

The State of Women and Children's Health amidst War on Gaza

Maya Hamadeh

Multimedia Journalism Major

Abstract

This paper examines the complex dynamics of the 2023 Gaza war and its important implications for mothers' and children's health. The unrest has produced significant disruptions in health services, especially for women, children, and infants, who are bearing the brunt of increased mortality and inadequate access to fundamental healthcare. Over 50,000 pregnant women in Gaza are reportedly at risk of losing out on vital prenatal services, increasing the likelihood of giving birth without sufficient medical support. Thus, this paper aims to shed light on, and provide solutions to, the numerous challenges that mothers, children, and newborns encounter. This research also seeks to contribute to discussions about ensuring the safety of vulnerable populations during attacks by examining present gaps in health services and visualizing feasible changes. The recommendations are designed to assist governments, medical personnel, and humanitarian organizations in pursuing targeted efforts to alleviate the burden on children's and maternal medical care in the aftermath of the Gaza war. These recommendations include supplying mobile healthcare units, restoring destroyed health facilities, and a broad appeal for a ceasefire that protects all civilians.

Introduction

Since October 7, 2023, the Gaza Strip in Palestine has been exposed to a series of assaults targeting civilians, journalists, and households, causing irreparable destruction to the area and putting Palestinian inhabitants' lives in danger. In response to the "Al Aqsa Flood" operation, Israel began attacking Gaza heavily, including sites where civilians sought shelter. These attacks, combined with the harsh reality that Gaza residents live under, resulted in a severe lack of food, water, electricity, internet, and other necessities. Particularly in the health sector, injured Palestinians are increasingly at risk, including their families and those around them, since the majority of them did not obtain adequate care for their injuries (World Health Organization [WHO], 2023a). The Israeli Defense Forces (IDF) continue to prevent most hospitals from getting financial assistance or medical equipment, and procedures are routinely disrupted by power outages and persistent bombings on these hospitals (Talmazan et al., 2023). The

situation has never been more catastrophic, with more than two-thirds of Gaza's 36 hospitals and over 70% of primary healthcare institutions being "out of commission" (WHO, 2023b).

These health concerns have exacerbated the situation even further, frequently resulting in the death of entire families due to a dearth of medical resources, including hospital availability. However, when it comes to women, particularly pregnant women, the situation gets considerably more problematic. According to a WHO report, there are currently more than 180 pregnant women in Gaza giving birth every day: 15% are likely to have pregnancy or delivery-related difficulties and require further medical care, but they are unable to obtain the emergency obstetric services required to give birth safely and care for their newborns (WHO, 2023c). Due to a lack of space in hospitals, women are being forced to have emergency C-sections without anesthesia, and they are released from the hospital as soon as three hours after birth. Accordingly, maternal deaths are expected to rise as a result of incompetent treatment (WHO, 2023c). The psychological impact of the hostilities is then revealed to have direct repercussions on reproductive health, such as an increase in stress-related miscarriages and premature deliveries. Among the many problems that Gaza is presently dealing with, one of the most critical is ensuring the safety and protection of its women and children. Mothers, kids, and newborns are dying at an alarming rate, and if no solution is discovered, their safety will be jeopardized.

Therefore, this article will shed light on the current situation of women and children in Gaza during the ongoing war, as well as the consequences of this war on their health and safety. The following research question will be explored: How does the continuing war on Gaza influence the well-being and health of children and mothers alike, and what are the most efficient methods to alleviate these effects? To examine the dangers of the situation at hand, the research will resort to scholarly literature on the subject and the usage of a feminist theoretical framework to analyze the issue further. Based on the analysis, recommendations will be made to emphasize the health of women and children in Gaza, as well as provide a novel approach to prospective activities by responsible parties that may assist in resolving the problem.

Women and Children's Health in War: A Right or a Privilege?

The complex situation in Gaza's medical sector is not a new issue, and has been at stake for many years. The Gazan health sector has been seriously harmed during the last two decades by the Israeli blockade, which has put restrictions on the movement of individuals as well as the import and export of goods (Abdulrahim, 2023). This restriction on movement has created various difficulties in receiving sufficient health care, which has been coupled with 645 attacks on healthcare facilities in the Gaza Strip (Health Cluster & World Health Organization, 2022). Women, in particular, suffer severely as a result of this ongoing embargo, because their condition was not taken into account throughout their pregnancy, with newborn infants, menstruation, or with reproductive health disorders. According to Bosmans et al. (2008), new mothers were not accessing postnatal care services, scoring a general 52% decrease, which was triggered by the military checkpoints and the IDF's refusal to allow entry to these crossings. While in labor, some women had to wait for many hours in front of the checkpoints, while others were forced to walk to the opposite side after the checkpoint

(Bosmans et al., 2008). Pregnant women are currently in a worse condition, as some have been forced to give birth in the streets of Gaza amid rubble or in overcrowded healthcare institutions where cleanliness is deteriorating and the risk of infection and medical complications is on the rise (WHO, 2023c).

The lack of access to healthcare and proper resources has damaging consequences on all Gazans alike, with a higher danger on women and children. For starters, demographic changes will be widespread, as this can affect the general age structure and lead to a considerably older population, affecting the composition of the society in Gaza. Mother loss may also have a greater influence on female demographics, which could result in a lopsided sex ratio, and exacerbate the already precarious quest for gender equality (Kekatos, 2023). Furthermore, the absence of access to safe and sanitary healthcare undermines several fundamental human rights, including the right to life, the right to health, and the rights of children. According to the United Nations Declaration of Human Rights (UDHR), women, children, and infants should have full international human rights during times of war and conflict (Icelandic Human Rights Centre, n.d.).

The risky reality of women's health is not only prevalent in Gaza, but other Palestinian territories still struggle with proper healthcare as well. According to Bates et al. (2017), the Gaza Strip population bears a disproportionate burden of an absence of access to commodities and services, as well as being subjected to political violence and a divided healthcare system. However, while the West Bank has a more structured health system than the Gaza Strip, it still fails to receive adequate aid (Bates et al., 2017). Differences in health services among these regions include variances in healthcare availability, access, and utilization. The Palestinian Ministry of Health attempted to assist women by developing the "National Unified Reproductive Health Guidelines & Protocol" with assistance from the United Nations Population Fund (UNFPA). The protocol sought to incorporate thorough reproductive treatment into all primary care services.

However, the geographical isolation of the West Bank and Gaza has hindered the application of the aforementioned guidelines, which has been exacerbated by harsh mobility restrictions (Bosmans et al., 2008). This reality persists, as diagnostic testing is typically restricted to particular hospitals or geographic areas, and specialist surgery is restricted to Palestinian hospitals. Many women were forced to search for such care in Jordan or adjoining Israeli territory, posing numerous economic and political obstacles to their safety. International treaties hold Israel legally liable for the general health of the occupied population (Wick, 2010). However, this was never the case, as disparities between locations persist, harming women who are dealing with their reproductive health and/or those caring for their newborns post-birth.

The Health Sector in Palestinian Territories: A Historical Background

Throughout history, significant efforts have been made to improve maternal and newborn health in Palestine. However, following the second Intifada, or Palestinian uprising against Israeli control (2000-2005), the United Nations (UN) and humanitarian organizations were no longer given preferential treatment in getting permits to enter curfew zones. One public health clinic that provided postnatal treatment no longer had a physician on staff because the recurrent curfews and checkpoints created an impossible challenge for them to travel to the center (Bosmans et al., 2008). At

the time, Palestinian officials stated that the provision of sexual and reproductive healthcare was heavily reliant on external funds. Even if that funding was available, the issue of reproductive health was no longer a top concern in the context of growing political violence (Wick, 2010). Since reproductive health is typically compromised, there is a notable absence of focus on menstruation in the current help that Gaza is obtaining. Although menstrual health is a human rights concern, it is not a priority for international actors in the war, who continue to exclude Gazan women and add to their challenges. One woman was compelled to cut fabric from her tent, according to an interview with Raseef22 website (Shahine, 2023).

The atrocities committed by Israel over the previous decades have not been gendered. Indeed, many academics claim that colonization is fundamentally founded on similar discrimination of all people, as the colonizer's purpose is frequently to wield authority over all individuals regardless of who they are (Borloz, 2023). According to Sayegh (1965), Zionism is built upon the forced expulsion of ethnic groups from a certain area in order to ethnically homogenize the territory. Hence, Israel targets all Palestinians alike, in spite of their gender, ethnicity, age, or any other factor. However, women and children continue to face specific difficulties and obstacles to equality and social justice. The ongoing war has destroyed most of the Gaza Strip, forcing most families and citizens to be displaced (Al Jazeera, 2023). The reality of displacement and leaving behind family has had severe effects on the mental health of women and children.

According to a report by the United Nations' Children's Fund (UNICEF), the vast majority of Gazan children have likely been exposed to traumatic conditions (UNICEF, 2023). War and forced displacement create especially serious trauma as they disrupt children's growth processes, exposing them to death, disability, and the development of depression, anxiety, and PTSD (Goodarzi et al., 2023). When it comes to women, displacement has a greater impact on their mental health. They endure the repercussions of displacement, as they face greater movement restrictions, forced displacement, family separation, and limited access to fundamental medical care, placing them at a higher risk of Gender-Based Violence (GBV) (UNHCR - The UN Refugee Agency, 2003). This means that, in addition to these beleaguered women's already nervous and agitated state, they face physical and mental abuse as a consequence of forced displacement.

Gazan Women and Children Through a Gender Lens

If this topic were to be examined from a feminist perspective, it would fall under the umbrella of intersectional feminism. According to the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the intersectional feminist approach demonstrates how social identities of individuals may intersect and result in compounding instances of discrimination, which helps to comprehend the depths of disparities and their relationships in any given context (UN Women, 2020). When addressing intersectionality in the context of war, the core idea of the "us-versus-them" mentality emerges. The creation of an "enemy" is required and critical to separate them from the "good guys," or those in charge of the war (Peterson, 2007). This concept of the "other" thus seeks to dehumanize individuals suffering from the war, presenting them in many images that may justify violence against them. This idea is heightened when women become an integral component of wars.

The intersectionality of women's identities increases their susceptibility and determines the nature of the problems they confront in conflict zones. Not only are they impacted by the overall us-versus-them mindset, but they also face gender-specific obstacles in the context of war. Women's traditional gender roles and expectations frequently overlap with other criteria such as race, social background, and age, resulting in a complicated web of oppression. According to scholars such as Cynthia Enloe, the "othering" of women in conflict is complex, as they are not only targets of enemy troops but also endure marginalization and brutality inside their communities (Sjoberg, 2017). This dual form of oppression is strongly ingrained in societal standards, which are amplified during times of conflict. This is not dissimilar to what women in Gaza endure, who already live in patriarchal cultures and under constant political pressure.

Nonetheless, international organizations and UN entities bear a significant deal of responsibility for protecting women in times of war. They must strive to provide services that are directly related to them and their rights as females and mothers, while also providing a primary focus on the safety of pregnant women and their newborns. Gazan women and children can be considered as the stakeholders that are directly involved in the issue at hand. Women, for example, would be able to secure their required monthly necessities, such as pads and pills, if the embargo were lifted and international aid tailored to their needs could enter Gaza. A solution should also be put in place expressly for pregnant women so that they can give birth appropriately and safely without causing injury to themselves or their newborns.

Concerning children, international aid should be supplied to build shelters to protect them from bombings, as well as agreements with occupying forces not to attack them. The healthcare industry and medical experts would also require extra equipment, medication, and fuel, as well as a mission to prevent aggressions on hospitals, which are critical in treating injured citizens. Families could profit indirectly from the policy recommendations, as ensuring the safety of women and children and maintaining the healthcare sector would reduce the separation of families who are forced to relocate or migrate, as well as allow for a longer lifespan and fewer risks from Israeli airstrikes.

The current war is increasing the likelihood of GBV against women, limiting their access to critical reproductive health services. Because of the harsh environment, pregnant women risk increased problems during delivery. Unfortunately, due to rising political uncertainty, these concerns are not receiving enough attention, and women are left to deal with the repercussions on their own. Many women in Gaza are unable to access necessary surgery, postnatal care, or even basic menstrual products. This distressing fact demonstrates that, even in the midst of war's devastation, women continue to endure unique and frequently underestimated problems by themselves. It is critical to shine a light on these particular issues, emphasizing the critical need for action and assistance to alleviate the suffering of women in Gaza.

Policy Recommendations

A glimmer of optimism appears in the form of a potential possibility to reduce the Israeli impact on the execution of potential crisis solutions. As a UN member, Israel must uphold its commitments under international humanitarian law, including the use of proportionate force and taking all reasonable care to protect civilians during

military operations (Guterres, 2023). Furthermore, the Fourth Geneva Convention outlaws “individual or mass forcible transfers, as well as deportations of protected persons from occupied territory” (Amnesty International, 2019, para. 3). These regulations have been in effect since the 1990s, when the United Nations Security Council Resolution 465 urged Israel “to dismantle existing settlements and, in particular, to cease, on an urgent basis, the establishment, construction, and planning of settlements” (Amnesty International, 2019, para. 27). As a result, if solutions for the issue at hand in Gaza are adopted, Israel is required by law not to intervene and to allow appropriate NGOs to take action as needed.

In the midst of the current violence, immediate action is required to ensure the protection of women and children in Gaza. It is critical to encourage joint efforts with international and local groups in order to reconstruct and equip healthcare facilities. This involves repairing damaged infrastructure and making humanitarian help more accessible by assuring the availability of medical supplies, skilled staff, and appropriate equipment. Establishing safe transit routes and guaranteeing the safety of humanitarian workers are critical components of this endeavor, which will include negotiations with Israel to ensure safe travel in Gaza. Furthermore, it is critical to assist displaced families by immediately providing safe emergency shelters with access to clean water, sanitary facilities, and adequate food supplies. A defined strategy of mobile healthcare units should be implemented to reach displaced populations and assure their continuous access to medical treatments, immunizations, and maternal care for individuals who are unable to reach fixed healthcare facilities. More emphasis should also be placed on the preservation of health infrastructure, with greater international monitoring programs in place to avoid attacks on healthcare facilities, as well as community involvement in conserving these assets.

Investing in child protection should likewise be prioritized for Gaza’s most vulnerable citizens. To secure the safety of children in Gaza, it is vital to strengthen child protection services, including the detection and response to situations of abuse, exploitation, and trafficking, as well as to ensure that they are shielded from Israeli airstrikes. The most crucial recommendation, however, is to demand a ceasefire that protects citizens, including men and women, from arbitrary Israeli aggressions. As previously said, Israel has a legal obligation to do so, and more emphasis should be paid to how it is managing the war’s developments and to its ongoing violations of international treaties. Without this vital solution, the implementation of the other proposals would be hampered.

Conclusion

The ongoing war on Gaza endangers the safety of all civilians, particularly women and children. This paper has sought to highlight the gravity of the problem while encouraging all responsible actors and stakeholders to assist women in mitigating the dangers to their safety during wartime. Several obstacles prevent women from receiving critical healthcare, particularly those who are pregnant or have newborn babies. The IDF’s entry barrier has prevented the movement of people, doctors, and medical equipment, severely reducing hospitals’ ability to execute safe surgeries. The war endangers women even further, as reproductive and sexual health are being neglected. Women in Gaza are now constantly displaced and must carry the weight of

exhausting travel, while children suffer greatly, mentally and physically, as a result. The topic was raised in the research from an intersectional feminist perspective, which revealed that, while conflicts are terrible for all citizens equally, women are still struggling in a more specific way. They are victims of authorities' and non-governmental organizations' indifference to their problems, sidelined in patriarchal communities, and subjected to political attacks. Women and children, as well as hospitals and healthcare professionals, would be the primary stakeholders of proposed policy recommendations.

Even as Israel has already violated international treaties and conventions, numerous policy ideas can help alleviate the healthcare challenges faced by women and children. Joint efforts with international and local organizations are critical to rebuilding and equipping healthcare facilities, facilitating humanitarian aid delivery, and ensuring medical supply availability. Safe travel between Gaza requires secure routes for transport and agreements with the Israeli authorities. Furthermore, displaced families must be provided with sanitation, clean water, and nourishment through emergency shelters. This should be combined with international monitoring mechanisms and community engagement, both of which are critical for safeguarding health infrastructure. Most crucially, a call for a ceasefire is vital to protect civilians and ensure their rights while adhering to international law, which Israel is committed to as an occupying power.

In addition to international accords and conferences aimed at finding solutions to the ongoing attacks, the above-mentioned policy recommendations, if implemented, would be one of the very few measures that can affect long-term improvement in the health safety of women and children. Policymakers should pay more attention to the issue at hand so that they may propose required remedies and debate them with the responsible parties and stakeholders. However, this is insufficient, as more research is required to address all facets of the problem at hand. First, researchers should consider the future situation of Gaza's health sector if the war continues with strikes on healthcare facilities. Finally, research should focus on quantitative data acquired from Gazan women and children in order to accurately analyze the dangers of the current scenario. While there is a lot of research on the health sector in Gaza, previous publications should be examined and updated to keep up with the latest developments in the war.

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