

**INTERPRETATION OF THE PROBLEM OF ABORTION: THE
ISSUE OF FOETUS-KILLING IN THE LIGHT OF TRADITIONAL
AND CONTEMPORARY ETHICS**

**A thesis submitted to Indian Institute of Technology Guwahati
in partial fulfilment of the requirements for the degree of
Doctor of Philosophy**



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*Dedicated to
My Parents and Husband*



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Declaration

I, hereby, declare that the thesis entitled “**Interpretation of the Problem of Abortion: the Issue of Foetus Killing in the Light of Traditional and Contemporary Ethics**” is the result of investigation carried out by me in the Department of Humanities and Social Sciences, Indian Institute of Technology Guwahati, India under the supervision of Dr. Archana Barua.

In keeping with the general practice of reporting observations, due acknowledgement has been made wherever the work described is based on the findings of other investigations.

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Certificate

This is to certify that the thesis entitled “**Interpretation of the Problem of Abortion: the Issue of Foetus Killing in the Light of Traditional and Contemporary Ethics**” submitted by Ms. Tejasha Kalita for the degree of Doctor of Philosophy in Philosophy in the Department of Humanities and Social Sciences of Indian Institute of Technology Guwahati embodies bonafide record of research work carried out under my supervision and guidance. The collection of materials from the secondary sources has also been done by Ms Tejasha Kalita herself.

The present thesis or any part thereof has not been submitted to any other University for award of any degree or diploma.

All assistance received by the researcher has been duly acknowledged.

Dr. Archana Barua

Supervisor

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Abstract

This thesis is an attempt to study the problem of abortion or foetus killing in the light of some ethical theories, both traditional and contemporary. As an issue of medical ethics, the abortion- issue touches many socio-cultural, religious and legal dimensions of our life. Though abortion or foetus killing is an issue related to the body of a woman, it is not possible to study the problem by denying the various other factors associated with the abortion debate besides pro-choice feminist perspectives on ownership of the body and the questions of ownership -right over it and related matters. Whereas sex-selective abortion happens to be a common practice in some parts of the globe, including India and China particularly, some other common practices like termination of pregnancy that occurs due to rape, or termination of pregnancy due bad health condition either of the foetus or of the mother can also be named. By taking into consideration of all these factors, the thesis ultimately makes an effort at studying the various factors of abortion with help of some traditional ethical theories like utilitarianism and Kantian de-ontology and also with the help of virtue theory and more specifically with the help of contemporary version of virtue ethics, i.e., care-based ethics. While utilitarianism studies the problem of abortion by analysing the issue in terms of the production of degrees happiness, Kantian de-ontology suggest studies problem by analysing its various factors with the help of reason and with the help of the universal law, i.e. 'human being should never be used as a means but as an end'. But the question that should be given more preference- the pregnant woman- a person or the foetus- a potential person, remains indecisive. Some limitations which have been found in the cases of these theories are that utilitarianism has given whole emphasis on the consequences produced by the action, i.e. happiness and Kantian de-ontology has given the emphasis on reason and duty. But mother-foetus relation is something which is also based on the care, love and

affection between the mother and her would be child, which have been totally neglected by these two theories. That is why in this thesis gives more importance to the virtue theory, and more specifically on the feminist virtue ethics, i.e. the ethics of care. Care ethics studies the issue by taking into account caring and nurturing values, with due emphasis on feeling and emotion of the caring agent. The thesis further accommodates a chapter on the role of science and technology in revising our attitudes to some morally sensitive issues like that of abortion. The role played by the ultrasound, stem cell research on embryos and the moral status of stem cells, if any, and its possible relation on the philosophical debate on the moral status of the foetus, cannot be ignored. It is not the case of stem-cell research only, but in case of IVF too unused embryos are used to destroy without giving much thought on this. Along with these issue some other issues like surrogate motherhood has also entered into the society, which has somehow changed the definition of motherhood and has drawn a line of distinction between a biological mother, a social mother along with a caring and nurturing mother etc. who appear to be playing distinct roles and thereby assuming distinct identities as caring mother, surrogate mother, genetic mother and so on.

The thesis tries to incorporate some such debatable issues regarding the problematic nature of abortion from a moral and also a philosophical perspective primarily.

Chapter 1

Introduction

1.1: Background of the Study:

The problem of abortion remains one of the important problems of medical ethics. In the Hippocratic Oath, abortion is connected to medical ethics in both its actual form and contemporary reformulation such as stated in the World Medical Association's 1948 Declaration of Geneva.¹ According to this oath, all members of the human race have a right to life and this is agreed globally in conventions such as:

The Universal Declaration of Human Rights (1949)

Declaration of the Rights of the Child, which clearly refers to such rights as applying to the unborn (1959)

International Covenant on Civil and Political Rights (1976).

However, the Society for the Protection of Unborn Children's (SPUC's) opposition to abortion is dependent on ethical principles which have masked universal acceptance (SPUC, 2012a). While the SPUC consists of members from many different religions, it is not an organization based on religion. Nevertheless, this highlights the need of a focus on common acceptable (as opposed to religious-based) ethical dimensions in contemporary healthcare, especially in terms of considering the ethical implications of abortion.²

¹ S.Kivity, M. Borow, and Y. Shoenfeld, 2009. Hippocrates' Oath is challenged. *The Israel Medical Association journal IMAJ*, 11(10), p.581-584

² Rodrigo. (2012, 6 29). *Explore the many ethical dimensions of contemporary healthcare in terms of abortion*. Retrieved 9 2, 2012, from the Writepass Journal: <http://writepass.co.uk/journal/2012/06/explore-the-many-ethical-dimensions-of-contemporary-healthcare-in-terms-of-abortion/>

In order to enter into a philosophical discussion of the problem of abortion from ethical and also from philosophical perspectives we have to begin with a proper definition of the term abortion. Now the question that arises here is: ‘what abortion really means’? Etymologically, the word *abort* comes from the Latin *abori-ri*, in which *ab* means “off” or “away” and *ori-ri* means “to arise, appear, come into being, etc.” The English verb form of *abortion*, *abort*, means to miscarry, to have a premature delivery of a child, and is extended in use to bring to a premature or fruitless termination of something, to fail to complete a mission, etc. It is also used to mean to terminate a pregnancy both spontaneously and artificially.³ On the otherhand in a medical sense, an abortion is the premature exit of the products of conception (the foetus, fetal membranes, and placenta) from the uterus. It is the loss of a pregnancy and does not refer to why that pregnancy is lost. A spontaneous abortion is the same as a miscarriage.⁴

The issue of abortion is a very sensible one. As from the various definitions of abortion it becomes clear that abortion is the destruction of the foetus or the killing of the foetus. As one of the most hotly debated social and moral issues, many ethical debates are found to be associated with this problem. As a living issue, abortion is very much a debatable one in the society we live, and we can see that there are many sides to this debate which touch many angles of our socio-cultural-religious or even political and legal aspects of life. From a commoner to a legal expert, a feminist or a man of religion, one has his or her way of looking at the problem. The thesis takes into account some such diverse ways of interpreting the

³ *abortion*. (2005). Retrieved 5 5, 2012, from dictionary.com: <http://dictionary.reference.com/browse/abortion>

⁴ *Definition of Abortion*. (2011 , 4 27). Retrieved 5 5, 2012, from MedicineNet.com: <http://www.medterms.com/script/main/art.asp?articlekey=2091>

issues of abortion in its effort at exploring a possible moral dimension of some such issues as abortion or foetus- killing. Questions of abortion become related to the question of infanticide, of how one defines a 'human being' and a 'person' and where one draws the line. Some of the most difficult issues that we still face and the ones that create the greatest emotional anguish, to parties involved with it. In order to enter into some such problems we have to trace the socio-historical background of the problem of abortion.

1.2: Scientific Definition of Abortion:

Let us now begin with the basic definition of the term 'abortion' as per scientific and technological understanding goes. Although the term 'miscarriage' is often been confused by the people with the term 'abortion', there is not much difference between the two. The only difference between the two is that if it is done before twenty-four weeks, then it is called miscarriage, after that it is called abortion. In both the cases, if it is not spontaneous, it should be done by licensed physician and more preferably by the experienced physician. There are two methods of abortion, viz. the medical abortion and the surgical abortion. The term medical abortion is used for ending pregnancy with the means of drugs. It can only be done if the pregnancy age is of forty-nine days or less. It does not need any surgical procedure; this can be done in doctor's clinic or at home. But medical abortion sometimes becomes dangerous for the health of the pregnant woman. Surgical abortion on the otherhand is done when pregnancy age crossed forty-nine days. It is done with three different ways, viz. Suction Aspiration, Dilation & Curettage (D&C) and Induction Abortion. According to the doctors abortion has certain risks like:

Breast Cancer
Effects the Future Pregnancies
Failed Abortion
Retained Products of Conception
Infection
Bladder Injury
Bowel Injury
Unrecognized Ectopic Pregnancy
Laceration of the Cervix
Placenta Previa
Perforation of the Uterus
Haemorrhage
Hepatitis
Miscarriages in future
Severe, Rapid Bleeding⁵

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⁵ Asif. (2011 , 25 03). *Abortion? What is Abortion – Abortion is Termination*. Retrieved 02 22, 2012, from Surgical-Blog: <http://www.surgical-blog.com/abortion-what-is-abortion-%E2%80%93-abortion-is-termination/>

issues of abortion in its effort at exploring a possible moral dimension of some such issues as abortion or foetus- killing. Questions of abortion become related to the question of infanticide, of how one defines a 'human being' and a 'person' and where one draws the line. Some of the most difficult issues that we still face and the ones that create the greatest emotional anguish, to parties involved with it. In order to enter into some such problems we have to trace the socio-historical background of the problem of abortion.

1.3: Brief History of Abortion:

A brief history abortion from 5th century to 19th century has been discussed below:

1.3.1: Prehistory to 5th century:

The first recorded evidence of induced abortion is found in the Egyptian Ebers Papyrus (among the most important medical papyri of ancient Egypt) of 1550 BC. In China too there are recorded evidences of some cases of induced abortion that occurred between the period of 500 and 515 BC. The written documents records the number of cases of induced abortions of royal concubines. Nearly 5000 years ago, the Chinese legendary Emperor Shandong has prescribed the use of mercury to induce abortion.

1.3.2: 5th century to 18th century:

In this period, the proof for abortion is available in various ancient texts. In an 8th century Sanskrit text, instructions and guidelines have been laid down for the women, who might need instructions for self authored or even assisted abortion. In South East Asia abortion was

practiced during this period. In Islam there is provision for special permission to women, who wanted to take the help of abortion under some special conditions. In order to stop the greater evil (the death of the woman), the help of the lesser evil (abortion) could then be taken even within a strictly religious perspective.

According to some Japanese articles, abortion was practiced there from as early as the 12th century. It was more prevalent during the Edo period especially among the peasant class. The Maoris, who lived in New Zealand before and the time of colonization, had also terminated pregnancies through various methods. Greek physicians recommended abortion. In the various European countries like England, France and Germany also, abortion was practiced. During the period of fifth to eighteenth century, abortion was found to be practiced in almost all over the world.

1.3.3: 19th century onward:

During the 19th century, modern and developed techniques of abortion have been introduced. It became effective and practiced world widely. But gradually abortion came to be regarded as an illegal act. But abortion came to be banned in many countries like United States and in Great Britain. Abortion was still practiced by adopting illegal means that became risky at times for the mother's health. During the early 1900s, almost 1, 50, 000 abortion cases were reported out of which one in six women had died.

In the Victorian era, we come across the names of Madame Restell or Anne Lohman; mostly seen as a notorious name because of her association with the illegal practice of abortion. She

started her business in 1830 in New York and till 1840; she had extended it to include franchises in Boston and Philadelphia. She was arrested by Anthony Comstock, but she had committed suicide in the very day of her trial, that is on April 1st of 1878. Abortion has thus retained a social and moral stigma from the prehistoric period to the present day itself. Many 19th century feminists opposed it and as later as, many first-wave feminists, such as Susan B. Anthony and Elizabeth Cady Stanton, opposed abortion. But in the 1970 the second-wave feminist groups had made efforts at change in the nature of abortion debates by taking away much of the stigma associated with it as a result of which attempt was made in many corners to make abortion and reproductive rights legally permissible. This also shows how philosophical debates succeed at times in changing public opinion on a particular issue and how these can affect legal systems.

1.4: Philosophical Interpretation of the Problem:

The thesis begins with a clarification of the socio-cultural and religious context of the problem of abortion. Unless the deeper dimensions and the socio-cultural rootedness of the concept of abortion are properly clarified, one fails to see the socio-cultural rootedness as well as the philosophical dimension of the problem of the issue. Here philosophy itself is taken as a methodology for clarifying the concept in its continuous dialogue with other dimensions of the problem, i.e., socio-cultural, religious, legal and others. Since abortion decision arouses debates affecting legal, political, socio-cultural–religious and moral thought of a society and these in turn set the stage for a change in public opinion, more than treating moral problems related to such sensitive issues as abortion, and related ones like mercy

killing etc. as simple exercises in abstract logic just as ‘thought experiments’ of some kind , the thesis keeps room for a holistic approach to moral problems that can also bridge the gap between fact and value, head and heart, cognitive and affective as well as volitional aspects of our being in the world. The thesis thus begins with a study of the socio-religious and the cultural background of the moral problem of abortion.

Since what exactly is the boundary line between since when the foetus is seen as an unborn child, or as a mere cell created by a fusion of egg and sperm, is a matter that is vital for the pregnant woman for whom it is both a cell and an unborn child of value. For some it is just one of these, but what is important for the thesis is how it is decided which one is the case is depending on which way she decides to see it. If she is headstrong and uses only logic as her tool, the entire decision making process will be a kind of ‘thought experiment’ for her. The thesis explores a holistic and care based approach to moral issues over and above the sheer logical debates on the abortion issue from the perspective of pro-choice or pro-right upholders of moral theory.

Looking for an anti-reductionist definition of human person the thesis keeps exploring philosophical meaning of abortion understanding life and death as an integral whole that keeps room for cultural and transcendental meaning dimension of these significant events of our life. The thesis enters into debates on dilemma faced by a situated and an embodied agent who is also a man or woman of a particular culture and who has strong commitments to certain norms, secular or religious, and whose particular position in a society, in terms of rank, class or status are also decision of particular motivating situation will factors for her to

act in a particular way. The thesis takes a position that the fact that man or woman is a situated knower and an embodied and an embedded agent in some culture, remains decisive at times in order to ascertain how much freedom an woman in particular will have in order to voice her own opinion and her decision on abortion and other related moral issues that primarily affect her health and her position. The thesis thus enters into the realm of philosophically debatable issues of human-person dichotomy and other related matters from a historic and an integral perspective. It thus looks for some socio-cultural paradigms that are decisive at times to identify some larger goals of life when abortion issue is often sought to be resolved from an existing religious paradigm and from logical argumentation.

As the thesis begins with an examination of various definitions of abortion, it becomes clear that abortion raises subtle problems for private conscience, public policy, and constitutional law. It is opined by Feinberg that ‘most of these problems are essentially philosophical, requiring a degree of clarity about basic concepts that is seldom achieved in legislative debates and letters to newspapers’⁶. More than concentrating on the single issue of the destruction of the foetus or the killing of the foetus as a moral question, the thesis makes effort at addressing some other related questions as well. On the whole, the thesis “Interpretation of the Problem of Abortion: The Issue of Foetus Killing in the Light of Traditional and Contemporary Ethics” is an exploration of the layers of interpretation on this subject that tries to throw light on this complicated issue from various angles and various perspectives. Therefore, abortion is not seen here as one particular problem that has one

⁶ J. Feinberg (ed.), *The Problem of Abortion*. California: Wadsworth Publishing Company, 1984

particular solution, having only one kind of interpretation. Even though the thesis finally opts for care-based interpretation of this moral problem, this is done as a supplement to some other interpretations rather than complete rejection of them. Taking help of some traditional as well as some contemporary philosophical or ethical theories like consequentialism, theory of de-ontology, or moral theories of virtue and care ethics , these multidimensional layers of the moral problem of abortion are sought to be re-visited and discussed.

Besides, the thesis addresses some technology related questions that are essential for re-visiting the abortion dilemma at this age of science and technology. Does technology throw some new light on this issue? Can one look forward to a technological solution to the value questions? At a time, when technology has made enormous progress, is there any scope for re-visiting the philosophical and moral problem of abortion? Modern science has made it easy to determine the sex of the foetus at a very early stage. If the sex is female (and the parents already have a girl), will parents opt for abortion? Is the doctor or clinic likely to raise moral and ethical concerns? Liliana Acero is of opinion that Genetic science is to be used to enhance the well-being of humanity, through exploration into gene therapy and to care for people with, for example, a genetic condition such as cystic fibrosis. But in reality this technology is often be misused because of our own limitations. Genetic engineering attempts to engineer babies by manipulating their genes in the laboratory. However, the

source from the genetic map position in the human genome program may be misused for destroying the foetus than making life in the laboratory.⁷

Overall the thesis aims at addressing the related questions, including religious, socio-cultural, legal, philosophical, feminist and technological ones. Over and above all these, the thesis still aims at a philosophical position of some kind, namely the moral and the philosophical dimension of the problem of abortion.

But in order to ascertain the moral dimension of the problem of abortion, one point that is to be taken care of is that abortions takes place due to various factors. These factors may vary from one's readiness to be a mother for the first time or for taking into account the strong needs of the children when the financial condition is deteriorating etc., which may lead how to opt for aborting foetus. The thesis takes into account some of the main factors, because of which, the act of abortion takes place. These are given below:

1.5. Factors of Abortion:

One of the leading factors of abortion is the poor health condition of either of mother or the foetus. In both the cases sometimes a woman has to take the help of abortion.

Another important factor of state induced abortion is the desire for 'population control'. In order to check imbalanced population growth of the state, as well as of a family, pro-abortion opinion is in sought to be formed or sometimes even it may be a part of the

⁷ Acero, L. (2010/2011). Debates on Dtem Cell Research in Brazil. *Science, Public Policy and Engagement* , 6:3,15-31 . Retrieved 08 12, 2012, from www.profelis.org/amc/abschlussklasse/dokumenten/sr_01.doc:

government policy to cut down alarmingly rising population rate in a country which needs some economical measures to address other poverty related questions. That is how at times abortion becomes legal in most of the third world countries. But here too induced abortion is mostly common among the poor and the coloured people than the well off families.

Another leading factor of abortion is the culture related craze for a particular sex of the child. Preference for the male child countries is very prominent in many countries, particularly in some Asian parts and it is related with many religious and social customs also.

In the contemporary society many parents do not want children at a particular time or at no time as such, because of their commitment to planned family size, or due to some such motivating factors. Sometimes some women find them too tied with their profession that they have to spend maximum times in their work places, because of which they cannot give full time and attention to their child and the family members. It may also hamper their career if they cannot give their undivided time and attention to their work and profession. In today's world of cut through competition, especially those women who work in the private sector, for them motherhood might not appear to be a suitable option.

One very important factor of abortion is the occurrence of the pregnancy due to rape. Also related is the matter of teen age sexuality and unsafe abortion in private.

Abortion is also permissible on medical grounds depending on the physical and mental health of the mother or of the foetus.

1.5.1: Factors of Abortion and the Role of Science:

That is all about what the scientific interpretation of abortion is concerned. In the two previous chapters of the thesis, the various factors of abortion have already been discussed. The various factors of abortion like pregnancy due to rape, sex-selective abortion, abortion because of the bad mental or physical conditions of either mother or the child or even abortion because of the population control have a deep and close relationship with science and technology. Under all these circumstances, the role of doctors and the medical facilities of the hospitals cannot be denied.

1.6: Review of Literature:

The following is a list of reviewed literatures that has helped me in formulating the research problem and in identifying the research gap in some of the existing literatures in this field.

1.6.1: Literature Related to Sex Selective Abortion and Indian Legal Position on Such Issues:

Sex Selective abortion is a major problem of India. Sayeed Unisa, Sucharita Pujari and R. Usha in the essay “Sex Selective Abortion in Haryana: Evidence from Pregnancy and Antenatal care” (2007), have mentioned about the sex selective abortion in Haryana. In Haryana sex selective abortion is a very common issue. Because of many social evils like *dowry*, lack of financial support for women, discrimination in property inheritance etc., there is large scale preference of male child specially among the patriarchal social systems specially among the rural poor and also among the urban middle class family within particular cultural set ups. Although there is diminishing trend of sex selective abortion as

per the law reforms in India with special provision being kept for the girl child providing legal and also financial safeguards for her education, work etc. and for taking care of providing legal help for crime against the weaker sex in particular, the mental set up and the cultural factors have remained powerful in some such matters. Even now the birth rate of male child in some Indian society is found to be higher than that of the girl child. Not only there is phenomenal rise in the practice of illegitimate abortion, in some cases the projected cases of spontaneous and voluntary abortion actually turned out to be cases of induced abortion. In Haryana, for example, the use of an ultrasound in the sample population is one out of eight women, out of which more than one third opt for sex selective abortion. But in most of the cases, it is shown as cases of spontaneous abortion.

Amelia Gentleman, in the essay “India’s lost daughter: Abortion toll in millions” (2006), shows that the preference for male child has distorted gender ratio throughout India. It is mentioned in this essay that a daughter is often unwelcome in those families, where already one daughter is born to the parents. The demand for daughters is less in India, more so because in the future, she will be belong to her husband’s family only, as the popular belief goes, ‘*beti is a paraya dhan*’, and that way the expenses made on her would have no return, although it would benefit others. Ofcourse the problem of dowry also plays a most significant role, so far as the negligence of daughters is concerned. In this essay, the author mentions that the easily available sophisticated tools like ultrasound etc. that have further added to the gravity of the situation as these technologies have made it easy to determine the sex of the

foetus and to take steps accordingly. This is also the case even in a very remote area of an Indian village where such technologies are available now.

Kalpana Sharma, in the article “Think of the Mother” (2007), cites instances how a mother often prefers to abort a foetus than killing an infant at a later stage. She shows how, specially women in a backward position, have remained victims of superstitious and also of men made socio-cultural norms that deprive women from being equal heir to property along with her male counterparts. Because of this dependent and helpless situation that awaits a girl child, a mother often prefers a male child and also opts for aborting the foetus of a girl child. This norm is so deeply ingrained that even a liberal education does not seem to alter mental set up.

Panchajanya Batra Singh in the essay “Law of Abortion in India” (2008) discusses about different legal issues on the abortion cases in India. The Medical Termination of Pregnancy Act (MTP Act), 1971 permits abortion to be performed only when the said pregnancy poses risk to the life of the pregnant woman, or causes grave injury to her physical or mental health if the baby be allowed to be born. Exemption is also made when there is substantial risk of the child being born with physical or mental abnormalities so as to remain seriously handicapped for the entire life. Here the writer cites the case of Nikita Mehta, who was detected to be carrying a defective foetus in her womb although the identification of the defect was made at a later stage of the pregnancy. Once detected the genetic defect of the foetus, the couple expressed their inability to bear the psychological and monetary burden of giving birth to the child. Considering amount of risk to be involved in case of abortion at an advanced stage, the matter was finally settled at court that has given its verdict in favour of

parents' decision to abort the genetically defective child cum foetus as an act of mercy killing.

The paper "Abortion Law, Policy and Services in India: A Critical Review" (2004) by Siddhivinayak S. Hirve critically reviews the abortion laws in India since 1960s. The author given emphasis on the fact that the amendments made in 2002 and 2003 to the 1971 Medical Termination Act, included devolution of regulation of abortion services to the district level, also kept provision for medically approved safe abortions at an early stage of pregnancy .The MTP Act was initially introduced to prevent the sex selective abortion, as it is unethical. The act facilitated the fact that abortion should be performed under medical supervision by medically trained licensed holder physicians and that it should take care of ensuring hygienic conditions throughout. These legal measures have ensured women's access to safe abortion care.

1.6.2: Literature Related to Law and Abortion:

The case of Roe V. Wade, Roe, brought to limelight the case of an unwed girl who had discovered herself to be pregnant and wanted to abort the foetus by a licensed physician and under safe, medical and hygienic care was unable to do that because of the existing limited legal provisions in this regard, that permitted abortion in Texas only on the ground that the mother's health was in danger because of the pregnancy. Roe V. Wade was not financially sound to go to some other jurisdiction and to avoid disastrous consequences for the mother.

When the findings of the case were made public it created public pressure for reforming the existing abortion laws as a result of which, the abortion law in Texas has been revised after

this case. Justice Harry Blackmun, the then judge of the case, recorded later his observations on this case, in an essay “Majority Opinion in Roe V. Wade” (1973). Blackmun here mentions how as an afterthought of this particular case the abortion laws in Texas incorporated following clauses into the existing laws:

During the first trimester, the whole abortion decision will be totally dependent upon the physician, who would be attending that particular pregnant woman.

After the just end of the first trimester, the state will give priority to the interest on the mother’s health and if the mother chooses to abort then the state would try to regulate the existing abortion procedure, in order to make it reasonably related to the maternal health.

For the stages subsequent to viability, the state in proximity would show its interest in the potentiality of human life although if necessary, would regulate and even prescribe abortion as per appropriate medical judgment, mainly for the preservation of the life or health of the mother. The term ‘physician’ is used to mean a person, who has been given the license by the state to practice the abortion in a proper medical and safe way.

1.6.3: Literature Related to Religious Dimension of Abortion:

“Abortion in Mizoram: A Multicentre Study” (2005) by Indrani Dutta is report, where the abortion problem has been exclusively studied, so far as a dominantly Christian of Mizoram. A north eastern state of India is concerned. Mizoram is the country’s second most literate state. Here 97 percent of the population is of a particular tribe called the Mizos. Although abortion is not supported much, it is found that Mizoram makes proper use of abortion

related MTP act that restricts abortion unless in some unavoidable circumstances. The author draws attention to the fact that abortions have been done here under proper medical care and under hygienic situation. Secondly, in Mizoram no sex selective abortion is practiced.

Elizabeth Bumiller in her book “May you be the mother of a hundred sons: A Journey among the Women of India” (1990) has written about the Indian culture, including the educated class, where arranged marriages are preferred to love marriages. She also discusses the matters like a bride burning and the process of Sati. Bumiller finds that the sex-selective abortion is found in the Khajuron, a poor village of Tamil Nadu and also among the rich educated class of Bombay. Here she mentions about the lives of different women of India of different backgrounds.

J.J. Lipner in his book “The classical Hindu view on abortion and the moral status of the unborn” (1989) has mentions that many Hindus regard the production of offspring as a 'public duty', not simply an 'individual expression of personal choice. In practice, however, abortion is practiced in Hindu culture in India, because the religious ban on abortion is sometimes overruled by the cultural preference for sons. This can lead to abortion to prevent the birth of girl babies, which is called 'female foeticide'.

In the article “Buddhism and Medical Ethics: A Bibliographical Introduction” (1995), James J. Hughes and Damien Keown observes that , Buddhism focuses on two central questions- (a) when does the embryo or foetus acquire the property which makes termination of

pregnancy “killing”? And (b) is termination of a pregnancy, before or after this point, ever justifiable? According to virtue oriented Buddhists the attitude and motivation of the pregnant women and her collaboration would determine the ethics of an abortion. So far as Japanese Buddhism is concerned, they give importance to both utilitarian and virtue approaches. That is why in Buddhist temples such rituals are there, when the parents should apologize to the aborted one and look forward to a more propitious rebirth.

Martine J. Goldman’s essay “Abortion: Jewish Law and the Law of the Land” (1969), mentions that as per Jewish law, unjustified foetus killing is considered to be a crime, though abortion is not regarded to be murder in Jewish law. Here it is said that the necessity of abortion is totally dependent on the physical and mental health of the mother.

John T. Noonan, Jr. in the essay “Abortion and the Catholic church a Summary History” (1968), shows how as per Catholic morality innocent life has some kind of absolute value .Paul Ramsey’s essay “The Morality of Abortion “draws attention to the fact that so far as the Catholic religious viewpoint is concerned such arguments as to what science says about the moment from when life becomes human, are somewhat irrelevant in light of the fact that the Catholic tradition considers the foetus to be potential person throughout that ensures its divine protection as all God’s creations are dependent on God.

1.6.4: Selected Literature Related to the Moral Dimension of Abortion:

John Finnis’s essay “Abortion and Health Care Ethics” (1994), tries to safeguard the moral wrongness of an abortion act .According to him, personhood begins at the time of conception

and that an act of terminating the foetus's life should not be morally permissible under any circumstances. He upholds very rigid pro life view in this regard ascribing moral status to the foetus since the foetus is considered by him to be a person in its own right. He is not in favour of abortion under any circumstance, even if the foetus is the unwanted child of a rape victim or if an abortion is necessary to save the mother's life. Finnis's article is similar with the Roman Catholic point of view, but he claims that his argument is based on reason and not on faith. He says that even one-cell zygote has capacity in its genetic structure to support human functions like self-consciousness; rationality etc. According to Finnis, the zygote is already a person and not a potential person. A new-born baby and a adult person does not have any difference, so far as their personhood is concerned, so the foetus is also the same as a human person.

Daniel Callahan's essay "The Sanctity of Life" (1969) is an attempt to find some ethical principles which might win a consensus in a pluralistic society. Sissela Bok's article "Ethical Problems of Abortion" (1974) argues strongly in favour of safeguarding the moral dimension of abortion pleading that no Supreme Court decision can eliminate the moral issues of abortion. In this article, the author has presented several neutral ethical views from different angles as follows:

1. If the foetus is a human being than abortion becomes an act of killing which in its turn is the most serious crime against all humans.

2. If foetus is to be aborted treating it as a non human because of its lack of rational capacity, then the mentally retarded and the comatose, the idiot, would also fall under this category. Here it is also mentioned that during the first trimester of pregnancy it could be permitted to abort but in other circumstances, abortion should be permissible only in order to save the mother's life. Otherwise the foetus deserves to be protected the way any other member of the human kind needs to be protected.

In the essay "Abortion and Medical Ethics" (1978), Daniel Callahan writes that despite the supreme court decision of 1973, where Roe V. Wade has made abortion legally permissible in the first two trimester, the ethical problem of abortion remains as one of the most unresolved issues. After the Supreme Court decision, actually a physician has no reason to refuse to abort, including cases in those cases where women's life is in real danger. But it is also a fact that despite this legal provision in its favour, many physicians were hesitant to handle abortion cases, especially in sex-selective abortion or on those cases where it is found that foetus has simple or minor genetic defects. The author wonders what should be the role of a physician in that case, if the pregnant woman has the sole authority to decide.

Don Marquis's write up "Why Abortion is Immoral" (1989) discusses the problem of abortion both pro-life and pro-choice angles. Marquis suggests that abortion or foetus killing is wrong because killing a person is wrong. He says that killing a foetus is the same as the killing of a person. Again it is also mentioned that killing a single cell of the body cannot be wrong. If a person suffers from some incurable diseases like TB or cancer, in order to get rid of it, sometimes we are to kill a particular cell. So removing a foetus cannot be compared to

killing a person. Marquis argues that the moral aspect of the problem amounts to the problem of determining the fetal property that would settle this whole moral controversy.

Judith Jarvis's article "A Defence of Abortion" (1971) cites an interesting example in support of her pro choice decision. Her argument follows like this. It may so happen with someone that he just wakes up in the morning to find himself back to back in bed with one of the famous unconscious violinists of his time, who was undergoing a fatal kidney ailment. The society of music lovers has discovered from the previous records that only he has the required right blood type which is matching with the violinist's blood sample. So they have kidnapped that person, i.e. him, and on the previous night the violinist's circulatory system was plugged into his kidney so as to extract poisons from the violinist's blood as well as his own. To unplug him from the violinist would be to kill the violinist. This process should continue for nine months and then the violinist will be recovered for his ailment and can safely be recovered from that person. Thomson has found this scenario analogous with at least some cases of pregnancy and she thus argued strongly in favour of the moral permissibility of induced abortion. In this paper Thomson showed that the right to life consists not in the right not to be killed, but rather in the right not to be killed unjustly. So, on the basis of this argument that the foetus is a person and he or she also has the right to life, we cannot oppose abortion. Thomson's article defends abortion rights and functions primarily to the idea of mother-foetus consanguinity.

Jane English's article "Abortion and the Concept of a Person" (1975) has mainly highlighted the moral- psychological aspect of abortion. Allowing the right to the pregnant women to

decide if she would choose to preserve her life by terminating her pregnancy, Jane argues from a feminist point of view. Her approach is mostly right oriented as she has allowed the women to take her own decision on abortion. Jane English believes that the abortion debate cannot be explained only by taking recourse to the concept of person.

Mary Anne Warren in her article “Abortion is Morally Permissible” (1973) has tried to defend the liberal view of abortion, i.e. it is morally permissible. She said that the term human being can be used both in ‘moral terms’ and in ‘biological’ terms. So far as moral sense is concerned, it deals with certain characteristics like self-consciousness and rationality, which a foetus does not possess. Here the author mentions that first we should be clear, regarding the proper definition of a moral community in order to get a satisfactory answer of the abortion problem. After knowing the proper definition of the moral community only it is possible for us to determine whether a foetus should be aborted or not. Many other qualities like right to life, happiness, freedom are applicable to the woman but not to the foetus. Consequently, woman’s right to protect her health, happiness, freedom, and even her life, by terminating an unwanted pregnancy, will always override whatever right to life it may be appropriate to ascribe to a foetus, even a fully developed one.

Michael Tooley’s article “Abortion and Infanticide” (1972) is one of the landmark articles. He has challenged the conservative view that fetuses are persons. According to Tooley, in order to claim right to life, one should possess a concept of self, that is, he must have the desire to exist and he should have the capacity to experience certain mental states. Anyone possessing these qualities can be regarded to be a person, otherwise not. According to him humans, who

lack all these requisites are not persons, on the otherhand, if some non-human will possess all these qualities are also persons. According to Tooley the quality of potentiality is not enough to make a foetus person. There is difference between potentiality and capacity. One sleeping person is unable to exercise the capacity to desire his own continued existence, while sleeping, but a waking person can. But that sleeping person also possesses a relevant capacity in a sense in which the foetus does not. Before sleeping, a person remains self-conscious and after waking up he will possess his same self-conscious nature.

In the article “A Third Way” (1984), the author L.W. Sumner shows that the two established viewpoints, namely ‘pro-life’ and ‘pro-choice’ did not work, because these arguments ignored the differences between a foetus at the beginning and at the end of prenatal existence. According to the author the proper approaches to abortion must be gradual, differential, and developmental and it should derive from a satisfactory criterion of moral standing. The ability to have sensuous experience is proposed as the most reasonable standard for moral standing. That is why there is a difference between the foetus of the first trimester and the last trimester and between the newly conceived and full termed foetus. Even if abortion in the early stage is morally permissible, as here the issue of ‘right to life’ is absent, it can also be morally permissible in the later stage also, if it appears that there are no other way, by which the health of the mother can be protected. Though later abortion is a complex issue, still the euthanasia for the newborn is morally permissible. It is admitted that any precise upper limit on the application of a permissive policy will be somewhat arbitrary.

Finally, the author has mentioned here that any abortion policy needs the proper advice of the medical personal.

Mary Clare Zedler in the essay “Medical Ethics: Its Accommodation of Abortion and the Effects” (1990) observes that it is the aim and mission of the doctor to save life of the patient, i.e., the mother who is hospitalised. So the main mission of the abortionist doctors is the destruction of the foetus in the mother’s womb. While accepting the fact that there is human lived in all stages of its development, it is judged that the foetus is less worthy of existence than those of other fully fledged human being.

Laura M Purdy’s article “Are Pregnant Women Fetal Containers” (1990) expresses her view from a feminist point of view. Women who would carry the foetus in their body, she is a person first and she has the right over her body. But most of the persons who used to give a very conservative view has totally over-ruled the rights of the women regarding her body and will. So far as mother-foetus relation is concerned, they are both closely intertwined, but separate from each other also. Conservative writers totally forget about the right of the women in order to protect the right of the foetus on the otherhand, when the pro-choice supporters always forget about the child in order to protect the freedom and rights of the woman. According to Purdy a pregnant woman may think about the overall circumstances of her surroundings, such as the situation of the society, financial condition of the family etc. because bad environment can cause a bad life for the foetus. By thinking on the circumstances also a mother may think not to take the child to the world. For Laura Purdy the moral issue of abortion is not dependent on the fact that whether the foetus is a person or not.

But a woman ought to do what they can for their foetus and the sake of the future children. But here responsibility is not limited to the mother alone, but to the whole society.

In the essay “Abortion and Feminism” (1990), the author Sally Markowitz maintains that the feminist approaches and defences of abortion always give importance on the right to control the body of the woman. But feminists should be concerned about those general rights of the women, by depending upon which, the right of abortion has been granted. The feminist defence is mostly based on the argument that the women are oppressed in our society and the aim of the women should be to undertake a vow to end this oppression. As an oppressed group, a woman cannot be required to make sacrifices, which will systematically worsen her position in the society and the family.

In the article “The Decision to Abort” (2007), the author Rebecca Hanrahan raises the question if a woman is ever morally obligated to forgo an abortion for the sake of the man who has impregnated her? According to George Harris, in certain cases she should be obligated to her male partner. If a woman first lies to her partner about her desire to have a child and become pregnant and then decides to abort, then she cannot do it without the consent of her male partner. Here the woman must have to carry the foetus to term. Author Hanrahan has argued by saying that the conditions under which the foetus is considered to be the man’s, under the same condition, the foetus is to be considered to be the woman’s also. So under this condition, a woman can do abortion and for doing so, she should not think about the will of her partner.

Bertha Alvarez Manninen in the essay “Pleading Men and the Virtuous Women: considering the Role of the Father in the Abortion Debate” (2007) expresses her concern for engaging both the parents in the abortion decision. She observes that sometimes a man may suffer from severe strains due to the abortion of their (his partner’s) mutually created foetus. So far as morality is concerned, there must be a room for the voice of the potential father. In this particular article, the author argues that a man cannot have the right to veto a woman’s decision to procure an abortion. But a woman can use her abortion right in a virtuous manner, so that her male partner’s emotion will also not be hurt. It is a dangerous situation for the man when his potential child is being aborted, without his will and the author has explained it with the help of an example of such a man. In addition to virtue ethics, here the author asks a woman to use care ethics in this regard.

Elizabeth Harman’s essay “How is the Ethics of Stem Cell Research Different from the Ethics of Abortion” (2007) pleads for making abortion permissible, if stem cell research is permissible. So far as the stem cell research is concerned, it involves death of embryo, less significant than a foetus, for the greater good that is to save the life of someone. In this essay, the writer argues on the point that both the embryo and the foetus have full moral status. So far as stem cells are concerned, embryos are created and then to be destroyed in order to extract the cell. But on the otherhand, in the abortion situation, a foetus is killed. Again while stem cells are created for some medical reasons, it is not the case with creation of fetuses .Here the write states that the stem cell research is permissible only if the embryos in

question lacks moral status. It is also mentioned by the writer that these embryos lack moral status.

Stephen Holland in the book “Bioethics: A Philosophical Introduction” (2003) questions relevance of stem cell therapy by reflecting on the moral status of stem cell. It is difficult to come to a conclusion regarding the moral status of it, as it is a very complex topic. If blastocysts can be neglected morally, then there is no moral objection found so far as the stem cell research is concerned. Regarding the moral status of stem cell research can be determined only by analyzing its future progress.

Patrick Lee, in the book “Abortion and Unborn Human Life (1996), presents an argument, which is not in favour of abortion. He criticizes Tooley’s view of abortion and says that the unborn child is not a part but whole in itself. The argument of the right of the unborn child’s life, however, will always be paramount since without life no other goods can exist. Professor Lee has made a masterly refutation of the arguments in favour of a right to abortion.

Theresa Burke, in the book “Forbidden Grief: the Unspoken Pain of Abortion” (2003) says about the women suffering from post-abortion trauma to seek emotional and spiritual healing. Dr. Burke writes that "healing can only happen when...one's story is revealed to others who do not seek to judge or condemn." Forbidden Grief is not that how-to healing manual for post-abortive women, but it is a valuable tool in helping everyone, regardless of

whether or not they have had an abortion, understand that post-abortion trauma is real and as such should be treated as a legitimate problem.

Francis J Beckwith in his book “Defending Life: A Moral and Legal Case against Abortion Choice” (2007) mentions that abortion is sophisticated, but still accessible to the ordinary citizen. Without giving a very high-pitched rhetoric or appeals to religion, the author offers a careful and respectful case for why the pro-life view of human life is correct. He responds to the strongest pro-choice arguments found in law, science, philosophy, politics, and the media. He explains and criticizes Roe v. Wade, and he explains why virtually all the popular pro-choice arguments fail.

Robert P. George and Christopher Tollefsen, in their book, “Embryo: a defence of human life” (2008) analyse how the debate over abortion, euthanasia, and embryonic stem cell research has created an unbridgeable gap between persons of faith and those who insist that faith-based views have no place in public policy. This book is a timely consideration of the nature and rights of human embryos. The authors do not give any religious arguments and make a purely scientific and philosophical case that the foetus, from the instant of conception, is a human being, with all the moral and political rights inherent in that status. As such, stem cell research that destroys a viable embryo represents the unacceptable taking of a human life. There is no room in their view for a "moral dualism" that regards being a "person" as merely a stage in a human life span. An embryo does not exist in a "pre-personal" stage that omits the inviolable rights otherwise ascribed to persons.

Christine Watkins's book "The Ethics of Abortion", (2005) acknowledges the fact that that the abortion debate is as active today as it was in 1973 with Roe v. Wade. The goal of many politicians and organizations is to make abortion illegal, while others actively and vehemently defend a woman's legal right to choose. The author here addresses the many current issues pertinent to this debate.

Robert M Baird. & Stuart E Rosenbaum's book entitled, "The Ethics of Abortion: Pro-Life vs. Pro-Choice (1993), discusses about throwing light upon the Moral and Legal Status of Abortion. Sriya Iyer in her book, "Demography and Religion in India", (2002), examines the importance of religion for demographic behaviour in India. It offers evidence that religious differences in fertility are due to the socio-economic characteristics and makes recommendations for population policies in countries characterized by religious pluralism.

In the book, "Purity, Abortion, and Euthanasia" (1988), the authors Harold G. Coward, Julius J. Lipner and Katherine K. Young give much attention to the topic of *duties* in the Indian tradition. This work includes *rights* as well, as any competent ethical discussion must. The topic is highly significant for ethical dialogue, East and West, and for our closer understanding of the Indian religious tradition. The case studies demonstrate that Indian thought has not ignored deep reflection on ethical problems that are presenting serious challenges to the modern world. They demonstrate that Hinduism has a firm grounding in ethics, even when the most difficult questions are raised.

In the paper, “A defence of women's choice: abortion and the ethics of care” (1992), Eugenie Gatens-Robinson argue that the moral paradigm of rights and a reductive biological definition of individuality are inappropriate in trying to understand the moral dimension of the relationship between a pregnant woman and the foetus which she is carrying. An analysis is given indicating why the situation and experience of a pregnant woman is anomalous within that paradigm. It is argued further that the ethics of care, with its relational view of the individual developed by feminist philosophers, is a more appropriate moral viewpoint from which to understand the range of moral connections and attendant obligation that arise within the course of a pregnancy.

Rosalind Hursthouse in her article “Virtue Theory and Abortion” (1999) writes that the rights of the mother, the foetus, and technological or medical knowledge is largely irrelevant. While she grants that it's possible that a woman having an abortion might be acting virtuously in doing so, she suggests that most reasons people give for having them are not virtuous at all.

In a fresh evaluation of Western ethics, noted philosopher Richard Taylor in his book, “An Introduction: Virtue Ethics” (2002), argues that philosophy must return to the classical notion of virtue as the basis of ethics. To ancient Greek and Roman philosophers, ethics was chiefly the study of how individuals attain personal excellence, or "virtue," defined as intellectual sophistication, wisdom, strength of character, and creativity. With the ascendancy of the Judeo-Christian ethic, says Taylor, this emphasis on pride of personal worth was lost. Instead, philosophy became preoccupied with defining right and wrong in terms of a divine lawgiver, and the concept of virtue was debased to mean mere obedience to divine law. Even

today, in the absence of religious belief, modern thinkers unwittingly continue this legacy by creating hair-splitting definitions of good and evil. Taylor points out that the ancients rightly understood the ultimate concern of ethics to be the search for happiness, a concept that seems to have eluded contemporary society despite unprecedented prosperity and convenience. Extolling Aristotle's *Nicomachean Ethics*, Taylor urges us to reread this brilliant and still relevant treatise, especially its emphasis on an ethic of aspiration.

Anne Sexton in her famous poem "Abortion" (1962) uses strong imagery, such as, "puckered," "puffing," "Blue Mountains," "sunken," "ground cracks evilly" and "dark socket. Sexton gets very personal in her poem. She lets the reader know how she's feeling through landscape. For example, in the line, "Just as the earth puckered its mouth," she feels as if the "earth" is crashing down--her life came crashing down once she realized she was pregnant, "each bud puffing out from its knot." She felt as if something had exploded inside. She makes her pain very vivid in her poem--having to make, probably the most difficult decision in her life. Maybe she was experiencing a difficult moment in her life, such as illness, financial hardship, separation from her husband or boyfriend, or even a death in the family that forced her into getting an abortion.

Richard Norman in his book, "The Moral Philosophers: An Introduction to Ethics" (1998) writes that the Moral Philosophers adopts a historical approach to moral philosophy, taking in chronological sequence some of the major ethical philosophers of the past. Richard Norman introduces the thought of each figure as a coherent and comprehensive ethical theory, exploring their richness and complexity. Each theory is critically examined and

presented as an attempt to surmount some of the deficiencies of its predecessor; and through this critical process the book moves towards some concluding suggestions about the content of an acceptable ethical theory.

Raymond S. Edge and John Randall Groves in their book “Ethics of health care: A Guide for Clinical Practice” (1999), introduces readers to the basic principles and language of ethics in health care. It provides a background in value development and ethical theories, including numerous real-life examples to stimulate discussion and thought. Many challenging exercises enable learners to explore the theoretical positions introduced in the book and practice their own decision making skills.

In “Legal and ethical perspectives in health care: An Integrated Approach” (1998), Raymond S. Edge and John L. Krieger integrate the legal and ethical aspects of health care practice. It presents a clear and comprehensive overview of topics relevant to a variety of Allied Health disciplines. By using end of chapter review questions and patient-related case studies, this book helps readers develop creative thinking skills and study up-to-date ethical issues.

Benedict M. Ashley, Jean DeBlois and Kevin D. O'Rourke in their book, “Health care ethics: a Catholic theological analysis” (2006) say that the Health Care Ethics is a comprehensive study of significant issues affecting health care and the ethics of health care from the perspective of Catholic theology. It aims to help Christian, and especially Catholic, health care professionals solve concrete problems in terms of principles rooted in scripture and

tested by individual experience; however, its basis in real medical experience makes this book a valuable resource for anyone with a general interest in health care ethics.

Catherine Anne Berglund in her book “Ethics for health care” (2004) takes a novel approach to learning about and understanding ethics. This book draws on practical experiences and contemporary issues in its exploration of the ethical choices made in health care. The common theme followed in the book is that health care ethics are not only about setting acceptable standards, they are also about reflecting on what health care professionals should aim towards. It is about reflecting on optimal standards and persuading those standards.

1.7: Research Gap and the Statement of the Problem:

After a survey of literature on abortion it became evident that much work is done in various aspects of abortion from various perspectives including the unmet demand for family planning method to interventions that address gender violence and rape, also centring round the personhood of the foetus and its putative moral and legal status as argued by pro life or pro choice feminist and other scholars who have thus made immense contributions in this regard. Although there are scholars engaged in throwing light in the abortion problem either from religious, socio cultural perspectives that remain equally decisive in moral matters, there are other feminist and philosophical positions like that of Judith Jarvis Thomson which introduces the famous violinist scenario into the abortion debate and thereby adding an interesting metaphorical dimension to the abortion debate. From both pro choice and pro life perspectives much is written on abortion as a moral problem, still some kind of literature gap

remains as to how best one can address abortion as a real-life social practice by taking into consideration all these issues together. At a time when many new concepts and ideas, right from surrogate motherhood, to many new scientific innovations like stem cell research, test tube baby, and even different types of relationships like live-in relationship, gay and lesbian having already hit the society, one is confronted with new way of addressing the age old ethical questions through the lens of drastically changing positions on moral issues in the contemporary situation of our time. Infact how we may define motherhood today is a debatable question when we can also differentiate the biological and the surrogate mother from the caring mother. The thesis tries to accommodate some such technology dependent or induced aspects of motherhood into the overall framework of the abortion debate. The thesis thus seeks to provide a holistic approach to the moral debate of abortion thereby trying to accommodate not only the biological aspect of motherhood and of the foetus, but also the socio-cultural, spiritual and other caring and nurturing aspects of this issue. The thesis aims at re-visiting the issue of abortion, focusing primarily on the issue of foetus killing in the light of ethics or moral theories.

1.8: Objectives of the Study:

Although the central issue of the thesis is to ascertain the moral status of the human foetus and the moral dimension of the abortion debate, it cannot ignore related metaphysical and ontological questions concerning the nature and attributes that an entity requires to possess in order to have “full moral standing”. Although abortion is not an issue in all countries and for many it should be left to ‘individual’s for their own choice or that it is a women’s domain

where men have nothing significant to contribute, for many others abortion still encourages a serious academic debate centring on human-person dichotomy, sanctity of life and other related issues. In this background the thesis objectives are:

1. To analyse the issue of abortion from various socio-cultural, legal and religious aspects and also to assess the relevance of the abortion debate in light of contemporary changes in science, technology, and also in peoples attitude toward some such issues like abortion in particular.
2. To analyse whether it is possible to study the problem of abortion with the help of traditional theories of ethics like utilitarianism and Kantian de-ontological ethics? The question that emerges now is: 'With the changing structure of the society, do we need a new ethics'?
3. To see and to overcome the problem of abortion with the help of virtue ethics and more particularly with the help of the ethics of care.
4. To analyse the various modern technological issues like the role of ultrasound machines in abortion, stem cell research, in-vitro fertilization etc. and try to find out the difference between the foetus killing and abortion, if there is any.

1.9: Data Source and Methodology:

This research will be mainly done with the help of secondary data, mainly on the basis of reading books and articles on abortion and the related topics. The study of abortion will be interpreted the from points of pro-life and pro-choice by applying mainly theories like utilitarianism, feminism, Kantian Ethics, Virtue Ethics and Care Ethics.

1.10. Layout of the Main Chapters:

The thesis is structured as follow:

After a brief introduction of the problem of abortion in chapter one, the core of the dissertation begins with the second chapter i.e., '*The Religious, Socio-Cultural and Legal Issues of Abortion*' which reviews various socio-cultural legal and religious aspects of the abortion scenario. Since abortion as commonly prevalent practices in many societies have generated intense moral, ethical, political and legal and religious debates highlighting the fact that abortion is not merely a techno-medical issue but "the fulcrum of a much broader ideological struggle in which the very meanings of the family, the state, motherhood and young women's sexuality are contested" (Petchesky R.P,1986 : vii).This chapter reviews how the socio-cultural and religious beliefs are related with the moral dimension of the abortion issue and how at times these very factors have remained decisive in creating public pressure for legal reforms in some difficult situations.

The third chapter, '*Utilitarianism, Kantian Ethics and the Problem of Abortion*', discusses the issue of abortion from (a) utilitarian and (b) de-ontological point of view. The theories of utilitarianism and the Kantian deontology are discussed briefly in this chapter. Here an attempt is made to discuss different factors of abortion with the help of traditional moral theories like utilitarianism, and de ontology in particular. This chapter tries to find out whether these two theories are adequate enough to interpret the problem of abortion, or do they display some limitations in this regard.

The third chapter '*A Defence of Woman's Choice: Abortion and the Ethics of Virtue & Care*', reviews the problem of abortion from virtue and care ethical perspectives. Ethics of Care is an influential version of virtue ethics. Developed mainly by feminist writers, such as Annette Baier, this account of virtue ethics is motivated by the thought that men think in masculine terms such as justice and autonomy, whereas women think in feminine terms such as caring. As the problem of abortion is a problem where the relation between a mother and her child is closely associated, so this problem is not able to understand without noticing some most important factors called love, emotion and care a mother use to feel for her child. So this chapter specifically deals with this issue.

The fifth chapter i.e., '*Re-visiting Moral Dimension of Abortion: Reproductive Issues and Technologies*', re-visits the moral dimension of abortion and related reproductive issues in the light of new findings in science and technology that have made immense contribution toward changing people's perspectives on the abortion issue. So far as the various factors of abortion is concerned, it is highly dependent on many scientific processes. Starting from the abortion pill to ultrasound method, from stem cell research to In-vitro fertilization, technological intervention in life and death issues have remained decisive in ascertain the moral dimension of abortion. Besides, since stem cell research, In-vitro fertilization etc. share a close relationship with the foetus killing issue, this chapter tries to open up a dialogue with the moral angle of some such technological innovations so far these would assume the form of foetus killing, although in a different form than that of the abortion issue.

The concluding chapter of the thesis is a summation of the major findings of the previous chapters making a critical estimate of the thesis findings in light of the issues raised in the initial chapters.





Chapter- 2

The Religious, Socio-cultural and Legal Issues of Abortion

2.1. Different Religions and their Position on the Abortion Issue:

So far as some major religions of the world are concerned, most of these religions have their own distinctive positions regarding the problem of abortion. While some religious positions are found to be very rigid, some others are found to be quite flexible. Some of the important religions of the world, Hinduism, Islam, Christianity, and Buddhism, among others, have different outlooks towards the problem of abortion. This chapter is a select survey made of the different religious positions on the abortion issue. The chapter further discusses overall socio-cultural and some legal issues related to abortion with special emphasis on the Indian subcontinent.

2.1.1. Hinduism and Abortion:

Hinduism is one of the oldest religions of the world. It is believed in Hinduism that the foetus has life in the mother's womb itself. Hindu medical ethics believes in the principle of *ahimsa* or non-violence. When considering abortion, the Hindu way is to choose the action that will do least harm to all involved, namely, the mother and father, the foetus and the society. Hinduism is therefore generally opposed to abortion except where it is necessary to save the life of the mother.

Most of the classical Hindu texts are strongly opposed to abortion. The so-called *Vishnudharmasutra* or Law Book of *Vishnu* compares abortion to the killing of a priest. Another classical Indian text, *Kausitaki Upanisad* considers abortion or *Bhrunhatya* a worse

sin than killing one's parents. The law Book of *Apastamba or Apastambadharmasutra* mentions that a woman who aborts her child will lose her caste.

Traditional Hinduism and many modern Hindus also see abortion as a breach of the duty to produce children in order to continue the family legacy and produce new members of society.

So far as the status of the foetus in Hinduism is concerned, the soul and the matter, from which the foetus are made, are considered by many Hindus to be joined together from the time of conception.

According to the doctrine of re-incarnation a foetus is not developing into a person, but is a person from a very early stage. It contains a reborn soul and should be treated appropriately. By the ninth month the foetus has achieved very substantial awareness. According to the *Garbha Upanishad*, the soul remembers in its past life happenings during the last month it stays in mother's womb (these memories are destroyed during the trauma of birth). The Mahabharata refers to a child learning from its father the war-skills while it was still in the mother's womb. In the Mahabharata, it is mentioned that Arjuna's son Abhimanyu had learned how to enter in the "*Chakrabehu*", the difficult strategic position in war, while he was in the mother's womb itself. Again it is also seen that some rituals are performed in the different stages of pregnancy that addresses the foetus as an entity with significance.

The doctrine of reincarnation, which sees life as a repeating cycle of birth, death and rebirth, is basic to Hindu thinking and this doctrine of reincarnation can be used to make a strong case against abortion too. When a foetus has been aborted, the soul within it suffers a major

karmic setback. It is deprived of the opportunities and its potential human existence would have given it to earn good *karma*, and is returned immediately to the cycle of birth, death and rebirth. Thus so far as the abortion concerned it hinders the spiritual progress of the foetus.

According to the traditional Hinduism, a human foetus is born a member of a human community, and lives its life and then it dies. After that the process of rebirth continues. But if abortion is to be performed then the whole process of the cycle of birth of that soul is somehow destructed or obstructed. So abortion cannot be regarded to be an acceptable position in Hinduism.

But the interesting point which can be mentioned here is that the same doctrine can be used in support of pro-abortion stand as well. If it is the case that a soul never dies and it is in the cycle of birth, death and rebirth, then if because of certain reason, one has to take the help of abortion, then also the soul will not be destroyed to be born in another incarnation. So here it is seen that so far as the doctrine of re-incarnation is concerned, it is vitiated by the fallacy of slippery slope.

But Hinduism also believes in the doctrine of *ahimsa* or non-violence, which teaches that it is wrong not only to kill living beings, but to also to kill embryos. Hindus believe that all life is sacred, to be loved and revered. All life is sacred because all creatures are manifestations of the Supreme Being.

2.1.2. Islam and Abortion:

Like Hinduism, Islam regards abortion to be wrong and *haram* (forbidden). But taking into consideration of certain practical necessities some provision is kept so that abortion can be permitted in some special cases. All schools of Muslim law accept that abortion is permitted if continuing the pregnancy would put the mother's life in real danger. This is the only reason accepted for abortion in Islam even after 120 days of the pregnancy.

Different schools of Muslim law hold different views on whether any other reasons for abortion are permitted and if it is permitted in what stages of pregnancy it is acceptable.

Some schools of Muslim law permit abortion in the first 16 weeks of pregnancy, while others only permit it in the first 7 weeks. However, even those scholars who would permit early abortion in certain cases still regard abortion as wrong. But generally they do not regard it to be punishable. It is believed in Islam that the degree of the wrong become greater, as much as it goes to an advanced stage of pregnancy. The Qur'an does not explicitly refer to abortion but offers guidance on related matters. Scholars accept that this guidance can properly be applied to special pro-abortion positions.

The Islamic view is based on the very high priority of the faith gives to the sanctity of life.

The Qur'an states:

Whosoever has spared the life of a soul, it is as though he has spared the life of all people.

Whosoever has killed a soul, it is as though he has murdered all of mankind.

Qur'an 5:32

Most Muslim scholars would say that a foetus in the womb is recognized and protected by Islam as a human life.

But Islam allows abortion to save the life of the mother because it sees this as the 'lesser of two evils' and there is a general principle in Sharia (Muslim law) of choosing the lesser of two evils. Abortion is regarded as a lesser evil in this case because:

- the mother is the 'originator' of the foetus
- the mother's life is well-established
- the mother has with duties and responsibilities
- the mother is part of a family
- allowing the mother to die would also kill the foetus in most cases

So in order to avoid greater evil, sometimes people are to take the help of lesser evil, i.e. abortion.

The Qur'an makes it clear that a foetus must not be aborted because of the fear that a family will not be able to take the responsibility of it properly. It is written in Qur'an that one should have full trust upon Allah. Kill not your offspring for fear of poverty; it is we who provide for them and for you. Surely, killing them is a great sin.

Qur'an 17:32

The same (and similar) texts also ban abortion on social or financial grounds relating to the mother or the rest of the family - e.g. that the pregnancy wasn't planned and a baby will interfere with the mother's life, education or career.

Another case in which abortion is acceptable in Islam is if it is confirmed in the early period of pregnancy that a foetus suffers from a defect that cannot be treated and that will cause great suffering to the child. Here a number of scholars say that it is permissible to abort, provided that the pregnancy is less than 120 days old.

A slightly more liberal opinion is that abortion within the first 120 days would be permitted if a child would be born with such physical and mental deformity as would deprive the child of a normal life. The opinion of at least two competent medical specialists is required. But some scholars disagree and hold that abortion is not permitted in such cases.

There is almost unanimous opinion that after 120 days an abortion is not permissible unless the defect in the embryo puts the mother's life in danger.

In recent times in Iran, the incident of Ayatollah Ali Khameni adopting a flexible position on medical grounds by issuing a *fatwa* permitting abortion for foetuses if these are less than 10 weeks time since birth shown to have the genetic blood disorder thalassemia. In Iran, again Grand Ayatollah Yusuf Saanei issued a *fatwa* which permits abortion in the first three months for various reasons. Saanei accepted that abortion was generally forbidden in Islam, but went on to say:

'But Islam is also a religion of compassion, and if there are serious problems, God sometimes doesn't require his creatures to practice his law. So under some conditions--such as parents' poverty or overpopulation--then abortion is allowed'.⁸

Widely quoted is a resolution of the Islamic jurisprudence council of Mekkah Al Mukaramah (the Islamic World League) passing a *Fatwa* in its 12th session held in February 1990? This allowed abortion if the foetus was:

grossly malformed with untreatable severe condition proved by medical investigations and decided upon by a committee formed by competent trustworthy physicians, and provided that abortion is requested by the parents and the foetus is less than 120 days computed from moment of conception.⁹

Some scholars state that abortion is permissible in the first 120 days of the pregnancy especially when the mother is the victim of a rape or of incest. Others say that abortion is never permitted on some such grounds only. Explaining the difficulty of ascertaining a definite position in such a case, one scholar points out: I believe that the value of life is the same whether this embryo is the result of fornication¹⁰ with relatives or non-relatives or in valid marriage. In Sharia, life has the same value in all cases.¹¹

⁸ Sanei, G. A. (2000, 12 29). *Los Angeles Times*

⁹ *Abortion*. (2009, 9 7). Retrieved 2 23, 2010, from BBC Religion: http://www.bbc.co.uk/religion/religions/islam/islamethics/abortion_1.shtml

¹⁰ Voluntary sexual intercourse between persons not married to each other or Extramarital sex that willfully and maliciously interferes with marriage relations

¹¹ *Sheikh M. A. Al-Salami, Third Symposium on Medical Jurisprudence*

It is reported that Bosnian women raped by the Serbian army were issued a *fatwa* allowing them to abort, but were urged to complete the abortion before the 120 day mark. A similar fatwa was issued in Algeria. This demonstrates that Islamic law has the flexibility to be compassionate in appropriate circumstances.

In Egypt (where abortion is illegal) in June 2004, Muhammad Sayed Tantawi, the Grand Sheikh of Al Azhar, approved a draft law allowing women to abort a pregnancy that is the result of rape. The law would also make it legal for women to undergo an abortion more than four months after conception.

His decision caused controversy among other Muslim scholars. The mufti of Egypt, Ali Gomaa, said Tantawi's decision was wrong and violated the Qur'an's injunction that "forbids killing innocent souls." He said, "It is *haram* [forbidden] to abort the foetus after life is breathed into it, in other words after 120 days." However, he added that a woman could terminate a pregnancy if she was in immediate danger. But Islam does not permit abortion where an unwanted pregnancy is the result of unforced adultery. Islam forbids the termination of a pregnancy after soul or 'Ruh' is given to the foetus. But there's disagreement within Islam as to exactly which period of time this would happen. The opinions are that the process takes place:

- at 120 days
- at 40 days

- when there is voluntary movement of the foetus. This usually happens during the 12th week of gestation but many women don't notice the movement until much later than - sometimes as late as 20 weeks.

Abdullah narrated that the Allah's Apostle, the true and truly inspired said, "(as regards your creation), 'every one of you is collected in the womb of his mother for the first forty days, and then he becomes a clot for another forty days, and then a piece of flesh for another forty days'. Then Allah sends an angel to write four words: He writes his deeds, time of his death, means of his livelihood, and whether he will be wretched or blessed (in religion). Then the soul is breathed into his body..."¹²

However, it's important to note that many scholars believe that life begins at conception, and that all scholars like Hinduism believe that an embryo deserves respect and protection at all stages of the pregnancy.

2.1.3. Christianity and Abortion:

The Roman Catholic Church adopts a pro life position that deliberately causing an abortion is totally moral wrong. It bases this doctrine on natural law and on the written word of God. The Church says that human life begins when the woman's egg is fertilized by a male sperm. From that moment a unique life begins, independent of the life of the mother and father. The features that distinguish us from our parents - the colour of our eyes, the shape of our face -

¹² *Bukhari Sahih, Volume 4, Book 55, Number 549*

are all laid down in the genetic code that comes into existence then. Each new life that begins at this point is not a potential human being but a human being with potential.

If the history of abortion is been looked, it is found that since the sixteenth century, causing or having an abortion led to automatic excommunication. This is stated in the Code of Canon Law (1983): "A person who actually procures an abortion incurs automatic excommunication".

The Church condemned abortion as early as the 2nd century CE: a document called the Didache, written in the 2nd century (some time after 100 CE), states: "You shall not kill the embryo by abortion and shall not cause the newborn to perish".¹³

Regarding the pro-life strong position taken, by the Roman Catholic Church has supported by the pro-life groups which have been formed to challenge the legalization of abortion. The Church itself has played a major role in the politics of the abortion debate throughout the world.

So far as the current position of Catholic Church is concerned, Pope John Paul II takes a very strong position on it and describes abortion to be something equal with murder. During a trip to Poland in August 2002, Pope John Paul II has expressed his opposition regarding abortion. He says, "Frequently man lives as if God did not exist, and even puts himself in God's

¹³ *Christianity: Abortion.* (2009, 08 03). Retrieved 01 12, 2011, from BBC- Religion: http://www.bbc.co.uk/religion/religions/christianity/christianethics/abortion_1.shtml

place... He claims for himself the Creator's right to interfere in the mystery of human life. Rejecting divine law and moral principles, he openly attacks the family.”¹⁴

Again in 1995, he stated the fundamental position of the Church and says, “I confirm that the direct and voluntary killing of an innocent human being is always gravely immoral.”¹⁵

In that particular lecture, Pope has specially referred¹⁶ about abortion, euthanasia and the destruction of human embryos in medical research. On abortion specifically the Pope wrote, “I declare that direct abortion, that is, abortion willed as an end or as a means, always constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being.”¹⁷

In October 1996 the Catholic Bishops of England and Wales published a document called *The Common Good* in which they said that all human rights flow from one fundamental right of the right to life. This followed a 1980 document in which the seven Catholic Archbishops of Great Britain (England, Wales and Scotland) issued a document called 'Abortion and the Right to Live'. This emphasized that the Church's opposition to abortion stemmed from

¹⁴ Pope John Paul (2001, 12 8). *NO PEACE WITHOUT JUSTICE*. Retrieved 1 2010, 23, from Vatican: http://www.vatican.va/holy_father/john_paul_ii/messages/peace/documents/hf_jp-ii_mes_20011211_xxxv-world-day-for-peace_en.html

¹⁵ Pope John Paul II (1995). *EVANGELIUM VITAE*. Retrieved 01 11, 2010, from http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

¹⁶ ‘Evaluate professionally a colleague's work or (sport) be a referee or umpire in a sports competition’

¹⁷ Pope John Paul II (1995). *EVANGELIUM VITAE*. Retrieved 01 11, 2010, from http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

recognition of the basic rights of all individuals, including the unborn, because the unborn has its own intrinsic values.

But there are few Catholics, who disagree with the Vatican line on abortion. According to them total ban on abortion is not correct. They have put forward some arguments against it.

- Although the Church teaching has for a long time stated that a foetus becomes a person when the egg is fertilized, distinguished theologians such as Augustine and Aquinas said this didn't happen until between 40 and 80 days after conception. Other Catholics might argue that the Church has a fixed position on the right to life of the foetus nonetheless
- The Church has affirmed the right and the responsibility of each Catholic to follow his or her own conscience on moral matters, even when it conflicts with Church teaching. Others may take the view that certain absolutes cannot be subjugated to one's own will
- The Church has not declared that its teaching on sexual and reproductive issues is infallible. But it could be argued that the Catechism of the Catholic Church states "Among such fundamental rights one should mention in this regard every human being's right to life ... from the moment of conception until death."¹⁸

Even pro-choice Catholics don't regard abortion as morally good, but they argue that based on the situations sometimes one might take the help of abortion.

¹⁸ *Christianity: Abortion.* (2009, 08 03). Retrieved 01 12, 2011, from BBC- Religion: http://www.bbc.co.uk/religion/religions/christianity/christianethics/abortion_1.shtml

So far as the different views of Catholics are concerned, research and publications from the Alan Guttmacher Institute in America illustrate some contradictions in the Catholic stance against abortion. It states that catholic women in the United States are as likely as women in the general population to have an abortion, and 29% more likely than Protestant women.

So far as the Protestant view is concerned, it is not as rigid as the Catholic view and it varies from situation to situation. In the twentieth century, the debate over the morality of abortion became one of several issues which divided and continue to divide Protestantism. So it is difficult to give a single protestant view on abortion. Whereas "mainline" Protestants lean towards a pro-choice stance, African-American Protestants are much more strongly pro-life than white Protestants.

Even among Protestants who believe that abortion should be a legal option, there are those who believe that it should nonetheless be morally unacceptable in most instances. This stance was expressed by former President William J. Clinton when he asserted that abortion should be "safe, legal and rare." Other Protestants, most notably the Evangelicals, have sought to sharply restrict the conditions under which abortion is legally available. At the other extreme, some Protestants support freedom of choice and assert that abortion should not only be legal but even morally acceptable in certain circumstances.¹⁹

¹⁹ McGrath, Alister E.; Marks, Darren C. (2004). *The Blackwell companion to Protestantism*. John Wiley & Sons. p. 294

But above all there is an important characteristic of Christianity that is ‘forgiveness’. So, in Christianity though abortion is considered to be a sin, it can also be forgiven by God.

2.1.4. Buddhism and Abortion:

Buddhism is a religion, which is a great supporter of non- violence. But so far as the issue of abortion is concerned, the act of violence is always found to be associated with it. According to most of the western and Japanese Buddhists, the act of abortion is a permissible act. On the otherhand according to many other Buddhists it is equal to murder. According to traditional Buddhism, life is precious and if it is taken deliberately or death occurs due of negligence, then it is become equal to murder and that is why it is a sin.

The traditional Buddhists believe that abortion is a deliberate destroying of a life. According to Buddhism, there is karma and rebirth associated which implies that the individual human life begins at conception and it should get same moral respect like an adult human being²⁰. Modern Buddhists, however, are more concerned about the morality of abortion.

According to the teachings of the Buddha, an act of killing is wrong when:

- the thing killed is a living being
- the killer, must know or be aware that it is a living being
- one has the intention to kill it
- there must be an effort to kill
- the being is killed as the result

²⁰ Keown Damien ,(2004) *Science and Theology News*.

If we analyse the act of abortion, with the help of the conditions given by the Buddha we will find:

- When a baby is conceived, a living being is created and that satisfies the first condition. Although Buddhists believe that beings live in a cycle of birth death and rebirth, they regard the moment of conception as the beginning of the life of an embodied individual.
- After a few weeks the woman becomes aware of its existence and that meets the second condition.
- If she decides she wants an abortion that provides an intention to kill.
- When she seeks an abortion that meets the fourth condition of making an effort to kill.
- Finally the being is killed because of that action.

It implies that according to Buddhism, the act of abortion is considered to be wrong and it is equal to murder.

Usually it is found in Buddhism that the Buddhists take the responsibility of everything they do. They believe that consequences of their action will also be according to their acts. The decision to abort is therefore a highly personal one, and one that requires careful and compassionate exploration of the ethical issues involved, and a willingness to carry the burden of whatever happens as a result of this decision.

But so far as the ethical consequences of the act of abortion is concerned, it is also dependent on the motive and the intention behind this act. Buddhists face a difficult situation when abortion becomes medically necessary to save the life of the mother. In such cases the moral status of an abortion will depend on the intentions of the act of abortion.

If the decision is taken compassionately, and after long and careful thought then although the action may be wrong, the moral harm done will be reduced by the good intentions involved in the action. If because of the pregnancy mother's life is in danger, in that case in order to save the life of the mother that pregnancy must have to be terminated. Otherwise the death of the mother will be equal to the murder.

Another factor, which leads to abortion, is on medical grounds, like some defects carried by the foetus. Defects may be both mental and physical. Under such circumstances, even the physicians may prefer abortion. Otherwise it may be the case that the foetus after turning out the baby will have to suffer from some incurable disease for the whole lifetime. Traditional Buddhist thinking does not deal with these cases, but it has been argued by some modern Buddhists that if the child would be so severely handicapped that it would undergo great suffering, in these cases, abortion is permissible. One important point, which can be mentioned here, is that, according to traditional Buddhism ignorance (*avidya*) is the root cause of suffering. So if we want to end this suffering, ignorance or *avidya* is to be removed with the help of knowledge (*vidya*). As with the help of the modern medical technology, the various defects of the foetus can already be determined, so it is better to end the suffering or take the help of the abortion to prevent one human being to suffer for the whole life time.

The Dalai Lama in this context has said, “Ofcourse, abortion, from a Buddhist viewpoint, is an act of killing and is negative, generally speaking. But it depends on the circumstances.

If the unborn child will be retarded or if the birth will create serious problems for the parent, these are cases where there can be an exception. I think abortion should be approved or disapproved according to each circumstance.”²¹

Here we discuss about the intention, motive, karma and consequences (*karmaphal*) of the mother. But according Buddhism foetus is also a human being as Buddhists believe that life begins from time of conception. The foetus suffers bad karma because its soul is deprived of the opportunities that an earthly existence would have given it to earn good karma, and is returned immediately to the cycle of birth, death and rebirth. Thus abortion hinders its spiritual progress. So from this angle also abortion is something which is found to be acceptable in Buddhism.

In Buddhist countries like Japan, China and Thailand, abortion is very common. Infact in Japan and China it is considered to be legal. In China, abortion is used as easy means for population control. Another important thing about Thailand is that, here prostitution is regarded as an acceptable profession. Many poor girls have taken this profession as their livelihood in order to take care of their family. So, if a girl becomes pregnant in that case, she will have to take the help of abortion. Because of it, even it is found that in Thailand many

²¹ Claudia, D. (1993, 11 28). *The Dalai Lama*. Retrieved 10 12, 2009, from The New York Times: <http://www.nytimes.com/1993/11/28/magazine/the-dalai-lama.html?pagewanted=all&src=pm>

times abortion is used to take place illegally. So contraceptives are made easily available in Thailand. But there is probability for the girls to become pregnant sometimes. But they cannot deliver the child as it may harm their figure and lower their demand in the field. That is why many times they have to go for abortion. In most of the time they are to take the help of illegal means. In 2010, in a Buddhist temple, one shocking incident had happened. The discovery of more than 2,000 fetuses stored at a Bangkok temple has made front-page news across Thailand. As most abortion is illegal in Thailand, the case has shown a spotlight on a massive backstreet industry and sparked national debate about the country's current abortion laws, which date from the 1950s. With abortion routinely recognized as a "sin" in Theravada Buddhism, religion has played a significant social and political role in this debate.²² Though various discussions on this issue have been made, but the main question raised here is that of the need for abortion related legal reform in Thailand.

But the most significant point which is found in these countries is the ritual which is used to be celebrated, especially in Japan. In Japan, many woman who have had an abortion, used to offer a prayer to Jizo, the God of lost travellers and children. They believe that Jizo will steward the child until it is reborn in another incarnation. In this respect, they organize a function called *mizoko kuyo*, a memorable service for the aborted child. The ritual includes elements of folk religion and Shinto (the ancient indigenous religion characterized by veneration of nature spirits and of ancestors) and Bodhisattvas.

²² Seth, M. (2010, 11 21). *Thailand Confronts Its Issues With Abortion*. Retrieved 2 27, 2011, from The New York Times: http://www.nytimes.com/2010/11/22/world/asia/22iht-thai.html?_r=0

In this context William R. Lafleur writes, "...within the Japanese Buddhist community the discussion of abortion is now limited largely to criticisms of those temples and temple-like organizations which employ the notion of 'foetal retribution' to coerce the "parents" of an aborted foetus into performing rituals that memorialize the foetus, remove its 'grudges,' and facilitate its rebirth or its Buddhahood.

Many Buddhists find repugnant such types of manipulation of parental guilt - especially when expressed in the notion that a foetus in limbo will wreak vengeance (tatari) on parents who neglect to memorialize it."²³

So it is seen that so far as the problem of abortion is concerned, Buddhism is a religion, which becomes liberal in its attitude. Again it is also seen that so far as Japanese Buddhism is concerned, they give importance to both utilitarian as well as virtue approaches to the morality. The most significant point which is found in Buddhism is that though abortion is permissible and acceptable in most of the modern Buddhist countries, but the feeling of motherhood is always given respect. That is why they celebrate rituals like *mizoko kuyo*. Though because of the various socio-cultural and biological factors, abortion is accepted, but with it the care and love for the child, is also kept intact in some form of ritual performance like the one mentioned above there. Because of these pragmatic approaches, Buddhism has become one of the most liberal and popular religions of the contemporary world.

²³ William R. Lafleur, (1990) *Contestation and Consensus: the Morality of Abortion in Japan*, Philosophy East and West, 40

2.1.5 Sikhism and Abortion:

Sikhism does not support abortion and it usually forbids abortion. Sikhism believes that this world is the creation God and abortion is the interference of his work of creation.

In page 74 of the Guru Granth Sahib it is mentions that life begins from the time of conception. That is why Sikhs generally regarded abortion to be a sin and that is why in Sikhism abortion has been forbidden.

2.2. Socio-cultural Impact on Abortion:

In this section of this chapter, we have discussed some of the impacts of the various world views on the permissibility and acceptability of the abortion practice in some exceptional cases. The present section will make an attempt at examining some socio-cultural conditions that have made impact on abortion decision with special reference o India. India is one such country, which houses almost all the major religions of the world, namely, Hinduism, Islam, Christianity, and Buddhism etc. Again it is a country with different traditions, cultures, languages and religions. Hindus of different regions of India like north, south, east and north-east represent different cultural zones and variations. Interestingly even membership to one religion does not guarantee consensus on some major life decision to abort etc. We can illustrate here taking different instances from different parts of India in order to analyse and understand the problem of abortion. If the socio-cultural effects on abortion are to be taken into consideration, then some of the factors must have to be given importance. Some of them are discussed below:

2.2.1: Socio-cultural Factors and Abortion Discussions: Some Case Studies from India:

In most societies motherhood was a value in itself as fertility and barrenhood came to be treated as positive and negative virtues respectively. Status of barren women was less in the primitive societies. A woman, who has male children, occupied central position in some culture in comparison to a woman having only female children. However a child was regarded to be a gift of God, so the question of abortion did not arise in the early society. But there are some socio-cultural factors, which make the preference for the male child more prominent in the society. Girl foetuses have been often aborted mainly for the financial reasons. Men are usually the main income-earners, either because they are more employable or earn higher wages for the same work, or because they are able to do more agricultural work in subsistence economies. Since male babies have a greater income potential, they are less likely to be aborted.

In many Indian societies, parents look forward to their children to be looking after them in their old age. In most of these cultures a girl gets married and leaves her father's family and joins her husband's family. So it is the general thinking of many people that boys are real assets and so the preference for the boy is much more than the girls. Some parents, especially the poor parents therefore find it more reasonable to abort the female foetus.

Another most important issue, which leads a major role in sex-selective abortion, is the problem of dowry. Social issues like dowry entered into the society, which makes the marriage of a girl a big problem for the parents. It reduces the demand for a girl child to a great extent. And the process of infant (girl) killing had started. With the development of

modern science and technology, many modern types of machinery have entered the society, which makes the determination of the sex of the baby very easy in the mother's womb itself. So gradually infant killing is converted to sex-selective abortion. Kalpana Sharma²⁴ writes that it is easy for a mother to abort a foetus than to kill an infant. Because killing of the infant has given more physical and emotional pain to the mother. Women have always paid the price through their bodies for dominant social norms, such as the belief that only a son can be the rightful heir of property. This norm is so deeply ingrained that even a liberal education does not seem to alter it.

But so far as pro-abortion decision is concerned, the most important point to be noted here is that the decision is not taken by the pregnant woman individually. In India, the decision to abort the foetus is taken by the family collectively. In fact in many cases, it is found that because of the pressure of the family, a woman has to give consent to abortion despite her reluctance to abort.

In contemporary India, with the change of the socio-economic conditions, the status of women has also changed. In the modern society, a woman has to play diverse roles, both personal and professional, and motherhood is not the sole identity of a woman.

The status of woman has changed in the contemporary world. In India too, the status of woman has changed. Today women are ready to take new challenges and they have almost

²⁴ Kalpana Sharma. (2007, 3 18). *Female Infanticide: Think of the mother* . Retrieved 4 24, 2008, from India Together: The News in Proportion: <http://www.indiatogether.org/2007/mar/ksh-mother.htm>

become successful to acquire a status in the male-dominating society. But as mentioned earlier, the demand for the male child is still there in the society. The role of the religion on this issue cannot be ignored.

Though Hinduism is a religion which prefers the doctrine of non-violence and Hindu authorities condemn infanticide, but son-preference in Hindu cultures is largely based on the fact that men are better providers, and that sons are required for the proper performance of funeral rites. It is believed in Hinduism that the other departed soul gets liberation only when the funeral rites of an individual would be properly performed by his own son. The example of the preference for boy is also found in the great epic *Mahabharata*, where *Gandhari* is blessed by the sage *Vyasa* to be a mother hundred sons. In India it is also one strong reason behind the sex-selective abortion.

It is not only the case with the Hinduism. But in some religions like Sikhism also sex-selective abortion is very much in practiced. Sikh authorities condemn infanticide.

Originally the Sikh religion is one of the most gender-neutral religions as it gives equal respect to both man and woman. This is surprising that the recent censuses in India showed there are far more male children than female children in the Sikh community. In reality there is great preference for male child. The community appears to give greater respect to the parents of boys, and male members of the society.

The Sikh religious organization Akal Takht has re-emphasized that women are equal to men. It has banned neo-natal sex identification, selective abortion and the killing of female babies. But still in Punjab, people have a very strong preference for the son.

If the case history of abortion in the northern and western states of India (namely, Haryana, Himachal Pradesh, Punjab, Rajasthan, Madhya Pradesh, Gujarat, and Maharashtra) is taken into consideration, it would be found that the male child preference is a common trait in almost every state and every religion (whether it is in Hinduism or in Islam or in Sikhism or any other religion).²⁵ Here the following example Haryana can be cited. In Haryana, the number of sex-selective abortion is very high. Because of social, economic, religious reasons, including lack of financial support, discrimination in property inheritance, fear of dowry, old age insecurity etc., and abortion is a very common practice here. Invention of ultrasound has made it very easy to determine the sex of the baby. So instead of killing the baby, now days, people first determine the sex of the baby and if they find it to be a girl, they just abort it. That is why, the sex-ratio of male and female child become imbalanced day by day, especially in the northern part of India. If we see the overall sex-ratio of the country, it is very clearly seen that, whereas in 1991, against every 1000 males, there are only 927 females. And in 2001, it is 933 against every 1000. The thing, which is worrying, is that, if the children, who are below seven years of age, are noticed, then it is found that in 1991, 945 girls are there in against of every 1000 boys and which was even more decreased to 927 in

²⁵ Mutharayappa, R., Minja, A. K., & T, R. K. (1997). Son Preference and its Effect on Fertility in India. *National Health Survey Subject Report*, 3, 24.

2001. So it can be observed that the situation is becoming worse day by day. The situation is worsened by the easy availability of the modern machinery. An ultrasound may cost hardly 500 rupees to 1000 rupees, which is considered by a couple to be affordable than the large sum they will have to pay for dowry. In the whole world, almost 35 million abortions take place annually. More than half of them are held illegally. They are performed by some untrained and unskilled persons and done under highly unhygienic conditions. In this context Sayeed Unisa, Sucharita Pujari and R. Usha say that in Haryana sex selective abortion is a very common issue. Because of many social evils like dowry, lack of financial support for women, discrimination in property inheritance etc, along with the large scale preference for male child in society, the cases sex-selective abortion in their tradition is always higher in Haryana. In the data, there is phenomenal rise in the number of spontaneous abortion. In the illegitimate practice of abortion or in many cases of the induced abortion, the cases are often projected as the cases of spontaneous one or it is the choice of the mother. In Haryana, the use of an ultrasound in the sample population is one out of eight women, out of which more than one third had sex selective abortion. But in most of the cases, it is shown as a spontaneous abortion.²⁶

In some states of India like the north-eastern states of Assam, Meghalaya, Nagaland, Mizoram, Manipur, Tripura, Arunachal Pradesh and southern states like Tamil Nadu, Karnataka and Kerala the instances of sex-selective abortion is very low.

²⁶ Sucharita Pujari and R. Usha (2007 1 6) “*Sex Selective Abortion in Haryana: Evidence form Pregnancy History and Antenatal Care*”, “Economic and Political Weekly”,60-66,

In Buddhist traditions, the instances of sex-selective abortion are almost negative. But if the name of a neighbouring country of India, i.e. China is taken for example, it would be found that female infanticide has existed in China for a long time. The One Child per Family policy has added this problem in China. The One Child Policy was introduced by the Chinese Government in 1979 with the intention of keeping the population within sustainable limits even in the face of natural disasters and poor harvests, and improving the quality of life for the Chinese population as a whole. Under the policy, parents who have more than one child may have their wages reduced and be denied some social services. Though Chinese society is egalitarian in nature, but still many parents think that a boy can better take care of them in their old age. That is why many parents abort their foetus, if they find it not a preferable one.

So it is seen that sex-selective abortion is practiced not only in some states of India but many other countries of the world. Sex-selective abortion not only an illegal practice but it affects the sex- ratio of those places very badly.

2.2.2: Pre-marital Pregnancy and Abortion:

Pre-marital pregnancy is regarded as a social taboo or sin in most of the countries of the world. If an unmarried woman becomes pregnant, she preferred to go for abortion as in most of the societies it is not accepted. It is not necessary that that pregnancy is due to rape. In Indian society, premarital pregnancy has been considered to be something not acceptable. One very famous example of it is found in *Mahabharata*. *Kunti*, mother five *pandavas* has given birth to *Karna* before her marriage. Because of the fear of the condemnation from the family and society she could not accept the child and without the knowledge of anyone she

was to desert the child. There are many cases where girls even prefer to kill themselves for it. In the modern time, though the attitudes of the people have changed a lot, but still pre-marital pregnancy or single motherhood is not taken as an easy system in the society. That is why in the contemporary society woman prefer to go for abortion. But dangerous thing here to be noted is that in many cases the age of the pregnant women are very less. Based upon a survey, conducted among 549 unmarried women aged 15–24 who had obtained an abortion in 2007–2008 at one of 16 clinics run by the nongovernmental organization *Janani* in the states of Bihar and Jharkhand.²⁷

Another important factor which can be noted here is that both pregnancy and abortion in such an immature stage is dangerous for the health of the woman. In many certain cases, the family members of the girl even force the girl to go for abortion, as it is the question of the prestige of the family. That is why it is very necessary to provide sex-education to the teenagers. Along with it is also important to make them realize the importance of value.

Today society has changed a lot. With changing structure of the society social value have also changed. In many developed countries many unmarried woman prefer to become mother and take the responsibility of the child alone. In India also some examples of single mother is found.

²⁷ Shveta Kalyanwala, A. J. Francis Zavier, Shireen Jejeebhoy and Rajesh Kumar,(2012 6) “*Abortion Experiences of Unmarried Young Women In India: Evidence from a Facility-Based Study in Bihar and Jharkhand*”, “International Perspectives on Sexual and Reproductive Health”, 36, (2),

2.2.3: Abortion as a Measure of the Population Control:

Many over-populated countries have made abortion legal as a measure of the population control of the country. As for example China has accepted abortion as a measure of the population control because of their one child policy. India is also an over populated country. So in India also many people have gone for abortion in order to terminate the unwanted pregnancy. Though many contraceptives are available in order to avoid pregnancy, still sometimes people prefer to take the help of abortion. But in some traditions to take any measure to control population control is banned. As for example we can take case of Iran. Homa Hoodfar has written that Shah's semi-secular government was a government of scientific and modern type, where use of contraceptives and medical abortion under the help of educated doctors were permitted. But in 1979 Shah's government was replaced by a self-proclaimed Islamic regime led by Ayatollah Khomeini, who was a conservative religious leader and long standing opponent of the Shah and his westernization programmes. Abortion was banned and regarded it to be anti-Islamic. All the family planning programme of Iran had been over ruled. Most of the Muslim fundamentalist leaders called it imperialist tool for reducing the number of Muslims and subjugating oppresses nations. Although contraceptives were not banned, but made it too costly so that it became difficult to purchase it by normal people. Interesting fact here was that in the name of religion, women were totally brain-washed so much that, they used to follow all the rules by themselves and even supported it. The result of it was that the 1986 census revealed that the population had reached 50 million-some 14 million more people than had been expected. It even affects the economy of the country badly. Then the government says that actually it is the duty of every woman to give

birth to efficient citizen of the country. So it is necessary to control the family, so that efficient citizen can be procured by their parents. In that way, the uses of contraceptives have been made easily available again. The banned on abortion was removed.²⁸

In India, sometimes abortion is used as a tool of population control. So far as the practice of abortion is concerned, almost all the countries of the world have gone through certain legal steps and rules. From the above discussion it becomes clear that in the name of abortion many illegal means like sex-selective abortion are practiced in the society. It is not the case with India only, but in China and many south-eastern countries too, sex-selective abortion is practiced. Not only sex-selective abortion, but many other illegal issues relating to abortion have been practiced in the society. That is why various laws have been implemented in the society.

With such socio-cultural issues, it is very important to discuss legal issues related to the problem of abortion. So in the next section of the chapter, various acts and legal for the abortion is being discussed.

2.3: Legal Issues of Abortion:

One major problem related to the abortion is the sex-selective abortion. It is already discussed that it is not the problem of India alone; China too takes help of legal measures to

²⁸ Homa Hoodfar, (1996 11 8) "*Bargaining with Fundamentalism: Women and the Politics of Population Control in Iran*", *Reproductive Health Matters*, 30-40.

address this issue. The Chinese Government has acknowledged the problem and introduced laws to deal with it:

- Marriage law prohibits female infanticide.
- Women's Protection Law prohibits infanticide and bans discrimination against women who choose to keep female babies.
- Maternal Health Care Law forbids the use of technological advances, such as ultrasound machines, to establish the sex of foetuses, so as not to pre-determine the fate of female infants or encourage selective abortion.

In India also in order to restrict sex-selective abortion, some act had been introduced.

To avoid the induced abortion, in 1971, the parliament of India has enacted the Medical Termination of Pregnancy Act (MTP act). It came into force from April 1st, 1972. The MTP act was again revised in 1975.²⁹

The MTP act has certain conditions. According to these conditions, there must be certain solid reasons, behind the abortion, those reasons are given below

First, if a woman is suffering from certain serious disease, under which conditions, continuation of pregnancy could endanger her life like

- Heart diseases
- Severe Rise in blood pressure
- Uncontrolled vomiting during pregnancy

²⁹ *MTP Act*. (n.d.). Retrieved 9 9, 2010, from pcndtbangalore.in: <http://www.pcndtbangalore.in/mt pact.html>

- Cervical / breast cancer
- Diabetes mellitus with eye complications (retinopathy)
- Epilepsy
- Psychiatric illness

Secondly, if the continuation of pregnancy may lead to the serious problems, whether mental or physical to the new born like

- Chromosomal abnormalities
- Rubella (German measles) viral infection to mother in first three months
- If previous children have congenital abnormalities
- Rh iso-immunisation
- Exposure of the foetus to irradiation

Thirdly, if the pregnancy is result of rape

Fourthly, if the socio-economic condition of the mother or the family hampers the progress of a healthy pregnancy and the birth of a healthy child.

If a woman becomes pregnant because of the failure of contraceptive, she can terminate the pregnancy by following some consent:

- If married—her own written consent. Husband consent is not requires
- If unmarried and above 18 years—her own written consent
- If below 18 years—written consent of her guardian
- If mentally unstable—written consent of her guardian

Provision is made for some kind of assurance that the aborting person would be informed of all possible options that are in store, and that she should be provided medical counselling about the procedure to be followed, about its possible risks both prior to and after the abortion phase and its possible remedy.

MTP act has also specified about the kind of persons, who can conduct the MTP:

- Any qualified registered medical practitioner who has assisted in 25 MTPs
- A house surgeon who had done six months post in Obstetrics and Gynaecology
- A person who has a diploma / degree in Obstetrics and Gynaecology
- 3 years of practice in Obstetrics and Gynaecology for those doctors registered before the 971 MTP Act was passed
- 1 year of practice in Obstetrics and Gynaecology for those doctors registered on or after the date of commencement of the Act
- Whenever the pregnancy exceeds 12 weeks but is below 20 weeks opinion of two registered medical practitioners is necessary³⁰

It is also mentioned in this act that any institutions licensed by the Government to perform MTP can only perform this kind of timely needed safe abortion. It is also written there that the certificates issued by the Government of India should be conspicuously displayed at a place easily visible to persons visiting the place.

³⁰ *The Medical Termination of Pregnancy Act.* (2013). Retrieved 1 8, 2013, from mtpsolapur.org: <http://mtpsolapur.org/mtpact.aspx>

So far as the MTP act is concerned, it can be said that it appears to be very strict still it is very liberal in nature. While making this act, many socio-cultural and individual problems have been taken into consideration.

In 1994 another act, The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act had been freshly introduced. This act was made to provide for the regulation of the use of pre-natal diagnostic techniques for the purpose of detecting genetic or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex linked disorders and for the prevention of the misuse of such techniques for the purpose of pre-natal sex determination leading to female fetuses and, for matters connected there with or incidental thereto.

Whereas in some states, these act used to be followed sincerely, in many other states, these acts are there, only for the name-sake. Among the states, which follow the MTP Act and PNDDT act honestly, one of the foremost names is Mizoram. So far as Mizoram is concerned two most positive things about this place is that there is not any case of sex-selective abortion and second, unqualified and quacks do not occur in Mizoram. Mizoram is a very small state and among the whole population 97% of them are tribal. Probably that is why; the craze for male child is not there in the Mizoram. Another good feature regarding this state is that it is the second literate state of India and it has different socio- cultural background in comparison to the other states of the country. One of the important points, which can be noted in the case of Mizoram is that, while the overall conditions of infrastructure in terms of standard of the procedure rooms, conditions of basic furniture, client privacy, water availability, electricity

connections etc. are good in Mizoram, the equipments, drugs and consumables needed in abortion procedure are not to the mark of expectation. The majority of the population in Mizoram is Christian. Because of their religious belief, which suggests them to support pro-life values, sometimes it becomes difficult for the trained physicians also to take the decision, whether they should handle an abortion case or not. The Christian Mizos sincerely believe that since human life has been created by God, it is to be treasured and not to be destroyed. For them abortion is not right or it is an immoral act, as it destroys a potential human being. Thus in Mizoram, the issue of abortion sometimes becomes a religious and moral dilemma for many doctors. Many doctors even after having the proper training of MTP, suggests the patient to think, if they have some other options except abortion. Some doctors even arrange for a safe delivery, in case of minor girls also and arrange for adoption of the child after the delivery too. So it can be seen that, though in Mizoram no sex-selective or unhygienic form of abortion is found, but there is great religious and ethical dilemma among the people of the Mizoram, including the doctors regarding the matter of abortion. This case study shows that the issue of abortion is also dependant on how one interprets one's religious beliefs and practices it. This disparity in the implementation of the MTP act in some states lead us study the role of religious factors in abortion decision³¹. Another two states that follow both MTP and PNDA act are Tamil Nadu and Kerala.

³¹ Indrani Dutta (2005), "*Abortion in Mizoram*" Omeo Kumar Das Institute of Social Change & Development, Guwahati, Assam

It is seen that, whether it is the case of India, Thailand or China, or whether it is the case of sex-selective abortion or abortion due to some other reasons, what is to be valued most is the softer and nurturing feelings of love, tolerance and respect for humanity. What is needed is more awareness and academic discussion for making people educated morally or ethically. That is how abortion is more a philosophical problem than anything else. To quote Feinberg:³²

“Abortion raises subtle problems for private conscience, public policy, and constitutional law. Most of these problems are essentially philosophical, requiring a degree of clarity about basic concepts that is seldom achieved in legislative debates and letters to newspapers”.

2.4: Conclusion:

Besides these socio-cultural, legal and above all religious considerations of the problem of abortion, one of the major objective of the thesis is to explore the possible philosophical perspective of abortion, especially in terms of the moral dimension of abortion. In this respect, one quotation of Pope John Paul II is stated bellow:

“Furthermore, what is at stake, it is so important that from the standpoint of moral obligation, the mere probability that a human person is involved would suffer to justify an absolutely clear prohibition of any intervention aimed a killing a human embryo. Precisely for this reason, over and above all scientific debates and those

³² John Feinberg, (ed.), (1984), *“The Problem of Abortion.”* (I)California: Wadsworth Publishing Company.

philosophical affirmation to which the Magisterium has not expressly committed itself, the Church has always taught and continues to teach that the result of human procreation, from the first moment of its existence, must be guaranteed that unconditional respect which is morally due to the human being in his or her totality and unity as body and spirit.”³³

So from the above discussion, one point becomes clear that the law can be made, but if the people have to follow it they have to feel it from the heart. Whether it is China, India or Thailand and whether it is the case of sex-selective abortion or some other cases, illegal practices have been made almost everywhere of the world despite laws being made to prevent such wrong happenings. If people have to follow the laws and rules of a country, first of all they have to realise the moral lapses of their deed that could have been avoided. That is why ethical or moral aspect of the problem of abortion is very important, as far as effort is on to ban illegal abortion. The question remains: ‘what is the moral dimension of the problem of abortion?’ ‘Can the existing theories of ethics be of help in suggesting some guidelines in this regard?’ From the next chapter onwards attempt will be made to study the problem of abortion from the ethical point of view by taking into consideration some of the issues discussed in this chapter.

³³ Paul. John Paul II, (1997). *The Unspeakable Crime of Abortion*. In S. dwyer, & J. Feinberg, *The Problem of Abortion* (p. 23). Warworth Publishing Company

Chapter 3

Utilitarianism, Kantian Ethics and the Problem of Abortion

3.1: Introduction:

The broad and complex ethical issue of abortion can be approached from many moral and ethical directions. Two such directions can be the deontological Natural Moral Law and the teleological or consequentialist Utilitarian ethics. Abortion is a problem, which is not only related to a woman, but there are various factors which play important role so far as this problem is concerned. Infact this has become an important problem of ethics as the foetus can also be considered to be a potential person and abortion or foetus killing or the killing of a potential person is a serious issue, so far as moral philosophy is concerned for. In any kind of discussion on morality, especially in connection with the moral dimension of abortion, various issues like the concept of person and its difference with the concept of human beings in particular, along with it the concepts of right, wrong or the concept of choice and more specifically the rational capability of human being also comes into account.

This chapter is an attempt at some kind of philosophical analysis of these matters with reference to some moral theories like Kantian Ethics and Utilitarianism in particular. The particular reason for selecting only these two theories is that, one can re-visit the human-person dichotomy from the standpoint of a theory that justifies intrinsic value of the human person with its moral dictums on persons as ends in themselves, i.e. the deontological moral theory of Immanuel Kant. On the otherhand a moral theory, utilitarianism takes a slightly alternate stand in this regard with its stand on the moral worth of an action to be ascertained

solely by its contribution to overall utility: that is, its contribution to happiness or pleasure as summed among all people. Keeping room for the instrumentality of human person in its scheme of hierarchy of utilitarian goals, this theory seems to provide a counter position to the Kantian theory especially in this regard of the moral position of abortion.

3.2: Utilitarianism:

This chapter will first focus on the theory of utilitarianism and will discuss what role utilitarianism can play in this connection.

Utilitarianism is one of the oldest philosophical theories of the world. The moral theory of utilitarianism became popular during 18th to 19th century. Jeremy Bentham and John Stuart Mill are two names, which can be regarded as the most influential contributors of the theory of utilitarianism. It is a form of consequentialism, which gives importance on the results or outcomes of a particular action. The basic moral principle of utilitarianism is called “The Principle of Utility” or “The Greatest Happiness Principle”.³⁴

So far as Jeremy Bentham’s view on utilitarianism is concerned, the pain and the pleasure are the two main intrinsic values in the world. The rightness or the wrongness of an action is totally determined by the capacity to produce the greater degree of pleasure or the larger limit of happiness produced by that action. Bentham uses the term ‘pleasure’ and ‘happiness’ in the same sense.

³⁴ Driver, J. (2009, 3 27). *The History of Utilitarianism*. Retrieved 9 2010, 2, from Stanford Encyclopedia of Philosophy: <http://www.science.uva.nl/~seop/archives/sum2010/entries/utilitarianism-history/>

A specific system of measuring the pleasure against pain can be utilized called Hedonic Calculus. Hedonic Calculus first proposed by Jeremy Bentham, measures pleasure/pain through eight categories:

- Certainty
- Duration
- Extent
- Intensity
- Remoteness
- Richness
- Purity³⁵

Bentham's theory of utilitarianism was later modified by John Stuart Mill. According to Mill all the pleasures are not equal in their status. While cultural, intellectual and spiritual pleasures are of greater value than mere physical pleasure, the former would be valued higher than the latter by competent judges. A competent judge, according to Mill, is anyone who has experienced both the lower pleasures and the higher. His famous quote found in *Utilitarianism* (book) was, "it is better to be a human dissatisfied than a pig satisfied; better to be Socrates dissatisfied than a fool satisfied", demonstrating Mill's distinction between higher and lower pleasures. Mill always says that by fulfilling ones desire also, one may have pleasure. But happiness is something, which comes from following virtues rather than desires. John Stuart Mill later argued that pleasure was also quantifiable in intellectual and spiritual terms. These 'higher' pleasures, he argued outweighed, the 'lower' pleasures. Within

³⁵ *The Hedonistic Calculus* . (2009 , 1 11). Retrieved 2 18, 2010, from Ethics Homepage: <http://philosophy.lander.edu/ethics/calculus.html>

utilitarian preview, rightness or the wrongness of an action is solely dependent on the fact that the overall pleasure has been decided to outweigh the pain in the circumstances resulting from the decision. For J.S. Mill being well fed, at the expense of a man's spirituality was a lesser pleasure, and in effect, not as 'right' as spiritual enlightenment lasts significantly longer than the feeling of being well fed.

Utilitarians would argue that greater suffering may be caused by the preservation of a foetus' life. The mother of the child may be a chronic drug addict, and the chances of the baby growing up disadvantaged are high. It could be argued that the mother may not be fit to care for a child and the child would suffer a hard life, through mal-parenting and possible separation from the mother in later years. A possible course of action would be a wilful abortion by the mother to prevent suffering of a child.

3.2.1: Utilitarianism and its Types:

Utilitarianism is of two types, act utilitarianism and rule utilitarianism. Act Utilitarianism is a utilitarian theory of ethics which states that a right action is the one which produces the greatest amount of happiness or pleasure for the greatest number of beings. On the other hand, Rule utilitarianism is a form of utilitarianism that says that actions are moral if they conform to the rules that lead to the greatest good, or that, "the rightness or wrongness of a particular action is a function of the correctness of the rule of which it is an instance."

In addition to these forms of utilitarianism, one contemporary and modified version of utilitarianism is also found, that is defined as preference utilitarianism. This form

utilitarianism was outlined by R. M. Hare in 1981. A major proponent of preference utilitarianism is Peter Singer. R. M. Hare's views regarding this form of utilitarianism have influenced Singer. However, preference utilitarian interprets the best consequences in terms of 'preference satisfaction'. This means that 'good' is described as the satisfaction of each person's individual preferences or desires, and a right action is that which leads to this satisfaction.³⁶ Since what is good depends solely on individual preferences, there can be nothing that is in itself good or bad except for the resulting state of mind. Preference utilitarianism therefore can be distinguished by its acknowledgment that every person's experience of satisfaction will be unique.

So it is seen that utilitarianism plays an important role, so far as ethical theories are concerned. Since the main issue of this thesis is the problem of abortion, by taking in to account the various aspects of the theory of utilitarianism, it is to be seen whether the problem of abortion could be re-solved by applying utilitarianism measuring scale of happiness index or not.

3.3: Utilitarianism and the Problem of Abortion:

It is seen that one's decision to abort a foetus is due to various factors out of which desire to get rid of unwanted pregnancy remains decisive, more so when the resultant pregnancy is outcome of rape and some such related factors. Another most important point is that, if the

³⁶ Mautner, T. (Ed.). (n.d.). *Preference Utilitarianism*. Retrieved 11 2010, 15, from BLTC: <http://www.utilitarianism.com/prefutil.htm>

health condition of the pregnant woman is not well, in that condition, abortion is become essential, otherwise that woman may has to lost her life. It may be the case that the foetus has some incurable disease and if that foetus will born, then that child will have to carry that disease for the whole lifetime, which will create problem for that particular child as well as for the entire family. Besides, other not so serious factors may contribute toward abortion decision if these considerations are perceived as making decisive impact on what it means to lead a happy life and how one perceives happiness, like the consideration one may have that as a career woman, due to her pregnancy, one may have to lose her job, and this will add more pain to her life than happiness. Again due to financial reasons, sometimes it becomes difficult for a particular family to carry the burden of another child.

3.3.1: Factors of Abortion and the Role of Utilitarianism:

Let us trace some of the conditions which do lead to abortion and how utilitarianism would deal with these conditions.

3.3.1.1: Abortion and Rape:

If the woman is a rape victim, then it is very natural that that pregnancy is unwanted. In this case, it is natural that the woman does not want to carry the foetus to the term. If the baby be allowed to be born, in this kind of cases, it might so happen that the both mother and her family will face much suffering and problem in major forms. So far as the child is considered, that child would not get a very good social status. The family or the society would react negatively to the fact that the child had the gene of a rapist, a criminal. So in this

case child born would carry the bad legacy of the criminal father and the people's attitude toward him would respond that way as if he too would turn out to be another rapist or criminal of some sort. Utilitarianism has always regarded the principle of "greatest happiness of the greatest number" to be the ultimate one. So in this case of abortion of the foetus the morality of the act depends on how far it would lead to the greatest happiness of the greatest number of the society. That is why it can be said that according to utilitarianism abortion is permissible if it satisfies the greatest happiness principle.

3.3.1.2: Abortion due Unhealthy Foetus:

We can take another instance here. If the foetus is suffering from an incurable disease, then in this circumstance most of the parents would want to abort the foetus. If the child is allowed to be born, he/she will have to suffer from that incurable disease for the whole lifetime. Understanding this many parents take the help of abortion in order to end pain for the rest of his/her life. The family members of the child would suffer too and there will be no end to this ordeal as there will be no remedy for their suffering. On the contrary, the child will need treatment for the whole life, which becomes a burden for the family. On top of it the guarantee of a positive result is not in store for them. Because of it, it may so happen that the whole might have suffered from a very heavy financial crisis. Under this situation it will be wise to abort the foetus. So it is seen that in this case also, the abortion of the foetus will bring the greatest happiness of the greatest number. Therefore, abortion is a possible choice for a utilitarian.

3.3.1.3: Abortion and the Poor Family Condition:

Another condition plays an important role so far as the issue of abortion is concerned. If a family has already many children and that family is not financially so sound to have another child, under that condition also the pregnant woman can think about the abortion. Because of the poor financial condition of the family, it would not be possible to provide a good and healthy environment and good education to the child. So ultimately that child will be deprived of a secured future. So the consequences of this act are more pain and less pleasure or happiness. That is why here in this case also it can be said that abortion is permissible from the point of view of utilitarianism.

3.3.1.4: Abortion and the Contemporary Woman:

Another condition favouring abortion is the mother's career in case she is a contemporary woman, who is in a profession, including strenuous jobs in a corporate sector. For such mothers who have to cope with a hectic work that it is become very difficult to give time to child. Situation is worst if both the parents are equally busy and that this is one reason when parents opt for abortion. If the happiness of the mother is now concerned, then from the utilitarian point of view also the decision of abortion is right. But here generally the greatest happiness of the maximum people is also taken into consideration. Sometimes it so happens that though the mother does not want the child, but other members of the family want. In such conditions whose 'will' get more preference is a significant question.

3.3.1.5: Sex-selective Abortion:

Another important form of abortion, specifically in the context of Indian, China and some other culture specific zones is the sex-selective abortion. Because of many socio-cultural and religious reasons it is found that sex-selective abortion is practiced. Although not in the entire continent, in some states of India, it is seen that the boy child is given preference in comparison to the girl child. The main reason behind sex-selective abortion is dowry, a large sum of money that is to be paid to the groom's family for the girl's side for the grace he or his family has shown by marries the girl, especially when the girl is from a poor background. In many parts of the country during the wedding time a girl is to take a good amount of dowry with her. So wedding of the daughter has become a big problem for the family of the girl, especially for a poor family. A section of the desperate parents want to take the help of abortion, when they discovered that the foetus is a female. In this kind of cases, gives consent to the abortion because they know that, if the girl child would have been born, she would have to suffer from family violence and negligence from the family. She would not have proper education, like her male siblings of the family. Even after her marriage, she would have to suffer from many tortures from their in-laws. Again if a woman is able to become a mother of a male child, her status of the society increases. Because of this patriarchal set up of the society, even the pregnant woman many times wants to do sex-selective abortion. In this condition also, from utilitarian view point, abortion is permitted, as it results the happiness of all the family members, sometimes even the happiness of the pregnant woman too.

Are sex-selective abortions wrong? In India's male-dominated society, especially in the northwest, this logic is one reason parents abort an estimated half-million female foetuses each year. The practice, called female feticide, has been responsible for at least 10 million female abortions since 1985, according to a controversial study published in January in the *Lancet*, the British medical journal. In Canada, some hospitals refuse to tell prospective parents the sex of their foetus when discovered in a second-trimester ultrasound, because the members of many immigrant groups will selectively abort girls. Apparently, such sex-selective abortions are common enough that the birth demographics in some areas are clearly skewed. Many feminist scholars observe that the problem with sex-selective abortions is not the abortion per se, but rather with the deep sexism of cultures that don't value girls and women.

3.3.2: Utilitarian Implication on Abortion:

One important point, which is found here, is that the foetus is carried by the pregnant woman. But it is seen that almost in all the cases, the decision for abortion is dependent on the permission and will of the entire family members. In fact in maximum cases the opinions of the family members are considered more to be important than the opinion of the pregnant woman. One of the important problems that we find in utilitarianism is that according to the application of the greatest happiness of the greatest number theory even the social evil like sex-selective abortion also becomes justifiable. It is a big limitation of this theory so far as its application to the problem of abortion is concerned.

So under all such conditions, abortion appears to be a plausible moral choice especially under the yardstick of utilitarianism's happiness measurement policy. So these are some of the conditions, for which abortion becomes an unavoidable option essential. Otherwise the consequences produced out of it will be painful. But under these circumstances, if a woman uses to take the help of abortion, then ultimate result will be happiness or pleasure.

According to act utilitarianism, the consequences of each above mentioned cases will determine whether that action is right or wrong. Rightness and wrongness of an action will be determined by the consequences produced by that action. So far as the problem of abortion is concerned, here if the problem would be seen with the help of utilitarianism, the first thing to be seen here is the production of happiness. First we see the problem from the angle of the pregnant woman. From the personalistic point of view the woman being a person in her own right, the happiness of the pregnant woman is most important.

Utilitarianism always gives importance on the consequences produced by an action. The consequence or result is measured by the production of the happiness or pleasure of a particular action. It has been already discussed that the rightness or wrongness (or the morality) of an action is determined by that particular action's capacity to produce an amount of pleasure or happiness. Now one question will arise here i.e. what should be the procedure on the basis of which an individual is able to determine that an action is capable to produce pleasure. The answer of this question is individual or even of collective 'choice'. Now the question arises, i.e., whose choice will get priority?

It is said that a woman is a person, as she is a rational, self-conscious being. So here it is important to give preference to the happiness of the woman. If she is happy in aborting the foetus, then she has the permission to do so. It may be the case that, a woman does not want to become mother, but because of the failure of contraceptive somehow accidentally a woman becomes pregnant. Here in this case if she wants to abort the foetus, she has the right to do so. Otherwise, she feels as if she will be deprived of some amount of happiness for being able to live life in her own preferred way. There is a possibility that for the rest of her life that feeling may be with her and it may affect the child also. She may not give her hundred percent love and to the child.

Judith Jarvis Thomson here cites an interesting example in this respect that clarifies how the pregnant woman might feel trapped if it was not her free choice to conceive the child and to give birth to it. She cited an imaginary example as follows: It may happen with someone that he just wakes up in the morning to himself back to back in bed with one of the famous unconscious violinist, who was found to have a fatal kidney ailment. The society of music lover has discovered from the previous records that only that particular man has the right blood type which is matching with the violinist's. So they have kidnapped that person and the violinist circulatory system was plugged into that person's kidney, so that that the person's kidney can be used to extract poisons from the violinist's blood as well as that person's own. To unplug the person would be to kill the violinist. This process will continue for nine months and then the violinist will be recovered for his ailment and can safely be recovered from that person. Thomson has found this scenario analogous with atleast some cases of

pregnancy which she cited in order to express the moral permissibility of induced abortion. In this paper, Thomson showed that the right to life consists not in the right not to be killed, but rather in the right not to be killed unjustly. So, on the basis of this argument that the foetus is a person and he or she also has the right to life, we cannot oppose abortion. Thomson's article defends abortion rights and functions primarily to the idea of mother – foetus consanguinity. So here it is seen that the writer tries to defend the abortion in those cases, where the pregnancy is accidental or unwanted.³⁷

Here it is said that so far as the happiness index is concerned, it is related to the person concerned. In that case both the right to life and the happiness of the foetus and its mother matter most. According to many philosophers, the foetus is also a person. A foetus is mainly regarded to be potential person. Because when it is born, it is born to attain maturity of a person. It is wrong to kill an infant. An infant also does not have the rational capacity, but gradually when it grows up all these qualities will be possessed by him/her. Similar is the case with the foetus. The foetus is also a potential person. After its birth all the qualities will be gradually possessed by the foetus also. So, in the case of abortion, the happiness index is one-sided and her happiness of the foetus is totally neglected. So in the fact that the foetus is also an innocent human being like the pregnant woman. In fact in many cases it is seen that a woman gets pregnant by her will, but after discovering the pregnancy and because of some unavoidable circumstances, she wants to take the decision of abortion. But the innocent

³⁷ Judith Jarvis Thomson, (1971) "Defense of Abortion", *Philosophy and Public Affairs*, 1(1), 47-66.

foetus is killed in this process. In this perspective Peter Singer has formulated the main argument against abortion decision in a syllogism form:

First Premise: It is wrong to kill an innocent human being.

Second Premise: A human foetus is an innocent human being.

Conclusion: Therefore it is wrong to kill a human foetus.

The pro-life supporters always present this argument against the abortion decision. Peter Singer criticizes the second premise of the above argument. He says that if a 'human' is taken as equivalent to 'person', the second premise of the argument, which asserts that the foetus is a human being, is clearly false; for one cannot plausibly argue that a foetus is either rational or self-conscious. If, on the other hand, 'human' is taken to mean no more than 'member of the species *Homo sapiens*', then it needs to be shown why mere membership of a given biological species should be a sufficient basis for a right to life. Rather, the defender of abortion may wish to argue, we should look at the foetus for what it is.³⁸

It is seen that according to Peter singer a foetus is not a person as potentiality and actuality are two different things. According to Peter Singer even a chimpanzee or a dolphin has more value than a foetus. Even an old man or a person in coma can be killed if they are compared with the other higher animals like chimpanzee or dolphin. So far as the utilitarianism applied by Peter Singer is concerned, it is called preference utilitarianism. Here Peter Singer says that it's favourable for the pregnant woman if she has given the right to abort, as the foetus is

³⁸Peter Singer. (1995). Abortion. In H. Ted (Ed.), *In Ted Honderich (ed.)* (pp. 2-3). Oxford: The Oxford Companion to Philosophy.

something which is related to her body only. A woman is a human being and a person, as she is self-conscious and rational in actuality. So it is seen that so far as utilitarian view is concerned, it has ultimately tried to solve the problem of abortion by taking into account the concept of person.

Singer states that arguments for or against abortion should be based on utilitarian calculation which compares the preferences of a woman against the preferences of the foetus. In his view a preference is anything sought to be obtained or avoided; all forms of benefit or harm caused to a being correspond directly with the satisfaction or frustration of one or more of its preferences. Since a capacity to experience the sensations of suffering or satisfaction is a prerequisite to having any preferences at all, and a foetus, up to around eighteen weeks, says Singer, has no capacity to suffer or feel satisfaction, it is not possible for such a foetus to hold any preferences at all. In a utilitarian calculation, there is nothing to weigh against a woman's preferences to have an abortion; therefore, abortion is morally permissible.

Similar to his argument for abortion, Singer argues that newborns too lack the essential characteristics of personhood namely, rationality, autonomy, and self-consciousness" etc. and therefore according to singer killing a newborn baby can never be regarded to be equivalent to killing a person, that is, a being who wants to go on living." ³⁹

³⁹ Peter Singer. (n.d.). *Rethinking of Life*. Retrieved 8 3, 2010, from <http://spruce.umflint.edu/~simoncu/115/singer.pdf>

In other words, the foetus is of a human being but is not, in itself, a human being. Singer in this context regarded that what is being adverted to when someone says the foetus is a mere "clump of cells". But this is also obviously silly as people get abortions because they don't want *human children* and not because they don't want dependent clumps of cells. so there is a possibility to arising of a question here, that is, "Is there no moral distinction between killing a newborn baby and aborting a foetus?"⁴⁰. These are some of controversial questions, which has been emerged after the publication of the article entitled "After-birth abortion: Why should the baby live?" written by Alberto Giubilini and Francesca Minerva in the *Journal of Medical Ethics*. These two Australian academics have argued that the moral status of a newborn baby was identical to that of a foetus. Given that most people view abortion as morally acceptable so, they argued, there is no reason not to see infanticide as morally acceptable, too, even in 'cases where the newborn has the potential to have an (at least) acceptable life, but the well-being of the family is at risk'. Indeed, Giubilini and Minerva reject the term 'infanticide', preferring to talk of 'after-birth abortion'. The problem with the claims of Giubilini, Minerva and Singer derives from their utilitarian outlook that denies that anything has intrinsic moral worth and views morality in terms of maximising overall 'happiness', where such happiness is measured in terms such as that of increasing pleasure, decreasing pain or ensuring satisfaction of individuals' preferences. It thus turns out to be a

⁴⁰ *Are They Even Trying to Make Sense?: Abortion Edition*. (2011, 11 8). Retrieved 1 2012, 21, from Morality & Religion, Science: <http://collapseblog.typepad.com/blog/2011/11/are-they-even-trying-to-make-sense-abortion-edition.html>

theory that is often logical in some abstract way, but it is rarely rational within the framework of actually lived human lives.⁴¹

But so far as the issue of abortion is concerned, only on the basis of consequentialism, that is utilitarianism, a definite answer cannot be given. Even by taking in to account the issue of person in this context is also not necessary. Abortion is not an issue to be solved with the help of the production of the degrees of happiness only. Even the debate of the concept of person is also not clear here. The main point in this regard is that, for all the philosophers, the woman is an actual person. So if a foetus is considered to be person also, still the position of the woman cannot be denied. Jane English has mainly highlighted the moral psychology as a part of the debate. She has allowed the right to the pregnant women to decide if she would choose to preserve her life by terminating her pregnancy. Jane has written this article from feministic point of view. Her approach is mostly right oriented and has allowed the women to take her own decision on abortion. In this article she had also maintained that utilitarian theory does not have merit. Jane English believes that the abortion debate cannot be explained only with the concept of person.⁴²

From the medical point of view, abortion can be done during the period of first trimester. The main reason behind it is that the foetus is unable to feel any pain during this period. But modern research has proved that a human foetus does not feel any kind of pain before twenty

⁴¹ Giubilini, A., & Minerva, F. (2012, 2 23). *After-birth abortion: why should the baby live?* Retrieved 5 11, 2012, from Journal of Medical ethics: <http://jme.bmj.com/content/early/2012/03/01/medethics-2011-100411.full.pdf+html>

⁴² Jane, E. (1975). Abortion and the Concept of a Person. *Canadian Journal of Philosophy* , 5 (2), 233-243.

four weeks. So utilitarianism has to take into consideration the results of the medical sciences. There are many people who could not do abortion, because as per medical experts' opinion, abortion was not permitted after three months of pregnancy. Again there is a possibility that after sometimes new research may say something new. In this case it is become very difficult to come to a definite conclusion about the exact period of abortion. Again if we see the problem of abortion from the angle of a mother only then it is found that a mother has to undergo certain physical pain during the time of pregnancy and more particularly on the time of delivery. But in most cases when the baby comes in her lap the level of pleasure she feels is totally inexpressible. It is an eternal bliss for her. So there are hardly any cases where it is found that a mother takes the help of abortion to get rid of the labour pain, by taking in to consideration the point that she will have to suffer during the time of delivery. Again in many cases after the abortion, a woman may suffer from both mental and physical pain. It may be the case the intensity of the post abortion trauma is worse than the pain she would have to suffer in the time of pregnancy and delivery. In many cases of abortion a woman herself wants abortion because of many other circumstances, but the result of it is not always a simplistic calculation of pleasure over pain. What are foresees and how it finally emerges may differ drastically.

The very important point which is found in this paper is that the issue of abortion is a very complicated issue and it is very difficult to come to a definite conclusion of this problem. Here the attempt of this chapter is to solve these issues with the help of utilitarian ethics; it is found that utilitarian is of not much help, as the consequences produced by abortion vary

from person to person and from situation to situation. So it is not possible to come to a definite conclusion with the help of utilitarianism-yard-stick.

Again whenever it is been talked about 'choice', then one question arises, i.e. on what basis a person will choose something to do what is morally right or morally wrong? The answers for the question is dependent on the human being's quality called rationality and the use of it. One important point which is been noticed here is that when the concept of person is discussed in order to defend the right of mother or of the foetus, sole importance have been given to the rational quality of the human. Others qualities happiness, care etc. have been totally remained unnoticed.

3.3.3: Utilitarianism and its logical implications:

These are some of controversial questions, which has been emerged after the publication of the article entitled "After-birth abortion: Why should the baby live?" written by Alberto Giubilini and Francesca Minerva in the Journal of Medical Ethics. These two Australian academics have argued that the moral status of a newborn baby was identical to that of a foetus. Given that most people view abortion as morally acceptable so, they argued, there is no reason not to see infanticide as morally acceptable, too, even in 'cases where the newborn has the potential to have an (at least) acceptable life, but the well-being of the family is at risk'. Indeed, Giubilini and Minerva reject the term 'infanticide', preferring to talk of 'after-birth abortion'. The problem with the claims of Giubilini, Minerva and Singer derives from their utilitarian outlook that denies that anything has intrinsic moral worth and views morality in terms of maximising overall 'happiness', where such happiness is measured in

terms such as that of increasing pleasure, decreasing pain or ensuring satisfaction of individuals' preferences. It thus turns out to be a theory that is often logical in some abstract way, but it is rarely rational within the framework of actually lived human lives.⁴³

3.3.4: Even If Abortion is Right Infanticide is Wrong:

Because of a moral boundary between the foetus and the newborn, a cell created by a fusion of egg and sperm is (if we ignore the possibility of cloning) a necessary condition of being a human being is not a sufficient condition for this added moral dimension. It is argued that although there is no point at which a 'non-human' becomes a 'human', or a 'non-person' becomes a 'person', there are moral boundaries that mark qualitative shifts. Birth is one of those boundaries. A foetus is a physical part of woman's body. That is why we talk of 'a woman's right to choose'. Abortion is not about the killing of another human being but about a woman exercising her right to control her own body. The moral status of a foetus that is wanted, and that the woman sees as an unborn child, is different from the moral status of an unwanted foetus that she wishes to abort. Most societies recognize this in the moral and legal distinctions they draw between the abortion of an unwanted foetus and the killing of a wanted one.

Birth transforms that relationship. An entirely physical attachment becomes primarily, and increasingly, social. A foetus is part of the physical body of a woman. A newborn is part of the moral community of humans. Its moral status no longer depends upon the subjective

⁴³ Giubilini, A., & Minerva, F. (2012, 2 23). *After-birth abortion: why should the baby live?* Retrieved 5 11, 2012, from Journal of Medical ethics: <http://jme.bmj.com/content/early/2012/03/01/medethics-2011-100411.full.pdf+html>

desires of the woman but derives from its membership of the moral community. In that change lies the moral difference between a foetus and a newborn, and between abortion and infanticide. The way a human birth differs from the birth of other animals, because a human mother can choose of to give birth, the human mother is unique that she constructs or creates a human social reality she is not merely a reproducer of human beings. She creates new persons and thereby changes persons, cultures and social institutions that depend on her by creating the kinds of persons that continue to transform themselves and their surroundings.

Klimas has observed it further and says,

“That is precisely why they should be debated openly and robustly criticism by suggesting that this was simply an exercise in abstract logic or a ‘thought experiment’. In an open letter written after the storm broke, Giubilini and Minerva apologized ‘for offence caused by our paper’ but insisted that ‘it was meant to be a pure exercise of logic: if X, then Y’ and ‘not a proposal for the law’. Their argument, as we have seen, is part of a long-standing philosophical tradition that has pushed to break down traditional moral boundaries and done so for practical reasons. Peter Singer’s arguments, for instance, have transformed attitudes to animal rights over the past four decades, and helped shape contemporary debates on abortion and euthanasia”.⁴⁴

⁴⁴Klimas, L. (2012, 2 27). *Ethicists Argue in Favor of ‘After-Birth Abortions’ as Newborns ‘Are Not Persons’*. Retrieved 5 12, 2012, from The Blaze: <http://www.theblaze.com/stories/ethicists-argue-in-favor-of-after-birth-abortions-as-newborns-are-not-persons/>

3.4: Some Limitations of Utilitarianism:

Since utilitarianism views morality in terms of maximising overall 'happiness', where such happiness is measured in terms such as that of increasing pleasure, decreasing pain or ensuring satisfaction of individuals' preferences, such outcomes, as argued above, are logically possible. It is a theory that is often logical in some abstract way, but it is rarely rational within the framework of actually lived human lives. Humans are moral beings because we live within a web of reciprocal rights and obligations created by our capacity for rational dialogue. It is true that newborns, and indeed older children, are incapable of acting as moral agents, or of being held morally accountable for their actions. But children normally grow up to be full members of the moral community. This is important because our humanity derives not from our individual selves, but from our membership of the human collectivity that describes our existence as social beings. The notion of humanity would become meaningless if we did not extend it to a newborn, just as it would be meaningless if we did not extend it to the severely physically and intellectually disabled, too.

However, the irony of this debate is that Giubilini, Minerva and Singer, on the one hand, and their religious pro-life critics, on the other, deny that there exists a moral boundary between the foetus and the newborn, though the two groups reach opposite conclusions from this denial. Both insist that newborns should be treated like foetuses. For Giubilini, Minerva and Singer this means the acceptability of infanticide (or 'after birth abortion'), for pro-lifers that abortion is as immoral as infanticide.

But so far as the issue of abortion is concerned, only on the basis of consequentialism, that is utilitarianism, a definite answer cannot be given. Even by taking in to account the issue of person in this context is also not necessary. Abortion is not an issue to be solved with the help of the production of the degrees of happiness only. Even the debate of the concept of person is also not clear here. The main point in this regard is that, for all the philosophers, the woman is an actual person. So if a foetus is considered to be person also, still the position of the woman cannot be denied. Jane English has mainly highlighted the moral psychology as a part of the debate. She has allowed the right to the pregnant women to decide if she would choose to preserve her life by terminating her pregnancy. Jane has written this article from feministic point of view. Her approach is mostly right oriented and has allowed the women to take her own decision on abortion. In this article she had also maintained that utilitarian theory does not have merit. Jane English believes that the abortion debate cannot be explained only with the concept of person.⁴⁵

From the medical point of view, abortion can be done during the period of first trimester. The main reason behind it is that the foetus is unable to feel any pain during this period. But modern research has proved that a human foetus does not feel any kind of pain before twenty four weeks. So utilitarianism has to take into consideration the results of the medical sciences. There are many people who could not do abortion, because as per medical experts' opinion, abortion was not permitted after three months of pregnancy. Again there is a possibility that after sometimes new research may say something new. In this case it is

⁴⁵ Jane, E. (1975). Abortion and the Concept of a Person. *Canadian Journal of Philosophy* , 5 (2), 233-243.

become very difficult to come to a definite conclusion about the exact period of abortion. Again if we see the problem of abortion from the angle of a mother only then it is found that a mother has to undergo certain physical pain during the time of pregnancy and more particularly on the time of delivery. But in most cases when the baby comes in her lap the level of pleasure she feels is totally inexpressible. It is an eternal bliss for her. So there are hardly any cases where it is found that a mother takes the help of abortion to get rid of the labour pain, by taking in to consideration the point that she will have to suffer during the time of delivery. Again in many cases after the abortion, a woman may suffer from both mental and physical pain. It may be the case the intensity of the post abortion trauma is worse than the pain she would have to suffer in the time of pregnancy and delivery. In many cases of abortion a woman herself wants abortion because of many other circumstances, but the result of it is not always a simplistic calculation of pleasure over pain. What are foresees and how it finally emerges may differ drastically.

The very important point which is found in this paper is that the issue of abortion is a very complicated issue and it is very difficult to come to a definite conclusion of this problem. Here the attempt of this chapter is to solve these issues with the help of utilitarian ethics; it is found that utilitarian is of not much help, as the consequences produced by abortion vary from person to person and from situation to situation. So it is not possible to come to a definite conclusion with the help of utilitarianism-yard-stick.

Again whenever it is been talked about 'choice', then one question arises, i.e. on what basis a person will choose something to do what is morally right or morally wrong? The answers for

the question is dependent on the human being's quality called rationality and the use of it. One important point which is been noticed here is that when the concept of person is discussed in order to defend the right of mother or of the foetus, sole importance have been given to the rational quality of the human. Others qualities happiness, care etc. have been totally remained unnoticed.

3.5: Some Feminist Critics:

Virginia Held and Sidney Callahan have written that to the extent that a moral theory takes natural male tendencies into account, it would at least be reasonable to take natural female tendencies into account. Traditional moral theories often regarded that it is legitimate for individuals to maximise self interest, or satisfy their preferences, within certain constraints based on the equal rights of others. It can be shown that the tendency to want to peruse individual self interest is a stronger tendency among men rather than among women. This should certainly be relevant to an evaluation of such theory. If it could be shown that a tendency to value children and a desire to foster the developing capabilities of the particular others for whom we care is a stronger tendency among women than among men, this too would be relevant in evaluating moral theories.⁴⁶

It does seem that the reasons why a mother values her child may be of different kinds. "...if it is one that the child should be valued because I have suffered to give the child life is different from the reason that, if it is one, that the child should be valued because someone unlike me

⁴⁶ Held, V., & Callahan, S. (1998). Abortion and the Sexual Agenda: A case for Perofile Feminism. In B. McMillan, *Ethics* (2nd ed., pp. 110-111). Wordsworth .

suffered to give the child life. And both of these reasons are different from the reason, if it is one, that the child should be valued because the continued existence of the child satisfies a preference of a parent ,or because the child is a bearer of universal rights ,or has the capacity to experience pleasure.”⁴⁷

If people do seek pleasure and avoid pain, if women recognize quite different assumptions like creating good relations of care and trust than maximizing individual utilities, Women value such .“ From the perspective of Rousseau, of Kant, of Hegel, and of Kohlberg, this is a deficiency of woman. But from a perspective of what is needed for late twentieth century survival, it may suggest a superior morality .Only feminist moral theory can offer a satisfactory evaluation of such suggestions. Only feminist moral theory can adequately understand the alternatives to traditional moral theory that the experience of women require.

Utilitarianism challenged traditional views that abortion was an 'evil' act, arguing instead that the end justifies the means. Utilitarianism generally supports a pro-choice position, and Mill strongly believed in individual sovereignty:

“Over himself, over his own body and mind, the individual is sovereign”

However, the pro-choice movement argument that a woman has the right to choose is not supported by classical utilitarianism. The concept of absolute rights is compatible with deontological ethics such as Kantian ethics of Natural Law, but not utilitarianism. Mill can be seen as arguing for rule utilitarianism, saying we should give freedom of choice to all people.

⁴⁷ Ibid., pp 111

Rule utilitarianism says that we should make rules that bring about the greatest good. I don't think this is Mill's point, however. Either way, a utilitarian response should accept that it may in some circumstances be right to deny a woman the right to choose to have an abortion if doing so would bring about the greatest good.⁴⁸

3.6: Kantian De-ontology and the Problem of Abortion:

Kantian moral theory plays an important role, so far as the various theories of ethics is concerned. Now let us try to see whether with the help of Kantian de-ontological ethics, the different problems and dilemmas related to the problem of abortion can be solved. In other words it can be looked forward to some kind of moral guidelines or moral insight in Kant's ethical theory, about what should be the right position in the abortion issue.

3.6.1: Kantian Theory of Ethics:

Kant never discusses the issue of abortion directly. The main part of Kantian theory is played by reason and according to him; rationality is the quality, which makes the person (human being) different from other lower animals.

Kant argues that a 'will' which acts on the practical law is a 'will', which is acting on the idea of the form of law, an idea of reason, which has nothing to do with the senses. Hence the moral will is independent of the world of the senses. All the persons have their own desires and wills. The will is therefore fundamentally free. The converse also applies, if the will is free, then it must be governed by a rule, but a rule whose content does not restrict the

⁴⁸ Lee, E. (2000). *Liberty, John Stuart Mill's On*. Retrieved 4 1, 2010, from The Victorian Web: <http://www.victorianweb.org/philosophy/mill/liberty.html>

freedom of the will. The only appropriate rule is the rule whose content is equivalent to its form that is the *categorical imperative*. To follow the practical law is to be autonomous, whereas to follow any of the other types of contingent laws (or *hypothetical imperatives*) is to be heteronymous and therefore unfree. The moral law expresses the positive content of freedom.

One important point that can be mentioned here is that according to the Kantian moral theory the rightness or wrongness of an action is dependent on the right intention. The main and proper intention of an action is that intention that is done for the sake of duty.

According to Kant whatever is to be done should be done with the pure intention. Our intention of an action plays the most important role so far as the morality of an action is concerned. To explain this particular point, Kant had taken the example of a shopkeeper. A shopkeeper uses to charge the same and the right price from all her customer. But the main point is that what is the main motive behind it? There are three possible motives that Kant discusses. (I) it may be the reason that it is good business practice to charge the same price from all, and that is why that shopkeeper charges the same prices from all. According to Kant, this condition is not praiseworthy. (II) Secondly, it may be the case that the shopkeeper is sympathetic for all the customers and that is why he charges the equal amount from his entire customer. According to Kant, this is also not the right motive, as the shopkeeper has done it out of the sympathy and not by considering the act to be a right act. (III) The action of the shopkeeper can be regarded to be right if and only if the shopkeeper used to do the action by considering it to be a right action. Because according to Kant, it is our duty to do right action and we

should perform our duty for the sake of the duty only. If the shopkeeper has this motive, then only that action can be regarded to be the highest action with a highest motive.

With this minimum preliminary clarification on Kantian ethics, let us try to see the problem of abortion from the Kantian point of view and try to find out a definite solution of it.

3.6.2: Implication of Kantian Theory on Abortion:

It can be said that so far as the problem of abortion is concerned, it is to be seen whether the act of abortion has been done under a goodwill or not? Kant does not say anything directly on the rightness or wrongness of abortion. But the way he says about the rightness or wrongness of an action, can also be applied to the problem abortion.

From Kantian point of view, if we see the problem of abortion, it can be said that a woman is a person, because she is a rational animal. So far as the issue of abortion is concerned, as a rational animal, the pregnant woman has the capacity to decide whether the act of abortion is morally right or not. Because a mother is a rational human, that is why all rational decision will be taken by her in a moral or ethical manner. In fact it is the prime duty of everyone to protect the mother's will. The mother's decision may go for or against of the good of the foetus. But the final decision regarding abortion is to take by the pregnant woman only.

Kantian theory can analyses the drives for sex, reproduction, and care of off-spring as compatible with and conducive to morality, as bearing and raising children are meaningful, worthwhile activities for every individual and these make important contributions to society. Nevertheless, the impulses connected with our animality raise moral problems.

One important question may arise here whether a woman has the right to do abortion or not? Kant would say to the woman who wants to have an abortion that if every other woman would say that she wants to terminate her pregnancy then abortion is moral. If a woman says “no,” then abortion cannot be moral. Since an individual woman’s will to terminate her pregnancy not be representative of the general ‘will’ of every other woman, so it is not possible to relate an individual human beings (pregnant woman’s) ‘will’ with those of others. To will that all women have abortions would mean that no women could have an abortion after the current generation died off. By Kant’s reasoning, this makes abortion irrational and, therefore, immoral. The maxim "You should have an abortion" becomes a self-contradictory universal maxim "Everyone should have abortions". It couldn't possibly work, as there would be no people to have abortions.⁴⁹

When a Kantian thinker tries to apply a *categorical imperative* to the issue of abortion they may say, ‘always preserve life at all costs, that demands a pregnant woman would always carry their babies to term for the sake of duty and only duty, and not for the sake of any other reason or motive. According to the Kantian view, the pleasure (or happiness) or pain (physical and emotional) that follows up because of mothering is nothing but coincidental to the action and not morally significant, since this would be to bring *hypothetical imperatives* back into the decision. Kant is concerned with willing and with wishing, wanting, or preferring. According to Kant, the question is not what an agent (or pregnant woman) can

⁴⁹ Pratt, B. (2011, 11 15). *What Would Kant Say About Abortion?* Retrieved 03 22, 2012, from Tough Questions Answered: A Christian Apologetics Blog: <http://www.toughquestionsanswered.org/2011/11/15/what-would-kant-say-about-abortion/>

‘will’ base on some inclinations or feelings she has, but what reason commits her to, or precludes her from willing.⁵⁰

Harry Gensler in this connection argues that abortion is wrong and that certain Kantian consistency requirements more or less force us into thinking this.⁵¹ And in ‘A Kantian Approach to Abortion,’ R.M. Hare uses the ‘Kantian’ notion of universal prescriptively to argue that ‘abortion (is) prima facie and in general wrong’ and ‘that a principle forbidding it in general is the one we should adopt’ for use at the intuitive level of moral thinking of abortion.⁵² Hare tried to distinguish between the ‘critical level’ of moral thinking, which one should rarely try to translate immediately into practical guidance, and the ‘intuitive level’ of moral thinking, which contains the kind of simple, general principles useful in our day to day moral life.⁵³

It may be the case that the duties or principles might clash and there may be a conflict of duty. If the choice is to save the baby or the mother, then who will be chosen or who should be given preference? By trying to answer this question a deontologist mainly would say that whatever moral truths they use that they cannot answer the complex dilemmas surrounding abortion. That is not to say that the approach as a whole is wrong just because it does not work in one instance (e.g. preservation of life when have to choose mother or baby). But

⁵⁰ *Abortion: Kantian Perspective*. (2011, 9 3). Retrieved from KANT AND ABORTION.doc: <https://docs.google.com/viewer?a=v&q=cache:BZTPTaQmUuIJ:www.dioceseofleeds.org.uk/education/files/word/KANT%2520AND%2520ABORTION.doc+When+a+Kantian+applies+a+categorical+imperative+to+the+issue+of+abortion+they+may+use,+%E2%80%98always+preserve+life+at+al>

⁵¹ L. Denis, (2007). Abortion and Kant’s Formula. *Canadian Journal of Philosophy* , 37 (4), 547-580.

⁵² R.M. Hare,. (1989). A Kantian Approach to Abortion. *Social Theory and Practice*, 15(1), 1–14.

⁵³ Hare, R. (1989). A Kantian Approach to Abortion. *Social Theory and Practice* , 15 (1), 1-14.

rather than any absolute moral principle will eventually face a circumstance where a subjective judgement has to be made, and thus perhaps a balance must be struck between absolutes and pragmatic approaches.⁵⁴

3.6.3: Kant, Feminism and the Problem of Abortion:

Many feminist thinkers have criticised the mainstream moral approach to the problem of abortion and try to analyse the problem through some modern and developed arguments. Susan Sherwin argues that both feminist ethics and medical ethics have shared a sense of frustration about the level of abstraction and generalization that one finds in mainstream work in bioethics.⁵⁵ To make the situation correct, womanists have been committed to including contextual details in their analysis and have also tried to make some space for personal aspects of relationships in their moral decision making. In the place of a Kantian conception of rationality (seen as a now-discredited device for claiming mastery and control, as well as for refusing to acknowledge the legitimacy of differing perspectives and different relations to life and nature), womanists advocate holism in the process of moral discernment. Second, there is "a firm methodological commitment to maintaining a focus on the experience of women as the primary source for feminist ethics"⁵⁶

⁵⁴ marwa282. (2010, 5 18). *Abortion and Kantian Ethics*. Retrieved 9 9, 2010, from essaysforstudent.com: <http://essaysforstudent.com/essay/Abortion-Kantian-Ethics/84673.html>

⁵⁵ Susan. Sherwin, 1992. *No Longer Patient: Feminist Ethics and Health Care*. Philadelphia: Temple University Press.

⁵⁶ M. E. Allsopp, (n.d.). *Feminist Ethics at Thirty: A Retrospective*. Retrieved 1 2, 2012, from <http://www.shc.edu/theolibrary/resources/allsopp.htm>

In order to explain the problem of abortion, some feminist thinkers take the help of Kantian model. Mary Anne Warren tries to defend the liberal view of abortion, i.e. it is morally permissible if reason permits it. She says that the term human being can be used both in 'moral terms' and in 'biological' terms. So far as moral sense is concerned, it deals with certain characteristics like self-consciousness and rationality, which a foetus does not possess. Here in order to get a satisfactory answer of the abortion problem, the author argues that first we should be clear about the definition of the moral community. After knowing the proper definition of the moral community only it is possible for someone to determine whether a foetus can be aborted or not. What sort of entity, exactly, has inalienable rights to life, and the pursuit of happiness? So many other qualities like right to life, happiness, freedom are applicable to the woman but not to the foetus. Consequently, woman's right to protect her health, happiness, freedom, and even her life, by terminating an unwanted pregnancy, will always override whatever right to life it may appropriate to ascribe to a foetus, even a fully developed one.

3.6.4: Kantian Theory, Body of a Woman and the Concept of Person:

Kant said that it is our duty to treat human beings as ends in themselves and not as means. Thus it is the duty of a pregnant woman to treat her own self as an end not as a means, even if she does not have the right to treat herself as a means for the production of the children. According to Kant it is the second form of the categorical imperative. The modified version of statement, which he had used for this form of categorical imperative, is: "always treat humanity, whether in your own person or that of another, never simply as a means but at the

same time as an end.” So it is the responsibility of every human being to treat their own self as well as the other fellow humans to treat as an end and not as a means.

It is said by Kant that it is the key characteristic of a person that he/she can set his/her own goals. Persons are autonomous and independent. From literal point of view it can be said that they are self-ruled (*auto* means ‘self’ and *nomous* means ‘rule’ or ‘law’). Many feminist thinkers argue on religious ground that God has created woman as an individual. Her body is her own property. So she can do whatever she wants to do with her body. So as a person, a woman has the right to choose her life plans, or what she wants to be. A woman has her own reasons for doing so. It may be the case that a woman does not want to keep the foetus to the term because of some genuine reasons. It may be the case that she is not physically strong enough to give birth a child, or she may be a victim of rape, or she is so busy with her career that, it is not possible for her to take the proper care of the baby, in all these cases, a woman has the right to take pro- abortion decision.

It is also true that so far as a particular decision of a person is concerned it is influenced by the present situation and many other circumstances. But there are still some choices left, which is being taken by a person by himself/herself. In this context it can be said, though a woman has to think about the family and the various circumstances and situations related her life, still her own choice on these remains unexpressed. That particular will of the woman or the choice is important so far as the decision of abortion is concerned.

One important problem which is to be addressed here is that if the Kantian theory is applied to the problem of abortion, the aborted child or the foetus should also be treated as a potential human being, which has the potentiality to become a person. A seven months old foetus is considered to be a foetus, when it is within the mother's womb, but when the same foetus has been given birth by the mother, automatically it becomes a person or a human being. The questions raised here is, why cannot it be considered to be a person when it is there in the mother's womb? Logically there is not any difference between the two.

It is already mentioned about the views of Michael Tooley in the literature review section of the first chapter. Here too his views can be examined broadly. Michael Tooley challenges the conservative view that foetuses are persons. According to Tooley, if one should have the right to life, then he should possess a concept of self, that is, he must have the desire to exist and he should have the capacity to experience certain mental states. If something has these qualities, then only one can be regarded to be a person, otherwise not. According to him humans, who lack all these requisites are not persons. On the otherhand, if some non-human will possess all these qualities, these non-humans are also persons. According to Tooley the quality of potentiality is not enough to make a foetus to be a person. There is difference between potentiality and capacity. One sleeping person is unable to exercise the capacity to desire his own continued existence, while sleeping, but a waking person can. But that sleeping person also possesses a relevant capacity in a sense in which the foetus does not.

Before sleeping, a person remains self-conscious and after waking up he will possess his same self-conscious nature.⁵⁷

As per Michael Tooley's theory, a dolphin or a chimpanzee's right to life will get more priority in comparison to an infant. So if in some critical circumstances, we are to choose between a dolphin or a chimpanzee and an infant, then our duty will be to choose the dolphin or the chimpanzee rather than the infant. But Kant had already said that human beings are the highest animals and they can never be used as a means but only as an end. The point raised here by Michael Tooley are very much similar with Peter Singer's point of view regarding the concept of person and foetus killing. Infact it can be said that Peter Singer is very much influenced with Michael Tooley. Minimal difference found between these two thinkers is that Peter Singer discusses these points from the point of preference utilitarianism.

So it is seen that so far as the problem of abortion is concerned, it has become very difficult to take any definite position by applying the Kantian theory of ethics. One of the most important features of Kantian moral theory is its dependence on the criteria of rational choice of human-persons. It is true that humans are the only rational animals of the world and reason plays a very significant role so far as our decision making and action is concerned. But it is also true that we cannot do all our works with the help of reason only. The human beings, who act according to their feelings, emotions and passions use to act as they do possess a brain and also a human heart to feel deeply about. According to existentialist thinkers, it is

⁵⁷ Michael, Tooley. (1972). Abortion and Infanticide. *Philosophy & Public Affairs*, 2 (1), 37-65.

not true that human beings solely depend on reason only. First of all we exist in a particular way and that is important along with our ability to reason about our existence.

3.6.5: Existentialist Interpretation of Kantian View of Abortion:

It is said by existentialism that emotions, impulses etc, can sometimes guide more properly to take any decision rather than reason. Kierkegaard says that when the question of existence of a human being is concerned, "Human reason has boundaries". Like Kierkegaard, Sartre also does not accept rationality to be a prime characteristic of human being. He says that rationality actually prevents people from finding a proper meaning of freedom.

Abortion is an issue, with which the issue of a mother and a child is deeply related. Mother-child relation is primarily based on deep feeling of emotion, affection, love, and care. These are the qualities, because of which we are considered to be human beings. But Kantian ethics, by using its deontological nature, has given the whole emphasis on the duty and reason. It is already discussed that human reason has boundaries. Kant's one dimensional focus on duty and respect for the moral laws, as the only morally praiseworthy motive, dehumanizes the relation between mother and her foetus. In fact Max Scheler says in this context that moral law or the categorical imperative originates from the values rather than from human thinking as Kant explained it to be. So far as moral consciousness is concerned, emotion plays an important role. Morality is not something, which can be presented with the form of judgment derived from pure reason. Human beings should be guided by some moral values not merely by their rational quality.

So it can be said that the rightness or wrongness of abortion cannot be explained in terms of reason only. It is true that, it is very difficult to arrive at a definite conclusion of the problem of abortion. The rightness or wrongness of abortion varies from situation to situation.

3.7: Conclusion:

Until the rise of virtue ethics the dominant paradigms in 20th century normative ethics were utilitarianism and deontological ethics, with the latter showing a strong Kantian impudence in the last few decades? While these two ethical theories differ radically both in how they conceive of right action and the nature of moral goodness, they nonetheless share an emphasis on the rational nature of men or women not on the virtuous or vicious side of the act. Aristotle's emphasis on good life in terms of moral virtues still makes sense. When faced with a concrete moral choice the utilitarian's ultimate concern is what will promote the optimal state of affairs. For the deontologist, the question is what duties are relevant and what they demand in these particular circumstances. For the virtue ethicist, however, the important task is to determine what the virtuous man or woman would do in these circumstances. Anscombe in this respect has harshly criticised the dominant theories of normative ethics and espouses the need for a return to the tradition of the virtues.⁵⁸

The subsequent chapter makes an attempt at ascertaining moral dimension of abortion from the perspectives of virtue and care based ethical perspectives.

⁵⁸ Anscombe, G. E. (1958). Modern Moral Philosophy. *Philosophy*, 33 (124), 1-19.

Chapter 4

A Defence of Woman's Choice: Abortion and the Ethics of Virtue and Care

4.1: Virtue Ethics Over De-ontology and Utilitarianism:

Although Virtue Ethics traces its origin to G. E. M. Anscombe's seminal essay "Modern Moral Philosophy" (Anscombe, 1958), the proper development of virtue ethics as a full-fledged "third way" in normative ethics has primarily been the work of others, such as Philippa Foot, Rosalind Hursthouse and Michael Slote and others. Elisabeth Anscombe criticized modern moral philosophy's pre-occupation with a law conception of ethics. In this chapter an attempt is made to explore possible moral guidelines in abortion decision from the perspectives of virtue and care ethics.

It has been seen that for Kantian ethics (deontological theory), there is a link between *right action* and *moral rules*, and then between *moral rules* and *rationality*, as for utilitarianism, there is a link between *right action* and *consequences*, and then between *consequences* and *happiness*. One of the central worries for a virtue ethicist is whether or not their theory can actually tell us what to do in a given moral situation. Although it is possible that like the simple property of goodness, virtue is to be intuited with some kind of moral sense, the problem is how can we actually cash that out in the real world? Can they provide a robust system for determining what the right thing to do is? Prior to that we have to understand what virtue ethics is.

4.2: What is Virtue Ethics?

Virtue ethics is person-based ethics rather than action based one. The moral character of the person carrying out an action has been looked by this theory of ethics. It can be regarded to be one of the major approaches in normative ethics, which may initially be identified as the one that emphasizes the virtues, or moral character, in contrast to the approach which emphasizes duties or rules as Kantian deontology used to do or that which emphasizes the consequences of actions as found in the theory of utilitarianism. Suppose it is the case that someone in need should be helped. This point has been seen by a utilitarian from the fact that whether the consequences of doing the act will be able to maximize well-being. Again a deontologist will see the fact from the angle in which the agent's action will be in accordance with a moral rule such as "Do unto others as you would be done by" or not. But a virtue ethicist will always do the act because of the fact that helping the person would be charitable or benevolent.⁵⁹ Unlike deontological and consequentialist theories, theories of virtue ethics do not aim primarily to identify universal principles that can be applied in any moral situation. And virtue ethics theories deal with wider questions—"How should I live?" and "What is the good life?" and "What are proper family and social values?"⁶⁰

Virtue ethics is a character-based ethics. It looks at the virtue or moral character of the person carrying out an action, rather than at ethical duties and rules, or the consequences of particular actions. Virtue ethics not only deals with the rightness or wrongness of individual

⁵⁹Rosalind Hursthouse, (2012), "*Virtue Ethics*", Retrieved 12 6.2012 *The Stanford Encyclopedia of Philosophy* , <http://plato.stanford.edu/archives/sum2012/entries/ethics-virtue>

⁶⁰ Athanassoulis Nafsika, (2010), "*Virtue Ethics*", Retrieved 12 4.2011 *The Internet Encyclopedia of Philosophy: A Peer Reviewed Academic Resource* , <http://www.iep.utm.edu/virtue/>

actions, it provides guidance as to the sort of characteristics and behaviours a good person will seek to achieve. In that way, virtue ethics is concerned with the whole of a person's life, rather than particular episodes or actions. James F Keenan in this regard says that being virtuous is more than having a particular habit of acting, e.g. generosity. Rather, it means having a fundamental set of related virtues that enable a person to live and act morally well.⁶¹

Virtue ethics teaches that an action is right only if it is an action that a virtuous person would carry out under similar circumstances. And a virtuous person is a person who acts virtuously. A person acts virtuously if they "possess and live the virtues" and a virtue is a moral characteristic that a person needs to live well. Its premises are:

An action is right if it is what a virtuous agent would do in the circumstances.

P1 A virtuous agent is one who acts virtuously, that is, one who has exercised the virtues.

P2 A virtue is a character trait a human being needs to flourish or live well.

In a fresh evaluation of Western ethics, noted philosopher Richard Taylor in his book, "An Introduction: Virtue Ethics" (2002), argues that philosophy must return to the classical notion of virtue as the basis of ethics. To ancient Greek and Roman philosophers, ethics was chiefly the study of how individuals attain personal excellence, or "virtue," defined as intellectual sophistication, wisdom, strength of character, and creativity. With the ascendancy of the Judeo-Christian ethic, says Taylor, this emphasis on pride of personal worth was lost. Instead, philosophy became preoccupied with defining right and wrong in terms of a divine

⁶¹ James. F. Keenan , (1995) "Proposing Cardinal Virtues" *Theological Studies*, 56.

lawgiver, and the concept of virtue was debased to mean mere obedience to divine law. Even today, in the absence of religious belief, modern thinkers unwittingly continue this legacy by creating hair-splitting definitions of good and evil. Taylor points out that the ancients rightly understood the ultimate concern of ethics to be the search for happiness, a concept that seems to have eluded contemporary society despite unprecedented prosperity and convenience. Extolling Aristotle's *NICOMACHEAN ETHICS*, Taylor urges us to reread this brilliant and still relevant treatise, especially its emphasis on an ethic of aspiration.⁶²

4.3: Virtue Ethics and its Three Different Directions:

Since the time of the existence of the virtue ethics in the twentieth century, it has been developed in three main directions. They are namely, eudemonism, agent-based theories, and the ethics of care. Eudemonism bases virtues in human flourishing, where flourishing is equated with performing one's distinctive function well. In the case of humans, Aristotle argued that our distinctive function is reasoning, and so the life "worth living" is one which we reason well. An agent-based theory emphasizes that virtues are determined by common-sense intuitions that we, as observers, judge to be admirable traits in other people. The third branch of virtue ethics, the ethics of care, was proposed predominately by feminist thinkers. It challenges the idea that ethics should focus solely on justice and autonomy; it argues that more feminine traits, such as caring and nurturing, should also be considered.

⁶² Richard Taylor, (2002) "Virtue Ethics: An Introduction" Prometheus Books,

4.3.1: Eudaemonism:

Aristotle for the first time has used the term 'eudemonism'. Eudemonia casually means happiness. According to Aristotle those things which can be regarded to be end in themselves also contribute to a wider end, and that end is nothing but the greatest good of all. That good is eudemonia. Eudemonia is happiness, contentment, and fulfilment and it is the best kind of life a person can have. According to eudemonism a good man is the one who uses to do all the functions and duties properly for the society, which he have actually given to him. Here one question which is found to be aroused is- 'what makes the function of a man different from the other being? The answer of this question is 'reason'. So it implies that an action of a distinctive human being should be guided by reason and that is why it can be said that a good man is the one who uses his reason well. This is the life of excellence or of eudemonia. One important point of the eudemonistic virtue ethics is that it reverses the relationship between virtue and rightness. A utilitarian thinker may say that virtue ethics is acceptable because someone with a kind disposition is likely to bring about consequences that will maximize utility. So the virtue is only justified because of the consequences it brings about. But so far as eudemonist virtue ethics is concerned it is that which is justified because they are constitutive elements, that is, human flourishing and wellbeing of eudemonia. It is good in itself.⁶³

⁶³ N. Athanassoulis, . (2010, 7 7). *Virtue Ethics.*, Retrieved 11 9, 2011 from Internet Encyclopedia of Philosophy: A Peer Reviewed Academic Resource, <http://www.iep.utm.edu/virtue>

There are different variations of virtue theory and accordingly we may make a selective estimate of some such observations. Rosalind Hursthouse argues that the virtues make their possessor a good human being. All living things can be evaluated *qua* specimens of their natural kind. Like Aristotle, Hursthouse argues that the characteristic way of human beings is the rational way. By their very nature human beings act rationally, a characteristic that allows every human being to make decisions and to change our character and allows others to hold us responsible for those decisions. Acting virtuously, that is, acting in accordance with reason. It is acting in the way characteristic of the nature of human beings and this will lead to eudemonia. This means that the virtues benefit their possessor. The virtues make a man realize of their capacity of rationality and therefore contribute to every one's well-being and perfection in that sense.⁶⁴

4.3.2: Agent-Based Accounts of Virtue Ethics:

However, it is not the case that all accounts of virtue ethics are eudemonistic. Michael Slote has developed an account of virtue based on the common-sense intuitions of the human being. Slote makes a distinction between agent-focused and agent-based theories. According to him the agent-focused theories understand the moral life by understanding the meaning of what is virtuous individual. It is regarded by him that human virtues are inner dispositions. Aristotelian theory is an example of an agent-focused theory. By contrast, agent-based theories are more radical in that their evaluation of actions is dependent on ethical judgments about the inner life of the agents who perform those actions. There are a variety of human

⁶⁴ Rosalind Hursthouse, (1999), "*On Virtue Ethics*" Oxford: Oxford University Press, pp, 275.

traits that we find admirable, such as benevolence, kindness, compassion, etc. and we can identify these by looking at the people we admire, our moral exemplars. In short it can be said that agent-based account of virtue ethics is something which is rely upon our environmental teachings.⁶⁵

“Agent-Based Theories, as developed recently by Michael Slote, give an account of virtue based on our common-sense intuitions about which character traits are admirable (e.g. benevolence, kindness, compassion, etc), which we can identify by looking at the people we admire, our moral exemplars. The evaluation of actions is therefore dependent on ethical judgments about the inner life of the agents who perform those actions.”⁶⁶

4.4: Virtue Ethics over Deontology and Consequentialism:

Virtue ethics offers a radically different account to deontology and consequentialism. Virtue ethics, however, has influenced modern moral philosophy not only by developing a full-fledged account of virtue, but also by causing consequentialist and deontologists to re-examine their own theories with view to taking advantage of the insights of virtue ethical theories.”⁶⁷

⁶⁵ N. Athanassoulis, . (2010, 7 7). *Virtue Ethics.*, Retrieved 11 9, 2011 from Internet Encyclopedia of Philosophy: A Peer Reviewed Academic Resource, <http://www.iep.utm.edu/virtue>

⁶⁶ ibid

⁶⁷ Ibid.

4.4.1: Virtue Ethics and Kantian De-ontology:

There is some similarity between Kantian de-ontology and Aristotelian Virtue ethics on the point that both of the theories have given preference to reason. But in the proper sense both these theories are dissimilar in nature. Three main differences between them are given below.

First, Kantian de-ontology does not give importance on the emotive and affective nature of men. Kant regarded emotions to be something that can be subjugated or eliminated. For Kant moral worth comes only from the duty of motive and that motive should enable one to struggle against one's natural inclinations. But Aristotelian picture of harmony between reason and desire is quite different from it.

Secondly, for Kant there is no such thing as weakness of will, understood in the Aristotelian sense of the distinction between continence and incontinence. Kant concentrates on fortitude of will and failure to do so is self-deception.⁶⁸

Finally, Kantians need to give an account of the relationship between virtue as occurring in the empirical world and Kant's remarks about moral worth in the noumenal world.

4.4.2: Virtue Ethics and the Consequentialism:

So far as virtue ethics is concerned, consequences have a role to play. Consequences are considered to be a virtue if it can create good consequence. Virtue is not valuable in itself, but rather valuable for the good consequences it tends to bring about. We should cultivate

⁶⁸ N. Athanassoulis, . (2010, 7 7). *Virtue Ethics*. Retrieved 11 9, 2011 from Internet Encyclopedia of Philosophy: A Peer Reviewed Academic Resource. <http://www.iep.utm.edu/virtue>

virtuous dispositions because such dispositions will tend to maximize utility. This is a radical departure from the Aristotelian account of virtue for its own sake. Some consequentialist, such as Driver⁶⁹, goes even further and argues that knowledge is not necessary for virtue.

But the opponents have tried to incorporate with virtue ethics and try to analyse the problems with the help of it. So in the contemporary world the preference of virtue ethics has been given more in order to solve the problem of both individuals and society.

4.5: Virtue Ethics and the Problem of Abortion:

It is already found that a definite solution of the problem of abortion could be given neither by utilitarianism nor by the de-ontology of Kant. That is why in this chapter the issue of abortion has been tried to discuss from a moral perspective, mostly from the perspective of virtue ethics. This chapter is an illustration of some major factors of abortion with instrumentalists of virtue ethical theory.

Rosalind Hursthouse in her article “Virtue Theory and Abortion” writes that the rights of the mother, the foetus, and technological or medical knowledge are largely irrelevant. While she grants that it's possible that a woman having an abortion might be acting virtuously in doing so, she suggests that the reasons that people offer in support of their acts are not virtuous at all. A desire for freedom in this respect is called by her to be selfishness. Even when circumstances make abortion the right thing to do, she argues that this is often a sign of a severely flawed environment. In other words, Hursthouse maintains that if someone tries to

⁶⁹ Driver, J., (1995). “*Monkeying with Motives: Agent-based Virtue Ethics*”, *Utilitas*, 7,(2)

present justification in favour of abortion, it may be so because of unvirtuous participation is always present in the person.⁷⁰

The point of emulating the virtuous agent is that acting morally calls for moral wisdom, which is acquired through experience, and is not typically found in youths who have had little life experience. Hursthouse seeks to apply an Aristotelian approach to virtue theory to the morality of abortion. Clarifying her position in this regard, that she is not attempting to argue that a virtue theory approach is the correct approach to the issue, Hursthouse but rather that she is simply trying to show how a virtue theorist would approach the topic. Traditionally, the ethics of abortion focuses on the status of the foetus, and its human-person marginality, and on matters related to conflict of rights, whether the mother's right is central or that of the foetus's. A virtue theory approach eliminates each of these issues as "fundamentally irrelevant" because a woman's virtuous or vicious act is not tied with some such considerations whether or not women have total and complete rights to their bodies. What is counted as virtue or vice is how selfish or mean or how generous and kind one is.⁷¹

Since an aborting mother may act virtuously and also viciously, if the act is such that, or childrearing will conflict with the woman's physical health or physically demanding job, it may not be condemned as a selfish act on her part. Circumstances may have forced the aborting mother to act that way but her virtue as a mother and her wish to be a responsible mother, if at all, makes her still an eligible candidate for the 'virtuous mother category.

⁷⁰ Rosalind Hursthouse, (1999) "*Virtue Theory and Abortion*", Philosophy and Public Affairs.

⁷¹ *ibid*

Because what she intends to do is lead a good life, as per her valuations of what a good life means to her, that must keep room for security of all kinds, physical, emotional, financial and so on, and her decision to abort may be conducive to eudemonia only.

However, she has also suggested that to transform a vice into a virtue even an act like abortion needs to be justified on virtuous grounds. While she has granted that it's possible that a woman having an abortion might be acting virtuously in doing so, but there is no single right answer, but a variety of particular answers. In the same essay, Rosalind Hursthouse also has suggested that most reasons people give for having them are not virtuous at all. Even when circumstances make abortion the right thing to do, she argues that this is often a sign of a severely flawed environment. She further mentions that

"For, by virtue of the fact that a human life has been cut short, some evil has probably been brought about, and that circumstances make the decision to bring about some evil the right decision will be a ground for guilt if getting into those circumstances in the first place itself manifested a flaw in character."⁷²

So she has a nuanced view. It's possible that abortion is not a vice in all circumstances, but it is mostly a sign of vice rather than virtue.

According to virtue ethics killing cannot be regarded to be a virtuous act. So far as the abortion is concerned, it is also the killing of a foetus. According to virtue ethics abortion is

⁷² ibid

wrong, although it is not easy to say anything about the problem of abortion just in one line. Separate factors of abortion are to be study separately.

4.5.1: Pregnancy Out of Rape:

When we discuss the pregnancy out of rape, a strong point comes from virtue ethical perspective is that rape itself is an unvirtuous act. But killing of an innocent child is also unvirtuous. If the abortion is to be done in the fear of the society, than that process cannot be called virtuous because here even society is forcing the woman to do something which is not virtuous. Whatever may be the cause of pregnancy, it may be the case that a woman wants to become mother. Motherhood is something which is based on some virtues like love and care. But it may be the case that a girl is a minor and she is not of good health to deliver the child. Another important point, which can be noted here, is that if a child out of rape is accepted than there is a possibility of turning a vice into a virtue and the society will witness a rise in crimes of the nature. Sometimes some steps are to be taken for the maintenance of peace in the society, but these steps cannot be regarded to be unvirtuous. Regarding pregnancies caused in this kind of cases, since woman's eudemonia would be more enhanced via a wisely chosen voluntary and planned pregnancy, than by one foisted on her against her choices, especially by a rapist. Virtue theory would be in a position to recommend an abortion as virtuous act in the vast majority of these cases.

4.5.2: Virtue Ethics and Sex-selective Abortion:

Sex-selective abortion is something which is found to be practiced in many places. With the modern ultrasound machines sex-determination of the foetus becomes very easy. In many cases if the couples find foetus to be a female, they just abort it. The reasons behind it is been already discussed in the previous chapter. But in the name of discriminating male-female foetuses, if a particular foetus is killed, then it is nothing other than a crime. This action is totally unvirtuous and under no conditions it can be accepted. It is a very sad thing that in that is strange that even in the so-called modern society women are considered to be second class humans as she is used as a commodity. In India dowry is a main reason, because of which sex-selective abortion is practiced. Patriarchal social set up is also a reason behind it. According to virtue ethics man and woman are equal. So for the sake of some hopeless social norms, if a female foetus is to be aborted, then it is totally an unvirtuous act. Craze for the male-heir is something which decreases the status of the girl child in the society. If we analyse this point from virtue ethical standpoint, then it is found that it is totally unvirtuous.

4.5.3: Poor Health Condition of the Foetus:

One important factor that was already discussed much is abortion due to the poor health condition of the foetus. So sometimes it may happen that the foetus is found to be defective. Ultrasound shows that if the child will be allowed to born in that condition, than it would be turned out to be either physically or mentally defective and the child born will have to suffer from that defect for the whole lifetime. In this respect the pro-abortionists have argued that

foetus may develop some non-life-threatening abnormalities like Down syndrome, or autism, or milder forms of *spina bifida*. The anti abortionists also have raised issues that by justifying abortion there is a probability to open door for more serious crimes of some nature. For example one may suddenly identify all disabled people as other than normal .But we come across many physically handicapped persons in the world, who are happy with their lives and live their lives with full dignity. Other people feel sorry and pity for them, but not they may. So how does one decide before hand that abortion is a virtuous act?

4.5.4: Poor Health Condition of the Mother:

In this case there is a less chance of having eudemonic life for the mother and the baby. A wise mother, by analyzing all these may decide to take the help of abortion in these cases. In these kinds of abortion, virtue ethics may also support abortion. Everything has to be decided on a case-by-case approach rather than by reference to strict principles, for virtuous mean will shift relative to each different situation.

In tubal pregnancy if the help of abortion will not take, then both mother and the foetus will die. In this kind of cases virtue ethics give an unequivocal answer. Abortion is definitely the only wise and eudemonic option. Again in those cases where a pregnant woman, who is under age and have barely out of childhood herself, it is likely that virtue ethics would advice the decision-makers to go for abortion. If the mother is not too young (say, fifteen), and if she is relatively mature, has a supportive partner and family, and wants the baby, then perhaps the wise thing to do, the eudemonic thing, is not to abort. But in these kinds of cases both

legal and physical condition of the mother can create problem. So in this kind of cases, it is very difficult to find out the virtuous act.

4.6: Virtue Ethical Explanation and Abortion:

Virtue “lies in a mean” because the right response to each situation is neither too much nor too little. Virtue is the appropriate response to different situations and different agents. The virtues are associated with feelings. For example: courage is associated with fear, modesty is associated with the feeling of shame, and friendliness associated with feelings about social conduct and pregnancy, which implies motherhood is associated with the feeling of love, emotion and care.

Virtue lies in a mean because it involves displaying the mean amount of emotion, where mean stands for appropriate. The mean amount is neither too much nor too little and is sensitive to the requirements of the person and the situation. It is already mentioned that virtue is determined by the right reason. Virtue requires the right desire and the right reason. To act from the wrong reason is to act viciously. On the other hand, the agent can try to act from the right reason, but fail because he or she has the wrong desire. The virtuous agent acts effortlessly, perceives the right reason, has the harmonious right desire, and has an inner state of virtue that flows smoothly into action. The virtuous agent can act as an exemplar of virtue to others. It is already mentioned that virtue is something which varies from person to person and situation to situation. So it is not fair and virtuous to consider the act of abortion to be immoral and unvirtuous under all conditions and circumstances. Infact virtue ethics has given the permission to go for abortion in many cases except some.

From the above discussion one thing which is become clear is that, in virtue ethics sometimes it becomes difficult to find out what is actually virtuous. That is why virtue ethics also has to suffer from certain objections.

4.7: Objections to Virtue Ethics:

Much of what has been written on virtue ethics has been in response to criticisms of the theory. The following section presents three objections and possible responses, based on broad ideas held in common by most accounts of virtue ethics.

4.7.1: Self-Centredness:

Morality is something which is mainly for other peoples. It determines our action towards other people. It is said that virtue ethics is self-centred because it is primary concern with the agent's own character. Virtue ethics encourages a man to do good works for his own benefit that is to make himself a moral and socially good person. It can also be noticed that according to Aristotelian virtue ethics one should act morally for his own happiness.

Related to this objection Scanlon says that self-centredness is a more general objection against the idea that well-being is a master value and that all other things are valuable only to the extent that they contribute to it. This line of attack exemplified in the writings of Tim Scanlon, objects to the understanding of well-being as a moral notion and sees it more like

self-interest.⁷³ Furthermore, well-being does not admit to comparisons with other individuals. Thus, well-being cannot play the role that eudaemonists would have it play.⁷⁴

4.7.2: Action-Guiding:

Moral philosophy is something which mainly uses to guide the people regarding their act in practical issues. Virtue ethics has criticized consequentialist and deontological theories for being too rigid and inflexible because they rely on one rule or principle. On the other hand, virtue ethics is objected to be a form of ethics which fails to provide any practical solution of any factor of ethics. Virtue ethics is something, which reflects the imprecise nature of ethics by being flexible and situation-sensitive, but it can also be action-guiding by observing the example of the virtuous agent. The virtuous agent is the one who possesses all the moral character and applied them through their act. But the important point which can be mentioned here is that as learning process, it is very difficult to find out the exact meaning of virtue. Something which is being used as virtue for the present time, may be in future will be discovered to be not the proper meaning of virtue. So virtue ethics cannot give us an easy, instant answer. Infact there will always be doubt regarding its action guiding nature. It is because these answers do not exist in the proper sense of the term. The application of virtue ethics can be regarded to be successful or action guiding, if and only if the proper application of right reason can be used and it is not an easy thing to do. So the action guiding nature of virtue ethics is something, which is not often be regarded to be an appropriate one.

⁷³ T.M. Scanlon, (1998), "*What We Owe Each Other*" Cambridge: Harvard University Press,

⁷⁴ N. J.Dent, N. J. (1975). Virtues and Actions. *The Philosophical Quarterly* , 25 (101), 318-335 .

4.7.3. Moral Luck:

Finally, it can be said that virtue ethics mainly depends on the moral luck. Morality is something, which depends on the ultimate responsibility and the appropriate understanding of a kind of situation. We can criticise and praise a person's action, if it has been done under conscious state of mind. But the way to virtue is arduous and there are many things which are outside the control of a particular person. That is why it is also necessary that to make the virtue ethics effective, the help of the right education, a right habit etc. also plays an important role. It may be the case that some people will be lucky and receive the proper guidance, help and encouragement to attain the morality. If the development of virtue (and vice) is subject to luck, then it is not fair to praise the virtuous (and blame the vicious) as those are something beyond their control. Because of this limitation, virtue ethics is considered to be one of the most vulnerable and fragile theory. On the way to virtue ethics, it may happen that many things go wrong and because of which the possibility that virtue may go lost may arise, but this vulnerability is an important characteristic of the human condition, which makes the attainment of the good life all the more valuable.

4.8: Limitations of Virtue Ethics and the Problem of Abortion:

From the above discussion, it can be said that virtue ethics too has certain limitations. They have been explained below:

4.8.1: Self-Centredness and Abortion:

The important criticism regarding it is that it has a self-centred nature. If it is the case, then one can use virtue ethics according to the will of some person. So there is a probability that whenever the question of abortion arises, people will find out the answer according to their own will and through justification and argumentation, they will prove their action to be a virtuous one.

4.8.2: Action- guidance and Abortion:

Virtue ethics is regarded to be an action guiding one. Virtue ethics reflects the imprecise nature of ethics by being flexible and situation-sensitive, but it can also be action-guiding by observing the example of the virtuous agent. Moral learning is a lifelong process. So whenever the decision regarding abortion is to be taken, it is not easy to get an instant answer. The main reason behind it is that the answer does not exist. So it is very difficult to get a proper answer with the help of virtue ethics about the abortion in the proper time.

4.8.3: Moral Luck and Abortion:

It is also said that virtue is dependent on moral luck of the people. Some persons are lucky enough to have good friends and companion to get virtuous suggestions. This is also applicable in the case of abortion. To get virtuous suggestions either from the person himself or from his or her friends depends on the moral luck of the people. Virtue is very important in a person's life. But to lead a virtuous life and to choose the proper virtue is not an easy task.

These are some important limitations of virtue ethics, because of which it becomes difficult to get always a proper solution of the problem of abortion through this theory. Abortion is a very complicated issue. Because whenever this topic is discussed, the relation of ‘mother and foetus’ or better it can be said that the relation of ‘mother and child’ is always there. It is already mentioned that love and care are two main characteristics of this relation.

4.9: The Ethics of Care:

Another influential and contemporary version of virtue ethics is the ethics of care. This is a form of virtue ethics, which is mainly developed by the feminist thinkers like Annette Baier. This particular type of virtue ethics is influenced by the thought that men think in masculine terms such as justice and autonomy etc. and a woman thinks in feminine terms such as caring.

The supporters of the care-based virtue ethics theory try to modify and change the vision of viewing and analysing the principles of morality and the virtues. This theory tries to focus on the virtues mostly characterised as feminine virtues, such as taking care of others, patience, the ability to nurture, self-sacrifice, etc. These virtues have been given importance as most of the time society failed to adequately value the contributions made by women also in terms of some such feminine virtues which do not get proper attention in the usual moral theories as well as in other theories.

4.10: The Ethics of Care and Some Important Contributors:

It has been found already that Aristotelian virtue ethics is not so complete to give a proper explanation of the problem of abortion. But there is another form of virtue ethics, which was mainly developed by feminist thinkers. That ethics is the ethics of care. Before going to explain the problem of abortion with the help of ethics of care, let us first discuss about the ethics of care in details.

4.10.1: Maureen Sander-Staudt:

According to Maureen Sander-Staudt, the moral theory known as “the ethics of care” maintains that there is moral significance in the fundamental elements of relationships and feelings and emotions in human life. Care ethics normatively tries to maintain relationships by contextualizing and promoting the well-being of care-givers and care-receivers in a connection with social relations. Most often defined as a practice or virtue rather than a theory as such, “care” involves maintaining the world of, and meeting the needs of, our self and others. It builds on the motivation to care for those who are dependent and vulnerable, and it is inspired by both memories of being cared for and the idealizations of self. Care ethics follows the sentimentalist tradition of moral theory and it affirms the significance of caring motivation, emotion and the body in moral deliberation, as well as reasoning from particulars.⁷⁵

⁷⁵ M Sander-Staudt., (2011, 3 18). *Care Ethics*. Retrieved 6 9, 2012, from Internet Encyclopedia of Philosophy: A Peer Reviewed Academic Resource: <http://www.iep.utm.edu/care-eth/>

4.10.2: Nel Noddings and Carol Gilligan:

Milton Mayeroff's short book entitled 'On Caring' (1990) can be regarded to be one of the most original and important contribution on care ethics. But the emergence of care ethics as a different moral theory has been attributed in the writings of psychologist Carol Gilligan and philosopher Nel Noddings in the mid-1980s. According to them traditional moral theories have suffered from the male biasness and that is why they have asserted the "voice of care" as a legitimate alternative to the "justice perspective" of liberal human rights theory. Proponents of feminist care ethics, including Carol Gilligan⁷⁶ and Nel Noddings⁷⁷ stress that traditional moral theories, principles, practices, and policies are deficient to the degree they lack, ignore, trivialize, or demean values and virtues culturally associated with women.

Gilligan offers her work as a critique of the Freudian notion that whereas men are morally well-developed, women are not. Freud attributed women's supposed moral inferiority to girls' psychosexual development. Whereas boys break their attachment to their mothers for fear of being castrated by their fathers if they fail to do so, girls remain tied to their mothers because the threat of castration has no power over them. As a result of this theorized male-female difference, girls are supposedly much slower than boys to develop a sense of themselves as autonomous moral agents, personally responsible for the consequences of their actions: as persons who must obey society's rules or face its punishments. In other words, boys and men come to respect law more than girls and women do.

⁷⁶ C. Gilligan, (1982) *"In A Different Voice: Psychological Theory and Women's Development"*, Cambridge, MA: Harvard University Press.

⁷⁷ N. Noddings, (1984) *"Caring: A Feminine Approach to Ethics and Moral Education, Berkeley"* University of California Press.

One of the prominent care ethics advocates Carol Gilligan has developed at length some implications of a care based perspective on the abortion issue which seeks to find an alternate position to the dominantly reason centric perspectives, either of right and choice based utilitarianism or of deontological position of Immanuel Kant which ascribe sole agency to the rational agent as the prime decision maker in a moral debate.

4.10.3: Kohlberg and Carol Gilligan:

In his doctoral thesis, Kohlberg (1988) writes about modes of moral thinking interviewing some 2 10–16 year old boys living in the suburban areas of Chicago, mostly from upper-middle class, and also from lower to lower-middle class family. In order to identify the mode of rationality employed in their arguments, he presented them a moral dilemma known as the Heinz dilemma. The Heinz dilemma was one of the moral problems that Kohlberg used in his very first studies. Kohlberg (1988) used the following formulation:

“A woman was near death from a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost him to produce. He paid \$200 for the radium and charged \$2,000 for a small dose of the drug. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about \$1,000 which is half of what it cost. He told the druggist that his wife was dying and asked him to sell it cheaper or let him pay later. But the druggist said: “No, I discovered the drug and I'm going to make money from it.” So Heinz got desperate and broke into the man's store to steal the drug for his wife.

Should Heinz have broken into the laboratory to steal the drug for his wife? Why or why not?"⁷⁸

Here, Carol Gilligan, a friend and a colleague of Kohlberg, try familiarized herself very deeply with Kohlberg's research method and moral thinking by describing a case of two eleven-year-old children named Jake and Amy, who participate in a study with Kohlberg's formulation of the Heinz dilemma. Jake's answer was very clear that is 'Heinz should steal the drug'⁷⁹ Jake has used the logical argumentation like comparing the value of human life and the drug. He also used the argument that mathematics is the only totally logical thing. Thus, the moral dilemma can be solved by logic and reason, and everybody would come to the same conclusion, because his solution is rational. But the important point that can be mentioned here is that Jake also considered the fact that stealing is against the law. Here he has augmented that laws can be wrong, because one cannot write up a law for everything one can imagine. Jake had not changed his answer when more questions about the dilemma were asked. Jake's judgments are scored as conventional on Kohlberg's scale, that is a mixture of stages three and four. Jack has the ability to use logic and to differentiate morality from law, and he was very much sure about his judgment based on justice.⁸⁰

⁷⁸ Kakkori, L., & Huttunen, R. (n.d.). *Gilligan-Kohlberg Controversy and Preliminary Conclusion*. Retrieved 06 11, 2012, from The Encyclopedia of Educational Philosophy and Theory: http://www.ffst.hr/ENCYCLOPAEDIA/doku.php?id=gilligan_kohlberg_controversy_and_preliminary_conclusion

⁷⁹ Gilligan, C. (1993). Reply to Critics. In M. J. Larrabee(ed), *An Ethic Of Care. Feminist And Interdisciplinary Perspectives* (pp. 25-38). Routledge,.

⁸⁰ Kakkori, L., & Huttunen, R. (n.d.). *Gilligan-Kohlberg Controversy and Preliminary Conclusion*. Retrieved 06 11, 2012, from The Encyclopedia of Educational Philosophy and Theory: http://www.ffst.hr/ENCYCLOPAEDIA/doku.php?id=gilligan_kohlberg_controversy_and_preliminary_conclusion

But according to Kohlberg's theory, Amy's judgment of the dilemma has appeared to be a full stage lower than that of the boy. Gilligan has found this problematic as Amy's answer was unsure. Amy thought that there could be other ways to solve the problem, like to borrow the money or negotiate on the matter. But she was also sure about the fact that Heinz's wife should not die, either. Amy's main concern was the effect that theft could have on the relationship between Heinz and his wife. She was concerned about the fact that if it would happen that Heinz has to go to jail, and then who would take care of the wife? For Amy, the dilemma was not mathematical but human. It is more like a narrative of relationships that extends over time. In the course of the interview, Amy's answer was not adequate and sure. She could not see the problem by neglecting surrounding world. Gilligan has argued that this is the reason because of which Amy's mode of moral thinking completely circumvents Kohlberg's theory. Gilligan was not able to rate the children, but she sees that Amy's judgments contain the insights central to an ethic of care, just as Jake's judgments reflect the logic of justice.⁸¹

The Heinz dilemma has been found to be problematic, and it is possible to ask whether it really measures the state of moral development. In the Heinz dilemma, the motivations of the druggist and his situation have been excluded, and the sick wife's view and her voice have been excluded from the moral problem at hand too. In Kohlberg's research, it was already decided what the highest moral level contains the autonomous subject, who believes in

⁸¹ ibid

universal moral principles, who is sure of his argumentation, and who does not change his opinion even if new information comes up.⁸²

Based on her research, Gilligan published in 1982 a book called 'In a Different Voice' in which she presents her critique on Kohlberg. The book became to be one of the most influential books in the field of the ethic of care. The ethic of care has two different lines; they are namely the feminist ethic of care and the phenomenological ethic of care. But both of the labels are a little bit misleading. The feminist ethic represents care as a starting point for ethics. These theories have tried to clarify the female-male-dichotomy in morals, and they are closely related to practice. The phenomenological ethic of care is based on a very heavy philosophical background, and it is not phenomenological in the way phenomenology is usually understood.⁸³

By listening and analysing the view points of women it can be clarified that the ethic of care is necessary not because care is essentially associated with women or part of women's nature, but care ethics is a combination of psychological and political reasons voiced relational realities that were otherwise unspoken or dismissed as inconsequential.

It is mentioned by Gilligan that while masculinity is defined by separation and threatened by intimacy, femininity is defined through attachment and threatened by separation. Girls have mainly tried to understand themselves as imbedded within a network of personal relationship.

⁸² ibid

⁸³ ibid

Most of the feminist writers have also discovered and mentioned that a masculine biasness is present in the way we think of mind and body and the relationship between them.

Now the question arises here is that how the influence of care ethics will change the abortion debate? One of the main arguments for abortion rights is that a woman must be sovereign over her own body. This means that she can dispose of tissue in her own body at will, including a foetus growing inside her. Pro-choice advocates could even declare it regrettable that the foetus must perish in the operation. Nevertheless, a woman should not have to carry to term her pregnancy she does not want, and she is within her rights to remove the fetus from her body.

Gilligan's care ethical position has inspired a kind of feminist ethics related to maternal thinking. Many feminists identify feminist ideals with communitarians, ecologically sensitive approaches to reshaping society. Following theorists like Sara Ruddick and Carol Gilligan, even some pro-choice feminists link abortion rights with the growth of "maternal thinking" in our heretofore patriarchal society. Maternal thinking is loosely defined as a responsible commitment to the loving nature of specific human beings as they actually exist in socially embedded interpersonal contexts. It is a moral perspective very different from the abstract, competitive, isolated and principled rigidity so characteristic of patriarchy.⁸⁴

⁸⁴ Callahan, S. (n.d.). *Abortion and the Sexual Agenda: A Case for Pro-life Feminism*. Retrieved 3 2, 2011, from www.angelfire.com: <http://www.angelfire.com/ego/staples009/images/15.htm>

4.10.4: Some of the Pro-Life and Care-Based Feminists:

Some of the pro-life and care-based feminists and the profile feminist recognize the claims of fetal life and offer different perspective on what is good for women. Annette Baier, Virginia Held, Eva Feder Kittay, Sara Ruddick, and Joan Tronto are some of the most influential among many subsequent contributors to care ethics. Annette Baier has observed certain inherent resemblance between care ethics and the moral theory of David Hume. Because Hume too has claimed that morality is something, which depends on the sentiment and not in the reason. Baier had regarded care ethics as the “women’s moral theorist.” Baier suggests denying that morality consists in obedience to a universal law. More than law abiding character morally emphasizes rather the importance of cultivating virtuous sentimental character traits, including gentleness, agreeability, compassion, sympathy, and good temperedness. Baier specially underscores trust, a basic relation between particular persons, as the fundamental concept of morality, and notes its obfuscation within theories premised on abstract and autonomous agents. She recommends carving out room for the development of moral emotions and harmonizing the ideals of care and justice.⁸⁵

4.10.5: Sidney Callahan:

Profile feminists like Sidney Callahan argue against the dominating positions of prochoice feminist thinkers like Beverly Wildung Harrison’s *Our Right to Choose* and Rosalin Pollack

⁸⁵ Annette Baier,(1987). “*Hume: The Woman’s Moral Theorist?*” in “Women and Moral Theory”, Kittay, Eva Feder, and Meyers, Diana (ed.s). U.S.A.: Rowman & Littlefield.

Petchesky 'Abortion and Woman's Choice' who would argue for the moral right to control one's body, and the moral necessity of autonomy and choice

"Just because it is *her* body which is involved, a woman should have the right to terminate any pregnancy, which at this point in medical history is tantamount to terminating fetal life. No one can be forced to donate an organ or submit to other invasive physical procedures for however good a cause. Thus no woman should be subjected to "compulsory pregnancy ". And it should be noted that in pregnancy much more than a passive biological process is at stake."⁸⁶

Petchesky in this regard says that during pregnancy, a woman's whole life and energies will be actively involved in the nine-month process. Gestation and child birth involve physical and psychological risks. After childbirth a woman will either be a mother who must undertake a twenty year responsibility for child rearing, or face giving up her child for adoption or institutionalization. Since hers is the body, hers the risk, hers the burden, it is only just that she alone should be free to decide on pregnancy or abortion.

The moral claim to abortion, according to the pro-choice feminists, is especially valid in an individualistic society in which women cannot count on medical care or social support in

⁸⁶ S. Callahan, (1998). Abortion and the Sexual Agenda : A Case for Profile Feminism. In B. MCKinnon, *Ethics: Theory and Contemporary Issues* (pp. 177-178). Wardsworth.

pregnancy, child birth or child rearing. A moral abortion decision is never made in a social vacuum, but in the real life society which exists here and now.⁸⁷

Callahan further says that a woman will be able to do mature commitment, once she gains reproductive freedom. In this respect contraceptive plays an important role, but failure of it sometimes result in involuntary pregnancy. According to her only free access to abortion can provide the necessary guarantee the freedom of a woman. If a woman cannot control when and how she will be pregnant or rear children, she is at a distinct disadvantage, especially in male-dominated world.⁸⁸

Care ethics usually does not support the traditional moral theories like deontological or Kantian theory and consequentialist or utilitarian ethics. Care ethics uses to give importance on various cultures based moral perspectives such as African ethics, Confucian ethics, and others. According to many critics care ethics has the tendency to accept or follow the slave morality, and that is why suffers from various limitations including essentialism, parochialism, and ambiguity. It is being said that care ethics is a form of feminine and feminist ethic, in relation to motherhood, international relations, and political theory. But actually it is not the case. It believes and respects the caring attitude of human being, irrespective of male or female.

⁸⁷ Ibid (pp. 176)

⁸⁸ ibid

4.11: Care Ethics and its Application:

In addition to the above topics, care ethics has been applied to a number of timely ethical debates, including abortion, reproductive technology, homosexuality and gay marriage, capital punishment, political agency, hospice care, and HIV treatment, as well as aspects of popular culture. It increasingly informs moral analysis of the professions, such as education, medicine, nursing, and business, spurring new topics and modes of inquiry. It is used to provide moral assessment in other ethical fields, such as bioethics, business ethics, and environmental ethics. Perhaps because medicine is a profession that explicitly involves care for others, care ethics was quickly adopted in bioethics as a means for assessing relational and embodied aspects of medical practices and policies. As well as abortion, both Susan Sherwin and Rosemary Tong consider how feminist ethics, including an ethic of care, provides new insights into contraception and sterilization, artificial insemination and in vitro fertilization, surrogacy, and gene therapy. Care ethics is also applied by other authors to organ transplantation, the care of high risk patients, artificial womb technologies, advanced directives, and the ideal relationships between medical practitioners and patients.⁸⁹

4.12: Why Care Ethics? Common Concerns with Bio Medical Ethics:

Biomedical ethics, like feminine care ethics, looks for real guidance in an actual troubling situation than a fusing on the abstract domain of rules and principles.

⁸⁹ M Sander-Staudt., (2011, 3 18). *Care Ethics*. Retrieved 6 9, 2012, from Internet Encyclopedia of Philosophy: A Peer Reviewed Academic Resource: <http://www.iep.utm.edu/care-eth/>

Feminists are largely influenced by Carol Gilligan's claims that women are more likely than men to understand morality in terms of caring for others although many feminists remain uneasy about the normative significance of this gendered description of ethics. In this concerned Susan Sherwin has mentioned that

"In interpreting her research data, Gilligan also identifies a methodological difference in women's and men's distinctive pattern of moral reasoning. She finds that girls and women tends to evaluate ethical dilemmas in a contextualized narrative way looking at the particular details of a problem situation without paying specific attention to the unique circumstances of the case. Several feminists have found this difference in method to be a promising basis for building feminist ethics. Although still cautious of the implications of gender specific patterns of moral reasoning, most feminists endorse including contexts as a central element in moral reasoning."⁹⁰

Another similarity with bio medical ethics with feminist care ethics is inequality in relations, either in terms of gender or the one that characterizes unequal relational status between the patient and the doctor. Within such framework the model of contracts negotiated by independent, rational agents does not provide a useful perspective for this sort of interaction. Both need careful reflection of the underlying medical view of the body because under patriarchal ideology the body is characteristically associated with the feminine and the female body is particularly subject to medical dominance.

⁹⁰ Susan Sherwin. (1992). *Toward a Feminist Ethics of Health Care*. In S. Sherwin, *No Longer Patient: Feminist Ethics & Health Care* (p. 77). Temple University Press.

4.13: Ethics of Care and Motherhood:

From the above discussion it becomes clear that care ethics deal with any problem with proper care, emotion and love. So far as the problem of abortion is concerned is concerned, it is a problem which is deeply related to the pregnant woman and the foetus she is carrying. So any other theoretical analysis of this problem does not serve much purpose. So far as this problem is concerned, here decision of either doing or not doing abortion is totally dependent on the woman concerned, because how she feels about her child is something which is totally dependent on herself. Unlike the pro-choice theorists can see factors of abortion with the help of care ethics, with its emphasis on caring and nurturing treats than choice and right matters.

4.13.1: Pregnancy out of Rape:

Rape is something which is itself a great shock for the woman. So in this kind of cases a woman may not be ready to become mother as she may feel that she carries a gene of a rapist. She may also think about the society and the status of the child in the society. So here a woman does not feel love and emotion for the child she is going to have. In this kind of cases from care ethical point of view too abortion is right. But it may also be the case that the woman may feel that the foetus is innocent enough to be killed. Whatever may be the reason of her pregnancy, she is ready to become mother. According to care ethics if it is the case that a woman wants to become mother, even though her pregnancy is out of rape, then she should not be forced to abort her child. Because motherly feeling of care, emotion and love is present in her mind. In this case if abortion is to be done, then the woman may feel trauma, which can harm her both physically and mentally.

4.13.2: Sex-selective Abortion:

Sex-selective abortion is totally an inhuman act. Only because the foetus is a female one, many people choose to abort the child. The reason behind sex-selective abortion has been discussed earlier too. Sex-selective abortion is not acceptable under any conditions from care ethical perspective. It is also seen that in many cases, a woman does not want to do the sex-selective abortion, but because of the family pressure, she has to surrender. Care ethical thinkers believe that in these kinds of cases, a woman should be protected and one should only take her decision for granted.

4.13.3: Motherhood v/s Career:

Many contemporary women are found to be more career oriented, because of which they do not want child and consider the child to be obstacle for their career. Since a career is equally important to her as to her male competent. No one has the right to reject it. But qualities like care, emotion, love are also essential part of a woman. So care ethics will say in this regard that a woman should act with care and love. The quality called motherhood, which is present within every woman should not be killed by a woman. Care ethics does not interfere in a woman's decision, but it advises a woman to act with proper care, love and emotion.

4.14: Care Ethics and Defence of Woman's Choice:

Care ethics always tries to defend the woman's choice. Actually the ethics of care believes that men think in masculine terms such as justice and autonomy. Whereas woman think in feminine terms such as caring. These theorists call for a change in how we view morality and

the virtues, shifting towards virtues exemplified by women, such as taking care of others, patience, the ability to nurture, self-sacrifice, etc. That is why the ethics of care always believes that a woman will take any decision out of care. Eugenie Gatens-Robinson argues that the moral paradigm of rights and a reductive biological definition of individuality are inappropriate in trying to understand the moral dimension of the relationship between a pregnant woman and the foetus which she is carrying. An analysis is given indicating why the situation and experience of a pregnant woman is anomalous within that paradigm. It is argued further that the ethics of care, with its relational view of the individual developed by feminist philosophers, is a more appropriate moral viewpoint from which to understand the range of moral connections and attendant obligation that arise within the course of a pregnancy.⁹¹ Care ethics always tries to protect motherhood and motherly feeling.

When the problem of abortion is being studied, is the relationship between the mother and the foetus which is decisive for thee ethicists. When a woman becomes pregnant, one thing which is newly added to her personality is motherhood. This important feature of a woman's personality is something, which cannot be denied. So when any decision, whether positive or negative is taken regarding abortion, that decision is taken by a mother. So it is very important to know what a mother is.

⁹¹ Eugenie Gatens-Robinson, (1992), "A Defense of Women's Choice: Abortion and the Ethics of care", *The Southern Journal of Philosophy*, 30, (3),39-66.

4.15: What is Mother?

Katherine Nelson Davis explained what is mother, with the help of a beautiful poem which is mentioned below⁹²

A mother is someone to shelter and guide us,
To love us, whatever we do,
With a warm understanding and infinite patience,
And wonderful gentleness, too.
How often a mother means swift reassurance
In soothing our small, childish fears,
How tenderly mothers watch over their children
And treasure them all through the years!
The heart of a mother is full of forgiveness
For any mistake, big or small,
And generous always in helping her family
Whose needs she has placed above all.
A mother can utter a word of compassion
And make all our cares fall away,
She can brighten a home with the sound of her laughter
And make life delightful and gay.

A mother possesses incredible wisdom
And wonderful insight and skill -
In each human heart is that one special corner
Which only a mother can fill!

⁹² Katherine Nelson Davis, "What Is a Mother?" Retrieved (2011 05,12) from <http://www.mothers.net/whatisamother4.htm>.

4.15.1: Different form of Motherhood in the Contemporary Society:

From this poem the implication that can be derived is that the mother-child relation is something that is based on a lot of love and care. But with the changing mode of the society, the definition of motherhood has also changed. Here this thesis is going a step further to abortion issue and discuss some issues related to the foetus and motherhood especially from care ethical perspective. Some issues like surrogate mother has entered to the society. It has happened that many women cannot carry their foetus to the term, because of their bad health condition. In those cases, it so happens that that foetus or embryo is transferred to other woman's womb. That woman is called surrogate mother. After the delivery of the child, who is a mother by contract, hand over the child to his/her actual parents? But it is also true that for nine months the surrogate mother has taken care of the foetus. So sometimes it is not so easy for such a woman to hand over the child to child's actual parents.

The important questions for a caring mother are 'will the genetic mother, who has taken the child from the surrogate mother, be able to take care of the child properly? 'Does she feel that child to be her own or will she treat it like an adopted child? These are some new issues related to the foetus-mother relationship, which are found in the contemporary society. Now motherhood can be divided into groups, namely genetic mother, biological mother and social mother. On the one hand many women do not want to be mothers and take the help of abortion, on the other hand some other women who are not capable of giving birth due to genetic conditions, would like to, and borrow other woman's womb to give birth the child. Caring attitude of the mother is very important for a woman in such conditions. In some

cases women do have to take the help of abortion, but the caring attitude of motherhood in them is still intact despite adopting abortion under compulsion.

According to care ethics perspective, this caring, loving and emotional attitude of a woman brings out the better side of a woman. In this respect we can take the example of Buddhist countries like Japan. In Buddhist countries like Japan, Thailand etc., abortion is a common practice, especially in Thailand. Because prostitution is legal in Thailand, many young girls are also free to take the help of abortion. But the most significant point which is found in these countries is the ritual performance of grief expressing religious ceremony which is a regular celebration, especially in Japan. In Japan, many woman who have had an abortion, used to offer a prayer to Jizo, the God of lost travellers and children. They believe that Jizo will steward the child until it is reborn in another incarnation. In this respect, they organize a function called *mizoko kuyo*, a memorable service for the aborted child.

The ritual includes elements of folk religion and Shinto rites, (the ancient indigenous religion characterized by veneration of nature spirits and of ancestors) and worship of Bodhisattvas. Women offer prayer to Jizo and confess to god their inner feelings also repenting for their inability to be physical mother to their aborted child. Because of the adverse circumstances they were to take the help of abortion. So they pray for forgiveness and make promises before Jizo that they would try to become true mothers to their now aborted child in the near future. This shows that despite taking recourse to abortion , unlike pro choice feminist they remain pro life and retain their caring and loving motherly nature

intact irrespective of the fact whether they could be biological mothers or not. Care ethics tries to protect this feeling of women.

4.16: Abortion and the Feeling of Father:

We have so far discussed about the problem of abortion in connection of the mother. But foetus is a mutual creation of both the parents and it is natural that a father shares caring and loving concern for his child. So in those cases where a mother wants to opt for abortion and father does not want to abort the foetus, it leads to a moral dilemma. In this connection many philosophers have favoured that the right upon the foetus be exclusively given to the mother. Though the foetus is mutually created by both its parents, the mother alone has to carry it to the term. It is an extension of her own body. That is why, for the pro choice feminists and others the decision to abort is considered to be an exclusive right of the mother.

Man has nothing to do and say about it. If the right to abortion is to be given to the father, then the possibility is there that the mother's voice is subsided or not allowed to be heard. That is how pro-choice feminists view the whole abortion issue and its impact on both the parents.

In the context of care ethics Bertha Alvarez Manninen accepts a virtue theorist's position by arguing that that sometimes a caring father may undergo suffering due to the abortion of the (his partner's) foetus cum his future child. So far as morality is concerned, there must be some room for the voice of the father. In this particular article, the author argues that a man cannot have the right to veto a woman's decision to procure an abortion. But a woman can

use her abortion right in a virtuous manner, so that her male partner's emotion will also not be hurt. It is a dangerous situation for the man when his potential child is being aborted, without his will and the author has explained it with the help of an example of such a man. In addition to virtue ethics, here the author asks a woman to use care ethics in order to come to an end.⁹³ So here it is too seen that a woman is requested to do any decision out of care. That is why so far as the problem of abortion or foetus killing is concerned, care ethics plays a very important and significant role. Infact with the help care ethics a solution of the problem of abortion can be atleast given.

4.17: Conclusion:

From the above discussion, it becomes clear that though virtue ethics has certain limitations, but the ethics of care manages to overcome of those limitations. The problem of abortion is a very complicated issue. But care ethics atleast up to a great extent has become successful atleast to some extend has overcome the complicated issues of abortion. Milton Mayeroff here observes:

“In the context of a man's life, caring has a way of ordering his other values and activities around it. When this ordering is comprehensive, because of the inclusiveness of his caring, there is a basic stability in his life; he is “in place “in the world, instead of being out of place. Through caring for certain others , by serving them through caring ,a man lives the meaning of his own life .In the sense in which a man can never be said to be at home in the

⁹³ Bertha Alvarez Manninen, (2007), “*Pleading Men and Virtuous Women: Considering the Role of the Father in the Abortion Debate*”, “International Journal of Applied Philosophy” 21,(1),1-24,

world , he is at home not through dominating ,or explaining ,or appreciating , but through caring and being cared for.”⁹⁴

Again it is found in the both pervious and this chapter that the problem of abortion is somehow related to science and technology. Sex-selective abortion or the abortion due to the poor health condition of the mother or the foetus is a possibly because of the ultrasound machines. Again the issue of surrogate motherhood becomes possible due to the scientific techniques. Many other issues like IVF, stem-cell research are adopted in reproduction also related to the destruction of the embryo.

At this crossroad it is still relevant to ask, what are the differences between a foetus killing and the destruction of an embryo? This distinctively ethical question is also essentially related to the new changes incorporated to our life world by men of science and technology. That is why in the next chapter of the thesis various scientific and technological issues related to the problem of abortion or more particularly to the problem of foetus killing will come up for discussion.

Profile feminist recognize the claims of fetal life and offer different perspective on what is good for women. For care centric kinds of ethics, including feminist as well as profile feminist care based ethics human development is a continuum.

⁹⁴ Mayeroff, M. (1990). *On Caring*. (p.2-3)William Morrow Paperbacks.



Chapter 5

Re-visiting Moral Dimension of Abortion: Reproductive Issues and Technologies

5.1: The Problem of Abortion and the Ethics of Care:

From a care and also from a feminist ethical perspective, distinctive nature of mother foetus, foetus-child relationship is care centric. Under care ethical perspective, the life unfolds as a process of continuity in which a woman finds herself in a network of relations. She is a part of a family, a socio-cultural individual in a world and with her body-mind-spirit continuum, she is both a rational animal and an affective, caring and an evaluative person in her own right. The question for her is not whether there is continuity between the foetus and the new born, or as to since when the foetus becomes a human and a human becomes a person and so on, but how to retain her relational nature intact and nurtured. The human being is understood as having myriads of connections and relationships to other people. This is a fundamental notion to the essence of the human being. She is not considered an autonomic subject with separate being and sense of justice. The feminist ethic of care sees a problem in the disconnection of relationships.

Remaining critical of the notion of autonomy implicit in principlism, a care ethicist also makes phenomenological exploration of a person as a *being-in-the-world* who is essentially relational. From this perspective, autonomy is not marked by the ability to distance oneself from a situation, but by the ability to take part in it, and give meaning to it. This meaning making approach to autonomy is developed by Agich. He says:

“Human action can be regarded as free if the individual agent can identify with the elements from which it flows ... Expressions of autonomy are thus enactments of who the individual is as she is becoming. The field or stage for such playing out is the social world of everyday life.” From a phenomenological perspective, a person is being *–in –the –world, experiencing* the world before consciously making any decision. A person understands her situation not by rationally calculating alternative options, but by knowing what to do on the basis of implicit background knowledge.”⁹⁵

With centrality of the feelings of caring, loving and nurturing, care ethical perspective has looked forward to retaining motherly feelings to the one who is dependent, vulnerable and helpless. More than talks of rights and justice, it engages one with the human dimension of any kind of dialogue, including the one that needs to practically go for abortion of the defective or unwanted foetuses. Sidney Callahan comments:

“After all, debates similar to those about the foetus were once conducted about feminine personhood. Just as women, or blacks were considered too different, too underdeveloped, too “biological”, to have souls or to possess legal rights, so the foetus is now seen as “merely” biological life, subsidiary to a person. A woman was once viewed as incorporated into the “one flesh” of her husband’s person; she too was a form of bodily property. In all particular unjust systems, lesser orders of human life are granted rights only when wanted, chosen, or invested with value by the powerful.”⁹⁶

⁹⁵ Widdershoven, G. A. (2002). Alternatives to Principlism : Phenomenology, Deconstruction, Hermeneutics. In K. W. Fulford, D. L. Dickenson, & T. Harold, *Healthcare ethics and human values : an introductory text with readings and case studies* (p. 43). Malden, Mass : Blackwell.

⁹⁶ S. Callahan, (1998). Abortion and the Sexual Agenda : A Case for Profile Feminism. In B. MCKinnon, *Ethics: Theory and Contemporary Issues* (pp. 177-178). Wardsworth.

At a time now when science and technology is revising the way we traditionally used to understand institutions like family, motherhood, marriage and others, there is now need for fresh look at re defining and re interpreting some such care based and pro life attitudes specially in the context of the abortion debate. The arguments used so far, either for pro life or for pro choice, abortion rights advocating that women have the right to control their own bodies, while abortions opponents pleading for foetuses right to life, technological changes on the horizon have the power to give both sides what they want necessitating a change in the way we argue about abortion. Susan Markens in this regard says

“The emergence and proliferation of new reproductive and genetic technologies have drawn attention of feminist sociologists and anthropologists, who rightfully see these developments as providing an important site for examining change in cultural norms around gender, parenthood, and family. Studies of women (and their partners) involved in and making decisions about reproductive interventions –from in vitro fertilization (hereafter IVF) and prenatal testing to foetal surgery and neonatal intensive care –show the internalization and transformation of women’s and men’s gender identities vis-a-vis their ability (or inability) to reproduce.”⁹⁷

However due to the advancement of science and technology, the concept of reproductive system has changed a lot. With it various concept of abortion and along with even the concept of motherhood have been changed a lot. By taking into considerations of the role

⁹⁷ S. Markens, (2007). *Surrogate Motherhood and the Politics of Reproduction*. University of California Press.

played by the modern reproductive technology, this chapter tries to re-visit the concept of foetus-killing in the wider sense.

5.2: Abortion and the Role of Science and Technology:

This is a chapter which specifically deals with the question: “what does science and Technology say about abortion?” Is abortion talk can be regarded to be meaningful within the preview of traditional ethics or do we need a new ethics in order to address the changed dimension of technologization of our life world? These are important questions related to the problem of abortion also from bio-ethics and medical science perspectives. So far as the modern day medical systems and facilities are concerned, most of the systems are related to the various scientific medical techniques and hospitals having proper machines and instruments. So whenever the topic of abortion is discussed, we must have to re-visit various issues and factors of abortion and how it is related to ethical problem of abortion.

5.3: The Role of the Ultrasound Machines on Abortion:

Whenever the problem of abortion is being discussed, the health factor of both the mother and the foetus is always found to be important. Regarding this problem, technology plays an important role. Sometimes it so happens that a pregnant woman could not carry the foetus to the term. In those cases technological methods plays an important role. The poor condition of womb of a woman can be known through the ultra-sound method. Even if a foetus is defective, then its defects can be found out through the modern ultra-sound machines. The ultra-sound method made the poor condition of either the foetus or the mother visible to the

doctors. In the early days, when these medical facilities were not up to that mark, many women had to give their lives because of the poor health condition of them. So it can be said that scientific and technological invention has contributed a lot, so far as the mother and child's health and life is concerned.

5.3.1: Ultrasound Detect the Defective Foetus in the Mother's Womb Itself:

If a foetus used to suffer from some incurable disease and the foetus would have to be borne by taking that problem, he/she may have to suffer from that problem for his/her entire lifetime. Some problems among them can be cured in the mother's womb itself and if that is not possible then the foetus can be aborted. It is seen that the ultrasound machines has contributed a lot so far as the health of the mother and foetus is concerned.

Almost in all the chapters of the thesis the use of ultrasound machines is discussed. But in this particular chapter, where the whole process of abortion is being re-visited in the light of science and technology, I would like to begin with some prior clarifications on what is ultrasound and more specifically what is ultrasound machines and what role it plays toward the abortion issue .

5.3.2: Scientific Explanation of Ultrasound Machines:

At best, ultrasound is the term, which is used to describe the sound waves which exceed a frequency that a human ear can detect. Normally a human can hear approximately 20 hertz to 20,000 hertz. Ultra sound, used for diagnostic imaging or therapy, can be employed to analyze or treat medical conditions. It applies cyclic sound pressure pulsed at a frequency

higher than the human ear can detect, or, 20,000 hertz. That is why it is called ultrasound.⁹⁸

Ultrasound can be used to locate objects by means similar to the principle by which radar works. High-frequency acoustic waves reflect from objects, even comparatively small ones, because of the short wavelength. The distance to an object can be determined by measuring the delay between the transmissions of an ultrasound pulse and the return of the echo. This is the well-known means by which bats navigate in darkness. It is also believed to be used underwater by cetaceans such as dolphins and whales. Ultrasound can be used in sonar systems to determine the depth of the water in a location, to find schools of fish, to locate submarines, and to detect the presence of SCUBA divers.⁹⁹

5.3.3: Ultrasound and Abortion:

The applications of ultrasound machines are conducive mostly to detect various physical problems of the body. Obstetrics, echocardiography and biopsy are some of the areas, where the ultrasound machines are being used. Through the help of ultrasound machines, not only the body related problems can be found out non-invasively, valuable medical aids now can be provided were not possible in the case of traditional tools and diagnosis techniques. In other word, it has immensely helped medical practitioners to detect the disorder more accurately and provide the treatment or medication properly.

So far as the foetus of a pregnant woman is concerned, the ultrasound plays an important role. Ultrasound machines do provide invaluable information about a woman's pregnancy

⁹⁸ *Ultrasound Machiens & Ultrasound.* (2007). Retrieved 03 02, 2012, from drsmart.com: <http://drsmart.com/ultrasound/ultrasound-machines/index.aspx>

⁹⁹Margaret Rouse. (2005, 9). *definition Ultrasound.* Retrieved 02 1, 2012, from searchsecurity.techtarget: <http://searchsecurity.techtarget.com/definition/ultrasound>

and about the patterns of development of her growing baby. When one can truly experience the current position of the foetus, the gender of the foetus etc. through the ultrasound scanning of the uterus, this procedure can be of help in ascertaining the history and continuous stages of its growth since its conception date so that one may find for oneself whether the foetus is in healthy condition or not. The detailed scanning of the uterus can even enable one to detect if there is any abnormalities in the development of the foetus which can help the doctor to opt for the proper treatment of the foetus in the mother's womb itself. For example, a needle like Amniocentesis is often inserted in such case to take out the amniotic fluid for analysis which could not have been materialised so easily without the help of ultrasound. Ultrasound is even useful in finding out the general health of the baby, the position of the placenta, the stages of ectopic pregnancy, potential miscarriage as well as early foetal death. Nowadays, many hospitals and clinics provide 3d ultrasound services to pregnant women. Pregnant women can also obtain ultrasound services from 3d ultrasound centres. Maternity hospitals, clinics and other medical facilities are embracing ultrasound technology due to the growing need among pregnant women to know the health state of their developing babies and the sex of their babies.

A mother is able to know the health of the developing foetus by use of a 3d ultrasound device. With this device, doctors would be able to discover at an early stage if the developing baby has any health complications. Use of ultrasounds to check the health condition of a baby is called foetal anomaly scanning. This scanning will reveal if a baby has heart

anomalies, brain anomalies among other anomalies. In the near future, elective ultrasound devices will be able to detect whether a baby has cerebral palsy.¹⁰⁰

5.3.4: Sex-selective Abortion and the Role of Ultrasound Machines:

It is true that ultrasound has helped a lot, so far as the health of the foetus and mother is concerned. But many doctors and people use to use it for negative reason too. Sex-selective abortion becomes possible only because of the ultrasound machine. 3d ultrasounds are normally used by many pregnant women to determine the sex of their babies. The sex of a baby can be determined with 95% accuracy using an ultrasound machine during the twentieth week of the pregnancy. Medical literature however reports that it is possible to determine the sex of the baby using an ultrasound as early as the fifteenth week of the pregnancy since during the period of above the thirty second week of pregnancy, there is a possibility that the baby may have descended down to the pelvis and it will be hard to determine the baby's gender using an ultrasound device .Using an ultrasound machine and thereby determining the sex of a baby for sure , especially during the fifteenth week of the pregnancy when the success rate is almost 50%. One will have to pay for the ultrasound scanning whether it succeeds or not. In case the scanning fails to determine the sex of the baby during the fifteenth week, the mother will have to wait until the seventeenth week and carry out another scanning. From the seventeenth week to the thirty second week of the pregnancy period, it is possible to determine the gender of a baby with an accuracy level exceeding 90%. One

¹⁰⁰*Common Tests During Pregnancy.* (n.d.). Retrieved 2 12, 2012, from hopkinsmedicine: http://www.hopkinsmedicine.org/healthlibrary/conditions/pregnancy_and_childbirth/common_tests_during_pregnancy_85,P01241/

important point that can be mentioned here is that the involvement of doctors in these kinds of cases cannot be unnoticed. Machines are made for the intention of helping the people. But in many dispensaries and hospitals it is used in negative way. Sex-selective abortion is both immoral and illegal. But because of the help of the medical practitioner, it is practiced in many places, especially in India.¹⁰¹

Sex-selective abortion is a serious offense. To band this immoral act, many countries, like India have made it a strict law that in no clinic sex determination of the foetus will be done. If anyone is found guilty, then license of that radiologist and the clinic will be permanently banned.

5.3.5: The Role of Ultrasound Machines to Prevent Abortion:

It is not the case that ultrasound machines are used only to determine the sex and health state of a baby. Infact 3d ultrasound scanning is being used to see how the baby looks like and it can capture the baby's moments in the mother's womb. The perfect pictures of a baby's looks can be taken in between the twenty eighth and the thirty second week of the pregnancy. So through these pictures of the baby, one woman can utterly be convinced that she really carries a living being or her baby. The diagnosis centres which provide 3d ultrasound services generally offer the pregnant woman to capture the images of their babies, which can be stored for memory.

¹⁰¹ Admn. (2012, 3 3). *3d Ultrasound: Capturing the Precious Moments of Pregnancy*. Retrieved 5 5, 2012, from guangzhou jiayu medical Company: <http://www.gzjiayumed.com/en/ArticleShow.asp?ArtID=2074>

New advancements in the 3d ultrasound niche, has made it possible to watch a baby's moves real time via a large screen. This can later be recorded and stored in a DVD for later viewing. With this advancement, it is now possible to show pregnant women contemplating divorce the real time movements of their babies' in their wombs. After seeing these, these mothers will be convinced that what they are carrying in their wombs are real baby's who have real lives. These may influence them to rethink their decision to carry out abortion. 3d ultrasound has been used by many pro life organizations to convince pregnant women not to go for abortion. Many charitable organizations in America pay the fees for ultrasound scanning for women contemplating divorce.¹⁰²

One thing which becomes clear from the description of ultrasound machines is that so far as the problem of abortion and the mother-foetus relation is concerned it plays a very significant role. With normal standard 2d ultrasound machines, there are latest 3d and 4d ultrasound machines, which makes difference between a foetus and a baby very minimum. A pregnant woman who wants to do abortion, even many times rethink about her decision to abort by see the baby she uses to carry through the ultrasound machines. So in many times the ultrasound machines help to reduce abortion cases. So from the point of view pro-life supporter ultrasound is a technique which can help to protect the foetus. In respect Ann Oakley's important statement can be quoted"

¹⁰² Nicholas. (2010, 12 7). *Capturing the Precious Moments of Pregnancy*. Retrieved 11 8, 2011, from Ultrasound Machine: <http://buyultrasoundmachine.blogspot.in/2010/12/capturing-precious-moments-of-pregnancy.html>

“When a mother undergoes ultrasound scanning of the foetus, this seems a great opportunity for her to meet her child socially and this way, one hopes, to view him as a companion aboard rather than as a parasite... Doctors and technicians scanning mothers have a great opportunity to enable mothers to form an early affectionate bond to their child by demonstrating the child to the mother. This should help mothers to behave concernedly towards the foetus.”¹⁰³

In this respect Vandana Shiva in her essay ‘Reductionism and Regeneration: A Crisis in Science’ has mentioned that through this afford of ultrasound not only has woman’s labour and knowledge been negated but even their intimate link with and for the child which emerges from their own body has to be demonstrated by doctors and technicians.¹⁰⁴

5.3.6: Ultrasound Can Help Early Detection and Cure of Defects of the Foetus in the Mother’s Womb:

With 3d ultrasound sound machines, now-a-days 4d ultrasound has also been invented. With the help of it a pregnant mother can even see moving picture of the baby in the womb itself. So it helps to know about the various development stages of the baby and also detect if the foetus use to suffer from certain defects. In case of the detection of some defects of the foetus, the necessary aids can be taken in the early stages itself. But the normal 2d ultrasound machines are not able to give clear and perfect pictures of the child. The images may also require an experienced doctor to understand the features etc. However, by using the 4d

¹⁰³ Ann Oakley., (1989). *The Captured Womb*, Blackwell

¹⁰⁴ V. Shiva, (2010). *Reductionism and Regeneration: A Crisis in Science*. In M. Miles, & V. Shiva, *Ecofeminism* (p. 27). Rawat Publications.

ultrasound one will get clear images which can help the doctor to determine everything about the foetus.

Ultrasound is also known as sonogram which is a medical test, where high frequency sound wave to produce the picture of various organs in the body are used. In case of pregnant women, ultrasound is often prescribed to get the image of the foetus. It is already been mentioned now-a-days 4d ultrasound are used to take the images from different angles to reveal the proper images of the foetus like the features of the face etc. The movements made by the baby during the procedure can also be captured using the ultrasound. 4d ultrasound is the latest in ultrasound technology which means four dimensional. 4d ultrasound machines can be used in order to determine the age of the foetus, to analyse its development, to evaluate multiple pregnancies, to detect any kind of structural problems in the uterus. It can be also used to detect abnormalities in the placenta, detect abnormal bleeding, determine ectopic pregnancy or detect ovarian fibroids and locate the placenta etc.¹⁰⁵

Standard ultrasounds only produce two dimensional images of the foetus. The use of the standard ultrasound can produce the picture of the foetus. But it requires experienced doctors to identify the different body parts and features. Most of these pictures are often grainy and given to the patient also. Sometimes, a 2d image may be able to indicate a problem but it require a sophisticated 4d ultrasound to confirm and clearly identify the abnormality.

¹⁰⁵ Nicholas. (2010, 12 7). *4d Ultrasound – Know Your Baby Well* . Retrieved 3 2011, 11, from Ultrasound Machine: <http://buyultrasoundmachine.blogspot.in/2010/12/4d-ultrasound-know-your-baby-well.html>

Most often there will be no need to get the 4d image. However, if a mother wishes to see clear pictures of the baby, she can use the procedure. The centres perform such tests only after the gestation period of twenty fifth weeks. The baby will be big enough to see the features clearly. Standard ultrasound images are usually ordered by doctors for various reasons. They are performed either at the clinic itself or ultrasound imaging centres. However, the 4d images do not require doctor's orders to be performed. They are mostly done by private businesses which specialize in such procedures. The procedure may take only about twenty minutes to complete.

The images of the baby are taken by following a simple procedure. A conductive gel is applied to the mother's abdomen. A transducer is used along the abdomen in a gliding movement. It is connected to a monitor, which captures the images of the foetus and can be viewed until the ultrasound is completed. The mother also gets a video of her baby and a keepsake photograph.

According to many physicians the energy levels used by these ultrasounds are higher due to the high quality of images obtained. However, the US food and Drug Administration controls the level of energy used in these machines. Although the concern is not yet proven, mothers who wish to have these images taken should consult their doctors about the safety before going forward with the procedure. So, before you get ready for a 4d ultrasound one can

always consult the doctor and understand more details about it and then decide whether one should proceed further or not.¹⁰⁶

It is already discussed in the previous chapters that the concept of person is related to the problem of abortion. In light of the fresh debate regarding the personhood of a foetus, especially in light of many innovative technologies that have enabled vitro fertilisation, stem cell research, DNA transplantation transference to others wombs or machines and thereby giving rise to changed nature of mother foetus relation, including surrogate motherhood, have made the stereotyped relation of personhood and the foetus debatable. This chapter will re visit surrogate motherhood along with other such changed dimensions of abortion related technological devices and its impact on our perception of values and meanings.

5.3.7: Changing Nature of the Concept of Person and the Role of Ultrasound:

According to scientific research during the first trimester a foetus does not feel any sensation and after completing three months only a foetus gradually starts to feel pain and other sensation. That is why early abortion, during this period specially, was acceptable to many. One issue which is mentioned in the third chapter is that so far as the utilitarian view of abortion is concerned, abortion before first trimester is acceptable according to many philosophers, because the foetus does not feel pain before it. But the important point which can be mentioned here is that the modern medical research has proved that a foetus cannot

¹⁰⁶ Nicholas. (2012). *What Can Ultrasound Machines do for you?* Retrieved 12 6, 2012, from Ultrasound Machine: The information you need to educate yourself about Ultrasound Machines: <http://ultrasoundmachineguru.com>

feel any pain or sensation before twenty four weeks or six months. If it the case, then from the foetus' angle, abortion can be done before six months and not before three months. Only the condition applicable to it is that the mother's health should not be affected. The important point, which can be noticed here, is that the ethical interpretation of abortion also depends on the scientific research and its various methods and doctor's consent. This is definitely one simple instance how science and technology has dealt with our lives.

If we now ponder deeply on the question: What is "a person"? It can be rightly said that technology cannot give the criteria we need to answer this. But technology now can give evidence as to whether the preborn fit those criteria. And technology seems to be personalizing them. Interestingly, Dr. Bernard Nathanson, atheist and a former abortionist and "pioneer in legal abortion," confesses the following in the film "The Silent Scream". He says:

"When I was a medical student in 1949, we had no such science as foetology. We were taught that the unborn child, the foetus, was something in the uterus. But it was really an article of faith as to whether or not it was a human being, and whether or not that human being had any unique personal qualities."Nowadays Dr. Nathanson is fighting to outlaw abortion. It was the insights he gained from new technology, he says, that led him to change his views".¹⁰⁷

¹⁰⁷ Gordon, D. (1985, 10 3). *On the Abortion Issue, Technology Works Both Ways*. Retrieved 12 11, 12, from Libertarians for Life: <http://www.l4l.org/library/techboth.html>

5.4: Foetus Killing and the Stem-cell Research:

Since this particular chapter re-visits the whole issue of abortion in the light of science and technology, and since any discussion on the problem of abortion or foetus- killing will be incomplete without incorporating stem-cell killing into its preview, what follows next is discussion of stem cell research and the sort. The term 'abortion' in the wider sense can be called 'foetus killing'. Whenever the term 'foetus killing' is mentioned, one important issue called stem cell therapy must come into the picture. Stem cell research is the great invention of science. The problem of abortion or foetus- killing will be incomplete without the discussion of it. Along with issues related to stem cell therapy, some other related matters like xenon-transplantation, cloning etc. have come under scrutiny of philosophers arguing on abortion, euthanasia etc. through some serious ethical or moral discussions. So in the next section of this chapter these issues will be discussed.

5.4.1: What is Stem-cell Research?

Before discussing the various issues related to stem cell research, first we are to know what stem cell research really means. The stem cell therapy or stem cell research is a comparatively new technology that takes primitive human cells and develops them into any of the 220 varieties of cells in the human body, including blood cells and brain cells. Many scientists and researchers have great hope for the research and ability of stem cell and think that it can be of great help in providing treatments of many diseases to an extent that cures of some of the worst diseases including heart disease, diabetes, and neurodegenerative diseases like Alzheimer's and Parkinson's, is a strong possibility now. But along with these

hopeful possibilities, stem cell research also gives rise to fear and concern for the uncertainties associated with human cloning and it gives rise to serious concerns over the ethics of conducting scientific research on, which includes the destruction of human embryos.¹⁰⁸

5.4.2: Stem-cell Research and IVF:

Human stem cells primarily come from adult tissue or embryos. Embryonic stem cells can be created solely for the purpose of stem cell research. They can be the leftovers from other processes, such as from in-vitro fertilization (IVF). Among different types of stem cell research, the discussion of the IVF or in-vitro fertilization is also taking an important place. Fertility treatments usually result in the creation of multiple embryos, and since only the most viable are selected for implantation, some embryos are not used. These extra embryos can be discarded, donated to others seeking fertility assistance, preserved, or donated to research. But most commonly, leftover embryos use to discard.¹⁰⁹ This problem of the destruction of embryos leads to a very serious ethical discussion. Even according to many philosophers, if abortion cannot be accepted, then it is no reason to accept this embryo destruction. In this section of the chapter the ethical dilemma that has been found raised is going to discuss. But before the discussion of this issue a brief explanation about the stem cell is given below.

¹⁰⁸ *Stem Cell Basics*. (2009, 4 28). Retrieved 7 10, 2011, from Stem cell Informataion: The national Institute of health Resourece for Stem Cell Research: <http://stemcells.nih.gov/info/basics/defaultpage.asp>

¹⁰⁹ *What Is Stem Cell Research?* (n.d.). Retrieved 10 10, 2011, from Wise Greek: Clear Answers for Common Questions: <http://www.wisegeek.com/what-is-stem-cell-research.htm>

Stem cells are classified as being pluripotent or multipotent. Stem cells that are pluripotent are capable of forming virtually all of the possible tissue types found in human beings. These stem cells can only be found in a certain stage (a blastocyst) in human embryos. Multipotent stem cells are partially differentiated, so that they can form a limited number of tissue types. Multipotent stem cells can be found in the foetus, in umbilical cord blood, and numerous adult tissues. A summary of this information can be found in the Table 1.

Table 5.1: Stem Cell Types:

Stem cell type	Description	Examples
Pluripotent	Cells can form any of over 200 cell types	Some cells of a blastocyst (5 to 14 day old embryo)
Multipotent	Cells are partially differentiated, but can form a limited number of other tissues	Foetal tissue, cord blood, and adult stem cells

¹¹⁰

A list of the sources of stem cells, along with their advantages and disadvantages can be found in the next table.

¹¹⁰ Deem, R. (2009, 3 31). *What is Wrong With Embryonic Stem Cell Research?* Retrieved 7 6, 2010, from godandscience.org: http://www.godandscience.org/doctrine/stem_cell_research.html

Table 5.2: Sources of Stem Cells:

Stem cell type	Description	Advantages	Disadvantages
Embryonic	Cells from human blastocyst	Pluripotent	Requires embryo destruction
Foetal stem cells	Cells from gonads of aborted foetuses	Multipotent	Requires destruction of weeks old foetus
Umbilical cord stem cells	Cells from the umbilical cord blood of newborns	Multipotent/ Pluripotent	Low frequency of stem cells
Placenta derived stem cells	Cells from the placenta of newborns	Multipotent/ Pluripotent?	Low frequency (but higher than cord blood)
Adult stem cells	Cells from adult tissues	Multipotent	Very low frequency
Induced pluripotent stem (IPS) cells	Cells from adult tissues reprogrammed to pluripotency	Pluripotent	Not patentable (i.e., drug companies can't make enough money)

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Although the controversy of stem cell research is only recent, research first began in the 1960's. The primary source of early human stem cells was adult bone marrow, the tissue that makes red and white blood cells. Since scientists realized that bone marrow was a good source of stem cells, early transplants were initiated in the early 1970's to treat diseases that involved the immune system (genetic immune deficiencies and cancers of the immune system). Bone marrow-derived stem cell therapy has been extremely successful, with dozens of diseases being treated and cured through the use of these adult stem cells. However,

¹¹¹ ibid

because the donor tissue type must be closely matched to the patient, finding a compatible donor can be problematic.¹¹²

5.4.3: IVF and its Ethical Dilemma:

Usually all the human embryonic stem cell lines which are used in the stem cell research come from four to five day old embryos left over from in vitro fertilization (IVF). In vitro fertilization, a man's sperm and a woman's eggs are mixed together in a lab dish. Some of those eggs become fertilized and then starts to develop. At about five days the egg is divided to become a hollow ball of roughly 100 cells called a blastocyst which is smaller than the size of the dot. It is these very early embryos that are implanted into the woman in the hopes that she becomes pregnant.

Each cycle of IVF can produce many blastocysts, some of which are implanted into the woman and the rest are stored in the IVF clinic freezer. A couple uses the embryos to complete their family. But after the completion of the family, it is the responsibility of the couple to decide what to do with any remaining embryos. They can continue paying to store the embryos or they can defrost the embryos, which destroys them. Some couples may choose to donate the embryos for adoption, though that option is not commonly taken. In

¹¹² R. Deem, (2009, 3 31). *What is Wrong With Embryonic Stem Cell Research?* Retrieved 3 1, 2011, from Evidence for God: http://www.godandscience.org/doctrine/stem_cell_research.html

some states, couples can also choose to donate the frozen embryos for research. These donated embryos are the source of human embryonic stem cell lines.¹¹³

Some embryonic stem cell lines also come from embryos that a couple refuse to implant because of the discovering of some genetic mutations like the ones that cause cystic fibrosis or Tay Sachs disease. The routine genetic testing prior to implantation can discover these diseases. These embryos with genetic defects or malformations usually use to discard if the couple had not chosen to donate them to stem cell research. If the issue of stem cell research has been seen thoroughly, the one point becomes clear that the principal source of the controversy surrounding human embryonic stem cell research lies in competing views about the value of human embryonic life. One important ethical question regarding the destruction of the human embryos could be raised here. It also encompasses questions about, among other things, whether researchers who use but do not derive Human embryonic stem cells are complicit in the destruction of embryos, whether there is a moral distinction between creating embryos for research purposes and creating them for reproductive ends, the permissibility of cloning of human embryos to harvest Human embryonic stem cells, and the ethics of creating human/non-human chimeras (A chimera is an individual composed of cells with different embryonic origins)¹¹⁴. Embryonic stem cells are the undifferentiated cells from which all our body parts, organs, tissues, etc. originally developed. These cells are obtained

¹¹³ E. Español, (2009). *Myths and misconceptions about stem cell research*. Retrieved 12 12, 2010, from CIRM: California Institute for Regenerative Medicine: http://www.cirm.ca.gov/StemCellBasics_Questions

¹¹⁴ R. Streiffer, (Spring 2011). *Human/Non-Human Chimeras*. Retrieved 02 21, 2012, from The Stanford Encyclopedia of Philosophy: <http://plato.stanford.edu/archives/spr2011/entries/chimeras/>

by transferring the inner cell mass of the embryo into a culture dish, but can only be done by killing the embryo. This is what makes embryonic stem cell research an ethical question.¹¹⁵

One important issue regarding the problem of stem cell research is to determine whether the embryo is a 'person' and should have legal protection under the law or not. According to the teaching of Catholic Church a human being is to be respected and treated as a person from the moment of conception. This is because there is no other point in human development where a human being suddenly appears. To designate any other point of development as the one where a human being emerges is simply arbitrary.¹¹⁶ But Lee M. Silver, professor of Biology at Princeton University, does not believe an embryo is a person, but he writes, "Once fertilization is complete, there are no isolated moments along the way where you can point at an embryo or foetus and say that it is substantially different from the way it was a few minutes, or even hours earlier."¹¹⁷

5.4.4: Stem-cell Research and IVF v/s Abortion:

The main ethical dilemma found in the stem cell research is that, whether the killing of embryo in stem cell research is same with abortion? If yes then the stem cell research also has to go through the same ethical arguments that abortion has to go through and it will not be permissible under all circumstances. But many scientists have tried to convince the

¹¹⁵ *Stem Cell Research and Abortion: Opposition to abortion and opposition to embryonic stem cell research go hand in hand.* (2009, 9 3). Retrieved 11 15, 2010, from Abortion73.com: http://www.abort73.com/abortion_facts/stem_cell_research_and_abortion/

¹¹⁶ Iscara, R. F. (n.d.). *The Immorality of Embryonic Stem Cell Research* . Retrieved 02 20, 11, from <http://www.catholicapologetics.info/morality/medicaethics/cell.htm>

¹¹⁷ Lee M. Silver, *Remaking Eden: Cloning and Beyond in a Brave New World*, Avon Books, 1997, p. 48

general public that they are not creating and destroying human lives and that is why their research is not unethical. Michael D. West, chief scientific officer of Advanced Cell Technologies (a Massachusetts company currently cloning humans to harvest their stem cells), has made a distinction between an embryo and a "pre-implantation embryo" or "pre-embryo." According to him a pre-embryo exists from the moment of conception to approximately 14 days, when an embryo would implant into the uterus and the differentiation of cells would begin. He considers the pre-embryo to an egg or sperm cell. This is undoubtedly false that a sperm or egg cell is not a complete organism. A sperm cell does not implant into a uterus and grow into a foetus, all on its own.¹¹⁸

Many other researchers and embryonic stem cell advocates state that an embryo cannot be regarded to be a human being. According to them embryos are no more special than a skin or muscle cell. Wesley J. Smith, lawyer says, "Organisms are integrated creatures, and cells are merely parts of creatures.... Biologically, therefore, an embryo and a cell are utterly distinct."¹¹⁹

If the moral issue of abortion is now re-visited in this light, it is seen that if the life of a woman in labour is threatened by her foetus, the foetus should be aborted. But once a portion of the baby has emerged, we may not abort the foetus, because one may not set aside one person's life for the sake of another. The principle behind this ruling is that one may kill

¹¹⁸ Rebecca, T. (2005, 12 25). *Abortion, Stem Cells, and Cloning*. Retrieved 01 30, 2010, from lifeissues.net: http://www.lifeissues.net/writers/tayl/tayl_01abrstemcellsclosing.html

¹¹⁹ Wesley J. Smith,(2004) *Consumer's Guide to the Brave New World*, San Francisco, Encounter Books, p. 34

someone who is unjustly pursuing a third party to kill him. Since the foetus, which is not yet considered a "complete" person, is "pursuing" the mother in a way that will inevitably result in her death, then the foetus might be killed first. But, once it has even partially emerged, it is considered a full-fledged person. Now we are faced with a dilemma, states Rabbi Moshe Feinstein, one of the most respected rabbis of the 20th century that who is pursuing whom?¹²⁰

But on the other hand, stem cell research is something different from it. What if the scientists 'merely' needed to destroy excess fertilized eggs from in vitro fertilization (IVF) procedures that are only a few days old and have not yet been implanted in a woman's uterus? Is the destruction of these "pre-embryos" ethically acceptable to us? That is the main ethical debate regarding stem cell research.

While stem cells can be derived from aborted fetuses and even adults, the best source for stem cells is the small clump of cells that compose the early zygote only a few days following conception. Therefore, to best investigate the latent possibilities inherent in stem cells, scientists wish to use the approximately 100,000 "excess" frozen pre-embryos that are "left over" from earlier IVF attempts. Is it ethical to allow the destruction of pre-embryos to obtain stem cells for research that may someday save thousands of lives?¹²¹

¹²⁰ Fred, R. (n.d.). *Rabbi Moshe Feinstein's Influence on Mediacal Halacha*. Retrieved 03 2011, 23, from <http://www.hods.org/pdf/Rabbi%20Moshe%20Feinstein%27s%20Inf.pdf>

¹²¹ Daniel, E. (n.d.). *s the destruction of preexisting pre-embryos permitted for stem cell research?* Retrieved 06 06, 2012, from aish.com: <http://www.aish.com/ci/sam/48969936.html>

5.4.5: Stem-cell for the Sake of Well-being of the People:

Early stem cells have the ability to differentiate into every cell of the human body, potentially forming an entire foetus. If a scientist able to manipulate the conditions controlling cellular differentiation, then it might create replacement cells and organs, potentially curing illnesses such as diabetes, Alzheimer's disease, and Parkinson's disease.¹²²

But, the ultimate promise that is committed by the scientists is that the stem cell technology would be to combine it with cloning. They have also showed its benefit with the help of some imaginary examples. As for example if it the case that a man is dying because of liver failure. If one could clone one of that person's cells, instead of allowing the cloned cell to develop into a foetus, it might place it into the appropriate environment that would cause it to differentiate into a liver that would be virtually genetically identical to that of the sick man. So if that liver can be grown to maturity, then one could offer the sick man a liver transplant without the risk of rejection and without the need for anti-rejection drugs.

Unfortunately, till the date scientists are not able to say properly, how much successful they are to clone a human. It will require years of very expensive, labour-intensive research to determine the potential that stem cells hold for the treatment, palliation, and cure of human illness.¹²³

¹²² *Stem Cell Basics*. (n.d.). Retrieved 03 2011, 09, from Stem Cell Information: The official National Institutes of Health resource for stem cell research: <http://stemcells.nih.gov/staticresources/info/basics/StemCellBasics.pdf>

¹²³ The President's Council on Bioethics: Washington, D. (2002, 7). *Human Cloning and Human Dignity*. Retrieved 2 2011, 12, from www.bioethics.gov : <http://bioethics.georgetown.edu/pcbe/reports/cloningreport/research.html>

If one day stem cell research becomes successful then it may be the case that destruction of the embryos may be ethically allowed if it can be able to save the lives of some people. While many ethical issues arise, the main issue found to be raised here is that whether destruction of pre-embryos will be treated equally with the issue of abortion. But many scientists have mentioned that it can only be compared with abortion only after its implementation in a woman's uterus.

5.4.6: Embryo Killing and IVF:

The main point is that an embryo is not protected by the limitations on abortion until it is implanted in a woman.

The logic of only ascribing humanity to an embryo once it is implanted in the womb is simple. Left undisturbed, an embryo in its mother's womb will most likely continue to grow and reach parturition. But the pre-embryo created by IVF, if left untouched in its "test tube," will die. The pre-embryo requires active intervention to even reach a situation which we consider to be true potential life. The alternative to this reasoning would be to argue that the killing of adult skin cells is forbidden, since a person could potentially be cloned from any cell in an adult's body.¹²⁴

So far as the various ethical issues about the type of stem cell research discussed in this chapter are concerned they are usually based on human embryonic stem cell (HESC) which

¹²⁴ Daniel, E. (n.d.). *s the destruction of preexisting pre-embryos permitted for stem cell research?* Retrieved 06 06, 2012, from aish.com: <http://www.aish.com/ci/sam/48969936.html>

can only be done by killing the embryo. But in 2007, a new stem cell method was discovered that actually "reprograms" ordinary cells (like skin cells) to revert into an embryonic stem cell-like state. These stem cells are called Induced Pluripotent Stem Cells (iPSCs). Essentially no line of difference can be drawn between the HESC and iPSC. But the most significant difference between the two is that in iPSC the requirement of the killing of embryos is totally absent. The scientist who discovered this reprogramming technique is Dr. Shinya Yamanaka of Japan. He says, "When I saw the embryo, I suddenly realized there was such a small difference between it and my daughters. I thought, we can't keep destroying embryos for our research. There must be another way... There is no way now to get around some use of embryos. But my goal is to avoid using them"¹²⁵

Dr. Yamanaka states that iPSCs has the capability to overcome the main ethical problem that occurred with embryonic stem cell research that the only way to derive embryonic stem cells is to kill embryos. With the discovery of iPSCs, embryo-like stem cells can be derived from a patient's own cells, which carry the same genes and will not be rejected by the body, and, more importantly, they do not require the killing of embryos.

The main reason behind the people who oppose abortion tend to also oppose embryonic stem cell research is because extracting stem cells from embryos use to kills them. Embryonic stem cell lines are not capable of establish apart from dead embryos. Therefore, since

¹²⁵ Fackler, M. (2007, 12 11). *Risk Taking Is in His Genes* . Retrieved 5 2, 2009, from The New York Times: http://www.nytimes.com/2007/12/11/science/11prof.html?adxnnl=1&pagewanted=all&adxnnlx=1325150233-WvzZXTIQ6Zwrwa6ScbSc+w&_r=0

embryos (just like foetuses and newborns and infants and adults) are human beings, embryonic stem cell research is unjust and unjustified. It is the killing of one person (actually many persons) in the theoretic attempt to save other people. Is it justifiable to kill one person in order to spare someone else from disease? At its essence, the driving philosophy behind embryonic stem cell research is one that places less value on individual human life than it does on the "greater human good". Ultimately it falls on utilitarianism, i.e. the greatest happiness for the greatest number.

But if the views of Dr Shinya Yamanaka are analyzed, it becomes clear that he is somehow guided by care ethics. It is because of that only it is become difficult for him to destroy the embryo. Its leads Dr Shinya Yamanaka to discover a new technique called iPSC, which do not require the killing of embryos. So the ethics of care has the power to protect an embryo or foetus.¹²⁶

But Elizabeth Harman in this regard has given a different interpretation. She says that if abortion be made permissible, why not stem cell research. So far as the stem cell research is concerned, it involves death of a less significant theory (an embryo, rather than a foetus) for greater good that is to save the life of someone. In this essay, the writer argues on the point that the embryo and the foetus have full moral status. So far as stem cells are concerned, embryos are created and destroyed them to extract cell. But on the other hand in abortion, a

¹²⁶ Bridge, S. (2011, 12). *Induced Pluripotent Stem Cells: An Alternative to Embryonic Stem Cells?* Retrieved 5 5, 2012, from otago.ourarchive.ac.nz:
<http://otago.ourarchive.ac.nz/bitstream/handle/10523/2280/BridgeSophieE2012BMedSc.pdf?sequence=1>

foetus has been killed. Stem cells are created for mainly some medical reason. But it is not the case with abortion. Here the writer mainly says that the stem cell research is permissible only if the embryos in question lack moral status. It is also mentioned by the writer that these embryos lack moral status.¹²⁷

These techniques potentially separate genetic parenthood from social parenthood and in the case of IVF, separate conception from the womb. Issues of maternity as well as paternity become muddled when more than one man and one woman are involved in the reproductive process. Assisted reproductive technologies also make biological (and social) parenthood possible for categories of people who previously had few options for genetic parenthood, including gay and lesbian couples and single women.

So it is seen that the ethical dilemma found in case of abortion are also present in the case of stem-cell research and IVF.

5.4.7: If Foetus, Why Not the Cell:

Within a continuous growth process of the foetus, it is not easy to defend logically and point out a demarcation point after conception as the point at which an immature form of human life is so different from the day before or the day after, that it can be morally or legally discounted as a non person. Even the moment of birth can hardly differentiate a nine month

¹²⁷ Rebecca Harahan , (spring 2007) “*The Decision to Abort*”, “International Journal of Applied Philosophy” 21(1) pp-25-41,

foetus from a new born. It is not surprising that those who concentrate late abortions are logically led to endorse selective infanticide.¹²⁸

Two Australian academicians, Alberto Giubilini and Francesca Minerva have argued that the moral status of a newborn baby was identical to that of a foetus. Given that most people view on abortion, which are in favour of abortion, they have argued that there is no reason not to see infanticide as morally acceptable, too, even in 'cases where the newborn has the potential to have an (at least) acceptable life, but the well-being of the family is at risk'. Giubilini and Minerva have rejected the term 'infanticide' and prefer to name it 'after-birth abortion'. They have claimed that infanticide was the logical consequence of the legalization of abortion. There is something new in Giubilini and Minerva's argument. Some of the contemporary philosophers like Peter Singer have long championed similar kinds of claims. According to Singer Humans have no intrinsic claim to life? The interests of an individual, including their right to life, depend on their cognitive abilities. The fact that a being is a human being, in the sense of a member of the species *Homo sapiens*, is not relevant to the wrongness of killing it. Peter Singer has further argued that it is, rather, characteristics like rationality, autonomy, and self-consciousness that make a difference. Infants lack these characteristics. Killing

¹²⁸ S. Callahan, (1998). Abortion and the Sexual Agenda : A Case for Profile Feminism. In B. MCKinnon, *Ethics: Theory and Contemporary Issues* (pp. 177-178). Wardsworth.

them, therefore, cannot be equated with killing normal human beings, or any other self-conscious beings.¹²⁹

5.5: Nadya Suleman and IVF:

When the issue of abortion is being discussed, it is very important to discuss about the case of Nadya Suleman. Nadya Denise Doud-Suleman is an American woman, who is known Octomom in the media. With the help of IVF, for the first time she has given birth to six children. She did not want to destroy the embryos and that is why after giving the six children together, she has again given birth to some other children. So now altogether she has fourteen children. She is a divorcee. So it is become difficult for her to take care of the fourteen children alone. Infact it is dangerous for the health of a woman. To take care of her children, she has to do to even a porn video.¹³⁰

5.5.1: Ethical Analysis of Nadya Suleman's Case:

If we analyze this issue, it is found that whatever Nadya Suleman has done cannot be regarded to be a morally permissible act. First, whatever she had done is risky for a woman's health and body. Secondly, it is an immoral act to give birth the children, if proper care of them is not possible. Thirdly to have fourteen children of a single family is dangerous for a country's population control scheme. May be whatever she has done is out of care and love

¹²⁹ Klimas, L. (2012, 2 27). *Ethicists Argue in Favor of 'After-Birth Abortions' as Newborns 'Are Not Persons'*. Retrieved 5 12, 2012, from The Blaze: <http://www.theblaze.com/stories/ethicists-argue-in-favor-of-after-birth-abortions-as-newborns-are-not-persons/>

¹³⁰ *Nadya Suleman*. (n.d.). Retrieved 10 2012, 30, from Wikipedia, the free encyclopedia: http://en.wikipedia.org/wiki/Nadya_Suleman

for her children or it is may be the case that she has considered the embryos to be her own child. But from the care ethical point of view too her act cannot be regarded to be a moral act. Because she herself has one's considered that to have fourteen children is totally exhausting.¹³¹ She has to suffer from bankruptcy. Because of which she has to do some inelegant photo suit and pornography too. These are totally immoral. It is seen that it is not possible for her to take care of her baby properly and she may consider her children to be burden for her. So her act cannot be regarded to be an ethically right act.

5.5.2: Solution of the Problem of Nadya Suleman's Case:

Nadya Suleman has given birth to fourteen children, because she did not want to destroy the embryos. Because of which she has to suffer from many problems. But there is a solution of this problem. Many couples in this world are childless. Those embryos can be injected to that kind of woman's uterus. So those women also feel to have their own children, because those women will carry the foetus to their womb and will deliver them. In case of surrogate mother also hiring of the womb is there. But after giving birth of the child a surrogate mother has to hand over their child to his/her actual parents. But that is a totally different case. Here, when we analyze the case of Nadya Suleman, the woman who carries the foetus, will be carried as their own child. All the elements of a mother, such as, care, love and deep emotion for the child will be present here. That is why, if this formula will be applied, then neither embryos

¹³¹ *Octomom Nadya Suleman Wants to Shed Her Creepy Persona.* (2012, 7 9). Retrieved 11 2012, 2, from The Daily Beasts: <http://www.thedailybeast.com/articles/2012/07/09/octomom-nadya-suleman-wants-to-shed-her-creepy-persona.html>

will be destroyed, not a woman has to give birth such a number of children, which is harmful for her body. Here in chapter, when IVF and stem cell research and abortion and the cases of Nadya Suleman have been discussed, one important point to be noted here is that, everything is here related to the body of the woman and she should think both about herself and the foetus. The use or misuse of technology also needs some kind of discussion on Culture, politics and gender in relation to technology and its impact on abortion decision.

5.6: Culture, Politics and Gender:

As Engels noted over a century ago, reproductive relations that constitute the “production of human beings themselves” are fundamental to the social organisation of any society.¹³² As a result, reproductive politics can provide an unusually clear view of the ideological and structural foundation of societies as well as insight into the basis of social conflicts. The analysis of policy debates over surrogate motherhood presented in this book demonstrates the utility of a “sociological imagination” that can link the “personal troubles” of the seemingly private and mundane issue of procreation to the “public issue” of reproductive politics.¹³³

5.7: Technologization of Motherhood: From In vitro fertility to Surrogacy: New Light on the abortion Debate:

At the heart of the legislative debates over surrogacy was the question of what, socially and culturally speaking, constitutes familial relation. Reproductive technologies from sperm banks to IVF treatments, introduce commoditization into motherhood and mothering as more

¹³² Engels, F. (1984). *The Origin of the Family, Private Property and the State*. Retrieved 11 10, 2009, from www.marxists.org: <http://www.marxists.org/archive/marx/works/1884/origin-family/index.htm>

¹³³ Markens, S. (2007). *Surrogate Motherhood and the Politics of Reproduction*. University of California Press, p-48

than one woman are involved in the reproductive process. Assisted reproductive technologies also make biological (and social) parenthood possible for categories of people who previously had few options for genetic parenthood, including gay and lesbian couples and single women. Along with medicalisation of pregnancy and mothering, expectations regarding supermoms and categories of 'bad mothers' emerge, welfare cheats to crack mothers to new moms who did not breast feed or who were so depressed that they thought they might hurt their babies to women who delayed child birth or chose not to be mothers at all.¹³⁴ Accordingly, the meaning of parenting and motherhood expands.

Researchers are working on embryo transplants and artificial wombs. Women who are uncomfortable with abortion but who don't want to carry a child to term may one day be able to end their pregnancy but allow the child to grow to term through one of these other methods. They could then treat their pre-borns like newborns, which, if unwanted, are not usually killed but given to others.¹³⁵

Technology, then, is working both ways. It's making it easier to abort, but it's also leading more of us to question whether this is acceptable. To begin with, nobody likes abortion. The inconsistency of struggling to save one preborn but then killing another perhaps older one, as some doctors do, is causing many to reconsider whether abortion is truly a right under justice.

¹³⁴ (ibid .. 11)

¹³⁵ D. Gordon,. (1985, 3 10). *On the Abortion Issue, Technology Works Both Ways*. Retrieved 7 1, 2010, from Libertarians for Life: <http://www.l4l.org/library/techboth.html>

5.7.1: Some Implications for the Abortion Debate:

Some recent controversy about the moral status of abortion dwells at length on the possible boundary line that might exist between abortion, stem cell research, cloning etc. out of which stem cells appears to be closer in spirit to the abortion debate. We may draw a marginal distinction between stem cell and abortion that the embryos from which stem cells are derived have never been and will never be within a woman's body. Dena S. Davis, in her article "Stem Cells, Cloning, and Abortion: Making Careful Distinctions", draws out an interesting comparison between these closely related terms which are particularly relevant to the present thesis on the issue of abortion from a moral and a philosophical perspective. First I will briefly mention a few points specially highlighted in her article and then the remaining part of the chapter will make an attempt at drawing on certain implications of this study on the abortion issue. To quote Dena S. Davis:

".. I have noticed recently that a lot of acquaintances, when we are talking about stem cells, say, 'Well , of course I am pro-choice', as if that settles the question of how they feel about stem cell research. But think about the most common reasons people give for being pro-choice: women have the right to decide what to do with their bodies: women can compete effectively in the workplace only if they can reliably control their fertility; only the individual woman can decide if she wants to be parent; making abortion risks woman's lives; unwanted children are less likely to fare well. All of these arguments are compatible with the belief that an embryo has some moral status, just not weighty enough to overbalance the woman's right to make that choice. Judith Jarvis Thompson (1971), in a famous and influential article ,has shown that even imagining the embryo as having the same moral status as an adult human being ,does not entail that a woman is required to

function as that person's life support system for nine months support system for nine months. Thus, legally at least, Ronald Green (2002) is not correct when he says that if an embryo were regarded as an woman's moral equivalent from the point of fertilization ,a woman's interest could be over ridden if they clashed with the moral claims of the embryo or foetus. ...”¹³⁶

So even if the foetus is a person, the pro- choice feminists have supported each woman's rights to decide for herself and to even the law cannot compel her to carry it for nine months and give birth to it. Davis further observes:

“But when the *embryo* is outside the woman's body, frozen in a pipette somewhere, none of these arguments apply. A person could be firmly pro-choice, out of concern for woman's liberty and well –being, and still oppose the destruction of extracorporeal embryos. At the same time ,as we have seen in Congress ,even some staunch pro-lifers have come out in favour of stem cell research ,finding that the prospective benefits for people now struggling with diseases such as diabetes and multiple sclerosis ,to name just a few, outweigh the moral claims of very early, unimplanted embryos that would ,in most scenarios, be discarded. Thus, thinking clearly and well about stem cell research requires us to give-up slogans and knee jerk reactions.”¹³⁷

Davis have ultimately sum up:

“ ... People who believe that the embryo from the moment of conception is fully protectable human life will probably find it consistent to oppose therapeutic cloning. Although these embryos are not conceived in the usual way, they do carry the full component of potential’

¹³⁶ D. S Davis,. & C.Marshall, (2002). Stem Cells, Cloning, and Abortion: Making Careful Distinctions. *The American Journal of Bioethics* , 2 (1), 47-49 .

¹³⁷ (ibid).

humanhood '. But for everyone else, it is difficult to see the objections to therapeutic cloning .Certainly the fears and concerns raised by reproductive cloning cannot reasonably be used to oppose therapeutic cloning. “¹³⁸

There is however diversity of possible interpretations not only about the politics of reproduction but our response to surrogacy and technology.

5.7.2: From Pro-Choice to Pro-Surrogacy?

Susan Markens, in her pioneering work *Surrogate Motherhood and the Politics of Reproduction*, suggests that new reproductive technologies are more likely to be permitted and tolerated when they are associated with acts of reproduction rather than with acts of consumption.

“That is, although we live in a consumer-oriented culture (and this is a major reason why new reproductive technologies have flourished more in the Unites States than elsewhere), as a society we remain averse to equating kinship formations with commercial transactions. Furthermore, we need to recognise the influence and power of various claims makers and discursive claims making to shape our responses, as well as the limits imposed by our culturally and socially shaped imaginations.”¹³⁹

Clearly, the, the politics of reproduction, including the legislative debate over surrogate parenting, is bound up with social conflicts about gender, particularly about the role of motherhood in women’s lives. The possibility that the significance of motherhood in

¹³⁸ (ibid).

¹³⁹ S. Markens, (2007). *Surrogate Motherhood and the Politics of Reproduction*. University of California Press, p.188-190

women's identity is declining is a great source of worry for some groups, as is the seeming decoupling of motherhood from marriage. Interestingly findings confirm that a history of advocacy on behalf of women is important when it comes to legislation dealing with surrogate motherhood.

Table 5.3: Passage rates of State- Level Surrogacy Bills by Sponsor's Abortion Position, 1991-92

Sponsor's Abortion position	Number of Bills Introduced	Percentage of Bills That passed
Prochoice	19	26.31
Antiabortion	15	13.33

¹⁴⁰

Table 5.4: Passage rates of State-Level Surrogacy Bills by Sponsor's Abortion Position and Content of Bills, 1991-92

Sponsor's Abortion Position	Content of Bill	Number of Bills Introduced Percentage of Bills That Passed	Percentage of Bills That Passed
Prochoice	Prosurrogacy	11	27.0
	Antisurrogacy	8	25.0
Antiabortion	Prosurrogacy	7	0.0
	Antisurrogacy	8	25.0

¹⁴¹

¹⁴⁰ ibid

¹⁴¹ ibid

But one important point to be mentioned here is that most of the pro-choice that sponsors are more likely to sponsor Antisurrogacy legislation. Susan Markens also says in this regard

“To the contrary, 58 percent ($n=11$) of the bills introduced by prochoice sponsors were pro-surrogacy (i.e., regulatory); on the otherhand, slightly more than half ($n=8$) of the bills introduced by anti-choice sponsors were Ant surrogacy. Although slight, do these differences in the proportion of types of bills introduced by pro-and anti-choice sponsors affect their success rates with surrogacy legislation? This does not seem to be the case for pro-choice sponsors. Regardless of the content of the bills, prochoice sponsors had nearly equivalent success with their bills; 27 percent and 25 percent of their pro- and Antisurrogacy bills, respectively passed.”¹⁴²

5.7.3: Beyond the Reproductive Politics of Surrogacy:

Of course, the debates about surrogate motherhood and new reproductive technologies do not occur in a cultural or social vacuum. As we have seen, they are linked to ongoing debated about the future of the family, which many see as beleaguered, owing to the rising rates of divorce, blended families, single mothers, and working mothers. Furthermore, the growing attention to and concern over problems of infertility has caused fears about the reproduction of the American family itself—meaning, of course, the white middle-class family. Additionally, setbacks to abortion rights and the growing attention to foetal abuse advocates of women’s reproductive rights. Although the story about the politics of reproduction with respect to surrogacy is necessarily a multilayered and a causal one, but how the society react

¹⁴² Ibid, p 190

to advances in reproductive technology is not predetermined. If we are to understand issues such as surrogacy and related new reproductive technologies, we need to recognize the diversity of possible interpretations, uses, and political reactions to these social problems.

One significant question, which is found to be aroused, is that who use to do the abortion in large number. That is important part of this work. The racial part is something which cannot be denied here. The history of birth control and abortion regulation also reveals the diametrical issues of race. For instance, nineteenth century limitations on birth control and abortion in the United States can be linked to concerns about the declining fertility of white middle class women, which in turn fanned fears of 'race suicide'. Birth control pioneer Margarete Sanger's success in promoting contraception has been amply documented as stemming from her alignment with early twentieth century eugenicists. Eugenic campaigns in the United States targeted poor and minority populations who were thought to be overproducing and thus diminishing the 'quality' of the population as a whole. One result of these campaigns was the forced sterilization of thousands of politically powerless people (mostly women). Astonishingly, this practice continued until the 1970s, targeting mainly black, Latina, and Native American women. White, middle-class women, on the other hand, frequently were denied access to both abortion and sterilization. This history reveals a race based hierarchy for determining the value of women's mothering.¹⁴³

¹⁴³ *ibid*, p. 12-13

5.8: Conclusion:

It is seen from the above discussion that the science and technology has played a very significant role, so far as the problem of abortion is concerned. The ultrasound machines plays very significant role in both doing abortion and to prevent a woman to do abortion. Here it is also seen the positive and negative factors of both stem-cell research and IVF. One important factor which can be noticed here is that the care element of human being even encourages a doctor to invent such system, where the killing of embryo is not necessary. It is true that either it is the case of abortion or embryo destruction in IVF; ultimately if a foetus or an embryo is to take birth, women body is very necessary. As without the help of the woman body, a foetus cannot become a child. So the right to take the ultimate decision regarding abortion is always given to the woman. But a woman always should take the decision by taking into consideration of the care factor. When the issue of care ethics is discussed, it does not mean that a woman should think only about her foetus. It is the responsibility of the woman to think about herself with care also. In every case where her life will be miserable, because of the birth of the child, a woman should think about her body. Science has given us a lot. So it is the responsibility of a woman to enjoy and use scientific methods properly.

The abortion debate can be summarized as follows: abortion rights advocates think women have the right to control their own bodies, which includes terminating a pregnancy; abortion opponents think foetuses have a right to life, whether they are inside a woman's body or not. Technological changes on the horizon have the power to give both sides what they want – for

women: the ability to terminate a pregnancy, and for foetuses: the ability to survive outside the mother's womb. I suspect this technological change will necessitate a change in the way we argue about abortion, but particularly for the side arguing for abortion.

From these observations we can draw conclusions that despite similarity in some aspects, the entire outlook on how one addresses stem cell or even cloning for therapeutic use, may differ from one's position on the abortion debate and that there are some marginal differences between these various approaches to the moral status of the embryo seen either as a human baby after birth, or a stem cell in a technically created environment or the cloning of some organs to be used later for therapeutic etc. and accordingly the abortion debate will be viewed from different angles especially in light of latest technological innovations in this regard. Despite admitting the fact that a new human conceptus, particularly one in pre implantation stage, is but a 'clump of cells', it may still be denied that in that stage the clump is already a *human being*.

Chapter 6

Conclusion

6.1: Brief summary of the core chapters:

The core chapters of the thesis have tried to deal with the issue of abortion with the help of different theories and different issues. The chapters have been arranged so as to do justice to the prime focus of the thesis, i.e. to keeping room for a distinctive voice of the care ethicist on issues related to abortion in particular and to life-death issues in general, specially at a time when technology is encroaching all these significant and very meaningful aspects of our life situations. This concluding chapter of the thesis makes attempt at both a summing up some of the major findings of the chapters and an acknowledgement of some of the limitations of the thesis that needs to incorporate certain other areas of the study which are now just highlighted under the caption “scope for further study”.

6.1.1: Summary of the chapter “The Religious, Socio-Cultural and Legal Issues of Abortion”:

The first objective of the thesis is to analyse the issue of abortion from various socio-cultural, legal and religious aspects and to see, whether because of today’s changing moral scenario, and the changing attitude of the people around us, the issue of abortion has already become a non-issue and if so, then how to make it an issue? For those who considered problematic nature of the abortion issue it needed a holistic approach to the problem that touched not only the intimate and the private personal aspects but also it needed public discussion and policy

formation to be formulated and that is how public issues like abortion debates and discussions, could become matters of philosophical concern. To quote Feinberg:

“Abortion raises subtle problems for private conscience, public policy, and constitutional law. Most of these problems are essentially philosophical, requiring a degree of clarity about basic concepts that is seldom achieved in legislative debates and letters to newspapers”¹⁴⁴

This chapter has tried to make a survey of the different religious positions on the abortion issue. The chapter further discusses overall socio-cultural and some legal issues related to abortion. Not only the religious issues, but along with it, this chapter also discusses how religious impact or the religious faith of the people can control one's socio-cultural outlook of the people. As for example, it can be said that patriarchal attitudes of many religions of the world have somehow degraded the status of the women in the society. It even somehow leads to the sex-selective abortion in many countries like India, china etc. Because of which many legal steps and act have been implemented as per the various laws of those countries.

It is further observed that many religions have adopted very rigid positions regarding the act of abortion which has remained influential so far as the laws of the countries are concerned. As for example, because of the dominant of catholic religion, abortion is made unacceptable under any circumstances especially in a country like Ireland. So it can be said that different

¹⁴⁴ J. Feinberg, (1984). In J. Feinberg, *The Problem of Abortion*. (p. 1). California: Wadsworth Publishing Company.

religions have played a great role so far as the socio-cultural and legal aspect of the abortion issue is concerned.

But over and above these various dimensions of new laws being introduced and implemented, various laws of different countries have also been revised because of the major influence and the role played by the ethical discussion on abortion. Even then abortion is still there in the society as one of the burning problems in the society and the thesis objective is to ascertain the philosophical nature of any such debate and discussion on the ethical dimension of the problem.

The thesis makes an attempt at exploring cultural, religious and other situational relatedness of any kind of moral issue, including that of abortion, it is observed that religious and cultural background of a situated moral agent often remains influential in ascertaining policy decisions and also in motivating one to a particular way of looking at a sensitive moral issues. For example, if any kind religious doctrine supports the notion of ensoulment that needs a divine author, abortion will be an act that would be religiously offensive.

In this connection, this chapter made a survey of the cultural and religious background of the moral debate along with its legal, socio cultural and other related aspects. It was observed that almost all the major religions of the world have made efforts at clarifying their positions mostly in a pro life manner keeping exception for some extraordinary situations.

6.1.2: Summary of the chapter “Utilitarianism, Kantian Ethics and the Problem of Abortion”:

The subsequent chapter, i.e. “Utilitarianism, Kantian Ethics and the Problem of Abortion”, is an attempt at exploring whether it is possible to study the problem of abortion with the help of traditional theories of ethics like utilitarianism and Kantian de-ontological ethics? It further questioned some of the limitations of the traditional theories of ethics in order to address the question whether with the changing structure of the society; do we need a new kind of ethics that remains more sensitive to a holistic and also to the feminist and other approaches to the value question?

By keeping in mind of this prime objective this chapter tries to analyze the different factors of abortion from the perspectives of the traditional theories like utilitarianism and Kantian de-ontology. Utilitarianism, because of its consequentialism, has put on sole emphasis on the production of pleasure and happiness; on the other hand Kantian ethics of deontology, has emphasised on duty and reason. However, the peculiarity with the abortion issue is its distinctive nature of mother-child relationship that is neither result oriented nor entirely and exclusively reason based.

After making a brief survey of certain implications of utilitarianism’s greatest happiness of the greatest number doctrine and its impact on the abortion debate, particularly with reference to Peter Singer, Michael Tooley and others, the chapter made brief reference to some other related issues like animal rights, etc. While as per Michael Tooley’s theory, a dolphin or a chimpanzee’s right to life will get more priority in comparison to an infant, Peter

Singer's point of view regarding the concept of person and foetus killing similarly centers round human-person dichotomy although mostly viewed from a point of preference utilitarian's perspective. In order to explain the problem of abortion, some feminist thinkers take the help of Kantian model.

Until the rise of virtue ethics, the dominant paradigms in 20th century normative ethics were utilitarianism and deontological ethics, both made room for reason and right based decisions in this regard. However the two dominant ethical positions in abortion debate were developed later in terms of Pro-Life (against Abortion) and Pro-Choice (for Abortion) positions. Judith Jarvis Thomson, who assumes a conservative position for the sake of argument, argues in favour of pro choice position from a feminist perspective.

Mary Anne Warren tries to defend the liberal view of abortion, i.e. it is morally permissible if reason permits to do so. The thesis makes a casual reference to some implications of Kantian de-ontological ethics on some feminist scholars some of whom are critical of the masculinity of reason that is accorded in traditional moral theories.

Kantian ethics, by using its deontological nature, has given sole emphasis on the duty and reason. Kant's one dimensional focus on duty and respect for the moral laws, as the only morally praiseworthy motive, dehumanizes the relation between mother and her foetus. In fact Max Scheler says in this context that moral law or the categorical imperative originates from the values rather than from human thinking as Kant explained it to be. So far as moral consciousness is concerned, emotion plays an important role. Morality is not something,

which can be presented with the form of judgment derived from pure reason. Human beings should be guided by some moral values not merely by their rational quality.

Provided ethics is seen more as a problem solving rational skill and a pursuit that might lead to absurd conclusions when confronted with real life problems , like that of infanticide , this chapter looked for some alternate approach to be made in this direction. The chapter also takes into consideration in what manner some of the existentialist philosophers, like Jean Paul Sartre, Kierkegaard and, and some others, have sought to put the affective existential man in the centre of moral decision, thereby seeking to unearth the fact that ‘human reason has boundaries’. In order to decide what should be the moral position in an ethical debate one is not looking for mere principles and formulae that comes from a robotic and rule governed phase of machine existence but issues like abortion, euthanasia etc. are actual moral dilemmas depicting some sort of existential crisis.

So it can be said that the rightness or wrongness of abortion cannot be explained in terms of reason only. It is true that, it is very difficult to arrive at a definite conclusion of the problem of abortion. The rightness or wrongness of abortion varies from situation to situation.

6.1.3: Summary of the chapter “A Defence of Woman’s Choice: Abortion and the Ethics of Virtue & Care”:

In its search for alternate ethical positions in regard to the abortion issue, the thesis made some explorations of the basic findings of virtue and also of care ethics and its different positions in regard to the moral status of the abortion debate. Accordingly, chapter 4 makes a

brief survey of various implications on the abortion debate if one argues from a virtue theory or from care ethics perspectives.

As a character-based ethics Virtue ethics looks at the virtue or moral character of the person carrying out an action, rather than at ethical duties and rules, or the consequences of particular actions. Virtue ethics not only deals with the rightness or wrongness of individual actions, it also provides guidance as to the sort of characteristics and behaviours a good person will seek to achieve. Here it has been found that although traditional virtue ethics has certain limitations, especially in adequately addressing certain abortion related problems, but from the thesis perspective, the ethics of care has successfully laid down certain guidelines in order to overcome some such limitations. Despite the complicated nature of the problem, care ethics exponents have suggested various positions that have also remained successful to overcome the complicated issues of abortion. Clearly, the, the politics of reproduction, including the legislative debate over surrogate parenting, is bound up with social conflicts about gender, particularly about the role of motherhood in women's lives. The possibility that the significance of motherhood in women's identity is declining is a great source of worry for some groups, as is the seeming decoupling of motherhood from marriage. Interestingly findings confirm that a history of advocacy on behalf of women is important when it comes to legislation dealing with surrogate motherhood.

In future decades, pro-life advocates could grant that women ought to be fully sovereign over their own bodies and that they do have the right to remove an unwanted foetus. However,

they could argue that while women have the right to remove a foetus, they do not have a right to kill it.

Care-based theories are away from any hard and fast rule. It tries to analyse the problem with the help of care and by taking care of the emotion of the people. Unlike Kantian de-ontology and utilitarianism, which gives importance on reason and utility respectively, care ethics, tries to analyse the problem of abortion by taking into consideration of the various emotions of the woman as it is an issue related to exclusively to both body and mind of the pregnant woman.

When the issue of abortion is being discussed one most important point which can be noticed is that it involves an assumption that the existence of unborn babies is of lesser value than an adult human's life. From the analysis of all the chapters of the thesis, one major finding can be pointed out, i.e., there are some striking resemblances between care ethics and medical ethics.

Care ethics, specially feminist exponents of care ethics have tried to draw attention to the unequal power of women and men, of white people and people of colour, of First World and Third World people, of the rich and the poor, of the healthy and the disabled, and so forth are central to feminist ethics are decisive factors in any kind of moral evaluation. Need for re-visiting the unequal pattern of relationship that characterizes doctor patient relationship is highly significant. In this respect the following can be quoted:

“Both need careful reflection of the underlying medical view of the body because under patriarchal ideology the body is characteristically associated with the feminine and the female body is particularly subject to medical dominance.”¹⁴⁵

Biomedical ethics, like feminine care ethics, looks for real guidance in an actual troubling situation than an abstract focus in the domain of rules and principles. Most of feminists are largely influenced by Carol Gilligan, who claims that women are more likely than men to understand morality in terms of caring for others although many feminists remain uneasy about the normative significance of this gendered description of ethics. In this respect, Susan Sherwin says that

“In interpreting her research data, Gilligan also identifies a methodological difference in women’s and men’s distinctive pattern of moral reasoning. She finds that girls and women tends to evaluate ethical dilemmas in a contextualized narrative way looking at the particular details of a problem situation without paying specific attention to the unique circumstances of the case. Several feminists have found this difference in method to be a promising basis for building feminist ethics. Although still cautious of the implications of gender specific patterns of moral reasoning, most feminists endorse including contexts as a central element in moral reasoning.”¹⁴⁶

There are many feminist thinkers who are supporter of pro-life. These care based feminists, including those of profile feminists, usually have found the pro-choice supporter to be with masculine nature. They said pro-choice supporter possessed the quality of aggression and

¹⁴⁵ S. R Tracy,. (2007). Patriarchy and Domestic Violence:. *JETS* , 50 (3), 573–94.

¹⁴⁶ S. Sherwin, (1992). *No Longer Patient: Feminist Ethics and Health Care*, Philadelphia: Temple University Press.

destruction of maleness of reason. But in against of which, care based feminist has chosen a alternative and peaceful path having ecologically sensitive means to resolve conflicts while respecting human potentiality. On the whole this chapter found care based ethical position a satisfactory one in comparison with earlier versions of moral theory as discussed in previous chapters.

6.1.4: Summary of the chapter “Re-visiting Moral Dimension of Abortion: Reproductive Issues and Technologies”:

As per the one of the prime objectives of the thesis, i.e. to address the feasibility of care based perspective on moral issues in light of technologization of our life world and its values, Chapter 4 addressed various modern technological issues like the role of ultrasound machines in abortion, stem cell research, in-vitro fertilization etc. also to find out the difference in perspectives between the foetus killing and abortion, if there is any. It is found that the science and technology has played a very significant role, so far as the problem of abortion is concerned. Not only the ultrasound machines have played a very significant role in both decision making process of those who are caught in the abortion dilemma ,other advancements in science technology research like stem-cell research and IVF etc. have played crucial role ,and have remained instrumental to both pro choice and pro life exponents in diverse ways.

6.2: Major findings of the thesis:

Some major findings of the thesis can be briefly mentioned as follow: As already discussed, the close resemblance between care ethics and medical and also bio-ethics is highly significant. The thesis has highlighted some commonalities between the two.

6.2.1: Religions and Preference of Mother:

It has been found out from the above discussions that almost all the religions of the world has given the permission to abort, if it is found that the mother's health is in danger. Mother has given more importance in comparison to the foetus as the degree of personhood is found higher in the case of the mother. Mother is a full grown person with a lot of responsibilities and qualities like rationality, which a foetus does not have.

6.2.2: Abortion and Cultural Influence:

Another important finding of the thesis is that the various religious and cultural impacts can be seen in decision of abortion. Some cultural factors even have remained decisive how one uses or misuses the technological devices and resolves the abortion problem. This is highly relevant especially in the context of some developing countries, also in China and India where abortion also takes the form of sex selective abortion. In countries such as China and India, the cultural preference for boys is well-documented, and parents for years have been using ultrasound and amniocentesis -- followed by abortion -- to avoid giving birth to girls. In some parts of rural India, where basic health care is hardly available, local clinics have sophisticated ultrasound machines used privately -- and illegally -- for sex selection.

The fact that the cases of female infanticide are higher in some parts of India and china is a pointer to the culture specific factors in sex selective abortion. The major reason behind it is the patriarchal set up of the society where male child gets more privilege in the society in comparison the female child.

In a primarily Buddhist country like Japan, the ceremonial performance of *mijoko kuyo* is a very meaningful way of combining need for Buddhist compassion and care for a pro life perspective with the pragmatic compulsion of a limited and a situated agent who had to opt for abortion decision out of compulsion. Even after aborting the unwanted fetus ,the still caring and repentant mother offers a ritual-prayer called *mijoko kuyo* by which they pray for forgiveness from those aborted foetuses, but potential children, if allowed to be born .We can say that here an attempt has been made even to accommodate an abortion decision from a care ethics perspective.

One unique system can be seen in the case of Toda tribe of Nilgiris in southern India. Within Todas a father of child is that person, who has last given the ceremonial bow to the mother of the child in the ritual performance of a ceremony called *pwsutt*. That is why in the case of Todas, physical paternity has nothing to do with legal purposes. This provision of Todas has minimised the cases of abortion, which was to occur in the case of rape victim. Before the birth of the child of a rape victim or any such illegitimate case of child birth, the authority of the child has been given to a man, who is identified to be the adopted father figure for the child as per the above mentioned ritual performance of the *pwsutt* ceremony? Thus the society and its tradition of this particular tribe have its own unique way to find out a father

substitute who could be made the legal husband of the mother of the child. So in this case too, the attribution of the caring tendency towards the baby and the mother can be seen in absence of which many unfortunate mothers might have ended with aborting the baby.¹⁴⁷

Another instance can be cited in which religion and culture might instruct a particular course of action, i.e. to give birth to the baby under all circumstances without keeping provision for what alternate nurturing provisions could be provided for an otherwise unwanted child, provided abortion be considered as wrong under all circumstances. In this respect one of the very recent cases of Ireland can be mentioned in order to re-visit the problem of abortion, where Savita Halappanavar, the Indian dentist who practiced in Ireland had to give her life because of the rigid law of Ireland regarding abortion. Savita had found some complicity in her pregnancy, because of which she was to do abortion. But abortion is illegal in Ireland, which is a predominantly Catholic country. So ultimately Savita had to give her life on 28th October 2012.¹⁴⁸

Because of too much religious influence on legal matters, a poor woman had to give her life. While a care ethicist will condemn this act of total uncaringness, it will appreciate the care providing tradition even for a socially unwanted child, if at all to be given birth, by a particular tribe namely the Todas of Nilgiris.

¹⁴⁷ Emeneau, M. B. (Jan. - Mar., 1937). Toda Marriage Regulations and Taboos. *American Anthropologist* , 39 (1), 103-112.

¹⁴⁸ *Savita Halappanavar parents want abortion law in her name* . (2012, 12 19). Retrieved 12 21, 2012, from BBC News India: <http://www.bbc.co.uk/news/world-asia-india-20779631>

6.2.3: The Doctrine of Reincarnation in Hinduism:

If the status of foetus is seen in Hinduism, it is found that the soul and the matter which form the foetus to be joined together from conception. According to the doctrine of reincarnation a foetus is not developing into a person, but is a person from a very early stage. It contains a reborn soul and should be treated appropriately. By the ninth month the foetus has achieved very substantial. The doctrine of reincarnation, which sees life as a repeating cycle of birth, death and rebirth, is basic to Hindu thinking. This doctrine of reincarnation can be used to make a strong case against abortion:

If a foetus is aborted, the soul within it suffers a major karmic setback. It is deprived of the opportunities its potential human existence would have given it to earn good karma, and is returned immediately to the cycle of birth, death and rebirth. Thus abortion hinders a soul's spiritual progress. Here the doctrine of Reincarnation can also be used to make a case that abortion should be permitted. Under the doctrine of reincarnation, abortion only deprives the soul of one of many births that it will have. The consequences of abortion in the framework of reincarnation are therefore not as bad as they are in those religions where a soul gets only one chance to be born and where abortion deprives the soul of all possibility of life. So it has also been found that the doctrine of reincarnation in Hinduism has committed the fallacy of slippery slope.

6.3: Conclusion:

It is found that although abortion is a very serious and a sensitive issue, it is not easy to determine in one word whether it is morally right or wrong. Infact the purpose of this thesis is not to decide the rightness and wrongness of the issue. Because it is not possible to see a sensitive issue like abortion from one angle and point out a pin point answer to it. Although it can be said that so far as the personhood of the mother is considered to be greater in comparison to that of the foetus, the importance of the care element for being a mother has remained central factor in the entire thesis. Though this thesis mainly deals with the issue of foetus killing out of compulsion of all kinds, it is more important that a woman should not abort the caring and the nurturing traits of motherhood even then. While discussing the issue of abortion, two main cases can be pointed out. In one case it is found that many women had to take the help of abortion due to many reasons, but they used to suffer from post-abortion trauma. To get rid of this problem, in Japan, the festival of Mizoko Kuyo has been practiced. On the contrary there is the example of pro choice feminists like the American Jane group who used abortion as a tool to get rid of their mothering identity for ever.

While mentioning the example of American Jane woman, it is found that despite vast differences in the contexts and the situations and despite the cultural gaps, the character of *Ganga* of the *Mahabharata*, who used to kill her infant out of her own free will demanding that her husband should never question her or stop her from doing what she decides to do , may remind us of strong independence of female personalities even in traditional India who dared to decide singlehandedly what should be the destiny of her born or unborn child.

One point which this thesis tries to emphasize is that abortion cannot be regarded as wrong under all circumstances. But the feeling of motherhood and tenderness should be kept alive. Motherhood is one of the important characteristic of woman's personality and this feminine trait of her character should not be aborted, otherwise the basic definition of womanhood would be changed. Contemporary world is a world of science and technology. It has given the world a lot. Infact science has helped a barren woman to get rid of barrenhood and become mother. Whether it is the cases of IVF or a normal pregnancy, the relation between pregnant woman and the foetus is not an issue which is only related to body of a woman or to her fertile or infertile conditions.

Care ethics thus keeps room for the mysterious horizon of life that is beyond the grasp of logic and calculation. What matters morally and intellectually is the centrality of caring and nurtured relationships and the intimacy of personal bond than any other matter. That bond may exist between the child-foetus and the biological parents, or between the surrogate mother who suddenly develops some kind of love and care for her biological offspring and seeks to transcend her professional relationship with a more humane and personal one, or it may even be a peculiar relationship between a rape victim and her unwanted foetus which she initially sought to abort. Care ethics keeps room for some such surprises in moral decision making than the problem solving mode of logical exercise.

The aim of this thesis is to highlight the centrality of the nurturing and the caring traits of motherhood and also of fatherhood that can jointly create a space in our world for some more potential persons like us.

6.4: Further Scope of Discussion:

1. There is scope for dwelling at length certain exceptional pro-life cases like that of a rape victim who suddenly discovers that she has developed some kind of essential bond with the foetus which was thrown to her making her a victim of circumstances.
2. To re-visit the various arguments offered by Preference utilitarian and others on human person dichotomy and the subsequent moral positions that this might lead to. For example, if the foetus be aborted on the basis that a foetus its non rational status, the cases of persons in coma etc. logically falls under similar category of deficit persons.
3. The problem of abortion can be re visited from the controversial issues like possibility of human cloning and so on.
4. There is a scope of doing a comparative study between care dimension of abortion with Gandhi's concept of non-violence and the concept of green philosophy and eco-feminism
5. The relation of surrogate mother and the genetic mother with the child can be further studied with the help of different philosophical theories.

6.5: Concluding Remarks:

With all its limitations and shortcomings the present thesis is but a humble effort on my part to focus the sensitive issue of abortion from a care ethics perspective for whom despite harshness of our day to day reality in which technological solution to technological and even life related issues appears to be only way for us. What is meant by the centrality of care in our life? It ensures care to one and all, provided one is able to take care of oneself first so that

care for others becomes possible. Both the psychotherapist and a care ethicist have many things to share in common. Milton Mayeroff have mentioned in this regard:

“If I am to care for the other, I must be able to cope with it ;I must be “ up to “ caring for it. It is not enough merely to want to care for the other and desire its growth; I must be able to help it grow. And just as I must be capable of caring for *this* other, this other must be capable of being cared for. The psychotherapist can not help his patient grow if the patient does not, at least on some level, really want to grow. ...”¹⁴⁹

A care ethicist will also come close to what appears to be a religiously significant experience from a religious perspective, including that of Buddhism. Care for oneself and for any other life form including the one that ascertains the mother-child relationship is nothing the art of 'Mindful Mothering: The Art of Being Present'. To quote Danielle Conger:

“ Mindfulness—borrowed from the Buddhist practice of being present and aware of one’s thoughts, actions and environment—can add a powerful tool to our mothering repertoire, allowing us to take better care of ourselves and those around us. Each moment we spend playing with and caring for our children while thinking of what to make for dinner, the bills we need to pay, how many more minutes until we have to run out the door, the groceries we need to buy or anything other than exactly what we are doing with our child is a moment with them lost. Truth is, life with our children goes by all too fast. For many mothers, it seems like the time between birth and the first day of school goes by in the blink of an eye.

¹⁴⁹ Mayeroff, M. (1990). *On Caring*. William Morrow Paperbacks,(p-42)

More and more, mothers are choosing to slow down, reject the cultural values of multi-tasking and maximum efficiency, placing value instead in natural living and attachment parenting and homeschooling. Going back to the Earth and Mothering centres our Selves, revealing meaning and value that nourishes instead of fractures. Motherhood offers us the chance to rebirth ourselves through the birth of our children. Mindful mothering becomes the spiritual practice of our daily lives.”¹⁵⁰

From care ethics perspective too life itself is a value that is to be cared for, so is mothering.

“Pregnancy is not the growth of cancer or infestation by a biological parasite; it is the way every human being enters the world. Strained philosophical analogies fail to apply: having a baby is not like rescuing a drowning person, being hooked up to a famous violinist’s artificial lie supporting system, donating organs for transplant – or anything else.”¹⁵¹

One important point which can be mentioned here is that the child is not a product of the individual woman’s freely chosen investment or a form of private property resulting from her own cost benefit calculation. It is found that women will never climb to equality and social empowerment over mounds of dead foetuses, numbering now in the millions. As long as most women choose to bear children, they also stand to gain from the same constellation of

¹⁵⁰ Conger, D. E. (2005). *Mindful Mothering: The Art of Being Present*. Retrieved 11 3, 2011, from danielleconger.organiclearning.org/: <http://sandraddodd.com/mindfulness/danielle>

¹⁵¹ S. Callahan. (2011). Abortion and the Sexual Agenda. In J. E. White, *Contemporary Moral Problems* (p. 126). Wadsworth Publishing.

attitudes and institutions that will also protect the foetus in the woman's womb-and they stand to lose from the cultural assumptions that support permissive abortion. Despite temporary conflicts of interest, feminine and foetal liberation are ultimately one ad the same cause.¹⁵²

Overall objective of the thesis has remained to show the centrality of care based perspective of ethics so that morality can make room for human experience and for the human projects of nurturing and growths apparent for persons in relationship. Virginia Held sums up: "In comparison, the transactions of the marketplace seem peripheral; the authority of weapons and the laws they uphold, beside the point."¹⁵³

¹⁵² Ibid (p- 181)

¹⁵³ Held, V. (2011). Feminism and Moral theory. In N. S. Jecker, A. R. Jonsen, & R. A. Pearlman, *Bioethics: An Introduction to the History, Methods and Practice* (p. 169). Jones & Bartlett Learning.

Bibliography

Abortion. (2009, 9 7). Retrieved 2 23, 2010, from BBC Religion: http://www.bbc.co.uk/religion/religions/islam/islamethics/abortion_1.shtml

ALLSOPP, . M. (n.d.). *Feminist Ethics at Thirty: A Retrpspective*. Retrieved 9 8, 2011, from <http://www.shc.edu/theolibrary/resources/allsopp.htm>

Are They Even Trying to Make Sense?: Abortion Edition. (2009, 11 8). Retrieved 12 12, 2011, from Morality & Religion, Science: <http://collapsetheblog.typepad.com/blog/2011/11/are-they-even-trying-to-make-sense-abortion-edition.html>

Ashcroft, R. E. (2007). *Principles of Health Care Ethics*. John Wiley & Sons.

Ashley, B. M., & O'Rourke, K. D. (2002). *Ethics of Health Cre: An Introductory Textbook*. Georgetown University Press.

Ashley, B. M., DeBlois, J., & O'Rourke, K. D. (2006). *Health Care Ethics: A Catholic Theological Analysis*. Georgetown University Press.

Athanassoulis, N. (2004, 08 28). *Internet Encyclopedia of Philosphy: A Peer Reviewed Academic Resource*. Retrieved 09 03, 2011, from <http://www.iep.utm.edu/virtue/>.

Bailey, J. W. (1997). *Utilitarianism, Institutions, and Justice*. Oxford University Press.

Baier, Annette (1987). "Hume: The Woman's Moral Theorist?" in "Women and Moral Theory", Kittay, Eva Feder, and Meyers, Diana (ed.s). U.S.A.: Rowman & Littlefield.

Baird, R. M., & Rosenbaum, S. E. (1993). *The Ethics of abortion: ProlifeVs Prochoice*. Prometheus Books.

Barnhart, M. G. (1997). Buddhism and the Morality of abortion. *Journal of Buddhist Ethics* , 5.

Beckwith, F. J. (2007). *Defending Life: A Moral and Legal Case Against Abortion Choice*. Cambridge University Press.

Beller, F. K., & Zlatnik, G. P. (2012, 7 11). *Ethical Issues in Healthcare(Abortion)*. Retrieved 9 21, 2012, from www.scribd.com: <http://www.scribd.com/doc/99791501/Ethical-Issues-in-Helthcare>

Beller, F. K., & Zlatnik, G. P. (1992). The beginning of human life: medical observations and ethical reflections. *Clinical Obstetrics and Gynecology* , 35, 720-728.

Bentham, J. (1907). *An Introduction to the Principles of Morals and Legislation*. Oxford: Clarendon Press.

Berglund, C. A. (2004). *Ethics of Health Care*. Oxford University Press.

(2008). In M. Betzler, *Kant's Ethics of Virtue*. Walter de Gruyter.

Black, N., Smeyers, P., Smith, R., & Paul, S. (2003). *The Blackwell Guide to the Philosophy of Education*. Blackwell Publishing.

BolzendahlOLZENDAHL, C. I., & Bolzendahl, C. I. (2004). Feminist Attitudes and Support for Gender Equality: Opinion Change in Women and Men, 1974–1998. *Social Forces* , 83 (2), 759-790.

Bonevac, D. (2005). *Today's Moral Issues- Classic and Contemporary Perspectives*. Mayfield Publishing Company.

Bowden, P. (1997). *Caring: Gender-Sensitive Ethics*. London: Routledge.

Brent, R., & Calhoun, B. C. (2003). Induced Abortion and Risk of Later Premature Births. *Journal of American Physicians and Surgeons* , 8 (2).

Bridge, S. (2011, 12). *Induced Pluripotent Stem Cells: An Alternative to Embryonic Stem Cells?* Retrieved 5 5, 2012, from otago.ourarchive.ac.nz:
<http://otago.ourarchive.ac.nz/bitstream/handle/10523/2280/BridgeSophieE2012BMedSc.pdf?sequence=1>

Bukhari Sahih, Volume 4, Book 55, Number 549

Bumiller, E. (1992). *May You Be The Mother of A Hundred Sons*. Random House.

Burke, T. (2003). Forbidden Grief: The Unspoken Pain of Abortion. *Annals of the American Psychotherapy Association* , 6.

Butler, S. L. (2005). Abortion by assault: Violence against Pregnant Women in Thirteenth and Fourteenth Century England. *Journal of Women's History* , 17 (4), 1-31.

Callahan, D. (1978). Abortion and Medical Ethics. *The ANNALS of the American Academy of Political and Social Science* , 437 (1), 116-127.

Caplan, A., & Marino, T. A. (2007). The Role of Scientists in the Beginning-of-Life Debate: a 25-year retrospective. *Perspectives in Biology and Medicine* , 50 (4), 603–13.

Chaturvedi, B. (2008). *The Women of the Mahabharata: The Question of Truth*. Orient Longman Private Limited.

Chodorow, N. (1999). *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender: with a New Preface*. Berkeley, Los Angeles, London: University of California Press.

Christianity: Abortion. (2009, 08 03). Retrieved 01 12, 2011, from BBC- Religion:
http://www.bbc.co.uk/religion/religions/christianity/christianethics/abortion_1.shtml

Clark, C. R. (2003, December 18).
<http://www.womendeservebetter.com/WDBrespectLifeProgramArticleFINALpdf.pdf>.
Retrieved 9 12, 2010, from Feminism and Abortion.

Colebrook, C. (2005). *Philosophy and Post- Structuralist Theory: From Kant to Deleuze*. Edinburgh: Edinburgh University Press.

Common Tests During Pregnancy. (n.d.). Retrieved 2 12, 2012, from hopkinsmedicine: http://www.hopkinsmedicine.org/healthlibrary/conditions/pregnancy_and_childbirth/common_tests_during_pregnancy_85,P01241

Conger, D. E. (2005). *Mindful Mothering: The Art of Being Present*. Retrieved 11 3, 2011, from danielleconger.organiclearning.org/: <http://sandraddodd.com/mindfulness/danielle>

Coward, H. G., Lipner, Y., & Young, K. K. (1991). *Hindu Ethics: Purity, Abortion and Ethanasia*. Sri Satguru Publications.

Craig, S. C., Kane, J. G., & Martinez, M. D. (2002). Sometimes You Feel like a Nut, Sometimes You Don't: Citizens' Ambivalence about Abortion. *Political Psychology* , 23 (2), 285-301.

Daniel, E. (n.d.). *s the destruction of preexisting pre-embryos permitted for stem cell research?* Retrieved 06 06, 2012, from aish.com: <http://www.aish.com/ci/sam/48969936.html>

Darwall, S. (2002). *Deontology (Blackwell Readings in Philosophy)*. Wiley-Blackwell.

Davis, D. S., & Marshall, C. (2002). Stem Cells, Cloning, and Abortion: Making Careful Distinctions. *The American Journal of Bioethics* , 2 (1), 47-49.

Deem, R. (2009, 3 31). *What is Wrong With Embryonic Stem Cell Research?* Retrieved 3 1, 2011, from Evidence for God: http://www.godandscience.org/doctrine/stem_cell_research.html

DeMarco, D. (2010, 5 1). *The Virtue of Care*. Retrieved 5 11, 2011, from www.catholiceducation.org: <http://www.catholiceducation.org/articles/religion/re0654.html>

Denis, L. (2007). Abortion and Kant's Formula of Universal Law. *Canadian Journal of Philosophy* , 37 (37), 547-580.

Dent, N. J. (1975). Virtues and Actions. *The Philosophical Quarterly* , 25 (101), 318-335 .

Devettere, R. J. (2009). *Practical Decision making in Health care Ethics*. Georgetown University Press.

Devika, J. (2009). Bodies Gone Awry: The Abjection of Sexuality in Development Discourse In Contemporary Kerala. *Indian Journal of Gender Studies* , 16 (1), 21-46.

Dilys, W., Campero, L., Henry, E., Bernardo, H., Anaya, L., Sofia, R., et al. (2004). Deaths From Complications to Unsafe Abortion: Misclassified Second Trimester Deaths. *Reproductive Health Matters* , 12 (24), 27-38.

Disilvestro, R. (2009). Reproductive Autonomy, the Non-identity Problem and the Non-person Problem. *Bioethics* , 23 (1), 59-67.

Donna Bassin, Margaret Honey and Meryle Mahrer Kaplan. (1994). *Representation of Motherhood*. New Haven, London: Yale University Press.

Dresser, R. (n.d.). Protecting Women from Their Abortion Choices.

Dresser, R. (November-December 2007). Protecting Women from Their Abortion Choices. *HASTINGS CENTER REPORT* , 13-14.

Driver, J. (2009, 3 27). *The History of Utilitarianism*. Retrieved 9 2010, 2, from Stanford Encyclopedia of Philosophy: <http://www.science.uva.nl/~seop/archives/sum2010/entries/utilitarianism-history>

Dutta, I. (2005). *Abortion in Mizoram*. Guwahati, Assam: Omeo Kumar Das Institute for Social Change & Development.

Dwivedi, K. (n.d.). *Medical Termination of Pregnancy Act, 1971:An Overview*. Retrieved 10 4, 2012, from Legal Service India.com: <http://www.legalservicesindia.com/articles/pregact.htm>

- Dworkin, R. (1993). Feminism and abortion. *The Newyork Review of Books* , 40 (11).
- (1997). In S. dwyer, & J. Feinberg, *The Problem of Abortion*. Wadsworth Publishing Company.
- Dwyer, S., & Feinberg, J. (1997). *The Problem of Abortion*. wdworth Publishing Company.
- Edge, R. S., & Groves, J. R. (1999). *Ethics of Health Care: A Guide for Clinical Practice*. Delmar Publishers.
- Edge, R. S., & Krieger, J. L. (1998). *Legal and ethical perspectives in health care: an integrated approach*. Delmar Publishers.
- Edith Wyschogrod and Gerald P. McKenney. (2003). *The Ethical*. Oxford: Blackwell Publishing.
- Edward, B. (1982). *Abortion, the Moral Issues*. Pilgrim Press.
- Engels, F. (1984). *The Origin of the Family, Private Property and the State*. Retrieved 11 10, 2009, from www.marxists.org: <http://www.marxists.org/archive/marx/works/1884/origin-family/index.htm>
- Español, E. (2009). *Myths and misconceptions about stem cell research*. Retrieved 12 12, 2010, from CIRM: California Institute for Regenerative Medicine: http://www.cirm.ca.gov/StemCellBasics_Questions
- Emeneau, M. B. (1937). Toda Marriage Regulations and Taboos. *American Anthropologist* , 39 (1), 103-112.
- Evans, J. H. (2002). Polarization in Abortion Attitudes in U.S. Religious Traditions. *Sociological Forum* , 17 (3), 397-422.
- Fackler, M. (2007, 12 11). *Risk Taking Is in His Genes* . Retrieved 5 2, 2009, from The New York Times:

http://www.nytimes.com/2007/12/11/science/11prof.html?adxnnl=1&pagewanted=all&adxnlx=1325150233-WvzZXTIQ6Zwrwa6ScbSc+w&_r=0

Feinberg, J. (1994). *Freedom and Fulfillment*. Princeton University Press.

Fred, R. (n.d.). *Rabbi Moshe Feinstein's Influence on Mediacal Halacha*. Retrieved 03 2011, 23, from <http://www.hods.org/pdf/Rabbi%20Moshe%20Feinstein%27s%20Inf.pdf>

Fulford, K. (., Dicknson, D. L., & Murray, T. H. (2002). *Healthcare Ethics and Human values*. Malden, Oxford: Blackwell Publishers.

Gadamer, H.-G. (1982). *Reason in the age of Science*. The MIT Press.

Garfield, J. L. (1984). *Abortion, Moral and Legal Perspectives*. Univ of Massachusetts Press.

Gates, R. E. (2002). A Defense of Women's Choice: Abortion and the Ethics of Care. *The Southern Journal of Philosophy* , 30 (3), 39-66.

George, R. P., & Tollefsen, C. (2008). *Embryo: A Defence Of Human Life*. Doubleday.

Gibson, S. (2004). The Problem of abortion: Essentiality Contested Concepts and Moral Autonomy. *Bioethics* , 18 (3).

Gilligan, C. (1993). Reply to Critics. In M. J. Larrabee(ed), *An Ethic Of Care. Feminist And Interdisciplinary Perspectives* (pp. 25-38). Routledge,.

Gilligan, C. (1982) “*In A Different Voice: Psychological Theory and Women's Development*”, Cambridge, MA: Harvard University Press.

Girvin, B. (2008). Church, State, and Society. *Éire-Ireland* , 43: (1 & 2), 74-98.

Giubilini, A., & Minerva, F. (2012, 3 2). *After-birth abortion: why should the baby live?*
Retrieved 11 5, 2012, from jme.bmj.com:
<http://jme.bmj.com/content/early/2012/03/01/medethics-2011-100411.full.pdf+html>

Gomperts, R. (2002). Women on Waves: Where Next for the Abortion Boat? *Reproductive Health Matters* , 10 (9), 180-183.

Gordon, D. (1985, 3 10). *On the Abortion Issue, Technology Works Both Ways*. Retrieved 7 1, 2010, from Libertarians for Life: <http://www.l4l.org/library/techboth.html>

Goswami, S. P. (2006). *Persons: A Strawsonian Study*. Anwasha.

Grimshaw, J. (1986). *Feminist Philosophers: Women's Perspectives on Philosophical Traditions*. Wheatsheaf Books, Hertfordshire.

Gruen, L., & Singer, P. (2005). *Stem Cell Research: The Ethical Issues*. Blackwell Publishing.

Hall, E. J., & Stolley, K. S. (1997). A Historical Analysis of the Presentation of Abortion and Adaption in Marriage and Family. *National Council on Family Relations* , 12 (24), 27-38.

Harahan, R. (2007). The Decision to Abort. *International Journal of Applied Philosophy* , 21 (1), 25-41.

Harris, J. (1985). Abortion and Infanticide. *Journal of Medical Ethics* , 11 (4), 212.

Hashiloni-Dolev, Y. (129-150). Between Mothers, Fetuses and Society: Reproductive Genetics. *NASHIM: A Journal of Jewish Women's Studies and Gender Issues* , 2006.

Hauck, C. (2003). Abortion and the Individual Talent. *ELh* 70 , 223-266.

Hays, S. (1996). *The Cultural Contradictions of Motherhood*. New Haven and London: Yale University Press.

Held, V., & Callahan, S. (1998). Abortion and teh Sexual Agenda: A case fpr Profile Feminism. In B. McMillan, *Ethics* (2nd ed., pp. 110-111). Wordsworth.

Herman, B. *The Practice of Moral Judgment*. 1996: Harvard University Press .

Heydt, C. (2006, 10 24). *John Stuart Mill (1806-1873)*. Retrieved 12 2010, 12, from Internet Encyclopedia of Philosophy: A Peer Reviewed Academic Resource: <http://www.iep.utm.edu/milljs/#SH2d>

Hiller, M. (1997). Philosophers and the Issues of Abortion. *Philosophy of Humanism* , 131-140.

Hiriyanna, M. (1994). *Outlines of Indian Philosophy*. Motilal Banarasidass Publishers Pvt Ltd.

Hirve, S. S. (2004). Abortion, Policy and Services in India: A Critical Review. *Reproductive Health Matters* , 17 (2).

Holalnd, S. (1997). *Bioethics: An Philosophical Introduction*. Policy Press in association with Blackwell publishing Ltd.

Hollad, S. (2003). *Bioethics: A Philosophical Introduction*. Malden: Polity Press.

Holland, S., & Lebacqz, K. (2001). *The Human Embryonic Stem Cell Debate: Science, Ethics, and Public Policy*. MIT Press.

Holmes, H. B. (1992). *Feminist Perspectives in Medical Ethics*. Indiana University Press.

Holmes, H. B., Hoskins, B. B., & Gross, M. (1980). *Birth Control and Controlling Birth: Women-Centered Perspectives*. Humana Press.

Hopkins, B. C. (1999). *Phenomenology: Japanese and American perspectives*. Kluwer Academic.

Hurley, J. A. (2001). *The Ethics of Abortion*. Greenhaven Press.

Hursthouse, R. (1991). Virtue Ethics and Abortion. *Philosophy of Public Affairs* , 20 (3), 223-246.

Jackson, E. (2010). *Feminism and Contemporary Indian Women's Writings*. Palgrave MacMillan.

Jane, E. (1975). Abortion and the Concept of a Person. *Canadian Journal of Philosophy* , 5 (2), 233-243.

Jecker, N. S., Jonsen, A. R., & Pearlman, R. A. (2010). *Bioethics: An Introduction to the History, Methods, and Practice*. Jones and Bartlett India Pvt. Ltd.

Jesani, A., & Iyer, A. (1993). ABORTION : WHO IS RESPONSIBLE FOR OUR RIGHTS? *Economic and Political Weekly* , 28 (48).

Johnson, R. N. (2003). Virtue and Right. *Ethics* , 113 (4), 810-834.

(2002). In K. Kapparis, *Abortion in the Ancient World* (p. viii + 264). Duckworth.

(2003). In E. Katz, A. Light, & W. Thompson, *Controlling Technology: Contemporary Issues*. Prometheus Books.

Kakkori, L., & Huttunen, R. (n.d.). *Gilligan-Kohlberg Controversy and Preliminary Conclusion*. Retrieved 06 11, 2012, from The Encyclopedia of Educational Philosophy and Theory:
http://www.ffst.hr/ENCYCLOPAEDIA/doku.php?id=gilligan_kohlberg_controversy_and_preliminary_conclusion

Katherine Nelson Davis, "What Is a Mother?" Retrieved (2011 05,12) from <http://www.mothers.net/whatisamother4.htm>.

Keown, D. (2009). *Buddhism*. Sterling Publishing Company, Inc.

Keown, D. (1999). *Buddhism and Abortion*. University of Hawai'i Press.

Kivity, S., Borow, M., & Shoenfeld, Y. (2009). Hippocrates' Oath is challenged. *The Israel Medical Association journal IMAJ* , 11 (10), 581-584.

Kleinman, d. L. *Science and Technology in Society: From Biotechnology to the Internet*. 2005: Blackwell Publishing.

Klimas, L. (2012, 2 27). *Ethicists Argue in Favor of 'After-Birth Abortions' as Newborns 'Are Not Persons'*. Retrieved 5 12, 2012, from The Blaze: <http://www.theblaze.com/stories/ethicists-argue-in-favor-of-after-birth-abortions-as-newborns-are-not-persons/>

Koyama, A., & Williams, R. (2005). Abortion in Medical Institute Curricula. *McGill Journal of Medicine* .

(1999). In H. Kuhke, & P. Singer, *Bioethics: An Anthology*. Blackwell Publishers.

Kuhse, H. (2006). *Bioethics: An Anthology*. Balckwell Publishing.

Kulczycki, A. (2001). The Abortion Debate in the World Arena. *Journal of Health Politics, Policy and Law* , 26 (4), 246.

Kuruvilla, M. (2011). *Discrimination Against Girl Child: The Trajectory of Missing Girls*. Gyan Publishing House.

L, P. p., & L, V. (2007). *The Moral Life- An Introductory Reader in Ethics and Literature*. New York: Oxford University Press.

LaFleur, W. R. (1998). Abortion, Ambiguity and Exorcism. *Journal of Buddhsit Ethics* , 5.

Lal, B. K. (1973). *Contemporary Indian Philosophy*. Motilal Banarsidass Publishers Pvt Lmt.

Lee, E. (2000, 11 6). *John Stuart Mill's On Liberty*. Retrieved 12 7, 2010, from The Victorian Age: <http://www.victorianweb.org/philosophy/mill/liberty.html>

Lee, P. (1996). *Abortion and Unborn Human Life*. The Catholic University of America Press.

Lemoine, K., & Tanagho, J. (2007). Gender Discrimination Fuels Sex Selective Abortion: The Impact of the Indian Supreme Court on the Implementation and Enforcement of the PNMT Act. *University of Miami International and Comparative Law Review* .

Lerdmaleewong, M. (1998). Abortion in Thailand: A Feminist Perspective. *Journal of Buddhist Ethics* , 5.

Linda Martin Alcoff and Eva Feder Kittay. *The Blackwell Guide to Feminist Philosophy*. Blackwell Publishing.

Lokeland, M. (2004). Abortion: the Legal Right Has Been Won, But Not the Moral Right. *Reproductive Health Matters* , 12 (24), 167-173.

Lokeland, M. (2004). Abortion: The Legal Right has Been Won, but Not the Moral Right. *Reproductive Health Matter* , 12 (24), 167-173.

Ludlow, J. (2008). The Things We Cannot Say: Witnessing the Traumatization of Abortion in the United States. *Women's Studies Quarterly* , 36 (1 & 2), 28-41.

McGrath, Alister E.; Marks, Darren C. (2004). *The Blackwell companion to Protestantism*. John Wiley & Sons. p. 294

MacKinnon, B. (1998). *Ethics: Theory and Contemporary Issues*. Wadsworth Publishing Company.

Malini, K. (1991). Abortion Laws and the Abortion Situation in India. *Issues in Reproductive and Genetic Engineering* , 4 (3), 223-30.

Mandle, J. (2009). *Rawls's A Theory of Justice: An Introduction*. Cambridge: Cambridge University Press.

- Mannien, B. A. (2007). Pleading Men and Virtuous Women: Considering the Role of the father in the Abortion Debate. *International Journal of Applied Philosophy* , 21 (1), 1-24.
- Markens, S. (2007). *Surrogate Motherhood and the Politics of Reproduction*. Berkeley, Los Angeles, London: University of California Press.
- Markowitz, S. (1990). Abortion and Feminism. *Journal of Social Theory and Practice* , 16 (2), 1-17.
- Marquis, D. (1989). Why Abortion is Immoral. *The Journal of Philosophy* , LXXXVI (4), 183-202.
- marwa282. (2010, 5 18). *Abortion and Kantian Ethics*. Retrieved 9 9, 2011, from Essays For Student.com: <http://essaysforstudent.com/essay/Abortion-Kantian-Ethics/84673.html>
- Masih, Y. (1993). *A Critical History of western Philosophy*. Motilal Banarasidass Publishers.
- Masih, Y. (1998). *Introduction to Religious Philosophy*. Motilal Banarasidass Publishers.
- Mayeroff, M. (1990). *On Caring Ri*. William Morrow & Company.
- McKinnon, B. *Ethics: Theory and Contemporary Issues*. 1998: Wadsworth Publishing Company.
- McMillan, C. (1982). *Women, Reason and nature: Some Philosophical Problems with Feminism*. Basil Blackwell.
- Medoro, D. (2007). So Very Self-Evident: Adultery and Abortion in “The Purloined Letter”. *Literature and Medicine* , 26 (2), 342–363.
- Mephram, B. (2005). *Bioethics: An Introduction for the Biosciences*. Oxford, Newyork: Oxford University Press.

Mepham, B. (2005). *Bioethics: An Introduction for the Biosciences*. Oxford University Press.

Mies, M., & Shiva, V. (1993). *Ecofeminism*. Rawat Publications.

Miller, B. D. (2001). Female-Selective Abortion in Asia: Patterns, Policies, and Debates. *American Anthropologist* , 103 (4), 1083-1095.

Modi, D. (2002). Factors Influencing Women's Attitudes Towards Abortion at the University of Pennsylvania. *Perspectives in Psychology* , 43-49.

Moore, N. (2001). The Politics of Cliche: Sex, Class, and Abortion in Australian Realism. *MFS Modern Fiction Studies* , 47 (1), 69-91 .

Nelson, J. A. (2001). Abortion Under Community Control: Feminism, Nationalism and the Policies of Reproduction among New York City's Young Lords. *Journal of Women's History* , 13 (1).

Nelson, J. L. (2000). Prenatal Diagnosis, Personal Identity, and Disability. *Kennedy Institute of Ethics Journal* , 10 (3), 213-228.

Nicholas. (2010, 12 7). *Capturing the Precious Moments of Pregnancy* . Retrieved 11 8, 2011, from Ultrasound Machine: <http://buyultrasoundmachine.blogspot.in/2010/12/capturing-precious-moments-of-pregnancy.html>

Nock, S. L. (1994). Abortion, Adaption and Marriage: Alternative Resolution of an Unwanted Pregnancy. *National council of Family relation* , 43 (3), 277-279.

Noddings, N. (2003). *Caring: A Feminine Approach to Ethics and Moral Education*. University of California Press.

Norman, R. (1998). *The Moral Philosophers: An Introduction to Ethics*. Oxford University Press.

Nossiff, R. (2001). Abortion Policy Before Roe: Grassroots. *The Journal of Policy History* , 13 (4), 463-475.

Oakley, A. (1989). *The Captured Womb*. Blackwell.

Octomom Nadya Suleman Wants to Shed Her Creepy Persona. (2012, 7 9). Retrieved 11 2012, 2, from The Daily Beasts: <http://www.thedailybeast.com/articles/2012/07/09/octomom-nadya-suleman-wants-to-shed-her-creepy-persona.html>

O'Reilly, A. (2004). *From Motherhood to Mothering: The legacy of Adrienne Rich's Of Woman Born*. Albany: State University of New York Press.

Outka, G. (2002). The Ethics of Human Stem Cell Research. *Kennedy Institute of Ethics Journal* , 12 (2), 175–213.

Parks, J. A. (2010). Care Ethics and Global commercial Surrogacy. *Bioethics* , 24 (7), 333-340.

Patel, T. (2007). *Sex-Selective Abortion in India: Gender, Society and New Reproductive Technologies*. SAGE.

(1998). In G. Pattison, & S. Shakespeare, *Kierkegaard*. MacMilan Press Ltd.

(2003). In L. Peach, *Abortion and Social Responsibility: Depolarizing the Debate by Laurie* (p. 173). Oxford University Press.

Pera, S. A., & Tonder, S. V. (2005). *Ethics in Helath Care*. Juta & Company Limited.

Petchesky, R. P. (1986). *Abortion and Women's Choice : The State, Sexuality and Reproductive Freedom*. Verso.

Phillips, F. S., & Ghouse, N. (1976). Septic Abortion - Three Year Study, 1971-73. Hazards of Septic Abortion as compared to Medical Termination of Pregnancy at Government Earkine Hospital. *Journal of Obstetrics and Gynaecology of India* , 26 (5).

Pope John Paul (2001, 12 8). *NO PEACE WITHOUT JUSTICE*. Retrieved 1 2010, 23, from Vatican: http://www.vatican.va/holy_father/john_paul_ii/messages/peace/documents/hf_jp-ii_mes_20011211_xxxv-world-day-for-peace_en.html

Porter, E. (1994). Abortion Ethics: Rights and Responsibilities. *Indian University Press Journal* , 9 (3), 66087.

Potter, R. G., & Ford, K. (1976). Repeat Abortion. *Demography* , 13 (1), 65-82.

Purdy, L. M. (2007). Are Pregnant Women Fetel Containers? *Bioethics* , 4 (4), 273-291.

Qiigley, M. (2010). A Right to Reproduce. *Bioethics* , 24 (8), 403-411.

Ramchandar, L., & Pelto, P. J. (2005). Medical Abortion in Rural Tamil Nadu, South India: A Quiet Transformation. *Reproductive Health Matters* , 13 (26), 54-64.

Rasch, V., Silberschmidt, M., McHumvu, Y., & Mmary, V. (2000). Adolescent Girls with Illegally Induced Abortion in Dar es Salaam: The Discrepancy between. *Reproductive Health Matters* , 8 (15), 52-62.

Rebecca, T. (2005, 12 25). *Abortion, Stem Cells, and Cloning*. Retrieved 01 30, 2010, from lifeissues.net: http://www.lifeissues.net/writers/tayl/tayl_01abrstemcellsclosing.html

Reagan, L. J. (1997). *When Abortion Was a Crime: Women, Medicinw, and law in the United States, 1967-1973*. Berkeley and Los Angeles: University of California press.

Rich, A. (1986). *Of Woman Born: Motherhood as Experience and Institution*. New York, London: W.W. Norton & Company.

Richard C. McMillan, H. Tristram Engelhardt, J. and Stuart F. Spicker. (1987). *Euthanasia and the Newborn: Conflicts Regarding Saving Lives*. Dordrecht, Boston, Lancaster, Tokyo: D Reidel Publishing Company.

Richardt, N. (2003). A Comparative Analysis of the Embryological Research Debate in Great Britain and Germany. *Social Politics* , 10 (1), 86-128.

Risen, J., & Thomson, J. L. (1998). *Wrath of Angels: The American Abortion War*. Basic Books.

Rodrigo. (2012, 6 29). *Explore the many ethical dimensions of contemporary healthcare in terms of abortion*. Retrieved 9 2, 2012, from The Writepass journal: <http://writepass.co.uk/journal/2012/06/explore-the-many-ethical-dimensions-of-contemporary-healthcare-in-terms-of-abortion/>

Rooney, B., & Calhoun, B. C. (2003). Induced Abortion and Risk of Later Premature Births. *Journal of American Physicians and Surgeons* , 8 (2), 46-49.

Rosenfeld, J. A. (1992). Emotional responses to therapeutic abortion. *American Family Physician* , 45 (1), 137-140.

Roth, R. (2004). Searching for the State: Who Governs Prisoners' Reproductive Rights? *Social Politics* , 11 (3), 411-438.

Rothman, B. K. (2000). *Recreating Motherhood*. New Brunswick, New Jersey and London: Rutgers University Press.

Rouse, M. (2005, 9). *definition Ultrasound*. Retrieved 02 1, 2012, from searchsecurity.techtarget: <http://searchsecurity.techtarget.com/definition/ultrasound>

Russell, B. (1958). *Bertrand Russell's Best*. George Allen & Unwin Ltd.

Sander-Staudt, M. (2011, 3 18). *Internet Encyclopedia of Philosophy: A Peer-Reviewed Academic resource*. Retrieved 12 2011, 23, from <http://www.iep.utm.edu/care-eth/>.

Sandler, R., & Cafaro, P. (2005). *Environmental Virtue Ethics*. Lanham, Boulder, New York, Oxford: Rowman & Littlefield Publishers, Inc.

Sanei, G. A. (2000, 12 29). *Los Angeles Times*

Savita Halappanavar parents want abortion law in her name. (2012, 12 19). Retrieved 12 21, 2012, from BBC News India: <http://www.bbc.co.uk/news/world-asia-india-20779631>

Scanlon, T.M. (1998), *“What We Owe Each Other”* Cambridge: Harvard University Press

Sernett, M. C. (1984). The Efficacy of Religious Participation in the National Debates over Abolitionism and Abortion. *The Journal of Religion* , 64 (2), 205-220.

Shakya, G., Kishore, S., Bird, C., & Barak, J. (2004). Abortion Law Reform in Nepal: Women's Right to Life and Health. *Reproductive Health Matters* , 12 (24), 75-84.

Shaw, D. B. (2008). *Technoculture: The key Concepts*. Berg.

Singer, M., & Cohn, B. S. (2007). *Structure and Change in Indian Society*. Transaction Publishers.

Sinha, J. N. (1984). *A Manual of Ethics*. New Central Book Agency (P) Ltd.

Sissela, B. (1974). Ethical Problems of abortion. *The Hastings Center Studies* , 2 (1), 33-52.

Smith, A. (2005). Beyond Pro-choice versus Pro-life: Women of Color and Preproduction Justice. *NWSA Journal* , 17 (1).

Smyth, L. (1998). Narratives of Irishness and the Problem of Abortion: The X Case 1992. *Feminist Review* , 60, 61-83.

Sriya, I. (2002). *Demography and Religion in India*. Oxford University Press.

Statman, D. (1997). *Virtue ethics*. Georgetown University Press.

Steen, R., & Dallabetta, G. (2003). Sexually Transmitted Infection Control with Sex Workers: Regular Screening and Presumptive Treatment Augment Efforts to Reduce Risk and Vulnerability. *Reproductive Health Matters*, 11 (22), 74-90.

Stem Cell Basics. (n.d.). Retrieved 03 2011, 09, from Stem Cell Information: The official National Institutes of Health resource for stem cell research: <http://stemcells.nih.gov/staticresources/info/basics/StemCellBasics.pdf>

Streiffer, R. (Spring 2011). *Human/Non-Human Chimeras*. Retrieved 02 21, 2012, from The Stanford Encyclopedia of Philosophy: <http://plato.stanford.edu/archives/spr2011/entries/chimeras/>

Strickler, J., & Danigeis, N. L. (2005). Changing framework in Attitude Towards Abortion. *Sociological Forum*, 17 (2).

Tännsjö, T. (2002). *Understanding Ethics: An Introduction to Moral Theory*. Edinburgh University Press.

Taylor, R. (2002). *An Introduction: Virtue Ethics*. Prometheus Books.

The Hedonistic Calculus. (2009, 1 11). Retrieved 2 18, 2010, from Ethics Homepage: <http://philosophy.lander.edu/ethics/calculus.html>

The Write Pass Journal. (2012, 6 6). Retrieved 9 21, 2012, from <http://writepass.co.uk/journal/>: <http://writepass.co.uk/journal/2012/06/explore-the-many-ethical-dimensions-of-contemporary->

The President's Council on Bioethics: Washington, D. (2002, 7). *Human Cloning and Human Dignity*. Retrieved 2 2011, 12, from www.bioethics.gov: <http://bioethics.georgetown.edu/pcbe/reports/cloningreport/research.html>

healthcare-in-terms-of-abortion/

- Thomson, J. J. (1971). Defence of Abortion. *Philosophy of Public Affairs* , 1 (1).
- Timmons, M. (2007). *Disputed Moral Issues: A Reader*. Oxford University Press.
- Tracy, S. R. (2007). Patriarchy and Domestic Violence:. *JETS* , 50 (3), 573–94.
- Tremayne, S. (2000). Abortion in the Developing World. *Journal of Medical Ethics* , 26 (6), 483-484.
- Unisha, S., Pujari, S., & Usha, R. (2007, January 6). Sex-selective Abortion in Haryana: Evidence from Pregnancy History and Antenatal Care . *Economic and Political Weekly* , 60-66.
- Valerius, K. (2005). Rosemary's Baby, Gothic Pregnancy, and Fetal Subjects. *College Literature* , 32 (3), 116-135.
- Varghese, J., Aruldas, V., & Jeemon, P. (2008). Beyond the numbers: Factors Distorting Sex Ratio at Birth. *Indian Journal of Gender Studies* , 15 (115).
- Veatch, R. M. (1977). *Case Studies in Medical Ethics*. Harvard University Press.
- Warakamin, S., Boonthai, N., & Tangcharoensathien, V. (2004). Induced Abortion in Thailand: Current Situation in Public Hospitals and Legal Perspectives. *Reproductive Health Matters* , 12 (24), 147-156.
- Warnke, G. (1999). *Legitimate Differences: Interpretation in the Abortion Controversy and*. University of California Press.
- Warren, M. A. (1973). Abortion Is Morally Permissible. *The Monist* , 57 (1).
- Watkins, C. (2005). *The Ethics of Abortion*. Greenhaven.
- Weiss, G. (1995). Sex-Selective Abortion: A Relational Approach. *Hypatia* , 10 (1), 202-217.

Welchman, J. (2006). *The Practice of Virtue: Classic And Contemporary Readings in Virtue Ethics*. Hackett Publishing .

Wetstein, M. E. (1995). Effects of Public Opinion on Abortion Policies and Use in the American States. *Publius* , 25 (4), 91-105.

Wolf, S. M. (1996). *Feminism & Bioethics: Beyond Reproduction* . New York, Oxford: Oxford University Press.

Wolfe-Devine, C. (1989). Abortion and the "Feminine Voice". *Public Affairs Quarterly* , 3 (3), 81-97.

Woolford, J., & Woolford, A. (2007, Spring). Abortion and Genocide: The Unbridgeable Gap. *The Author* , 126-183.

Wright, R. (1994). *The Moral Animal: Evolutionary Psychology and Everyday Life*. Vintage Book.



List of Publications

1. Kalita, T. (2010). Traditional Eco-Friendly Approach towards the Environment: Sacred. *Philosophy for Business*, <http://www.isfp.co.uk/businesspathways/> (58).
2. Kalita, T. (2011). Kant and the Problem of Abortion. *Philosophy Pathways*; <http://www.philosophypathways.com/newsletter/> (163).
3. Kalita, T. (2012). The Problem of Abortion: A Utilitarian Discussion; <http://www.isfp.co.uk/businesspathways/>. *Philosophy for Business* (74).
5. Kalita, T., & Barua, A. (2012). Music, Mathematics and Philosophy. *Indian Philosophical Quarterly*, 39 (1-2), 17-25.

List of Seminars and Conference

- 1) “Traditional Eco-Friendly Approach towards the Environment: Sacred Space and Land Ethics”

Presented in the UGC sponsored national seminar on “Relevance of Traditional Knowledge System for Sustainable Development with particular Reference to NE India”, organized by B. Borooah College, Guwahati on 28th November 2008.

2) “Kant and the Problem of Abortion”

Presented in the 85th session of Indian Philosophical Congress, held in Gauhati University during 26th October to 29th October, 2010

3) “Mother-Foetus Relation: a Study from Buddhist Perspective”

Presented in the ICPR sponsored national Seminar on “Social Concerns in Indian Philosophy”, organized by Cotton College during 29th November to 1st December, 2010

4) “The Problem of Abortion: A Utilitarian Discussion”

Presented in the UGC sponsored national Seminar on “Philosophy, Society and Values”, organized by Biswanath College during 29th and 30th December.2010

