

ISRAELI ATTACKS ON THE HEALTH OF WOMEN AND GIRLS DESTROY PALESTINIAN PEOPLE'S FUTURE

"The ongoing war is not only destroying infrastructure and lives. It is destroying the future, womb by womb"



October 2025

INTRODUCTION

Two years of war have devastated every aspect of life in Gaza. The health system has been systematically targeted, with consistent violations of international humanitarian law. Most recently, during the ground invasion of Gaza City which started in September 2025, a health centre operated by Médecins du Monde was destroyed without warning by Israeli military authorities. The attacks and displacement of Médecins du Monde's premises and clinics represent just a few examples of the repeated attacks on healthcare in the Occupied Palestinian Territory. As a result, sexual and reproductive health and rights (SRHR) services, already fragile before the war, are now facing extreme staff shortages, as well as lack of supplies and safe facilities.

Women, adolescents and newborns are among the most affected, experiencing limited access to antenatal care, emergency obstetric services, family planning, menstrual hygiene supplies and protection from gender-based violence. This report highlights the impact that two years of war and the blockade of humanitarian assistance has had on sexual and reproductive health in Gaza. It demonstrates – once again – the disproportionate impact of armed conflict on women and girls. The report identifies some of the challenges faced by communities and health providers in sexual and reproductive healthcare and the urgent actions needed to safeguard women's dignity, rights and lives.

Methodology

The report is based on data collected from Médecins du Monde's primary healthcare centres in Gaza City and the Middle and southern areas of the Gaza Strip between May 2024 and August 2025. While the total number of SRHR consultations over the period represents **5.4% of all primary healthcare consultations** (22,747, out of 424,958 primary healthcare consultations), **among women of reproductive age** they constitute **15% to 30% of these consultations**.

In addition, between March and July 2025, Médecins du Monde conducted specific research on maternal health to provide more detailed information. The research was based on data from around 100 women who had been pregnant during this period, randomly selected according to the research protocol from across the territory of Gaza.

Médecins du Monde's operations in the Occupied Palestinian Territory

Médecins du Monde has been operating across the entire Occupied Palestinian Territory for more than 20 years, with a team of 120 staff in Gaza and 78 in the West Bank.

In Gaza, our teams provide primary healthcare through several primary healthcare centres. Services include general medical consultations, mental health and psychosocial support, sexual and reproductive healthcare, vaccination and nutritional support.

In the West Bank, Médecins du Monde operates from Ramallah in the south to Jenin in the north. The team supports the rehabilitation of local primary healthcare centres, provides medicines and medical equipment and deploys a mobile health unit to meet increased needs, particularly in mental health. The team also works to strengthen emergency preparedness among health actors.

In February 2024, Médecins du Monde launched the direct delivery of primary healthcare services through mobile medical teams in Rafah. When Rafah was evacuated in May 2024, Médecins du Monde installed static primary healthcare centres in the Middle area, and northern Gaza. These centres offer a comprehensive package of curative consultations, sexual and reproductive health and rights services, maternal and child healthcare including vaccination, minor trauma care, non-communicable disease care and mental health and psychosocial support.

MAIN FINDINGS

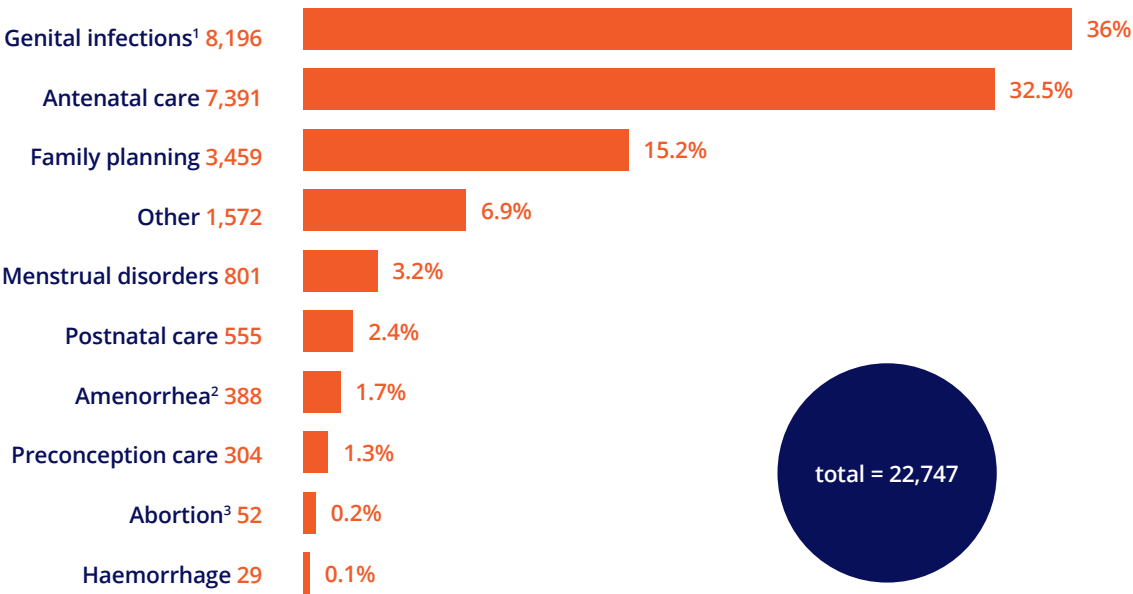
Overview of sexual and reproductive health consultations at Médecins du Monde primary healthcare centres in Gaza

During the reporting period, monthly proportions of sexual and reproductive health consultations fluctuated between 15% and 30% of the primary healthcare consultations sought by women and girls over the age of 15. While the proportion of sexual and reproductive health consultations grew steadily during the ceasefire period between January and March 2025, it suddenly decreased in March 2025 when humanitarian aid was completely blocked, highlighting the direct impact of the extreme humanitarian situation on

access to sexual and reproductive health and rights services. Similar patterns observed across the three areas of operation expose a **structural vulnerability of sexual and reproductive health services during crises: while needs remain constant, service delivery is highly sensitive to security constraints, displacement and humanitarian impediments.**

Between May 2024 and August 2025, Médecins du Monde's medical teams observed that women were primarily seeking curative sexual and reproductive consultations (to treat pathologies), rather than preventive care (which would be more usual in primary healthcare services). Over the entire period, the number of consultations for genital infections was significantly high – and higher than the number of antenatal consultations.

Table 1: Diagnosis from Médecins du Monde clinic consultations between May 2024 and August 2025 in Gaza City, middle and southern Gaza



1. A genital infection is any infection that affects the reproductive organs or genital area and may be caused by bacteria, viruses, fungi or parasites. Genital infections mostly include bacterial vaginosis, candidiasis, vaginitis, cervicitis, trichomoniasis and salpingitis.

2. Amenorrhea is the absence of menstrual periods. It may occur due to hormonal or medical conditions, stress, malnutrition or other underlying factors. It can also be a sign of pregnancy.

3. Spontaneous or voluntary.

1. Increase in genital infections

Repetitive and mass displacements as well as the systematic destruction of civil and energy infrastructure, including water treatment facilities, have made access to clean water almost impossible across the Gaza Strip, **which directly affects the hygiene conditions in which women and girls manage their menstruation.**

According to UNFPA: “As nine in ten households face severe water shortages, women and girls are forced to manage their periods without clean water, soap, supplies or even privacy. Many now describe menstruation as a source of anxiety and isolation”.

84% of women with genital infections had been displaced at least one since the beginning of the war. Moreover, **the blockade and consequent lack of menstrual hygiene kits has led women and girls to adopt harmful coping mechanisms,** such as the use of dirty cloths, which is a significant.⁴ During the ceasefire period, between January and March 2025, when menstrual hygiene kits were more available, the number of genital infections dropped by 50%, illustrating the direct impact of access (or lack of access) to hygiene supplies on women's health.

Potential long-term health impacts of genital infections include⁵

- > infertility (especially from untreated chlamydia or gonorrhoea leading to tubal damage);
- > chronic pelvic pain and recurrent pelvic inflammatory disease (PID);
- > ectopic pregnancy due to tubal scarring;
- > cervical cancer from persistent high-risk HPV infection.

Raneen, a midwife at Médecins du Monde, described the case of a 12-year-old girl who came to Al-Bahar Clinic asking for sanitary pads. At that time, the price of a pack of pads was \$15 and far beyond what her family could afford. The girl's family is displaced and living in very difficult financial and humanitarian conditions. She has four sisters and, together with their mother, all six of them are of menstrual age. The girl repeatedly visited the clinic to ask for pads. On one occasion, her mother came with her and told the midwife that she was forced to cut up pieces of her clothes and use them as a substitute for sanitary pads to cope with their needs.

“For Palestinian women and girls, the ability to exercise even the most basic reproductive rights is now a daily battle for survival.”

4. “What it means to be a woman in Palestine today”, UN Women, 14 September 2025. “Hygiene is another daily indignity. With sanitary pads largely unavailable or unaffordable, and no privacy, nearly 700,000 women and girls of reproductive age struggle to manage menstruation, often in overcrowded or unsafe facilities.”

6. <https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-stis>

2. Reduction in antenatal care and consequences for pregnancies

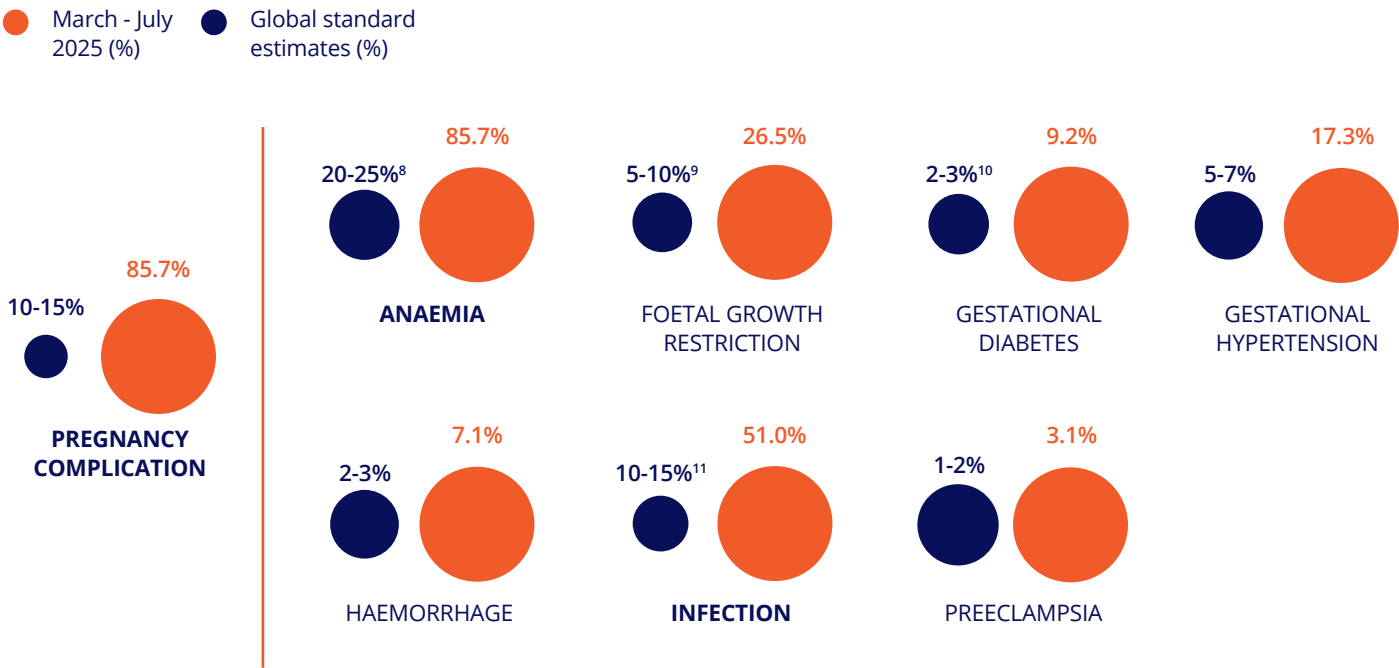
Médecins du Monde's main finding of a reduction in preventive sexual and reproductive healthcare between May 2024 and August 2025 is corroborated by the significant reduction in comprehensive pregnancy monitoring. In 2022, the average number of antenatal consultations was 6 to 7 consultations per woman in Gaza, whereas the WHO recommends 8 consultations. The comprehensiveness of the follow-up differed between UNRWA health facilities (61.5%) and Ministry of Health facilities (28.9%)⁶. In the focused study conducted by Médecins du Monde between March and July 2025, **only 18% of the patients received comprehensive antenatal care.**

Incomplete antenatal care and lack of access to this care have devastating impacts on pregnancies and on the health of women and infants.

2.1. Sharp increase in pregnancy complications

As part of scientific research conducted on the health of pregnant women and their children⁷, Médecins du Monde analysed data from around 100 women who had been pregnant between March and July 2025 and who were randomly selected from across the territory of Gaza in accordance with the research protocol. They were asked about their pregnancy, their access to healthcare during pregnancy, medical follow-up for their newborns and the conditions in which they were living.

Table 2: Proportion of pregnancy complications diagnosed in Médecins du Monde health centres between March and July 2025



The total is greater than 100% because the same person may have multiple complications.

6. [Health annual report Palestine 2022](#), Ministry of Health.

7. Médecins du Monde partnered with a university for a scientific research project on sexual and reproductive health and rights in Gaza throughout 2025.

8. Anaemia affects between 20% and 25% of pregnant women in stable contexts. See *Global anaemia reduction efforts among women of reproductive age: impact, achievement of targets and the way forward*, WHO, 2020.

9. The global estimate of foetal growth restriction is between 5% and 10% with adequate antenatal care. See *Maternal and child undernutrition and overweight in low-income and middle-income countries*, Black RE, Victora CG, Walker SP, et al. The Lancet, 2013;382(9890):427-451.

10. Rates of gestational diabetes, hypertension and preeclampsia are estimated at between 2% and 7% in middle-income countries. See *Burden of disease and risk factors for pre-eclampsia: systematic review and meta-analysis*, McCauley M, Madaj B, White SA, et al. BMJ. 2018; 362:k2879.

11. Genital infections affect 10% to 15% of pregnant women in well-monitored pregnancies. See *National and regional estimates of intrauterine growth restriction and low birthweight, 2010-2015*, Lee AC, Katz J, Blencowe H, et al. The Lancet Global Health. 2017;5(7):e696-e703.

In 2022, the Gaza Strip had a **maternal mortality¹² rate of 17 per 100,000 live births**, placing it among countries with low maternal mortality rates and comparable to North America (world average = 197 in 2023). While recent data are limited, the **rate of pregnancy complications before the conflict** can be estimated at around **10%¹³**, consistent with other stable contexts with similar maternal mortality ratios.

Our field observations indicate that **approximately 85% of pregnancies now present at least one complication**, which is extremely alarming.

This represents an 8-fold increase in high-risk pregnancies, translating into a **5 to 6-fold higher risk of maternal death**.

These deaths, resulting from disrupted antenatal care, lack of medications, malnutrition and damaged health infrastructure, are directly connected to the extreme living conditions, the organised famine and the destruction of the health system in Gaza. They can be added to the deaths resulting from direct exposure to violence. Projections suggest that these maternal deaths could reach **around 100 per 100,000 live births¹⁴**. **This excludes maternal deaths caused directly by the conflict (bombardment, gunshots etc.)**, which would further increase the total risk. The situation underscores the urgent need for to prevent both visible and invisible losses¹⁵.

The combination of a **high prevalence of anaemia (59%) and infections (51%)** among pregnant women at Médecins du Monde health centres reveals a **maternal and neonatal health situation that is critical**. These complications expose women to **severe immediate risks**, including haemorrhage, sepsis, poor tolerance of blood loss during delivery, extreme fatigue and increased maternal mortality. For infants, these pregnancy complications can lead to intrauterine growth restriction, preterm birth and low birth weight, as well as **long-term consequences** for children as they grow up (poor growth, cognitive and motor deficits, long-term chronic conditions and increased risk of infertility).

The risks are not only potential ones. Among the 100 pregnant women who participated in the study, **more than 20% of their newborn children were affected, with almost 10% of babies dying during their first days of life**. These observations are only the impacts that are visible during the very first months of these children's lives and do not include health conditions which may develop as they grow.

The fragility of health structures, coupled with the lack of diagnostic equipment and essential medicines, amplifies these risks, underscoring the urgent need to put an end to the attacks on the health system and lift the blockade to ensure maternal and neonatal services in Gaza are strengthened.

"Pregnant women are giving birth in overcrowded shelters, makeshift tents or on the road while fleeing airstrikes, often without medical assistance, pain relief or sanitation. In this context, reproductive justice is not only denied; it is deliberately and systematically violated."

Dr Israa, Sexual and Reproductive Health (SRH) advisor at Médecins du Monde

2.2. Devastating impact of malnutrition and famine on maternal health

In a previous report on malnutrition, Médecins du Monde noted that 1 in 3 pregnant and lactating women were suffering from acute malnutrition. In its report of 22 August 2025, UNFPA stated that more than 40% of pregnant and breastfeeding women in Gaza are severely malnourished.

As consequences of malnutrition, pregnant women in Gaza face a heightened risk of complications during childbirth, as well as miscarriages and giving birth to babies with low birth weight. Breastfeeding mothers, themselves weakened by famine, are unable to provide adequate nourishment for their infants. As a result, children suffer from delayed cognitive and physical development, undernutrition, muscle weakness and anaemia, with some of these consequences being irreversible. **Malnutrition significantly increases the risks of both infant and maternal mortality.**

12. Maternal mortality is the tragic outcome of a continuum of maternal health issues, particularly pregnancy complications.

13. [Global burden of potentially life-threatening maternal conditions: a systematic review and meta-analysis](#), Baykernagn FT, Abreha GF, Zelelew YB, Berhe AK & Kahsay AB, BMC Pregnancy and Childbirth, volume 24, Article number: 11 (2024).

14. [War in Gaza: scenario-based excess mortality projections](#), Jamaluddine Z, Chen Z, Abukmail H et al. Médecins sans Frontières, 2024.

15. [Counting the dead in Gaza: difficult but essential](#), Rasha Khatib Martin McKee, Salim Yusuf, The Lancet, 20 July 2024.

Hunger, the loss of loved ones, forced displacement and the inability to meet the basic needs of children leave deep psychological scars and heavily impact the mental health of women and girls, who are disproportionately affected, with nearly 84% experiencing mental health impacts from the crisis.

A malnourished mother is more likely to give birth to a fragile child who may grow into an adult with reduced physical and social potential, hence creating a destructive cycle in the social fabric. This intergenerational chain of deprivation threatens to perpetuate suffering and vulnerability for decades to come, unless urgent action is taken to break the cycle.

"I received a 30-year-old woman suffering from foetal growth restriction due to acute malnutrition. She had very low blood pressure and had been scheduled for a C-section, but she had lost contact with her gynaecologist due to the recent evacuation from Gaza."

Dr. Hiba, family doctor Médecins du Monde

"Pregnancy doesn't pause during war. Neither should our responsibility to protect those giving life."

Dr. Israa, SRH advisor Médecins du Monde

3. High prevalence of menstrual disorders

Menstrual disorders are disturbances of the normal menstrual cycle, including irregular bleeding or unusually heavy or painful periods. In humanitarian settings, these disorders are often exacerbated or triggered by multiple factors such as chronic stress, psychological trauma, malnutrition, forced displacement and exposure to violence.

During this period, Médecins du Monde's teams have encountered an **unusually high number of women facing disruptions in their menstrual cycle**. These disorders are much more than a personal inconvenience — they are **biological signals that the body's reproductive system is under stress and cannot function normally anymore**.

2.3. Dramatic increase in miscarriages among displaced women and girls

The Ministry of Health and the Sexual and Reproductive Health technical group report an increase of 300% in miscarriages in Gaza since October 2023¹⁶. Additionally, Médecins du Monde medical teams report an increase in need and demand for comprehensive abortion care. Displacement is a factor in both lack of contraception in cases of non-intended pregnancies and lack of access to healthcare and the devastating impact of the conflict in cases of miscarriage.

"For Palestinian women and girls, the ability to exercise even the most basic reproductive rights is now a daily battle for survival."

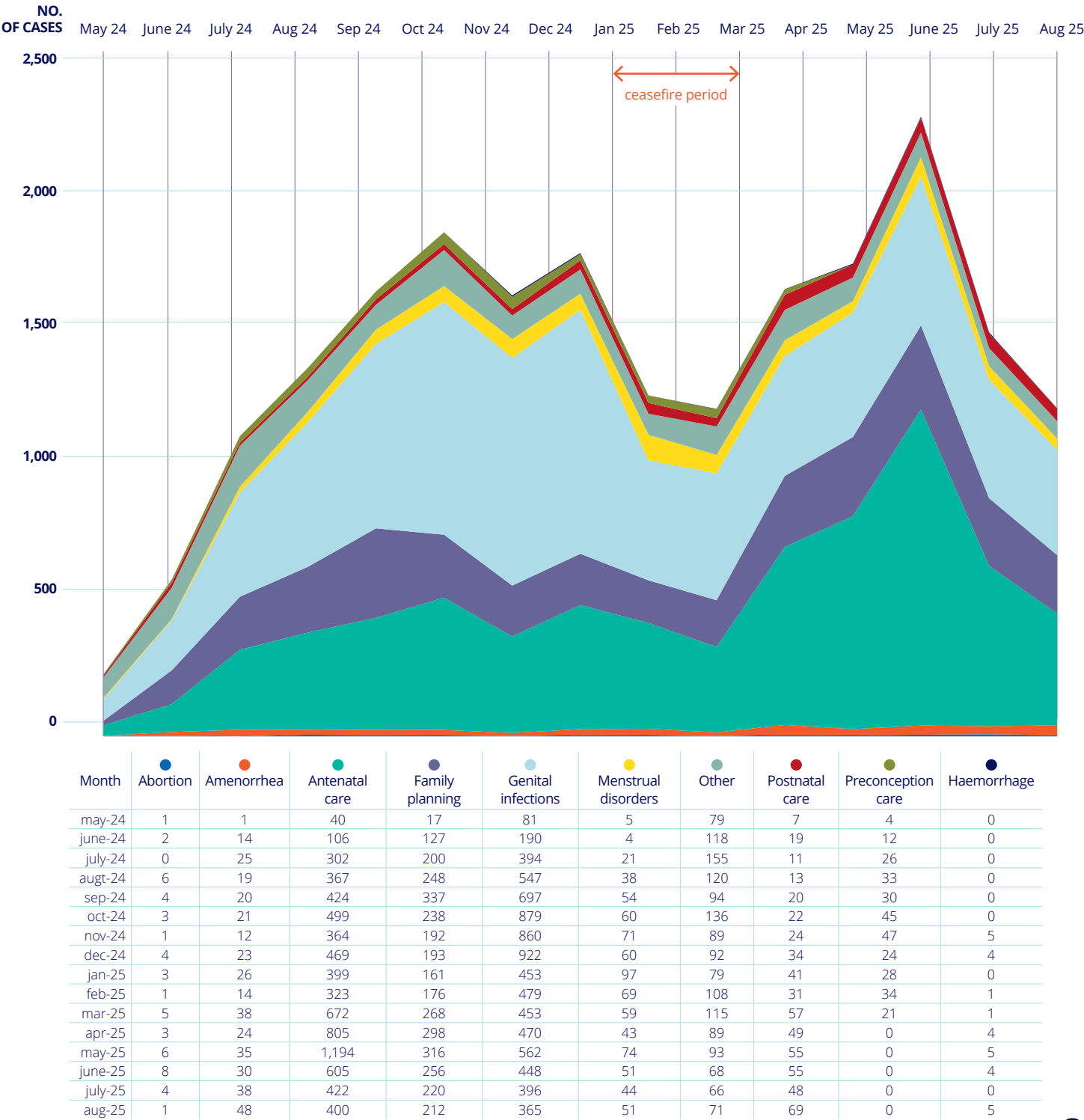
Dr. Israa, SRH advisor Médecins du Monde

16. [Gaza: No Safe Pregnancies During Israeli Assault](#), Human Rights Watch, 28 January 2025.

4. The proven impact of war and blockade of humanitarian assistance

Table 3: Total number of cases per month and per diagnosis between May 2024 and August 2025

This chart shows a remarkable 50% decrease in the number of cases of genital infection during the ceasefire period between January and March 2025, when humanitarian aid was facilitated. This also coincides with an increase in ante-natal care consultations. **We can conclude that the high prevalence of genital infections is due to human actions and could be prevented by an immediate and permanent ceasefire, a major influx of aid, the re-establishment of infrastructure and access to clean water.** The decline in the total number of cases as of Juin 2025 is due to displacement of population and temporary closing of Médecins du Monde PHCCs due to intensified attacks and evacuation orders by Israeli authorities.



“These are not isolated incidents; they are indicative of a systemic failure to protect reproductive rights during wartime.”

“The ongoing war is not only destroying infrastructure and lives. It is destroying the future, womb by womb.”

Dr Israa, SRH advisor at Médecins du Monde

Médecins du Monde’s analysis also shows that cases of genital infections differ between the southern and Middle areas. Women and young girls in southern Gaza came to Médecins du Monde health facilities mostly for antenatal care (i.e. preventive care), whereas those in the northern areas, which were suffering continuous attacks and had lower resources, prioritised curative consultations, including management of genital infections.

Table 4: Breakdown of diagnoses during SRH consultations by geographical area

	North	Middle	South
Antenatal care	24.6	39.7	44.4
Genital infection	40.7	31.2	29.3
Family planning	16.1	13.8	14.1
Other	8.6	5.7	4.2
Menstrual disorders	4.2	2.4	2.8
Postnatal care	1.9	4.3	2.4
Amenorrhea	1.9	2.3	0.8
Preconception care	1.7	0	1
Abortion	0.2	0.4	0.2
Haemorrhage	0.1	0.1	0.3

“Displacement, trauma and the collapse of the health system have created an unbearable situation. Women are giving birth in unhygienic conditions, without skilled attendants, pain relief or postnatal care. Some are forced to cut their umbilical cords under fire.”

Dr Israa, SRH advisor at Médecins du Monde

CONCLUSION

Médecins du Monde's analysis of sexual and reproductive healthcare based on data from its primary healthcare centres show that appalling **living conditions due to continuous attacks and subsequent displacement are having tremendous negative impacts on basic access to sexual and reproductive healthcare for women and girls**. The war is preventing women and girls from living in dignity and from accessing decent sanitary conditions and the healthcare they need as women, pregnant or not, including food and nutrients necessary to carry pregnancies and care for infants.

Because of their special health needs, war disproportionately affects women and girls. The conduct of the war by the Israeli army since October 2023, and its specific impacts on women and girls, could be considered as "causing serious bodily or

mental harm to members of the [Palestinian] group" and, to some extent, given the high rates of pregnancy complications and their consequences, "imposing measures intended to prevent births within the group" as per Article II of the 1948 Convention on the Prevention and Punishment of the Crime of Genocide¹⁷.

As observed during the ceasefire between January and March 2025, the cessation of attacks, especially against civilians and civilian infrastructure, including health facilities, as well as the influx of humanitarian aid, are the main factors which save women's and girls' lives and improve their health.

RECOMMENDATIONS

- > **Médecins du Monde continues to advocate for an immediate and permanent ceasefire and the protection of civilians.**
- > **All attacks on medical infrastructures and personnel must stop immediately.**
- > **All crossing points must be reopened to ensure large-scale humanitarian aid is available in Gaza, including restoring access to safe drinking water in sufficient quantities, medical equipment and all basic drugs. Third States have a responsibility to use all measures in their power to prevent the destruction of the Palestinian people in Gaza.**
- > **Sexual and reproductive health services must be prioritised as much as possible within the current circumstances by the humanitarian community.**

17. Convention on the Prevention and Punishment of the Crime of Genocide, 1948, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-prevention-and-punishment-crime-genocide>.



**ALSO TREATING
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