

# ISRAEL

## The Israel Fertility Experience

Statement by

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Thank you, Mr. Chairman.

As this is the first time that I have taken the floor, I would like to commend you for your able stewardship of these proceedings thus far.

Israel remains focused on implementing the Millennium Development Goals in areas relevant to fertility, reproductive health, and development. In particular, we continue to pay special attention to promoting gender equity and equality, empowering women, and improving quality of life for children. These issues are given high priority in Israel's public discourse and in our social, economic and health-related policies.

Mr. Chairman,

With an estimated 7.8 million inhabitants, Israel ranks 93<sup>rd</sup> in size out of 209 countries. Over the course of its 63-year history as a state, Israel has moved from a developing to a developed society. Indeed, Israel achieved a ranking of 15<sup>th</sup> in the world in the 2010 United Nations' Human Development Index.

Israel is a diverse society in terms of culture and religion. 75 percent of the population is Jewish – and there is a substantial 20 percent minority of Muslims, Druze, and Christians, along with other religions.

Israel reflects the continuing impact of international migration in creating culturally and economically heterogeneous societies. Since 1948, Israel has absorbed millions of immigrants from all continents, including the Middle East, Europe, Africa, Asia, and North and Latin America. Today Israel is also home to a growing number of refugees and displaced persons – mostly from African countries – which now number some 40,000 people.

Israel's fertility patterns are quite unique. Israel's fertility rate is the highest among developed countries – 2.96 in 2009. But even by that projection, Israel would have the highest TFR among the 50 more developed countries. Even more importantly, Israel has the 6<sup>th</sup> lowest maternal mortality rate, and the 19<sup>th</sup> lowest infant mortality rate worldwide.

Fertility in Israel challenges conventional wisdom, because it uniquely incorporates features of societies that are developing and at the edge of development. Israelis continue to have more children than their counterparts in other developed societies even though family planning in Israel is widespread and fully accessible. Israeli law fully supports women to make choices in terms of their own fertility. Medically assisted fertility is comparatively high.

There are multiple explanations for this phenomenon. First, we see significant differences across the ethno-religious spectrum. In 2009, total fertility was 3.7 for Moslems, 2.9 for Jews, 2.5 for Druze, 2.2 for Christians, and 1.6 for those not classified by religion.

Second, one might attribute Israel's unique fertility rate to very high fertility among the

more religious strata of the population. However, the most secular married adults placed their ideal-intended children at a remarkable 2.7.

Third, the emerging reversal of the socioeconomic status-family size relationship is another phenomenon where Israel might anticipate the same trend as other developed countries. Much of the recent fertility stability is a result of the contribution of the better educated strata of population, namely well educated working women. The fact that income can be positively related to fertility is not new, but the same direct relationship is now emerging in regards to educational attainment as well.

Finally, one should consider the persisting centrality of children in the hopes of most of the population. There is a reciprocal relationship between the presence of children and a widespread sense of optimism reported by the population. According to the last national social survey, in 2008, 87 percent of Israel's Jews, and 83 percent of Israel's Arabs reported satisfaction with their own lives, while 55 percent of the Jews and 65 percent of the Arabs reportedly believed that their lives would improve. Importantly, fertility is not so much related to macro-social perceptions, such as religion or the state, but rather to personal perceptions of the well-being of the nuclear family, the couple, and the self.

Mr. Chairman,

I would like to conclude this brief survey of fertility and gender-equity trends in Israel with one final consideration of broader import for a holistic approach to population issues and policies. When considering fertility, reproductive health and development, no achievement will be possible without appreciably expanding public and private resources invested. The emphasis should not be on transfer payments, but rather on a broad range of services and facilities that improve early childhood education, housing, and conditions for working women.

In addition, we must recognize that age composition and the share of productive age groups out of the total population are crucially important for economic development. Age composition, namely the number of young adults, primarily reflects the fertility and birth-rates of the preceding tens of years.

Hence, the theme of fertility, reproductive health, and development is doubly important: as a primary part of the United Nations Millennium Development Goals in the short run; and as part of a major goal of a just and balanced society, whose importance will only be realized in the long run.

Thank you Mr. Chairman.