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Abortions From a Clinical Social Aspect - A Historical View: The Case of the Jewish Society in Palestine During the Early 20th Century

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Abstract

The legality of abortions and the decreasing birthrate are topics that regularly emerge on the global public agenda, sparking intense social, legal, and political discussions. In 2019, Israel's birthrate (the birthrate is defined as the number of births relative to the population) was 3.1 children per woman-the highest among OECD countries and surpassing that of many developing nations (excluding Africa).

Several explanations account for this phenomenon, among them - the national ethos and geopolitical status of Israel, which necessitate demographic intensification. However, a historical perspective reveals that the Jewish society in Palestine during the British Mandate (1920-1948) despite the national struggle that was at its peak, experienced low birthrates due to considerable number of abortions.

In this article, I provide a briefly overview of the factors contributing to abortions during the specified period. Subsequently, I delve into the methods employed to prevent pregnancies and abortions during that time, exploring the question whether these practices had an impact on their prevalence.

The main conclusion is that regardless of whether abortion involved physical or mental anguish, and despite leadership's efforts to fight abortions, women remained undeterred in their quest to avoid childbirth, and abortions persisted as a common practice.

Keywords: Abortion; Contraception; Mothers; Doctors; British Mandate PalestineMedicine; FTE: Full Time Equivalent; SCCM: Society of Critical Care Medicine

Introduction

The legality of abortions and the decreasing birthrate are topics that regularly emerge on the global public agenda, sparking intense social, legal, and political discussions. These issues delve into matters of morality, human rights, individual status within society, and the boundaries of state authority in this regard [1]. Interestingly, the State of Israel stands out in this regard. In 2019, Israel's birthrate (the birthrate is defined as the number of births relative to the population) was 3.1 children per woman-the highest among OECD countries and surpassing that of many developing nations (excluding Africa) [2]. This notable figure is particularly intriguing as it arises not only from the inclination for higher birthrates within the traditional and religious sectors of Israel but also among educated, established, and secular women-unlike from trends seen in other developed countries [3].

It is especially surprising given the challenging life in Israel. Several explanations account for this phenomenon, with the most prominent ones highlighting the distinctive features of Jewish society in Israel: a cultural heritage that places significant emphasis on the family, the national ethos and geopolitical status of Israel, which necessitate demographic intensification [4]. However, a historical perspective reveals that the Jewish society in Palestine during the British Mandate (1920-1948) on the eve of the State of Israel's establishment, despite the national struggle that was at its peak, experienced low birthrates due to a considerable number of abortions. In this article, I provide a brief overview of the factors contributing to abortions during the specified period. Subsequently, I delved into the methods employed to prevent pregnancies and abortions during that time, exploring the question of whether these practices had an impact on their prevalence.

The article draws from a diverse range of sources collected from various archives, including hospital records, protocols, correspondence, literature, and personal memoirs. Methodological challenges presented a unique hurdle in this research, such as the difficulty in establishing a precise number of abortions due to legal restrictions that prohibited abortions, and the scarcity of recorded women voices regarding this intimate an illegal issue. Many abortions, particularly among the poor, were conducted in private settings, resulting in a lack of medical documentation. Notwithstanding these difficulties, the historical narrative below can be delineated. The concept of birth and its attributes extends beyond mere biological facets.

It is contingent on both space and era, mirroring societal perspectives and political aspirations. The Zionist movement founded at the end of the 19th century aspired to establish a Jewish state in Palestine, which at the time was under Ottoman rule and from 1920 under British Mandate. To achieve this goal, the Zionist movement aimed at securing a Jewish majority in Palestine (which consisted mainly of Muslims and other minorities (as can be seen in theFigure 1) therefore elevating the significance of childbirth to a national imperative. However, the paradox emerged as Zionism aspired to build the future state on European-modern values, which, among other aspects, advocated for birth control. This inherent contradiction manifested in the conflicts that surrounded the conceptualization and realization of childbirth. The Jewish community in Mandate Palestine was based on family units. Despite the high prevalence of marriage and the young age at which many individuals tied the knot, the expected high birthrate declined over the discussed period. In the early 1920s, the birth rate within the Jewish community of Palestine was notably elevated, due to the high percentage of Orthodox Jews in the community. However, a shift occurred with the influx of European immigration in the 1930s and 1940s, evident in a subsequent decline in the birthrate. The average number of children per Jewish woman, standing at 3.7 in 1926-1927, plummeted to a low of 2.1 children on average in 1938-1941. This birth rate is one of the lowest globally [5], (Figure 2). This pattern raised concerns within the Zionist leadership, particularly when compared to the high birthrate among Muslims in Palestine, which ranked among the highest globally. When the number of children per Jewish woman reached its nadir (in 1941), the average number of children per Muslim woman in Palestine exceeded 7.5. [6]. From the perspective of the Zionists, this disparity was perceived as a demographic threat in the context of the national struggle (Figure 3)

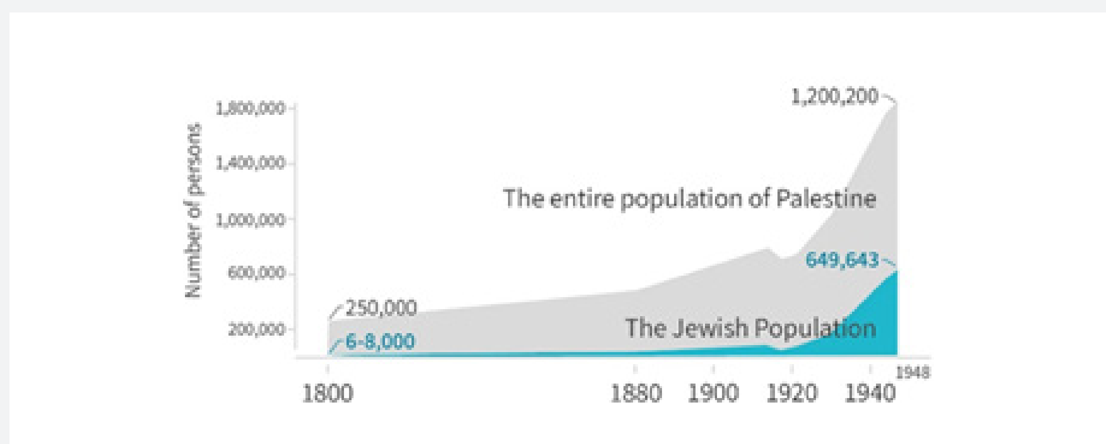

Figure 1: The Entire Population of Palestine.

Abortions were the major factor in the low birthrate in Palestine. Testimonies from various sources, including doctors, demographers, journalists, and others, consistently indicate their widespread occurrence [7]. In 1937, Dr. Leon Abramovitz, the director of Hadassah hospital in Tel-Aviv, expressed, “A very large number of women come to request terminations of their pregnancies, without any medical reason to do so, and they take a refusal to do so as a huge tragedy”[8]. Dr. Bilhah Puliastor observed in 1931, “The number of abortions performed in secret and endangering lives is growing”[9]. Dr. Shoshana Meir, a specialist in pediatric medicine, noted in 1940, “We frequently see flip attitudes toward abortions and a complete lack of responsibility”[10]. In 1944, Abraham Halevi Fraenkel, a world-renowned mathematician and rector of the Hebrew University, succinctly stated, “For many years, abortions have been performed in the Yishuv not in the hundreds but rather in the thousands each year”[11]. Similar to Western societies [12], abortions were prohibited by law under the Mandate, with exceptions only in cases where the woman’s life was at risk, and imposed severe penalties, including a seven-year prison sentence for the woman and a fourteen-year sentence for the abortionist [13]. However, the Jewish community mirrored other Western societies in the sense that, despite being illegal, abortions were widespread among unmarried girls in challenging situations, as well as among married women with families from both affluent and disadvantaged classes.

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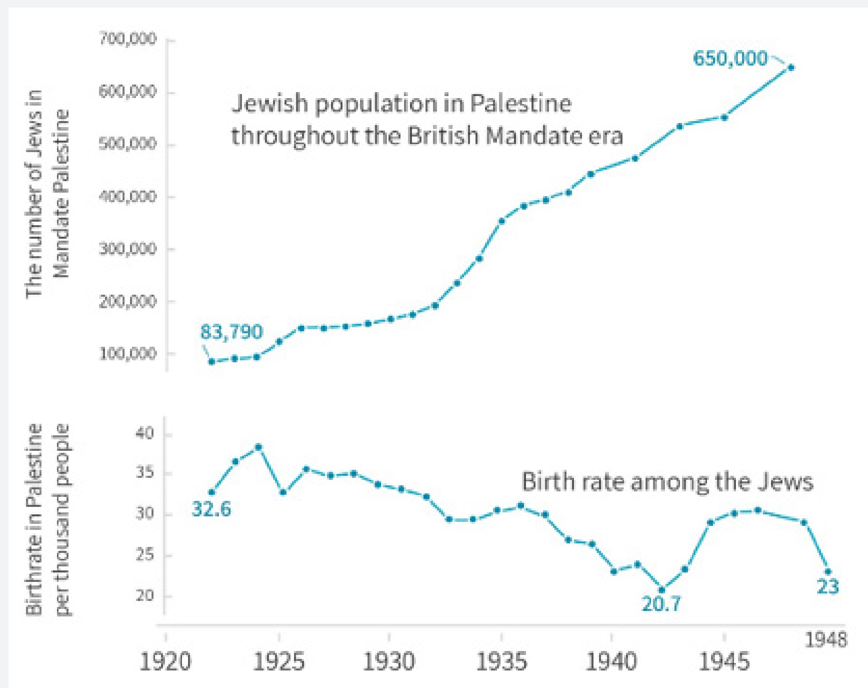

Figure 2: The Jewish Population in Palestine is Steadily Growing, primarily as a Result of Immigration Rather than an Increase in Birth Rate.

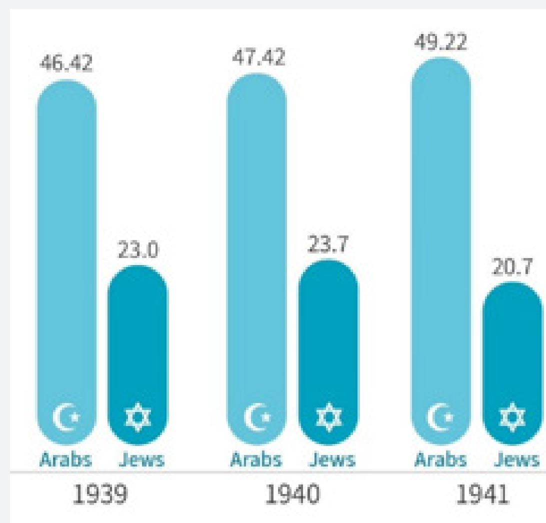

Figure 3: Births Per One Thousand Inhabitants.

The available descriptions portray women undergoing abortions in a private hospital as in a moving assembly line, one after another [14]. A reporter in a Hebrew newspaper in 1940 narrates, “They put one patient in the room after an operation the operation is so that she won’t have a second child the next day they put such a woman in again and the next day again and again”[15]. The reporter protested the Jewish hospitals, stating that they are not only busy curing the sick but also engaged in a vigorous war against the Jewish natural increase, criticizing the damage to the national struggle because of this. The causes of abortions were diverse, including some universal factors and others specific to the unique local circumstances [16]. Like all societies [17], the Jews in Palestine also resorted to abortions due to economic hardship, a challenge faced by many.

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Figure 4: Soviet Poster, 1925, cautions about the dangers of unsafe abortions. Title translation: Abortions induced by grandma or self-taught midwives not only maim the woman, they also often lead to death [22].

Figure 5: Birth Within Families Based on Mothers Birthplace.

With rare candor, Miriam Kimmelman recounted her predicament in 1942 as the mother of a small child. "And here a new tribulation came upon us-pregnancy. Another child was beyond our means. I knew that I had to end the pregnancy no matter what" [18]. At the core of the economic challenges were gender perceptions, where the role of the father was seen as providing, and the role of the mother was to raise the children. It is, therefore, not surprising that the lack of financial security played a significant role in the decision of unmarried women to opt for abortion if they found themselves pregnant. The economic aspect also influenced doctors who performed abortions privately as a means of earning a living.

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However, other factors came into play, such as evolving gender perceptions and shifts in the role of women. The education and employment of women directly impacted childbirth [19]. Women, compelled to make a choice between bearing children and pursuing employment outside the home, either because of financial reasons or the adoption of a new feminine identity, would many times opt for abortion. Social perceptions and the lack of social legitimacy also drove women who conceived out of wedlock to choose abortion. Feminist and socialist ideologies had a notable impact on the prevalence of abortions in Palestine. Feminist movements in general, advocating for a woman's right to control her fertility, championed the legalization of abortion. Concurrently, socialist and anarchist groups, addressing the class disparities associated with abortions, also advocated for the legalization of this practice globally. These movements found resonance among Jewish women in Palestine, who supported abortions both to assert a woman's autonomy over her body and to diminish class distinctions.

The Jewish community in Palestine, shaped by immigration waves. The immigration influenced significantly on abortion rates in general [20] and in Palestine in particular. Immigrants faced challenges adapting to their new country avoided increasing their families. At the same time, they brought with them concepts and norms that prevailed in their countries of origin, including those that promoted lower birthrates and abortions. Until the establishment of the State of Israel in 1948, approximately 75% of the Jewish population in Palestine were of European origin, with a minority originating from Arab and Muslim countries. A considerable number of immigrants from Eastern Europe and the Soviet Union, where abortion was legal until 1936 [21] contributed to the prevailing trends of low birth rates and increased abortion rates (Figure 4).

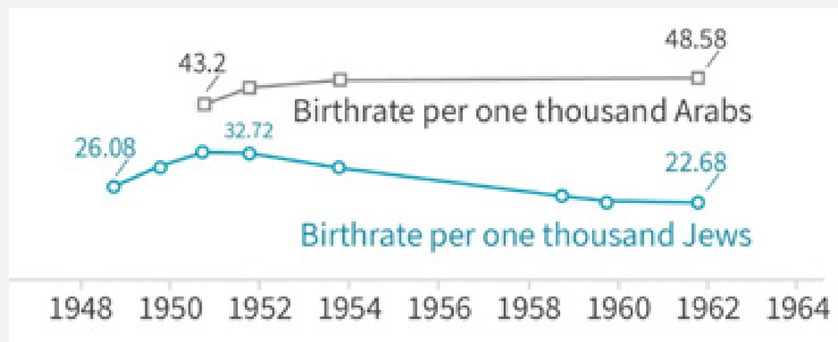

Figure 6: The Decline in Jewish Birth Rate.

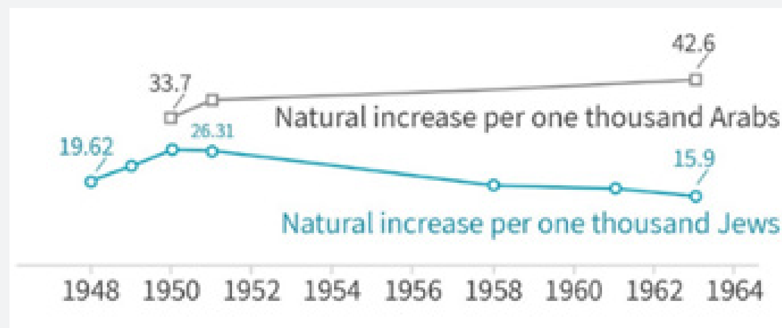

Figure 7: The Decline in Jewish Birth Rate.

The significant wave of immigration from Central Europe in the 1930s, particularly from the German bloc where the incidence of abortions between the two world wars was notably high [23], brought about a shift in the demographic makeup of Jewish community in Palestine. This immigration left its imprint, introducing new concepts, such as the ideal family model in modern society with an average of two children per family [24]. This is evident in the data, indicating that Jewish women in Palestine of European origin were at the forefront of birth control compared to their counterparts from Arab or Muslim countries (Figure 5). Among the German immigrants to Palestine in the 1930s, following Hitler's rise to power, a considerable number were doctors (in 1935, there were approximately 1,700 Jewish doctors in Palestine, equating to one doctor for every

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174 residents, setting a world record in doctor-resident ratio. In 1948, their estimated number rose to 3,400, [25]). These doctors brought with them a liberal perspective on abortions.

Some embraced eugenic notions aimed to improve humanity by restricting births, advocating for controlled births to shape the image of a "new Jew." This portrayal symbolized masculinity, health, and youth, contrasting with the stereotypical image of the displaced Jew [26]. Consequently, these doctors held a positive stance on abortions for social and economic reasons, sometimes advising women to undergo the procedure. They also brought their clinical expertise and introduced a contemporary approach to performing abortions. Economic crises and security events in Palestine have instilled hesitancy about bringing children into a world of uncertainty. The Holocaust impacted the low birthrate among the Jews in Palestine from two opposing directions. Gender imbalance among Holocaust survivors increased abstinence and decreased birthrates. While many Holocaust survivors rushed to marry and form new families, leading to the "baby boom" phenomenon in displaced persons camps after the Holocaust [27], it did not necessarily result in many children per family.

On the contrary. For Holocaust survivors, the Holocaust served as a cautionary signal against expanding the size of the family, and the preference for one or two children was driven by a survival imperative. Another impact of the Holocaust was the isolation of Jewish families in Palestine, severed from the extended family that had been annihilated. The hardship faced by mothers, burdened with managing a household and raising children in challenging conditions without support from grandparents, mothers, or other relatives, contributed to the choice of abortions. The Holocaust and the extermination of 6 million European Jews heightened the demographic concerns of the Zionist leadership, however, prompting increased efforts to encourage the birthrate, but these endeavors proved unsuccessful. The prevailed abortions further compounded the challenge.

Contraception

As previously mentioned, abortion was the prevalent method of avoiding childbirth among Jewish women in Palestine. While birth control methods were available in Palestine during the 1930s and 1940s [28], determining the number of people using them, and consequently the extent of pregnancy avoidance among Jews in Palestine, is challenging. In the 1920s, women's health centers in the Jewish community assisted pregnant women but refrained from providing guidance on family planning. However, in the 1930s, six counseling stations were established, offering guidance to women and couples on family planning. These stations provided education and information on advanced contraceptive methods for that era, including mechanical and chemical options (such as intrauterine devices, rubber and metal diaphragms, ointments and pills, cotton wool soaked in wood acid, condoms, etc.) [29]. On occasion, they even distributed contraceptives at a reduced cost [30]. Some local doctors viewed these counseling stations as essential to prevent women from resorting to the perilous path of abortion, as noted by gynecologist Dr. Miriam Aharonova in 1934 [31].

However, despite the availability of relatively advanced contraceptives, a significant portion of the public seeking to prevent pregnancy turned to the ancient and questionable effectiveness of the withdrawal method [32]. Alternatively, they relied on the 'pregnancy calendar,' which identified 'safe days' supposedly conducive to avoiding pregnancy. Another prevalent option involved abstaining from sexual satisfaction [33]. The utilization of mechanical and chemical contraception means was not widespread, likely due to the limited number of counseling stations and their restricted operations, the scarcity of contraceptives distributed at these stations [34], the expense of privately purchased contraceptives, and primarily the lack of awareness regarding their existence and a lack of encouragement for their use from health organizations, leadership institutions, and even medical professionals.

In 1933, local doctors, including Dr. Max Marcuse, a founder of the science of sexology who immigrated to Israel from Germany that year, discussed family planning. While they reached a consensus on expanding the acceptance of contraceptive use for various reasons, including socioeconomic factors, they also emphasized the importance of encouraging motherhood, highlighting the role of the child in the family, and discouraging prolonged contraceptive use [35]. The decision may have been influenced by the British mandate law prohibiting the publication of 'abhorrent literature,' including medical literature on sex and sex education [36]. The socialist Hebrew women condemned doctors who hesitated to promote the use of effective contraceptive methods, urging women to embrace contraceptives [37].

In 1933, Lilia Bassewitz, a leader of the women workers movement, argued that unlike the West, where doctors advocate for contraceptives to eliminate the need for abortion and spare women suffering, Jewish doctors in Palestine did not follow suit. Some, she explained, claimed to have no time to deal with it, others opposed birth regulation, thinking many children should be born, and some prioritized public morals, fearing an increase in immorality if contraceptive use was encouraged. Religious objections were also assumed. Bassewitz noted that even a doctor who supported birth control did little to disseminate this viewpoint publicly [38]. In the 1930s, when national fertility was a concern, doctors did not actively promote contraceptive use. In the absence of contraceptive use, women became pregnant. For many of them, abortion represented the sole solution to avoid giving birth.

The Act of Abortion

The prohibition of abortions by law and the significant expenses associated with obtaining a professionally conducted abortion compelled women to turn to self-induced abortion. In

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the United States during the period under discussion, self-induced abortion remedies have been passed down through generations, encompassing potions from toxic plants, bloodletting, baths, and laxatives. Some of these remedies were supplied by different healers, midwives, or even doctors. Couples from diverse social classes employed various techniques to terminate pregnancies and prevent the birth of additional children [39]. In Palestine too, women who sought to terminate pregnancies sometimes consulted dubious sources that recommended risky measures. These interventions were, at best, ineffective and, at worst, harmful to women and their fertility.

In 1912, Dr. Alexandra Belkind, a gynecologist, attested to her observations among patients in Jaffa, mostly Arab women: 'Arab women induce abortion by piercing the cervix with a goose feather'[40,41], referring to the 'hook' method employed to terminate pregnancies. This practice frequently resulted in excessive bleeding, posing a serious threat to women's lives [42], and it was also adopted by Jewish women who experimented with various methods. Dr. Aharonova asserted in 1934 that due to constraints, women who conceived "sometimes ask for advice from their neighbors, swallow harmful 'medicines' in large quantities, and poison their bodies" [43]. The woman worker Henia Pekelman, impregnated after a rape, chronicled in her diary that she attempted to induce a miscarriage through a hot bath and potent drugs, but her efforts proved futile [44]. In 1938, Mira ingested large quinine tablets multiple times a day, immersed herself in a hot bath in the morning and evening, engaged in strenuous physical activity, increased her running, lifted heavy loads, and on the fourth day, 'the redemptive sign came.' She found great joy in the resulting bleeding [45].

However, many women turned to skilled doctors in order to have an abortion. Due to the legal ban on abortions, they were often conducted by them privately, without investigations or committees, in a hospital or private clinic, which contributed to the women's sense of security. In 1937, Dr. Abramowitz reported from the city hospital in Tel Aviv that abortions, the number of which increases year by year, are carried out 'under the conditions of our country' with greater success than abroad 'because here they are performed by specialists' [46]. In 1943, a mock trial was held in Tel Aviv as part of the fight against abortions, the 'defendant' - a woman who had an abortion was asked: 'When you had an abortion - were you aware that this involved a danger to your life and health?' And her answer was: 'I was sure that everything would go smoothly All women do this, and everything goes smoothly' [47]. Words that reflected the mindset that prevailed in relation to abortion. There were doctors who pointed out the danger posed to women's health due to abortion, even if it is performed by experts. They described deaths from complications or unsuccessful surgery, inflammation of the ovaries, infertility, and complications in future pregnancies. But the public, as is claimed by them, is not aware of the disasters that result from abortions and does not connect a woman's infertility with a previous abortion she had [48]. Doctors stood on both sides of the barrier of the phenomenon. Along with those who object to abortions, for both medical and national reasons, there were many others who had abortions for ideological or economic reasons, since these abortions involved a fee.

Abortion opponents argued that the relatively low cost encouraged the prevalence of abortions [49], while advocates for the legitimacy of abortion contended that the high cost posed a significant obstacle for women. Pinpointing the exact cost of an abortion during this period is challenging, as it varied among doctors, locations, and years. However, evidence suggests that the sum involved equated to the average monthly salary of working families from the lower class in Palestine [50]. Financially strained women faced considerable challenges in affording this expense. Lilia Bassewitz complained, "abortions are performed by private physicians and often women must use their last available resources to obtain the assistance of these doctors [51]. Documenting the practice of abortions, whether conducted in hospitals, private clinics, or by amateurs, is challenging, as it was largely undocumented.

Newspaper reports typically highlighted cases that ended tragically, where doctors faced legal repercussions for abortions resulting in a woman's death or injury. News also covered instances of self-induced abortions gone wrong or cases where women sought assistance from healers, resulting in physical harm [52]. The limited reports may indicate the relative rarity of cases ending poorly, as abortions could be performed relatively safely. Information about places and professional abortionists in hospitals and clinics circulated through word of mouth [53]. As previously mentioned, there is scarce evidence shedding light on the abortion procedure itself. According to some testimonies, attempts to terminate pregnancies, whether conducted by amateurs or professional doctors, entailed physical suffering. Describing her experience in 1938 when she took various measures to end her pregnancy, Mira remarked, "It's a wonder how much a woman's body can bear and endure" [54]. She later testified to enduring great physical weakness.

Sara from Tel Aviv expressed the severe consequences of her abortion in 1948 at a private maternity hospital in Tel Aviv, an institution also used for illegal abortions. In a letter of complaint to the mayor, Sara used harsh words about the doctor who performed the abortion, emphasizing the absence of conditions she deemed necessary for a modern hospital. Her rare letter provides insight into the practice of abortion, revealing that her personal experience involved enduring physical and mental suffering that persisted for an extended period [55].

A nun and nurse at the French Hospital in Jerusalem testified about the plight of a young Jewish woman after a second abortion in 1936 due to an out-of-wedlock pregnancy. Her testimony, presented during the trial against the doctor who performed the abortion, described the woman as a young whose face was pale, with big eyes almost popping out of their sockets, and her head

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wrapped in a white scarf. If she survives it will be a miracle, she testified in the trial [56].

One woman who underwent surgery in the 1930s shared that she opted to have the abortion secretly, concealing it from her relatives by claiming it was some other type of surgery. At the clinic, she received injections and was put under anesthesia. When she woke up, the doctor informed her that she had “cut” the fetus and would remove it the next day. She spent the night at the clinic, and on Saturday, she underwent another operation to remove the fetus. Although she returned home, she experienced pain, fell seriously ill, and had to be taken to the hospital. Reflecting on her experience, she testified, “If I had known that the operation would be so dangerous, I would have fled the country and given birth”[57]. Sarah, who reluctantly decided to terminate her pregnancy at Ein Gedi Hospital in Tel Aviv, described the procedure in harsh words: “It was with a very unhappy heart that I took this measure. But, at the very least, if one did have to do such a terrible deed, I believed that these… abortions … would be conducted under sanitary and sterile conditions, and that anesthesia would be administered”[58]. Unfortunately, her experience was quite different.

The first problem arose from the disregard for sterility: “At the time I went for the operation, three other women were with me. In preparing us for the operation, the nurse used the same razor, cotton, and basin for all four of us, without changing or sterilizing the equipment. In the operating room, the assistant who handed the instruments to the doctor came straight from her task of washing the floors without changing her clothes or washing her hands”[59]. Another particularly painful issue resulted from the lack of anesthesia. The doctor, according to Sarah, was abusive and inhumane in his treatment. “He promised to administer anesthesia and then proceeded to operate without giving me any ether. When I mourned [sic] and begged him to give me either, he still refused [There was] no reason for [such] needless suffering. I accuse this doctor of being a sadist who gloated upon the terrible torture he inflicted”[60].

Indeed, on the eve of the First World War, anesthesia options in Palestine were limited, and abortions were carried out with only Ether - a light anesthesia [61]. However, in the decades that followed, the state of medicine in Palestine improved significantly, expanding the possibilities of anesthesia during surgery. Sara, who immigrated to Palestine from the United States, was aware of the available anesthesia options and, as a result, felt resentment that she was not provided anesthesia. She expressed, “In American if dogs are used in experimental research, anesthesia is administered during operations. Is a human being considered less than a dog here?” [62]. Additional sources also recount instances of abortions being performed without anesthesia and the physical pain associated with the procedure [63]. A kibbutz member in the 1940s described the abortion she underwent at a doctor’s private clinic in his home, stating, ‘He did the “scraping” without anesthesia”[64].

The available documentation does not offer a clear explanation for conducting abortions without anesthesia. It remains uncertain whether this practice was due to a lack of professional knowledge (which seems unlikely given the advanced state of medicine in Palestine), economic considerations, or a shortage of anesthetics reserved for more challenging operations, while abortions considered minor procedures. The absence of anesthesia could be interpreted as a reflection of the perception that abortion was a straightforward act, both in practical and ideological terms, held by both doctors and women. Performing abortions without anesthesia might have contributed to the notion among women that it was a simple medical procedure, akin to ‘pulling out a diseased tooth,’ as described by gynecologist Dr. Miriam Aharonova [65].

A kibbutz member nonchalantly recounted her abortion procedure without anesthesia, mentioning, ‘In the morning I put flowers on the table and went with our nurse to the scraping and returned home’[66]. Due to the limited sources, it is challenging to determine whether abortions without anesthesia were a widespread practice during the discussed period. Sarah, who underwent a difficult abortion without anesthesia, mentioned in her letter that she knew of doctors who administered anesthesia during abortions, except in cases where the patient had heart problems [67]. However, it is plausible that abortions without anesthesia, involving distress for the woman, were experienced by a significant number of women. Mental anguish was a constant companion for women both before and after undergoing an abortion. A range of emotions, including shame, despair, and regret, engulfed them. One kibbutz member went to the city for an abortion, wearing large sunglasses and a handkerchief to conceal the shame associated with the act. As a religious woman, the mental distress was intensified by the sense of religious transgression [68].

In 1940, Eva Tabenkin from Kibbutz Ein Harod vividly described the bitter despair that strikes a woman when faced with the crucial decision, the challenging task of suppressing maternal feelings, and the profound mental devastation and agony she experienced after the abortion [69]. Miriam Kimelman also conveyed the challenging emotions she grappled with after each abortion in the 1940s: “I was weak and tired […] everything passed. But within the soul, beneath the surface, there remains an acute wound. Reflecting on this matter today, considering the operation without anesthesia, the pain, I realize that the primary pain was not physical”[70]. Sara, who endured both mental and physical distress during her abortion, expressed a desire for sensitivity in the procedure. In her letter to the mayor of Tel Aviv, she emphasized, “Abortion is terribly painful, psychologically as well as physically. There is no valid medical reason why it should not be done in the spirit of mercy”.

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However, the woman's "private tragedy" was relegated to the sidelines. A journalist in one of the Hebrew newspapers underscored, "We are interested in the public tragedy" [72], indicating that the personal dimension of abortion, including the suffering it entailed, was not a focal point in public discourse, which primarily centered around the broader demographic struggle. This perspective persisted as a recurring theme in responses to the low birth rate and the prevalence of abortions, potentially contributing to the absence of a comprehensive conceptual understanding of the practice of abortion and the associated suffering.

Conclusion

Regardless of whether abortion involved physical or mental anguish, women remained undeterred in their quest to avoid childbirth. Abortions, during this period, remained widespread. Despite the Zionist leadership's efforts to fight abortions and certain hospital department managers attempting to dissuade doctors from performing them, abortions persisted as a common practice [73]. This trend parallels the Western world, where, despite legal and religious constraints and active anti-abortion campaigns, the procedure remained widespread, especially in the first half of the 20th century [74]. The State of Israel was established on May 14, 1948. However, despite substantial immigration waves from various parts of the world, which altered the demographic landscape, the discouraging trend of declining birthrates persisted through the 1950s [75]. This was particularly evident when contrasted with the ongoing rise in birthrates and natural population growth among the Arab community. This contrast is evident in the following diagrams regarding birthrate and natural increase rates among both Jewish and Arab populations following the establishment of the State of Israel, (Figure 6, 7).

Upon its inception, the State of Israel adopted the 1936 British Mandate Law, which strictly prohibited abortions, and this law remained in effect until 1978. Nevertheless, the courts took a more expansive stance in its interpretation, effectively allowing abortions for diverse reasons. Additionally, unofficial channels were established to navigate around the legal restrictions to assist women in need. Starting in 1952, hospital committees began reviewing abortion requests and typically granted approval. Much like in Mandate Palestine, even during the 1950s in the State of Israel, abortions were widespread despite the legal prohibition. Abortions for socio-economic reasons were conducted among large numbers of women, spanning various backgrounds and motivations-from unmarried pregnancies to women seeking to avoid additional children due to economic considerations. Prime Minister David Ben-Gurion recorded in 1961 in his diary that a survey conducted in Tel Aviv maternity hospitals revealed that 30% of women had undergone an abortion at least once in their lives.

In addition to doctors advocating for the legalization of abortions, there were also doctors post-state establishment who refrained from supporting it due to concerns for the well-being of women who undergo abortions. In 1959, a doctor from Kirya Maternity Hospital expressed this view, emphasizing the dangers inherent in the procedure itself and the potential risk of infertility resulting from abortions. Professor Asherman, the founder of the Israeli Society of Obstetrics and Gynecology and director of the women's department at a municipal hospital in Tel Aviv, shared this perspective, asserting in 1961 that the widely held belief that abortion is a minor surgery without adverse consequences is a 'dangerous illusion' [75]. These reservations about abortion aligned with the broader national demographic concerns prevalent among these medical professionals.

The "abortion epidemic," as described by Professor Asherman in 1961, became a matter of concern for the Knesset. In 1962, a government-appointed committee on birth issues recommended the institutionalization of abortions with monitoring mechanisms, while concurrently striving to prevent abortions through information dissemination and financial incentives Knesset sessions, February 1963, July 11, 1966, Knesset protocols. Despite these efforts, abortions continued to be prevailed in Israel until the late 1960s. This highlights the limitations of national indoctrination and underscores the individual's role in decision-making within the national context, emphasizing that parents independently determine the course of their families' lives. It appears that political objectives are not solely realized through formal agreements or on the battlefield but also through the decisions and actions of individuals in their everyday lives. In 1960, the groundbreaking birth control pill appeared. Developed by American biologist Dr. Gregory Pincus based on Margaret Sanger's ideas, revolutionized intimate relationships and childbirth worldwide, significantly easing constraints on family planning. However, surprisingly, towards the end of this decade, Israel experienced a notable shift in birth patterns, witnessing an increase in the birthrate that has characterized Israeli society since then.

While writing this article, Israel is undergoing an unprecedented war, marked by the tragic loss of over 1,200 citizens on October 7 massacre, including children, infants, and pregnant women. This has prompted existential questions within Israeli society, including considerations about childbirth in the aftermath of the war. Will there be a "baby boom" phenomenon in Israel post-war, driven by the return of fighters and a sense of optimism about the future? Testimonies suggest the potential for such a phenomenon. On the other hand, the widespread disaster may lead some to contemplate avoiding pregnancy and childbirth. Testimonies provide insights into these considerations as well. The future remains uncertain-will there be a baby boom, or will abortions once again become prevalent? Only time will reveal the outcome.

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