



مركز الميزان لحقوق الإنسان  
AL MEZAN CENTER FOR HUMAN RIGHTS

## **Reproductive Health Under Genocide: The Struggle of Palestinian Women in Gaza January 2025**

Israel's ongoing genocide against the Palestinian people in Gaza has triggered and escalated an unprecedented humanitarian catastrophe, deliberately inflicting life-threatening conditions on more than two million Palestinians, with particularly severe and far-reaching consequences on Palestinian women. Nothing, nowhere, and no one has been spared from Israel's relentless genocidal military campaign unleashed on Gaza and its people.

Over the past 16 months, Israeli forces have systematically targeted vital civilian infrastructure and residential areas throughout all of Gaza. According to the Palestinian Ministry of Health, as of 6 January 2025, over 45,000 Palestinians have been killed in Gaza, including approximately 12,000 women. In addition to the hundreds of thousands of Palestinian deaths and injuries directly caused by the use of deadly force, since 9 October 2023, Gaza has been under a total siege imposed by the Israeli government, drastically restricting the entry of food, fuel, medical supplies, and other resources essential for the physical survival of the population. Pregnant women and mothers of newborns have been disproportionately impacted by this genocidal policy. **Al Mezan's new thematic report, 'Reproductive Health Under Genocide', delves into the multifaceted challenges faced by Palestinian women in Gaza amid the ongoing genocide and highlights the devastating impact of Israel's genocidal policies on the reproductive rights and health of Palestinian women.**

This report examines the near-total disruption of maternal healthcare directly caused by Israel's destruction of hospitals, clinics, and pharmacies, compounded by the lack of medical supplies, equipment, and electricity. Women—especially pregnant and nursing mothers—are deprived of critical antenatal, postnatal, and obstetric care, as well as essential nutritional support and hygiene products, putting their lives at grave risk. Topics covered include the catastrophic effects of malnutrition on pregnant and postpartum women, the rise in premature births, and the challenges of giving birth during a genocide. The report also highlights the shortage of medical

supplies and laboratory services, emphasizing the impact on both physical and psychological health, as women endure fear, insecurity, and the loss of dignity in precarious living conditions.

This report is based on the collection of firsthand accounts and expert observations. It includes testimonies and interviews with victims, eyewitnesses, doctors, and other healthcare practitioners who have directly experienced or witnessed the violation of reproductive rights against Palestinian women in Gaza. Additionally, the report reflects the lived experiences of Al Mezan's female staff in Gaza, who have both endured and documented these conditions. This comprehensive approach provides a detailed and accurate representation of the challenges faced by Palestinian women in Gaza.

## **The Impact of Israel's Destruction of the Healthcare System on Maternal Healthcare**

Israel's widespread and deliberate destruction of Gaza's hospitals, clinics, and pharmacies has led to the near-total collapse of maternal healthcare services. Pregnant and nursing mothers now face life-threatening challenges due to the absence of critical antenatal, postnatal, and obstetric care. This crisis is further aggravated by severe shortages of medical supplies, equipment, electricity, and necessities like nutritional support and hygiene products, leaving women in perilous conditions.

**During the ongoing genocide, Tahani Abdel Rahman, a 40-year-old mother from the Jabaliya refugee camp, endured severe health complications, including a molar pregnancy, without access to critical medical tests and treatment as Israeli military forces advanced. Her situation worsened as she faced delays in receiving emergency surgery and therapy, compounded by the closure of hospitals and shortages of essential medical supplies.** Her experience serves as a stark example of how healthcare disruption, coupled with restricted movement and lack of resources, leaves women in Gaza vulnerable to life-threatening health risks:

"In late November 2023, I began experiencing intense pain, worse than labor and was diagnosed with a molar pregnancy at al-Awda Hospital. After surgery in a room with shattered windows, I was told to take a B-HCG test, but due to the advancing Israeli military, I couldn't access it. My condition worsened, and I had severe bleeding. At the Patient Friend's Benevolent Society Hospital, I was told the cells had returned and needed emergency surgery. After fainting multiple times, I was rushed back to al-Awda, where I underwent another procedure without anesthesia. Doctors advised chemotherapy, and I received two doses from al-Shifa Hospital, but after it was raided, I had to get the third dose at al-Sahaba Hospital. Despite the treatment, I suffer from dizziness, anemia, and weakness, worsened by food shortages. Nutritional supplements and iron boosters are unavailable. I urgently need an MRI, but there are no functioning machines. My health continues to decline, and I don't know what the future holds."

## **Giving Birth During Genocide**

Israel's systematic destruction of Gaza's healthcare infrastructure, including sieges and attacks on hospitals, has severely crippled maternal health services. These actions have rendered childbirth an unbearable and unsafe ordeal, forcing women to deliver in dire and life-threatening conditions without access to adequate medical care or support. Maternity services for the estimated [50,000 pregnant women in Gaza](#) have been greatly reduced due to generator fuel unavailability, and medical shortages have led to women giving birth in incredibly distressing and unsanitary conditions, leading to an increased risk of infections during childbirth. Many pregnant women have undergone C-sections without anesthesia, an extremely painful and traumatic experience.

## **Giving Birth in Set-up Tents**

The destruction of healthcare facilities and the forced displacement of Palestinian women have created conditions in which many are compelled to give birth in makeshift tents within overcrowded internally displaced persons (IDP) camps, temporary shelters, or makeshift medical setups. These setups lack essential medical equipment, sanitary conditions, hygiene products, and privacy, significantly jeopardizing the health and safety of both mothers and newborns. Contaminated drinking water, waste accumulation, and sewage flooding streets, shelters, and IDP camps have created dangerously unsanitary conditions. Infestations of insects and vermin in IDP camps have further heightened health risks for women recovering from childbirth.

**In an interview with Al Mezan, Dr. Taghreed Al-Emawi, an obstetrician and gynecologist affiliated with Juzoor for Health and Social Development at Kamal Adwan Hospital, emphasized the severe challenges faced by healthcare providers and volunteers delivering maternal healthcare in a school-turned-shelter in Jabaliya:**

“With Al-Awda and Kamal Adwan Hospitals under siege, the Indonesian Hospital in northern Gaza out of service, and movement in the Jabaliya Refugee Camp is extremely dangerous. I provided medical care to pregnant women at the school in which I had sought refuge after my home was destroyed. Without access to proper medications or essential medical supplies, I had to rely on the few basic tools I had managed to carry with me. Juzoor for Health and Social Development set up a small medical point in one of the classrooms, providing a limited supply of the basic medical tools available in the markets at the time. Due to the power outage, my colleagues and I had to use mobile phone flashlights for lighting. With no postpartum antibiotics available, I had to use sutures intended for external wounds to close surgical incisions. The environment was far from adequate, and the women endured intense cold and discomfort, further exacerbated by the lack of privacy due to the presence of other displaced people in the center. Many pregnant

women had to walk to the medical point to give birth, as ambulance movement was prohibited after 7:00 pm. Some women were injured on their way.”

On 13 October 2023, amidst mass forced displacement caused by Israeli military evacuation orders, UNRWA was compelled to close its clinics in Gaza and North Gaza. This closure left countless Palestinian women without access to vital healthcare services, further exacerbating the humanitarian crisis and depriving them of essential maternal and reproductive care during their forced relocation.

**Retired midwife Rajha Al-Moghrabi recounted her experience of providing childbirth services in a tent set up by the Palestinian Red Crescent Society to support internally displaced persons:**

“I fled with my family and took refuge in a tent near the UNRWA clinic in the Jabaliya refugee camp. On 13 October 2023, Israeli forces bombed a room in the clinic, killing a young man and a woman. In the clinic's courtyard, there was a Palestinian Red Crescent Society (PRCS) medical tent, which was set up for first aid. On one occasion, a woman arrived in labor, and, given my experience, I volunteered to assist with the delivery. I was supported by a nurse and a fourth-year medical student. After this, the tent was turned into a makeshift delivery point. The PRCS provided essential supplies, such as burial cloths, which we used during the delivery. We had no access to painkillers or medication, and there was no electricity. In the pitch darkness, we used the flashlight on our mobile phones. We were able to assist women who were delivering naturally, but in cases where complications arose for either the mother or the baby, we had no choice but to refuse to provide care. In one instance, the baby had an abdominal deformity and required surgery to reposition the intestines, but saving the baby was impossible. We informed the mother that the baby needed an incubator and should be transferred to the hospital immediately, but sadly, the baby passed away a few hours later. Women were emotionally distressed, with many having lost their husbands or close relatives. They were terrified and anxious due to the dangerous circumstances. Most complained of extreme hunger and felt embarrassed due to the lack of privacy in the makeshift clinic.”

Forced displacement has also drastically reshaped the burden on healthcare facilities in Gaza. Al-Awda Hospital in Jabaliya, for example, has experienced a dramatic decline in births, dropping from 400 to just 80 per month following the mass displacement of the northern population. Conversely, Al-Awda Hospital in Nuseirat, central Gaza, has seen a fivefold surge in births, straining its capacity to provide adequate care.

The closure of major hospitals, such as the Al-Shifa Medical Complex, has further exacerbated the pressure on healthcare facilities in southern and central Gaza, leaving displaced women with limited access to essential maternal services. In addition to the emotional and physical toll of prolonged forced displacement, approximately [155,000 pregnant and breastfeeding women](#) are facing significant challenges in accessing antenatal and postnatal care. The lack of ambulance services, restricted access to hospitals, and the lack of affordable transport made it virtually impossible for many women to receive adequate care.

### **Giving Birth in Besieged Hospitals**

Israeli forces consistently follow a pattern of imposing sieges on cities and neighborhoods, systematically restricting freedom of movement and targeting medical facilities. This deliberate strategy frequently entails rendering hospitals and specialized medical centers inoperative, depriving Palestinian women of essential reproductive healthcare services. During raids and sieges on hospitals by the Israeli forces, patients, the wounded, and pregnant women in the maternity wards were forced to evacuate at gunpoint and subjected to searches and inspections.

### **Maram Jamal Al-Balawi, 26, who gave birth during the Israeli forces' raid on Kamal Adwan Hospital in December 2023, told Al Mezan:**

“After my home was destroyed and the bombing intensified, I fled to Kamal Adwan Hospital. On 9 December 2023, Israeli forces surrounded it. I was told not to stand by the windows, so we lay on the ground in fear. Soldiers ordered anyone with a weapon to surrender. Three days later, they forced men aged 18–55 to strip and leave. They were searched, arrested, or sent to another hospital. The next day, women and children were ordered to leave, but I stayed with my mother, overwhelmed by pain and fear. A soldier took pictures of us, and after expelling the nurses, an officer allowed us to remain. Around 80 patients and doctors stayed, with no food, water, or electricity. I had to crawl to the bathroom since the soldiers prohibited standing near the windows. At night, I went into labor and gave birth. My mother called the doctor, who used the flashlight of a mobile phone and cut the umbilical cord, tying it with gauze. He told me I needed stitches, but he didn’t have the requisite sutures, so he used external stitches, causing great pain. I lay on a mat, shivering, and ate scraps left by others. By 8:00 am, the soldiers ordered everyone to leave. My mother, unable to carry anything due to joint pain, had to leave me to carry both my baby and our belongings just hours after giving birth. We were held in the cold courtyard until 6:00 pm, exhausted and hungry. Then, we were allowed back inside. The next day, we were moved to a small, blood-stained emergency room, where the bodies of two women lay. Later, a police dog was sent in to inspect us, and I was terrified. Throughout all this, I couldn’t breastfeed my baby, so I used hospital glucose solution to prepare formula.”

**Dr. Mohammad Saleha, director of Al-Awda Hospital, reported that Israeli forces deliberately targeted women and their companions, shooting them as they attempted to reach the hospital to give birth:**

“During the siege of Al-Awda Hospital in December 2023, I heard screams coming from the street leading to the hospital. A pregnant woman in labor arrived, accompanied by her brother-in-law; both were terrified and crying. The woman told me that her mother-in-law had been with her, but the [Israeli] occupation forces shot at them as they approached the hospital. Her mother-in-law fell to the ground bleeding, and we were unable to move her to the hospital due to the dangerous situation. During the week-long siege, the woman remained in the hospital after giving birth. Meanwhile, bulldozers and heavy equipment kept moving around the hospital. The [Israeli] occupation forces eventually ordered us to leave the hospital and subjected us to interrogation. While outside in the hospital yard, I saw the body of a woman placed by a bulldozer on a wall under construction, with her son standing nearby, crying as he looked at her lifeless body.”

### **Malnutrition and Its Impact on Pregnant and Postpartum Women in Gaza**

Israel's well-documented use of starvation as a tool of genocide has had devastating consequences on Palestinians in Gaza, with pregnant women disproportionately affected. One of the most significant outcomes of the total siege, characterized by the deliberate restriction of food supplies entering and being distributed within the territory, is a sharp increase in malnutrition among Gaza's civilian population. Restricted access to safe drinking and clean water has also forced the civilian population to adopt unsafe practices, such as drinking contaminated water, reusing unclean water for cooking or bathing, and relying on untreated water sources, significantly increasing the risk of waterborne diseases and infections.

According to the [United Nations Population Fund](#) (UNFP), approximately 46,300 pregnant women in Gaza are enduring severe hunger, while [UN Women](#) estimated that 557,000 women are experiencing extreme food insecurity. Malnutrition is causing more women to lose weight during pregnancy, posing serious risks to the health and survival of both mothers and their unborn babies. Many newborns are being delivered weighing less than 2.5 kilograms, classifying them as underweight according to internationally recognized standards. These indicators highlight the severe impact of malnutrition on maternal and infant health in Gaza.

**Maha Youssef Hassan Dawood, 30, a mother of three and five months pregnant, living in the Falouja area of Jabaliya Refugee Camp, gave Al Mezan the following account:**

“After my house was destroyed, I sought refuge at my family's home in Beit Lahiya. On 8 November 2023, while sitting with my children and sister, a wall collapsed on

us. I managed to free my trapped hand and scream for help. I was taken by ambulance to the Indonesian Hospital, where I learned the house had been bombed. I had sustained head, face, and foot injuries, requiring surgery. My 12-year-old nephew had been killed, and others injured. Two days later, the Israeli forces threatened the hospital and bombed nearby areas. My family and I were transferred to Kamal Adwan Hospital, where a room was also bombed and everyone inside was killed. The Israeli army then moved us to a nursery without beds, and I spent a day in severe pain and hunger. After a week, we moved to a tent in Jabaliya School. On 10 February 2024, I gave birth in extreme pain and suffered extensive bleeding afterward. My baby was born weighing 2.2 kg with severe jaundice, but medical tests could not be carried out due to a lack of resources.”

**Bisan Raed Ahmed, 25, a mother of two, lost contact with her husband, a Palestinian worker holding an Israeli-issued permit after he was detained by Israeli forces. After her home was destroyed, she was forced to seek refuge in a school. Here, she shares her story:**

“I was five months pregnant when the war began. My husband worked [in Israel], but I lost contact with him during the first week of the war. I endured immense fear, sadness, and hunger, as we were forced to move repeatedly due to relentless Israeli bombing. During the invasion of the Jabaliya refugee camp, my daughter and I, along with my siblings, grandparents, uncles, and their families, were trapped in my grandfather’s house for several days without access to fresh or even salty water.

I experienced intense abdominal pain from fear, feeling as though I was going into labor, despite being only seven months pregnant. Due to the scarcity of food and water, we survived on canned beans, drinking the liquid inside and dividing the beans between us.

On 12 December 2023, we moved to the Al-Rimal School in Gaza City. Each classroom housed about 50 people, with no privacy and no access to fresh drinking water or even water for basic daily needs. I could only use the bathroom twice a day—once in the morning and once in the evening—which caused severe urinary tract pain. Our meals mainly consisted of rice, and I often cried from hunger and pain, fainting multiple times. I later learned from a relative that my husband had been arrested by Israeli authorities [while in Israel]. He was interrogated, tortured, and eventually released in Rafah after 16 days in detention. By that time, I was in northern Gaza, while he was in the south.

When my pregnancy reached full term, I went to Al-Awda Hospital. My body was weak, having lost 14 kilograms. Unable to give birth naturally, I was transferred to the operating room, where my son, Hossam, was delivered via caesarian section. I was physically and emotionally drained due to the lack of proper nutrition. I was unable to breastfeed him, so had to rely on baby formula, but this was extremely difficult to obtain through aid distributions.”

**In an interview with Al Mezan, Dr. Mohammad Klash, a general practitioner at Al-Awda Hospital in Jabaliya, described the dire conditions faced by women receiving childbirth services at the clinic as follows:**

“Many women show visible signs of fatigue and severe emaciation. Medical examinations reveal that they suffer from anemia, malnutrition, and other health complications. These conditions often weaken their physical strength, making natural childbirth more challenging. Fear of moving at night and the lack of transport force pregnant women to arrive at the hospital early in the morning. Their faces often reflect the strain of labor pains endured throughout the night. In one instance, a woman gave birth on a donkey cart in the street, requiring the medical team to assist her on-site. On another occasion, a woman delivered her baby in a taxi and the umbilical cord was cut on the street at the hospital's entrance.”

**Rana Al-Madhoun, a 34-year-old lawyer and mother of two, was seven months pregnant with her third child when the genocide began. She recounted the severe hardships faced by Palestinian women in Gaza, emphasizing the devastating effects of food shortages on pregnant women and their health:**

“We fled our home in Tal Al-Hawa, Gaza City, in a panic, escaping the heavy bombardment by Israeli forces. We couldn't carry all our belongings, and I left behind my medication and vitamin supplements. We took refuge in a relative's apartment in central Gaza, but conditions quickly deteriorated as food and water became increasingly scarce. I was hungry but felt embarrassed to admit it since everyone was in the same situation. I focused on making sure my children had whatever little food we had left. I had to drink tap water, which led to a gastrointestinal infection. Eventually, we decided to head south, following instructions from the Israeli forces. We walked for two exhausting hours without stopping. Finally, we reached the Al-Bureij Refugee Camp in the Middle Area District. I wanted to check on the health of my baby, but the clinics and health centers were closed due to the ongoing bombardment and siege. I then went to Al-Aqsa Hospital in Deir al-Balah, where a doctor told me I would give birth within ten days. However, the Israeli military issued further evacuation orders, forcing the residents of Al-Bureij to evacuate. We moved to Rafah City, where we found



shelter, but there were no beds, mattresses, or blankets. In these dire circumstances, I gave birth at Al-Khair Hospital in Khan Younis. Finding adequate nutrition was a struggle, and I had to rely on canned food, as fresh meat, dairy foods, and baby formula, were either unavailable or prohibitively expensive.”

## **Rise in Premature Births**

The lack of access to healthcare for pregnant women extends far beyond complications during childbirth—it also includes the inability to monitor pregnancies and address potential risks early on. Pregnant women face heightened dangers due to restricted access to routine care, such as prenatal checkups, ultrasounds, and essential medical tests. This crisis is further compounded by persistent power outages and fuel shortages, which disrupt critical healthcare services and leave women vulnerable to preventable complications throughout their pregnancies.

The number of premature (preterm) births in Gaza has increased due to ongoing fear and stress among pregnant women. The [UNFP](#) has reported a rise in both premature and complicated births.

**The following is an excerpt from the testimony of Sherine Nasser Mohammad Ayad, 34, from Sheikh Radwan in Gaza City, who gave birth a month prematurely:**

“When the war broke out, I was seven months pregnant. Due to my health condition, I required monthly iron injections and regular blood thinner injections to prevent clots. With pharmacies closed and hospitals struggling, I was unable to obtain the drugs I needed. My health started to decline, and I developed complications including kidney pain, fatigue, and early signs of labor. I went to the hospital, where they gave me anemia medication and treatment to stabilize the pregnancy, but soon after, I had to leave my home. Food and medicine were scarce, and my husband had to buy wheat husks for us to eat because there was no flour. This caused further health issues, including vomiting, constipation, and infections.

While we were staying in a relative's apartment, the building was hit by an Israeli airstrike, and debris fell on my head. I smelled smoke and felt a burning sensation all over my body. I lost consciousness and woke up in a neighbor's house, where people helped me. I was taken to the hospital and later learned that the house I had been in had been bombed, killing my 12-year-old son Moataz and several of my husband's relatives. When I heard that my other son, Yusuf, was in critical condition but receiving treatment, I fainted.

A few days later, I started experiencing the first symptoms of labor and went to al-Sahaba Hospital, where they tried to stabilize my pregnancy. Despite their efforts, I gave birth prematurely. My baby weighed 2.2 kilograms and stayed in an incubator for 11 days. Because my health had been weakened due to hunger and exhaustion, I couldn't breastfeed my baby, so he was given formula milk. With the ongoing shortages, I struggled to provide diapers and formula. I even had to feed him ground rice before he turned six months old."

## Conclusions and Call to Action

This report highlights the devastating impact of Israel's ongoing genocidal campaign on Palestinian women, with a particular focus on pregnant and postpartum women. Testimonies from women and healthcare professionals reveal the escalating risks to their lives caused by targeted attacks, the destruction of medical facilities, and the severe lack of access to essential maternal healthcare services. Considering the above, Al Mezan urgently calls for international intervention to:

- **End the Hostilities and Lift the Siege:** Demand Israel's immediate cessation of hostilities in Gaza, the removal of the total siege and blockade of Gaza, the restoration of freedom of movement for civilians and humanitarians within Gaza, and unimpeded access to humanitarian aid.
- **Protect Healthcare Facilities:** Demand that Israel uphold its obligations under international law by respecting the sanctity of medical facilities and personnel. Ensure that Gaza's hospitals, clinics, and ambulances are protected from attacks, allowing them to provide critical care without interference or targeting.
- **Ensure Humanitarian Access:** Demand that Israel allows the immediate and unhindered delivery of medical supplies, food aid, nutritional supplements, infant formula, and other essential resources necessary for the survival and well-being of pregnant and postpartum women and their newborns.
- **Restore Basic Services:** Urge the restoration of electricity, fuel supplies, and clean water to enable hospitals and clinics to operate and meet the population's needs.
- **Enforce International Law:** All States must implement the International Court of Justice's July 2024 advisory opinion to end Israel's illegal occupation of Palestinian territory.
- **Expand Advocacy and Monitoring:** Mobilize United Nations bodies and international organizations to intensify advocacy, organize fact-finding missions, and document violations against Palestinian women in Gaza

- **Support Long-Term Recovery:** Develop strategies for rebuilding Gaza's healthcare infrastructure and ensuring sustained support for maternal and reproductive healthcare services and the establishment of programs to address the psychological trauma faced by Palestinian women in Gaza.