

# ON RATIONALIZATION OF FAMILY FORMATION IN ISRAEL

JUDAH MATRAS AND CHANA AUERBACH\*

## INTRODUCTION

THE phrase, "rationalization of family formation," is employed here in a Weberian sense to denote the *change*, in a given population or group, from family formation patterns unaccompanied and unrestricted by conscious efforts to control number or spacing of children to family formation patterns accompanied by some such effort. This concept (or concepts closely akin) has served social scientists in a variety of contexts. For example, Schumpeter viewed the "disintegration of the bourgeois family," a phenomenon resulting from the spread of rationalization to private life and from the introduction into private life of "a sort of inarticulate system of cost accounting," as both cause and symptom of the decomposition of capitalist society.<sup>1</sup> Parsons has analyzed the implications of the reduction in family size and "isolation of the nuclear family" for the socialization process, for kinship and occupational organization, and for the role and status structures associated with them.<sup>2</sup> "Rational behavior," "processes of rationalization," etc. have been mentioned by demographers as key variables in the study of relationships between socio-economic fac-

\* The Hebrew University and Sha'arei Zedek General Hospital, Jerusalem, respectively.

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<sup>1</sup> J. A. Schumpeter, *CAPITALISM, SOCIALISM AND DEMOCRACY* (2nd ed.), New York, Harper and Bros., 1950, Chap. 14.

<sup>2</sup> T. Parsons, *The American Family: Its Relation to Personality and to the Social Structure*, in T. Parsons and R. F. Bales, *FAMILY, SOCIALIZATION AND INTERACTION PROCESS*, Glencoe, Illinois, The Free Press, 1955.

tors, practice of birth control, and differential fertility; however a certain amount of ambiguity exists with respect to the definition of "rational behavior" and degree of overlap or identity with "practice of birth control."<sup>3</sup>

In the present paper we consider first the composition of a sample of Jewish maternity cases in Jerusalem by ethnic origin, extent of religious observance, and past practice of contraception. When we proceed to examine the composition of the sample by extent of religious observance and number of live births of the *mothers* of the maternity cases, we note that a large majority of the women interviewed reported their mothers "religious" or "traditional," only a small minority reported their mothers "non-observant";<sup>4</sup> and a large majority reported their mothers having at least four live births. These data, combined with the knowledge that family limitation was not practiced in Jewish communities in Islamic countries, nor among religious Jewish communities in Europe, nor in the old Jerusalem religious community, lead us to infer that the *parents* of the overwhelming majority of women in the Jerusalem sample did not practice family limitation and did not intervene deliberately to control the number or spacing of births.

By contrast, no less than 43 per cent of the women in the Jerusalem sample of maternity cases reported previous practice of some form of contraception; of women in the sample having three or fewer births, more than 49 per cent had already practiced contraception, and at least some of those reporting no previous contraception up to the time of the interview are likely to have begun practice of contraception later. Thus a very large proportion of the women in the sample reporting practice of contraception are characterized by "rationalization of family formation" (in the sense outlined above) in that

<sup>3</sup> Cf. N. B. Ryder, *Fertility*, in P. M. Hauser and O. D. Duncan, (Eds.), *THE STUDY OF POPULATION*, Chicago, University of Chicago Press, 1959; also A. Sauvy, *THEORIE GENERALE DE LA POPULATION*, Vol. II, Paris, Presses Universitaires de France, 1954, Chaps. 9-10.

<sup>4</sup> The classification of women in the sample by extent of religious observance is described in some detail in the Appendix.

they have *changed* from the "non-intervention" characteristic of their parents to deliberate "intervention," at some stage and in some manner, in the process of family formation. On the other hand, 57 per cent of the women in the sample reported no practice of contraception, including 26 per cent who had already had four or more live births. Especially the latter may be said to be characterized by absence of change from the "non-intervention" characteristic of their parents, or, preferably, by absence of rationalization of family formation. Drawing upon both statistical data and case materials to compare the "intervention" and "non-intervention" groups in the sample of maternity cases, we attempt to identify some correlates of the change from "non-intervention" to "intervention" and to outline some of the elements in the rationalization of family formation.

#### THE DATA

Data summarized here were obtained in a survey of maternity cases carried out in Israel in the period August, 1959 to March, 1960. The purpose of the survey was to obtain preliminary information regarding the extent of practice of contraception and of induced abortion among women in the various sub-groups of the Jewish population of Israel. In the survey all women giving birth in hospitals during a two month period in Tel Aviv-Jaffa, during a 42-day period in Jerusalem, and during 12-day periods in all other places in Israel were interviewed as lying-in patients in the various maternity wards and, ordinarily, within the first three days after delivery. In 1958, some 97 per cent of all births to Jewish mothers in Israel took place in the 23 hospitals in which the survey was carried out. The interviewing was carried out by nurses and, in addition to demographic and socio-economic data, complete pregnancy histories were obtained for all the women interviewed (about 3,000), including information on type of contraception, if any, used prior to each pregnancy.

In Jerusalem the questionnaire was expanded to include data on educational and occupational characteristics of hus-

bands, mothers, and also fathers, religious characteristics of mothers, and data on newspaper reading, radio listening and movie attendance. In addition, whereas in Tel Aviv-Jaffa and in the rest of the country the interview procedure had to a considerable extent taken the form of an administrative-bureaucratic situation, in Jerusalem the procedure was relaxed to enable the interviewer to converse informally with the women interviewed. In this way it was possible to obtain and record, for a large number of cases, more detailed information concerning reasons for practicing or not practicing contraception, sources of information about contraception, relations with husbands and other family members, and feelings regarding success or failure of attempts to control fertility.<sup>5</sup>

Two important limitations of these data should be noted, as follows:

(1) A survey of maternity cases is necessarily biased with respect to practice of contraception and induced abortion in the population as a whole: women practicing contraception are less likely to be included than are those not doing so; and for those practicing contraception, success is inversely related to the likelihood of inclusion in the sample.

(2) Women only—and not their husbands—were interviewed; all data referring to husbands are based upon information obtained from the wives.

Women interviewed in Jerusalem were classified in five groups differentiated by parity and practice of contraception; these are denoted henceforth "Intervention Groups," as follows:

A. Women having four or more live births:

1. *Early Intervention Group I*: Women reporting prac-

<sup>5</sup> Additional details concerning the questionnaire, the sample and the interviewing procedure are contained in R. Bachi, R. Toaff, J. Matras and D. Ayalon, *NATALITY AND CONCEPTION AMONG WOMEN IN TEL AVIV-JAFFA*. Jerusalem, Hebrew University Press, 1961. [In Hebrew.] Also in R. Bachi and J. Matras, *Contraception and Induced Abortion Among Jewish Maternity Cases in Israel*, *Milbank Memorial Fund Quarterly*, XL, 2 (April, 1962), pp. 207-229. Detailed statistical data and case materials taken from the Jerusalem interviews are contained in an unpublished manuscript by J. Matras and C. Auerbach, "Patterns of Family Formation in the Jewish Population of Jerusalem." Jerusalem. The Hebrew University, 1960. [In Hebrew.]

tice of contraception beginning *before* the conception leading to the third live birth.

2. *Late Intervention Group*: Women reporting practice of contraception beginning *after* the third live birth.

3. *Non-Intervention Group*: Women reporting no practice of contraception. It is assumed that only a few couples in the lower (parity) extremity of this group will practice contraception in the future, and that the great majority will not.

B. Women having three or fewer live births:

4. *Early Intervention Group II*: Women reporting practice of contraception at any time.

5. *Residual Group*: Women reporting no practice of contraception; no assumption at all is made regarding future practice or non-practice of contraception.

#### THE INTERVENTION GROUPS IN JERUSALEM

A number of special tabulations of the data collected in Jerusalem were carried out, primarily because of particular interest in fertility and fertility control among women in the very religious communities of that city. The cross-classification by intervention groups for "religious," "traditional," and "non-observant" women in the Jerusalem sample is given in Table 1. Of the "religious" women, about 24 per cent were in one of the intervention groups (Early Intervention I, Early Intervention II, or Late Intervention) compared to about 71 per cent of the "non-observant" women; conversely, about 47 per cent of the "religious" women were in the non-intervention group, compared to only about two per cent of the "non-observant" women.

The table must be interpreted with caution because of the sample bias favoring women in the non-intervention group. Nevertheless, it seems clear that women in the Western "traditional" and in both Western and Oriental "non-observant" groups tend to be in one of the early intervention groups, and that those in the Western "religious" group tend to be in

the non-intervention group.<sup>6</sup> On the other hand, the pattern of intervention or of non-intervention for women in the Oriental "traditional" and "religious" groups is much less clear. Viewing the cross-classification from the standpoint of the ethnic-religious observance composition of the different intervention groups, it is seen that, whereas the non-intervention group contains almost exclusively "religious" Western women and "religious" and "traditional" Oriental women, the early intervention groups contain both Oriental and Western "religious" and "traditional" women as well as "non-observant" women.

Table 1. Jewish maternity cases in Jerusalem by area of birth, extent of religious observance, and intervention groups.<sup>1</sup>

AREA OF BIRTH AND INTERVENTION GROUPS	EXTENT OF RELIGIOUS OBSERVANCE			
	Total	Religious	Traditional	Non-Observant
ALL AREAS OF BIRTH, TOTAL:	582	215	244	123
4+ Live Births—Total	221	125	86	10
Early Intervention I	42	10	26	6
Late Intervention	30	15	13	2
Non-Intervention	149	100	47	2
1-3 Live Births—Total	361	90	158	113
Early Intervention II	178	27	71	80
Residual	183	63	87	33
BORN IN ISRAEL, EUROPE, AMERICA, OCEANIA, TOTAL:	292	108	96	88
4+ Live Births—Total	72	52	16	4
Early Intervention I	16	8	7	1
Late Intervention	9	6	1	2
Non-Intervention	47	38	8	1
1-3 Live Births—Total	220	56	80	84
Early Intervention II	127	13	50	64
Residual	93	43	30	20
BORN IN ASIA, AFRICA, TOTAL:	290	107	158	35
4+ Live Births—Total	149	73	70	6
Early Intervention I	26	2	19	5
Late Intervention	21	9	12	0
Non-Intervention	102	62	39	1
1-3 Live Births—Total	141	34	78	29
Early Intervention II	51	14	21	16
Residual	90	20	57	13

<sup>1</sup> See text for intervention group definitions, Appendix for religious observance classification.

<sup>6</sup> "Western" refers to women born in Israel, Europe (except Turkey), North and South America, Oceania, and the Union of South Africa; "Oriental" refers to women born in Asia (except Israel or Palestine), Africa and Turkey.

Of the 582 women interviewed in Jerusalem, 380 gave information about the extent of religious observance of their mothers, and 570 indicated the number of children born to their mothers. These data are shown for "religious," "traditional" and "non-observant" maternity cases, by intervention groups, in Table 2. The overwhelming majority of the women interviewed are daughters of "religious" (about 62 per cent) or "traditional" (about 28 per cent) mothers; only 10 per cent reported their mothers "non-observant." Of women in the early intervention groups, only about 18 per cent stated their mothers were "non-observant." The great majority of the Jerusalem maternity cases are from large (seven or more children) or medium-sized (four to six children) families of orientation, and only 20 per cent state that their mothers had borne three or fewer children. Of the women in the early intervention groups, about 47 per cent are from large (7 or more children) families, 26 per cent are from medium-sized (4 to 6 children) families, and about 27 per cent are from small (3 or fewer children) families.

For the *mothers* of the women in the sample, being "religious" or "traditional" is, in general, associated with having large or medium-sized families of (from the point of view of the mothers) procreation; we assume that these, in turn, are associated with absence of family limitation practices and that, for the mothers, being "non-observant" *may* be associated with family limitation practices. Consider the daughters of mothers who are "non-observant" and possibly practiced family limitation: these daughters are virtually all "non-observant" and are all either in an early intervention group or in the residual group (i.e. none in either the late intervention or non-intervention groups). For this sub-group of daughters, we would almost always be correct in predicting intervention in family formation, and, in the paragraphs that follow, we shall be relatively less interested in this sub-group.

Consider, however, the daughters of "religious" or "traditional" mothers not practicing family limitation: of the

Table 2. Jewish maternity cases in Jerusalem by extent of religious observance and intervention groups: extent of religious observance of mothers and number of live births to mothers.

EXTENT OF RELIGIOUS OBSERVANCE AND INTERVENTION GROUPS OF MATERNITY CASES	EXTENT OF RELIGIOUS OBSERVANCE OF MOTHERS				NUMBER OF LIVE BIRTHS TO MOTHERS					
	Total	Religious	Traditional	Non-Observant	Total	1-3	4-6	7 or More		
<b>TOTAL</b>	380	235	108	37	570	112	145	313		
<b>RELIGIOUS—TOTAL</b>	95	93	2	—	215	33	53	129		
Early Intervention	7	7	—	—	37	4	11	22		
Late Intervention	3	3	—	—	15	3	2	10		
Non-Intervention	48	48	—	—	100	14	28	58		
Residual	37	35	2	—	63	12	12	39		
<b>TRADITIONAL—TOTAL</b>	199	129	68	2	232	31	63	138		
Early Intervention	69	39	30	—	89	14	25	50		
Late Intervention	11	10	1	—	13	1	4	8		
Non-Intervention	40	30	8	2	45	7	12	26		
Residual	79	50	29	—	85	9	22	54		
<b>NON-OBSERVANT—TOTAL</b>	86	13	38	35	123	48	29	46		
Early Intervention	61	7	29	25	85	39	18	28		
Late Intervention	2	1	—	1	2	—	1	1		
Non-Intervention	1	1	—	—	2	—	1	1		
Residual	22	4	9	9	34	9	9	16		
<b>Total Early Intervention Per Cent Distribution</b>	137	53	59	25	211	57	54	100		
	100.0	38.7	43.1	18.2	100.0	27.1	25.6	47.3		



daughters who are "non-observant," we would almost always be correct in predicting intervention in family formation. Thus insofar as the daughters intervene and depart from the "non-intervention" characteristic of their mothers, we may infer that rationalization of family formation is associated with intergenerational change from a relatively high degree of observance of religious prescriptions and traditions to "non-observance."

If, on the other hand, we would predict "non-intervention" for daughters of "religious" and "traditional" mothers who are themselves "religious" or "traditional," we would err in a substantial proportion of such predictions. In other words, a not inconsiderable percentage of the "religious" and "traditional" daughters are characterized by intervention in family formation, i.e. manifest what we have called "rationalization of family formation," although many have not departed from the "non-intervention" characteristic of their mothers.

It is especially in comparison of the "religious" and "traditional" maternity cases in the sample sub-groups characterized by "intervention" and by "non-intervention" respectively that we hope to identify correlates of rationalization of family formation. Because of the biases inherent in the sample of maternity cases it is impractical to treat "intervention" or "non-intervention" as the dependent variable in a more detailed analysis. But we shall attempt to draw some conclusions from comparison of composition of the two sub-groups by demographic and by socio-economic characteristics and from analysis of reasons for non-intervention based upon case materials collected in the Jerusalem interviews.

#### DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE JERUSALEM INTERVENTION GROUPS

Among the women of Western origin, those in the early intervention group differ from those in the non-intervention group with respect to some, but not all, socio-economic characteristics. Of the Oriental women, those in the early interven-

Table 3. Jerusalem maternity cases—intervention groups by area of birth, religious observance, by number of school years completed, and by previous employment status. (Per cent distributions.)

	NUMBER OF SCHOOL YEARS COMPLETED				PREVIOUS EMPLOYMENT STATUS				N <sup>1</sup>
	Total	0	1-8	9+	Total	Never Employed	Employed Before Marriage	Employed After Marriage	
<i>Born in Israel-Europe</i> "Religious" and "Traditional"									
Non-Intervention	100.0	4.3	65.2	30.5	100.0	34.8	47.8	17.4	46
Early Intervention	100.0	2.6	43.7	53.7	100.0	10.3	33.3	56.4	78
<i>Born in Asia-Africa</i> "Religious" and "Traditional"									
Non-Intervention	100.0	67.5	29.5	3.0	100.0	69.3	18.8	12.0	101
Early Intervention	100.0	10.6	71.5	18.8	100.0	37.5	37.5	25.0	56
<i>Born in Israel-Europe</i> "Non-Observant"									
Early Intervention	100.0	0.0	20.0	80.0	100.0	12.3	7.7	80.0	65
<i>Born in Asia-Africa</i> "Non-Observant"									
Early Intervention	100.0	(4.7)	(62.0)	(33.3)	100.0	(38.0)	(28.7)	(33.3)	21
<i>Born in Asia-Africa</i> Late Intervention	100.0	(71.4)	(23.8)	(4.8)	100.0	(62.0)	(23.8)	(14.2)	21
Total Residual	100.0	38.0	49.0	13.0	100.0	27.8	27.8	44.4	183
Total Sample	100.0	43.0	46.0	11.0	100.0	34.0	27.6	38.4	582

<sup>1</sup>The numbers apply as bases for percentage distributions by both number of school years completed and previous employment status. Percentages based on fewer than 30 cases are enclosed in parentheses ( ).

tion group differ very markedly from those in the non-intervention group with respect to almost *all* socio-economic characteristics. These differences hold even when the comparisons are restricted to "traditional" and "religious" women in the different ethnic origin groups. The late intervention group is similar in almost all respects to the non-intervention group.

In general, women in the non-intervention group are older than are those in the early intervention group; of those born abroad, the majority were over twenty years of age and most were already married when they immigrated to Israel. Differences in level of education and with respect to labor force attachment are particularly striking for the Oriental women. Among "traditional" and "religious" Oriental women in the non-intervention group more than two thirds had not attended school at all, 29 per cent had attended only primary school, and only 3 per cent continued through post-primary grades. Of those in the early intervention group, only 10 per cent had not attended school at all, and 71 per cent and 19 per cent had completed primary and post-primary grades respectively.

For the Western women in the non-intervention and early intervention groups the differences in education levels are much less pronounced. Almost all the women had attended school, but whereas less than a third (31 per cent) of those in the non-intervention group had continued to post-primary grades, more than half (54 per cent) in the early intervention group had gone beyond primary grades. (Table 3.)

Of the Western women in the non-intervention group, most (65 per cent) had worked prior to marriage and 17 per cent had worked after marriage. However almost all of those in the early intervention group (90 per cent) had worked prior to marriage, and more than half (56.5 per cent) worked after marriage. Indeed about one-fourth of the "traditional" and "religious" Western women in the early intervention group said that they were still employed at the time of the current confinement, and intended to continue working.

More than two-thirds (69 per cent) of the Oriental women

in the non-intervention group had never been employed, about 19 per cent worked only prior to marriage, and 12 per cent worked after marriage as well. By contrast, 62 per cent of those in the early intervention group *had* worked before marriage, and 25 per cent worked after marriage as well.

Closely corresponding differences are reflected in the data relating to husbands of Oriental women in the early intervention and non-intervention groups, with husbands in the latter group characterized both by lower levels of education and by concentration in the unskilled occupation group. However this is not the case for husbands of Western "religious" and "traditional" women in the non-intervention group, who are characterized by particularly high levels of education. For the most part, "high levels of education" means extended religious education; many of the husbands work in religious occupations (rabbis, synagogue officials, etc.), and others have no labor force attachment at all but are engaged in full time religious studies.

Almost all the women in the early intervention group reported having radios in their homes, but in the non-intervention group, 63 per cent of Western women and 30 per cent of the Oriental women stated that there were no radios in their homes. Similarly, although almost all the Western women and 78 per cent of the Oriental women in the early intervention group read newspapers frequently, more than half the Western (52 per cent) and three-quarters of the Oriental women in the non-intervention group stated that they do not read newspapers at all. (The high figure for the Oriental women reflects illiteracy in that group.) Most of the women (79 per cent of the Western and 63 per cent of the Oriental women) in the non-intervention group do not attend the motion pictures at all, and of those who do attend movies, almost all do so only infrequently. By contrast, of all the women in the early intervention group, only 10 per cent do not attend movies at all, and of those attending, most do so frequently.

With respect to newspaper reading, radio listening, and

movie going, some fundamental differences should be noted between Oriental and Western women; for Oriental women, failure to read newspapers or attend movies does not imply rejection of these media, but simply reflects illiteracy or, more often, inability to afford these items. (Most motion pictures shown in Israel are with English, French, or Italian dialogues, and Hebrew sub-titles; hence illiterate persons are likely to stay home). Among Western women, absence of radios and failure to attend movies or read newspapers usually reflects the explicit rejection by the very orthodox communities of these media of communication and popular culture as corrupting influences forbidden to the faithful. However, regardless of the separate reasons, both groups are objectively cut off to a large degree from the usual media of public information and popular culture.

#### THE NON-INTERVENTION GROUP: REASONS FOR NON-INTERVENTION

Among the Jewish women interviewed who reported no practice of contraception and no other type of intervention in the "natural" course of pregnancies and births, no case of a woman's being totally ignorant and unaware of the very possibility of family limitation was encountered. Besides the very common knowledge of total or secondary sterility, *all* the Jewish women were, at minimum, aware of the fact that *some* other women, somehow, limit the number of births. In the course of the informal discussions with the interviewees, three patterns of reasons for not intervening arose as follows:

- (1) Religious objection to intervention
- (2) Temporary or permanent indifference to, or inability to abstract concept of "desirable number" of children
- (3) Ambiguity of attitudes toward, and vagueness of knowledge about, practice of contraception.

*Religious objection to intervention.* Although some of the very religious couples do intervene and attempt to control fertility, most do not intervene because of the very strong

religious admonition against such intervention.<sup>7</sup> Although these couples are aware of fertility control in the non-religious sectors of the population and, in some cases, even know methods of birth control, nevertheless the practice of contraception is explicitly rejected except in cases of danger to the woman's health.

In the very religious groups, the hardship associated with rearing large families is considered part of the "normal" way of life in the age period say, 30-45 or 35-50, and the religious community is organized to assist large families in getting over the 15 year "hump" until the last born children are in primary school. For example, although households are composed principally of *nuclear* families, ties of mutual assistance and concern among members of the extended family, particularly among the women, remain very strong, and members of the extended family ordinarily live within a few blocks of one another and are available for assistance in case of need, illness, or (more frequently) additional pregnancies and confinements. Primary education, kindergartens, and basic health services are free in Israel, and besides the public social welfare services, an additional network of charities and welfare services exists in the religious communities. Home and family generally represent the major—almost the only—joint interest of husbands and wives, husbands generally moving in their own circle of synagogue and other religious institution contacts and wives tied to the homes, neighbors, and female relations. But in the home, relationships between husbands and wives are typically smooth, with husbands sharing at least partially in responsibility for care and education of the children, and in maintaining the household.

It should be noted that, in the very orthodox communities, the housing density and economic pressure have objectively increased relative to those encountered by, say, the previous generation of young parents. A generation ago the very reli-

<sup>7</sup> See the discussion in connection with description of the classification by extent of religious observance, Appendix.

gious communities, both in Jerusalem and in Central and Eastern Europe, were characterized by substantial pregnancy wastage and, more important, by very high infant and child mortality. Whereas in the extremely orthodox Jewish groups, families of seven or eight living children are hardly unusual today, a generation ago families of such size were almost unknown in Jerusalem.<sup>8</sup>

The isolation from the surrounding non-religious community reflects explicit rejection of the irreligious ways rather than ignorance. The extent to which the obvious differentials in level of living between the very religious and the secularized surrounding communities are sources of tension and dissension among religious couples is not known, and from the interviews and conversations with the religious women almost no hypothesis is possible.

*Temporary or permanent indifference to, or inability to abstract concept of a "desirable number" of children.* Despite their awareness of family limitation among *other* couples, some women in Israel simply do not conceive "number of births" as something which *they* can manipulate and control, as in *their* realm of decision and action. This phenomenon is familiar enough both in the anthropological literature and in reports of fertility and birth control studies. Among these women in Israel, it seems clear that inability to conceive intervention on their own parts is not incompatible with their ability to conceive of *others* intervening. For women unaccustomed to numerical abstraction (though they are able to *count*), the concept of "number of children" or "size of family" is not meaningful, and a "more desirable" or "less desirable" size of family is also meaningless.

In Israel, couples characterized by permanent indifference to family size or inability to abstract the concept of "family size" are mostly immigrants from Islamic countries, most are very close to the end of their fertile age periods, usually they neither

<sup>8</sup> Cf. O. Schmeltz, "The Population of Jerusalem in the Past Century." [Unpublished Ph.D. dissertation], Jerusalem, The Hebrew University, 1959. [In Hebrew with English summary.]

speak nor understand Hebrew, and they are now ordinarily found only in communities relatively isolated from the Israeli popular culture and from the major branches of the Israeli economy. They are few and decreasing in number, with the women rapidly passing the fertile ages; and although this type is now disappearing (at least in the Jewish population) from the Israeli scene, in the years of the mass immigration from Islamic countries, it accounted for a very substantial proportion of the births (in the early 1950's) and a correspondingly large proportion of Israel's present school age and adolescent population are children of such couples.<sup>9</sup>

Many women in the non-intervention group expressed complete distinterest in contraception, stating simply that they (and, according to the wives, the husbands also) "want children." Among the Western orthodox couples, the absence of any desire or thought of a limit on the number of children reflects acceptance of the religious "Be fruitful and multiply" commandment; and the desire for large families among Oriental couples conforms to traditional emphasis upon high fertility as sources of status for women and proof of health and virility of men both in the Islamic countries of origin and among the older generation in the ethnic communities in Israel. But in both cases this absence of any interest in a limited number of children is reported *only by young women* who have had but few pregnancies and births; and it represents simply a *delay* in concern over family size; i.e., a delay in the abstraction and formulation of the problem of family size.<sup>10</sup>

Rapidly increasing economic pressure is common to all the young couples making no attempt to limit fertility, and each couple has its private Malthusian problem which increases in severity with time. Thus, except in the case of women im-

<sup>9</sup> Cf. S. N. Eisenstadt and J. Ben-David, *Intergeneration Tensions in Israel*, *International Social Science Bulletin*, Vol. VI, I (1956).

<sup>10</sup> A similar delay in concern over family size is described among Puerto Rican couples by Stycos. See J. M. Stycos, *FAMILY AND FERTILITY IN PUERTO RICO*, New York, Columbia University Press, 1955, p. 240; see also R. Hill, J. M. Stycos and K. W. Back, *THE FAMILY AND POPULATION CONTROL*, Chapel Hill, University of North Carolina Press, 1959.



migrating at advanced stages of their fertile periods and remaining exceptionally isolated from the main streams of Israeli life, "indifference" to the problem of family size is a temporary stage characteristic only of the early years of marriage. Almost all of the older women in the Non-Intervention Group expressed a desire to stop or delay having more births, though not all are prepared to consider active intervention.

*Ambiguity of attitudes toward, and vagueness of knowledge about contraception.* The desire, about midway through the fertile ages, to stop or slow down the pace of pregnancies and births is common to virtually all the women not controlling fertility in the early years of marriage, but only the Oriental women consider intervention at all. The latter are almost exclusively "religious" (in the sense of the statistical classification, but not in the sense of the orthodox women of European-Israeli birth described above) or "traditional" women born in Asian or African countries, and those differ markedly from the very orthodox Western women.

To the extent that this group is isolated from the rest of the population, the isolation derives from low education and poor integration rather than from rejection of the surrounding community. On the contrary, standards and values, and especially the level of living of the surrounding community represent objectives and standards of comparison of which women in this group are very much aware and to which they aspire. Moreover, although "religious objections" often serve as a convenient explanation for non-practice of contraception, ordinarily they have only superficial knowledge of religious tenets and admonitions, and most state that they would prevent further conceptions despite "religious objections."

For women in this group, there is ordinarily no single reason for non-intervention, but rather there are sets of reasons. In the first place, the very idea of birth control, and such knowledge as the women have of it, are new, incomplete, and there are few intimate informal (as compared to formal information available from doctors, nurses, clinics, etc.) sources of

information or close examples: i.e., neither their mothers, nor their aunts, nor most of their neighbors practiced birth control. Though Western women are known to control fertility, for adult women who neither attended school nor worked nor served in the Israel Defense Forces contacts with women of Western origin, though not infrequent, tend to be formal and not intimate to the extent of discussion of family limitation. In Jerusalem, and in other cities (but not so readily in rural areas), information on family limitation is available fairly readily from the various public medical and social welfare institutions; but while these women may seek medical advice when they or their children are ill, they cannot take the time from household duties to attend birth control classes or get formal advice from these sources, especially when the success of the venture seems entirely problematic.

Nonetheless, many of the women in this sub-group have had some education, have been in more intimate contact with sources of information on contraception, and a large number have at least some "folk" knowledge of withdrawal and, often, even some knowledge of modern methods of contraception. Usually these women have never attempted the practice of contraception because of the real or imagined objections of their husbands. While very many women said that their husbands object to intervention, at the same time virtually all stated that, in fact, they had never discussed family size or contraception with their husbands. Most women had had no occasion to do so and would not themselves bring up the subject. Indeed these couples seem characterized by a general absence of cooperation and discussion, the rule being a quite clearly understood division of labor and interests: husbands work, are responsible for major purchases and economic decisions; wives keep house and care for children. The husbands ordinarily do not interfere, and are not especially concerned with the wives' realm, and *vice-versa*.<sup>11</sup>

<sup>11</sup> It is important to recall that this account is based upon interviews with wives only. Compare the analysis of E. Bott, *FAMILY AND SOCIAL NETWORKS*, London, Tavistock Publications, 1957; see also J. M. Stycos, *op. cit.*

In particular, sexual relations are almost never a topic of discussion between husbands and wives, and most of the women interviewed lack an appropriate vocabulary for carrying on such discussions. Thus use of methods of contraception requiring cooperation of both husband and wife is virtually out of the question for these couples. On the other hand, many women know of contraceptive methods which they may employ alone, but cannot conceive of using such methods in the face of the real or presumed objections of their husbands.

#### A MARGINAL CATEGORY: THE LATE INTERVENTION GROUP

The women in the sample manifesting rationalization of family formation within their own reproductive histories, i.e., those changing from "non-intervention" characteristic of the years of marriage at least until the third birth, to "intervention" some time after the third birth, comprise the late intervention group. Especially in view of the worldwide interest in the introduction of family limitation practices among couples well into the reproductive span, the late intervention group is potentially the most interesting of the groups. But the number in this group in the Jerusalem sample is, unfortunately, too small to permit detailed statistical analysis.<sup>12</sup>

Generally the demographic and socio-economic characteristics of the late intervention group appear to be very similar to those of the non-intervention group, and a concentration of "religious" and "traditional" Oriental women is evident in the group. Practice of contraception tends to be very erratic, very primitive methods (e.g., nursing over extended periods) are extremely common, and fertility of women in this sub-group does not appear to be lower than that of their counterparts in the non-intervention group. Tales of failures, disappointments, changes of methods, or interruptions or stoppage of practice of contraception are extremely frequent, as are complaints of inconvenience and dissatisfaction of husbands.

<sup>12</sup> Obviously, defining "late intervention" differently would alter the number, but unless "late" is defined "after the first birth," the change in number and composition would be very small.

Nevertheless, this group is of interest in that it did, in fact, intervene and make the attempt to prevent or postpone further conceptions and births. A possible clue to this difference between those in the non-intervention and late intervention group may rest in the prevalent practice of withdrawal among those in the late intervention group. This suggests at least some minimal cooperation between husband and wife and a common desire to prevent or postpone conception; and indeed, although some women reported dissatisfaction or displeasure on the part of their husbands (or, for that matter, on their own part), very few women stated that their husbands objected in principle to preventing further conceptions. As a matter of fact, many made a point of stating that their husbands agreed to or even initiated the attempts. By contrast, women in the non-intervention group very often stated that their husbands object (or *would* object, if the subject were brought up) to intervention.

#### DIFFERENTIATION IN THE EARLY INTERVENTION GROUP

Among women in the early intervention group there are differences in patterns of intervention in family formation and, apparently, corresponding differences in degree of success in controlling number or spacing of births. Without attempting a detailed statistical analysis here, some brief indication of the main axes of differentiation may be given.

As compared to "religious" and "traditional" women in the early intervention group and regardless of ethnic origin, "non-observant" women are likely to begin practice of contraception earlier in marriage, are more likely to use "artificial" methods and—whatever the methods chosen—are evidently more likely to use them consistently and regularly. "Non-observant" women are far more likely to resort to induced abortion in case of failure, and their fertility (as measured by mean numbers of live births) is lower at each age than that of "religious" and "traditional" women in the group. Among the "traditional" and "religious" women in the early intervention group,

the Oriental women are characterized by rather erratic practice of contraception and least frequent use of "artificial" methods, some women reporting use of methods such as extended nursing and abstinence from sexual relations in addition to the very common practice of withdrawal.

Although there are no systematic data available bearing on this point, the impression gained from the interview materials suggests that the "non-observant" women, regardless of ethnic origin, seem to have had positive predispositions to intervention even prior to marriage, and these find expression in routinization of intervention throughout marriage. The "religious" women appear not to have had predispositions favorable to intervention and, indeed, probably even had predispositions opposed to intervention prior to marriage. The relatively unsystematic practice of contraception characteristic of the "religious" women in the early intervention group may reflect changes in attitudes since marriage, and certain conflicts or ambiguities with respect to wider religious or ethnic reference groups. Alternatively, the differences between "non-observant" and "religious" women in the early intervention group may reflect differences in the nature of husband-wife relationships.

#### THE CONSENSUS VARIABLE

In the descriptions of Oriental women in the non-intervention group, the lack of discussion, cooperation and joint action with husbands is noted as a major obstacle to intervention; but this observation was based only upon the impressions obtained from the informal discussions, and no statistical treatment of a "communication," "conjugal role," or "consensus" variable was possible with the present data. Nevertheless, similar variables have been stressed by Stycos and by Muhsam<sup>13</sup> in connection with intervention and it seems

<sup>13</sup> J. M. Stycos, *op. cit.*, Chaps. 6 and 9; H. V. Muhsam, *Communication between Husband and Wife and Fertility*, TRANSACTIONS OF THE FOURTH WORLD CONGRESS OF SOCIOLOGY, Vol. III, (Stresa, 1959), Louvain, International Sociological Association, 1962, p. 162. See also Hill, Stycos and Back, *op. cit.*, especially Chap. 11.

clear such a variable is crucial in the rationalization of family formation. A theoretical framework for relating the husband-wife communication, conjugal role, or consensus variable to rationalization of family formation is provided by Bales and Slater in their analysis of role differentiation in small groups.<sup>14</sup>

Groups are differentiated according to "degree of consensus on who stands where on various status orders." Groups "high" on status consensus are characterized by a fairly high degree of latent consensus in critical values and there is a "fundamental consensus as to how roles should be performed and how they should complement each other".<sup>15</sup> For groups "low" on status consensus, the opposite is the case. What is important in the present context is that persons in low consensus groups tend to behave in response to personality needs, and differentiation in such groups rests upon personality differences. By contrast, differentiation in high consensus groups rests upon consensus, and behavior of persons in such groups may represent more flexible responses to the needs of a particular group situation.

Transferring the concept of status consensus to nuclear family situations, Bales and Slater note the relationship of consensus in role differentiation to the "extension of the common culture," i.e., to recognition and solution of new problems.<sup>16</sup> However, Bales and Slater implicitly assume that nuclear families are decision-making or problem-solving groups characterized by high status consensus. But it would seem that decision-making and problem-solving nuclear families are not at all necessarily characterized by high status consensus, nor indeed are all nuclear families necessarily decision-making or problem-solving groups. There appear to be ample grounds for considering degree of status consensus in couples or in nuclear families a variable, and in the context of the present

<sup>14</sup> R. F. Bales and P. E. Slater, Role Differentiation in Small Decision-Making Groups, in T. Parsons and R. F. Bales, *op. cit.*

<sup>15</sup> *Ibid.*, pp. 297-298.

<sup>16</sup> *Ibid.*, pp. 301-302.

problem, we would expect rationalization and intervention to be associated with high status consensus in couples.<sup>17</sup>

#### EXPOSURE, ACCEPTANCE, AND ACCESSIBILITY VARIABLES IN THE RATIONALIZATION OF FAMILY FORMATION

*Assimilation of Family Limitation Values and Accessibility to Family Limitation Goals:* Rationalization of family formation was defined informally as a change in behavior (from non-intervention to intervention) oriented toward a given value or goal (small or, at least, limited families). Conditions under which such a change does *not* take place were noted as follows:

1. The value or goal is not abstracted or defined for the couple at all (permanent or temporary "indifference", "want children").
2. The goal and/or the means of achieving it are rejected as contradictory to some previous set of values.
3. Although goal and means are not rejected, some attributes prerequisite to implementation are absent.

Employing the terminology used by Merton in analysis of the relationship between social structure and *anomie*, we may say that (1) and (2) represent absence of *assimilation* of family limitation values, and that (3) represents absence of *accessibility* to family limitation goals. Merton's analysis is further suggestive for classifying variables in the rationalization of family formation: for we have also to deal with *exposure* variables, *acceptance* variables, and *accessibility* variables.<sup>18</sup>

*Exposure variables:* Ethnic origin, length of residence in Israel, the socio-economic variables, and the newspaper-radio-movie variables discussed here all represent components of exposure to small or limited family values and to behavior norms oriented to these values. Differentials in the frequency of intervention have been found to be associated with differentials in

<sup>17</sup> With reference to status consensus in small groups, nuclear families, and couples we have profited very much from conversations with Mrs. Rivkah Bar-Yosef and Mr. Erling Schild.

<sup>18</sup> R. K. Merton, *SOCIAL THEORY AND SOCIAL STRUCTURE*, (Revised ed.). Glencoe, Illinois, The Free Press, 1957, Chap. 5.

similar "exposure" variables in all studies of fertility control,<sup>19</sup> although only indirect evidence of this association is presented in the present data.

*Acceptance of small family values:* Acceptance or rejection of small family values rests upon interaction between these new values and the previous set of values. For very isolated immigrant groups from Islamic countries, "exposure" had not been sufficiently intense even to penetrate the pre-immigration "sacred"- "profane" division, and women in these groups are unable to abstract concepts of "desirable family size." On the other hand, very religious groups, even when characterized by "high exposure," were seen to reject the behavior norms associated with family limitation. Finally, interaction between new small family values and the previous set of values varies in time and with objective conditions: this was noted within the non-intervention group in the change with age, number of births, increasing density and economic pressure, from a desire for an unlimited number of children to the desire to prevent or postpone further pregnancies and births. A similar process for Puerto Rican couples is documented in much more detail by Stycos.

*Accessibility to small family goals,* i.e., possibilities for intervention and actual attempt to prevent conceptions or births: we have suggested that for a given exposure-acceptance level, a key variable in intervention or non-intervention is status consensus in the couples. Stycos has stressed knowledge of and attitude towards methods of contraception in his paradigm of variables determining action on family limitation, (though not by any means neglecting husband-wife communication). But since more than two-thirds of the couples in the early intervention group used withdrawal (i.e., early intervention is not necessarily associated with knowledge of or positive attitude

<sup>19</sup> The almost universal intervention in the sample of the Indianapolis Study cannot properly be considered an exception, since the sample was deliberately intended to yield high proportions of planned families. Furthermore, the degree and success of intervention efforts did vary sharply by socio-economic status. Cf. P. K. Whelpton and C. V. Kiser (Eds.), *SOCIAL AND PSYCHOLOGICAL FACTORS AFFECTING FERTILITY*, Vol. II, New York, The Milbank Memorial Fund, 1950, pp. 152-158.



towards more "advanced artificial" methods) and, on the other hand, many couples in the non-intervention group possess at least a "folk" knowledge of withdrawal, the acquisition of information and development of attitudes towards the various methods of contraception would seem to be a derivative of exposure, acceptance and consensus variables rather than the reverse.

#### SUMMARY

In reviewing some data on practice of contraception among maternity cases in Israel, we have said that women changing from the non-intervention characteristic of the previous generation, and themselves deliberately intervening to prevent or delay conceptions, are characterized by what we called "rationalization of family formation," and that women not changing and not intervening do not manifest "rationalization of family formation." Variables in the process of rationalization of family formation were grouped according as they are associated with *exposure* to small family values and related behavior norms, *acceptance* or rejection of these values and norms, and *accessibility* to the means of achieving goals implied by these values.

Examples of "exposure" variables discussed included ethnic origin, length of residence in Israel, and socio-economic variables. The chief example of an "acceptance" variable was extent of religious observance. Although the "accessibility" variables usually considered most relevant are those relating to knowledge of contraception, we have suggested—without presenting data to bear on this point—that degree of status consensus in couples may be an even more important "accessibility" variable.

#### APPENDIX

##### CLASSIFICATION BY RELIGIOUS OBSERVANCE

Women interviewed in the sample were classified by degree of religious observance as follows:

1. *Non-Observant*: Women who *said* that they are not observant

or not at all religious. Many of these women do, in fact, observe some religious traditions, e.g. Sabbath and holiday observance, etc., but they were included in the non-observant group since they do not regard themselves as observant.

2. *Traditional*: Women who *said* that they are observant but who do not observe the ritual bath traditions. These women observe the Sabbath, holidays, dietary laws, etc.<sup>1</sup>

3. *Religious*: Women who *said* that they are observant of Sabbath, holidays, dietary laws, etc. *and* in addition observe the ritual bath traditions.

*The ritual bath tradition*: According to Jewish religious rules, women are unclean after menstruation and men are forbidden all physical contact with unclean women. Seven days after completion of menstruation, married women must immerse themselves in the ritual baths, after which they are again clean. Physical contact is permitted only after such immersion and until the next menstruation. Very orthodox Jewish men will not have *any* physical contact with *any* woman (e.g. will not shake hands) other than their wives since, ordinarily, they would have no positive knowledge that the woman is "clean." In particular, sexual relations among very orthodox couples are limited to the period from about the twelfth day of the ovulation cycle until the next menstruation.

Thus, observance of the ritual bath traditions is the criterion for classification of observant women as "religious" rather than "traditional" in that it represents religious regulation of marital sexual relations. Although for Western women, observance of the ritual bath rules is almost always associated with religious regulation of sexual relations and with generally strict observance of religious rules, this is not necessarily the case for Oriental women. For many Oriental women, immersion in the ritual bath reflects simply traditional or conservative behavior, something their mothers and aunts and neighbors do because they are "supposed to do it." Often the religious rules of ritual bath immersion are vague or entirely unknown to the women, and in many cases, there is no relationship between the ritual bath and marital sexual behavior. For women living in poor housing, the ritual bath may be simply a *public bath*; indeed many Oriental women stated that they are *not* observant at all, but

<sup>1</sup> The "traditional" category is equivalent to the "partially-observant" category employed in a previous paper, R. Bachi and J. Matras, *op. cit.*

go to the ritual bath, and these were included in the "non-observant" group. But for Oriental women stating that they are observant of religious traditions, observance of the ritual bath rules is not *necessarily* a criterion of very strict religious observance, as in the case of Western women.

A Jewish religious 'position' with reference to family limitation is not easily determined, and indeed rabbis and religious officials, even in the orthodox Jewish communities in Israel, have been notably hesitant about publicly stating any religious position for or against family limitation. Nevertheless very orthodox Jews find several clear sources of objection to intervention in the *Shulkhan Arukh*, the code of Jewish religious behavior.

In the first place, there is the positive commandment "Be fruitful and multiply." In this connection, celibacy is prohibited, delay of marriage is permitted only for the purpose of extended religious study, and abstinence in marriage is clearly frowned upon. Secondly, one of the very strongest of religious admonitions is that against "spilling the seed" in vain. Finally, for those with some knowledge of ovulation cycles, the ritual bath phasing seems clearly geared to promoting high probabilities of conception and is also in the spirit of the religious encouragement of high fertility.

On the other hand, some religious women are able to find intervention not inconsistent with the code of religious behavior. The "Be fruitful and multiply" commandment applies to males: indeed it is explicitly stated in the same *Shulkhan Arukh* that women are *not* commanded to 'be fruitful and multiply.' Moreover, the code recognizes instances such as wars, famines, etc. when children should not be borne. Also, some religious persons feel that the admonition against "spilling the seed" refers to promiscuity and extra-marital sexual activity and is not intended to define permissible or non-permissible objectives of marital sexual activity.

For religious women wishing to delay additional pregnancies and lacking a clear-cut religious ideology, there are many ambiguities and a variety of attempts to overcome these in a manner not inconsistent with their religious knowledge or beliefs. For example, some women hold that *any* efforts at postponement of pregnancies on their part are legitimate, provided the husbands are "unaware" and do not lend approval to the venture. Others, recognizing the relationships between the ritual bath routine, the ovulation cycle and conception, deliber-

ately delay visits to the ritual bath. Sometimes this is done with the husband's knowledge and tacit agreement; in other instances, the husband is unaware of these relationships and the wives simply find one or another reason for delaying immersion and resumption of sexual relations. A number of instances of complete abstinence for extended periods were reported, but ordinarily husbands with some minimal level of religious education are aware of the negative attitude of the *Shulkhan Arukh* to abstinence. Similarly, a number of women reported extended nursing of infants in the hope of preventing conceptions, though most know that this practice is only rarely effective.

Finally, just as most other Jewish religious commandments and admonitions may be set aside in instances of danger to life and limb, so may those regarding fertility; "spilling the seed," etc. be set aside in such instances, and very many couples feel that they may intervene and practice family limitation on this basis. However, the tendency among the religious couples to do so appears to vary directly with degree of "exposure" to the surrounding secular community and of integration in the main streams of Israel's modern secular social, economic and cultural life.