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“I Did Not Want Children”

Birth Control in Discourse and Practice

“Whether it was common or uncommon will not be told in books or records.”¹

The seed of this book’s focus was planted during a nine-day exploratory research trip to Palestine in January 2016. A *Foreign Policy* essay titled “Palestine’s Abortion Problem” (Schwartz 2015), recently published online, had incensed a number of Palestinian feminist friends. I recognized its familiar framing of uncivilized, patriarchal Palestinians set against the foil of advanced and liberated Israelis in the realms of sex, gender, and reproductive rights. As I quickly did the math, I realized an egregious error in the scene-setting lede about a forty-year-old Palestinian woman from Halhul (near Hebron) who was married off to her thirty-two-year-old second cousin when she was fourteen. The woman reported aborting a five-month fetus during her first year of marriage by jumping “belly first” from a “9-foot stone wall,” which the reporter claimed was because abortion “is illegal under Palestinian law.” However, the West Bank was under full Israeli military rule at the time. I was nevertheless intrigued by the essay’s mention of common use of the drug Cytotec (available over the counter in West Bank pharmacies) to induce abortion, which opened the conceptual aperture of exploring Palestinian nonreproductive desires in a nationalist context as part of a project on death.

I came to appreciate that researching contraception and abortion in historic Palestine could not primarily depend on archival methodologies because colonial records were not kept as far as I could determine, medical records were not available, and Palestinian memoirs and oral histories typically do not address intimate and embodied life to some

¹ From a July 2, 2016, interview I conducted with renowned attorney Fuad Shehadeh in his law office in Ramallah, Palestine, in response to my comment that abortion was not uncommon among married Palestinian women during the Mandate.

degree because sex and birth control are trivialized by colonial and nationalist frameworks. Additionally, researchers may mistakenly translate the illegality or stigma of abortion, especially in socially conservative societies, to lack of reliance on the method, as admitted by Berit Mortensen, who trained midwives in contemporary Palestine and Norway (Mortensen 2011, 50). Challenging the assumption that reproductive desire reigns supreme reorients how we understand Palestinian history and social life.

This chapter explores Palestinian Muslim and Christian as well as Jewish contraception and abortion practices during the British colonial period and since, despite legal restrictions. It takes seriously the material and personal situations and dynamic cultural milieus that produce nonreproductive aspirations and desires and limit sexual and reproductive agency. In this chapter and elsewhere, *Buried in the Red Dirt* insists on remembering that communities lived in the same times and places in historic Palestine – usually but not always in extractive, exploitive, and apartheid relations. In Mandate Palestine Palestinians were required to negotiate different regimes: the racial settler-colonial capitalism of Zionism, the racial capitalism of British colonization and imperialism, and the class and gender inequalities that structured Arab societies.

The first section analyzes abortion prosecutions reported in Hebrew-language newspapers during the Mandate period, using them as a lens to illuminate public tensions and actual practices, including sex, that crossed religious and ethnic boundaries, as well as regular interactions between Jews and non-Jews in medical and legal realms. The second section focuses on a failed application by a German Zionist sexology institute to the British censorship board to show a Swiss film advocating medical abortion. It also examines Zionist pronatalist discourse for Jews during the Mandate and the status of birth control for Jews in the colonial Yishuv and early Israel. I show the ongoing coexistence of Zionist pronatalism with Jewish refusal in reproductive realms, with some ethnic differences. The final section focuses on Palestinian infant and child death, contraception, and abortion practices during the Mandate period and since, using archival sources, scholarship, reports, conversations, and interviews I conducted with elder Palestinian women as well as scholars, lawyers, midwives, obstetrician-gynecologists, public health professionals, and nurses.

Abortion Stories from Mandate Palestine

Abortion was not a documented phenomenon in the colonial health records I found as a consequence of its illegal status, not to mention approbation. Abortion does appear in the Hebrew press because midwives, physicians, and "accomplices" were sometimes prosecuted if sued in court, which occasionally occurred and was reported, especially when a woman died after an abortion or an attempted abortion. We can comfortably assume that some deaths resulting from botched abortions or lack of care after an abortion never reached the point of being known to colonial authorities given how little healthcare they provisioned to the native population and Jewish settlers.

Press stories indicate that Christian Palestinian cases of abortion death were more likely to reach an awareness threshold that led to state intervention, although Muslim Palestinian women, especially in and near urban areas, also turned to such services. Palestinian women were unlikely to seek abortion assistance from registered ("qualified") Palestinian nurse-midwives, who were closely supervised by the British Department of Health. Moreover, registered ("qualified") Jewish nurse-midwives working in Zionist health service organizations served few Arab Palestinians and, by policy at least, provided neither contraception nor abortion services to Jewish women. British Department of Health clinics and hospitals apparently did not provide abortion services because the procedure was illegal. Finally, Christian missionary medical institutions did not provide such services for ideological and legal reasons.

That left the provision of abortion services to unlicensed Palestinian and Jewish midwives and healers, and Jewish and Arab medical practitioners, especially obstetricians, in private practice. We can extrapolate that Palestinian physicians were familiar with abortion and postabortion care from the story of young Yemeni Jew Yona Tsadok and (likely Russian) Jewish physician Martha Tchernihovsky, which attracted intense press attention in Hebrew-language newspapers in mid-1930s Palestine.

I worked with Duke University librarian Rachel Ariel, who searched for Hebrew press stories about abortion prosecutions in Palestine after I read a footnote mention of three such cases in an article by Lilach Rosenberg-Friedman (2015, 341n48). On June 12, 1931, the Jewish newspaper *Ha-Am* published in its police blotter for Haifa that

a Christian Palestinian woman from a village near `Acca had traveled to Haifa to abort her fetus, requesting help from a female paramedic, likely Jewish (*hoveshet*, as distinct from a qualified nurse). The unnamed woman died as a result, and the paramedic was arrested.² A June 13, 1935, newspaper column in *Doar Hayom* reported that Dr. Alfred Levine was charged in the Jaffa District Court on the recommendation of the Department of Health for doing an abortion that caused the death of a Palestinian Arab nurse, Nasima `Awadh; her husband, Saliba Tarazi, was charged as an accomplice. Defense lawyers argued that the woman had tried to perform the abortion herself before seeing Levine for treatment. After only two of five medical experts ready for the defense were called to testify, the colonial court decided it could not accept the medical testimony of the prosecution and released the physician and dead nurse's husband on June 6.³ A frustratingly short piece in *Ha-Mashkif* newspaper on November 13, 1941, mentioned a trial in closed session in which a Jewish woman and her husband were suing "Dr. Sh." for a failed (unsuccessful) abortion.⁴ A Hebrew-language account in *Haaretz* from July 6, 1944, reported that a twenty-eight-year-old woman was brought the previous evening to Hadassah Hospital in Tel Aviv "in serious condition" and died afterward. The reporter learned the cause was an abortion procedure, which led the police to open an investigation.⁵

The most detailed attention to an abortion story unfolded in the Hebrew press between March 1936 and April 1938. It focused on "Frau" or "Mrs." Dr. Martha Tchernihovsky, who was charged, tried, and ultimately imprisoned in relation to the abortion and later death of a Yemeni Jewish woman, seamstress and nanny Yona Tsadok. Yona was in a long-standing relationship with a Christian Palestinian man from

² "Abortion and Its Fruits," *Ha-Am*, June 12, 1931. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

³ "Physicians Were Cleared of a Severe Charge," *Doar Hayom*, June 13, 1935. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

⁴ "An Abortion Trial in Closed Session," *Ha-Mashkif*, November 13, 1941. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

⁵ "A Tragic Incident," *Haaretz*, July 6, 1944. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

Ramallah, driver `Adel Sha`on. I reconstruct the drama from seven accounts in the *Doar Hayom* and *Davar* newspapers. The story began in the "news from Jerusalem" section of the March 26, 1936, issue of *Doar Hayom*, which reported that earlier that month in Jerusalem "Frau Dr. Tchernihovsky" conducted surgery on a pregnant woman who became ill after the abortion procedure and was transferred in critical condition to the French hospital. The patient would not disclose who conducted the procedure for some time, but after she did, the police arrested Tchernihovsky, who was brought before a British judge. He issued an arrest order and ordered an investigation.⁶

On March 29, 1936, *Doar Hayom* reported that on the previous Friday the Palestinian "Judge Hanania" in the Jerusalem District Court heard from two witnesses in the ongoing investigation of "Mrs. Dr. Tchernihovsky": the investigating "Officer Sofer" and "Mrs. Dr. Margaret Nussbaum." Readers learned that after Tchernihovsky arranged an abortion for "Yona Ts.," the young woman hemorrhaged and was "brought to the French Hospital in dangerous condition." Nussbaum testified that Tchernihovsky "invited her to assist with the young girl's surgery." Much of the investigation and hearing centered on whether Yona had been "sick with a severe disease that made the surgery necessary, or whether she came for an abortion."⁷

A lengthy account published a week later in the April 5, 1936, issue of *Doar Hayom* reported the testimony of Yona Tsadok's lover, "Arab driver" `Adel Sha`on, that seventeen-year-old Yona arranged the abortion surgery herself. `Adel had known Yona for twenty months and "visited her often." He told the court he took Yona to a rented room to recover from the procedure and brought the physician Tchernihovsky to see Yona a number of times to treat her continuing pain. Yona continued to feel badly on Wednesday morning, so `Adel decided to bring "a better doctor," a Palestinian, "Dr. Said." Since this physician was unavailable, `Adel found "Dr. Dajani," who examined Yona, immediately ordered her admittance to the French hospital in Jerusalem, and sent a note to Dr. Tchernihovsky.

⁶ "Accused of Abortion," *Doar Hayom*, March 26, 1936. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

⁷ "An Abortion Trial in Jerusalem," *Doar Hayom*, March 29, 1936. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

During the hearing, Tchernihovsky accused `Adel of telling her that he and Yona were “Christians from Ramallah.” He responded that he told her he was a Christian from Ramallah, but not that Yona was his wife. Dr. Dajani testified that the patient had a forty-one-degree (Celsius) fever when he saw her and lobbed a charge against Tchernihovsky: “You’re not a good doctor.” Notably, Dajani did not accuse the Jewish physician of being a terrible person or a criminal for doing a requested abortion.

Yona’s testimony was acquired at the hospital. Court officials allowed the reporter to follow them and attend the interview, which required the removal of two additional patients sharing Yona’s room. Readers learned that Yona, who spoke in Arabic to a Palestinian magistrate who translated into English, was a nineteen-year-old who lived on Shari` Pina.⁸ She rented a room so that her mother and sisters would not learn of her pregnancy (and no doubt her affair). She testified she was ashamed and afraid, so she explained her illness to her family as appendicitis. She had not told `Adel she was pregnant.

Yona had found Tchernihovsky eight months earlier, and had paid her six Palestinian “lira” for an abortion. Three weeks previous to her court testimony, Yona said she visited Tchernihovsky to abort a second pregnancy. The physician gave Yona one injection each day for seven days, during which she experienced no bleeding and did not abort. Surgery became necessary because Yona was in her third month of pregnancy. When Yona arrived to the medical office for the procedure, she also found Dr. Margaret Nussbaum. Yona reported paying five Palestinian lira for the second surgery and one and a half lira for the medications. She said that Tchernihovsky refused to allow her to stay in the clinic more than three days after the surgery despite her offer to pay more. Everyone in the hospital room felt badly during Yona’s testimony, including Officer Robinson, who opened the window, according to the reporter. The reporter added vivid details to the story, describing two bouquets of flowers in the hospital room from her lover and sister, an attending nurse (“sister”) who was “sad” and worried that Yona would die, and Yona as looking “terrible” and “pale,” but “beautiful,” with “big eyes.”⁹

⁸ There are discrepancies in the reporting of Yona Tsadok’s age, having to do either with poor sourcing or legal concerns.

⁹ “The Dramatic Testimony of Yona Tsadok,” subtitled “in the investigation of Dr. Martha Tchernihovsky,” *Doar Hayom*, April 5, 1936. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

On April 16, 1936, the same newspaper published a short report that after hearing from Officer Robinson of the Criminal Investigation Department, the Palestinian investigating magistrate, "H. Hanania," charged Tchernihovsky with violation of Article 192 of the 1928 Criminal Code (the same article in the 1911 Ottoman Criminal Code)¹⁰ because she arranged "an operation of artificial abortion" for Yona Tsadok on March 18; he referred the case to the Jerusalem District Court.¹¹ Well over a year later, on October 5, 1937, a notice in *Davar* reported that the trial against Tchernihovsky, "who is accused of causing an abortion to a Jewish girl," ended yesterday and the verdict will be issued on Friday.¹² On October 10, 1937, *Davar* briefly reported that Yona Tsadok had died. During a "closed session hearing" attended by "Officers Riggs and Sofer," among others, Tchernihovsky was sentenced to one year of prison, which she was appealing.¹³

A lengthy op-ed by Bina Wallfish titled, "About a Topic That We Don't Like to Talk About," was published six months later in *Davar*, when Tchernihovsky's appeal of her prison sentence was rejected.

¹⁰ Article 192 of the 1911 Ottoman Penal Code condemns "to imprisonment for from one year to three years" the person who prepares "special means with her consent" for a woman to abort, and if the pregnant woman dies, the person is condemned to hard labor for from "four years to seven years."

¹¹ "The Court Case of Dr. Martha Tchernihovsky," *Doar Hayom*, April 16, 1936. (A typo in the article lists the year of the Criminal Law as 1927.) Translated by Rachel Ariel of the Duke Library and my colleague Shai Ginsburg, whose grandfather was editor and publisher of *Doar Hayom*. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University. In conducting an internet search to confirm Hanania's Palestinian ethnicity, I found he signed a June 30, 1936, memorandum submitted by more than 150 "Arab Senior Government Officials" from throughout the country to "his excellency the High Commissioner for Palestine" regarding "the Present Situation in the Country." The memo called for an end to violent repression of the Arab revolt and demanded the government address the main cause, continued Jewish immigration to Palestine, which they called for halting: www.paljourneys.org/en/timeline/historictext/6718/memorandum-submitted-arab-senior-government-officials-high-commissioner.

¹² "Tomorrow – the Verdict in the Trial of Physician Tchernihovsky," in the "Jerusalem" blotter, *Davar*, October 5, 1937. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

¹³ "Verdict in Court Case of Physician Tchernihovsky," *Davar*, October 10, 1937. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

Wallfish rhetorically asked whether the physician was the main culprit, or the “men who brought women to such despair?” She posed an additional question. “Aren’t social conditions to blame?” She explained that abortion is a “natural” method that women turned to regularly. Most women and their husbands sought abortion for economic reasons. “They worry about giving the child what they need.” Deploying her Zionist demographic perspective despite every indication that Jewish women were not heeding this priority, she argued that couples who abort may regret their decision since this is how “we lose a lot of power.” Moreover, “children are sources of joy and blessing.” She advocated for changing Jewish mindsets so that “our sons” are satisfied with less and for establishing a children’s home for unmarried pregnant women. Addressing social conditions, she continued, was the solution, “not jailing one woman who wanted to help her woman friend.”¹⁴

Zionist Pronatalism Meets Jewish Refusal

This section delves further into the coexistence of Zionist pronatalism with rank-and-file Jewish commitment to birth control, especially abortion, in British colonial Palestine. While Zionist political and public health institutions actively discouraged abortion among Jews, married and unmarried, residents of Palestine made reproductive decisions informed by different priorities. The complex sexual and reproductive positions at play in the British colonial and Zionist settler-colonial setting are illuminated by a set of correspondence from June 1932 between physician Avraham Matmon of the Institute for Hygiene and Sexual Research in Tel Aviv and the Central Censorship Board of the Government of Palestine in Jerusalem regarding the screening of a controversial film that advocated “medical” rather than “artificial” abortion, as well as Cesarean birthing.¹⁵

The institute, according to research by Liat Kozma, was one of “three sex consultation centers” opened to serve Jews in Tel Aviv in

¹⁴ Bina Wallfish, “About a Topic That We Don’t Talk About,” *Davar*, April 27, 1938. Translated by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

¹⁵ GOP, Department of Health, Health and Hygiene – Health Educational Films, January 1931–January 1933. Location in file: 00071706.81.DO.97.42. Israel State Archives.

fall and winter 1931–1932 (Kozma 2010, 231, 232). Illustrating the pertinence of eugenics in Jewish Palestine, one of the “main purposes of the [sexual consultation] stations was to prevent eugenically unsound [marriage] unions” that would lead to procreation between “the invalid, the insane, ... alcoholics, prostitutes, and homosexuals” (238). Born in Odessa (Russia) in 1900, Matmon immigrated with his family to Palestine in Ottoman Greater Syria in 1904 or 1905. He established the institute in 1931 after completing his medical degree in Switzerland and additional training and work in Germany, Vienna, and Egypt, including a brief internship at a German sexology institute (237–238).

In addition to running the institute in Tel Aviv, Matmon served as the “in-house doctor at Nordiya School, a vocational school targeting lower-class, lower-income [Jewish] families” (238). In 1932 Matmon’s sexology institute sponsored “public lectures as well as two courses on sexual anatomy, development, and hygiene attended by 145 individuals, more than half of whom were women” (238). Lest sexology be confused with sex positivity, informed by an ideology of “self-discipline,” Matmon used his widely read advice column to counsel men against “obsessive” masturbation (240–241). In the correspondence I examined, Matmon described his Tel Aviv institute to the colonial authorities as “giving lectures on various subjects on sexual research (sexual life of men, marriage, pregnancy etc.).”

In a June 2, 1932, letter to the Central Censorship Board, Matmon sought permission to show institute members in a private setting the “scientific-educational” 1929 Swiss film *Frauennot – Frauenglück*, or *Misery and Fortune of Woman*, which in his description “combated artificial abortions.” “Artificial” refers to *induced* abortion (deliberate rather than spontaneous miscarriage) in Hebrew, but the semiotic slippage is apparent, since the film and Matmon argued for the superiority of “medical” abortions (which are also induced and thus “artificial”) – that is, abortions conducted in a physician’s office. He appealed to the censorship board in a manner that illustrated the regularity of abortion in Palestine while insisting that only medical “specialists” should be allowed to conduct them. “Now is the right time to project a film of that sort as the number of abortions is increasing daily, and propaganda is made in certain circles in favour thereof, abortions are made by persons who are not specialised to do it (like the case of the midwife Micola [*sic*] in Jerusalem); these show that there is a vital

necessity to clear this question by showing this picture whose aim is to combat artificial abortions.”¹⁶

Just two months earlier, according to an April 2, 1932, police blotter for Jerusalem published in *Haaretz*, the court of appeals had approved a verdict of “seven years of hard labor” for “the deadly midwife” Klara Mikola. Mikola, who was clearly on the minds of Zionist elites and British authorities, was a resident of Palestine convicted of “causing the death of a woman during an artificial abortion.” A short report in *Doar Hayom* included information that Mikola was German, the investigation of her was complete, and the case was transferred to the Jerusalem District Court.¹⁷ Mikola’s name did not appear in any variation on British lists of registered nurse-midwives in 1930s Palestine.

Matmon assured the censorship board that the audience for the film showing would be composed of invited men and women over eighteen years old “who have already completed their studies” and “who have already their opinion on the matter.” He suggested that the institute could host gender-segregated showings if the colonial government required. He explained that as a “specialist on Sexology and Hygiene,” he would give a lecture in advance of the screening “on the subject of abortion, the dangers thereof, and their result.” The Central Censorship Board refused permission to show the film, but its letter stated it would “reconsider the application for its projection as a special performance by invitation under medical auspices.” When Matmon reapplied, the censorship board sought the advice of the director of the Department of Health (Col. G. W. Heron), who in a letter dated June 24, 1932, refused permission to project the film “under the circumstances proposed” since “it is superfluous if shown to doctors, and very undesirable if shown to other persons.”

The 1929 film in question, *Frauennot – Frauenglück*, is a character-driven series of vignettes about abortion and childbirth captioned in Swiss, French, and English and rendered in silent picture form at first and later with speaking characters. By the second half of the film, an authoritative male narrator represents the position of modern

¹⁶ GOP, Department of Health, Health and Hygiene – Health Educational Films, January 1931–January 1933. Location in file: 00071706.81.DO.97.42. Israel State Archives.

¹⁷ *Doar Hayom*, April 6, 1932. Research and translation by Rachel Ariel. Jewish Historical Press (www.jpess.org.il). National Library of Israel and Tel Aviv University.

science.¹⁸ The initial paragraph of the lengthy "précis" included in the scanned Palestine Department of Health archival folder summarized the first vignette: "A woman whose husband earns no money – four children at home with insufficient food. A fifth child about to be born, which will add to the distress, hunger and suffering of the household. The woman out of despair goes searching for a 'certain address' in a quiet street. She wishes to get rid of her burden by artificial means. Would not proper advice help her in her misfortune?" Proper resolution, the film itself makes clear, is induced abortion in a doctor's office to avoid the "tragedy" of "illegal abortion." Additional vignettes focus on differently situated women who find themselves with unwanted pregnancies.

The second half of *Frauennot – Frauenglück* promotes "modern" surgical Cesarean childbirth. Like the film, the précis offered a rhetorical bridge between medical abortion and medical childbirth, in both cases deploying a gendered ideological frame: "Science shows that 'abortion' by primitive and unhygienic means, does not take place without leaving an effect on the woman; the reason being nature has decreed that the aim and happiness of a woman are reproduction. A woman is born to be a mother, and in case she is not physically fitted to normal bearing of children, artificial means are used for accomplishing this, i.e. by the 'Kaizershnit,'" or Caesarean surgery.

Hygiene films such as this one, which combined character-driven story lines with science and health information, were understood to be pedagogically effective because they appealed to emotion (Laukötter 2016, 183). Anja Laukötter argues that *Frauennot – Frauenglück* provoked "the wrong emotions," however, because it stirred "controversy, demonstrations, and denunciations in Germany, France, and Switzerland." Indeed, when in "July 1931, the production company Präsens-Film-AG filed a lawsuit against the Munich police department for prohibiting the film from being shown," the police claimed it "would jeopardize the health of those who watched it" and even create "fear of childbirth" (189).

Denial of permission to screen the film in Tel Aviv was likely motivated by its controversy in Europe and the fact that abortion was illegal

¹⁸ Shot in Switzerland, *Frauennot – Frauenglück* was directed by Russian filmmakers Eduard Tiss and Sergej Eisenstein, written by Grigori Aleksandrov, and produced by Lazar Wechsler. The film and its production details are available here: <https://abortionfilms.org/en/show/3436/frauennot-frauengluck/>.

in British Palestine. A point Stephen Constantine makes for bureaucratic decision-making by the Colonial Office in London regarding development policy is likely equally applicable to this case: officials in London had a “preference for a quiet life,” thus their primary impulse was to avoid controversy to maintain “local law and order” and “stability” in the colonies (Constantine 1984, 18).

Abortion remained widespread among Jews in colonial Palestine. In an op-ed titled, “The Escape from the Child,” published in the “Guarding Health” section of the social democratic Mapai Party’s Hebrew-language newspaper *Davar* on March 2, 1934, “Y. R-N” wrote that “the fear of the child has become a sickness that has spread in a frightening way” through the “extreme expansion of birth control.” The author continued, surely with some exaggeration, that the “system of two children” (among Jews) was now gone, as some could not afford to have any children. The author expressed sympathy with poor and unemployed Jews in Palestine and asked why the law prohibited abortion, especially because there was no financial support for having children. The author implied that many women aborted because couples could not afford to marry and railed against an unfair situation whereby the wealthy could get proper abortions with good doctors, whereas the poor and the working class were forced to depend on charlatans to provide contraception that did not work.¹⁹

Zionist pronatalism, on the other hand, was motivated by the racial demographic competition that defined the settler-colonial project in Palestine. As Lilach Rosenberg-Friedman finds in her research, “Striving to establish a Jewish majority in the country was perceived as critical for the establishment of the Jewish state” (Rosenberg-Friedman 2015, 337–338). While sexologist (and eugenicist) Matmon advocated condom use to prevent pregnancy, Zionist public health organizations resisted provision of contraceptive education let alone contraception in order not to “risk the Jewish future as a whole” (Kozma 2010, 244, 245).

Clearly, abortion was used and available in the 1930s, certainly by members of the Yishuv (Rosenberg-Friedman 2015, 339–340). Married Jewish women, worried about losing their jobs with a pregnancy as well

¹⁹ Y. R-N, “The Escape from the Child,” op-ed in “Guarding Health” section of *Davar*, March 2, 1934. Translation by Rachel Ariel. Jewish Historical Press (www.jpress.org.il). National Library of Israel and Tel Aviv University.

as political instability in Palestine and Europe, were eager "to control births" (332). Coitus interruptus, the most widely used contraceptive, often failed, forcing women to turn to abortion; other contraceptive methods were "expensive and not readily available" (340). By the 1940s Jewish women in Palestine underwent "thousands" of abortions per year and "many doctors," especially in Tel Aviv, performed them "for just a few pounds," as did "amateurs who used primitive techniques" (341). "Voluntary sterility," as the commitment to control family size was called by the Jewish community in 1940s Palestine, was widely accepted (340). Indeed, 1941 was a "low point" of Jewish total fertility (2.12) in Mandate Palestine (Bachi and Matras 1962, 207). Women usually turned to private providers for abortions, "leaving no medical records at all," according to the 1943 minutes from the Committee for Birthrate Problems established in Tel Aviv the same year (Rosenberg-Friedman 2015, 333–334, 338, 340; Kozma 2010, 242).

Other sources give a sense of contraception and abortion practices among Jewish women after Israel was established. A systematic study in twenty-three hospitals of almost all married Jewish women giving birth during particular windows of time in 1958 found that 40.5 percent of them practiced some form of contraception, the vast majority after the birth of the first child, and 9.7 percent reported having an induced abortion (Bachi and Matras 1962, 209, table 2, 211, 212).²⁰ Jewish women born in "Europe-America" were the most likely to report using contraception (64.6 percent), followed closely by Jewish women born in "Israel" (60.6), an impossibility for those giving birth in 1958. These two groups were dramatically trailed in contraceptive use by Jewish women born in "Asia-Africa" (24.8), who composed a little over half of the 3,006 women in the study. Jewish women born in "Asia-Africa" were the least likely to report inducing abortion (4.8 percent), followed by Jewish women born in "Israel" (11.1 percent), and Jewish women born in "Europe-America" (20.8 percent) (table 2, 211).²¹

²⁰ Of women who used contraception, 62 percent "reported withdrawal as the only method used" (Bachi and Matras 1962, 224).

²¹ Jewish total fertility in Palestine peaked in 1947 (3.54), and peaked again in 1951 (4.01), and averaged between 3.40 and 3.70 between 1952 and 1960, with higher fertility rates among Jewish women of "Eastern origin" that decreased with length of residency in Palestine (Bachi and Matras 1962, 207–208, 209).

Palestinian Child Death and Birth Control since the 1940s

In 2016, 2017, and 2018 I interviewed twenty-six Palestinian women born between 1917 and 1933 who had married and had at least one child before 1948 about their health and reproductive practices, experiences, and memories. Because of their reproductive ages, most experienced pregnancy after 1948 as well.²² When I noticed two or more years between childbirths in a reproductive history, I asked further regarding miscarriages, stillbirths, early child deaths, and birth control practices. This section draws on the women's stories about contraception and abortion, as well as scholarship and my interviews with Palestinian midwives, nurses, physicians, public health professionals, and other informants on the same topic to bring the discussion close to the present time.

Early during the interviews with elders, I realized my focus on the past disconnected me from women focused on more vivid and present grief, pain, and loss related to adult children who preceded them in death, siblings who died, and their own physical deterioration. That is, their accounts and embodied sensibilities exceeded my initial historical endpoint of Mandate Palestine. I learned to better attend to stories that told quotidian, embodied, and collective accounts over time, including other wars, dislocations, and sufferings in Lebanon, Jordan, Palestine, and Syria. Similarly, casual conversations and formal interviews with midwives, nurses, obstetricians, researchers, and friends, especially about abortion, produced unexpected intimate revelations about selves, mothers, and acquaintances of multiple generations that mapped beyond the colonial era and even beyond Palestine for professionals familiar with international midwifery, nursing, and obstetric protocols and trained in the United States, England, the Soviet Union, Jordan, Palestine, and Israel.

Given the passage of time, women's ages, their current aches and pains, and memory lapses, I did not belabor date inaccuracies, inconsistencies, and gaps during interviews, although I often followed up with them or younger relatives electronically and in person. I occasionally corrected numbers and dates from the fuller story and additional research. I took for

²² I interviewed thirty-three elderly Palestinian women in Jordan, Palestine, and Lebanon. In this section I only analyze the interviews with the twenty-six who met my demographic criteria.

granted that respondents had their own agendas regarding what to tell me and what to hold back. I was rarely alone with an elder woman, which I generally found to be the ideal situation because children, grandchildren, in-laws, and neighbors filled out hesitations and memories and asked the women for particular stories. When I sensed tension in an interview setting, I asked for privacy or for younger children to leave, but this was not a matter I had any illusion I controlled. Most elder women I interviewed lived in extended households, whether in refugee camps, cities, or villages, and many community members were very interested in the foreign researcher and her agenda. I relied on this interest to find willing and able women whose marital and reproductive experiences occurred in the period I wanted to study. While not pretending to be systematic, these interviews illuminate a domain of Palestinian life during the Mandate not previously considered important enough to study.

Contraception was noncontroversial and available to Palestinian married folks, and women relied on abortion as needed. Married and unmarried Palestinian women terminated pregnancies with home remedies, pharmaceutical products, and physicians. Informal pregnancy termination methods included falling, jumping, taking quinine pills, sitting on hot tiles in Turkish baths while massaging a woman's belly button until she bled, inserting a *surra*, sage stick, or *mulukhiyya* stick into the uterus, putting sugar cubes into the belly button, and drinking castor oil (which contracts the uterus) or boiled cinnamon. In physicians' offices and hospitals, women in the first trimester of pregnancy received a dilation and “curettage” procedure (D&C), in Arabic called *tanthif* (cleaning), or a dilation and evacuation procedure (D&E) in later gestational stages. Additional termination methods used in physicians' offices included taking pills, getting injected, and getting an IUD inserted and removed in one session. Palestinian women today also take Misoprostol/Cytotec,²³ Mifepristone (a synthetic prostaglandin), or Methotrexate to chemically induce an abortion.²⁴ Misoprostol is widely available in pharmacies in the West Bank, according to research

²³ Misoprostol “was introduced in Brazil for the prevention of gastric ulcers” in 1986. Its “abortifacient properties” became “well known” in the country by the 1990s, and “physicians, pharmacists, and women themselves spread information about the medication.” Women use it to “initiate the abortion process and subsequently gain admittance to a public health facility and access to legal postabortion care” (Daoud and Foster 2016, 63).

²⁴ “Medication Abortion,” Feminist Women's Health Center: www.feministcenter.org/medication-abortion/ and “Methotrexate (MTX) for Early

with pharmacists conducted by Francoise Daoud and Angel M. Foster (2016). More than three-fourths of the eighty-seven pharmacists they interviewed reported that women obtained Cytotec without a prescription, although the pharmacists' knowledge of the regimen "for early pregnancy termination" was "uneven and inconsistent" (66).

Nine of the twenty-six (34.6 percent) elder women I interviewed did not answer direct questions about birth control. Three women (11.5 percent) said they did not try to control their reproduction.²⁵ In three cases (11.5 percent) women struggled with infertility or inexplicably long periods without being pregnant.²⁶ Fourteen of the twenty-six women (53.9 percent) experienced at least one miscarriage or stillbirth, and typically more than one.

Fifteen (57.7 percent) of the elderly women had at least one infant or young child who died. The number of infant and child deaths ranged from one to five per woman, with an average of two infant or child deaths per woman. The following account is my translation and edited excerpts from an interview I conducted in spring 2018 in an Israeli town near `Afula with a Palestinian woman born in the area in 1921. It illustrates the everydayness of children's death:

[When did you marry?] I was 14 years old. [How many *butun* (pregnancies) did you have?] I gave birth to 12. [Did they all live?] Two died, Fatima and Abdullah. There was an illness that used to come for the children. My mother would make an oil and *qizha* treatment. She would also cut him on his back and chest [*tushatibuh*] and rub him with the oil and put the situation in God's hands. It would be five to six cuts. This is what my mother did. [How old were the children when they died?] Fatima was about three months old, she had a fever. We didn't give them milk from goats and I didn't have enough milk. They drank breast milk from neighbor women who had given birth. That's what women did, if they had the milk and others did not; the others would feed the baby. [What were you doing at that time? Did you work a lot?] I was working in the house, making bread, cooking, bringing wood from the hills. I was breastfeeding her and she died [*matat*] while we were sitting there, in the daytime. `Abdullah, `Abdullah was walking, he was

Abortion," All about Abortion, Feminist Women's Health Center: www.fwhc.org/abortion/mtxinfo.htm.

²⁵ One of these women had infertility issues and the oldest responded, "I would find myself pregnant."

²⁶ Only one of these women was among the nine who did not answer direct questions about birth control.

walking. It was when I moved into this house. He got malaria. I took him to the Lebanese doctor in Nazareth on a female donkey, *hayshach*, do you know the female donkey? [Yes, I know it.] I put him in my lap and took him to Nazareth. The same thing – my mother had cut him and the malaria was all through his body. The doctor was very upset at me and said human beings are made of blood, how could you do this to him? I said these are our habits; this is what older women do. I never did that to a child again. I brought `Abdullah back home and he died on the way home . . . [Did you always take the children to the clinic?] There were also doctors in `Afula and I took them. There were no buses. If a woman's husband had a horse, he would ride it with the sick child and I would walk.

A Nabulsi I interviewed in her village, which was many winding kilometers from the town of Nablus, was a renowned traditional healer before age weakened her hands. She had many miscarriages and lost five children (four girls and one son) before a son born in 1948 lived after she used a traditional spiritual healer. She reported they all died of measles before that, including her talkative firstborn three-year-old daughter: "She died of measles, measles is what killed the children . . . Sometimes we put the ill children on our backs and walked to Nablus to get them to experienced doctors. They would treat them, but some healed and some died."

Importantly, women reported infant and child losses through the 1950s and 1960s. Ethnologist Sharif Kanaaneh noted that many children (and elderly people) died in the *hijra* (forced migration) between 1948 and the 1950s, when Palestinian refugee families typically moved six to eight times.²⁷ I heard similar stories of illness, starvation, poverty, and child death during the *hijra* in the recorded oral history projects with women refugees. Some of the twenty-six elderly women I interviewed also discussed child deaths during these years.

On June 28, 2017, I interviewed Imm `Eid in the Am`ari refugee camp. Born in 1928, she was forced to leave the village of `Annaba in 1948, where she had married two years previously.²⁸ Two daughters and one son died in the 1950s when they were living in a holding pattern in an area called Mizra`a in Birzeit village. Her firstborn (a boy) was five years old and a daughter was four when they died from

²⁷ Interview with Sharif Abdelqader Ahmed Kanaaneh in El-Bireh, Palestine, June 10, 2017.

²⁸ All of respondents in this section are assigned pseudonyms.

the same bout of measles. Imm Wafi, who I interviewed in the Jalazon refugee camp on June 22, 2017, was born in Lyd in 1924 or 1925, married around 1941, and left the town with three young children after her husband was assassinated by Zionist forces with six other men. She married another refugee who had lost his wife and had seven more children with him “in a hospital” in Jalazon. A set of twin girls and three boys died during her early refugee years. The first boy from her second husband “became yellow” and died at about four months old, although she’d taken him to the doctor, and the twins lived for about four days. Imm Wafi believes these children were touched by the evil eye. The other two boys “died from God” at six and three months old. She explained they would “become feverish,” she would “take them to the doctors, they would give me medicine, they all died in Jalazon.”

Nine of the twenty-six elderly women I interviewed (34.6 percent) explicitly said at some point during the interview that they did not want to have children or many children, did not want to become pregnant or have additional pregnancies, or dreaded becoming pregnant for a variety of reasons. Women and husbands who tried to control reproduction were most often motivated by a woman’s health situation, a woman’s exhaustion, and financial worries related to supporting children. Some mentioned adopting a culture of smaller family size from better-off men and women in their families or from others in their work and living milieus, especially in towns. Women often heard of birth control methods from other Palestinian women and reported that their husbands purchased prophylactics from Arab pharmacies.

Imm George, who was born in 1926 and ultimately had two boys and two girls, reported she did not want children, insisting, “I never liked children.” Imm Hasan illustrated the health and exhaustion motivations for limiting births. After having a few children, “I got treatment because I had infections when I became pregnant. I did not want children. I have an infection that continues until today. I was injured when I had the *bikr* [firstborn] outside and inside [her body]. Before they did not used to suture, *ya habibti*. I got ill in the *`iyal* [uterus]. We kneaded and baked bread.”

I followed up. “When you said you were hurt inside and outside, what does that mean?”

She explained that her vaginal canal and uterus were injured by the first pregnancy and labor, “from the boy. I was young and I was injured because my flesh was tender. I was maybe sixteen or seventeen

when I had my first baby . . . I used to hemorrhage from the injuries. Every labor produced a hemorrhage." When asked if she used birth control, she explained that having or not having babies was from God, although she "nursed the babies" to reduce the likelihood of pregnancy and stopped getting her period from her tendency to hemorrhage. Prodding further about how she reduced her pregnancies, I directly asked if she continued sleeping with her husband. She replied, "We didn't sleep together. He got older (*chibr*)" – the women relatives in the room laughed – "I got sick of the older men (*ba'ouf hali min al-chbar*)."

In a number of cases women had additional children because of their or their husbands' desire to have a boy or more boys, even if they reported wanting fewer children. These examples were numerous and disproportionately mentioned as a source of anxiety by women of Christian background. For example, Imm Khader had two boys and a daughter with her first husband; they stayed with his mother when Imm Khader divorced him for beating her and philandering. During her second marriage, she "got pregnant immediately; my husband wanted a boy." She had five additional children in a row, the middle one a boy, and they used birth control for five years between the fourth and fifth children, both girls. Imm Nabil refused to nurse or name the fifth girl born in a row "to punish her. [Why were you upset?] Because she was the fifth girl. I went forty days without giving her a name. I also did not want to nurse her. [Why?] I was really upset (*inqaharit*). We didn't want more children, that's it." When I asked what she fed the infant, the grown daughter in the living room replied, "My aunt took and fed me." I asked Imm Nabil if it was her husband or her who was upset when girls were born. She insisted: "It's not because she was a girl. We didn't want a lot of children. My husband just wanted two children, at most four children, two boys and two girls. We didn't get what we wanted [*ma ajash mithl ma badna*]." The daughter added: "After me, she had a boy, Nabil." I asked Imm Nabil why she got pregnant with that sixth child: "Because I wanted to have a boy, we were hoping, we said this is the last time. I was begging, only this time, only this time, to my husband and God heard us this time."

Boy desire and family size came up explicitly as well with (Muslim) Imm al-Khayr, who was born in 1933 in a village between Jerusalem and Bethlehem and miscarried (*saqatit*) after carrying a tank of water. She already had her firstborn daughter. Following the miscarriage, which she attributed to God, she did not get pregnant for three years,

leading women in the village to question her about this matter. Although her husband traveled to Kuwait for twelve years to work after the Nakba, visiting every one and a half or two years, husbands leaving Palestine for long periods to work did not pose a barrier to pregnancy for most women. To address her inability to get pregnant again, Imm al-Khayr visited an elderly woman (*hajjeh*) who “closed her back” with a plaster (*lazga*) mixture of two eggs, wheat flour, and the shavings of a new bar of olive oil soap from Nablus. The *hajjeh* placed a rag soaked in the mixture on Imm al-Khayr’s back for about an hour, until it hardened, and then removed it. She explained to Imm al-Khayr that “my back was open (*zabri maftouh*) from the fear I experienced when I miscarried. I immediately got pregnant and had a boy.”²⁹ From then on, Imm al-Khayr would get pregnant during every months-long visit by her husband until they had three girls and three boys. He decided they should stop having children and took her to “the women’s doctor, Dr. Rashid Nashashibi” in Jerusalem, who prescribed her the pill (*habb mani*). After a while, they tried for “maybe one more boy but I had three more girls. Each of them about three years apart using the pill [for spacing]. But girls would come and thanks be to God . . . I have six girls and three boys.”

Nursing or weaning was the most common reproductive control method used by the twenty-six elder women I interviewed (six women or 23.1 percent), although they realized the method became less effective as a prophylactic after children began to eat table food. Extending lactation is a long-standing low-technology method for postponing the next pregnancy and is mentioned in a 1927 article on

²⁹ Sharif Kanaana, `Abd al-`Aziz Abu Hadba, `Umar Hamdan, Nabil `Alqam, and Walid Rabi` published a singular text in 1984 based on extensive oral histories with Palestinian women in the Ramallah and El-Bireh areas about birth and childhood. Being “blocked” with a *kabseh* (usually of someone else’s doing, a sister-in-law or a visitor) is one of three popular “hidden reasons” that a woman’s pregnancy is delayed. The envious spirit *Qarina* and experiencing a *khawfeh* (fear or shock, such a woman may be called *mar oubeh*) are two additional reasons for not getting pregnant or losing a pregnancy. When a woman’s back is open she feels excruciating back pain to the point where she cannot stand or sit up, usually from carrying heavy items on her head or doing arduous work such as digging or rolling a large stone. In such situations she will be unable to get pregnant or will lose a fetus (*janine*). This malady requires closure of her back (*qaf al-thabr*). One of the many methods to close the back is a *lazga* (Kanaana et al. 1984, 67, 68, 69, 70, 73, 76, 77). I translated most of this book with the assistance of Samya Kafafi, who read and notated the text with me in lively sessions in Amman in 2018, supported by ACOR funds.

the "child in Palestinian Arab superstitions" (Canaan 1927, 171) and *Birth and Childhood among the Arabs* (Granqvist 1947) for the same period. Granqvist found that boys were "suckled" as long as two and a half years to postpone a pregnancy, while girls were nursed closer to one and a half years (108, 109).

Imm Isma'el, a refugee camp resident in Jordan born in 1932 who was forced to leave her Nablus village in 1967, responded the following when I asked about a five-year gap between two children: "As long as I was nursing, I did not get pregnant." I followed up: "So you nursed for a long time. You did not want to get pregnant." "I did not want to (*badeesh*)." Later in the interview, she explained she was exhausted by the work required to reproduce the household. "We did not sleep at night because of the work inside and outside. There was no time to sleep. I had 150 heads of cows to milk, not including shepherding the *ghanam*. All of it was work on work." An ethnographic study completed in the El-Bireh–Ramallah area in the early 1980s also found women who nursed children past thirty months of age for contraceptive reasons (Kanaana et al. 1984, 313).

Six (23.1 percent) of the twenty-six women used devices such as a "ring," pills, or "medicine" to avoid pregnancy. For example, Imm `Abdullah would get pregnant within three or four months of giving birth. "They came one after the other," she explained. When I asked if she tried to use birth control, she replied in the negative, but added, "There was a British woman in Nazareth who worked with Arab women. If the woman did not want to get pregnant, they would put something in for her so she would not get pregnant, five months, six months, or a year."

"So she gave you something?" I asked.

"Yes, like a ring. I kept it for a year, or over a year, and then I went to take it out . . . She would put the ring inside the *malada* [uterus] . . . The woman who didn't want babies for a while would go to her and she was free how long she wanted to use it, a year or two. She would return to her to remove it if she wanted to get pregnant." Imm `Abdallah was likely referring to the "Graefenberg ring . . . comprised of silk threads and bound by silver wire, which was invented by Ernst Graefenberg, a Berlin doctor, in 1928" (Feldman 1968, 234).³⁰

³⁰ W. Oppenheimer of the Department of Gynecology and Obstetrics, Sbaare Zedek Hospital, Jerusalem, published a 1958 article that begins: "At a time when so many countries are overpopulated, the prevention of pregnancy has become a consideration of increasing importance," whether for "medical" or

Four (15.4 percent) women regularly used coitus interruptus, described as “we took care” (*nadir balna*), two (7.7 percent) refused to have sex with their husbands, and the husbands of two women (7.7 percent) used a *balon* or *jildeh* (condom) as a *wasta*, or barrier method. Half of the twenty-six women interviewed reported using at least one contraceptive method, and five (19.2 percent) used more than one method over their reproductive history. My research with Palestinian midwives indicates that some women living in coastal cities such as Jaffa soaked a sponge from the sea in vinegar, olive oil, or castor oil and inserted it into their uterus before intercourse, removing and disposing of it afterward.

Four of the women interviewed reported attempts to abort a pregnancy themselves (15.4 percent), and two (7.7 percent) admitted to successfully aborting at least one pregnancy. Imm Khalil, born in the late 1920s, tried to abort her last child soon after the Israeli occupation of the West Bank by jumping off a village rock fence (*silsileh*) – the boy was nevertheless born in 1968. Imm Nabil, who ultimately had six children, “tried but couldn’t” abort at least one pregnancy. She explained, “I drank many things, I ran, I jumped . . . I was having children one after the other. Then later I did a hysterectomy, that’s why it finally stopped.”

I found interesting a woman who admitted inducing miscarriages but did not consider such terminations “abortion.” Imm Khader, born in the late 1920s, said she used a Jewish doctor in the 1950s to end pregnancies that occurred between the last five children she birthed, calling it “removing children” (*qimet awlad*). “At no time did anything bad happen to me, thank God.” She explained, “All the time I would become pregnant. At night I could not sleep with all the little ones. I would get yellow (*asafrin*) from the exhaustion. I was working as a seamstress.” When I asked how she heard of the physician, she replied, “My friends told me there are ways to avoid pregnancy. I couldn’t bear it. I had no strength.” She tried to induce a miscarriage with “Dr. Fox,” a German physician, about seventeen times by “swallowing five pills at home,” although “it did not [always]

“eugenic” purposes. He indicates the ring was widely used in Palestine and he inserted it “866 times” in “329 women” from 1930 to 1957, and an additional 150 rings were inserted since he started writing the article. He writes that other gynecologists also found the device “reliable,” effective, and safe for preventing pregnancy and allowing pregnancy to resume with removal (Oppenheimer 1958, 446–447, 449–450).

work.” When I used the word *ijhadh* for abortion, she insisted, “I never aborted while pregnant, never aborted while pregnant. As soon as I got pregnant, that’s it, one or two months, before the two months, I must remove the egg. He would do a surgery. They gave me injections to sleep so I didn’t feel it and they would take it.”

Imm Bader, born in the mid-1920s, used more than one method to control fertility over her reproductive history. When I asked her about birth control, she reported using withdrawal, assuring me that “it worked.” When I asked if her husband agreed, she said yes, “because I, see, began to teach . . . I did not want to begin teaching with a large belly.” She shared a formative experience that occurred before beginning the withdrawal system two years into her marriage. Her period “was one week late and I didn’t understand anything. My women friends who graduated [from high school] with me said, *yeeeh, min halla badik tihmali?* [You want to get pregnant from now? It’s too early!] So, I took a few *keena* [quinine] pills, which people took for malaria. I took a number of the pills at once and I felt like I was going to die. My family brought me to Dr. Suleiman, and he gave me something to throw up. He said, ‘Why did you do this, my daughter?’ I told him that I do not want to get pregnant now. I was afraid I was pregnant . . . After that, it was four years of withdrawal.”

Imm Khalil, also from the Ramallah area, but born a few years later than Imm Bader, similarly used more than one method because she would get her period forty days after giving birth: “So we began to do *wasta*, he would not complete – he completed outside . . . He was loving and he agreed. He did it for my health.” After having a few children, she and her husband “did seven years of *wasta* in order not to get pregnant.” Her husband, she admitted with embarrassment, also “used to wear a *balon* [condom].”

The women who reported actively trying to control their reproduction were distributed in age range (born between 1917 and 1933) and rural, town, refugee camp, and urban residency; they included two women whose own mothers died in childbirth. I assume that my findings on contraception and abortion use among this generation of Palestinian women are underestimations rather than overestimations given some avoidance or embarrassment about directly addressing my questions and the number of women who initially replied no to a direct

question and later described a birth control practice. I found no evidence that Palestinian women were having babies motivated by a nationalist or demographic agenda. Nor do the interviews indicate that legal fears or religious sensibilities informed women's decision-making around childbirth and birth control.

A 1964 "Arab Family Planning Survey" in Israel found that only 1.2 percent of married Muslim Palestinian women and 2.7 percent of married Christian Palestinian women reported having had an abortion (Bachi 1970, table 1, 277). A 1965 "Haifa-Nazareth Maternity Survey" seems closer to accurate for abortion among Palestinian women at the time, showing 27.9 percent of all Jewish women (the fewest were reported by women of Yemeni origin at 4.6 percent), 7.3 percent of "Arab women," and 1.3 percent of "Druze women" reporting at least one induced abortion. In the same study, 35.9 percent of "Ashkenazic" Jewish women and 2.4 percent of "Arab women" reported having had between seven and nine induced abortions (table 2, 277).

The "problem" of abortion in Palestine drew the attention of the Medical Committee of the Jordan Family Planning and Protection Association (in Jerusalem) in the mid-1970s. This resulted in a 1975 stratified random sample study of 1,364 married Palestinian "mothers" who in 1974 "at least once" visited one of fourteen family-planning centers in three cities, four towns, and seven smaller towns and villages in the West Bank (Husseini 1981, 1, 2–3). The study offers a valuable snapshot of induced abortion among married Palestinian women in the mid-1970s West Bank. It found that 8.36 percent of the women (114) had undergone an induced abortion and these women induced an average of 1.41 abortions. The women who induced abortion were disproportionately from the town of El-Bireh. Seventy of the 161 total induced abortions reported occurred in El-Bireh.³¹ Residents of Jerusalem, Nablus, and Hebron undertook 33 (20.5 percent) of the 161 total abortions. Those who lived in seven villages including Jericho undertook 30 (18.6 percent) of the 161 total abortions (5, 9). Women in the study reported having a "large family" to explain 39.1 percent of the 161 induced abortions,

³¹ Almost fifty percent of mothers from El-Bireh in this sample had an abortion (Husseini 1981, 24).

followed by "financial reasons" (21.2 percent), illness of the pregnant woman (14.9 percent), and oldness of the father (8.1 percent) (25, table 23).

In the 1975 study the highest proportion (26.7 percent) of the 161 abortions was done in a physician's office using the D&C method. The next highest percentage (23 percent) resulted from injection of hormones, camphor, or an unspecified matter, although a majority of these required a D&C for completion. Other methods used, in descending order of proportion, were deliberate physical trauma such as hard physical labor, carrying water, pulling or pushing furniture, kicks and blows to the abdomen, jumping over stairs, and carrying heavy objects on the back, often requiring a D&C to complete the abortion (20.5 percent). "Oral" methods were mostly unspecified, with the specified including ingestion of aspirin, quinine, and castor oil, in that order, and drinking hot concoctions of herbs and spices (such as cinnamon, ginger, parsley, and onion skin), which often required a D&C in a hospital or clinic (26–32).

Palestinian society is not particularly unusual in abortion being stigmatized and widely used at the same time (e.g., Shahawy and Diamond 2018, 299–300). A Palestinian nurse-midwife interviewed in January 2016 explained, "women do abortions silently." A gynecologist who had referred abortion cases explained in a July 2016 interview that "it's okay to do it in hiding and not to discuss it." Her own mother told her she had a painful abortion in a clinic in the 1960s without anesthetics. A scholar and political activist who had abortions as an unmarried and married person in the Occupied Territories explained in a January 2016 interview, "women do not usually talk about abortions, even married women who have them avoid it because of society and religious sensibilities." When she was unmarried in the 1980s, she and her boyfriend convinced a physician in a private clinic to induce an abortion, although it was not a "proper procedure" and she woke up in the middle of the operation with "horrendous pain." A younger Palestinian woman interviewed in January 2016 described abortion as "a form of resistance" among a generation of unmarried women who came of age after the Oslo Accords between 1994 and 2000.

By the late 1990s the Palestinian Authority (PA) began implementing strong "education" campaigns with physicians, threatening them and a consenting woman with three years of prison for doing an abortion, and any other assistant with one year of prison, which "reminded a lot

of doctors not to do abortions.” As another physician explained, “now the situation is much worse than in the 1970s and 1980s in the Occupied Territories in terms of access to physician abortions.” Beyond the law, seasoned gynecologists and nurse-midwives explained that younger generations of Palestinian nurses and physicians hold more restrictive attitudes about abortion because of their conservative sexual and religious values underlined by the most surface knowledge of religious jurisprudence on these questions. An MA thesis by Martin St-Jean (2015, 29) similarly found socially conservative attitudes among Palestinian nurse and midwifery students in the West Bank regarding provision of abortion and contraception to unmarried women even in situations allowed by law to save a woman’s life.

About 15 percent of pregnancies among Palestinian women in the West Bank are estimated to be aborted, and “approximately one-third of these are unsafe, either because they are self-induced . . . or because they are performed by an untrained provider” (Daoud and Foster 2016, 58–60; also Shahawy and Diamond 2018, 297–298). Abortion in Palestinian hospitals today is putatively limited to married women whose husbands consent if the woman or fetus is deemed to suffer from certain medical conditions. A hospital committee decides whether a married woman may receive a termination in cases of hypertension, malignant illness, fetal “mongolism” (Downs syndrome), congenital heart disease, or to save her life. In practice, abortions are undertaken outside legally allowed categories and if they reach the threshold of a private physician’s office or a hospital they are usually recorded as “something else,” including “vaginal bleeding” or a “fetus incompatible with life,” which is likely true for the many women who self-induce abortions and go to a physician’s office or hospital for completion and care. A physician explained, “doctors always have available to them this kind of [vague] documentation,” although they develop a “bad reputation” if they regularly conduct abortions. Another explained that some male (Palestinian) physicians in private practice have earned their bad reputation by overcharging women in need of an abortion or “exploiting them sexually.” It may be that most abortions in the Palestinian Territories are hybrid, using a combination of informal and over-the-counter methods that also require medical care in a hospital or clinic for completion and health maintenance.

Married and unmarried Palestinian women’s access to healthcare and contraceptive and abortion services in the Occupied West Bank

dramatically decreased after the Palestinian uprising of 2000, which was followed by the Israeli government building walls that separate Palestinians in the West Bank from Jerusalem, an area dense with Palestinian and Israeli medical institutions that provide contraception, abortion, and aftercare. West Bank pharmacists report that "contraceptive failure" occurs at a high rate among married women, especially "in areas like Bethlehem and Qaqilyah," where Israeli-built barriers "impeded women's access to health services and consistent access to contraception, thereby affecting women's ability to continue the correct use of methods like oral contraceptive pills." A number of pharmacists mentioned in addition that "restrictions on freedom of movement affected unmarried women's ability to obtain contraception, as they were less able to travel outside of their home community to get more confidential services" (Daoud and Foster 2016, 65). New Israeli policies include a humiliating "abortion travel permit" for Palestinian women seeking care in Jerusalem (58–60). The walls, checkpoints, closed zones, and highly militarized Jewish settlements built on stolen land expand the time/distance it takes Palestinians to get to any part of historic Palestine. Apartheid barriers have even more dramatically contained Palestinians in the Gaza Strip from all directions, a carceral reality that combined with poverty reduces access to effective "family planning" and maternal and infant health services (Bosmans et al. 2008; Giacaman et al. 2005), let alone sexual and reproductive freedom.



This chapter substantiates continuities rather than radical historical shifts on birth control in historic Palestine, although religion- and morality-based arguments against abortion amplified in the 1990s for Palestinians, shaped largely by the conservative masculinist priorities of secular and religious political elites. It is incontrovertible that abortion was a regular and largely undocumented practice during the Mandate period despite being illegal and condemned for Jews by Zionist elites for demographic reasons. It was and remains not unusual for Palestinian women across religiosity, class, education, and type of residency (rural, urban, refugee camp) to use abortion as a birth control method in modern Palestine. As Reem al-Botmeh explained to me in a January 2016 conversation, Palestinian women's abortion explanations are always "about birth and

life, not death.” They ask perfectly reasonable questions like “What kind of life will this child have? How will it affect my life?” In the next chapter, I make the case that scholarship on fertility problematically projects political demographic motivations onto Palestinians, ideologically shaped by what are in fact *Zionist and Western* geopolitical frames of analysis, anxieties, and priorities. The chapter then takes an analytical detour into Afrofuturist, Afropessimist, and queer scholarship to consider the implications of futurities grounded in biological reproduction, termination, and life itself under conditions that abjected groups cannot choose. It concludes by analyzing a selection of Palestinian literature and film to show that death rather than reproduction is the dominant theme in Palestinian futurities after 1948.