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Causes and Consequences

**Actual, Intended, and Appropriate Family Size in
Israel: Trends, Attitudes and Policy Implications**

A Preliminary Report

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Abstract

Israel's population reflects a unique combination of immigration and high fertility. Demographic trends impact on Israel's regional and global political relations. With TFRs of 4.0 for Arabs and 2.7 for Jews in 2005, Israel's fertility stood much above Europe, America, and some Mid-Eastern countries. This report examines Jewish (79% of Israel's total population) fertility patterns and attitudes based on a 2005 national survey of women and men at reproductive ages, married or in stable unions. We compare actual, intended, and appropriate family sizes in different demographic, socioeconomic and cultural contexts. Diffuse gaps exist between ideal perceptions (focusing on 3-4 children) and actual performances (2-3 children). Cultural factors, namely religiosity, constitute important determinants of relatively high and stable fertility levels. Attention is given to gaps between intended and appropriate family size. Analysis of the determinants of these discrepancies provides important clues on the amount and causes of firmness and fluidity in fertility norms and decisions. Perceptions of incentives and constraints to family size provide clues to developing innovative approaches to social policies. Private motives prevail over public motives as a background to family growth. Population policies are expected to allow for attaining the wanted number of children while at the same time satisfying the quest for child quality and women's equitable status. Israel's prevailing policies of transfer payments do not meet a widespread demand for children grounded on a quest for better early childcare, cheaper education, the possibility to move to better housing, and provisions for working women.

1. Introduction

Israel's population growth and composition reflect a unique combination of relatively high levels of immigration and fertility – above the levels experienced in most countries in Europe, America, and in some Middle Eastern societies (Bachi, 1977). Demographic trends strongly affect the state of Israel's interactions with Palestinians and other populations and countries in the Middle East, as well as broader sociocultural relations in the context of the global set of Jewish communities (DellaPergola, 2003). While in Israel social policy interventions are often mentioned in public and academic discourse as tools that might affect the course of actual demographic trends, different views have been expressed over the years regarding the desirability, feasibility and contents of such policies (Israel, 1966; Friedlander and Goldscheider, 1979; DellaPergola and Cohen, 1992; Jewish People Policy Planning Institute, 2005; Schellekens and Ophir, 2006).

Fertility levels and birth rates are among the great regulators of population growth and composition, hence of societal scale and complexity. In recent years the debate has intensified around the implications of current fertility trends, especially in developed countries, and about the appropriateness of interventions aimed at redirecting them (Gauthier, 2002; Demeny, 2005). In Israel, the rationales for such a debate in part reflect unique perceptions and constraints, such as the role of fertility in affecting the balance between Jewish and Palestinian populations in a situation of unsolved political and military conflict; or in enhancing the role of Israel's Jewish population vis-à-vis a demographically declining Jewish Diaspora. In part, the concerns expressed in relation to fertility trends are consonant with debates in other societies, such as: viewing population growth and settlement as a prerequisite for security and economic development; keeping a balanced age composition as against the progression of ageing; or checking internal socioeconomic gaps which, among other causes, stem from differential fertility.

In this context, the present report deals with four major themes:

- A description of the main features of fertility trends in Israel in historical perspective;
- Differentials in contemporary perceptions of intended and appropriate family size among married couples in Israel;
- Determinants of discrepancies between fertility norms and behaviors;
- Perceptions of policy options that might affect the course of fertility.

In this paper we focus on fertility patterns among Jewish women and men. Jews constitute 79% of Israel's total population. Studies are available that incorporate the fertility patterns of Israel's whole population, including Jews and Arabs (Peritz and Baras, 1992; DellaPergola, 2003). In the present study, the focus on one subpopulation out of Israel's

total population aims at investigating a case-study which lends itself to international comparisons as against other developed societies with a high degree of fertility control. It also aims at developing a partial analytic framework as a step toward a more systematic and complex outlook of demographic trends and implications in the Middle East.

2. Fertility Trends in Israel

a. Sources of data

Fertility levels in Israel have been documented quite in detail thanks to the existence of different and complementary data sources. National population censuses periodically provided retrospective data on the number of children born and family size attained. A national system of vital statistical records provided information on current childbirth patterns and family growth. Periodic independent surveys on family formation patterns and attitudes added insights through incorporation of a vastly larger array of variables. This paper uses data from each of these sources.

The main thrust of the analysis reported below relies on a still preliminary exploration of a new national survey of attitudes and behaviors concerning family size that was undertaken at the end of 2004 and in January 2005 on a representative sample of Jewish women and men, all married or in stable unions and at reproductive ages (see below).

Current data on fertility can be drawn from a full array of official statistical sources. Israel has a national vital statistics registration system and a national register of population. In addition, the returns from periodical population censuses, namely the last one undertaken in 1995, provide the basis for yearly updates of population size and composition (Israel Central Bureau of Statistics, annual).

Independent large scale surveys of fertility trends and expectations were previously conducted in Israel in 1974-1975, involving 3,000 urban Jewish women and 3,000 rural Arab women in their first marriages and below the age of 55 (Goldscheider and Friedlander, 1986), and in 1988 with the support of the United Nations Population Fund and a team of senior researchers.² The 1988 survey covered 1,750 Israeli Jewish women married and aged 23 to 39, as well as about 500 Moslem women at reproductive ages (Peritz and Baras, 1992).

Further information on public attitudes about services related to family growth was obtained in recent years through the Israel Social Survey (Israel, Central Bureau of Statistics, 2006), and other sources.

² Roberto Bachi was instrumental in conceiving the project and ensuring international support to it. The team included Eric Peritz, Ilana Ziegler, Ronny Starkshall, Ariela Keysar, Eytan F. Sabatello, Shlomo Kupinsky, Ron Zur and Mario Baras.

Based on these and other sources, a large amount of scientific literature has turned its attention to fertility levels and variation in Israel with primary reference to the Jewish population (Friedlander and Goldscheider, 1978; Friedlander, Eisenbach and Goldscheider, 1980; DellaPergola, 1988; Friedlander and Feldmann, 1993; Ziegler, 1995; Okun, 1997; Okun, 2000; Nahmias, 2004; Schellekens and Ophir, 2006); on Israel's Arabs (Friedlander, Eisenbach and Goldscheider, 1979; Hill, 1983; Schellekens and Eisenbach, 2002); on the whole of Israel's population (Bachi, 1977; Peritz and Baras, 1992; Fargues, 2000; Friedlander, 2002); and on the extended territory including Israel and the Palestinian Authority (Abu Libdeh, Overson and Brunborg, 1993; Palestinian Central Bureau of Statistics, 1997; DellaPergola, 2003; Harvard, 2006).

b. Fertility levels

Fertility levels in Israel have been quite high and steady, and indeed quite uniquely high in comparison to most other developed countries. In recent years, Jews had a TFR of 2.6 in 1996 and 2.7 in 2005. The Muslims' TFR was 4.6 in 1996 and 4.4 in 2004, but it declined to 4.0 in 2005. While at today's low mortality levels Israel's fertility levels continue to generate substantial rates of population growth, a process of convergence across and within major religious and ethnic groups has brought about significant reductions in pre-existing fertility gaps.

Figure 1 outlines the evolution of the TFR in a number of Western countries and in Israel over the last 50 years. Patterns of convergence and divergence teach interesting lessons on the interplay of cultural and socioeconomic factors, population policies and fertility performances. Fertility levels generally declined in most Western countries between the mid 1960s and the late 1970s. Among the examples shown in Figure 1, Ireland – the more intensely Catholic society – had the higher initial fertility levels, while the United States experienced the longer period of postwar fertility recovery. Italy and France had comparatively similar and lower fertility levels followed by quite significant differences in the levels eventually achieved. These differences possibly reflect the very different social investments in supporting the family in the two countries. The common trait to these countries is that all of them attained sub-replacement fertility levels at the latest during the early 1990s.

During the 1950s, fertility among Israel's total population, including Jews and Arabs, was higher than among the other countries examined here. The TFR evolved quite similarly to Ireland's during the 1960s and 1970s, but subsequently followed a more conservative path stabilizing at slightly below 3, as against less than 2 in Ireland. A remarkable case of stability – probably unique in a global comparative perspective – is provided by the

subpopulation of Israel-born Jewish women who constitute the emerging second and higher order generation in a country of significantly heterogeneous immigration. That particular TFR remained virtually unchanged for 50 years at 2.5-3 children, in spite of tremendous cultural and socioeconomic transformations in Israeli society under the impact of repeated wars, other security problems, millions of new immigrants, speedy technological advances, and a rapidly rising standard of living.

It is notable that since the 1990s the propensities to marry gradually diminished, and age at marriage increased. Rates of divorce slowly increased, too, creating an ever growing pool of unmarried in a society in which births out of marriage still constitute a tiny fraction of all births (about 3% in 2005). Hence, stable Total Fertility mask an actual increase in Total Marital Fertility Rates.

Given the significant ethno-religious diversity of Israeli society, overall fertility patterns need to be examined separately for the major groups. Convergence of previously different fertility levels appears among different groups within the total Israeli context (see Figure 2).

Current fertility levels of Jewish women in Israel remain quite uniquely high among more developed countries. Convergence toward the mainstream Jewish model occurred during the 1970s among the Christians most of which are ethnic Arabs, and since the 1980s, among the Druze community. The most significant exception to this general convergence pattern appeared among the Israeli Muslim population whose TFR was as high as about 10 children born on average in the 1960s – one of the highest returns on record – went down to about 4.5 by the early 1980s, and remained quite stable for the following 20 years. During the early 2000s, the Muslim TFR slightly declined, and more significantly diminished in 2005 from 4.4 to 4 – perhaps the beginning of a late phase of convergence toward the fertility patterns of the majority.

However, full convergence, if it occurs at all, may still take some time given the substantial amount of residential self-segregation of Jews and Muslims by regions in the country, by localities within regions, and by neighborhoods within localities, and the extent of social structural gaps between the Jewish majority and the Muslim minority.

FIGURE 1. TOTAL FERTILITY RATES, SELECTED COUNTRIES, 1950-2005

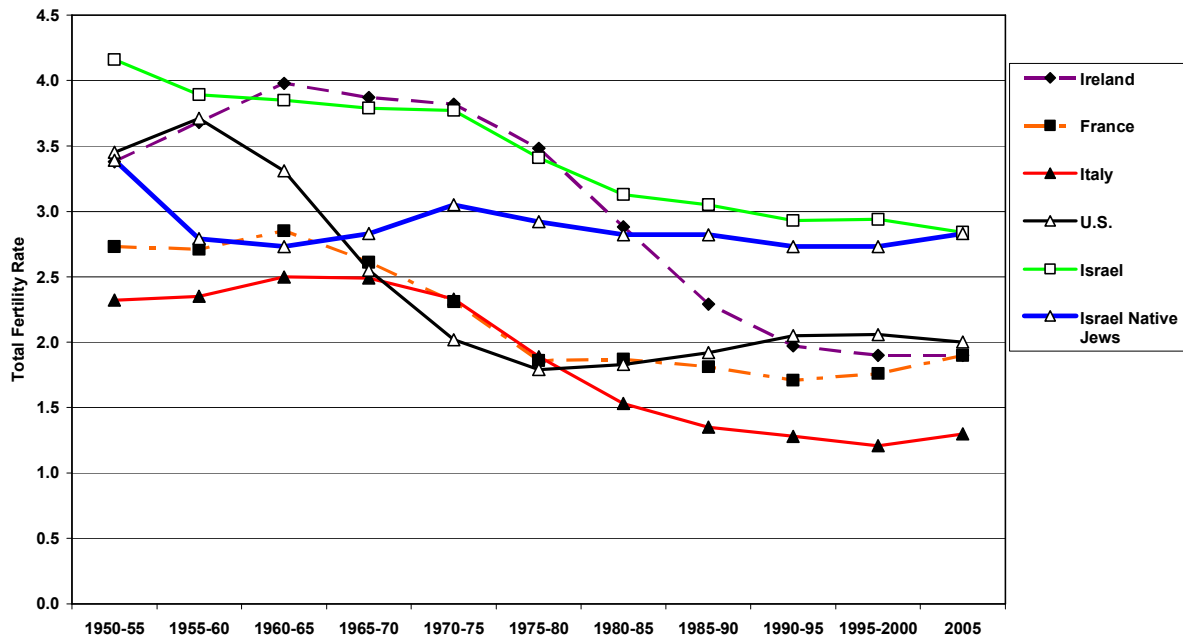
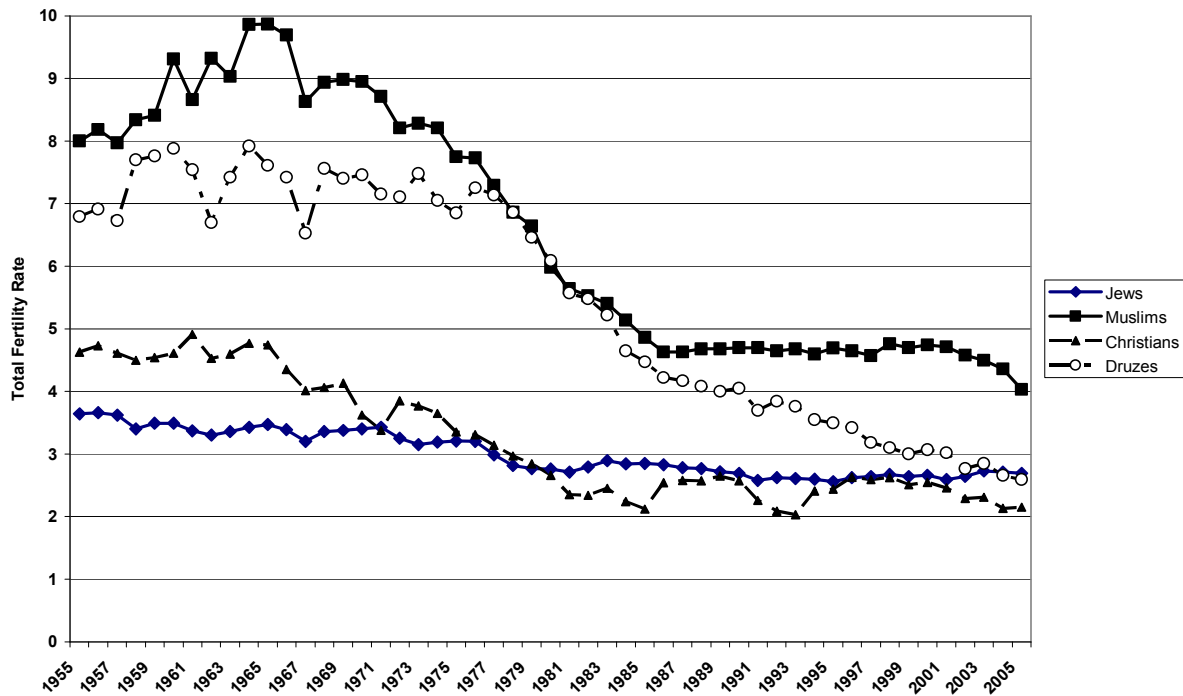


FIGURE 2. TOTAL FERTILITY RATES, BY RELIGIONS, ISRAEL, 1955-2005



c. Fertility differentials

A further central feature of fertility in Israel concerns the amount of consolidation across subpopulations displaying different socio-demographic characteristics. In a society deeply affected by immigration, significant convergence of fertility patterns occurred between Jewish women immigrated from Asia and Africa and from Europe and America. Figure 3 displays the changing fertility gaps between women born in different continents. Over time, attained TFR levels tend to become intermediate between the original levels displayed at the time of immigration. Such gaps among immigrant women were highly significant during the late 1940s and early 1950s, but steadily diminished over time and had nearly disappeared by the 1980s. The fertility gap widened again under the impact of large scale immigration from the former Soviet Union (FSU) and from Ethiopia during the 1990s, but again tended to diminish in recent years. While the modernization of immigrants from less developed countries was reflected by shrinking family size, immigrants from low-fertility countries actually increased their fertility levels in the course of their absorption in Israeli society.

Immigrant women from Asia and Africa, who during the 1950s had an average family size of about 6 children, underwent rapid modernization in Israel. Complete family size declined to 3-4 among women born during the 1940s or later. Most Jewish women of European origin had already undergone a transition to lower fertility levels before migrating to Israel. In Israel, quite in line with the ideological caption of *fusion of the Diasporas*, their family sizes tended to rise from 2 or less, to 2.5 or 3. Jewish women born in Israel – themselves the product of a growing number intermarriages of immigrants from different continents (Okun 2004) – reached family sizes consistently intermediate between immigrants of the main origins.

Figure 3 demonstrates how the family size gap by continent of birth has evolved over time among the first generation from a differential of over 3 children more among Jewish women from Asia and Africa than among women from Europe and America, to a very minor residual. Among second- and further-generation Israel-born women, classified by continent of birth of the respective fathers, the differential has been virtually nil since the 1960s. These patterns convey a fundamental sense of convergence in both family norms and behaviors. An important point demonstrated by these data but worth further stressing is the progressive disappearance of the so-called 'sub-ethnic' factor (in Hebrew *Hagorem ha'adati*), i.e. the dependence of fertility and other sociodemographic features on the geographic background of population.

Another significant question concerns the relationship of fertility to socioeconomic status – observed in terms of the mothers' level of education attained and labor force participation. Selected time series by age are presented in Figure 4, with the simple juxtaposition of fertility rates at prime reproduction ages, and data on women's socioeconomic characteristics. At first sight, looking at the co-variation over time of separate variables that would be supposed to be interacting, the socioeconomic status-fertility relation appears to be weak if existent at all. Between the 1950s and 2005 a sharp surge occurred in the percent of women aged 25-34 holding post-secondary education (13 or more years of schooling) from less than 10% in the 1950s to more than 60% in 2005. Women's labor force participation sharply diminished at age 14-17, consistently with extended years of schooling, while it significantly increased in the 18-34 age group, from 30% in the 1950s to 70% in 2005.

As against these changes, age-specific fertility rates markedly diminished among women below 20 and at age 20-24 (the latter shown in Figure 4), and also, though less sharply, at age 25-29 (also shown), and above age 45. On the other hand, fertility rates increased significantly at age 30-34, and to some extent at age 35-39 (see figure 4), and remained flat at age 40-44. From an earlier pattern where fertility rates peaked at 20-24 followed by 25-29, reproduction among Jewish women shifted to a peak at age 25-29 closely followed by 30-34. By 2005, the latter became the prime age for reproduction among Jewish women.

These different shifts hint to a significant accommodation of reproduction levels and schedules to changing patterns of training, entering the labor market, and actually being employed, without however the overall TFR outcome being affected. *Prima facie*, a combination of rapid and deep modernization expressed by more complex social and economic roles for women seems to go hand in hand with more conservative and stable fertility behaviors.

FIGURE 3. TOTAL FERTILITY GAPS, BY CONTINENTS OF ORIGIN, JEWISH WOMEN, ISRAEL, 1949-2005

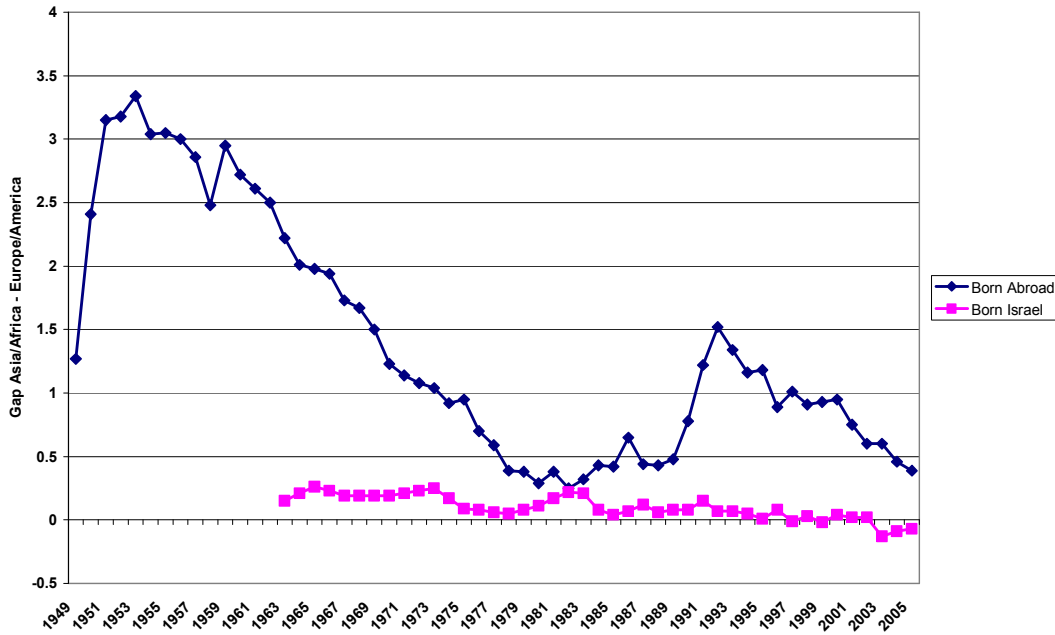
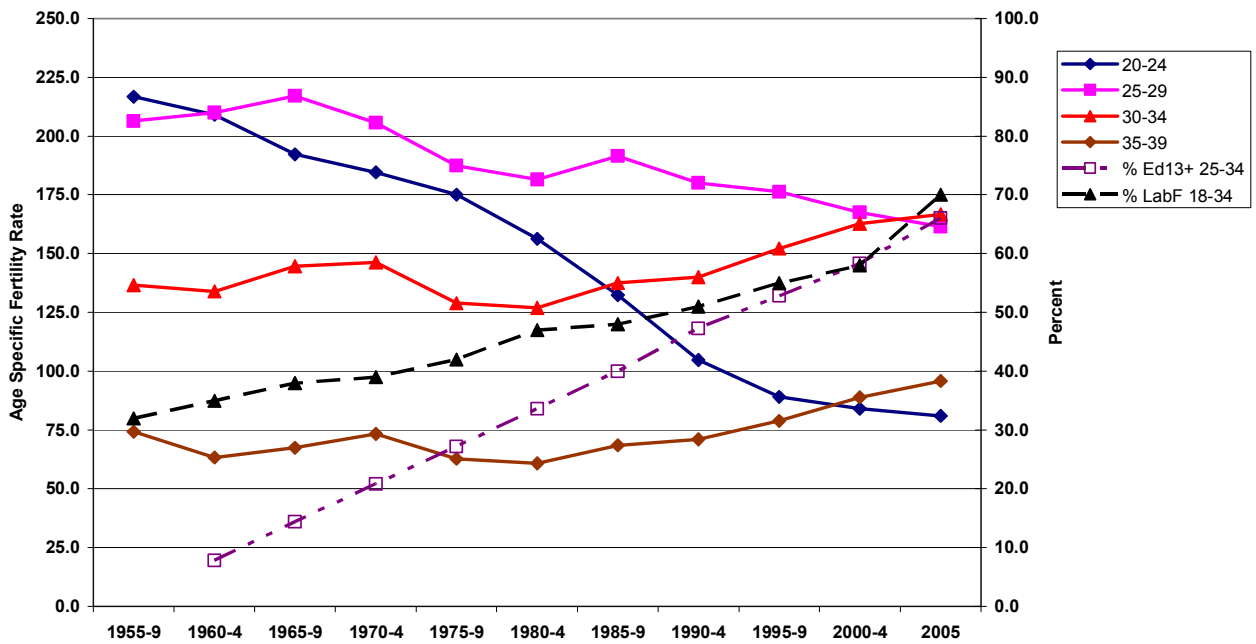


FIGURE 4. FERTILITY RATES, EDUCATIONAL ATTAINMENT AND LABOR FORCE PARTICIPATION AT SELECTED AGES, ISRAEL, 1955-2005



As against the diminishing relevance of geographical origin, educational attainment and labor force participation as co-variates of fertility levels, patterns of religiosity continue to be prominently associated with fertility in Israel. Table 1 reports average numbers of current and intended children among Jewish married women and men based on a measure of self-assessed religiosity. We constructed a scale of religiosity based on the joint processing of answers provided to two questions, each rated on a four category scale: (a) *How do you assess the intensity of your Jewish religiosity?* (b) *How intensely you observe Jewish traditional practices?* (Levy, Levinson and Katz, 2002). The resulting cross-classification was reorganized into a five-level scale covering the continuum between a religious and a secular end.

Attained family size consistently grows in direct relation with the amount of self-assessed religiosity. Among women the number of children gradually grows from 1.9 at the secular end of the distribution, to 4.5 at the religious end. Among men, the attained number of children is comparatively lower than among women at the religious end, and higher at all other levels of religiosity. The gap between highest and lowest average children is more than twice among Jewish women.

Regarding norms about intended family size – that will be discussed later in detail – the range of variation in 2005 was between 9.8 children for the most religious and 3 for the most secular among Jewish women, and between 8 and 2.9, respectively among men. Although, as we shall see, intended and actually attained children need not necessarily to coincide, the indication is of a powerful differentiation of family norms related to religion.

If the very high family size ideals of the more religious – who constitute less than 10% of the Jewish population – are quite unique in international perspective, family norms of the large segment that defines itself secular are no less unique. The latter's preference for 3 children still appears unusually high in comparison to the prevailing norms in other developed countries.

As already noted, average measures mask significant internal variation. High ideal (and actual) numbers of children among the most traditional families are not surprising. More interesting are the fertility aspirations among the more secular sectors which constitute the vast majority of Israeli society and might be thought to be less family oriented. The ideal number expressed by this low religiosity sector – about three children – compares with the upper performance met among the more traditionally oriented segments in countries like Italy or Spain which, at least until a recent past, were strongly influenced by Catholic values. The normative background of family behaviors in Israel, therefore, needs to be understood beyond the impact of mere religiosity and requires a more complex appraisal.

TABLE 1. MEASURES OF FERTILITY BY SELF-ASSESSED RELIGIOSITY, JEWISH WOMEN AND MEN MARRIED OR IN STABLE RELATIONS - ISRAEL, 2005

Religiosity self-assessment^a	Women	Men
Current children		
Total	2.54	2.45
Religious end	4.39	3.73
Religious orientation	3.21	3.74
Intermediate	2.77	2.94
Secular orientation	2.27	2.36
Secular end	1.91	2.04
Intended children		
Total	4.10	3.88
Very religious (Haredi)	9.80	8.00
Religious	5.60	5.40
Traditional	3.50	3.70
Secular	3.00	2.90

a. Cross-classified normative and behavioral self assessments (reduction of 4 x 4 cross-classification).
Source: *Survey of Attitudes and Behaviors Concerning Family Size among Israel's Jewish Population, 2005*.

3. Assessing Family Size Preferences and Policy Options

a. Fertility levels and differentials: trends and determinants

Fertility levels and differentials represent one of the leading determinants of population growth in Israel.³ Although still seeking for definitive explanations, fertility levels in Israel – namely among *Haredi* Jews (from the Hebrew *hared* = fearful [of God]) and Muslims – and their relations to cultural and socioeconomic determinants have attracted substantial scholarly attention (Bachi, 1976; Eisenbach, 1986; Goldscheider and Friedlander, 1986; Schmelz, 1989; Peritz and Baras, 1992; Abu Libdeh et al., 1993; Friedlander and Feldmann, 1993; Anson and Meir, 1996). While the chain of causal relations in fertility levels is sufficiently known and does not need to be reviewed here (van de Kaa, 1996; Pritchett, 1994), recent fertility trends in Israel and the rationale for assuming future changes call for more systematic evaluation. In this respect, important questions concern the correspondence between fertility norms and ideals, and their actual translation into practice; and the predictive value of declared fertility intentions.

In the broadest terms of reference, fertility determinants can be organized in a multi-tier sequence, not each of which will be considered in the present study. First, *proximate determinants* (Boongarts, 1978) – the immediately preceding bio-demographic causal factors of fertility – instrumentally affect the chance of initiating a new pregnancy and of completing one with a live birth. In the contemporary Israeli context, we assume these determinants to be in turn dependent variables of other socially, culturally and politically determined processes, hence subsumed by them.

Interventions to enhance or depress the effects of proximate determinants actually reflect *household-level* or *micro-socioeconomic* strategies. These synthesize the value-oriented desirability of children in general and of a child of specific parity in particular, the cost-related feasibility of childbearing and childrearing, and household availability of relevant means, resources and tools (Spengler, 1966). However, the dilemmas and negotiations of individual households inherent in the potential conflicts between identity and sentiment, on the one hand, and economic rationality, on the other hand, are better evaluated in their *community context* – the next explanatory level. Perceptions broadly shared with one's close environment tend to influence individual family growth behaviors. The role of community influences is especially important in a sociocultural environment diverse such as Israel's. In this respect five groups of factors call for special attention:

1. *Traditional culture and organization*, or a group's religious and social norms concerning fertility as well as community frameworks and institutions established for implementing

³ This section partly relies on DellaPergola (2001a).

those norms, is a natural source of inter-group differences. Traditional Judaism, Islam and Christianity, each in their own distinctive ways, carry an explicit pro-natal stance. In traditional Judaism, more explicitly than in other religious frameworks, the principle goes together with definite prescriptions affecting each of fertility's proximate variables (DellaPergola, 1988). Traditional Judaism also gives high priority in children's prolonged religious education, but community investments to the same effect may reduce its cost to individual families. Community mechanisms of communication, social control and sanction explain why the more religious individuals generally conform more strictly to each religious group's declared fertility precepts (Schmelz, 1989; Klinov and Berman, 1997; Berman, 1998).

2. *Minority/majority status* reflects in the first place past situations of actual legal discrimination or, more relevant to the contemporary experience, community-based subjective perceptions of dependence/dominance relative to the majority of society or other minorities within it. Such perceptions may psychologically affect group propensities to expand or restrain (Goldscheider, 1967; Rallu et al., 1997). Minorities may feel pressured to concentrate on the better quality of fewer children to overcome the odds of possible discrimination. Minorities may also consciously try to maximize their natural increase as a mechanism to expand their share of the total population. In Israel, the latter may be the case for communities that feel their lifestyle endangered, such as the *Haredim*, or whose advocacy for political goals requires the support of numbers, for example in the context of the Israeli-Palestinian conflict (Steinberg, 1989).
3. *Social class stratification*, namely occupational status and specialization, implies significant differences in perceived interests and access to resources. Shared perceptions of the role of children as potential providers or dependents tend to generate widely different strategies of family growth (Lesthaeghe and Wilson, 1986). Other things being equal, social mobility of individuals within a subpopulation or of a whole subpopulation relative to the rest of society may translate into significant fertility change.
4. *Knowledge* obtained through formal education or other channels affects fertility especially via community level awareness of fertility control opportunities and understanding of their mode of operation. In this respect, it would be mistaken to equate religious traditionalism with lack of information. Traditionalism in contemporary societies tends to shift from repudiation of modernity to selectively choosing from modernity those elements compatible with or even supportive of traditional goals (Hammel, 1990).
5. *Biological constraints*, such as inherited diseases and other health-related factors, often tied to strict community homogamy, affected fertility differentials in the past but loose importance in contemporary more open and heterogamic societies (Bonné-Tamir and

Adam, 1992).

National or collective policy interventions provide a further explanatory level. Israel's social policies do reflect some general concern with family formation and growth (regardless of the citizens' religion or ethnicity). Means for birth control, while not openly encouraged, are easily available to all. Abortion is strictly regulated by law but legally feasible through public health facilities. The actual impact of Israel's pro-active fertility stance tends to be widespread but overall moderate and mostly felt by specific subpopulations.

1. *Direct governmental provisions* such as transfer payments (allowances to children below 18) pertain to all relevant households. The Israeli Social Security system offers moderately benign provisions to working women in the case of maternity, including a single payment for immediate post-birth care and a 12 week paid absence. Comparatively widespread availability of child-care and educational facilities is a facilitating (or rather not a preventing) factor in family growth in Israel. The high cost of housing is the main constraint perceived by families wishing to increase their number of children (Ziegler, 1995; Lewin-Epstein, Stier, Braun and Langfeldt, 2000).
2. *Indirect governmental provisions* are especially significant at the community level. Collective exemption from otherwise universal, three-year compulsory military service applies in Israel to Muslim and Christian Arabs (though not to the Druze community and in part to the Bedouin community), as well as to the majority of the *Haredi* Jewish population. Military exemption facilitates lower ages at marriage and a longer exposure to the chance of childbearing. Moreover, transfer payments at the community level, in particular public financing of community-specific educational networks or housing projects may significantly reduce the given community's cost of children.
3. *Non-governmental provisions* of a similar nature may derive from the intervention of groups and agencies from Diasporas abroad, whether Jewish or Palestinian, or from other private sources of cultural and political support locally. The main effect on fertility of relevant services and subsidies provided operates, again, through reducing the cost of children.

A final contextual explanatory level reflects the continual flow of civilization, in particular political, socioeconomic, cultural and technological change, subsumed under the general definition of *modernization*, and its enhanced *global effects* on local populations through diffused media and communication networks. Broad transformations of macro-economic patterns, standards of living, contents and boundaries of community identities and individual *mentalités* may significantly affect demographic patterns (Inglehart, 1997; Lesthaeghe and Moors, 1995). The comparative evidence points to predominantly lowering effects on fertility levels. However, technological advances are of special interest inasmuch a

previous generation of scientific research greatly enhanced fertility control, while more recent advances have focused on overcoming fecundity impairments. Fertility treatment in Israel has reached a degree of penetration probably higher than in other developed countries, as shown among other things by an unusually high share of twin births.

Given such complex and multi-level package of explanatory determinants of fertility, its overall effects in the Israeli multicultural context are expectedly mixed. Because of (a) the high resilience of the sociocultural components related to higher fertility, (b) the possibly contradictory trends of fertility change among different groups and communities, and (c) compensatory trends within each subpopulation, the stable nature of fertility levels in the past rests on solid ground. It is also reasonable to expect future fertility changes to occur at a slow pace. On the other hand, each subpopulation tends to recombine differently the various factors leading to high and low fertility levels, resulting in an extremely wide range of differentiation.

b. Toward a framework for fertility-policy interactions

The patterns reviewed so far call for the development of a framework for the study and interpretation of fertility in Israel from an angle which also incorporates attention to policy concerns. The following considerations try to schematically integrate the observation of actual behaviors within the complex of existing background characteristics and social norms, on the one hand, and of the opportunities that actually exist for their implementation reflecting a variable amount of social policy interventions, on the other hand (see Figure 5).

At first sight, and pending a more cogent analysis that will follow later, fertility in Israel appears to be much less clearly related to changing socioeconomic realities than to a broad complex of social norms and values. Looking at the high amount of stability in past fertility patterns, it might also be inferred that no significant changes should be expected in the foreseeable future. This however may depend to a large extent on the changing nature of family and reproduction norms and expectations that constitute part of the whole gamut of personal characteristics and perceptions of opportunities and constraints that prevail throughout the public. On the other hand it is of capital importance to understand the interplay between childbearing and childrearing costs, and the existing infrastructure of services available to parents and children alike.

The Israeli case-study illustrates how social norms can be assumed to directly affect reproduction decisions through a synthesis of cultural norms that can be posited as a measure of *desirability*. On the other hand, the legislative, executive, and judiciary systems determine a complex of incentives and constraints relating to the family and reproduction that can be posited as a measure of *feasibility*. Social policy interventions, through a variety

of possible avenues, mainly address changes in the *feasibility* of a given demographic event, such as an individual birth, and in the final analysis a population's aggregate fertility level. The influences of such interventions may generate rapid and significant responses in terms of the birth of a first or of a further child. On the other hand, the normative system that underlies fertility *desirability* evolves much more slowly.

In western-type democracies, the legislative is usually directly representative of the public and of its norms, the executive – albeit more indirectly in most countries – stands in a similar relationship with public opinion, and even the judiciary is eventually not unrelated to the same public perceptions. In the final analysis, the same normative system – in general terms and more specifically concerning family and reproduction – tends to operate directly – via individuals – or indirectly – via institutions led by individuals – as a powerful determinant of the desirability of children and of their actual feasibility.

Circular processes therefore tend to predominate in a given society, by which the amount of fertility desirability is powerfully correlated to the amount of fertility feasibility. Once deeply engrained in a society, normative principles are hardly reversible or at least they do not tend to be reversed quickly, although the evidence in some Catholic Western countries is that is precisely what has occurred. In the Israeli case, normative determinants, and their stability or transformation can be posited to be the leading factor to be assessed when addressing fertility over the last several tens of years. Looking at the future, this interpretation may well generate the question: "Will citizens accept to pay with their taxes for something in which they do believe? And what about paying for something in which they do not believe?"

In the case of Israel, these hypotheses are reinforced by the consolidated existence of different sectors in society, and by the translation into political power of such sectorial divisions. One example – admittedly not easily transferable to other societies – comes from the repeated changes in the amount of family allowances. In one instance in 2001 the Israeli public system implemented provisions which strongly subsidized children born from fifth and further.⁴ Such provisions clearly were oriented to support one peculiar societal sector – the more Jewishly religious – although it could be shown that about 40% of its impact actually was transferred to births within the Muslim sector. But the fact that a law conceived to protect narrowly identified group interests could pass in the parliament shows that it was not seen as external to mainstream procedures of political negotiation and promotion of coalition interests. The parliamentary majority that passed the law evidently thought it was not too much outside the consensus and social norms held by a wider majority of the total

⁴ The law was introduced by Shmuel Halpert, MK, of the Agudat Israel religious party.

population.

In the Israeli context, several other aspects of both the existing logistic infrastructure and the prevailing social norms are generally supportive of larger families. Examples are the relatively diffused availability of (albeit costly) early childhood care institutions, or a somewhat lenient attitude by employers toward the punctuality of working mothers, or else the care paid to young carriers of various types of handicaps. Transfer payments in the form of family allowances have long been the cornerstone of Israel's family policies. The effectiveness of this social policy tool has been submitted to careful scrutiny and critique (Schellekens and Ophir, 2006).

The final result in terms of fertility feasibility reflects the synergy between the social psychology that prevails among the public facing the family and reproduction and juridical, organizational, and socioeconomic resources stemming from the institutional system.

When turning to empirical analysis of the relationships between social norms, individual background characteristics, perceptions of existing policy options, and fertility outcomes, alternative analytic paths may be considered. Figure 6 illustrates two of them that will be implemented in the following of this report. One (Figure 6 a) is to posit children intended and/or appropriate as the main dependent variable affected by personal and contextual background variables, as well as by the evaluation of available policy options. At the same time, perceived policy options can be posited as the main dependent variable, with the number of children intended and/or appropriate as one of the explaining factors (Figure 6 b).

An interpretative framework that incorporates background characteristics, social norms and policy expectations, should be able to catch the roots of the conservative dimensions eventually conducive to stability or slow-motion change as against the present scope and configuration of fertility in Israel. Alternatively, such framework should help in catching the beginnings of significant deviations from the extant fertility patterns.

FIGURE 5. DIRECT AND INDIRECT SOCIETAL ROLES OF VALUES AND NORMS AFFECTING FAMILY AND REPRODUCTION

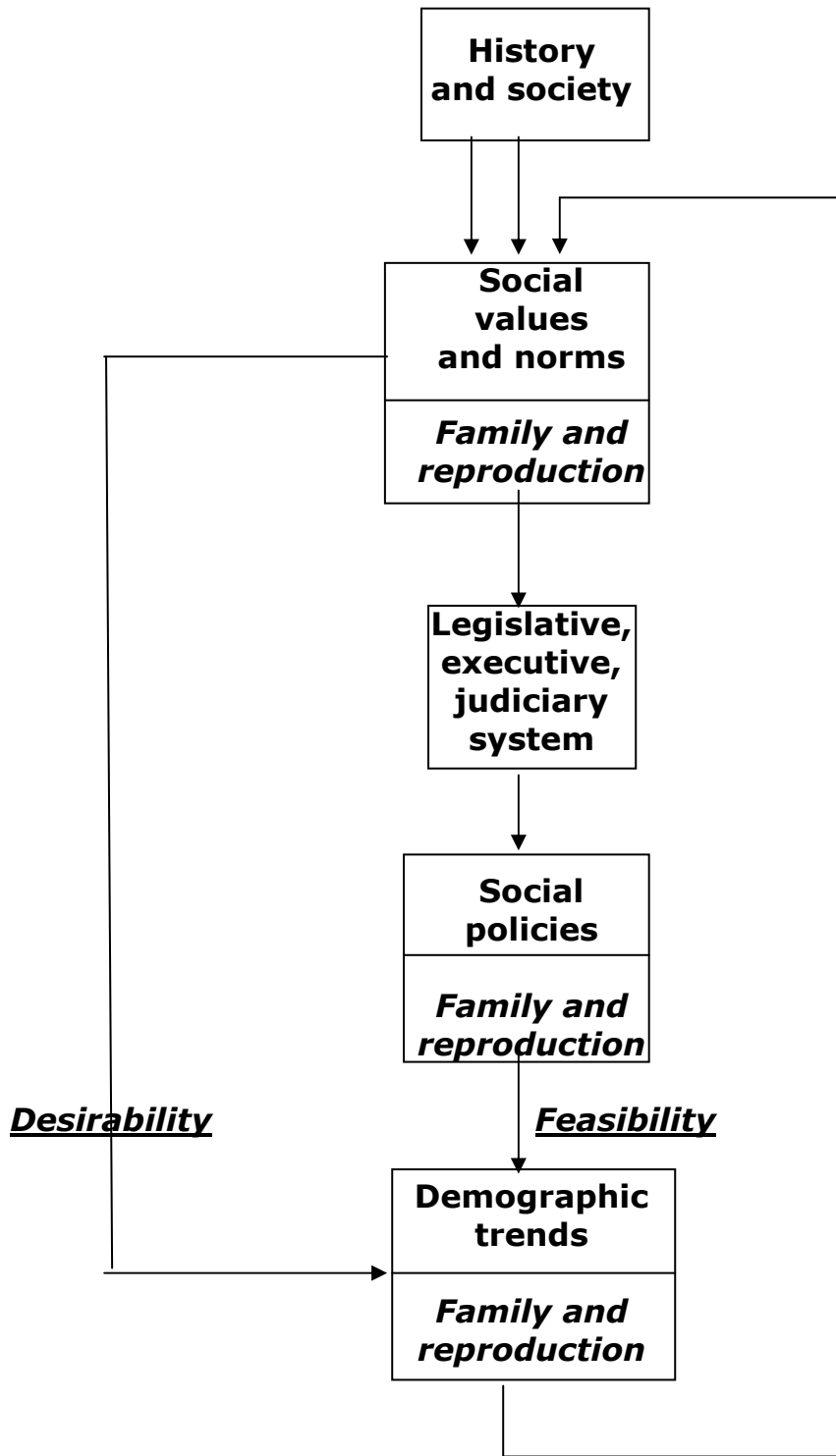
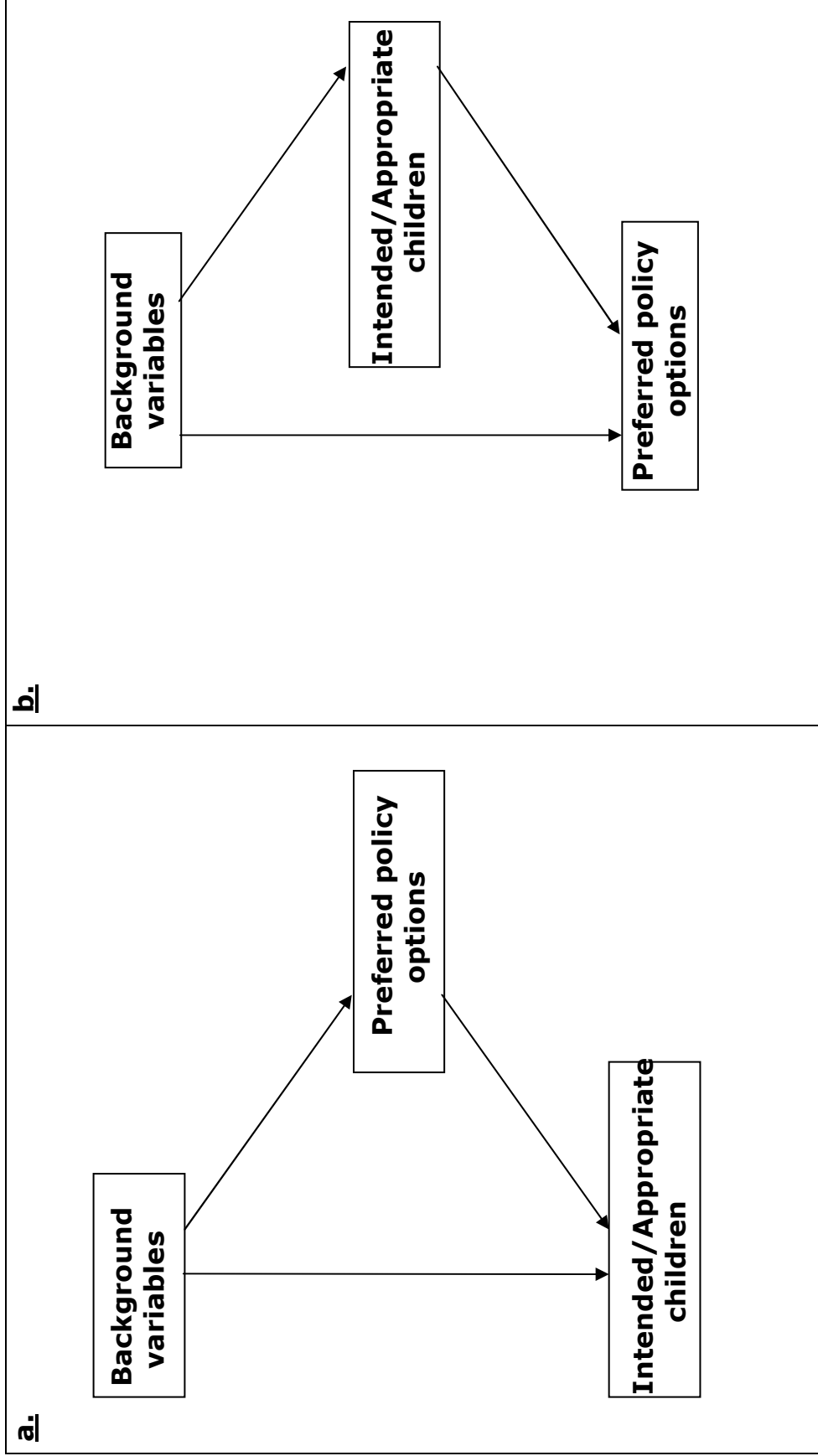


FIGURE 6. ALTERNATIVE ANALYTIC PATHS FOR INTENDED/APPROPRIATE CHILDREN AND PREFERRED POLICY OPTIONS IN ISRAEL



c. The 2005 Survey of attitudes and behaviors concerning family size

In 2004-2005 a national survey of attitudes and behaviors concerning family size was conducted in Israel. The survey was made possible thanks to the support of the Jewish Agency for Israel – a large sectorial organization concerned with welfare and public advocacy of the Jewish segment within the total Israeli population and among Jewish communities in the Diaspora.⁵ The survey included a representative national sample of about 1000 women aged 25 to 40 and 500 men aged 25 to 50, all married or in stable unions. Women and men were separately interviewed by telephone. Given the positive interest of the public in the topic investigated, rates of response were estimated at about 95%. Although independently drawn, the male and female samples provided highly consistent answers inasmuch as characteristics of respondents and reported characteristics of the respective spouses could be matched – for example on measures of religiosity or labor force characteristics.

The survey covered standard demographic and socioeconomic background variables, with the notable inclusion of men among respondents thus providing insights on gender differentials facing family size preferences. Several questions concerned norms toward personal socioeconomic fulfillment and optimism, gender roles, the family, and in particular intended, most appropriate, and ideal eventual family size. Several questions were introduced concerning the desirability and feasibility of policies in the realm of family and reproduction.

The variables selected for the present analysis can be organized into six main groups:

1. *Demographic*: sex; age; country of birth; educational attainment; employment status.
2. *Socioeconomic*: family's perceived relative economic status; sources of economic help; family's perceived economic status the following year.
3. *Social norms*: attitudes about children; attitudes about own career.
4. *Religiosity*: a composite scale based on self-assessed ideological definition and ritual practice.
5. *Current number of children*.
6. *Preferred policy options*: factors supporting having one additional child above the number currently intended.

While some of the topics had already been investigated in previous national fertility surveys (Goldscheider and Friedlander, 1986; Ziegler, 1995), the present analysis provide

⁵The survey was part of the Jewish Agency's Demographic Initiative – a research program aimed at a comparative study of Jewish populations and communities globally. The committee that planned the questionnaire and data collection included Mina Zemach (Dahaf Institute), Rimona Wiesel and Moran Neuman (The Jewish Agency for Israel), Ilana Ziegler (Israel Family Planning Association - IPPF), and the author.

several new clues tying together the descriptive and policy oriented aspects of fertility among Jews in Israel. In this report we first look at the configuration expressed in Figure 6a, followed by an exploration of the configuration in Figure 6b.

4. Family Size Preferences among Israel's Jewish Population

a. Continuity and change

We first compare *actual*, *intended*, and *appropriate* family sizes among Jews in Israel based on the 2005 national fertility survey. A first question concerns the amount of change in family size preferences in 2005 in comparison with 1988 – measured in terms of children Currently born, Personally intended, Most appropriate for an Israeli family of social status same as respondent's, and Ideal for an Israeli family (see Table 2).

Overall, the emerging fertility norms and behaviors are quite remarkably stable. It should be recalled that Israeli society between 1988 and 2005 underwent significant transformations. It absorbed a very large number of new immigrants which generated a total population increase of over one fifth throughout the 1990s. Most of the immigrants came from countries with relatively low fertility levels, especially the Former Soviet Union (FSU). Israel's standard of living went up dramatically, reflecting a rapid economic transformation which involved a deep reshaping of the production system. Hi-tech branches moved to the core of production and exports – a far cry from the oranges and polished diamonds of a previous generation. Between 1980 and 2000 Israel's Index of Human Development (HDI) – a composite countrywide measure of health standards, educational attainment and real income – improved by over 10% – the highest rate of growth among developed countries (United Nations, 2006; DellaPergola, Rebhun and Tolts, 2005). Culturally, too, Israel underwent significant changes reflecting the growing impact of contacts with the Western countries but also the visible impact of the FSU new immigrants which could be expected to introduce a large secular element within the total societal pool. It also should be stressed that Israeli society underwent repeated periods of security stress related to the continuing conflict with the Palestinians. The initial three years of the decade of the 2000s were particularly painful, as they were accompanied by an unusually high number of civilian and military casualties. These security issues, their negative impact on incoming tourism and the additional general downturn in the global high-tech market caused a severe economic recession. Our fertility survey happened to be positioned at a time of economic recovery following that recession.

In spite of these significant ups and downs, when we compare measures of actual, expected and ideal fertility we find quite similar totals in 1988 and in 2005. Referring first to the whole sample including all sectors by religiosity, the average children currently born to

married couples at reproductive ages remained unchanged at 2.5. In addition to the data on actual and still incomplete performances, three attitudinal measures report on the total numbers of children (a) personally intended, (b) most appropriate for an Israeli family of social status same as respondent's, and (c) ideal for an Israeli family.

Survey results point to a unique persistence of relatively high norms about desired and ideal family size among married adults in Israel. In 1988, married women indicated a personally intended family size of 3.5, which had grown to 4.1 in 2005. The average most appropriate for a family of the same socioeconomic status as theirs increased from 3.4 in 1988, to 4.0 in 2005. The ideal number of children for a generic Israeli family increased too from 3.7 in 1988 to 4.1 in 2005.

TABLE 2. FAMILY SIZE PREFERENCES OF MARRIED JEWISH WOMEN - ISRAEL, 1988-2005

Number of children	1988	2005	
	Total	Total	Without Haredim
Currently born	2.5	2.5	2.3
Personally intended	3.5	4.1	3.5
Most appropriate for an Israeli family of social status same as respondent's	3.4	4.0	3.8
Ideal for an Israeli family	3.7	4.1	3.6

Source: *Survey of Attitudes and Behaviors Concerning Family Size among Israel's Jewish Population, 2005*. 1988 data are based on 1500 married women aged 20-39. 2005 data are based on 1004 Jewish women, 25-40, and 494 Jewish men, 25-50, currently married or in stable relations.

A point of interest concerns the degree of correspondence between intentions expressed by people at the individual level regarding the number of children already born, that they do expect to bear over the next three years or over a longer span of years, or that they deem appropriate for an Israeli family in general, and for a family of their own socioeconomic status in particular. On each of these measures comparisons between 1988 and 2005 indicate an increase of 0.4 to 0.6 of a child from about 3.5 to about 4, or by 17%, 18%, and 11%, respectively. The number of personally intended children (4.1) stands minimally higher than the number of children appropriate for an Israeli family of social status same as respondent's (4.0).

If we focus on the mainstream population excluding the more intensely religious sector – the *Haredim* – the average most appropriate for a family of the same social standing as the respondent's remained 3.8 in 2005, and it still was around 3 among the most secular subpopulation. In terms of a tendency to keep steady and somewhat

conservative fertility patterns, at least on the face of the attitudes expressed, Israeli adults do not manifest any deviation from the uniquely stable patterns of the last tens of years. Personally intended children (3.5) stand somewhat below the most appropriate children for a family of similar social status (3.8), or the ideal for a generic Israeli household (3.6).

Over time, diffuse and stable gaps can be observed between ideal perceptions of final family size (between 3 and 4 children) and actual performances (between 2 and 3 children). In other words, actual fertility levels among the Jewish population in Israel appear as a composite of a norm which is fairly uniquely high for a developed country, and a certain unexpressed component which probably reflects various kinds of constraints.

These fairly high family preferences are particularly intriguing in view of the fact that since the second half of the 20th century, fertility among Jewish communities in the world has been consistently low and generally lower than among the majority of societies among which Jewish communities were located (DellaPergola, 1980; Ritterband, 1992; DellaPergola, 1999). Large scale Jewish migration to Israel seems to have effected at least two types of change regarding fertility. One, of a more general nature, refers to modes of behavior among Jews as the majority of Israel's population versus the minority situation typical of Diaspora Jewish communities. A second change, of a more specific nature, ostensibly concerns the actual behaviors of the same individuals when they have the opportunity to act under different skies. The evidence most visibly demonstrated by immigrants from the FSU is that the same individuals would have, or actually do have more children if they live in Israel (Tolts, 1997).

b. Preferred number of children: intended and appropriate

The couples surveyed in 2005 included people at ages compatible with further family expansion. Overall answers provided to different overlapping questions appear to be fairly consistent. As noted, expectations about the respondents' future fertility did not change much over the 17 years that elapsed between 1988 and 2005. The actual performances – at least as measured through the TFR – did not change much either.

Women would like to have more children than men. The differences are not striking, but they are quite consistent. When matching the numbers of *intended* versus *appropriate* children – with reference to one's own family plans, the same 62-63% of women and of men indicate matching figures. Among persons of either sex who consistently indicated their intentions and most appropriate preferences, the most frequent preference is for 3 children, followed by 5 or more for women, and by 2 or less for men. The latter group is largely dominated by those preferring parity 2.

The more intriguing part of these distributions concerns those persons that provide

inconsistent answers about their intended number of children and the appropriate family size for a household of equal socioeconomic status (see Table 3): 8% of women and 15% of men intend to have fewer children than they deem appropriate ($I < A$), while 28% of women and 22% of men intend to have more children than appropriate ($I > A$). While in any case the total percentage of those with inconsistent reporting (37-38%) is higher than that of each given consistently specified parity, among women the 28% who intend to have more children than they deem appropriate represent the plurality of the whole women's expected parity distribution. Among men, a preference for 3 children constitutes the plurality of answers, with those intending to have more children than they deem appropriate being the second most frequent group.

TABLE 3. NUMBER OF INTENDED^a VS. APPROPRIATE^b CHILDREN AMONG CURRENTLY MARRIED^c JEWS - ISRAEL, 2005 - PERCENTAGES

Gender and age	Number of Intended vs. Appropriate Children						Total	N
	Same				Different			
	0-2 ^d	3 ^d	4 ^d	5+ ^d	I<A ^e	I>A ^f		
Women, 25-40	12	25	11	16	8	28	100	975
Men, 25-50	14	26	11	11	15	22	100	481

a. Sum of total number of children born so far plus total additional children expected.

b. Number of children most appropriate for family with standard of living same as respondent's.

c. Including non-married persons in stable couple relations.

d. Same number of children Intended and Appropriate.

e. Number of children Appropriate 3, 4, or 5, and fewer children Intended.

f. Number of children Appropriate 2, 3, or 4, and more children Intended.

Source: *Survey of Attitudes and Behaviors Concerning Family Size among Israel's Jewish Population, 2005*

c. Intended parity progression ratios

Having already noted the predominant stability of fertility patterns in the past, some hints toward trends that might emerge in the future may come from the observation of the number of expected children by current parity. Figure 7 shows expected parity progression ratios (PPR) by sex. These PPRs represent the intentions to move from a parity possibly achieved in the future, to a parity of a higher order. Therefore, the PPRs are not a representation of reality but nonetheless offer an indication of existing norms about preferred fertility levels and the steps needed to achieve them.

Intended PPRs show again a desire for children slightly higher among women than among men, and provide an illustration of the normative mechanisms underlying the expectation of continuity in current fertility patterns. While stopping at parity 1 is represented as a completely marginal preference, reaching parity 2 is a nearly universal norm. Above 80% of women intend to move to parity 3, and more than half of these intend to go to parity 4. About half of the latter intend to move to parity 5 or higher. The

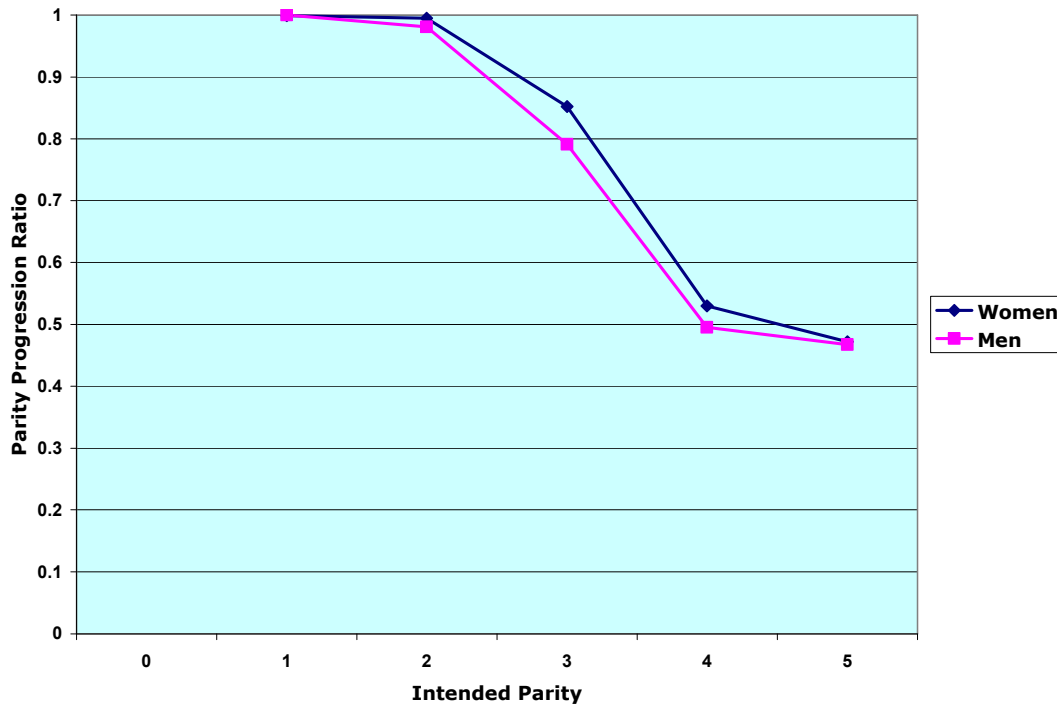
stoppage of rapid decline in PPRs after parity 4 hints at stable or even rising PPRs at higher parities. A more detailed display of higher intended parities would probably show a bi-modal overall distribution as frequently found in historical populations undergoing a transition to lower fertility (DellaPergola, 2001). In other words, the overall PPR profile describes the simultaneous existence of two subpopulations – one bound to actively limiting family growth, and another letting fertility follow its course with no or little limiting interventions.

The effect of current parity on these intended parity transitions is explored in Table 4. The main finding is that current parity has a very unclear and unsystematic, if any relation to PPRs to higher parities. In other words, it can be postulated that the number of children already attained may have an influence on ideal perceptions of final family size. People may tend to *ex-post-facto* rationalize their ideal goals by incorporating into them what is already irreversibly known from their actual experience. Such actual experiences may or may not have been part of their ideal goals at an earlier stage of their lifecycles, but in any case they would normally be associated with higher PPRs among those with higher actual parities later in life. However, the patterns in Table 4 show a relative lack of elasticity of intended PPRs with the moving to higher actual parities. This points to a substantially stable set of ideal perceptions of future parity transitions which already clearly appear at lower parities – hence quite early in the lifecycle – and do not change substantially over the lifecycle.

These findings tend to support the opinion that changes to be expected in the family formation regime among Israel's Jews tend to be quite slow and conservative (Friedlander, 2002). The outlook for the foreseeable future would indicate a general tendency to preserve the patterns that have been observed in the recent past. One central reason for this is the existence within the body of Israeli society of more religious sectors, whose behaviors tend to be largely motivated by a strong and relatively invariant value system more than by a clear response to variable socioeconomic circumstances.

A further significant implication is that individuals and households who prefer different eventual parities may be perceived as constituting distinct subpopulations, each of which motivated by specific and different sets of determinants leading to the given final intended or appropriate parity. Each of these subpopulations, by preferred parity, can thus reasonably be analyzed separately in the assumption that different patterns of causality may motivate each subpopulation to achieve their preferred family sizes. In the following analysis we will indeed assume and emphasize the discrete nature of family size preferences within the total population investigated. We will follow the course of studying each parity group as a separate subpopulation, rather than viewing parity preferences as a continuum and analyzing its variation across the whole population as if it were responding to one common set of determinants.

**FIGURE 7. INTENDED PARITY PROGRESSION RATIOS
JEWISH MARRIED WOMEN AND MEN - ISRAEL 2005**



**TABLE 4. INTENDED PARITY PROGRESSION RATIOS: MARRIED JEWS,
ISRAEL 2005**

Current children	Intended transition to child:					N
	0-1	1-2	2-3	3-4	4-5	
Women						
Total	0.999	0.995	0.852	0.530	0.472	958
0	0.982	0.981	0.830	0.341	0.2	55
1	1	0.972	0.679	0.326	0.226	144
2		1	0.746	0.404	0.223	342
3			1	0.436	0.352	241
4				1	0.500	86
5					1	90
Men						
Total	1	0.981	0.791	0.495	0.467	474
0	1	0.971	0.727	0.250	0.333	34
1	1	0.886	0.758	0.404	0.579	70
2		1	0.573	0.469	0.326	171
3			1	0.290	0.250	124
4				1	0.341	41
5					1	34

Source: Survey of Attitudes and Behaviors Concerning Family Size among Israel's Jewish Population, 2005

5. Intended vs. Appropriate Children: Patterns and Differentials

We now turn to an analysis of the determinants of fertility levels, primarily among that majority which was able to consistently identify the same intended and appropriate fertility target. The main thrust of this analysis operates through logistic regressions with odds ratios. Table 5 displays pseudo R squares (Nagelkerke R^2) stemming from a set of logistic regressions inclusive of all the variables used in this report. In each regression, a dichotomy was posited between those respondents indicating a specific parity, or a given type of inconsistency between intended and appropriate parity, and the whole rest of the sample. The assumption already discussed above is that people's fertility orientations are significantly consolidated at an early stage of their lifecycle. For sure, changes can occur all the time, either because of a downward revision of ideal parity perceptions, or because of an upward revision often related to a birth whose timing or even occurrence was not planned.

Explanatory variables appear here organized into six major groups: (a) demographic background, (b) socioeconomic status, (c) social norms about family and career, (d) self-assessed religiosity, (e) number of current children, and (f) preferred policy options. The effects of these variables on intended/appropriate children are first indicated with each group of variables entered alone, then with all groups of variables entered stepwise in the order just mentioned. As expected, the coefficients of determination of different groups of explanatory variables are different according to the preferred parity, when coherently specified, and when intended and appropriate parity are inconsistent.

As a single explanatory factor, current children are the stronger factor vis-à-vis preferred parity 0-2, 3 and 4, and in the case of intended lower than appropriate children. Current children also significantly play at parity 5 and above. This would indicate the presence of a circular mechanism of normative reinforcement of actual behaviors, some of which must have taken place ex-post-facto.

Religiosity is the stronger factor vis-à-vis parity 5 or more, where it explains alone more than 58% of the total variance, and in the case of intended higher than appropriate children. The explanatory power of religiosity is related to a comparatively small minority highly focused on their ideal life goals.

Demographic variables such as sex, age, country of birth, educational attainment and employment status quite consistently play a more visible role than socioeconomic variables. They do exert some influence at lower parities (0-2) as well as on the higher parity end (5+), and when intended parity is lower than appropriate.

Social norms (attitudes about the importance of children and career) generally play a lesser role, with a somewhat stronger effect at higher parities. The latter subsumes some

correlation that exists between religiosity and other social norms related to civil life.

Preferred policy options do play a secondary, yet not entirely negligible role in explaining parity preferences, especially at higher preferred parities and among those with inconsistent preferences.

The overall explanatory effect of all groups of variables taken together is quite variable across preferred parities. It is higher at the lower (0-2) and higher (5+) parities, and when intended final family size is lower than it looks appropriate. These respondents have a more specialized profile, highly influenced by religiosity – whether low or high – but also by age and socioeconomic factors. On the other hand intermediate parities (3 and 4), and those with higher intended than appropriate parity tend to be diffused across the population and less predictable. The latter have a clearer connection with preferred policy options, namely with provisions for early childhood care, housing, and fertility treatment.

TABLE 5. SYNOPSIS OF NAGELKERKE R² FOR DIFFERENT MODELS OF LOGISTIC REGRESSIONS - NUMBER OF INTENDED/APPROPRIATE CHILDREN – ISRAEL JEWISH POPULATION, 2005

Explanatory variables	Number of Intended vs. Appropriate Children					
	Same				Different	
	0-2	3	4	5+	I<A	I>A
Variables group entered alone						
Demographic	.152	.026	.039	.151	.104	.043
Socioeconomic	.014	.023	.025	.033	.051	.048
Social norms	.011	.035	.015	.096	.010	.010
Religiosity	.193	.122	.046	.578	.023	.061
Current children	.260	.190	.087	.401	.062	.021
Preferred policy options	.032	.016	.010	.077	.023	.040
Cumulated variable groups entered stepwise						
Demographic	.152	.026	.039	.151	.104	.043
+ Socioeconomic	.160	.044	.060	.186	.141	.080
+ Social norms	.164	.067	.071	.263	.149	.095
+ Religiosity	.290	.164	.112	.618	.155	.148
+ Current children	.437	.271	.182	.672	.202	.155
+ Preferred policy options	.456	.279	.189	.679	.216	.169
Nagelkerke R²						
Demographic	.152	.026	.039	.151	.104	.043
R² increments, percent						
+ Socioeconomic	5.3	69.2	53.8	23.2	35.6	86.0
+ Social norms	2.5	52.3	18.3	41.4	5.7	18.8
+ Religiosity	76.8	144.8	57.7	135.0	4.0	55.8
+ Current children	50.7	65.2	62.5	8.7	3.3	4.7
+ Preferred policy options	4.3	3.0	3.8	1.0	6.9	9.0

Table 6 presents a more detailed outlook based on the fully specified model inclusive of all the variables selected for the present analysis. A first observation concerns the fact that each of the thirteen variables selected for this analysis turned up to produce statistically significant effects at least on some of the preferred parities.

Men are more clearly oriented than women toward a specific parity, with the exclusion of lower parities (0-2), while women much more often report inconsistent preferences regarding intended/appropriate children. Older age cohorts are directly related to lower or unfulfilled parities, while younger women are more strongly related to higher parities, confirming the inherent continuity of current fertility levels. The lower than average fertility patterns of the FSU immigrants appear bound to continue in the longer term of their absorption in Israel.

Labor force participation does lead to preferring smaller parities or unfulfilled fertility (intended lower than appropriate). Socioeconomic status, in particular and remarkably educational attainment, does not stand in antithesis with larger family sizes, while poverty or a pessimist economic outlook, quite expectedly, do not hold a positive association with larger families. Moreover, socioeconomic variables stand in completely antithetic relations with the two options of inconsistent intended and appropriate parity. A higher social status helps to predict the case of lower intended than appropriate family size, while a lower social status is associated with higher intended than appropriate family size.

Norms about career orientation do not stand in a clear relationship with preferred children, though some propensity toward lower parities does show up. Norms about the importance of children, too, do not result in very sharp patterns, besides a clear orientation toward fewer intended than appropriate children among those with lower normative support. The effects of religiosity are overwhelmingly felt at higher parities.

Finally, preferred policy options exert some independent effects on preferred parities, although they appear to be among the weaker of those reviewed here. While at lower parities the interest for policy options is quite limited, the more visible effects appear interestingly at higher parities and imply that the more religious segment of the population – while keen on its normative ideals founded on ideal outer-world aspirations – is not detached from a practical understanding of the concrete incentives and constraints of the real empirical world. This is confirmed by the independent effect among the more religious of a preference for money transfers among several other policy options. Overall, policy options do add to the interpretation of parity preferences even after most of the explanation has already been provided by demographic and socioeconomic characteristics, by religious and other social norms, and by the current number of children.

TABLE 6. LOGISTIC REGRESSIONS FOR NUMBER OF INTENDED/APPROPRIATE CHILDREN: FULL MODEL, ODDS RATIOS (TOTAL N = 1454)

Explanatory variables	Number of Intended vs. Appropriate Children					
	Same				Different	
	0-2	3	4	5+	I<A	I>A
1. Background variables: a. Basic						
V1. Sex: ref. Female						
Male	.741	1.196	1.237	1.177	.861	.806
V3. Age: ref. 24-29						
30-34	1.932**	1.036	.528**	.670	2.054*	.968
35-39	3.210***	.902	.851	.322***	2.802**	.823
40+	4.473***	.536**	.545	.351**	10.78***	.599*
V126. Country of birth: ref. Israel						
FSU	3.596***	.705*	.421**	.190**	1.189	.682*
Other	1.247	1.049	1.015	.741	1.351	1.062
V137A. Education: ref. <12						
12	1.513	.944	.882	.758	1.462	.843
13-16	.938	.958	.771	1.771	1.580	.736
17+	.517	1.035	.733	1.553	1.863	.588
V113. Employment status: ref. No work, does not seek						
Does not work, seek	1.187	1.496	.617	.703	2.120	1.333
Work part time	1.220	1.139	.771	.760	2.120	1.299
Work fulltime	1.188	1.278	.733	.591	1.810	1.256
b. Socioeconomic						
V123. Family's relative economic situation: ref. Much better than others						
Somewhat better	1.068	1.057	1.024	.525	.697	1.368
Same+don't know	1.145	.973	.708	.293**	.359***	2.689***
Somewhat worse	1.067	.736	.340*	.374	.616	3.660***
Much worse	.195	.289	.738	.163**	.202	7.624***
V122. Sources of economic help: ref. Parents						
Others	.787	.997	.768	.804	1.187	1.189
None	1.065	.953	.677*	1.061	1.116	1.179
V120. Family economic status next year: ref. Much better						
Somewhat better	1.627	.721	1.354	.588	1.219	.977
Same	1.610	.821	1.293	.457**	.924	.942
Somewhat worse	1.811	.653	1.239	.114***	1.639	1.093
Much worse	2.004	.725	.300	.181**	.535	1.499
c. Social norms						
V80. Attitudes about children: ref. Most important thing in life completely agree						
Moderately agree	.708	1.388**	.867	.721	1.128	.991
Moderately disagree	.934	.946	.798	.507	1.050	1.351
Completely disagree	1.278	.720	.536	1.398	1.678	.907
V124. Career orientation: ref. Not at all						
Moderately	.942	1.788***	1.436	.993	1.017	.615**
Somewhat	1.015	1.178	1.512	1.072	1.330	.967
Very much	.657	1.310	1.787*	.794	1.073	1.023
d. Religiosity						
ZEHUT. Religiosity: ref. Secular end						
Secular orientation	.131***	1.092	1.274	6.403***	1.001	1.293
Intermediate	.346***	.982	1.332	6.899***	1.233	1.069
Religious orientation	.165**	.278***	2.345***	34.58***	1.472	.524**
Religious end	-	.044***	.222***	83.61***	.911	.185***
2. V84A. Current children: ref. 0						
1	.944	.579**	.987	1.610	1.440	1.557
2	.389	.517**	1.432	1.273	1.881	1.875**
3	-	1.532	1.680	3.732*	1.171	1.662
4	-	-	7.051***	6.621***	.743	2.750***
5+	-	-	-	41.77***	-	1.439
3. V59B. Preferred policy options: Factors supporting having one additional child above currently intended ref: None						
Early childhood care	.816	.850	1.092	.726	1.020	1.432*
Child education	.720	.794	1.510	1.858	.932	1.592*
Woman employment	.711	.1356	1.128	1.163	.770	1.215
Housing	.453**	.705	1.800*	1.057	.656	2.060***
Money transfers	.663	.878	.810	1.246	.612	1.558
Tax exemptions	.656	1.263	1.195	1.226	.281**	1.687
Fertility treatment	.084**	.545	1.886	4.557**	1.602	2.319*
Good to children	.313***	1.156	1.430	1.595	1.414	.985
Constant	.235	.570	.125***	.039***	.013***	.110***
Nagelkerke R²	.456	.279	.189	.679	.216	.169
N	187	371	161	209	145	381

*** p < 0.01 ** p < 0.05 * p < 0.1

Relationships between selected background variables, and the number of intended/appropriate children among those who were able to define them coherently are outlined in greater detail in Figures 8-13. Each graph describes the relationship between one particular variable and the preferred parities by showing the variation of logistic regression odds ratios obtained for each parity. Therefore the representations describe the detailed net effects of a given variable after controlling for the other twelve variables displayed in Table 6. As already noted, each preferred parity was analyzed separately versus the rest of the sample through separate dichotomous equations. In other words the displays describe sorts of cross-tabs of odds ratios based on the detailed data shown in Table 6.

Here we focus on some of the main basic variables. All that follows needs to be examined keeping in mind the major reservation that people who did not designate a coherent intended/appropriate parity may display significantly different relationships between the selected characteristics and fertility. This is discussed at some length in the next section of this report.

A second major caveat is that the data refer to married adults only. The behavior of those who are currently unmarried, and whose share of the total population is known to be in the increase, may significantly affect the final picture.

a. Age

Figure 8 shows a clear direct age effect at low parities (0-2) (reference group: 20-24). At higher parities age effects are somewhat less consistent, but in any instance the higher odds are for youngest women, and the lower odds are for older women. While confirming the already noted lack of clear cohort effects on fertility – or in other words the persistence of stable fertility levels – if fertility intentions are realized, the fertility of younger married women will turn to be somewhat higher than that of older women.

b. Country of birth

Figure 9 displays a definitely reverse relationship between being born in the FSU and preferred parity (reference group: born in Israel). Part as a consequence of a sub-culture of low fertility developed over the decades in the FSU, and in spite of the observed convergence toward broader Israeli fertility patterns, low parity preferences continue to predominate as a characteristic cultural trait within this subpopulation. Other foreign-born display a similar relationship, but of very minor import. Under the present conditions, the turning of Israeli society from mostly foreign-born to mostly local-born carries an inherent component of potential fertility increase.

c. Educational attainment

Figure 10 shows a shifting relationship of years of education and preferred parity (reference group: less than 12 years). All in all, the relationship with higher education (17 or more years of study) is negative at lower parities (0-2), and positive at higher parities (5+). By converse, the relationship to parity turns from positive at lower parity to negative at higher parity among adults with moderately low educational attainment – a definition applicable in the evolving circumstances of society to those with 12 years of study, i.e. no post-secondary education. Overall, a clearly positive relationship emerges between educational attainment and preferred parity. The fact that women who chose higher parities often tend to be well educated is worth of particular mention. Taking into account the interplay between different background variables, the more educated include a share of the more religious (see below). These findings testify of the need to evaluate not only the amount of education received, but also the cultural-ideological contents of education. Given the fertility supportive attitude of traditional Judaism, more years of education in a religious context are likely to provide both a more firmly grounded rationale for larger families and a more systematic attitude to family planning technologies, including assisted parenthood, to those wishing to achieve them.

d. Employment status

Figure 11 portrays the relationship of participation in the labor force to preferred parity (reference group: does not work, does not seek employment). In general, different modes of labor force participation have a negative relationship to preferred parity. Minor differences appear between working full time, part time, or not working but seeking employment. Effects of the latter status – being unemployed – on parity preferences display the wider variation. Employment does not appear to have a systematic effect preventing fertility, at least at intermediate parities. Indeed, at parity 3 there is a direct relationship between work and children.

e. Relative economic status

Figure 12 shows the relationship of perceptions of relative economic status at the household level to preferred parity (reference group: much better than average). The relationship of such, albeit subjective, economic status to fertility tends to be quite clearly a direct one. The influence of perceived statuses equal or lower than average is felt somewhat more strongly at lower parities. Moving to higher parities, the higher the relative economic status, the stronger the effect on that choice. The erratic relationship of self-perceptions of a status much worse than average and parity, should be understood in the light of the

overwhelming concentration of this type of answer in the group who deems their intended fertility to be higher than appropriate. These findings provide evidence of a deterrent effect of poverty on fertility, and of a positive relationship of household economic resources and fertility.

g. Religiosity

Figure 13 shows the relationship of self-assessed religiosity to preferred parity (reference group: secular end of a five-ladder scale). As might be expected, the relationship is quite clearly positive. Holding a more strongly traditional and religious outlook displays a negative relationship with preferring lower parities, and a strongly positive relationship with higher parity preferences. The visible effect of the more religious end of the distribution actually shows up only at parity 5 and over.

FIGURE 8. LOGISTIC REGRESSION FOR FERTILITY PREFERENCES, ODDS RATIOS: AGE

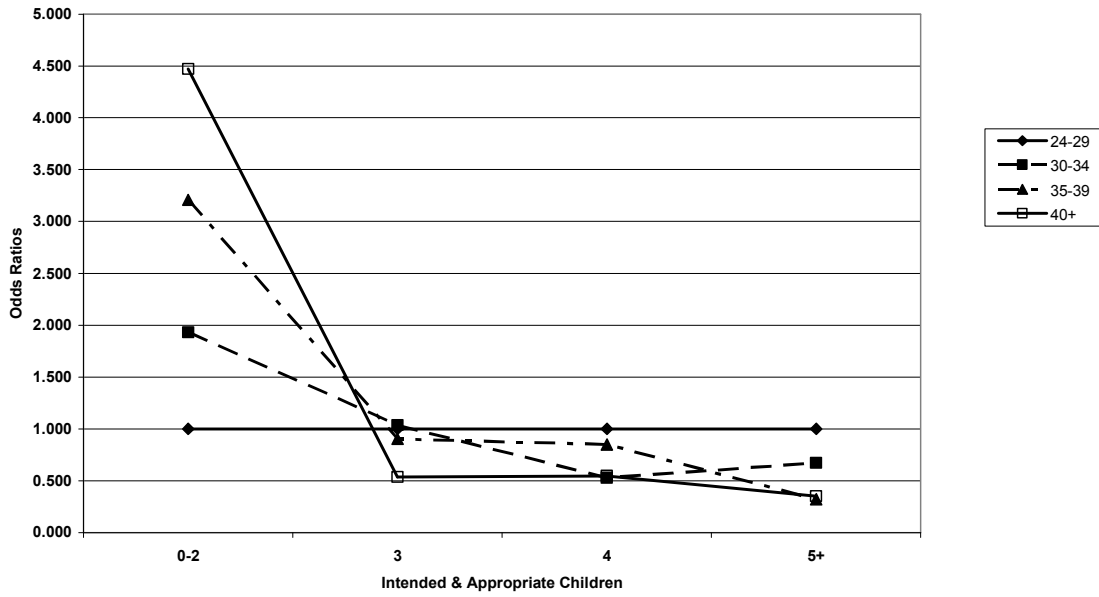


FIGURE 9. LOGISTIC REGRESSION FOR FERTILITY PREFERENCES, ODDS RATIOS: COUNTRY OF BIRTH

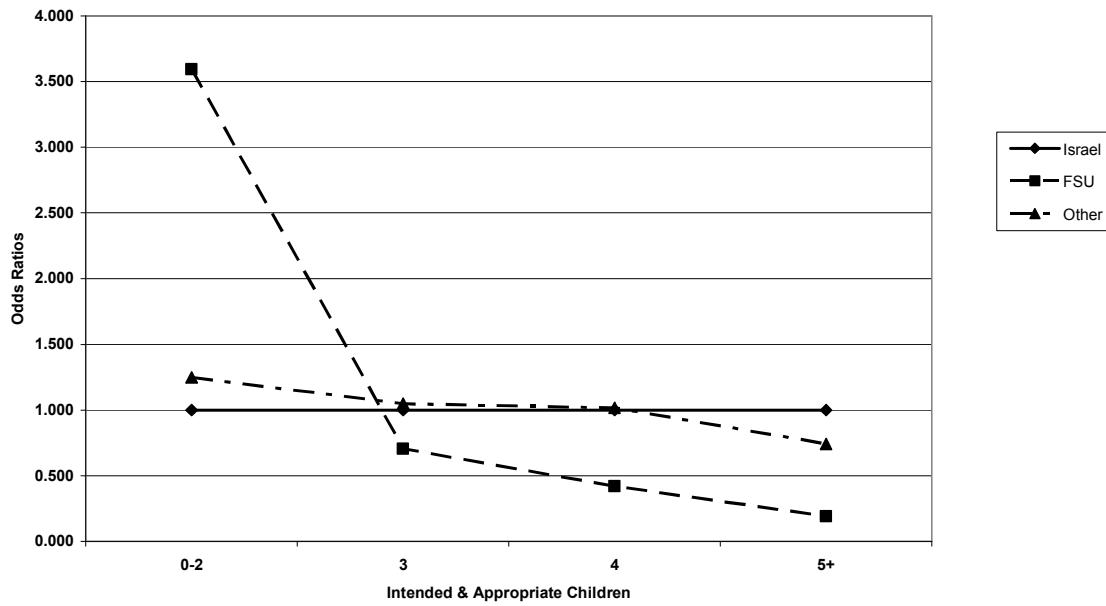


FIGURE 10. LOGISTIC REGRESSION FOR FERTILITY PREFERENCES, ODDS RATIOS: EDUCATIONAL ATTAINMENT

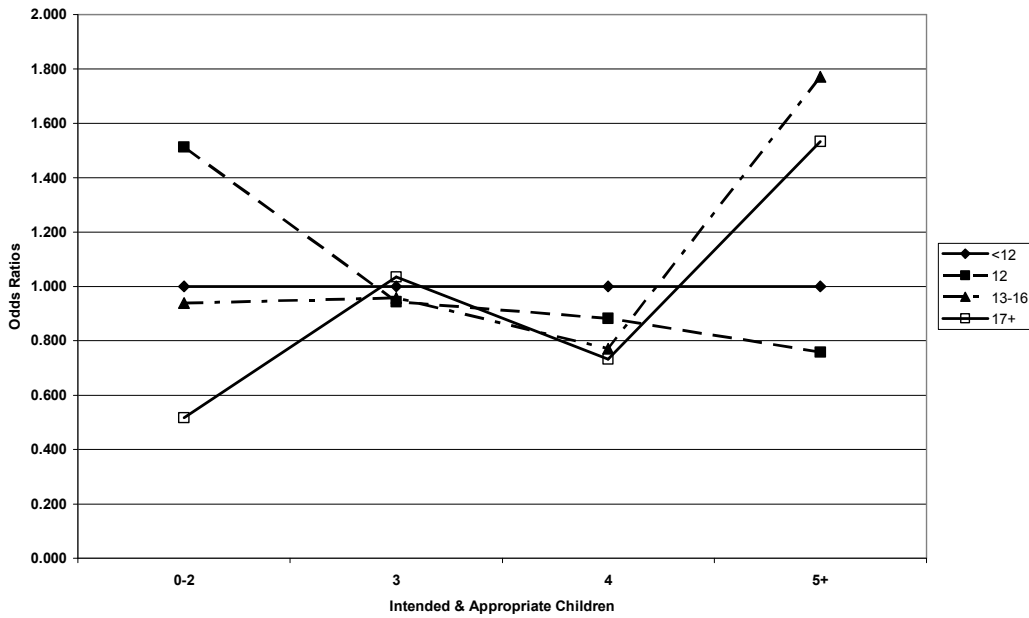


FIGURE 11. LOGISTIC REGRESSION FOR FERTILITY PREFERENCES, ODDS RATIOS: EMPLOYMENT STATUS

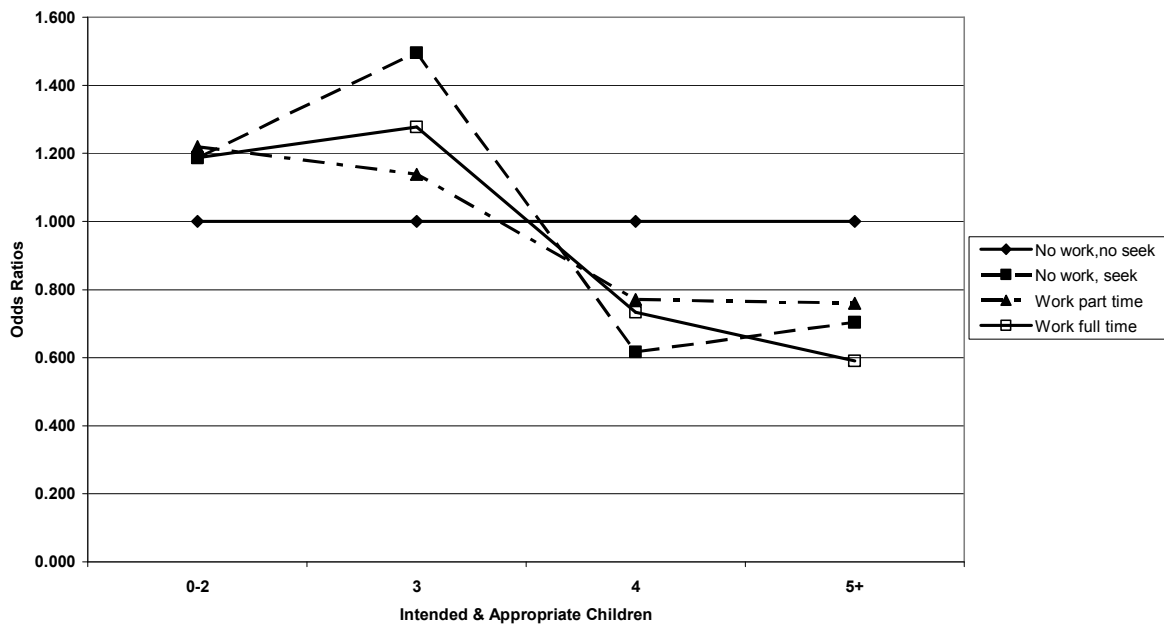


FIGURE 12. LOGISTIC REGRESSION FOR FERTILITY PREFERENCES, ODDS RATIOS: RELATIVE ECONOMIC STATUS

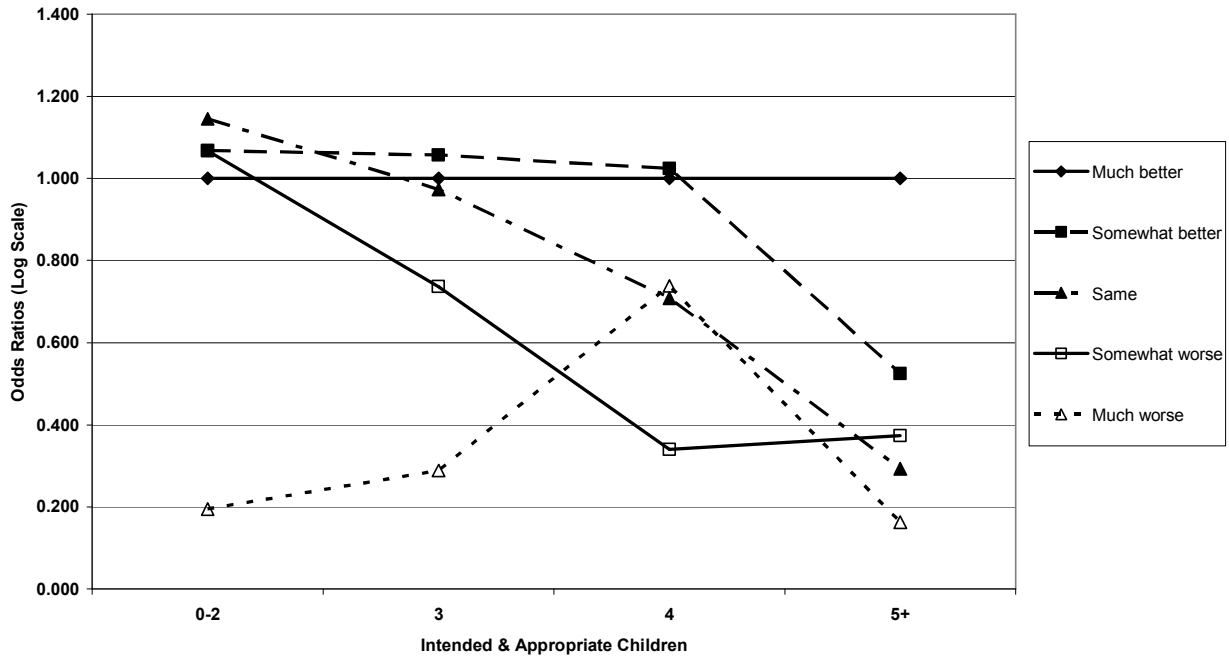
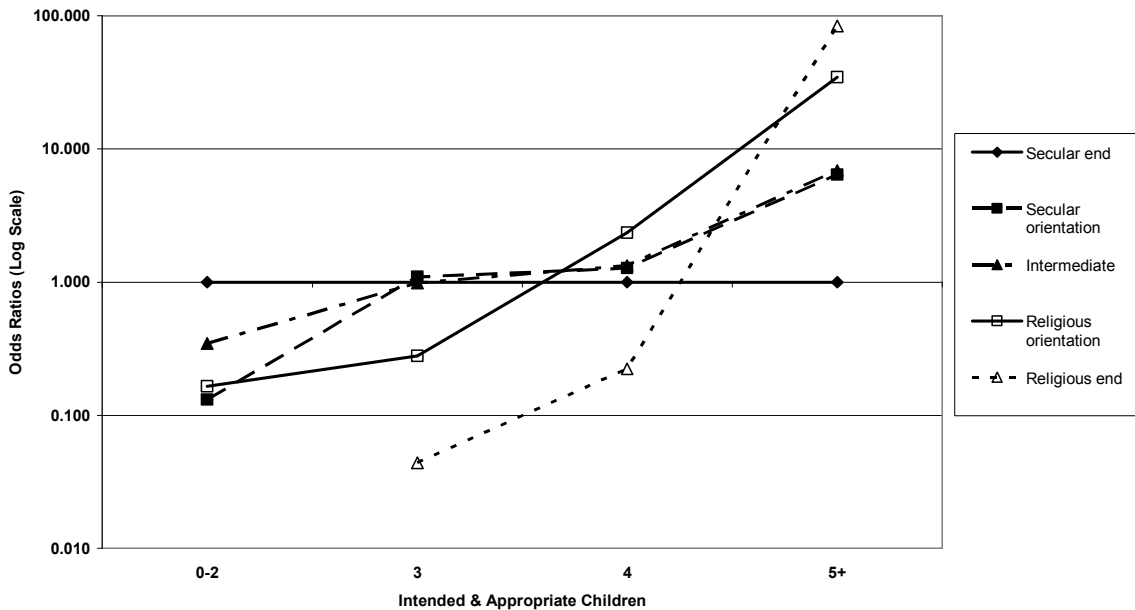


FIGURE 13. LOGISTIC REGRESSION FOR FERTILITY PREFERENCES, ODDS RATIOS (LOG SCALE): RELIGIOSITY

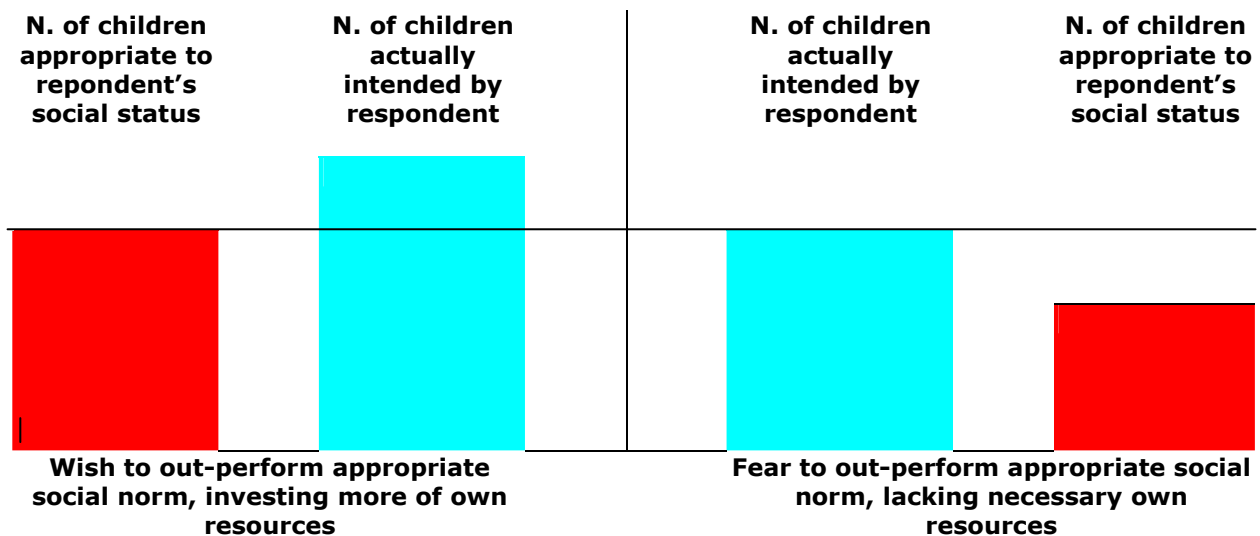


6. Discrepancies between Intended and Appropriate Family Size

As noted, a significant finding for cognitive and policy purposes alike is the presence of a large share (more than 36% of the total sample) of actual and potential parents whose perceptions of intended family size differ from their own perceptions of most appropriate family size. Nearly one in ten women and 15% of men married and at reproductive ages declare they are going to have fewer children than they believe would be socially appropriate (Intended < Appropriate). More than one in four of all women, and more than one in five of men report that they intend to have, and probably will have more children than they believe would be appropriate in relation to the social status to which they belong (Intended > Appropriate). This latter amount of indetermination is significantly more widespread among women than among men. How do we understand these inconsistencies?

A smaller intended than appropriate family may apparently be related to circumstances of age and health, as well as women’s socioeconomic motives. When, more often, it is the intentions that are higher than a person’s own feelings of appropriateness, explanation is more complex, and probably also more ambivalent (see Figure 14).

FIGURE 14. ALTERNATIVE EXPLANATIONS OF INCONSISTENCIES BETWEEN PERCEPTIONS OF INTENDED AND APPROPRIATE TOTAL NUMBER OF CHILDREN – ISRAEL, 2005



These inconsistencies can indeed be explained in two antithetic ways, depending on the ordering of the logic underlying the question. The first explanation postulates that a respondent first determines what would be most appropriate in his/her social environment, and subsequently chooses to out-perform that norm. This wish to achieve or contribute a larger than usual family size implies investing a greater amount of personal resources which are presumed to be available. The alternative explanation postulates that, first, a respondent evaluates his/her expected performance, and subsequently determines that the expected performance exceeds the available capabilities that would be appropriate to support the intended number of children. This may result in fear to out-perform what would be appropriate because of a perceived lack of the necessary resources. Hence we may attribute two completely different meanings to apparently homogeneous answers.

The full details of the determinants at work in the two cases of inconsistency between intended and appropriate fertility are specified in Tables 7 and 8, in which several variables are gradually added in order to test their contribution to overall explanation. Pseudo R^2 indeed gradually increase, although not overwhelmingly, with more visible effects in the first case ($I < A$) than in the second ($I > A$).

Table 7 illustrates the first case ($I < A$). The stronger effects come indeed from demographic background, specifically from older age, being born abroad, holding higher education, participating in the labor force, and doing better than average economically. On a normative plan, the same group disagrees with putting children at the center of life, although the relationship to career centeredness is not very clear. Interestingly the effect of religiosity is not very clear either, while the influence of currently holding a lower parity is somewhat felt. This group is generally not much interested in possible policy options, but an interesting hint – though statistically not sufficiently significant – comes from the mentioning of fertility treatment among the preferred options.

Table 8 illustrates the second case ($I > A$). Reading of the data supports the likelihood of the second explanation mentioned above, i.e. a fear to out-perform appropriate norms grounded on a feeling of insecurity about the availability of necessary tools and means. There is a tendency for women to be more often than men negotiating this climate of incertitude, along with younger adults, people non born in the FSU, who hold a lower education, interested at working, but struggling with unemployment. The most powerful relation concerns relative socioeconomic status with a clear influence from poverty or less than average status, fewer personal and family economic resources, and economic pessimism. They cannot agree on children being the center of the world, but do not hold a clear career orientation.

These substantive findings clearly portray a sense of personal – mostly economic –

inadequacy on the side of a substantial share of the Israeli households. They hold to fertility norms they will achieve in any case but they feel they cannot adequately sustain. The gap between intended and appropriate family size hence emerge as a clear indication of lack of security, mostly on economic grounds. By converse, the ability to clearly and coherently determine an intended and appropriate family size results as a sign of self-confidence.

Religiosity turns out again as a significant factor, through its effect is quite weak and in any case operating in a reverse relationship. The noted lack of self-confidence appears to be a correlate of a secular outlook. The more religious would in any case tend to incorporate into their pro-active outlook births that others would consider as “excess” parity. It is therefore mostly among the limited more religious subpopulation that the earlier explanation provided above possibly holds, grounded on ideological determinants and the wish to out-perform others – among other things by seeking fertility treatment (see below preferred policy options).

In this general context of real or perceived neediness – or at least perceived inadequacy – the effects that emerge from policy options are the stronger compared with the whole respondent population. Recalling that we posited intended/appropriate parity as the dependent variable, in these equations preferred policy options are posited among the explanatory factors leading to those choices. In fact the actual direction of the relationship may be more interactive than uni-directional. Nearly all the possible options receive attention, but more so housing and educational needs, with a visible orientation toward direct monetary transfers and tax exemptions. It seems plausible that through these declarations, the relevant respondents are telling us that the stated policy interventions will compensate for what is now lacking and a cause of dissonance between intended and appropriate family size.

These findings may have far reaching analytical implications in the general evaluation of the firmness and reliability of fertility intentions. They seem to portray a very wide horizon of indetermination in family growth processes even among a public that seems highly determined to achieve clearly specified objectives and with a good record of having achieved them in the past.

**TABLE 7. LOGISTIC REGRESSION FOR FERTILITY PREFERENCES:
INTENDED LOWER THAN APPROPRIATE, ODDS RATIOS (N = 145)**

Explanatory variables	Back-ground Basic	Plus Socio-economic	Plus Social Norms	Plus Religiosity	Plus N. of Children	Plus Policy Options
1. Background variables: a. Basic						
V1. Sex: ref. Female						
Male	1.016	.955	.958	.933	.823	.861
V3. Age: ref. 24-29						
30-34	2.091**	2.117**	2.120**	2.014*	2.019*	2.054*
35-39	2.602***	2.581**	2.649**	2.491**	2.841**	2.802**
40+	7.772***	7.910***	8.424***	7.909***	11.20***	10.78***
V126. Country of birth: ref. Israel						
FSU	1.262	1.415	1.474	1.371	1.155	1.189
Other	1.347	1.192	1.130	1.165	1.362	1.351
V137A. Education: ref. <12						
12	1.754	1.752	1.686	1.661	1.551	1.462
13-16	1.987	1.878	1.727	1.780	1.663	1.580
17+	2.592*	2.162	1.971	2.100	1.951	1.863
V113. Employment status: ref. No work, does not seek						
Does not work, seek	2.081	2.655*	2.535	2.324	2.030	2.120
Work part time	2.257*	2.232*	2.169	2.097	2.024	2.120
Work fulltime	2.237*	2.206*	2.013	1.913	1.806	1.810
b. Socioeconomic						
V123. Family's relative economic situation: ref. Much better than others						
Somewhat better		.794	.789	.797	.725	.697
Same+don't know		.349***	.361***	.380***	.362***	.359***
Somewhat worse		.393*	.425*	.480	.529	.616
Much worse		.170	.195	.201	.202	.202
V122. Sources of economic help: ref. Parents						
Others		1.155	1.202	1.241	1.210	1.187
None		1.149	1.164	1.150	1.098	1.116
V120. Family economic status next year: ref. Much better						
Somewhat better		1.186	1.207	1.210	1.258	1.219
Same		.929	.962	.979	.923	.924
Somewhat worse		1.495	1.592	1.582	1.532	1.639
Much worse		.431	.444	.450	.489	.535
c. Social norms						
V80. Attitudes about children: ref. Most important thing in life completely agree						
Moderately agree			1.243	1.163	1.124	1.128
Moderately disagree			1.234	1.164	1.095	1.050
Completely disagree			1.864	1.811	1.786	1.678
V124. Career orientation: ref. Not at all						
Moderately			1.048	1.034	1.011	1.017
Somewhat			1.417	1.370	1.286	1.330
Very much			1.136	1.063	1.010	1.073
d. Religiosity						
ZEHUT. Religiosity: ref. Secular end						
Secular orientation				.923	1.012	1.001
Intermediate				1.008	1.254	1.233
Religious orientation				.942	1.578	1.472
Religious end				.400**	1.091	.911
2. V84A. Current children: ref. 0						
1					1.470	1.440
2					1.829	1.881
3					1.105	1.171
4					.711	.743
5+					-	-
V59B. Preferred policy options: Factors supporting having one additional child above currently intended: ref. None						
Early childhood care						1.020
Child education						.932
Woman employment						.770
Housing						.656
Money transfers						.612
Tax exemptions						.281**
Fertility treatment						1.602
Good to children						1.414
Constant	.008***	.015***	.012***	.014***	.012***	.013***
Nagelkerke R²	.104	.141	.149	.155	.202	.216

*** p < 0.01 ** p < 0.05 * p < 0.1

**TABLE 8. LOGISTIC REGRESSION FOR FERTILITY PREFERENCES:
INTENDED GREATER THAN APPROPRIATE, ODDS RATIOS (N = 381)**

Explanatory variables	Back-ground Basic	Plus Socio-economic	Plus Social Norms	Plus Religiosity	Plus N. of Children	Plus Policy Options
1. Background variables: a. Basic						
V1. Sex: ref. Female						
Male	.781	.804	.821	.795	.818	.806
V3. Age: ref. 24-29						
30-34	1.195	1.161	1.177	1.106	.994	.968
35-39	.996	.962	1.039	.920	.808	.823
40+	.824	.731	.780	.672*	.575**	.599*
V126. Country of birth: ref. Israel						
FSU	.848	.771	.797	.665**	.667*	.682*
Other	.926	.996	1.010	1.006	1.029	1.062
V137A. Education: ref. <12						
12	.688	.717	.727	.794	.815	.843
13-16	.480***	.530**	.515**	.672	.695	.736
17+	.344***	.420***	.391***	.538*	.555*	.588
V113. Employment status: ref. No work, does not seek						
Does not work, seek	2.341***	2.117**	1.896**	1.414	1.392	1.333
Work part time	1.543*	1.654**	1.598*	1.300	1.317	1.299
Work fulltime	1.511*	1.721**	1.546*	1.192	1.228	1.256
b. Socioeconomic						
V123. Family's relative economic situation: ref. Much better than others						
Somewhat better		1.383	1.398	1.422	1.398	1.368
Same+don't know		2.386***	2.587***	2.870***	2.783***	2.689***
Somewhat worse		2.696***	3.060***	3.971***	4.007***	3.660***
Much worse		5.477***	6.000***	7.110***	7.523***	7.624***
V122. Sources of economic help: ref. Parents						
Others		1.036	1.045	1.129	1.135	1.189
None		1.261	1.290*	1.230	1.189	1.179
V120. Family economic status next year: ref. Much better						
Somewhat better		.973	.963	1.006	1.007	.977
Same		.835	.866	.975	.958	.942
Somewhat worse		1.053	1.108	1.181	1.156	1.093
Much worse		1.527	1.572	1.642	1.634	1.499
c. Social norms						
V80. Attitudes about children: ref. Most important thing in life completely agree						
Moderately agree			1.118	.960	.963	.991
Moderately disagree			1.487**	1.263	1.317	1.351
Completely disagree			.935	.872	.856	.907
V124. Career orientation: ref. Not at all						
Moderately			.724	.646	.637**	.615**
Somewhat			1.187	.984	.961	.967
Very much			1.293	1.033	1.047	1.023
d. Religiosity						
ZEHUT. Religiosity: ref. Secular end						
Secular orientation				1.331	1.305	1.293
Intermediate				1.152	1.100	1.069
Religious orientation				.543***	.522**	.524**
Religious end				.177***	.173***	.185***
2. V84A. Current children: ref. 0						
1					1.566	1.557
2					1.853**	1.875**
3					1.640	1.662
4					2.509**	2.750***
5+					1.420	1.439
3. V59B. Preferred policy options: Factors supporting having one additional child above currently intended: ref. None						
Early childhood care						1.432*
Child education						1.592*
Woman employment						1.215
Housing						2.060***
Money transfers						1.558
Tax exemptions						1.687
Fertility treatment						2.319*
Good to children						.985
Constant	.464**	.193***	.167***	.231***	.151***	.110***
Nagelkerke R²	.043	.080	.095	.148	.155	.169

*** p < 0.01 ** p < 0.05 * p < 0.1

7. Preferred Policy Options

The debate about population policies has long constituted a visible feature in political and socioeconomic discourse in Israel (DellaPergola and Cohen, 1992). The debate focused on the need for such policies that would affect the main components of population change such as international migration and fertility, the political legitimacy and likely demographic effects of such policies, their actual feasibility, and specific aspects of their implementation (Israel, 1966; Friedlander, 1974; The Demographic Center, 1992; Kupinsky, 1992a and 1992b; Schellekens and Ophir, 2006). A fundamental distinction often missed in these debates concerns the role of social and demographic policies as a tool to redress specific issues of inequality or poverty, versus the impact of policies aiming at achieving broader societal objectives. These debates notwithstanding, Israel's official stance facing fertility levels has been one of limited mobilization of resources, mostly translated into direct monetary transfers through child allowances, and ultimately tuned to the former more limited social goals. The actual amounts of the latter tended to considerably fluctuate over time reflecting the alternance of political agendas and economic priorities at the helm of the Treasury, coalition interests, and the actual availability of resources in the state's budget.

Findings from the 2005 Survey related to perceptions of incentives and constraints to family size provide further insights on past and present fertility trends, and an exploratory background to possible future social policies (DellaPergola, 2006). Israel's prevailing policies of transfer payments do not seem today to adequately meet a persisting demand for children grounded on child quality and women's equitable status. The 2005 Survey indicated a clear preference for private/family centered over public/state centered motives among the perceived positive reasons for family growth. In overwhelming terms according to survey data (72%), perceived benefits of children for the nuclear family clearly prevail over abiding to religious norms or national needs. On the other hand, the main factors hindering further family growth highlight socioeconomic needs, namely the costs of early childcare, children's education, more spacious housing, and more sensitive provisions for working women.

Among other questions on fertility norms and intentions, prospective parents were asked in 2005: "All considered – what factor might motivate you to have another child *above* the number you have finally determined to have?" (Table 9). Interestingly, 80% of the women interviewed – slightly more than among men – were ready to discuss such a question in spite of the several other queries already asked about ideal and most appropriate family size targets, and actual or definitive family plans. This high readiness to address a question that would otherwise seem highly redundant indicates the persistence of a significant margin of flexibility underlying apparently consolidated family size plans.

Intervening change and community interactions may therefore considerably impact on final family decision making. The response rate was lowest (47%) among those intending to have smaller families (0-2 children), and highest (83%) among those preferring 3 children and among those who already thought that their intended children exceed the appropriate number. In other words the low end of the distribution appears to be the least prone to be affected by policy provisions, while the most fluid and perhaps economically most problematic subpopulation is the more prone. In turn, the 3 child group – which in many respects is not only the largest but also the normative reference group – shows some availability to reconsider its targets.

The primary factor that might bring a parent (in Table 9 a woman parent) to reconsider previous family size decisions is provisions for early childhood care (28% of respondents). Israel has put in place a system of child-care facilities and other woman-oriented social security benefits which render child-rearing more feasible than in many other developed countries, but among the Jewish sector early childhood care is mainly private and quite costly, and should be further developed. Among the Arab sector the same early childhood services, to the extent that they are available, are mostly public sponsored (Israel Central Bureau of Statistics, 2006).

The costs of education beyond early childhood also constitute a child-related concern (10%) – more visible among those intending to have more children than appropriate. The next most significant are the concerns related to women employment (18%) such as more flexible working hours, being allowed longer intervals between having a child and returning to work, and not being discriminated against in career development because of time devoted to the family. Housing, namely access to grants to move to larger residential arrangements, follows as a concern (14%), more so among 4 child families and among those intending to have more children than deemed appropriate.

Interestingly, we find little emphasis on money transfers (5%), namely child allowances, or tax exemptions, namely on expenses incurred through childrearing (5%). Child allowances have constituted a high profile tool in Israel's family policies and even more so a bone of contention in public debate. The only group that stresses the importance of money transfers is families envisaging 5 or more children. This is significant since the ideological background that had previously emerged as the main determinant of larger family size decisions seems to go hand in hand with more pragmatic evaluations.

Fertility treatment is a further factor able to affect the final number of children (3%), evidently confined to those in need of special medical care.

Finally, it is intriguing to find that a significant minority (17%) goes back to mentioning pure and simple family norms: one in six women, after having resolutely spelled

their family size targets, would consider still one more child on purely normative-ideological grounds unrelated to specific policy incentives, stating that “it is good for children”. Not unexpectedly, a clear predominance among these obtains among families aiming at 5 or more children.

Two quite different sets of reasons, therefore, emerge for having or not having further children. While the constraining factors concretely relate to the daily experience of economic constraints, childcare, work, and housing, the incentive factors primarily reflect the resilient presence of pro-family norms. It is evidently the interplay of economic and cultural reasons that creates the peculiarity of Israeli fertility patterns. As the extent of such indetermination is intriguingly widespread, indeed, a substantive share of all households might consider, or at least are ready to discuss, a larger family under the appropriate circumstances.

Parallel data on men show greater sensitivity to some of the monetary aspects. Men are less attentive to the implications of child education and early child care. Gender socialization thus indirectly emerges as one important issue in the overall evaluation of family policies.

TABLE 9. MAIN FACTOR AFFECTING DECISION TO HAVE ONE ADDITIONAL CHILD ABOVE NUMBER INTENDED, MARRIED JEWISH WOMEN ISRAEL, 2005

Factors	Number of Intended vs. Appropriate Children						Total
	Same				Different		
	0-2	3	4	5+	I<A	I>A	
Response rate, %	47	82	80	70	70	83	78
Total	100	100	100	100	100	100	100
Early childhood care	44	27	24	11	33	31	28
Child education	10	9	8	7	10	14	10
Woman employment	17	22	16	14	19	15	18
Housing	10	13	19	11	10	18	14
Money transfers	2	3	2	16	2	6	5
Tax exemptions	7	6	7	5	0	4	5
Fertility treatment	1	1	4	6	4	2	3
Good to children	8	19	20	30	23	10	17

Positing now each of the different policy options as a dependent variable (in accordance with Figure 6 b), provides further insights on the nature of broader relationships connected with fertility perceptions and decisions (see Tables 10 and 11). As noted in Table 9, suggested policy options refer to possible public interventions and incentives in the areas of early child care, children education, women’s employment, housing, money transfers, tax exemptions, and fertility treatment. Regarding the conspicuous residual group of more than one sixth of the respondents who mentioned the benefit to children already born as a reason

for further childbirth, while this is not really a policy option, we interpreted it in the sense of the enhancement of a public discourse and communications context favorable to childbearing and childrearing. That 22% of the sample who chose not to answer was interpreted as if under no circumstances the intended final parity would be incremented by one.

We should note again that working with logistic regressions we pit each group of respondents preferring a given policy option against the whole rest of the sample. This assumption about the discrete nature of policy tastes and attitudes may not be entirely realistic in view of the likelihood that many respondents would be ready to support a policy option other than the one they selected as their most preferred.

TABLE 10. SYNOPSIS OF NAGELKERKE R² FOR DIFFERENT MODELS OF LOGISTIC REGRESSIONS – PREFERRED POLICY OPTIONS – ISRAEL JEWISH POPULATION, 2005

Explanatory variables	V59B. Preferred policy options: Factors supporting having one additional child above currently intended								
	None	Early child care	Child education	Women employment	Housing	Money transfers	Tax exemptions	Fertility treatment	Good to children
Variables group entered alone									
Demographic	.064	.069	.027	.062	.042	.083	.062	.045	.053
Socioeconomic	.018	.019	.024	.014	.036	.075	.032	.029	.039
Social norms	.012	.005	.017	.008	.007	.035	.045	.040	.010
Religiosity	.013	.044	.010	.004	.009	.055	.017	.026	.030
Current children	.038	.038	.012	.015	.006	.055	.009	.056	.006
Intended/Appropriate Children	.030	.040	.018	.016	.032	.044	.016	.051	.044
Cumulated variable groups entered stepwise									
Demographic	.064	.069	.027	.062	.042	.083	.062	.045	.053
+ Socioeconomic	.076	.085	.052	.077	.071	.141	.082	.071	.077
+ Social norms	.084	.090	.071	.086	.077	.159	.118	.109	.088
+ Religiosity	.100	.123	.078	.091	.090	.199	.131	.129	.106
+ Current children	.119	.134	.086	.102	.096	.224	.136	.271	.111
+ Intended/Appropriate Children	.134	.137	.091	.106	.111	.226	.149	.310	.124
Nagelkerke R²									
Demographic	.064	.069	.027	.062	.042	.083	.062	.045	.053
R² increments, percent									
+ Socioeconomic	18.8	23.2	92.6	24.2	69.0	69.9	32.3	57.8	45.3
+ Social norms	10.5	5.9	36.5	11.7	8.5	12.8	43.9	53.5	14.3
+ Religiosity	19.0	36.7	9.9	5.8	16.9	25.2	11.0	18.3	2.5
+ Current children	19.0	8.9	1.3	12.1	6.7	12.6	3.8	11.1	4.7
+ Intended/Appropriate Children	12.6	2.2	5.8	3.9	15.6	0.9	9.6	14.4	11.7

The ability to explain preferred policy options is significantly lesser than toward intended/appropriate children (Table 10). Judging from the effects obtained by each group of variables inserted alone, demographic variables constitute the single most influential

explaining determinant regarding each policy option or absence of such – with the sole exception of fertility treatment. Current children are also somewhat more influential on “no policy option”; socioeconomic variables are regarding children education, housing, and money transfers; secular social norms are regarding tax exemptions; religiosity regarding early childcare; intended/appropriate children regarding women employment, fertility treatment, and “good to children”.

The stronger overall effects are exerted on fertility treatment, which quite obviously focuses on a relatively small group of adults with specific characteristics of older age and infertility problems. In second place, in terms of “explained variance”, come money transfers which, too, can be understood in terms of the scarce popularity of this option among the public at large, besides somewhat specialized subpopulations. In this respect, religiosity exerts a visible effect. This calls for a re-evaluation of the normative world of the very religious who admittedly are resilient in their wish not to give away their traditional set of values, symbols, and institutions, but also are well conscious of the existence and meaning of modern material incentives.

More detailed relations are highlighted in Table 11. Notable effects on “no policy options” come from low (1-2) current parities. Early child care displays negative effects from older age and low parities. Later child education attracts attention from older mothers as a natural lifecycle effect, from families below the optimal economic standards of living, including underemployment, poor relative socioeconomic status, lack of economic optimism, and scarce religiosity. Women employment attracts women in their 30s, better educated, unemployed. Housing is especially related to medium-lower education and lesser economic resources. Money transfers attracts lower socioeconomic strata. Tax exemptions attracts people with a strong career orientation. Fertility treatment attracts older adults and higher parities – again a symptom of the highly committed ideologically. “Good to children” attracts more educated women, and is diffused at higher parities.

We already noted but, in view of the findings, need to reiterate the quite self-centered stance of men facing the various policy options. Men are resolutely uninterested in early childcare (which is mostly woman-centered) and in the status of working women, while they are definitely overrepresented when it comes to money transfers and to some extent, tax exemptions. They are saying: “Give us the money, our women will deliver the children”. The women say: “Empower us, we will deliver the children”. The odds of policy options pass also through the assessment of the emerging balance of gender attitudes toward family issues that involve the inherent sharing of decision making, experiences, and responsibilities.

TABLE 11. LOGISTIC REGRESSIONS FOR PREFERRED POLICY OPTIONS: FULL MODEL, ODDS RATIOS (TOTAL N = 1498)

Explanatory variables	V59B. Preferred policy options: Factors supporting having one additional child above currently intended								
	None	Early child care	Child education	Women employment	Housing	Money transfers	Tax exemptions	Fertility treatment	Good to children
1. Background variables									
a. Basic									
V1. Sex: ref. Female									
Male	.767*	.618**	1.274	.414***	1.228	3.264***	1.668	.520	1.009
V3. Age: ref. 24-29									
30-34	1.185	1.170	1.748*	.981	.803	1.039	1.380	4.167**	.613**
35-39	.908	.760	1.642	1.588*	.648	.332**	1.944	3.983*	.821
40+	.596*	.419***	2.482**	1.265	.367***	.276**	2.130	32.62***	.650
V126. Country of birth: ref. Israel									
FSU	.980	1.304	.863	1.377	.751	1.748	.816	.378	.680
Other	.643**	.831	1.102	.411**	1.113	.235**	1.411	1.013	.856
V137A. Education: ref. <12									
12	.675	.908	.812	1.106	1.823	.444*	.239**	.481	1.585
13-16	.679	.783	.695	1.880	1.342	.226***	.655	.334	2.211
17+	.759	.556	.802	1.348	1.124	.286***	.948	.351	2.968*
V113. Employment status: ref. No work, does not seek									
Does not work, seek	1.707	1.267	.891	2.154*	1.619	2.551	.180	.478	.592
Work part time	1.207	1.247	1.933	.782	.882	2.464*	.939	.944	.719
Work fulltime	.675	1.508	.846	1.371	.773	1.880	.631	.840	1.131
b. Socioeconomic									
V123. Family's relative economic situation: ref. Much better than others									
Somewhat better	1.369	1.192	2.399	.727	1.168	2.669	.867	1.026	1.510
Same + don't know	1.155	1.005	3.491**	.633	1.705	3.895	.621	1.124	.983
Somewhat worse	1.992*	1.393	3.241*	.685	2.484*	5.824	1.131	.384	.582
Much worse	1.399	.631	3.518	.434	.674	-	-	.891	2.163
V122. Sources of economic help: ref. Parents									
Others	.807	.770	.670	1.455	.613	1.061	.724	1.453	1.094
None	.856	1.254	.854	.786	1.349	1.330	.602	.742	.641**
V120. Family economic status next year: ref. Much better									
Somewhat better	1.255	1.093	1.903	.675	1.061	1.374	.729	2.314	.936
Same	1.086	1.043	1.453	.875	.899	1.136	.955	2.093	.877
Somewhat worse	1.163	.609	2.991**	.767	1.423	.844	1.131	1.117	.683
Much worse	2.571*	1.449	1.181	.630	1.599	4.578**	1.338	-	.404
c. Social norms									
V80. Attitudes about children: ref. Most important thing in life completely agree									
Moderately agree	.734**	.819	1.590**	.924	.945	1.007	.554	.388	.877
Moderately disagree	.631**	.746	1.507	.457**	.864	.548	.800	1.785	1.248
Completely disagree	.635	.973	1.531	1.336	.434	.451	.337	1.070	.716
V124. Career orientation: ref. Not at all									
Moderately	1.351	.919	1.120	1.169	1.189	1.220	2.202	1.813	.861
Somewhat	1.275	1.200	.699	1.250	.808	.861	4.550***	.351	1.046
Very much	1.073	1.007	1.290	.983	1.014	.724	4.179**	1.451	.642
d. Religiosity									
ZEHUT. Religiosity: ref. Secular end									
Secular orientation	1.227	1.462*	.927	.930	.867	.949	.830	1.064	1.081
Intermediate	1.927***	1.471*	1.019	1.336	.600*	2.102*	.956	2.163	.989
Religious orientation	1.039	.862	.663	.738	.695	1.247	.994	3.998*	1.718*
Religious end	.929	.303***	.559	1.051	.433*	2.211	.293	5.175**	2.558*
2. V84A. Current children: ref. 0									
1	1.959**	2.702***	.926	.764	.836	4.977	.583	.578	1.369
2	1.094	2.498**	.639	.509**	1.251	5.201	.550	.087***	1.381
3	.671	2.393**	.807	.367***	1.350	5.973	.570	.014***	.816
4	.480*	2.171*	.393	.534	.799	5.603	.442	.008***	1.209
5+	.569	1.866	.278*	.349*	1.559	17.646**	.555	.008***	.949
3. COHERENT. Intended vs. appropriate children: ref. 0-2									
3	1.732**	.733	1.017	1.490	1.150	1.041	1.307	4.188	1.851**
4	2.293***	.704	1.546	1.128	2.069*	.840	1.036	11.977**	1.887*
5+	1.802**	.601	1.890	1.049	1.038	1.370	1.012	28.209**	1.776
I < A	1.503	.867	1.191	.996	1.009	.823	.329	11.051**	2.392**
A > I	2.273***	.834	1.409	1.082	2.006**	1.218	1.272	10.684**	1.166
Constant	1.886	.132***	.016***	.207**	.062***	.002***	.080**	.006***	.062***
Nagelkerke R²	.134	.137	.091	.106	.111	.226	.149	.310	.124
N	391	277	131	166	157	74	68	34	200

*** p < 0.01 ** p < 0.05 * p < 0.1

8. Concluding Remarks

The demographic predicaments of Israeli society – internal and external – render demography in general and fertility in particular, high-profile dimensions in societal change, public discourse and policy planning. In the Israeli societal set-up, uniquely resilient family and fertility patterns have emerged. This report has reviewed some of the fundamental features of fertility patterns and attitudes in relation to Israel's Jewish subpopulation.

In this report, largely based on a 2005 survey of married couples at reproductive ages, after observing the resilience of past fertility levels, an attempt was made to present an integrated view of the mechanisms underlying fertility norms and preferred policy options. Many of these mechanisms are still in place and foreshadow the continuation of fairly sustained fertility levels in the foreseeable future. Ideal family perceptions continue to oscillate around an average of 4. The demand for children is still widespread in society and it broadly cuts across social classes and cultural groups – following at distance the normative drive of the more religious.

Among the main emerging findings, a substantial majority report they are able to coherently match their intended and appropriate family size. However, this is not the case for a significant minority. Lack of socioeconomic security – real or perceived – is related to a more fluid and less determined stance regarding the relationship between intended and appropriate family size. However, a significant share of married households reports a dissonance between their preferred family size targets, and the targets that would be appropriate for persons with resources like theirs. On the other hand, persons equipped with the necessary resources often report their expected inability to achieve the preferred goals.

In addition, nearly four in five of the respondents display some readiness to reconsider their fertility targets if the appropriate circumstances were to emerge. Survey data show that the majority of the households investigated (59%) do support public interventions that might encourage larger families, with many more in favor of letting each couple to do what they wish (27%), and only a tiny minority supporting smaller families (4%) (DellaPergola, 2006). The translation of such intentions, if at all feasible, involves developing an improved infrastructure of services and facilities aimed at enhancing the quality of childrearing, equitable conditions for working women, and access to more suitable housing, rather than direct money transfers.

Taking together these various elements, this report unveils one of the most complex dilemmas in public policies, namely the conflict of interests that may exist between universal and selective provisions. Indeed those more likely to respond to fertility policy incentives and facilitations tend to be identified with lower socioeconomic strata. The additional births

that might result, would reinforce population groups which are socially needy and already requesting economic support. On the other hand, trying to enhance the unexploited potentialities of wanted fertility among the socio-economically stronger sectors of society risks to infringe the basic rules of social justice and equal opportunity.

Even if population policies in Israel have been implemented more virtually than systematically, the findings of this study are bound to exert considerable impact on future debates and decision-making.

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