Perspectives on Elective Abortion Among Palestinian Women: Religion, Culture and Access in the Occupied Palestinian Territories

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ABSTRACT

Background
Termination of pregnancy remains a highly debated topic in women’s health in the Middle East and specifically in the occupied Palestinian territories (OPT), where it is illegal in most cases. To better understand the ways in which Palestinian women interface with a healthcare system governed by an Israeli system in certain places and limited by the Israeli occupation in others, and to reconcile religious, ethical, and social challenges in this context, this study is designed to elicit the views of Palestinian women exclusively on elective abortion. To our knowledge, this would be the first study exploring women’s views on abortion in Palestine to specifically include the dual sociopolitical context of Jerusalem in which Israeli laws govern healthcare.

Methods
We designed a qualitative study that used convenience sampling to recruit Palestinian women (patient and non-patient) from the department of Obstetrics and Gynecology at Al-Makassed Islamic Charitable Hospital in East Jerusalem. After obtaining verbal informed consent, participants were interviewed in Arabic one-on-one using an open-ended questionnaire eliciting perceptions on the religious implications, social consequences and accessibility of elective abortions in the OPT. Interviews were transcribed and translated to English. Two members of the research team open-coded the transcripts of the interviews. Codes were identified independently then refined collaboratively to finalize a list of reoccurring themes. Data was analyzed using MAXQDA 11.

Results
Sixty women were interviewed, ranging in age from 18-70, living in East Jerusalem, the West Bank, and Gaza. The majority of participants were Muslim, married, urban dwellers, with a high school education or less, and with at least 3 children. Themes arising from the interviews included the centrality of religion and religious authorities in affecting women’s choices and views on abortion, the importance of community norms in regulating perspectives on and access to elective abortion, and the effect of the unique medico-legal situation of the OPT on access to abortion under occupation. Many women expressed opposition to abortion on religious and cultural grounds with most excepting to save a woman’s life. Participants diverged most widely
in their views on abortion in the cases of fetal anomalies, pre-marital pregnancy, and rape. Limitations identified to safe abortion access by Palestinian women included: legal restrictions, hospital policy restrictions, prohibitive prices at private clinics, significant social consequences from the discovery of an abortion by one’s community or family, and different levels of access to abortion depending on whether women were residents of Jerusalem, the West Bank, or Gaza.

**Conclusions**

A deeper understanding of variations in religious beliefs and practices, and of the interplay between politics, religion, history and reproductive rights is crucial in the war-torn context of Palestine, as Palestinian women are subjected not only to the realities of occupation, but also to historically patriarchal social and legal structures. This study offers some insight into the views of Palestinian women on the important women’s health and human rights issue of abortion. This information can help physicians, policymakers, and women’s reproductive health and rights organizations better understand the views and needs of their constituency and how to best address them and care for their health and well-being in the intimately challenging circumstances of abortion.
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# Glossary of Arabic Terms

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<th>TRANSLATION</th>
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<tr>
<td>Allah</td>
<td>The Arabic word for God</td>
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<tr>
<td>Darura</td>
<td>Necessity</td>
</tr>
<tr>
<td>`Eib</td>
<td>Shameful or inappropriate</td>
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<tr>
<td>Fatwa</td>
<td>Islamic legal ruling</td>
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<tr>
<td>Hadith</td>
<td>Direct quotes attributed to the Islamic prophet Muhammad</td>
</tr>
<tr>
<td>Halaal</td>
<td>Religiously permissible</td>
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<tr>
<td>Haml gheir shar’i</td>
<td>Pregnancy against the sharia</td>
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<tr>
<td>Haram</td>
<td>Religiously forbidden</td>
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<tr>
<td>Ibn haram</td>
<td>Son of sin</td>
</tr>
<tr>
<td>Inshallah</td>
<td>God willing</td>
</tr>
<tr>
<td>Mitkawwan</td>
<td>Formed</td>
</tr>
<tr>
<td>Mufti</td>
<td>Muslim religious scholar or jurist empowered to give fatwas</td>
</tr>
<tr>
<td>Qada w qadar</td>
<td>Divine fate and predestination</td>
</tr>
<tr>
<td>Quran</td>
<td>The primary religious text of Islam, believed to be the word of God</td>
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<tr>
<td>Rooh</td>
<td>Soul</td>
</tr>
<tr>
<td>Sharia</td>
<td>Islamic law</td>
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<tr>
<td>Sheikh</td>
<td>Muslim leader</td>
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<tr>
<td>Sunnah</td>
<td>The teachings, deeds and sayings of the Islamic prophet Muhammad</td>
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<tr>
<td>‘Ulama’</td>
<td>Islamic religious scholars</td>
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List of Abbreviations

International Planned Parenthood Federation (IPPF)
Middle East and North Africa (MENA) region
Occupied Palestinian Territories (OPT)
Palestinian Authority (PA)
Palestinian Family Planning and Protection Association (PFPPA)
Palestinian Liberation Organization (PLO)
United Nations Relief and Works Agency (UNRWA)
Introduction

Abortion Globally

Globally, elective abortion remains a controversial and challenging issue. Many have advocated for the right of women to abortion services as a basic reproductive health and human right, as it is often a necessity arising from an undesired pregnancy(1). Throughout history, despite cultural, political and religious barriers, women have had abortions, putting their health, social standing, relationships, and lives at risk. The availability of safe, affordable abortion services in any country is determined by a combination of political, cultural, and medical factors and ultimately, by how these factors intersect with law and the interpretation of the law. Current abortion laws vary significantly by country. Approximately 75% of women live in countries where abortion is available for women whose health is at risk due to pregnancy, 40% live in countries where it is available by demand independent of the health status of the mother, and 25% live in countries where it is generally prohibited(1). The most restrictive policies exist in Latin America, sub-Saharan Africa, and in many Arab countries(1).

Evidence shows an association between unsafe abortion and restrictive abortion laws(2). The median rate of unsafe abortions is 23 per 1000 abortions in the 82 countries with the most restrictive laws compared with 2 per 1000 in nations that allow abortions(3). Abortion-related deaths are more frequent in countries with more restrictive abortion laws (34 deaths per 100,000 childbirths) than in countries with less restrictive laws (1 or fewer per 100,000 childbirths)(4). Worldwide, approximately 42 million women with unintended pregnancies choose abortion yearly, and nearly half of these procedures are unsafe(2). Five million of these women will suffer long-term health complications and about 68,000 die of unsafe abortion annually, making it one of the leading causes of maternal mortality(3). Less restrictive abortion laws also do not guarantee safe abortions for those in need, as access to health care is also required. Both of the primary methods for preventing unsafe abortion, less restrictive abortion laws and greater contraceptive use, face social, religious, and political obstacles(2).

Abortion in Islam and Muslim-majority Countries

Religion plays a significant role in a patient’s bioethical decision to have an abortion as well as in a country’s abortion policy(5,6). Religion plays an especially prominent role in discussions
and laws on abortion in the Middle East and North Africa (MENA) region and other Muslim-majority countries. Islamic positions on abortion rely first on the primary authoritative sources of Islamic theology and law: the Quran, the central religious text of Islam believed to be the direct word of God, and the Sunnah, the verbally transmitted record of the teachings and actions of the prophet Muhammad. Secondly, Islamic positions on abortion are derived from other contemporary factors such as: a fatwa, or a legal opinion from a learned Islamic jurist or scholar, known as a mufti; or meetings of transnational Islamic medical, legal, or bioethical organizations, such as the Islamic Fiqh Council or the Islamic Organization for Medical Sciences (IOMS). Islamic positions on abortion are variable and many religious scholars permit abortion in certain circumstances based on fetal development, gestational age, and the circumstances of the pregnant woman(7,8).

Despite the diversity of opinion among Islamic religious scholars, laws in many Muslim-majority countries are prohibitive and punitive views on abortion are purported to be associated with religion(6). The majority of MENA countries recognize Islam as the state religion and as a result, most have dual systems of law. Secular codes, often based on colonial law, regulate most legal matters, while Islamic law covers family, marriage, divorce, inheritance, and custody(8). According to a study by Shapiro, 18 of 47 (38.3%) Muslim-majority countries (Palestine not included) only permit abortions in cases where the life of the pregnant woman is threatened. All 47 Muslim-majority countries allow abortions to save a woman’s life, while only 10 (21.3%) allow it ‘on request’, with those with the most liberal abortion laws in the MENA region being Tunisia, Turkey, and Bahrain(6). In many Muslim-majority countries, evidence has shown that the majority of abortions are considered unsafe by World Health Organization definitions(4) and many are fatal(5). One in ten pregnancies ends in abortion and unsafe abortions comprise at least 6% of maternal deaths in the MENA region(4,8).

**Health and Access in the Occupied Palestinian Territories (OPT)**

Much of the limited data cited on abortion in Muslim-majority countries excludes the occupied Palestinian territories (OPT), which include the West Bank, East Jerusalem, and the Gaza Strip. The OPT is often excluded in this data because the West Bank and Gaza Strip are not currently considered sovereign and there are significant data limitations in assessing the Palestinian
population living under occupation(6). Palestinian women are subject to geopolitical challenges distinct from women in other Muslim-majority countries due to the political situation in the OPT. Due to a military occupation that began in 1967, the movement of Palestinians within the occupied territories is constantly restricted(9,10). Palestinians in the OPT can carry one of 3 ID types, each of which defines where they are allowed to freely travel within the region. The Jerusalem ID allows holders to reside in Jerusalem and enter the West Bank; the West Bank ID prevents those living in the West Bank from entering Jerusalem without applying for special permission; and the Gaza ID prevents residents from leaving Gaza. Beyond ID status, movement is largely restricted within and from the West Bank by a complex series of bureaucratic and physical obstacles, including the need for special permits to enter Jerusalem, military checkpoints, roads forbidden to Palestinians, and an eight-meter high, 700 kilometer-long concrete Separation Wall that separates the West Bank from Jerusalem and Israel(11).

The current geopolitical context of the OPT poses unique challenges to healthcare delivery and access in general, including reproductive health services(9,12). The OPT has a fragmented landscape of healthcare providers, and hospitals are a mix of governmental, private, and those run by non-governmental organizations (NGOs)(11). The Palestinian hospitals in East Jerusalem are considered the most advanced in the OPT and for decades they have served the people of the West Bank and Gaza, especially for complex cases or medical specialties unavailable locally(13). The tertiary hospital for the OPT, Al-Makassed Hospital, serves over 60% of the population and is located in East Jerusalem. The construction of the West Bank Separation Wall in 2004 has made the hospital difficult to access by Palestinian patients and health care staff living in the West Bank or Gaza, due to the need for permits to enter Jerusalem and the arduous commutes through checkpoints(13,14).

These obstacles contribute to poor overall health in the OPT, especially for women(12). Most Palestinian women marry at a young age and begin childbearing shortly thereafter(15), a pattern that continues despite the reported harmful health consequences of teenage pregnancies for mothers and their newborns(16,17). Historically, Palestinian women have been among the most highly educated in the Arab world, although they have had low participation in the labor force(18). The fertility of women in the OPT remains among the highest in the world(12), in part
due to desire of Palestinian women to have many children(19). Although family planning services have long been available through the U.N. Relief and Works Agency (UNRWA), government, and NGO facilities, unintended pregnancy is common(20). Thus, the delivery of reproductive health services is especially important in this population. Certain services, such as access of women in labor to maternity facilities, have been affected by the mobility restrictions imposed by the occupation(21), leading to decreased access to post-partum and gynecologic care and an increasing number of home deliveries and deliveries at military checkpoints(22). There is also a shortage of obstetricians and gynecologists in the West Bank and Gaza(23), with these physicians being poorly distributed and concentrated in the private sector, compromising the quality of care in government institutions(21). One qualitative study done in 2002 by Bosmans and colleagues found that access to sexual and reproductive health services had become significantly restricted for both refugees and non-refugees in the OPT(22). They also found that the worsening political situation and humanitarian crisis had a negative impact on Palestinian women’s health and rights by lowering the priority and funding of many sexual and reproductive health policies and programs.

**Abortion in the OPT**

It is in this unique and complex geopolitical context of the occupation that abortion for Palestinian women must be considered. Like other countries in the Middle East, the social context, legal mechanisms, religious interpretations and cultural factors within the OPT shape much of the conversation around elective abortion. In the West Bank, 80-85% of the population is Muslim (predominantly Sunni) and 1-2.5% is Christian (mainly Greek Orthodox)(24). In Gaza, 98-99% of the population is Muslim and 0.7% is Christian(25). In the OPT, abortion is criminalized under Articles 321-324 and 325 of the Jordanian Penal Code of 1960, from which law in the West Bank and Gaza is derived(26). In 2006, a law before the Palestinian Parliament argued for abortion in cases of risk to the woman’s life and health(8). This law served to reinforce the sociopolitical opinion that induced abortion was restricted to situations in which the mother’s life is in danger, which is indeed the only situation in which an abortion can currently be legally obtained in the West Bank or Gaza(5). Nevertheless, according to a report by the Global Health Council, abortions remain frequent and between 1995-2000, there were 141 deaths due to unsafe abortions in the OPT(8,27). Although illegal, several Palestinian organizations are
aiding women in obtaining safer abortions. In 2014, the Palestinian Family Planning and Protection Association (PFPPA), a Jerusalem-based non-profit organization, served more than 70,000 women, of whom more than 10,000 received abortion-related services(28). A 2007 study conducted by the PFPPA and UNRWA found that 40% of 333 women surveyed in West Bank refugee camps had undergone an abortion, although the study also stated that some of those women said their abortions were spontaneous and involuntary(29). A 2014 documentary, “Unsafe Abortions in Palestine,” painted a very grim narrative of the medical and social factors limiting access to safe abortion services in much of the region, resulting in Palestinian women seeking unsafe abortion methods(30). This film received additional support from local and international organizations such as the International Planned Parenthood Federation (IPPF), Juzoor (a Palestinian NGO), and the PFPPA.

While termination of pregnancy remains a central and highly debated topic in women’s health in the Middle East, especially in Palestinian society and law, only a few studies provide a perspective on how these intimate and deeply personal issues are navigated, each from a different angle¹. In 2006, Foster and colleagues conducted an open-ended survey with 146 female students at Bethlehem University in the West Bank on their attitudes specifically on “illicit sex, abortion, and so-called ‘honor-killings’” and found that among this population, the permissibility of abortion was tied to the perceived illicitness of the sexual encounter (occurring outside the context of marriage) and the possible familial repercussions(31). Another study, based on results of a 2007-2008 national survey, analyzed the attitudes of Palestinian nursing and midwifery students in the West Bank and Gaza towards abortion and contraception-related policies(20). Their findings suggested the need for incorporation of didactics focused on laws and policies governing sexual and reproductive health into the formal curricula of these educational programs.

The study by the PFPPA and UNRWA in 2007 employed quantitative and qualitative methods to explore sexual and reproductive health issues and services among refugee women living in the West Bank camps(29). The quantitative portion used surveys of refugee women to assess women’s knowledge and attitudes about family planning methods and abortion incidence and

¹ Interestingly, none of these studies has been published in the academic literature.
found that women were well-informed about contraception methods, that a significant number indicated unsafe abortion practices, and that their attitudes on abortion were heavily influenced by religious and cultural beliefs. The qualitative portion consisted of interviews with UNRWA health providers and community centers in the camps and found that while contraception services are available, abortion services are not. Most recently, another study carried out by the PFPPA used quantitative and qualitative methods to assess safe and unsafe abortions (both spontaneous and elective) among Palestinian women in the Hebron Governorate in the West Bank (26). The quantitative part of the study targeted women seeking care at PFPPA clinics with a questionnaire and found that unsafe abortions, both elective and spontaneous, were frequent among this population. The qualitative part of the study involved focus group interviews with health and social work professionals and found that abortion is not an accepted or encouraged practice, even among Palestinian healthcare providers.

**Gaps in Previous Research**

While some studies have explored abortion policies and practice in the Middle East, many have excluded the occupied Palestinian territories because of limitations in assessing a population with various legal statuses (refugees, West Bank residents, Jerusalem residents, Gazans). Current literature on abortion in the OPT has generally relied on quantitative methods to sample a large number of Palestinian women, while reserving the longer in-depth qualitative interviews for a fewer number of health care professionals and staff. Indeed, there are limitations to quantitative research including the inability to capture nuanced details. An example of this is seen in the literature in which spontaneous and elective abortion are considered together in the analyses, making it difficult at times to differentiate between these two very different situations in the data. Furthermore, these studies have been limited to Palestinian populations living in the West Bank. However, Palestinian women living and seeking care in East Jerusalem are even more uniquely situated: while healthcare legally operates under Israeli laws governing abortion, socially, Palestinians living or seeking care in Jerusalem may still face restrictions and barriers to access. Although abortion is illegal by Palestinian law unless there is a risk to the mother’s life, like in many other Muslim-majority countries, Palestinian women are in a unique situation compared to other Arab women in that they live only several miles from a country where abortion is legal, easily accessible, and even government-funded (28). Israel, despite its religious, right-wing
government, is among the world’s most liberal countries when it comes to abortion, which potentially creates a unique option for Palestinian women seeking an abortion. Given increased occupation-related restrictions on movement in the West Bank and Gaza, additional barriers to abortion services are likely to arise. The incongruous reflection of public ruling versus private need requires further exploration into how abortion is currently viewed, discussed, and navigated in Palestinian society.

**Study Rationale and Objectives**

To better understand the ways in which Palestinian women interface with a healthcare system governed by an Israeli system in certain places and limited by the Israeli occupation in others, and to reconcile religious, ethical, and social challenges in this context, this study is designed to elicit the views of Palestinian women exclusively on elective or medically-indicated termination of pregnancy. To our knowledge, this would be the first study exploring women’s views on abortion in Palestine to specifically include the dual sociopolitical context of Jerusalem. Given Jerusalem’s unique position as a city under Israeli governance with a significant Palestinian population being treated under legal auspices that may not reflect their constituency, this study also aims to explore how women’s sexual and reproductive rights are actualized in socio-politically constraining environments. Through individual, open-ended, in-depth interviews with Palestinian women at Al-Makassed Hospital in East Jerusalem, we hope to explore the views of these women on abortion in the Palestinian context, with regards to religion, culture, legality, and access. Al-Makassed is also uniquely situated in that it is the premier tertiary care hospital that serves Palestinians living throughout the OPT in Jerusalem, the West Bank, and Gaza, allowing for a more diverse representation in our sample.

A deeper understanding of variations in religious beliefs and practices, and of the interplay between politics, religion, history, and reproductive rights is crucial in the war-torn context of Palestine, as Palestinian women are victim not only to the realities of occupation, but also to historically patriarchal social and legal structures. The importance of sensitive legislature in order to prevent unsafe abortions and promote maternal health is clear, but the religious framework and institutions that allow for this kind of legislature have been under-researched(6). While many researchers in the Western context have focused on Christian and secular bioethical
positions on abortion, Islamic positions are comparatively less well understood(32). As many
have argued, it is impossible to construct policy in many Muslim-majority countries if the
Islamic religious position is ignored(5). Therefore, it is crucial for researchers and policymakers
investigating abortion law and access in Muslim-majority countries to understand the relevant
religious and cultural discourse on abortion rights(6). Accordingly, this study explores in detail
the religious and cultural views of Palestinian women interviewed in order to provide a better
understanding of how abortion is viewed in this society in which religion plays a dominant role.
The study also explores women’s views on legality and access of abortion services in the
complex legal and political context of occupation.

In the short term, this knowledge could improve physicians’ understanding of their patients’
viewpoints to provide better reproductive healthcare, while also providing women’s health and
rights organizations as well as policymakers with preliminary data that might aid in focusing
efforts in areas of need. This study also has the potential to inspire future qualitative and
quantitative work on women’s health in ambiguous legal settings in the intimately challenging
circumstances of abortion.
METHODS

We designed a qualitative study that used individual interviews to explore the attitudes of Palestinian women on the religious implications, social consequences and accessibility of elective abortions.

Topic Guide
The topic guide for the interviews was initially developed by the researchers based on themes arising from previously published literature and identified gaps on research related to Palestinian women’s views on access to elective abortion. The topic guide was reviewed by faculty at Harvard Medical School as well as Palestinian obstetrician-gynecologists at Al-Makassed Hospital. The topic guide can be found in the supplementary material.

Sampling
Convenience sampling was used to recruit non-pregnant Palestinian women (patient and non-patient) from the department of Obstetrics and Gynecology at Al-Makassed Islamic Charitable Hospital in East Jerusalem in December 2014. Inclusion criteria included Palestinian women greater than 18 years old living in Jerusalem, the West Bank, or Gaza. Persons who were below 18 years of age or women who were pregnant were excluded. Eligible participants included patients, female companions of patients, and hospital staff.

All attending faculty, physicians, residents, and staff in the Obstetrics and Gynecology Department at Al-Makassed were aware of the study proceedings. Women who presented to the outpatient clinic were seeking care for a variety of reasons, including infertility, pelvic pain, dysmenorrhea, and post-partum appointments. Women in the inpatient setting were in the hospital for post-partum monitoring or pre- and post-gynecological surgery. Permission to approach patients for study recruitment was first granted from attending physicians.

Eligible patients were first introduced to the study in private rooms, by either a physician or nurse on the health care team. Female visitors or companions of patients were approached in the same way in private rooms. If potential participants were interested in hearing more about the study, they were then introduced to the medical student on the research team, who informed
them in more detail about the study. Potential participants were then left alone to decide if they would like to participate and then re-approached the same day. If women agreed to participate, they were provided with an information sheet about the study and then were verbally consented. Interviews were then conducted one-on-one.

**Interviews**

In December 2014, 80 women at Al-Makassed Hospital were approached to participate in this study. Of these, 17 declined to participate and 3 said they would consider it but did not ultimately participate. The most cited reason for not participating was competing demands on their time. In total, 60 women consented to participate in the study and were individually interviewed. The majority of these were women seeking care or their companions, with a small minority being staff at the hospital.

Each interview consisted of three sections: their personal views on the topic of abortion in different situations and the factors that have impacted their personal views; legality of and access to abortion in the occupied Palestinian territories; and the community and social response to abortion. Demographic information without names was collected from each participant. The interviews followed the sequence of the topic guide in a semi-structured format, giving participants an opportunity to guide the discussion. All interviews were carried out in Arabic by the author, who is fluent in both Arabic and English. The interviews ranged in time from 20 to 90 minutes. Of the 60 women interviewed, 23 women agreed to have their interviews audio-recorded. Therefore, for all interviews, the researcher transcribed the entirety of the interview on an encrypted laptop during the interview. This approach was taken to ensure that as much information as possible was captured at the time of the interview.

After all the interviews were completed, one of the research team members, who is fluent in both Arabic and English, transcribed the audio recordings of the 23 corresponding interviews. All 60 interviews were translated to English to produce written transcripts.
Qualitative Data Analysis

Two researchers, including the author, open-coded the transcripts of the interviews using thematic analysis to identify major underlying themes. Codes were identified independently then refined collaboratively to finalize a list of reoccurring themes. All coding was done using MAXQDA 11. Key themes and illustrative quotations were reviewed for consensus by the researchers.

Ethics, Consent and Permissions

This study was approved by the Harvard Medical School IRB Ethical Review Board (IRB14-4006) and the local Palestinian IRB at Al-Quds University Medical School. Informed consent was obtained verbally and participants were provided with a study information sheet. No compensation or incentives were given to study participants. Names of participants were not recorded. All transcribed files and audio recordings were saved on an encrypted password-protected laptop.
RESULTS

Overview

Characteristics of the study population are presented in Table 1. Sixty women were interviewed, ranging in age from 18-70, living in East Jerusalem (53%), the West Bank (42%), and Gaza (5%). The majority of participants were Muslim women (97%)\(^2\) of reproductive age (78%), married (87%), unemployed (62%), urban dwellers (70%), with a high school education or less (55%), and with at least 3 children (62%).

When asked what reasons could lead a Palestinian woman to consider abortion (see Table 2), the most common reasons given were undesired pregnancy, marital problems, maternal health, and fetal anomalies. When asked what might deter a Palestinian woman from ultimately having an abortion, the most common reasons given were religious reasons, the feeling of maternal attachment, and the influence of her family or husband.

Participants were then presented with different hypothetical cases and asked whether they felt abortion would be justified or not in those cases. The distribution of answers to the different cases are shown in Figure 1. If women placed conditions on the justification of abortion for a certain scenario, this was labeled as ‘provisionally justified’. Women were most likely to find abortion justified if it posed a threat to the mother’s life (85%), while they were most likely to find it completely unjustified in the case of a fetus with Down’s syndrome (73%) or if a woman felt unprepared to be pregnant (90%). In cases of fetal anomalies more severe than Down’s syndrome, about 46% felt it was justified to abort and about 40% felt it was unjustified. No women found it justified to abort in the case of selective reduction (reducing the number of fetuses in a multifetal pregnancy), with 55% feeling it was only justified if it posed a health risk to the mother. Most women felt that abortion in the case of rape was either unequivocally or provisionally justified (88%). Thirty percent of participants felt abortion was justified in a premarital pregnancy, 28% felt it was unjustified, and 42% felt it was provisionally justified. When asked whether the timing of an abortion mattered in their view for the justification of

\(^2\) Muslim women were not asked what Muslim sect they belonged to, as the vast majority of Palestinian Muslims are Sunni and because members of other sects such as Shiism might have been reluctant to report their minority status.
abortion, 39 women (65%) felt that it did, with abortions earlier in the pregnancy more justified than those later, while 30% felt that timing did not matter.

When asked what factors most affected their views on abortion, participants most commonly volunteered religion (63%) and Palestinian culture (28%), with less citing maternal attachment (15%) and the field of medicine (10%). Twenty-four women (40%) admitted knowing a Palestinian woman who had had an abortion, with one woman admitting that she had had an illegal abortion.

In the interviews, several important themes arose that we have chosen to divide into the following:

1) The centrality of religion in affecting women’s views on abortion
2) The importance of culture and community norms in regulating perspectives on and access to elective abortion
3) The effect of the unique medico-legal situation of the OPT on access to abortion
**Religion**

The most dominant and recurring theme throughout the interviews was the centrality of religion in women’s personal views on abortion. Religion was the most common reason given when asked about factors that influenced a women’s view on abortion. Religious considerations were also cited most often when asked about factors that might deter Palestinian women from having an abortion.

*Haram*

When women were asked what their general views on termination of pregnancy were, the overwhelming majority of women responded with phrases including “Haram” (meaning ‘religiously forbidden’), “wrong” or “I’m against it”. Haram was used to describe a variety of issues, though predominately to emphasize the unlawfulness of elective abortions due to religious injunctions against murder or the taking of life. One woman exclaimed, “Haram! There’s another life inside. If she doesn’t want the baby she shouldn’t get pregnant”. Another woman echoed the same sentiment, “Because this is a soul! It’s a human being in your body, it’s the same thing, it’s a soul, the same as killing a living body in front of you”. Many expressed that abortion was equivalent to murder and that it was religiously forbidden on this basis. Of note, in contrast to abortion being haram, many women mentioned that contraception was a *halal* (religiously permissible) alternative that women should use in order to avoid the need for an abortion.

The vast majority of participants interviewed were Muslim, with only 2 out of 60 women identifying as Christian. However, the relationship between religion and abortion was consistent for both Muslim and Christian Palestinian women. The two Christian women interviewed both used similar terminology as Muslim participants when discussing abortion: “We can take the advice of the priest. And as long as it’s a soul, it’s haram. All religions say this.” Another Christian woman explained, “Because of this, no religion allows it: not a Muslim nor a Christian nor a Jew. You’re not the one who decides.” She continued later in the same interview when asked about the legality of abortion: “In our Christian religion, there’s no abortion. In the Muslim religion, there’s no abortion.” Both Christian participants expressed a belief in the universality of religious condemnation of abortion. Only one Muslim participant commented on
the Christian position: “The soul, it’s a human being. We had a priest in college at the college of Bethlehem and he showed us videos on how we do abortion, and in Christianity it’s much more against abortion, but in Islam we’re still halfway, sometimes it’s ok, sometimes not. The priest showed us how they break the baby’s bones and give medications. So that made me not like it either.”

Women also discussed the concept of potential punishment in the context of disobeying God’s will should a woman choose to have an abortion. For example, when asked whether it was justified for a woman to have an abortion if she felt unprepared to have a child, one woman maintained, “This is so wrong. God has the wisdom to give you this pregnancy at this time. If you abort, God could make problems for you in the following pregnancies.” Another woman said, “I have a neighbor who aborted and then after that couldn’t get pregnant. So that’s it, God gave you this and it’s better to accept this…Otherwise, she might not ever get pregnant again”. Another woman who admitted to having had an illegal abortion 12 years prior lamented, “I’m still afraid that I did something wrong, I’m afraid of God punishing me”. When asked early on in the interview about what might deter a Palestinian woman from having an abortion, one woman replied, “She fears for her kids at home that God will take revenge on them”. Another woman replied, “I mean in sharia and religion…if they think of aborting, maybe God will cause them to have an abnormal baby…if they think of aborting this soul”. In this way, the presumed religious impermissibility of abortion was highlighted through a perception that women were at risk of God’s punishing their current or future children if they had an abortion.

Although most women initially expressed complete resistance to elective abortions largely on religious grounds, when pressed with more detailed questions and hypothetical situations, many of the women espoused more permissive views on abortion than their initial claims. As shown in Figure 1, the majority of women were not against abortions in all circumstances. The majority of women felt that abortion was justified if the pregnancy posed a health risk to the mother’s life (51/60) or in the case of rape (33/60). Participants diverged most widely in their views on abortion in the cases of fetal anomalies, rape, and premarital pregnancy, with a significant proportion of women interviewed feeling it was justified or at least provisionally justified in these cases. Many women focused on the influence of religion in support of these views. One
woman summarized a religious exception, “If [abortion] is for necessity, if it poses a threat to the health of the mother, then we need to protect the mother over the baby—this is the basis. This is religion and sharia and the community: everyone accepts this”. The vast majority of women interviewed agreed that this principle, valuing the mother’s life over the fetus’s life, was religiously supported, specifically in Islam. One woman said: “I fear God and I pray, but religion should be merciful on us. It is not just about haram”. Another woman echoed, “I know that our religion is merciful. But there is also a soul and personhood and we protect this soul, no matter what the reasons. This is what I know. And so we don’t allow for abortion unless the mother is more abused than the fetus. Even in complications in delivery or pregnancy, they choose the health of the mother, then [that of] the baby. It’s the same in abortion. So religiously it’s not accepted”. While most participants initially expressed that they were against abortion, when further presented with hypothetical scenarios in which abortion may be considered, many women identified exceptions in which abortion was permissible, appealing to this need for a balance between protection of the fetus and protection of the mother, with the balance often tipping towards the mother.

Ensoulment
An added layer of nuance and permissibility came with frequent reference to the concept of “ensoulment”, which was pervasive throughout the interviews. The idea that the fetus has a soul was used to stress the religious impermissibility of elective abortion. Many women simply stated, “According to the sharia, it’s haram to kill another soul”. The soul was frequently invoked to equate the fetus to a human being, thus associating abortion with murder: “The first thing is that you’re killing a soul. This is a trust, you are the guardian of a soul. The second thing…it’s the life of a human being, so how do you have a claim?” The concept of ensoulment was referred to in different ways. Sometimes the Arabic term mitkawwan, literally meaning ‘formed’, was used, while other times, the Arabic term rooh, literally meaning ‘soul’, was used: “And they say if the soul is blown in, [abortion is] haram”. While the concept of a soul was often used in this way to convey the gravity of an abortion, women also used the concept of “ensoulment” to make exceptions for abortion. One woman explained, “We believe that religiously, if there’s no soul in the fetus, and if something happens to the woman, she can abort without it being haram”.

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While most women interviewed agreed that it was generally impermissible to abort a fetus with a soul, women diverged widely on when a fetus was thought to have a soul. One woman postulated, “In the first 40 days, there’s no soul…. So [abortion is] not haram then, but still only justified in specific severe cases”. Another woman speculated, “Based on what I hear, at the beginning of the pregnancy, he’s not yet ‘formed’, the soul is not yet blown into him—in the first 3 or 4 weeks, so after that [abortion is] haram, as if you’re killing a soul”. Many women referenced the concept of ensoulment vaguely and that they had heard or learned that there was some kind of time period in which abortion might be more permissible but were unsure about exactly when that timing was. One woman explained: “Abortion is better in the first two months because there isn’t a soul. Maybe less, maybe one month. In the early time period, Allah won’t have put a soul in. So it wouldn’t be considered killing a soul. It’s in the Quran…I don’t know if this means that it’s allowed in all cases in the first 2 months. I don’t know the religious opinion”. Appealing to higher religious authorities like the Quran or “the religious opinion”, this woman advocates for an unclear time period in which abortion could be religiously permissible.

When asked directly, 39/60 (65%) women felt that the timing of an abortion in the pregnancy mattered for its justification and acceptability, while 18/60 (30%) felt that it did not and 3/60 (5%) did not answer definitively. Thus, the majority of women interviewed agreed with a conception of ensoulment that would make more allowances for an abortion earlier in the pregnancy rather than later, whether at a gestational age of 40 days, or two months or 120 days. Indeed, some women took the issue of timing very seriously even in considering their own abortions. One woman, describing how she came to have an elective abortion, recounted, “I asked… a sheikh, to ask from a religious perspective, he told me to get a date and it was 32 days so it wasn’t yet 40 days so I took a shot to abort…I felt tired and I didn’t want to wait long so I talked to the sheikh and thankfully, from God, it wasn’t yet time so it wasn’t a soul”. Another woman who also tried to have an abortion said, “I wanted to do it in the first 4 months because it’s haram after then because of the soul. I wanted to abort before I would’ve killed a soul”. For these women, the timing of ensoulment was important enough to take into consideration when planning their own abortions.
In contrast, many women believed in the concept of ensoulment in a way that did not make more allowances for abortion. As one woman maintained, “Anytime in the pregnancy is wrong. The soul is there right when the woman gets pregnant. We have many opinions, some say after 1 or 2 or 3 weeks but I say it’s right away”. Another woman echoed, “I hear until 40 days, before the heartbeat starts. It’s better when [the fetus is] young but it’s still all haram once there’s a connection between sperm and egg, she’s pregnant and it’s haram”. Thus, while for some, the concept of ensoulment provided a window of opportunity for a religiously permissible abortion, for others, the concept of ensoulment served to reinforce the forbidden nature of abortion.

Appeal to Religious Authority

When discussing abortion, women often referenced the role of religious authorities, such as the sharia or a religious cleric, as being influential in the decision making process. When asked about whether abortion was justified in the case of rape, one woman responded, “I would have to go back to the sharia. My feeling is that it’s justified but I don’t know what the sharia opinion is”. Another woman said, “This pregnancy is from God, a gift from God. I should accept him the way he is. There are a lot of viewpoints in religion: some say justified, others say no. For me, it’s hard. I would stay with my fate. I think I would need to ask for a fatwa, or a religious consensus. I prefer that it’s justified, but if it’s not justified, then no I can’t [abort]. I can’t go against God”. Thus, women often relied on the religious authority to which they subscribed to formulate their views on abortion. This was referenced especially when women were unsure whether abortion was justified in a particular case: “I don’t know how to decide, scholars with knowledge need to decide, like scholars of the soul or personhood. There are a lot of things to take into account”. The Christian participants also appealed to their religious authorities. As one woman said, “We can take the advice of the priest”. One woman who had had an elective abortion discussed how she consulted a sheikh in making her decision, “I asked a sheikh, to ask from a religious perspective. He told me to get a date [gestational age] and it was 32 days so it wasn’t yet 40 days so I took a shot to abort”. This woman took the religious opinion of a sheikh who believed that the fetus does not have a soul before 40 days. Other women mentioned taking the opinions of sheikhs who believed in different times for ensoulment, including at conception or at 120 days of gestation. One of the physicians working at Al-Makassed Hospital noted that even the hospital policy on abortion relies on a religious body: “Here we rely on the Islamic Fiqh Council in Jedda
that says 120 days (19 or 20 weeks), here in the hospital we rely on this”. Indeed, the timing of ensoulment is not something that is uniformly accepted.

**Trust in God**

Another dominant theme throughout the interviews was that of placing trust and faith in God. A major part of this was identified as the importance of accepting one’s fate when faced with an undesired pregnancy. Especially when asked about specific cases, such as the case of fetal anomalies or if a woman feels unprepared to have a child, many women appealed to fate and to God’s will. Women responded with: “She should accept her fate”, “no—God is the decider of Fate, it is decided”, or “if God wants her to be pregnant, then that’s it, God wants that and has fated it for her”. When asked about abortion, there was a constant reference by the women interviewed to the fact that people should trust in God’s plan. When asked about fetuses with severe fetal anomalies, one woman responded, “In my opinion, God knows best. Don’t abort, this is God’s will. And she should leave death to God. He who brings to life should be the one to take it”. Another woman said, “This is the most common reason we hear for abortion: ‘I have enough’, ‘I got pregnant on birth control’. Of course, this is not allowed, because it’s haram. God gave it to you, He is wiser, maybe this child will be the best for you in the future and have the most blessing for you even though you don’t want him now”. Thus, much emphasis was placed on the omniscience of God and the importance of trusting rather than aborting, which was often seen as a lack of faith.

This reasoning was used to elevate God’s knowledge over the knowledge of doctors who informed women of fetal anomalies during their pregnancies. This point was often made through stories of friends or relatives of the women interviewed. One woman shared, “Whatever God has written, will come…my brother’s wife--she kept crying, she thought of aborting, I told her absolutely no, she was depressed. Her son came beautiful. Many predictions can be wrong”. Another woman shared, “I have a friend, they told her he would have Down’s syndrome and we told her don’t abort, whatever God brings is good. And he came whole and right. Believe me, the boy who came was totally normal”. As one woman summarized, “Lifespan are in the hands of God. As much as medicine progresses, the soul is the one thing doctors can’t reach”. Thus, while some women felt that it would be justified to abort in the case of fetal anomalies, many women
felt that it was better to trust in God’s plan because the doctors could be wrong and even if they were not, it would be better to accept fate.

The theme of trust in God was also invoked in the cases of women who might abort because of economic concerns. In references to these cases, many women directly quoted a verse from the Quran: “And do not kill your children for fear of poverty. We provide for them and for you. Indeed, their killing is ever a great sin”. As one woman said, “This is related to abortion for me”. Another woman echoed a phrase that was repeated often, “Economically she might be constrained [...] I think this is still wrong. Everyone who is born, his sustenance comes with him”. Therefore, many of those interviewed called upon women who would consider an abortion to trust in God’s ability to provide for them and for their children.

Lastly, the theme of trust in God came up in reference to a pregnancy as a gift from God and abortion as an act of rejecting that blessing. One woman pondered, “Psychologically for me [abortion] would be hard, I’ll feel I killed a soul without justification. I’ve been given a blessing as a mother, God gave me a trust and I would be treating it wrong”. Many women made reference to women who were infertile in justifying this point. For example, one woman exclaimed, “What about all the people who are begging for a baby and trying hard for it? People are rejecting the blessing in front of them”. Another woman said, “It is haram to abort, a lot of people want to get pregnant and can’t”. Thus, abortion is also characterized as a rejection of God’s blessing not bestowed on everyone.

Overall, the role of God and religion was present in nearly all interviews. Whether a woman was more conservative on abortion or liberal, her reasons generally came back to her reflection on God's role.
Cultural norms in Palestinian society

The second most dominant theme emphasized in interviews was the importance of culture and community norms in regulating perspectives on and access to elective abortion. Indeed, abortion was not just framed as a personal decision, but rather as one that involved the individual’s community. Cultural norms were brought up repeatedly in reference to justifying or judging a woman’s choice to abort.

Taboo and judgment

Many women spoke of the cultural taboos around elective abortion. One woman explained, “This is something we only debate in private with our friends. This is something we’ve talked about and my friends disagree sometimes but we can’t have this debate in public. Our community is conservative, especially with this topic, and on top of that there’s the religious perspective that says this is haram”. Another woman affirmed, “These issues aren’t public. Either it’s not public or [abortion is] actually much more rare than other countries […] it is kept closed and hushed”. Reference to elective abortion as secretive and taboo in Palestinian society was pervasive and had a significant impact on how abortion was perceived.

Abortion was often discussed as something incongruent with Palestinian ideologies. One woman stated, “Abortion is rare here in Palestine, because a lot of us like to have a lot of kids so most people don’t like to abort”. Indeed, reproduction was seen as especially important in the context of occupation. As one woman explained, “To have a baby here is a form of resistance and annoyance to our occupier. […] I don’t support a woman who jumps and jumps to abort the baby. Why should the Palestinian woman not have children? She should have! In order to challenge the occupier”. Another woman, explaining why it is difficult for a Palestinian woman to access an abortion, said, “[Access is] difficult—our community rejects it. Our community loves kids and they look at women who don’t want kids as selfish. Especially because this is an Islamic community.” Thus, women who chose to abort were sometimes viewed as an anomaly in Palestinian society. When asked about the reasons a Palestinian woman might have to abort, one woman responded, “This is what causes all cases of abortion: a psychological problem. That’s what I think, all of it is a psychological issue. She thinks ‘people hate me’ or ‘my husband hates me’. I don’t think it’s normal, it’s a psychological problem”. Another woman responded,
“Maybe she has no compassion or tenderness”, while another woman answered simply, “Ignorance, a lack of understanding or lack of education”. In this way, some women felt that the decision to abort reflected badly on a woman’s nature, education, or upbringing.

The role of culture was pervasive throughout the interviews and was often referenced when women were against abortion for reasons they felt were not culturally acceptable. As one woman said, “These cases are common and well-known now. Some people say ‘because my husband isn’t good with me’. Or ‘I can’t spend on my kid’. I’m not convinced. Why get married if you can’t spend on your son or you don’t want to put together a family? Just stay by yourself and spend on yourself”. Many women did not understand how a healthy married woman could have a justifiable reason to abort, emphasizing that the purpose of marriage was to have children. As one woman put it simply, “If you don’t want babies, don’t get married”. Another woman said, “If it’s for any reason, like she doesn’t want to destroy her body or breastfeed, like reasons that are stupid or meaningless, then it’s haram. Unless for good reasons”. Another woman echoed, “If there is a medical disorder of the mom so that it’s necessary that she aborts, not a problem. But not if one is just taking the easy road”. Very often, health problems of the mother or fetus were culturally considered more substantial reasons (although not always) for an abortion, while abortions for economic or quality of life reasons were considered less valid.

Community response to abortion and judgment
The dominant role of culture was further highlighted in the way that the women described how the community would respond to an abortion. One woman summarized, “In the community, there would be a scandal”. Another woman, who believed she had caused her own miscarriage by jumping and exercising heavily at home, lamented, “If you tell them you aborted, look at the way they’ll look at you. At the very least, they’ll think you killed your son. Our community…70% of our population is crazy and backwards. They won’t understand what happened in your home, but they’ll judge you for what you did. Even your husband will do the same thing and not understand and make you out to be crazy or ignorant”. One woman who had had an illegal abortion 12 years prior said, “Until now, people say I am a killer of a soul”. Fear of the community’s response was often cited as a reason a Palestinian woman who had an abortion would keep it a secret. One woman recounted, “My sister’s sister in law […] was having a baby
with Down’s syndrome. She didn’t talk about [her abortion] after even though it was for Down’s syndrome. The community would talk about her so she said that it died in her belly”. Another woman recounted the story of her neighbor who had had an abortion, “My neighbor didn’t speak in public about what she did, she was afraid of what people would say. But she killed a soul. Every time I see her I tell her she’ll be held accountable”. While some women felt that the community’s response to one’s abortion was limited to gossip, judgment, or shunning, others felt that a woman could be vulnerable to more dangerous consequences. Discussing the possible responses to an abortion, one woman said, “The community could kill her or harm her. They could deprive her of anything else—of going out, or they force her to go to someone she doesn’t want as a husband, who doesn’t love her or whom she doesn’t love or someone old or someone who doesn’t treat her well”.

_Husband and family_

The role of a woman’s husband and family was also identified as an important factor in a woman’s decision to abort. All interviewed women unanimously confirmed that they would need their husband’s permission to abort according to the policies of Palestinian hospitals. As one woman said, “For us here, no wives do things without their husbands’ permission”. When asked what might deter a woman from getting an abortion, one of the answers given was very often related to the refusal of her family, her husband, or his family. One woman, who had strongly considered having an abortion because she was married at seventeen and her husband was unemployed, recounted her husband’s response at the time:

“I couldn’t think of actually doing it [getting an abortion] because he said no. He’s the dad and I can’t hide it from him. He put pressure on me not to think of it, he said not to dream of it. What made the problem worse was that he wouldn’t let me go to the doctor because he was afraid of the abortion—I didn’t go to the doctor until I had the baby. I was insistent on the abortion, so he was worried that even if he came with me, something could happen if they asked him to step out of the room.”

Thus, husbands were very often cited as impediments to accessing an abortion. As another woman noted, abortions were hard to access, not only because of the legal situation in the OPT, but also because a woman “can’t go to the doctor other than with her husband’s order”. Another woman who had searched for a way to obtain an elective abortion recounted, “They told me in
the ******* Hospital\(^3\) that there’s someone you can pay to abort the baby when I told people that I was pregnant and getting tired. How can I go and pay without my husband— isn’t he the one paying?” Another woman felt that the barriers were deeper than economic: “[Abortion is] hard to find because things don’t get hidden here. If the problem was money, I would’ve found money. But the problem was privacy. Everything here will be known. If I go to a doctor here, they’ll ask my husband or my family, he could ask about my reasons. It could lead to a scandal”.

Women mentioned that having an abortion without the consent of the husband or family came with risks. One woman described a situation in which a woman had an abortion independently: “If her husband didn’t know or didn’t allow it, then he could divorce her if he finds out”. Another woman explained the possible response of a family to an abortion: “They won’t be quiet, the husband could cause problems for her night and day and it could lead to divorce. If the husband doesn’t say anything, her mother-in-law will. If she doesn’t say anything, his siblings will: ‘You killed him! Haram on you’”. One woman described the aftermath of the abortion her brother’s sister had without the knowledge of her husband or family:

*Participant:* “The first week there were looks and stares but after that, no. […] She just went and did whatever was in her head. But after that it was fine.”

*Interviewer:* “Did other people find out outside the family?”

*Participant:* “Yes, her family got so upset, they went crazy, her parents distanced themselves from her. […] It was years until they spoke again.”

Thus, the discovery of an abortion by a woman’s family, husband, or community could have significant consequences for her socially and economically.

*The unmarried woman: premarital sex and rape*

The unique cultural norms of the Palestinian society were highlighted through the discussion of pregnancy that is a result of premarital sex or rape. In Palestinian culture, pregnancy among unmarried women was discussed as taboo and unacceptable. In fact, the colloquial expression used to describe a premarital pregnancy is *haml gheir shar‘i*, literally meaning a *pregnancy against the sharia*. One woman described the gravity of a premarital pregnancy: “The community doesn’t accept the [sexual] relations that are against the sharia or having a baby in

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\(^3\) Name of hospital removed for privacy and ethical reasons. This made reference to a private Palestinian hospital.
that setting. The Arab community is against this. If she were to have this baby, it would be an anomaly and a stain on her and him and her parents and the community, and to the baby himself, without an identity”. This attitude on premarital sex was pervasive throughout the interviews. When women were asked whether it would be justified for a woman to have an abortion in the case of a premarital pregnancy, 18 (30%) said yes, 17 (28%) said no, and 25 (42%) said that the justification would be provisional either on the gestational age of the pregnancy or on whether the woman got married. Despite the divergence in final answers, almost all women operated under the assumption that the woman’s initial act was religiously and culturally unacceptable. Many women who felt it was not justified followed the reasoning of: “Because what she did wasn’t justified in the first place. […] This is a religious thing. She did something wrong so she should bear the responsibility. It’s better that she gets punished in life rather than in the hereafter. I believe there are things we choose and some things God chooses. If I choose to make this error, then I need to bear the responsibility”.

While the theme of the negative judgment of women was prevalent throughout the interviews, sympathy for women was also equally as prevalent and was especially highlighted in the discussions of premarital pregnancy and rape. Women often expressed concern for both the pregnant mother and the fetus in justifying an abortion in these cases: “Yes, because everyone will talk about her and her life will be difficult. She won’t be able to raise [her child] on her own. She’ll be put in a scandal. And what about the baby? The baby needs to be raised in someone’s name: whose ID will he have? What about when he goes to the hospital, whose name will he be under? And school—whose name will he be under?” The concern over the problematic status of an illegitimate child in Palestinian society was often the primary reason for women justifying an abortion in the case of premarital pregnancy and rape. For another woman, abortion under these circumstances was provisionally justified depending on the surrounding society: “I’m half-half. It depends on the community she lives in. In our community, they are afraid of a baby who is the product of something haram so his parents wont acknowledge. In this community, [abortion is] justified [in this case]. But in another community, like the West where it’s more acceptable, then it’s not justified. To me, I think it’s haram. From the beginning she shouldn’t have done that”. Other women felt abortion was justified if the pregnant woman remained unmarried: “I don’t know if it’s right but she should abort if he won’t marry her. If he will, then she should keep it.
Her family and people and neighbors will all make it difficult for her if she stays single and keeps it”. Another woman echoed, “He would be *ibn haram* (‘a son of sin’). […] The guy should marry her, then she doesn’t have to abort. If he doesn’t marry her, she should abort. Who’s going to raise him, who will teach him, provide for him, for his health, his food, his drink? Her family might kill her. This counts as a danger to her life”. Another woman explained, “If the father doesn’t acknowledge the pregnancy, I say as a community and culture and traditions, she’ll be forced to abort. Her family could kill or harm her so it’s a pity for her. The baby will suffer in life if the father does not acknowledge him”. Thus, most women felt that if the woman were to remain unmarried and pregnant, it would not only be justifiable, but necessary, for her to abort given the danger she and the child could face from her family or community in the future.

Abortion in the case of rape was often discussed in a similar way to premarital sex. Many women felt that abortion was justified out of sympathy for the pregnant woman and her unborn child. More women felt abortion was justified unequivocally in the case of rape (33/60) than in the case of premarital sex (18/60). Most often the reasoning was, “Of course it’s justified, it’s not her fault. It has really bad consequences. This is different from an unmarried pregnancy. What’s her fault or the baby’s?” Whereas a pregnancy in the context of premarital sex was often seen as the result of a “mistake” for which the woman should bear responsibility, more sympathy was expressed in the case of rape, given the woman’s innocence. Nevertheless, many women described the end result of both cases as very similar, especially in the eyes of the community: “The same result will happen, she got pregnant in a way that is against the sharia but just a different method”. One woman felt that a woman should definitely abort in the case of rape “because she’ll suffer. The people, they don’t like this. Here, they don’t like this. She’ll have a scandal. Here, they won’t say she was raped. People just talk and talk and […] they say she went out with him etc, so [abortion is] justified”. Many women made the same arguments in favor of aborting in both the cases of rape and premarital sex if they remained unmarried: “May God protect us. If he did it against her will…If they knew who he is, he should marry her. If they don’t know him, then she can abort. Yes she should abort. Then they’ll slaughter her. But if it’s against her will, and he wont acknowledge then it’s dangerous for her so she should abort”.

Multiple women made reference to this possibility of the pregnant woman marrying her rapist: “There are some cases that get them married after they arrest him and force him to marry her for
the baby’s sake. Then after she delivers, later they’ll divorce. So that in front of people and the community this pregnancy happened in [the context of] marriage. In this case she shouldn’t abort. But if it’s rape and they can’t find who raped her, then abort”. In addition to the justification of abortion often being contingent on whether the woman got married, many women considered the gestational age of the fetus in relation to the timing of ensoulment when formulating their opinions. Thus, both the cases of rape and premarital sex were seen as extreme cases that very often necessitated an abortion for the woman’s own protection from community backlash or a family honor killing and for the protection of her unborn child, who would have a bleak and insecure future if born outside the context of marriage.

*Interplay between religion and culture*

Discussions surrounding abortion in the context of premarital sex and rape highlighted areas of friction between religious views and cultural norms. One woman, sympathetic to abortion in these cases, describes this friction in her response:

“[Abortion is] not justified, or else religion would say you could abort…Look, do you want my opinion or the religious opinion?
[Interviewer: ‘your opinion.’]
My opinion is that this child will have so many problems after living more than otherwise—what will be his name? He won’t go to school, he won’t live a merciful life, he won’t have a father to spend on him, the mom’s parents won’t accept that the baby lives with them, this is if she continues to be alive. Our Arab community…A lot of times what happens, they continue the pregnancy and throw the baby to get rid of him, in the trash or a hospital or at the police station or a mosque. That’s what happens. So in my opinion, she should abort. Because this child will live in an orphanage, he’ll live without a father or mother, he will live blamed and oppressed his whole life. In the community, even if he gets bigger, how will he study in college, how will he get married? But I know it’s haram in religion even if it’s in the case of the unmarried woman, but in my opinion she’s justified. […] I think she should abort.”

In this woman’s view, the cultural exigencies supersede religious ones in these cases because of the gravity of risk to both mother and child. Another woman postulated that given the dangers imposed by society, an unmarried pregnant woman’s abortion might elicit God’s forgiveness:

“[Abortion is] justified, if there’s danger to her life from the community. Even though it angers God, but also it’s her right to defend herself, and hopefully God will forgive her”.

35
In contrast, some women felt that abortion was unjustifiable despite cultural factors because of the preeminence of religion. Discussing the case of rape, one woman explained:

“It’s still not the kid’s fault but from the perspective of the community and the people’s gossip and people may not believe. And in the case of an unmarried girl, the culture is more important. Now, what is culturally inappropriate or shameful (‘eib’) has become more important than haram. They don’t see anymore that the Lord of the Worlds will see you. They talk about tradition and culture and consider it more important than halal and haram.”

Many viewpoints in these complex cases seemed to pit the religious viewpoint against the cultural one: “No, because it’s a soul in the end. If you ask the community, they’ll say it’s justified because of the traditions and culture. But I say no, you should handle the responsibility”. In contrast, one woman expressed that perhaps the religious perspective is not so at odds with cultural considerations: “People will make mistakes, and people ask for forgiveness, but God is forgiving and is merciful, people do not have mercy and don’t forgive, these people shouldn’t take the place of God”.

On the other hand, outside of the discussion of these two cases, there was more harmony between religion and Palestinian culture with regards to abortion. When asked what factors influence their opinions on abortion, one woman responded, “First, religion. Everything is written by God in the Quran. He created us. Our community is walking in the same way religion walks. I’m Muslim in a Muslim community. Second is culture, which runs in the same way as religion. Our community, our traditions come from religion”. Another woman answered similarly:

“Our religion is an Islamic religion and this [abortion] is something we’re not used to. We are in a Muslim community not in the West, we don’t just do what we want. We accept and trust in fate and what is written for us. God gave us something to take care of. We don’t want abortion to become normal, we don’t want any woman to be able to have an abortion for a reason that doesn’t harm her. If it’s something that concerns her, but if not… This is what I don’t want to happen, because our community here won’t go with this. The girls and young women of today, one girl aborts and then ‘I did like her’…because what happens is that abortion becomes something normal. This is all from a lack of religion and Islam.”
Both these women exhibit a proud defense of their culture and their religion, which they see as harmoniously influencing each other. While women interviewed often considered an elective abortion to be at odds with their religion, culture, and way of life, many of these women felt that there were many exceptions that could justify an abortion.

**Women’s rights**

During the interviews, all women were asked whether the concept of women’s rights affected their views on abortion. Many women expressed confusion at the question: “No, women’s rights, what does it have to do with abortion?” Another woman answered, “I don’t know how to answer this. I think it has no relation. Women were created to reproduce”. Another woman was clear in her dismissal of the relationship between women’s rights and abortion: “There are no women’s rights in abortion. Theirs is no freedom to kill a soul. Unless it’s for you to live. God did not say to kill yourself for the fetus”. Another woman expressed her view on women’s rights in relation to her culture and religion:

“No. Islam gives us enough of our rights. I was raised in an environment that gives us our rights. [...] Women’s rights doesn’t go with our religion. If it’s everything is equal between men and women, it won’t work for us, or if we have to work like a man like construction, etc… that’s not going to work. And if women’s rights is freedom to abort then doesn’t work with us. Humans rights was from the French revolution, and they were against religion and the church. And human rights came from these people who hate religion. And so they won’t be able to spread their ideas among all people. I don’t think of it at all.”

[Interviewer: So you think of women’s rights as a Western concept…]

“Yes, it comes from the UN, which is all a mix of countries that have oppressed us. Now there are revolutions in America about the racism and Ferguson⁴, and it doesn’t have justifications and it’s all empty and for nothing even though they talk so much about it.”

[Interviewer: So if I ask about women’s rights in Islam, does that work?]

“Everyone has their rights and responsibilities. Women and men have their responsibilities and rights. I’m not super in religion. I believe in the Islamic community that is based on family, until the two are understanding of each other.”

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⁴ Reference to the Ferguson unrest, which involved protests and riots that began the day after the fatal shooting of Michael Brown by police officer Darren Wilson on August 9, 2014 in Ferguson, Missouri. This sparked vigorous debate in the US about the relationship between law enforcement officers and African Americans and the militarization of the police.
Other women subscribed to a version of women’s rights they felt was compatible with their religion. One woman said:

“I am the person who is most with the rights of the woman, but as long as it doesn’t go against the rights of Islam. If it just means we walk ‘free’ and commit adultery and take off our clothes etc… then no. This is not what I mean. Our religion gives us a lot of rights and protects women so much, we shouldn’t do wrong things to please women’s rights and go against our religion. We should do the things that are present in our religion for women’s rights.”

Another woman shared:

“No, the way I view my place in society, in my family, in my community, is more about religion than women’s rights. I feel contentment and comfort in my religion. I feel the most complete contentment in my family, in my place, in my religion so I don’t feel I need to demand rights. My religion gave me my rights and more. My husband knows my rights as a woman in Islam. But if I take the decision [to abort], it is my right to decide because it affects my life. So maybe yes, it [women’s rights] does affect my thinking.”

Another woman similarly felt that a particular understanding of women’s rights might affect her views on abortion:

“No, it [women’s rights] has no relation [to abortion]. It’s a personal decision, she has the freedom of personality. Abortion is an individual right. So you abort for yourself, it’s for the individual themselves to decide. No one can tell you to abort or not to abort.”

[Interviewer: I mean, this is what many people feel the opinion of women’s rights is, that the woman is the one who must decide.]

“Yes, she should decide. No one can tell her to keep it or not, it’s an individual right.”

[Interviewer: So for you, you’re saying that it does have a relation to women’s rights?]

“Yes, yes it does have a relation to women’s rights, because it’s her decision to do what she wants in abortion, no one else should interfere.”

Other women more clearly felt that women’s rights was intimately related to abortion, upon being first asked their opinion. One woman maintained:

“Yes because she has freedom. It’s true, the community and religion are responsible but also you are free. True, the community will talk about you, but will they take care of you? It’s up to you in the end. People visit you, but it’s your decision in the end. You’re responsible for yourself. They put pressure on you because you don’t have an
opinion, but a woman should have the strength of personality and she should think and you’ve studied and you should decide more than your mom or your sister. You’re responsible to take care of yourself. Will people help you? Everyone helps themselves.”

Another woman, who believed she had self-aborted a baby by running and jumping at home, said:

“Women’s rights, yes, is what allowed me to do what I did. I was living to get pregnant and get babies and those are the things men are concerned with. I’m not just an animal to sit at home and deliver babies. I have other rights. I’m giving you your right [said as if to her husband] and I have my own. I felt deprived in certain rights as a wife. Don’t only care about me when I’m pregnant. Care about me always.”

Thus, the concept of women’s rights was discussed in many different ways by women interviewed, with some feeling it was intimately related to abortion and others maintaining that the two were unrelated.
Medical and Legal Access

Another salient theme that arose throughout the interviews was how the unique legal and medical situation of the occupied Palestinian territories (OPT) impacted access to abortion services. Access to elective abortion was generally identified to be difficult and complex due to laws, hospital policies, and the fragmented nature of the OPT and its healthcare system.

Difficult access

During the interviews, most women identified that access to abortion services was difficult for the Palestinian woman. Difficulty in access was often contingent on the reason a woman was seeking an abortion. When asked whether abortion was easy to access and whether it was legal, one woman explained, “I know that no doctor will allow me to abort without a reason—it’s not easily found here with us, unless it’s in a private way or through someone important you know. But still it’s not common. […] Everything is in secret. If it’s a medical issue for the woman, then it’s fine. But not for other reasons”. One of the physicians interviewed who worked at Al-Makassed Hospital confirmed this: “We’ve had a lot of cases who come [to Al-Makassed to abort] for nonmedical reasons and unwanted pregnancies, or unplanned. And we tell them we don’t do them and refer them somewhere else. [Interviewer: do you tell them where they can go?] No no, we just tell them to go elsewhere”. Most women agreed that in Palestinian hospitals, particularly governmental ones in the OPT, abortions were only done when the mother’s life was in danger or less commonly, if the fetus had severe anomalies. Even in these circumstances, additional barriers could arise: “Even if one doctor decides that she should abort, she has to consult a committee of doctors and a letter from the religious court”.

Hospital policies often intersected with Palestinian law. As one lawyer from Gaza explained in an interview, “Abortion is illegal in all cases, even in extramarital pregnancy. It is only allowed for health reasons for the mother or for fetal anomalies. The law doesn’t allow for anything else, even for unmarried women or rape. They don’t do it”. Other women emphasized the complexity of law while under occupation. As one woman exclaimed, “There is no nation. There is no law. Who is going to judge or punish? They won’t get involved unless there’s a problem like rape. If we had a nation and a government, then maybe there would be a law”. Another woman also
living in the West Bank said, “There is no legal punishment. There is no law in the country. But they’ll punish the hospital or the doctor”. In general, women emphasized that if a women got an abortion in the West Bank or Gaza, she would not be legally reprimanded but rather that the legal consequences would fall on the physician or hospital that provided the abortion. Thus, laws that regulate physician practice and hospital policies serve as a significant barrier to abortion access among Palestinian women.

Differential access depending on location

Given the fragmented nature of the OPT, laws and access to abortion differed depending on whether women lived in Jerusalem, the West Bank, or Gaza. One woman living in Jerusalem explained the complexity of the situation:

“We consider ourselves an occupied country. Israeli law is stronger than Palestinian law in Jerusalem. The West Bank has different laws. Israel is of course concerned with women’s rights more. They don’t have a religious view on it anyway. If anything, they let her abort more. So in the environment that I live in, I don’t let Israeli law decide my rights or that I have to abort. This is my decision and my husband and my home and family’s. I run by Palestinian laws. Israeli law definitely allows abortion more. But Palestinian law does not and that is what I follow.”

Thus, a Palestinian woman could theoretically access an abortion in Jerusalem by Israeli law, but by the policies of Palestinian hospitals, would not be able to get one for nonmedical reasons. When asked how a Palestinian woman might access an abortion if refused at a Palestinian hospital, many women answered that they could obtain one at an Israeli hospital, to which only Palestinian women living in Jerusalem or who have permits to enter Jerusalem from the West Bank have access. As one woman interviewed said,

“In Jerusalem, people have access to Israeli hospitals, even for an undesired pregnancy. […] They don’t have limits to 120 days like we do. Anytime she wants a termination, inshallah (‘God willing’) even the day before she’s due, they’ll do it for her. ***** and other hospitals are private anyway and they have a committee but it’s easy for a lot of things: unwanted pregnancies, illegal pregnancies, rape. They’ll do it for anyone. So anyone who intends to get an abortion and can’t get one here [at Al-Makassed] can go to them.”

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5 The name of this hospital has been removed due to ethical concerns, but it is a large Israeli hospital that was frequently referenced in the interviews as a place where Palestinian women could readily get an abortion.
One woman said, “My sister’s sister in law was pregnant with a baby with Down’s syndrome and she came here [to Al-Makassed Hospital] and they wouldn’t abort so she went to ***** and got an abortion”.

Given the state of occupation and the distrust of Israelis in general, many women expressed doubt about the intentions of the Israeli physicians who performed abortions for Palestinian women. As one woman pondered, “Maybe Israeli hospitals will do it to stop Palestinian women from procreating”. Another woman reiterated, “I don’t believe in Israeli medicine, they’ll just tell Palestinians that they have fetal anomalies so that they abort”. Stories like this were mentioned by participants: “I knew someone, whom they told at the Israeli hospital to abort for Down’s syndrome. She didn’t allow it and he came normal. Maybe this is racism, they want to get rid of us”. Although this sentiment was relatively common, a few women disagreed:

“The goal of medicine in Israel, eh yes, they are enemies, but in a medical sense, they’re like Arabs exactly. I’ve never seen harm on the part of Israeli medicine. I think it’s excellent. Arab medicine is also good. I don’t think Israelis harm us medically, or people say they tell a Palestinian woman to abort in order to take advantage. This has not happened. I haven’t heard it. I’ve seen a lot in this life and this community, I’ve never heard an Israeli doctor tell a Palestinian woman to abort in order to get revenge, I’ve never heard, this has not happened at all. Quite the opposite, if you ask an Arab woman here with a Jerusalem ID, they prefer Israeli hospitals like *****, because insurance covers us in Israeli hospitals. […] From what I’ve seen the Israeli hospitals are very good.”

Whether or not women agreed with the practice of seeking care at Israeli hospitals, most agreed that they provide a readily available option for abortion, especially for Palestinian women with a Jerusalem ID who are often covered by Israeli insurance. Otherwise, as one woman explained, “It’s expensive for her to come to do it [an abortion] at an Israeli hospital. But they won’t do it for her at a Palestinian hospital in Jerusalem. For Israelis, they’ll do it for them for free because they have insurance. But Palestinian women often don’t”.

Provided that they can afford it and provided they can reach hospitals in Jerusalem, abortion was thought to be more accessible to Palestinian women in Jerusalem than anywhere else in the occupied Palestinian territories. When asked about the accessibility to abortion services, one woman responded, “Access is easier here in Jerusalem and the laws in Jerusalem are light
because anyone has the right no matter what. Even without a religious indication”. Another woman responded, “It’s easy if she has an Israeli ID because she can just go to an Israeli hospital. I don’t know what they do in the West Bank”.

Aside from Israeli hospitals, which are only accessible to those with access to Jerusalem, women said that private physicians or clinics could provide abortions illegally in Jerusalem and the West Bank. One staff member at a Palestinian hospital said, “We know there are doctors who do it in their private clinics, even if they work [in the hospital]. I work in the hospital so maybe that’s why I know but there are many who don’t know I suspect. The clinics are not publicized for their abortions”. One woman describes the abortion she had through a private doctor:

“They told me about a doctor who does it special but he made me pay him a lot. A Palestinian doctor here in Jerusalem, friends told me about him—at first he tells you no, then when he sees you need it, he does it and he had aborted for them so he agrees to abort and told me it’s my responsibility. It was at a private clinic. He told me the shot kills the baby and then he will give me pills for everything to come down. I didn’t go to a hospital after, I stayed at home.”

Many women said abortion could be obtained in secret through private physicians in Jerusalem and the West Bank, though this would cost a significant amount of money. As one woman said, “A private place, ***** [a Palestinian hospital in a Jerusalem suburb], can abort for any reason with money compensation, 3500 shekels. The doctor doesn’t care if the baby is small or big”. A few women made reference to women they knew who had aborted through a private physician. Most often, these physicians willing to perform illegal abortions were discovered through word of mouth.

Though less frequently mentioned, women talked about using pills to abort and there were conflicting responses on whether or not this required a prescription. One woman explained, “Others take Cytotec and take from the pharmacy and do the abortion at home and she comes to the hospital bleeding. So to save her life they do an E&C (evacuation and curettage). It requires a prescription and they get a prescription with money from the doctor”. This option again makes reference to a private physician. On the other hand, another woman said, “She can go to pharmacy and get advice on pills and they can give her pills. [Interviewer: She can do this without a doctor?] Yes. [Interviewer: Cytotec?] Yes. [Interviewer: Is this illegal?] No, it’s
normal, legal”. In this way, if a woman decided to abort early in her pregnancy and knew of a pharmacy where Cytotec was available, she might be able to abort without a physician’s direction.

While residents of Jerusalem have access to Israeli hospitals and residents of Jerusalem and the West Bank have access to private physicians if they can find and afford them, women interviewed felt that there is virtually no access to abortion services in Gaza. As one woman from Gaza said, “No, it is not allowed in any case in Gaza. For any reason. The doctors don’t allow it in any case. [Interviewer: Even for medical reasons or fetal anomalies?] Yes, even so”. When asked about access to an abortion in Gaza, one woman responded, “It is pretty much impossible in Gaza. […] In Gaza, there are no private clinics and they can’t leave”. When asked why there were no private clinics in Gaza, another woman responded, “Doctors in Gaza refuse to completely, based on what I know and my relation with the community, it’s a small area and everyone knows everyone”.

Thus, the level of access to abortion in the OPT was dependent on a woman’s location, ID status, and ability to pay. Women in Jerusalem were thought to have the most access to abortions due to the availability of both Israeli hospitals and private clinics and women in Gaza were thought to have the least due to the absence of private clinics and the general restrictions on leaving Gaza to access an illegal abortion elsewhere.

Danger to women from lack of access
Many women told stories of themselves or friends trying to self-abort on their own at home, with some believing that they had successfully caused their own abortion. One woman said, “I know some who aborted at home: jumped, carried heavy things, or let her kids jump on her. And then she aborted and went to the hospital for cleaning”. One woman tells of her own attempt:

“Every day for 4 months of my pregnancy I would jump for about half an hour. It would hurt. On the stairs, off my bed to the floor back to the bed. I wasn’t merciful to myself at all. It would hurt. I lost hope that it would abort, but then at 4 months it aborted at home. I got blood coming down. And at that point, I was sad. As if I hadn’t tried for this. So then I came here to the hospital so they put a pill for pain and they did a cleaning.”
Without readily available access to abortion services, women felt the only other option was to take action on their own. Women acknowledged that even abortions done in a private clinic, through midwives, or at home could be dangerous for pregnant women. As one woman said, “She might die if abortion is not done in a legal way”. Another woman expanded: “Abortion can be dangerous to the mom’s health. If she has an abortion in a place that’s not reliable or safe, she could have negative effects later, she could even die after abortion. Because it’s not acknowledged in our Arab countries, I don’t know about the Western world, if it’s allowed or not”. Given the lack of public acknowledgment of these abortions, some women noted that abortions obtained in secret or illegally could pose a risk to the health and lives of women who sought them.
DISCUSSION

Summary of Results
This study was designed to explore the views and experiences of Palestinian women living in the occupied Palestinian territories (OPT) on elective abortion. The main themes arising from the interviews were the centrality of religion in affecting women’s views on abortion, the importance of culture and community norms in regulating perspectives on and access to elective abortion, and the effect of the unique medico-legal situation of the OPT on access to abortion. Many women expressed opposition to abortion on religious and cultural grounds with most excepting to save a woman’s life. Participants diverged most widely in their views on abortion in the cases of fetal anomalies, rape, and premarital pregnancy, with a significant proportion of women interviewed feeling it was justified or at least provisionally justified in these cases, largely due to cultural stressors. In discussing their religious views, it was common for women to appeal to higher religious authorities who had differing views on if and when abortion was justified. Women stressed the importance of ensoulment of the fetus, trust in God, and the haram, or forbidden, nature of abortion.

The conservative views of Palestinian society were cited as a major barrier to a woman accessing an abortion and as posing a significant risk to her if discovered. While religious and cultural values were often felt to be in harmony, they came in conflict in the cases of pregnant unmarried women, cases in which many felt that cultural considerations superseded religious ones and necessitated an abortion. Many expressed strong judgment of women who chose to have an abortion, while at other times, they also expressed deep sympathy for the vulnerable situations that might lead women to seek an abortion. Both Palestinian laws and hospital policies prevented physicians from providing elective abortions for nonmedical reasons. Thus, Palestinian women who sought an abortion were forced to either obtain one at an Israeli hospital if they had access to Jerusalem or illegally through a private Palestinian physician provided they could afford it. Participants regularly discussed the social and physical dangers that could come to women either from not being able to obtain an abortion in certain cases or if their abortion was discovered.
Religion and Abortion
The religious views of the women interviewed, whether Muslim or Christian, were interwoven into almost every aspect of the discussion on elective abortion. A substantial amount of research has been devoted to examining the relationship between religious beliefs and abortion attitudes. Indeed, studies indicate that religion is one of the most powerful predictors of abortion attitudes and that abortion attitudes, in turn, shape abortion restrictions and access.(33)(34)(35). Understanding the role of religion in influencing abortion debates and laws is thus vital to addressing the reproductive and health needs of women, especially in countries like the OPT in which religion plays such a dominant role. While many researchers in the Western context have focused on Christian and secular bioethical positions on abortion, Islamic positions are comparatively less well understood.(32). Thus, an overview of Islamic positions on abortion, many of which were referenced by the women interviewed, bears summarizing here\(^6\).

**Overview of Islamic positions on abortion**
Neither of the primary sources of Islam, the Quran\(^7\) nor the Sunnah\(^8\), addresses abortion directly(6). These sources have focused on condemning the practice of female infanticide and the killing of unwanted children due to economic hardship. As one verse in the Quran reads: “And do not kill your children for fear of poverty. We provide for them and for you. Indeed, their killing is ever a great sin”\(^9\). Verses like these have generally been understood to refer to killing of live offspring, not abortion of fetuses(36), although some scholars have extended the same principles to cases of abortion. In the Sunnah, abortion is also not directly mentioned. There is reference, however, to the fetus having some legal protections but not having the status of a ‘full-fledged human being’(36). Both the Quran and Sunnah include detailed descriptions of fetal development being divided into several stages(37).

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\(^6\) I choose to focus on Islam rather than Christianity in this work for 3 reasons: First, the vast majority of Palestinians living in the OPT and interviewed for this study are Muslim. Second, it is largely Islamic principles that have a greater effect on law and policymaking in the MENA region. Third, the Christian perspective on abortion has been much more thoroughly researched than the Muslim one in other contexts.

\(^7\) The primary religious text of Islam believed to be the word of God.

\(^8\) The sayings and traditions of the Prophet Muhammad comprising the second primary source of Islam.

\(^9\) The Quran, Chapter 17, Verse 31.
Since the Quran and Sunnah do not specifically address abortion, other sources and groups inform the policies and religious practice of Muslim-majority countries, such as fatwas by religious scholars, perspectives of Islamic bioethical or feminist groups, and comments by transnational organizations(6,38). There is no formal hierarchy or established unified voice that speaks for Islam. Rather, Muslims depend on a diverse set of learned scholars and schools of thought that may issue different opinions on the same issue(7). Accordingly, Islamic scholars have had a wide range of views on elective abortion. The sanctity of life and the welfare of the mother are both considered important(37), but Islamic jurists differ on when inviolability begins during gestation(7). Some traditional scholars have argued that abortion is permitted only when the life of the mother is in danger(37), while others consider abortion justifiable in cases of rape, severe fetal anomalies, or unwanted pregnancies, especially when the family situation or social context could harm the mother or child’s well-being and fulfillment(7). After a certain period of time, a fetus is considered to have a soul; abortions after this date tend to be discouraged except for compelling reasons. The Sunnah of the Prophet and Quranic verses that detail the stages of fetal development have been used by scholars to argue for different timings of “ensoulment”: at conception, 40 days post-conception (~8 weeks gestation), or most commonly, at 120 days post-conception (~19 weeks of gestation).

The following discussion on the ways in which the Palestinian women interviewed for this study viewed abortion in religion is divided into four sections:

1. Abortion as haram or religiously forbidden
2. The question of fetal personhood and ensoulment
3. God, destiny, punishment, and mercy
4. The role of religious authorities

Is abortion haram?

Despite the great variation in Islamic views, the first word many women initially used to summarize their views on elective abortion was haram, or religiously forbidden. There has been some lexicographical research on the word haram as a religiously and culturally important concept. Al Jallad has argued that the social and cultural role of Arab women can be studied via language, with one notable example being the word haram, which can be translated to “taboo,
inviolate, sacred, holy, ill-gotten, sin, wrongdoing, offense”(39). Most commonly, it refers to any forbidden pattern of behavior, speech, dress, conduct, and manner under Islamic law (sharia). Thus, when interviewed women referred to the son of an unmarried woman, they used the term *ibn haram*, which can mean “the son of sin, bastard, or indecent man”(39). The concept of haram as something that violates the sharia was also the primary one used to refer to a pregnancy conceived from intercourse perceived as illicit, such as premarital sex or rape: *haml gheir shar‘i*, or literally “a pregnancy against the sharia”. Thus, this religiously charged concept was used throughout the interviews to condemn these acts and convey their impermissibility and forbidden nature. Of note, the two Christian participants used the terminology of haram in the same ways as Muslim participants. Similarly, in a study examining safe and unsafe abortions in Hebron in the West Bank, 93% of women agreed that abortion is prohibited religiously except in cases of threat to the mother’s life and abortion was considered taboo both normatively and religiously, even amongst health professionals(26). The inclusion of abortion on the list of the unequivocally haram is curious given the great variability in Islamic interpretations on abortion. Although women initially categorized abortion in this way, they made many exceptions in considering the different cases presented to them. Some women seemed to be unaware that these exceptions have traditionally been supported by religious scholars, while others made direct reference to these scholars. The assumption by many of the women interviewed as well as of most Islamic scholars is that abortion is unfavorable *except* at certain acceptable times and for substantial reasons(6). There is extensive debate, however, on what comprises a ‘valid’ reason.

The word haram is used in contrast to what is deemed *halal*, or religiously permissible. There was repeated reference in the interviews to what was seen as the *halal* alternative to abortion: contraception. In hearing about different cases that might lead a woman to abort, many women encouraged instead the proper use of contraception, which they often referred to in Arabic as *tanzeem*, literally “organizing”. Indeed, various forms of contraception are widely used and accepted among Muslims and Islamic scholars worldwide(7), of which the women interviewed seemed very conscious. In the way they made reference to contraception, many also implied that they saw the need for an abortion as a failure of family planning awareness and education.
The question of fetal personhood and ensoulment

The initial resistance of many of the interviewed women to abortion was often based on religious injunctions against ‘killing a soul’. These prevalent statements condemning abortion indicate the assumption of fetal personhood. One woman interviewed made direct reference to the Quranic verse mentioned earlier condemning the killing of one’s children due to economic hardship, maintaining that she felt this verse is related to abortion. This viewpoint equates a fetus directly with a human life and assumes fetal personhood. This line of reasoning also explains why the vast majority of women interviewed (90%) did not consider economic hardship or unpreparedness a valid reason to abort. Multiple women used the same phrase to encourage continuing a pregnancy despite economic hardship: “Everyone who is born, his sustenance comes with him”. This exact phrase was also used by women surveyed in the 2007 study by the PFPPA on family planning and abortion in West Bank refugee camps, indicating that this is a widespread religious and cultural belief(29). In that study, 57% of 333 women opposed abortion on the basis of limited income. In fact, this general resistance to aborting for economic hardship is reflected in the opinions of many religious scholars and organizations. Although the Quranic verse is generally understood as referring to live children, not fetuses, many scholars have nevertheless been reluctant to allow abortion for socioeconomic concerns for fear of violating the principle in this verse(38).

The centrality of the question of fetal personhood is important in the Islamic discourse on abortion. It is generally accepted that at least fetal rights in Islam start from the moment of conception(40). Although many women made reference to a fetus as a “soul” or a “human being”, women differed greatly on the timing at which they thought a fetus was thought to acquire a soul or personhood, a process known as “ensoulment”. The idea of ensoulment at 120 days can be traced back to a saying attributed to the prophet Muhammad, in which he reportedly said: “Each of you is gathered in his mother’s womb for forty days; then [he is] a clot of blood for the same period; then he is a clump of flesh for the same period ...Then the spirit is breathed into it...” This concept is not unique to Islam and can be found in Judaism and Christianity(40). Most Islamic scholars of the Sunni schools of thought have agreed on 120 days of gestation as the period of ensoulment(40). Because of these detailed descriptions in the Quran and Sunnah of the stages of fetal development, most scholars believe that the human embryo has sanctity that
The concept of ensoulment thus provides a window in which abortion may be allowed if necessary. When asked directly, 39/60 (65%) women felt that the timing of an abortion in the pregnancy mattered for its justification and acceptability, while 18/60 (30%) felt that it did not and 3/60 (5%) did not answer definitively. Of note, one of the Christian participants did not believe in delayed ensoulment and maintained that the soul is present from conception, while the second Christian participant started by saying that timing did not affect the justification of abortion, but then stated that in severe cases such as rape or premarital pregnancy, it would be better to have an abortion earlier, such as in the first 8 weeks before the fetus is “complete”.

Thus, the majority of women interviewed agreed with a conception of ensoulment that would make more allowances for an abortion earlier in the pregnancy rather than later, whether at a gestational age of 40 days, or two months or 120 days, in accordance with most Islamic scholars and schools of thought. The clinical implications for potentially allowing abortion until 120 days of gestation and, in some cases, even after, are huge for Muslim-majority countries.

However, some of the women interviewed as well as some scholars do not believe in the concept of delayed ensoulment. Most scholars even allow for an abortion after the period of ensoulment in certain cases, such as a threat to the mother’s life or rape(6). These exceptions are made, despite a fetal soul or personhood, on the basis of the concept in the sharia known as darura, meaning necessity. The goals of the sharia are stated to be the protection of religion, life, intellect, lineage, and property; a darura, or dire necessity, that threatens one of these values is seen as enough to overturn normative prohibitions(41). In medical circumstances, these decisions are often left to the physician with knowledge of the sharia to decide(41). Fetal worth can thus be interpreted to be tied to maternal well-being. As one of the interviewed women points out, there is a delicate balance between the fetus’s rights and those of the mother and generally, according to Islamic scholars, the scale tips towards the mother.
In contrast, a study carried out by the PFPPA on safe and unsafe spontaneous and elective abortions in Hebron found that women were much less familiar with the concept of delayed ensoulment in Islam(26). All women, including health care providers interviewed, spoke about the prohibition of abortion in Islam starting from the onset of pregnancy regardless of gestational age or ensoulment. This is in contrast to our study in which most women interviewed did feel that gestational age and ensoulment affected the permissibility of abortion. This difference could be due to study location (Jerusalem versus Hebron) or due to a difference in the way the questions were asked, given that our study involved in-depth one-on-one interviews versus the use of surveys and questionnaires in other studies. The researchers of the Hebron study concluded that their findings indicated:

“a need to re-educate the public and health care providers about accurate understanding of the Islamic law (Shari’a) to rectify the predominance of the current misunderstanding and confusion regarding this very sensitive aspect that generates tremendous unnecessary sense of guilt and sinfulness among women, including those who abort prior to the end of the pre-ensoulment gestational age and fear among care providers who may help them”(26).

God, destiny, punishment, and mercy

The way women viewed God was central to how they discussed abortion. In Islam, God is described with 99 attributes, a few of which were directly referenced in the interviews. For many women, abortion was an intervention that alters the plan of God, who is the Determiner of fate (Al-Muqtadir). Women often resisted abortion in certain cases due a belief in Qada w Qadar, or divine fate and predestination, which many invoked in cases of fetal anomalies or failure of contraception, saying “It is God’s will”. Similar findings were reported in a study of attitudes of Muslim women in Australia on pregnancy, prenatal testing, and abortion, with women appealing to fate in expressing their views against abortion(42). In this way, abortion was seen not only as the killing of a soul, but also as a lack of faith in God’s plan. Interestingly, none of the women interviewed used this argument against contraception, consistent with most contemporary Islamic scholars’ views that contraception is religiously permissible and has precedent in the Sunnah of the prophet(37). In cases of fetal anomalies, many women elevated God’s knowledge over the knowledge of physicians, making reference to God as the All-Knowing, who knows better the true fate of these pregnancies and fetuses.
Abortion in the case of severe fetal anomalies has been widely debated in many Muslim-majority countries due to the high rate of consanguineous marriages in many of these countries(5) and the positive association between consanguinity and congenital defects(43). Fatwas in Saudi Arabia most notably, where rates of consanguineous marriages are high at more than 50% of marriages(44), have permitted abortion before ensoulment at 120 days in cases of severe fetal anomalies if death is expected following delivery or if the fetus has severe incurable disabilities(45). In our study, fetal anomalies were divided into three categories: Down’s syndrome, fetuses with a poor prognosis with death early in life, and fetuses with anomalies incompatible with life with certain death soon after delivery. Forty-four out of 60 (73.3%) women were against abortion for Down’s syndrome, generally because they did not feel that Down’s syndrome was severe enough to warrant abortion. Forty-five and 46 percent of women felt abortion was justified for either a poor prognosis or if the fetus was incompatible with life, respectively, generally arguing that a malformed fetus would be tiresome and difficult for the mother, family, and community.

In addition to trusting God as the Determiner of fate and the All-Knowing, women also spoke of God as either the Punisher (Al-Muntaqim) or the Merciful (Al-Raheem). Punishment was often discussed in terms of consequences for a woman’s fertility or future children. In further discussion of specific cases, it was very common to hear expressions of sympathy for the situations that might lead women to abort; it was in these discussions that God was often invoked as the Merciful and religion as a source of mercy. This view of God allowed some women to justify abortion in almost all cases presented to them. This is similar to findings from studies done in Egypt and Morocco on women’s views on abortion, in which women were found to be more pragmatic and less moralistic than current leaders, often relying on God’s compassion rather than religious authorities(8,46,47). These different views of God affected how the Palestinian women viewed their own abortions, their friends’ abortions, and abortion in their community.
The Role of Religious Authorities

The Palestinian women interviewed made frequent reference to different sources of religious authority including the sharia, the fatwas of mufti’s or sheikh’s, or the meetings and decisions of Islamic medical and ethical organizations. Many implied that they would rely heavily on one or more of these sources in either making their own decisions about abortion or advising friends and family. These findings are significant since religious leaders, as Hessini points out in her overview of abortion and Islam in the MENA region, are increasingly playing a role in discussing abortion law reform, with more attention being given to the social and medical reasons for abortion(8). In several countries, including Algeria, Egypt, Iran and Saudi Arabia, contemporary fatwa’s support abortion in cases of rape, fetal impairment and risk to the woman’s life and health. Although a minority, some of the traditional Islamic schools of thought have allowed abortion for virtually any reason, including for social or economic reasons, as long as the abortion is performed before the time of ensoulment(6). The scholars who have argued for these more liberal views have done so on the basis of larger Islamic principles of minimizing hardship and suffering or promoting the public good(6).

While these fatwas have generated considerable debate about abortion, they are not legally relevant unless they are translated into law(8). Without explicit statements in the Quran or the Sunnah about abortion, Islamic scholars have made a diverse set of fatwas that have provided the foundations for subsequent laws in many Muslim-majority countries. In Iran, which is primarily Shia10, both the Grand Mufti and the Ayatollah Ali Khameni issued two fatwa’s in 2005 permitting abortion under specific conditions; the first provided for abortion in cases of genetic disorders in the first trimester and the second allowed abortion in the first trimester if a woman’s health and life were at risk. Both these fatwas are now reflected in Iran’s abortion law reforms of 2005(5,6). Although fatwas are often been beneficial, it is important to note that the overwhelming majority of sheikhs and muftis who release influential fatwas are male (8) and thus, do not well represent the Muslim women whose lives are affected by their fatwas on sexual and reproductive issues. Some Islamic feminists, including female scholars, find compatibility between abortion rights and Islam and seek to modify strict legal prohibitions and increase safe access(48).

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10 In contrast to the Palestinian population, which is largely Sunni.
Respected transnational Islamic organizations, such as the Islamic Organization of Medical Sciences (IOMS) or the Islamic Fiqh Council, also bring together medical professionals and religious scholars to come to decisions about a variety of medical and bioethical issues from a religious perspective. Muslim physicians and hospitals throughout the Muslim world, such as Al-Makassed Hospital, rely on these decisions to guide clinical practice, as mentioned specifically by one of the Palestinian physicians interviewed for this study.

These decisions and fatwas are important not only because they can provide the basis for law reform, but because they can also affect the attitudes of the lay Muslim. As some women interviewed point out, women in Muslim countries like Palestine refer to the fatwas made in influential countries like Egypt and Saudi Arabia in coming to their own decisions. Women interviewed in this study clearly felt this to be the case as they explicitly asked for fatwa’s on which to rely in making decisions about their own abortions or in justifying the abortions of others, both with regards to specific cases or gestational ages. In a study among families with hemoglobin disorders in Saudi Arabia on attitudes towards antenatal diagnosis of disorders and abortion in cases of sickle cell anemia and thalassemia, most participants were unaware of increased risk with consanguinity and did not know about the Saudi Arabian fatwa permitting abortion in cases of fetal impairment(49). Close to half of the participants, who had initially rejected the idea of pregnancy termination, changed their minds when informed of the fatwa(49). Similar findings were found in another study on hemoglobin disorders in Lebanon(50). In her important book, Birthing the Nation: Strategies of Palestinian Women in Israel, Rhoda Kanaaneh quotes a Palestinian nurse who reported that in maternal and child health clinics she had worked in, they showed fatwas to mothers considering abortion for socioeconomic or health reasons that justify abortion before 120 days(51). This potential change in attitude on abortion based on respected fatwas has significant implications both for women seeking abortions and providers who might be called upon to recommend or perform them.

The power of religion

Our findings highlight that God, religion, and religious authorities play a crucial role in how these women view abortion in their own lives and in their society. This is consistent with
previous studies on Palestinian women and abortion (26, 29, 31). Many women exhibited a relatively higher level of awareness of the Islamic discourse on abortion than in other studies, while some women relied on an understanding of Islam that unequivocally prohibits abortion. The diverse views of the women interviewed reflect the vast diversity of the conclusions of Islamic scholars who have debated abortion. The fatwas and other religious principles outlined here are important not just as theories, but as lived realities that guide the 1.6 billion Muslims worldwide, especially those living in Muslim-majority countries, many of whom incorporate their religion into almost every aspect of their lives (52). In her review of abortion in Muslim-majority countries, Hessini notes that while conservative religious arguments are still used to legitimize patriarchal practices, there is actually a great diversity in Muslim discourse, policies and individual decision-making related to abortion. Similarly, in her review of the topic, Shapiro notes:

“Islam has the possibility of being interpreted leniently, despite the monolithic image that is often presented (Hassan 2001). As Brockopp (32) explains, ‘Islam does not speak with one voice on the question of abortion’. In fact, the flexibility of Islamic law is a cornerstone of Islamic philosophy and because Islam was revealed ‘to all people for all times’ its laws are thought to be capable of adaptability.” (6)

She goes on to argue that it is important to educate the public in Muslim-majority countries on the Islamic discourse on abortion in order to correct the assumption that the central texts and even scholars of Islam unambiguously oppose abortion. The Islamic principles of promoting public good and interest, minimizing hardship, and encouraging compassion for individual circumstances have all been used by scholars to provide justification for more lenient legal rulings. These are especially important principles with regards to abortion as a public health concern. Some have argued that it was this logic of unsafe abortion as threatening the public good, or maslaha in the sharia terminology, that was influential in Iran’s liberalizing its fatwas and laws on abortion in 2005 (53). Thus, religious principles, if well studied and understood, can be used to influence public opinion and legislation in ways that might better facilitate easier access to safe abortions for women in need.
Abortion Stigma

Our findings indicate that there is a significant amount of stigma associated with abortion among Palestinian women. The topic of abortion was considered private and difficult to discuss in public, and women who chose to abort were strongly judged, chastised, or shunned by their community. A review of the research on abortion-related stigma by the International Planned Parenthood Federation (IPPF) found that reasons for the stigma associated with abortion include humanization of the fetus as a living being thus equating abortion with murder as discussed earlier, assumptions of women’s misuse of their sexuality in sinful or promiscuous ways, and women being thought to be deviating from the motherhood role which most societies consider an intrinsic part of being a woman(54). These factors contributing to the stigma of abortion are particularly relevant in Palestinian society.

Sexual culpability

In our interviews, abortion was often judged with reference to the sexual act that led to its necessity. This was particularly evident in the discussions of women who became pregnant outside of the context of marriage, namely either from premarital sex or rape. While considered taboo in Palestine and other Arab countries due to the sociocultural importance ascribed to women’s purity and honor, premarital sex and unwanted pregnancies are increasingly common among adolescents and young people in countries of the Middle East and North Africa (MENA)(55). Thus, abortion is often sought in these societies as a method of concealing sexual activity considered illicit. Some women interviewed felt that this still rendered abortion unjustifiable, placing blame on the woman. In this view, maternal responsibility extends even to the sexual act itself, a concept discussed from the U.S. perspective as well, such as in Judith Jarvis Thomson’s famous discussion in “In Defense of Abortion”(56). Women were more likely to justify abortion in rape than in premarital sex, and in both cases, suggested it was more justified if at an earlier gestational age and if they could not get married. Thus, the justification of abortion was often evaluated according to how well women were able to conceal their deviations from cultural norms. If they were not, abortion often became not only justified, but also necessary to protect the woman and her family.
A study of 146 female Palestinian university students in the West Bank on illicit sex, abortion, and honor killings showed similar findings(31). Participants were asked to reflect on how they would react to and advise a friend who became pregnant outside of marriage. 15.1% would advise the friend to get an abortion; 42.5% would advise her to try to get married immediately and, if unsuccessful, to get an abortion. Approximately 25% of the participants discussed the threat of “honor killings” and explained that abortion was not only permissible, but also obligatory, for an unmarried woman in order to both preserve the honor of her family and protect herself(31).

Honor killings were referenced by many women in our study as a possible consequence of premarital sex or rape, with abortion often being justified in this context. In a paper on this practice in Palestine, Ruggi writes that honor killings, the execution of a female family member for perceived misuse of her sexuality, are hard to quantify in Palestine as they are often private family affairs(57). A growing number of Palestinians find honor killings unacceptable, but the practice continues despite legal prohibitions. Sharif Kanaana at Birzeit University in the West Bank argues that the practice stems from a patriarchal code of honor in Palestinian society in which men seek to control reproductive power, fertility, and lineage(57). In this context, family is the fundamental building block of Palestinian society and can be threatened by what is perceived as misuse of a woman’s sexuality(57). This would explain why the single mother then becomes an outcast in her community, without a husband or access to social welfare, as a result of having no role in the patriarchal legal system. This reality is also the basis for why many women interviewed justified aborting in these cases for the sake of the socially illegitimate child, who was understood to have no identity or future without a recognized paternal lineage.

This context also explains the different responses to rape in Palestinian society. In cases of pregnancy as a result of rape, women interviewed in our study felt that either the rapist could be forced to marry the woman, who would then be able to continue the pregnancy within the context of marriage, the woman could abort the pregnancy and hide the rape, or the least acceptable option for most women interviewed, the woman could continue the pregnancy unmarried, which would result in significant social or lethal consequences for her and her unborn child, including the woman herself being blamed for the rape. In her research on rape in
Palestine, Shalhoub-Krevorkian draws from her work with Palestinian victims in the OPT and argues that sociocultural determinants, such as the need to silence the occurrence of the rape, preserve female virginity, and privatize the crime of rape in order to safeguard family honor and reputation, re-victimize and weaken the victim\(^{(58,59)}\). Some of the women she worked with did in fact solicit her help in acquiring abortions in order to avoid disclosing the crime to their families, especially male members, for fear that disclosure might lead to their death\(^{(59)}\). Thus, while abortion can sometimes be the only way Palestinian women will disclose the crime of rape, it can also become a way of nullifying sexual abuse\(^{(58)}\).

*Fertility and procreation in Palestinian society*

The discussions of abortion with the Palestinian women interviewed also highlighted the unique significance of motherhood, fertility, and procreation in Palestinian society. In examining possible consequences of abortion, many women discussed God’s punishment taking the form of negative effects on a woman’s fertility, children, or future children. The frequent reference to this points to the importance placed on motherhood and family and, in turn, the fear of infertility in Palestinian society. In his work on the effect of religion on fertility, Goldscheider specifically uses the example of Palestinians living in Israel to hypothesize that the group’s high fertility rate probably reflects religious and cultural views on the importance of the family unit\(^{(60)}\). Moreover, he argues, the lack of access to economic opportunities, especially for women, increases the dependence of women on male relatives and places a premium on conformity to the ideal of woman as mother. Given the importance of the family and the value attached to large families, women face strong pressure from relatives and the larger community to bear children\(^{(60)}\). Accordingly, some of the women interviewed felt that abortion was wrong or unnatural because it contradicted this value placed on motherhood and procreation as prized and desired in many Arab societies.

Infertility is seen as particularly devastating in the context of Palestinian society and many other countries in the MENA region. Women interviewed made reference to infertility in two main ways: one by citing it as a negative consequence of abortion and also by using the infertile woman as a reason why it would be a pity and a shame for a fertile woman to abort. In her research on infertility in the Middle East, Marica Inhorn points out that in many societies in the
Middle East, the lack of pregnancy and resulting childlessness are often highly stigmatizing, leading to profound social suffering for infertile couples and infertile women in particular\(^{(61,62)}\). A quantitative study carried out in the West Bank in 2013 exploring the mental health status of infertile Palestinian women found that infertile Palestinian women and their husbands were found to have higher levels of psychological distress compared to fertile couples\(^{(63)}\).

Infertility and abortion can both be especially stigmatizing in Palestinian society given the context of occupation, in which procreation is seen as particularly important. The women interviewed made direct reference to this concept many times, indicating that procreating directly defied the occupier. This glorification of motherhood and procreation has a well-established history in the OPT, developing in response to Zionist political agendas since 1948 to ensure that the Jewish population in Israel far outnumbers the Arab one\(^{(51)}\). One of the main characteristics of the occupation has been the containment of the Palestinian population within restricted areas and the systematic movement of Jewish settlers onto Palestinian land in East Jerusalem and the West Bank\(^{(22)}\). As a result, population growth and control have become crucial instruments for both Israelis and Palestinians, each attempting to outnumber the other to gain control over land\(^{(64)}\). Some Palestinians have promoted this natural increase in the Palestinian population as a form of resistance to occupation, a pro-natalist policy that was even supported by the Palestinian Liberation Organization (PLO) and now by the Palestinian Authority (PA)\(^{(51)}\). The politicization of reproduction is not unique to Israel and Palestine, as the idea of ‘power in numbers’ has been influential in many post-colonial nations and for dispossessed minorities striving to assert their legitimacy\(^{(51,65)}\). As Rhoda Kanaaneh points out in her important book, *Birthing the Nation: Strategies of Palestinian Women in Israel*, this context led to the politicization of reproduction, procreation, fertility, and most of all, the source of these, of the Palestinian woman\(^{(51)}\). Women came to be considered the markers of national boundaries, with the duty to produce the babies that the nation required\(^{(51,66)}\). This, in turn, informs the ways in which Palestinian women make and judge reproductive decisions\(^{(51)}\), evident in the way some of the Palestinian women interviewed for our study resisted abortion on these nationalistic grounds.
The politicization of reproduction in the context of occupation has affected two other realms relevant to abortion in Palestine: reproductive rights and the medical provision of family planning services.

Reproductive rights of women

Asking Palestinian women in this study how they viewed women’s rights in relation to abortion elicited a wide range of responses. This range of responses speaks to the complexity of women’s rights in Palestinian society as well as the range of definitions women’s rights can encompass. Women’s rights can be loosely defined as rights that promote a position of legal and social equality of women with men. Some Palestinian women interviewed rejected women’s rights as a foreign, Western, disingenuous concept that implied sexual promiscuity and immodesty as well as unlimited abortion. Many women expressed concern about this conception of women’s rights being incompatible with Palestinian society and religion. The PFPPA study on abortion in Hebron also found that many participants voiced concern and warned against the risk of promoting abortion in an uncontrolled manner because this might encourage sex and pregnancy outside the context of marriage in contradiction with Islamic principles as well as Palestinian laws and societal norms(26). One woman’s claim that women’s rights comes from the United Nations, which comprises a group of nations that have oppressed Palestinians as part of the Arab world, is not unfounded. In fact, there has been a fair amount of literature about how women’s rights as a concept has been promoted by Western powers as a form of post-colonial oppression, especially in the Muslim world(67). Cultural relativists object to universalist approaches to women’s rights on the grounds that they use criteria they claim to be international but actually reflect the values of Western culture(68). As such, many women interviewed insisted that they were comfortable with the women’s rights afforded them through Islam and not from any foreign occupying or colonial power.

Lastly, the value that many women interviewed placed on Palestinian women as mothers resisting occupation through reproduction has been thought to have different effects on the state of reproductive rights in Palestine. On the one hand, some researchers feel that while Palestinian women have been subject to patriarchal customs, their status has in fact been elevated as a result of the unique political history of Palestinians under occupation, as they have been seen to take an
active role in the political struggle of their nation in ways not only limited to procreation(59). On the other hand, in their research on Palestinian women’s sexual and reproductive rights in crisis, Bosmans and colleagues found concern among members of key Palestinian organizations that the many deaths caused by the Intifada uprising as well as the Palestinian Authority calling upon women to bear more children as their contribution to the Intifada had resulted in an increasing sensitivity about sexual and reproductive health issues(22). These participants felt that this pronatalist agenda hampered the implementation of reproductive health policy in Palestine and necessitated caution in the promotion of family planning programs, which could easily be perceived as population control programs given the political context(22). Thus, viewing a woman’s contribution to national development and survival in terms of her reproductive role can have negative consequences for the woman herself and her place in society. As one of the women we interviewed put it: “Don’t only care about me when I’m pregnant. Care about me always”.

Barriers to Abortion Access in the OPT

Law and hospital policy

Most of the women interviewed agreed that abortion was difficult to access in the OPT, largely due to Palestinian laws and hospital policies prohibiting it in all but a few cases, generally for danger to the mother’s health and more rarely, for severe fetal anomalies. Palestinian law has jurisdiction over the West Bank and Gaza and thus, abortion there is more restricted than in East Jerusalem. According to the women in our study, the Palestinian legal system punishes the hospitals and clinicians who perform abortions, but not the woman herself. As a result, Palestinian hospitals and physicians, especially those employed by the government, tend to be the main barrier for women seeking an abortion. This is consistent with literature on abortion in the MENA region that found that the medical barriers to abortion include requiring the authorization of several doctors, cumbersome requirements for rape and health indications, and in all but one country, spousal consent(8). In our study, women unanimously agreed that hospital abortions required the consent of husbands and that one of the main barriers to a woman getting an abortion was her husband’s disapproval.
This and other studies have shown that health care providers serve as one of the main barriers to abortion access. One of the physicians interviewed for this study noted that women do come to Palestinian hospitals seeking abortion, but that physicians at her hospital generally turn them away, citing hospital policy that they do not perform elective abortions except for substantial physical health reasons. These providers generally do not direct women to other places where they can abort. This is consistent with findings from the 2015 study in Hebron that included interviews with health care professionals in the West Bank, which found that abortion as a taboo was a strongly held notion among health professionals and subsequently, they reported that when women approached them for abortion, they cautioned them about abortion being prohibited religiously (26). These findings differ from Kanaaneh’s research of Palestinian clinics in Israel, where some providers reportedly provided women with fatwas allowing abortion (51). This variability highlights the differences in approaches taken by Palestinian health providers on abortion depending on whether they are located in the West Bank, East Jerusalem, or Israel proper.

**Israeli hospitals: A unique option**

East Jerusalem, where our study was conducted, provides a unique legal and medical setting in which to evaluate abortion access for Palestinian women due to the presence of Israeli law and Palestinian principles. Abortion is legal by Israeli law, requiring a committee to approve the abortion with 98% of cases presented being approved (28,69). Israeli law currently has jurisdiction over all of Jerusalem. However, according to the women we interviewed and extant literature, Palestinian hospitals in East Jerusalem operate in a dual fashion, generally applying Palestinian principles and policies, but required to conform to Israeli medical law for legal and malpractice purposes. The result of this is a complex system in which law and practice diverge. At the time the study was conducted, for example, physicians were legally bound to recommend abortion as one of the options to pregnant patients who were found to have fetal anomalies like Down’s syndrome, even though the hospital itself would not provide terminations for these cases. Indeed, the lack of political cohesion and nationhood resonates even into abortion care.

When asked what options women who were seeking abortion might have when refused at Palestinian hospitals, many women knew that Palestinians could obtain abortions at Israeli
hospitals. Specifically, Palestinian women who live in East Jerusalem and are not citizens of Israel are still part of the Israeli health care system, and thus have access to abortions through the Israeli system (28). Palestinian women who don’t live in East Jerusalem, but have access to Jerusalem through special permits can also potentially access abortions this way, although they would have to pay, as they are not part of the Israeli healthcare system. The discussion of this option brought up concerns about receiving medical care from the occupying force. As Kanaaneh points out, one of the major effects of both Israelis and Palestinians politicizing reproduction was the development of distrust, especially on the part of Palestinians, of family planning initiatives and medical care (51). Kanaaneh reports in her research that Israeli motives for encouraging contraception or abortion among Palestinians are considered suspect enough that many Palestinian women lie to the doctors and nurses from whom they seek care (51). There has been significant literature about Zionist political movements and initiatives that view Palestinian fertility as a threat, which some argue has influenced how contraception and abortion services are provided to Palestinians in particular (51). This has led to distrust in certain sectors of even Arab family planning initiatives, such as those of UNRWA, the PFPPA, and the Palestinian Authority (51). The claims of some of the women interviewed that Palestinian women are encouraged by Israeli physicians to have abortions are not unique to the Palestinian context. Similar arguments exist in the United States about abortion in low-income and minority populations, specifically African-Americans (70). Nevertheless, it is important to note that Israel presents an option for legal abortion available for some Palestinian women, a unique situation in the OPT and indeed in the MENA region.

*Private clinics*

The majority of Palestinian women do not have access to Israeli hospitals, however, due to checkpoints, the Separation Wall, and the need for special permits to enter Jerusalem. One of the only alternatives cited by the women interviewed was to pay a private physician to perform an illegal abortion at a private clinic for a significant fee, making this option less accessible to women of lower socioeconomic status. This is consistent with literature in the MENA region on clandestine abortions largely being provided by gynecologists and other physicians, with quality of services depending on ability to pay, access to pain relief, and use of modern or traditional abortion methods (8, 71). Unlike other studies in Palestine and the Arab world (26), women
interviewed in this study did not frequently mention the option of a midwife or nurse performing an abortion. The few women interviewed from Gaza had special permits that are extremely difficult to obtain to be able to leave Gaza and be treated at the tertiary care center, Al-Makassed, in East Jerusalem. These women indicated that there were really no options for safe abortion in Gaza because hospital policies are particularly restrictive and that there are no known private physicians willing to perform abortions. The permits that allowed these women to leave Gaza for medical treatment would not be sought by Gazan hospitals on behalf of women seeking abortion, making it virtually impossible to obtain a safe abortion as a Gazan woman.

**Unsafe Abortion**

Given the significant social, legal, and medical barriers to accessing an abortion in the OPT, the women interviewed made reference to women resorting to unsafe methods of inducing abortion. DJonge and colleagues argue that women in Palestine and elsewhere in the Arab world carry out unsafe abortions due to feeling caught between expectations of virginity, economic realities, the religious implications of abortion, a lack of information about and access to birth control, and a lack of safe abortion services(26,55). In our interviews, some women mentioned that the over-the-counter medication, misoprostol, was available in certain Palestinian pharmacies due to its alternate use to treat stomach ulcers. It can also be used for medical abortions as an alternative to surgical ones, but is most effective when used with methotrexate or mifepristone. Misoprostol alone is less effective and can be unsafe if not medically supervised(72). Despite this, some advocates suggest that medical abortion regimens can be used as an entry to healthcare services in countries where the right to abortion is restricted to women whose life is in danger(1,73). Women interviewed mentioned this as a common occurrence, that women inducing their own abortions, either through misoprostol, other medications, or a range of traditional herbs, would start the abortion process at home then present to the hospital for “cleaning”, saying they had a miscarriage. There is consensus among religious scholars, lawmakers, and hospital staff in the Middle East that women, regardless of whether they have miscarried or aborted, have the right to treatment(8).
Limitations

Several limitations exist in this study. First, this is a qualitative study and participant recruitment was done through a convenience sample. Therefore, this is not a representative sample, as our sample size is limited, and it is plausible that there are some perspectives that have not been captured. All participants were recruited at one site and it is likely that more viewpoints could have been captured if participants were recruited from multiple sites and cities. Another important limitation is the refusal of more than half of participants to be voice-recorded during their interviews. Therefore, it is plausible that there were some phrases or nuances that were missed for those interviews. Additional limitations include the possible hesitancy of participants to speak openly about this sensitive and taboo topic in Palestinian. Answers could also have been influenced by the fact that the interviewer was not from Palestine.

Conclusions

Abortion is largely a taboo topic in Palestinian society and is rarely discussed openly. This study offers some insight into the views of Palestinian women on this important women’s health and human rights issue. The findings of this study suggest an initial religious and cultural resistance to elective abortion among Palestinian women, although it was sometimes deemed necessary. Religious authorities and societal norms were considered to play a central role in how women navigate abortion decisions and view abortion in their community. Limitations identified to access of abortion by Palestinian women included: legal restrictions, hospital policy restrictions, prohibitive prices at private clinics, significant social consequences from the discovery of an abortion by one’s community or family, and different levels of access to abortion depending on whether women were residents of Jerusalem, the West Bank, or Gaza. This information can help physicians, policymakers and women’s health and rights organizations better understand the views and concerns of their constituency and how to best address them and care for their health and well-being. These entities should be particularly aware of how Islam plays a central role in the lives of Palestinians and should enlist the support of religious scholars and leaders for their initiatives and care, including the education of Palestinian healthcare providers on the diverse views on abortion in Islam as well as the burden of unsafe abortion in the occupied Palestinian territories. Those working towards a legal and medical context in Palestine that would allow for
safe abortions for women in need should also be aware of the effect of the occupation on women’s views of reproduction and abortion. Given the religious, cultural, and legal barriers to promoting safer abortion services, policymakers, family planning organizations, and physicians should target abortion needs in Palestine as a serious public health issue. With the growing literature on the Palestinian healthcare infrastructure, this study has the potential to serve as a launch point for further assessments of Palestinian women’s health needs in the intimately challenging circumstances of abortion.

Summary

We designed a qualitative study to elicit the views of Palestinian women on elective abortion. We used convenience sampling to recruit Palestinian women (patient and non-patient) from the department of Obstetrics and Gynecology at Al-Makassed Islamic Charitable Hospital in East Jerusalem. After obtaining verbal informed consent, participants were interviewed in Arabic one-on-one for 30-90 minutes using an open-ended questionnaire eliciting perceptions on the religious implications, social consequences and accessibility of elective abortions in the OPT. Interviews were transcribed and translated to English. Two members of the research team open-coded the transcripts of the interviews. Codes were identified independently then refined collaboratively to finalize a list of reoccurring themes. Sixty women were interviewed, ranging in age from 18-70, living in East Jerusalem, the West Bank, and Gaza. The majority of participants were Muslim, married, urban dwellers, with a high school education or less, and with at least 3 children. Themes arising from the interviews included the centrality of religion and religious authorities in affecting women’s choices and views on abortion, the importance of community norms in regulating perspectives on and access to elective abortion, and the effect of the unique medico-legal situation of the OPT on access to abortion under occupation. Many women expressed opposition to abortion on religious and cultural grounds with most excepting to save a woman’s life. Participants diverged most widely in their views on abortion in the cases of fetal anomalies, pre-marital pregnancy, and rape. Limitations identified to safe abortion access by Palestinian women included: legal restrictions, hospital policy restrictions, prohibitive prices at private clinics, significant social consequences from the discovery of an abortion by one’s community or family, and different levels of access to abortion depending on whether women were residents of Jerusalem, the West Bank, or Gaza. This information can help physicians,
policymakers and women’s health and rights organizations better understand the views and concerns of their constituency and how to best address them and care for their health and well-being in the intimately challenging circumstances of abortion.
List of References


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44. Qui sommes-nous? Telquel. 2006 Jan 28;


Table 1. Participant characteristics.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Interview participants</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>(n=60)</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>19 (31.7%)</td>
</tr>
<tr>
<td>30-39</td>
<td>14 (23.3%)</td>
</tr>
<tr>
<td>40-49</td>
<td>14 (23.3%)</td>
</tr>
<tr>
<td>50-59</td>
<td>8 (13.3%)</td>
</tr>
<tr>
<td>60-70</td>
<td>5 (8.3%)</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Female</td>
<td>60 (100%)</td>
</tr>
<tr>
<td>Marital status</td>
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</tr>
<tr>
<td>Married</td>
<td>52 (86.7%)</td>
</tr>
<tr>
<td>Single</td>
<td>8 (13.3%)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Middle school or less</td>
<td>23 (38.3%)</td>
</tr>
<tr>
<td>High school</td>
<td>10 (16.7%)</td>
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<tr>
<td>2 year-associates degree (diplome)</td>
<td>10 (16.7%)</td>
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<tr>
<td>College</td>
<td>9 (15.0%)</td>
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<tr>
<td>Graduate school</td>
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</tr>
<tr>
<td>Employed</td>
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</tr>
<tr>
<td>Yes</td>
<td>23 (38.3%)</td>
</tr>
<tr>
<td>No</td>
<td>37 (61.7%)</td>
</tr>
<tr>
<td>Number of children</td>
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<tr>
<td>None</td>
<td>13 (21.7%)</td>
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<tr>
<td>1-2</td>
<td>8 (13.3%)</td>
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<td>3-5</td>
<td>29 (48.3%)</td>
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<tr>
<td>6-10</td>
<td>8 (13.3%)</td>
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<tr>
<td>More than 10</td>
<td>2 (3.3%)</td>
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<tr>
<td>Region</td>
<td></td>
</tr>
<tr>
<td>Jerusalem</td>
<td>32 (53.3%)</td>
</tr>
<tr>
<td>West Bank</td>
<td>25 (41.7%)</td>
</tr>
<tr>
<td>Gaza</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>42 (70%)</td>
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<tr>
<td>Rural</td>
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<tr>
<td>Refugee camp</td>
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<tr>
<td>Religion</td>
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<tr>
<td>Muslim</td>
<td>58 (96.7%)</td>
</tr>
<tr>
<td>Christian</td>
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<tr>
<td>Reasons given for seeking an abortion</td>
<td>Number of times reason was given</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Undesired pregnancy</td>
<td>45 (75%)</td>
</tr>
<tr>
<td>Maternal health</td>
<td>33 (55%)</td>
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<tr>
<td>Marital problems</td>
<td>31 (51.6%)</td>
</tr>
<tr>
<td>Fetal anomaly</td>
<td>30 (50%)</td>
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<tr>
<td>Economic reasons</td>
<td>28 (46.7%)</td>
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<tr>
<td>Unmarried</td>
<td>25 (41.7%)</td>
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<tr>
<td>Rape</td>
<td>5 (8.3%)</td>
</tr>
<tr>
<td>Psychological health</td>
<td>1 (1.7%)</td>
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</tbody>
</table>

**Table 2.** Hypothetical reasons volunteered by participants for why a woman might seek an abortion and why she might be deterred from having one.
Figure 1. Opinions of Palestinian women interviewed on justification of abortion in hypothetical cases
Supplementary Material

Interview questions:

• Demographics:
  o Age
  o Level of education
  o Work:
    o Married?
    o Husband’s level of education and work
  o Parity
  o Number of children
  o Living with nuclear or extended family?
  o City/town and district:
    o Residence: Urban vs rural
  o Religion

• What are your general views on termination of pregnancy?
• Can you tell me some of the reasons why someone in your community might choose to pursue a termination of pregnancy?
• Can you tell me some of the reasons why someone in your community would be deterred from choosing to pursue a termination of pregnancy?
• Do you feel that a termination of pregnancy is justified in certain cases? If so, in what cases?
  o Specific examples/cases to be discussed:
    ▪ If there is a threat to a woman’s life…
    ▪ If a woman finds out she will have a baby with Down’s syndrome…
    ▪ If a woman finds out she will have a baby with multiple congenital abnormalities with poor prognosis (death very early in life)…
    ▪ If a woman finds out she will have a baby with congenital abnormalities incompatible with life…
    ▪ Fetal reduction if a woman has a twin, triplet, or quadruplet pregnancy…
    ▪ If a woman feels unprepared to have a child or if contraception has failed…
    ▪ If a woman is unmarried…
    ▪ If a woman is raped…

• Is there a time frame in which you feel a termination of pregnancy is justified?
• What factors do you feel most influence your opinions on termination of pregnancy? And which would most influence your decisionmaking?
  o Culture
  o Religion
  o Family
  o Husband’s opinion
  o Medicine/health
  o Women’s rights
  o Other
• Where you live, do you feel that termination of pregnancy is legal or illegal?
• For Palestinian women who wish to pursue a termination of pregnancy, do you feel this is hard to access or easy?
  o Where can a termination of pregnancy be done?
  o What do you think are some of the barriers to women terminating a pregnancy?
  o Do women have to have the permission of their husband or family to pursue a termination of pregnancy?
• Do you know women who have elected to terminate a pregnancy? How do women speak about their termination afterwards, if at all?
• How do you feel your community views termination of pregnancy? What are the consequences of termination of pregnancy in the community?