

# Reproductive Justice in Occupied Palestine: Biopolitical Policies and Experience

Written by Sanchita Aggarwal

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## Reproductive Justice in Occupied Palestine: Biopolitical Policies and Experience

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SANCHITA AGGARWAL, NOV 6 2022

Audre Lorde famously said, “there is no such thing as a single-issue struggle because we do not live single-issue lives” (BlackPast, 2012). Humanitarian conflicts encompass within themselves many losses. While territorial fights, political landscapes, state actors, and their casualties, make a huge part of it, the consequences of such conflicts spread far beyond that. They transgress into other forms — affecting everyday life. Occupations are one such anomaly of humanitarian conflicts, where violence and its different embodiments invade people’s minds, bodies, and personal space. The indefinite nature of occupations forces people into succumbing to a new ‘normal’ — permanently changing life and life choices. The people of Palestine are plagued with a similar reality. Stuck in a prolonged occupation that has lasted almost a century, each waking day is a struggle and a fight to live, as an individual and as a community. Violence there has taken many shapes and sizes and is not limited to armed attacks. It includes military surveillance, the socio-economic situations created due to the occupation, the psychological torment due to living in constant fear, loss of homes and livelihood, lack of peace, inability to live freely, and much more. Brutal conditions, oppressive governance, and general instability allow for a lot of wrongs to go unnoticed. International communities focus on the political nature — sporting a lens of sightlessness to how this occupation seeps into the private. Each community in the Occupied Territory of Palestine (hereafter referred to as ‘OPTs’) experiences its own unique socio-political conditions due to their treatment being different under the occupation. There are compounded struggles. Add to this intersecting gendered oppression, where women are systematically subjugated and their bodies are made vulnerable to structural violence, the realisation is that women are doubly affected under such circumstances of the humanitarian conflict.

Israel’s prolonged occupation has materially altered the life and choices of millions of women. One such choice is that of bodily agency and reproductive autonomy. The state of occupation looms over the lives of Palestinian women, coating each thought and decision with meticulous calculation, in their will to live and to resist. From both a socio-political aspect and a feminist lens — the effect of the occupation on reproductive agency becomes a matter of historical significance. In an era where reproductive rights are still being fought for, and *Roe v. Wade* was overturned in the USA (setting back reproductive choice) (Musho, 2022), Palestine offers a ghastly lens wherein women are not just reduced to their uterus, but also their blood. The injustice, here, is not just about rights but also about the effectivity of said rights under environmental racism, socio-economic inequalities, and surveillance.

This paper, through a sociological analysis of experiences and policies, looks to wade through the trauma and struggles Palestinian women face concerning their reproductive autonomy. Using the language of reproductive justice coined by the organisation SisterSong (1997), and that of intersectionality, this paper looks at reproductive rights from a broader perspective than just access and choice. It seeks to establish how Israeli Occupation through its Zionist strategies, manifestations of terror, curfews, surveillance, and general reduction of socio-economic conditions constructed through violence, restrict Palestinian women’s reproductive choices.

This restriction is achieved in three ways. One, Zionist propaganda inflicts harm on women’s access, limits their ability to safe reproductive choices, and segregates women based on their blood. Two, the occupation constricts women’s resources, endangers women in their quest for reproductive health, and psychologically alters decisions, which now have to factor in life within an occupation. Third, women are compelled to make pro-natalist choices and

# **Reproductive Justice in Occupied Palestine: Biopolitical Policies and Experience**

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conform to nationalistic approaches to family planning — taking away free choice, and creating the dichotomy of good versus bad Palestinian women (Kaananeh, 2002). The aim of this paper is to implore its readers to understand the gravity of violence taking place in Palestine, and argue that reproductive justice will always lack under the framework of an occupation. Reproductive justice demands that social location, racial oppression, and politico-economic conditions be included in analysing rights availability (Morison, 2021).

This paper restricts its discussions to Palestinian women who live in West Bank, Gaza, East Jerusalem, and Israel (either by birth or by relocation). It does not look to homogenise the experience of Palestinian women in the diaspora, nor does it look to limit the complexity of reproductive autonomy. It explicitly excludes matters concerning religion, patriarchal structures, or marital dynamics, and limits its scope to matters concerning the occupation. The focus on occupational violence comes from the rationale that how Palestinian women are compelled to make certain choices due to the looming political environment is largely understudied and requires international attention. The paper further excludes how Israeli Jewish women are affected by Zionist movements, with the heartfelt acknowledgement that Palestinian women are not alone in their fight against reproductive control during an occupation.

Part I of the paper sees how women's wombs are viewed as a threat under biopolitical frameworks deployed by the Israeli occupation, putting Palestinian women's bodies in danger. Part II of the paper analyses how the environment of instability and violence created under the occupation acts as a massive barrier to access influences reproductive decisions and causes severe psychological trauma. The final part of the paper critiques resistance movements which are connected to reproductive actions — and demonstrates how it leads to the othering of women and forces gendered norms. These explorations are backed by arguments advocating for reproductive justice and intersectional feminism.

## **Zionist Demographic Policies: The Visualisation of Women's Wombs as a Threat**

Israel's occupation is based on its Zionist ideology of creating a majoritarian Jewish state and privileging said ethnoreligious group over all others. The practice of this ideology brings with it the perception that any other demographic is a threat to be eradicated. Women become doubly targeted under a Zionist lens — because not only are they judged based on their demography but also as carriers of future demographic threats. It looks to deprive women of their reproductive agency by increasing its Jewish population through demographic state policies and ensuring that said policies act against Palestinian women. These are done through budgetary allocations, healthcare access, availability of resources, medical insurance, and more, which favour Israeli Jewish women and exclude Palestinian women (Kanaanah, 2002). Zionists want the Palestinian blood to not survive, thus politicizing wombs. Israeli politicians have openly called for the murder of Palestinian women to prevent them from giving birth (Elia, 2014). This racialised ideology ultimately leads to segregating women by blood and fertility — and endangering lives during situations involving reproductive health.

Being subject to settler and military violence at the time of birth is increasingly common in West Bank (Gale & Kirk, 2015), or for women who travel to East Jerusalem to give birth. Many Palestinian women choose to give birth to their children in Jerusalem so that the child has access to healthcare, permits, and a citizenship ID (in all, a safer life), but that process does not come without its risks. Pregnant women have to cross checkpoints where they may be forced to give birth. Facing violence on the way to the hospital is increasingly common as well. It was reported that more than 25% of Palestinian women have been exposed to tear gas inhalation while pregnant (Gale & Kirk, 2015). One woman reported that despite her begging a soldier to not throw teargas bombs in the street because she was pregnant, the soldier intentionally threw three bombs in her direction (Shalhoub-Kevorkian, 2015, p. 1197). In the West Bank, almost 70 women were forced to give birth at military checkpoints between the years 2000 and 2005 — resulting in half of those babies dying due to insufficient medical resources (Gale & Kirk, 2015). This violence and use of force is a cruel way to restrict women from giving birth to Palestinian children, and is arguably a manifestation of Zionist strategies.

Other than disruptions during the time of birth, general access to health care services — including natal care, and abortion services — is also affected due to Zionist propaganda. Palestinian women have a growing distrust of Israeli practitioners and are unable to communicate concerns freely or have a safe check-up. Women are often encouraged

# **Reproductive Justice in Occupied Palestine: Biopolitical Policies and Experience**

Written by Sanchita Aggarwal

by Israeli hospitals to abort even without prompting, or often even lied to about their fetuses having disabilities or disorders to ultimately manipulate women into seeking abortions (Shahawy & Diamond, 2017, p. 297). Several women have voiced how they don't believe in Israeli medicine since "the Israeli institution is not ours, they just tell Palestinians to abort because they want to get rid of us" (Shahawy, 2019, p. 55). Though not proven, there also have been alleged cases of forced sterilizations by the Israeli government (Kanaaneh, 2002, p. 75). It is extremely isolating to imagine living in an institution where one cannot trust their healthcare and feel the need to lie or hide, possibly endangering oneself. Furthermore, under the Zionist framework, Palestinian women who relocate to Israel are denied healthcare services (Daoud, Alfayumi-Zeadna, & Jabareen, 2018) as a form of discouragement of relocation. Israel participates in settler colonialism, and having Palestinian blood in 'Israel' is deemed unfavourable. Such denials lead to self-medication and procedures at the time of pregnancy, such as deliveries, and abortions, risking both the woman and foetus.

Such policies and behaviours, which reduce women to their demography and inflict harm upon them, are nothing other than a form of reproductive oppression. Palestinian women are being denied reproductive rights as long as their children are considered a threat. Israeli military and settlers can inflict violence on pregnant women without repercussions, and their safe access to healthcare is disrupted.

## **State of Instability and Violence: A Failure of Reproductive Justice**

Zionist propaganda is not the only way reproductive rights are restricted. As discussed, life under occupation is unique — with constant roadblocks to living life as one would desire. One's exposure to reproductive healthcare greatly varies depending on where Palestinian women are situated. Constant terror looms around one's head, compelling women to make decisions about where, if, and how should they have birth or abortions.

In 2002, a study revealed that restrictions borne out of the occupation had drastically reduced access to health facilities, including a five-fold decrease in antenatal and postnatal care and a ten-fold increase in unsafe deliveries (home delivery, induced delivery, delivery at military checkpoints) (Bosmans, Nasser, Khammash, Claeys, & Temmerman, 2008). Restrictions include a requirement for permits, the Wall, the inability to travel during curfews, fear of being stuck out during a curfew (Bosmans et al., 2008), and Gaza's blockade. After the second intifada, access to reproductive services became even tougher (Bosmans et al., 2008). UN and other humanitarian organisations were no longer granted permits to enter OPTs during curfews (Bosmans et al., 2008, p. 106). Many public health centres had to shut down since doctors could not travel to them anymore due to curfews — leading to an increase in home deliveries and life-saving operations (Bosmans et al., 2008). Each of these instances is dangerous to the lives of women and leads to insufficient reproductive care. Women have shared stories about nightmares continuing even post-birth as to how they lost their child at the checkpoint because they were denied entry beyond (Shalhoub-Kevorkian, 2015, p. 1195).

A lot of family planning decisions are also based on the socio-economic context of Palestine in light of the occupation. Under the burden of financial difficulties, families choose to have fewer or zero children. This is either due to the inability to bear the expense (Pell, 2017), or to ensure that the children who are already born have more resources, such as education, food, etc. (Kanaaneh, 2002). This matter is also explored later from a Palestinian nationalistic lens.

The women of Gaza struggle with access to resources due to the blockade. Israeli architecture in Gaza gives rise to high miscarriage rates due to the blockage of basic necessities like water, food, and medical supplies (Elia, 2014). Add to it the terror of war, and the realisation is that Palestinians there become greatly constricted. In 2014, during 'Operation Protective Edge', six maternity clinics were closed and many hospitals were damaged in Gaza, which led to an increase in death at childbirth and pregnancy complications by 8% (Gale & Kirk, 2015). Doctors are often shot by IDF soldiers during procedures (Gale & Kirk, 2015). There is an inability to have a safe birth, which not only puts one in danger but often compels women to make decisions about whether they should give birth or not. The fear of getting killed or having one's child killed becomes a huge factor in family planning (Pell, 2017). Thus, women either have fewer or no children — or oftentimes, have more children due to their other off-springs being killed (Pell, 2017). Both situations are extremely taxing emotionally and take away a women's free agency by adding considerations no

# **Reproductive Justice in Occupied Palestine: Biopolitical Policies and Experience**

Written by Sanchita Aggarwal

one should have to face.

Matters of abortions also become more complicated due to such restrictions. Women can only get abortions at Israeli hospitals, but because of the Wall, checkpoints, and other military mechanisms in place, only those women who have permits to enter Jerusalem and/or live in East Jerusalem can access these hospitals (Shahawy & Diamond, 2017). That means a majority of women in the West Bank do not have access to safe abortion facilities. In Gaza, the situation is even gloomier. It is almost impossible to get abortions due to the lack of services within and the inability to go out because of the blockade (Shahawy & Diamond, 2017). This leads to women having to resort to risky procedures of self/home abortions, often causing death or serious injury (Schwartz, 2015). Access to abortion, thus, depends on one's location, class (ability to pay, have contacts), and ID/citizen status.

Aida, a Palestinian woman in her twenties, spoke of the psychological trauma women are forced to endure during pregnancy under the Israeli occupation (Shalhoub-Kevorkian, 2015, p. 1194). Speaking of her own experience, she said:

“[t]hey were the worst days of my life. Having the baby under such stress, needing to catch a bus while experiencing the pain of severe contractions, knowing that I might have the baby on the bus; I was dying of fear, pain, real terror, crying my body in silence, wanting to go back to my house to have the baby there but then, the baby would end up without an ID, undocumented, unsecured, displaced throughout her life. For only if she is born there can she survive their terror. Otherwise, she will be dead like all those who are unable to reach their homes, who are deprived of even seeing their beloved ones, just like when you are physically dead. I was giving birth but living death at the same time. I stopped myself from giving birth, promising my unborn to reach the hospital, and have her in Jerusalem.”

(Shalhoub-Kevorkian, 2015, p. 1194)

Her experience highlights how reproductive freedom becomes deeply dominated by the political atmosphere, compelling Palestinian women to place their needs as secondary.

Reproductive justice imagines reproductive rights as those to maintain bodily autonomy, have children, not have children and parent their children in a safe and sustainable environment (SisterSong, 1997). Under the state of occupation, none of these rights are fulfilled.

## **Resistance and Expectation: Enforcement of Gendered Norms and Othering**

The might of the Zionist state with strong diplomatic relations is insurmountable by civilians. Palestinians, to survive, have to resist every day. Living under Zionist propaganda and being deemed a threat constantly, the people are compelled to do so. Resistance comes in different forms — one of which has become through reproduction. To counter Zionist policies (Kanaaneh, 2002), and as a form of opposition to ensure that the Palestinian population does not become lesser, pro-natalist nationalist movements are often undertaken by Palestinians. The difference between Israel's and Palestine's reproductive movements is that the latter is also a result of Israeli dominion. It is for survival and to ensure that Israel cannot create a majoritarian state, which would otherwise make Israel's control more concrete.

As a result of these pro-natalist movements, Palestinian women are expected to “give birth for the nation” (Kanaaneh, 2002, p. 72). They are called the ‘mother of the nation’(Kanaaneh, 2002, p. 65). It becomes commonplace for a lot of women to have upwards of 10 children. Palestinian women are considered to have one of the highest fertility rates in the world (Pell, 2017). Their wombs are often referred to as ‘batin askari’ — military weapons that give birth to fighters (Kanaaneh, 2002, p. 65). Protest art within Palestine famously depicts Palestinian women pregnant, symbolising the threat to Israel and defiance of the occupier. Consequentially, Palestine's state initiatives, community expectations, and family planning tend to politicise the women's wombs and expect nationalistic births in large numbers. It is considered their ‘duty’ — failure of which is considered a marker of anti-nationalism (Kanaaneh, 2002, p. 71). This is not to say that no women participate in similar thinking — a lot of women see this as a sign of protest and their form of participation in the nationalistic movement. Yet, it is important to

# Reproductive Justice in Occupied Palestine: Biopolitical Policies and Experience

Written by Sanchita Aggarwal

ask: how fertility rates in Palestine would have been if there was no need for such resistance? Paintings, songs of protest, and election campaigns (Kanaaneh, 2002, p. 65) — all romanticise Palestinian women giving birth in large numbers, but understanding the responsibility women have to undertake, the lack of *free* agency over one's reproductive decisions — is the concept as romantic and beautiful? Women have been reduced to their reproductive capabilities. Giving birth is an emotional, economic, and life-long undertaking, which no one should have to decide for reasons other than literal birth.

Kanaaneh's book argues that there is no pressure on women. It refers to another form of resistance wherein families have fewer children, to ensure that the children which are already born have more resources, such as education, food, etc. (Kanaaneh, 2002, p. 62) The resistance strategy is based on the belief that a few educated, healthy, resourceful children are more threatening to Israel than mere numbers who may not have enough capital (Kanaaneh, 2002, p. 62). However, noticeably, the pressure subsides only when the reasons are economic in nature. Kanaaneh's arguments on reproductive femininity in Palestine are that nationalist strategies allow scope for both a small and large family; however, the key contention is still family. It is important to highlight that not all women wish to have children, are able to have children, or simply do not conform to heteronormative relationships and identities. Women are expected to get into heterosexual marriages and give birth, ultimately exclusionary to a lot of Palestinian women, queer persons, and trans persons (Atshan, 2020). Abortions are often shamed within the community (Shahawy & Diamond, 2017, p. 295), considered antithetical to Palestinian ideologies, and the women who wish to abort are branded selfish. Due to the nature of this reproductive expectation, women are supposed to marry only within 'Palestinian blood', to ensure that their child is Palestinian, and thus, a child for the nation (Kanaaneh, 2002, p. 71). Kanaaneh's research found out that any marriage outside one's nationality, or even the adoption of a non-Palestinian kid, is placed at par with treason by the community — for it is against the benefit of the nation (Kanaaneh, 2002, p. 71). This compulsion borne out of Zionist propaganda leads to the segregation of women: wherein those who do not oblige, are considered 'lesser'. Women are, thus, repeatedly reduced to their blood, demography, and uterus. Gendered norms are in place, restricting women, and creating classifications of the good versus bad Palestinian women. Women are considered secondary citizens in this — where their life's purpose is reduced to giving birth. Such resistance strategies put a lot of weight on women to link their reproduction with nationalism. The movement also expects women to give birth only to boys who can fight for the nation (Kanaaneh, 2002, p. 72). A person in the OPT voiced how "women's only concern in life should be making men who they can breastfeed the milk of glory, honour, and courage. Only by producing boys will women be true mothers of the nation" (Kanaaneh, 2002, p. 72), consequently not only appropriating gendered norms but also decreasing the value of a Palestinian woman.

## Conclusion

This paper sought to make international communities aware of Palestinian women's experiences and the policies they are subject to, which result in biopolitical control of life on an individualistic and communitarian level. Shalhoub-Kevorkian (2015) aptly points out how the biopolitical control arising out of occupation either categorises women as dangerous or leaves them as an uncared "other" (p. 1202). Here, notions of "dangerousness" comes from demographic Israeli perspectives and strategies. In an interview about being pregnant under the occupation, a woman voiced how her pregnancy was a nightmare, and the occupation forced her to be a prisoner in her own home (Shalhoub-Kevorkian, 2015, p. 1199). Another said that "even the hospitals are like a prison, everyone here has been persecuted" (Shalhoub-Kevorkian, 2015, p. 1201). There are shared outcries as to why one does not get treated like a human being, who can have a baby under normal conditions (Shalhoub-Kevorkian, 2015, p. 1199). Parallely, the otherization happens within communities when Palestinian women do not conform to what their respective OPT considers as the reproductive norm, i.e., either partaking in pro-natalist nationalistic movements or limiting birth. Economic developments, the number of fighters for Palestine, and the demography of Palestine — all falls upon Palestinian women's shoulders. Palestinian Family Planning and Protection Association started a campaign with posters depicting how unhappiness and poverty will be faced upon having many children, which would stop the 'development' of Palestine (Kanaaneh, 2002, p. 64). This is in contrast to the resistance movement demanding birth. There is constant dissonance that comes out of either being categorised as the mother of the nation or a woman prohibiting modernity (Kanaaneh, 2002, p. 64). Women become constant targets where they cannot win. It is essential to understand that it is all result of the occupation. Zionist mobility is rooted in nationalist racism and expansion by settler colonialism and genocide (Litvin, 2019). It is the occupation that has made reproduction a matter

# Reproductive Justice in Occupied Palestine: Biopolitical Policies and Experience

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of state and community. It is Israel who has infiltrated familial and reproductive matters, making women's bodies a 'site of resistance' (Kanaaneh, 2002, p. 63).

Individuals and communities are made to negotiate their reproductive actions. This is contrary to reproductive justice, which requires that women not only have the right to make decisions but also that their conditions are suitable to implement such decisions (Morison, 2021). In occupied Palestine, agency disappears because there is no free choice to have a child or not have a child. The right to parent children with dignity and raise them in a safe environment is severely affected. Actions are constantly governed by factors such as Zionist policies, fear of death, lack of access, lack of safe healthcare, need to resist, instability under violence, and more.

Occupation law cannot exist in isolation without holding the occupier states accountable for how their control affects minds, bodies, and private spaces. Reproductive justice needs to be incorporated within systems of legal obligations such as the Hague and Geneva Conventions. The existence of indefinite occupations cannot lead to shying away from protecting communities who suffer underneath for prolonged times. Human rights through a lens of feminist intersectionality demand otherwise. The trauma infliction and reproductive restrictions on Palestinian women need to immediately be seen as a form of violence.

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# **Reproductive Justice in Occupied Palestine: Biopolitical Policies and Experience**

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