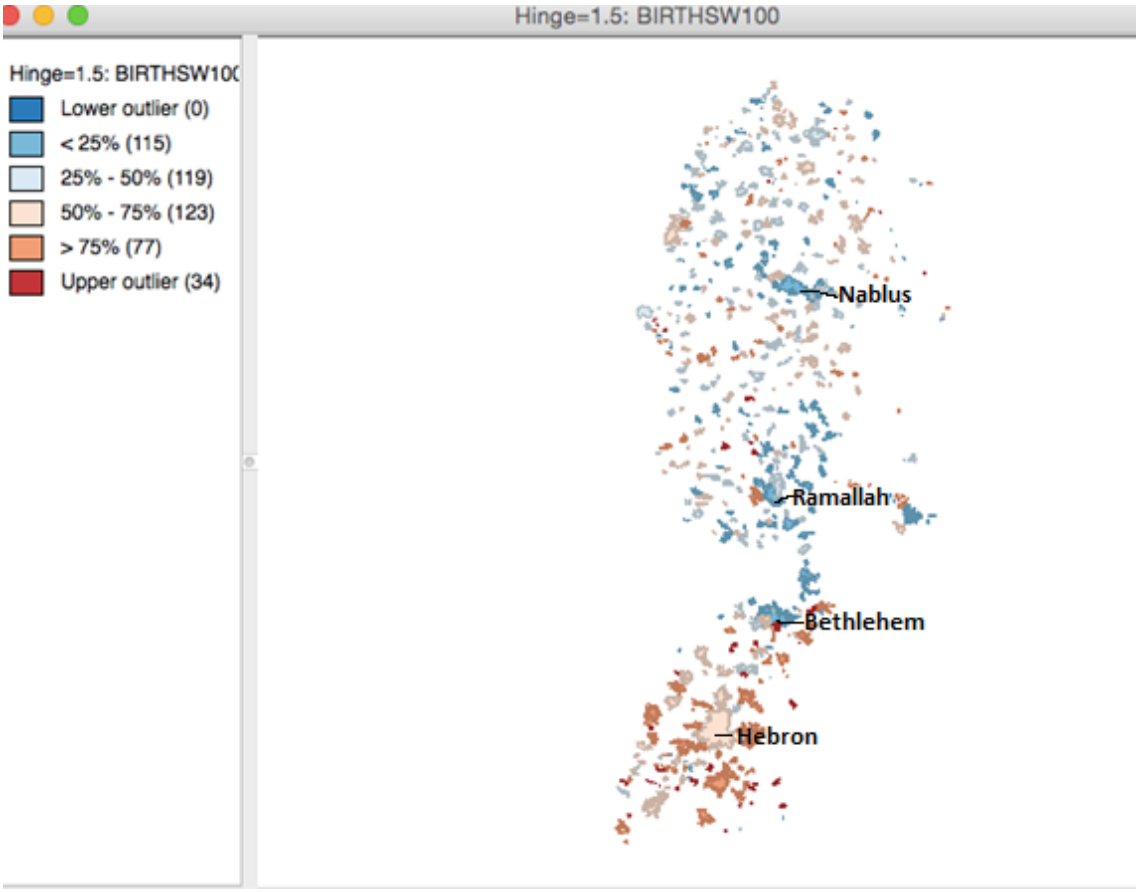
- How women receive this information and whether they have noticed any changes in women's perceptions through the course of their careers
- Their own views on reproductive health and family planning
- The types of questions and concerns women pose to them
- How reproduction and childbearing are viewed in Palestinian society

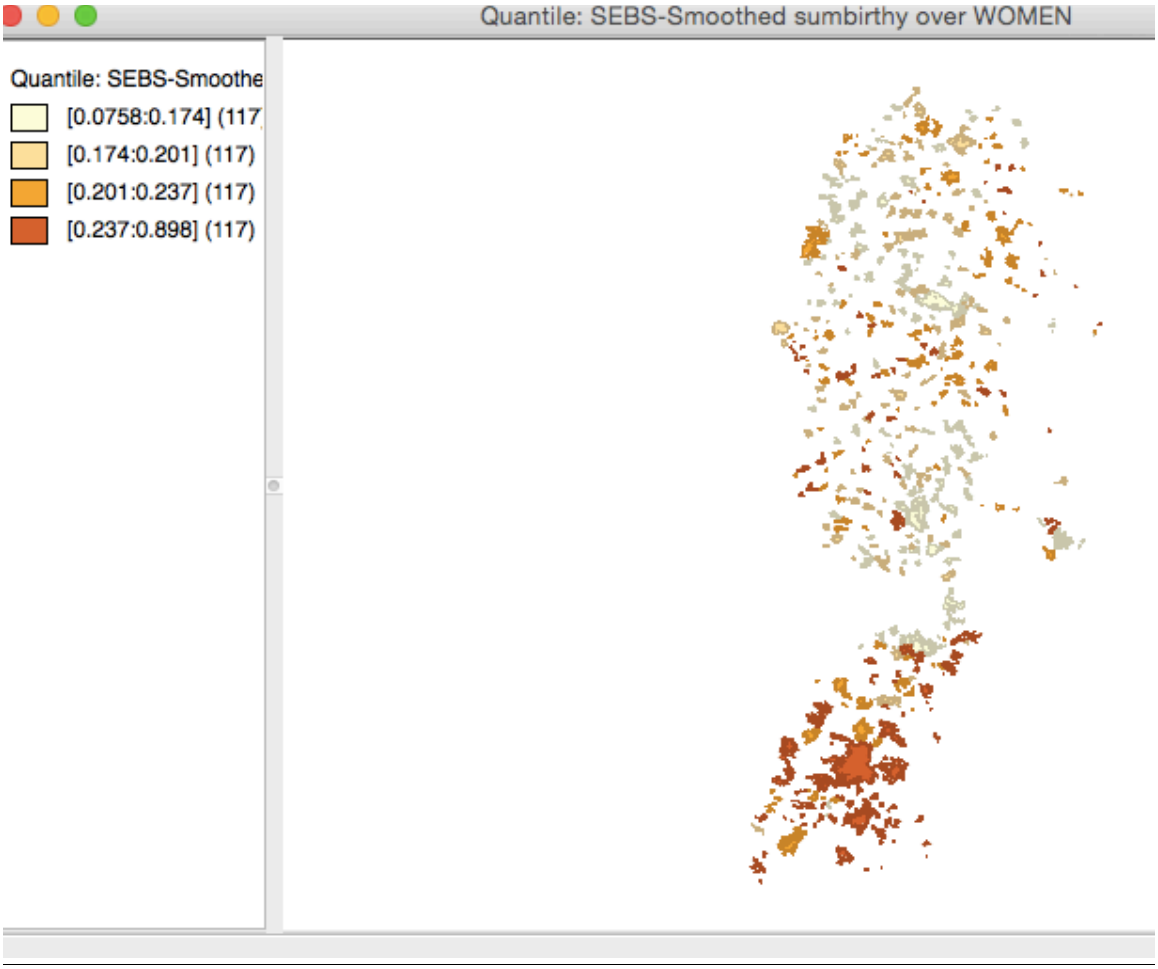
Sample interview topics with men and women:

- Educational background
- Family history
- Migration history
- Employment
- Marital history
- Reproductive/ birth histories
- Current and past contraceptive use
- Reproductive desires
- Aspirations for children: what is the future you hope your children will have? Do you think it will be different from the life that you have lived? What do you think you need to provide for your children so that they live a good life?
- What they expect the state to provide them with (services, social security, etc)
- How reproduction and childbearing are viewed in Palestinian society
- How are decisions made about reproduction with in your household? What are the main factors you take into account when deciding to have (an additional) child? Have those factors changed from one child to the other?
- Who is involved in these decisions? Who would you say has the most say in these decisions? Have there been instances where you made a decision about reproduction because of pressure from others around you? What is the role of your spouse in these decisions?
- Do you think the outlook on children in Palestinian society has changed in your lifetime? How do you think this compares with your parents' or grandparents' generation?

Preliminary Spatial Analysis Maps:

This is an exploratory analysis of spatial clustering, using nearest neighbors weights. Based on the figures below, there appears to be a spatial trend in terms of the general fertility rate (total births in the locality in 2006-2007/total number of women of reproductive age). The maps below are indicative of a concentration of higher general fertility rates in the south and around the Hebron urban center and district most specifically.

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Quantile: SEBS-Smoothe
[0.0758:0.174] (117
[0.174:0.201] (117)
[0.201:0.237] (117)
[0.237:0.898] (117)