

**THE CONCEPT OF ABORTION AND THE PROBLEM OF SOCIAL AND
RELIGIOUS STIGMATIZATION**

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BENIN CITY

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**AN ORIGINAL ESSAY SUBMITTED TO THE DEPARTMENT OF
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CERTIFICATION

This is to certify that this project work titled; was carried out by **THE PROBLEM OF ABORTION: THE PROBLEM OF SOCIAL AND RELIGIOUS STIGMATIZATION** with matriculation number **ART2101082** of the Department of Philosophy, Faculty of Arts, University of Benin, Benin- City.

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DEDICATION

This work is dedicated to God Almighty for his ALL-ROUND help.

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That I have successfully completed this project work is worthy of note, but more worthy of note is the fact that I could not have achieved this feat without the overall help of God Almighty. I hail him.

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ABSTRACT

Abortion represents more than a medical or moral decision; it is an existential dilemma that touches the deepest aspects of personal autonomy, dignity, and social belonging. Women who undergo abortion often confront not only the physical and emotional dimensions of the act but also the heavy weight of social and religious stigmatization. Such stigmatization creates an atmosphere of judgment and exclusion, reducing a profoundly personal experience to a source of shame. Abortion challenges cultural expectations that define womanhood in terms of motherhood and reproductive roles. When a woman chooses abortion, she is often perceived as defying communal values, leading to isolation, secrecy, and in many cases, long-term psychological trauma. The human cost of such stigmatization is often overlooked in public discourse, as attention is placed more on moral condemnation than on compassion and understanding. Abortion is frequently cast as a violation of divine order and the sanctity of life. This view, while deeply rooted in sacred traditions, often disregards the real human struggles: poverty, abuse, health risks, or personal circumstances that shape such choices. Yet within these same traditions exist currents of mercy, compassion, and contextual reasoning that recognize human frailty and moral complexity. This project argues that approaching abortion from a human perspective demands moving beyond rigid stigmatization toward empathy and dialogue. By affirming women as moral agents capable of difficult decisions, society and religion can create spaces for healing rather than condemnation. The problem of stigmatization reveals not only the tension between life and choice but also the urgent need for a more humane ethic, one that values dignity, justice, and compassion in addressing the realities of abortion.

CHAPTER ONE**INTRODUCTION**

1.1 Background of the Study

In the last four decades or more, the concept of abortion is one that has sprung quite a myriad of ethical, legal, medical, social, and religious issues across the globe. Abortion, which is generally considered to be the termination of a pregnancy before the fetus reaches viability, has been one of the most complex and controversial topics in human society, involving medical, legal, ethical, religious, and sociopolitical dimensions. In the words of A. J. Agnew, “Abortion is commonly defined as the termination of a pregnancy by means of medicine, surgery, or otherwise, resulting in the death of an embryo or fetus”¹ In the words of Charles Ameh A. “Several definitions of abortion are found in the literature but it is widely accepted that abortion is the loss of a pregnancy before the period of viability.”² Understanding abortion requires a multidisciplinary perspective, considering its history, evolving legal framework, medical advancements, and the social attitudes that influence and are influenced by it. Abortion is not a modern phenomenon; it has been practiced for centuries across different civilizations.

Ancient Egyptian papyri, Chinese medical texts, and Greek and Roman records mention various abortion methods, including herbal concoctions and physical manipulation.

¹ A. J. Alexis, *A Philosophical Look into the Morality and Legality of Abortion*, (Honors College Thesis, Georgia Southern University Press, 2024), p. 3.

² A. C. Ameh, (2012); Abortion, in *A Textbook of Gynecology for Less-Resourced Locations*, by Haleen Van Beekhuizen & Regine Unkels, the Global Library of Women's Medicine, (Sapiens Publishing Press, 2012), p.124.

Historically, abortion was often regarded as a private matter, though attitudes shifted with the advent of organized religion and changing social norms. By the Middle Ages, abortion became increasingly regulated by religious doctrine, particularly in Christian-dominated societies. The Catholic Church, for example, condemned abortion after "quickening" (when fetal movements are first felt), a concept which later influenced English common law. In the 19th and early 20th centuries, many countries began criminalizing abortion, largely driven by moral conservatism and the professionalization of medicine.

The Greeks learned with the Egyptians how to use plants as contraceptives or abortifacients. Although the Greeks became famous for their pharmaceutical and contraceptive practices, scholars such as Aristotle and Plato debated the lack of participation of the state in limiting women to a certain number of children, and if they passed such a number, then an abortion should be performed as soon as possible. The use of herbs and plants as contraceptives was passed from the Greeks to the Romans. The Romans had the same beliefs as the ancient Jews; therefore, the child had all of a person's rights after birth, and no rights while inside the mother. According to Raquel Lopez, "the Jews and Romans had dichotomous views towards abortion and infanticide. Ancient Jews rarely used abortion or infanticide; whereas Romans practiced both, but more so infanticide."³ Furthermore, Lopez says, "During the A. D. 400s, St. Augustine

³ R. Lopez (2012); "Perspectives on Abortion: Pro-Choice, Pro-Life, and What Lies in between", *European Journal of Social Sciences*, 2012. Vol 27, No.4, p.511

condemned the use of contraception; however, it was unclear if such reprimand was valid only for people who did not want to have children, or also for people that already had children and wanted to limit the numbers of offspring.”⁴

According to Qaisar Abbas, “Primarily, abortion raises the fundamental questions about human existence, such as when life begins and what it is that makes us human.”⁵ Abbas further writes that, "Although abortion is commonly practised throughout most of the world and has been practised since long before the beginning of recorded history despite legal and moral restrictions, imposed from time to time, yet the causes/reasons for the termination of such “unwanted” pregnancies have been contradistinctive---subject to the socio-economic and various other factors”⁶

In Book III of his *Nicomachean Ethics*, the ancient Greek Philosopher Aristotle explores the concept of involuntary and voluntary actions among other actions. He frames his argument by first defining actions as the result of human agency and intentionality, and then he dives into what he refers to as voluntary and involuntary actions. According to Aristotle, “the man acts voluntarily; for the principle that moves the instrumental parts of the body in such actions is in him, and the things of which the moving principle is in a

⁴ *Ibid.* P. 512

⁵ Q. Abbas, (2015); Pro-Life and Pro-Choice Debate: A Journey From Restriction to Regulation- Destination Pakistan, *Pakistan Law Journal*, 2015, Vol 5, No. 2, p. 29

⁶ *Ibid.*, P.29.

man himself are in his power to do or not to do.”⁷ In other words, voluntary actions are those that are carried out with awareness and choice wherein ignorance is absent. Additionally, because voluntary actions are made from an agent's own choice, the agent is aware of the particular circumstances and consequences of their actions. Therefore, these actions are thought to be within the control of an agent’s conscious decision-making process.

In this work, after an extensive inquiry into the nature and development of abortion debate, the position of the two opposing camps is set out for evaluation. What emerges as the legal contribution of this research is the recommendation for the legalization of the “principle of double effect”, which was popularized by Phillipa Foot. It is strongly defended in this research that only the exceptions set out in the ethical principle of double effect can justify any form of abortion. The work further argues that apart from the ideas provided in the “principle of double effect”, abortion has become a way of marginalization by churches and society, such that, anyone guilty of it is immediately ostracized. Although, abortion is considered illegal in most countries of the world as it stands against what the law is set out to protect that is - preserving security of life and property in the state.

⁷ Aristotle, *The Nicomachean Ethics*, Translated by William David Ross and Lesley Brown. (New York, Oxford University Press, 2009), p. 59.

The two extremes which have been advanced on this issue of abortion are Pro-Life and Pro-Choice. One which stands in their middle is the Moderates Perspective. Pro-choice and pro-life are terms of self-identification used by the two sides of the abortion debate: those who support access to abortion, and those who seek to restrict it, respectively. Pro-choice refers to the belief that individuals, particularly women, have the right to make their own decisions about their reproductive health, including the right to have an abortion if they choose. Pro-choice movements advocate for legal access to abortion services and seek to support women who wish to terminate their pregnancy. The pro-life movement opposes abortion and advocates for the protection of fetuses, believing that a fetus is a human being with the right to life. This movement is also known as the anti-abortion movement or the right-to-life movement. It often argues against the legalization of elective abortions.

Therefore, the crux of this work is its focus on social and religious status towards abortions, with particular emphasis on their roles on issues concerning abortion, without necessarily marginalizing the victims. According to Abbas Q., “Muslims regard abortion as wrong and haram (forbidden), but many accept that it may be permitted in certain cases.”⁸ Abbas goes on to say that, the Islamic view on abortion is based on the very high priority that the faith gives to the sanctity of life.”⁹ This goes on to explain that Religious

⁸ Q. Abbas, Pro-Life and Pro-Choice Debate: A Journey From Restriction to Regulation-Destination Pakistan, Pakistan Law Journal, 2009, p.13

⁹ *Ibid.* p.13

bodies are somewhat against abortion. However, in this research, we shall get to understand what roles those Religious bodies ought to play in cases of Abortion.

1.2 Statement of the Problem

Abortion remains one of the most contentious and complex issues globally, intersecting with deeply held beliefs, personal rights, health systems, legal frameworks, and political ideologies. Despite medical advancements and growing awareness of reproductive rights, access to safe, legal, and affordable abortion services continues to be uneven and heavily influenced by sociocultural, legal, and economic factors. In many parts of the world, restrictive laws, stigma, and inadequate healthcare infrastructure force women to resort to unsafe abortion practices, which contribute significantly to maternal morbidity and mortality. Moreover, the debate over abortion is often polarized, with little room for nuance. On one side, advocates argue for a woman's right to make decisions about her body and reproductive future. On the other, opponents focus on the rights of the fetus and the moral implications of terminating a pregnancy. This ideological divide complicates policymaking and undermines efforts to create balanced, evidence-based reproductive health programmes. To this end, the church stands strictly against abortion and tends to see ladies who undergo it as sinners and sometimes ostracized from the church, thereby further adding salt to injury. This work therefore, addresses such issues with a view to correcting such religious and social norms.

1.3 Purpose of the Study

The purpose of this study is to provide a comprehensive and multidimensional understanding of abortion, with the aim of informing policy, public discourse, and health interventions. Abortion remains one of the most contentious issues in contemporary society, touching on deeply held beliefs about life, autonomy, morality, and justice. Despite decades of legal, medical, and ethical debates, access to abortion services and the rights surrounding reproductive health continue to evolve and face significant challenges worldwide. In view of this, this study seeks to:

- i. discuss the meaning and historical evolution of abortion
- ii. investigate the legal and social status on abortion
- iii. analyse religious views and the role(s) of the church on abortion
- iv. make certain recommendations that will aid further research to this study

1.4 Significance of the Study

This study will encourage readers to judge little, and understand more fully the tragedy of an abortion as experienced by women of reproductive age. In addition, this work will broaden the young adult's knowledge to know practically more about the process and

dynamics of reproductive health and education. This work will also portray in essence that religion is a major resource for social transformation and shaping of peoples attitude towards issues like abortion and other components of reproductive health. It will further help religious leaders to educate and sensitize their adherents more on the impact of abortion on the health of its followers. Furthermore, this study shows the roles of the church in tackling cases of abortion.

1.5 Scope of the Study

The scope of the study of abortion lies in its far-reaching impact across multiple dimensions—social, legal, ethical, medical, and political. The study will examine abortion from both theoretical and practical perspectives, with attention to historical context, contemporary developments, and global and local variations. The study focused on sociological issues on religion and abortion in Nigeria. To achieve this, the study takes a look at the concept of religion (Christianity) and its moral implication on abortion. Also, the work takes cognizance of the social status on abortion with a view to correcting the idea of isolation of victims of abortion

1.6 Methodology of the Study

Choosing an efficient approach is essential for achieving the stated purpose of the study. Hence, the study examines abortion rights and to achieve this objective, a comparative analysis of the legal system and religious system, with a focus on the right to abortion,

was conducted. This explains the exploratory nature of this study and highlights the incorporation of a qualitative methodology in the present investigation. Therefore, this study was inductive. Texts or phrases were used to obtain qualitative data for this investigation. Thus, the primary sources for collecting the necessary data include legal documents pertaining to abortion rights and religious sentiments. In addition, many online sources, PDFs and other articles and journals were considered for collecting the necessary data for the present study, which focuses on pro-choice and pro-life ideas. Also, this study employs the analytic and historical method.

1.7 Definition of Terms

1. Advocate: a person who publicly supports or recommends a particular cause or policy; to support or recommend a policy

2. Agency: a business or organization providing a particular service on behalf of another business, person, or group

3. Autonomy: the ability of an individual, group, or entity to govern itself, make its own decisions, and act independently

4. Bioethics: the moral status of medical and biological research.

5. Bodily Choice: the right of individuals to make decisions about their own bodies, free from coercion or interference

6. **Coercion:** the practice of persuading someone to do something by using force or threats
7. **Conception:** the action of conceiving a child or of one being conceived; devising a plan or idea
8. **Confidentiality:** the state of keeping or being kept secret or private.
9. **Contraception:** methods used to prevent pregnancy
10. **Diagnosis:** the process of identifying a disease, condition, or injury by analyzing a patient's symptoms, medical history, and the results of tests and examinations.
11. **Emergency:** a serious, unexpected, and often dangerous situation requiring immediate action.
12. **Ethics:** a system of moral principles that guide our behavior and decision-making, determining what is considered right or wrong, good or bad
13. **Fetal:** refers to anything related to a fetus, which is an unborn mammal developing in the womb after the embryonic stage
14. **Fertility:** an individual's or couple's ability to reproduce naturally
15. **Freedom:** the power or right to act, speak, or think as one wants

16. Gestation: the period of development when an embryo or fetus grows inside a viviparous animal, typically a mammal, but also in some non-mammals

17. Health Programme: a structured initiative designed to improve or maintain the health and well-being of individuals or groups

18. Infertility: the inability of individual's or couple's ability to reproduce naturally

19. Injustice: violation of what is considered right and just or of the rights of another.

20. Justice: just behaviour or treatment, according to stipulated injunction or constitution; a Judge or Magistrate

21. Legal: permitted or sanctioned by law, or relates to the legal system and the profession of law

22. Marginalization: the process where individuals or groups are systematically excluded from full participation in society, often being relegated to the fringes or excluded from opportunities and resources available to others.

23. Morality: a system of beliefs and values concerning right and wrong conduct, guiding individual and societal behavior

24. Morbidity: the state of having a disease or illness, encompassing the impact of the disease on an individual's health and well-being

25. Medical: relating to the science or practice of medicine

26. Pro-choice: the position that a pregnant woman should have the legal right to choose whether or not to have an abortion.

27. Pro-Life: used to describe individuals and organizations that oppose abortion and advocate for the legal protection of unborn fetuses.

1.8 Review of Related Literature

In *A Philosophical Look into the Morality and Legality of Abortion*¹⁰, by A. J. Agnew, the work begins by examining the meaning of abortion. Thereafter, the author goes on to analyze Aristotle's Nicomachean Ethics, with a view to examining the concepts of voluntary and involuntary actions, doctrine of the Mean, and the Notion of Justice. Furthermore, the author delves into certain philosophical outlook of the concept of abortion in a rather dualistic manner. First, he addresses the fact that abortion can be neither moral nor legal. Again, he talks about situations where abortion is moral but not legal. In the next phase, he discusses a situation where abortion is legal but not moral, and in the last phase he discusses a situation where abortion is considered both moral and legal.

In *Abortion: A Study in Moral and Legal Philosophy*¹¹ by F. M. Kamm, the author addresses certain conditions under which abortion may be permissible by raising three

¹⁰ A. J. Agnew, *A Philosophical Look into the Morality and Legality of Abortion*, (Georgia: Southern University Press, 2024), p. 23.

¹¹ F. M. Kamm, *Abortion: A Study in Moral and Legal Philosophy*, (Oxford: Oxford University Press, 2017), p. 41.

major Arguments. The first of such is the principle of permissible harm. Here, Kamm argues that abortion may be justified when allowing the fetus to live imposes significant harm or threat to the mother. While the fetus has moral status, the mother is not morally required to make extreme sacrifices—especially when pregnancy causes serious risk, pain, or disruption to her life. Thus, abortion can sometimes be seen as avoiding *unreasonable burdens*, not simply rejecting the fetus’s right to life. The second of such argument is distinction between killing and letting die. She emphasizes a moral difference between *actively killing* and *letting die*. Abortion, in certain conditions, can be framed not as directly killing the fetus but as refusing to provide life-support through the woman’s body. Since no one (including the mother) has a strict obligation to provide life-support to another person at great personal cost, the withdrawal of that support may be morally acceptable, even if it results in the fetus’s death. The third argument is the principle of partiality and bodily rights. Kamm further argues that a woman has special rights over her own body and life plans. Even if the fetus has some right to life, that does not automatically entitle it to the use of the mother’s body. Because pregnancy uniquely burdens the woman, her bodily autonomy and right to shape her own life can outweigh the fetus’s claims. This argument builds on Judith Jarvis Thomson’s famous “Violinist Analogy” but extends it with more refined distinctions about rights and duties. In summary, Kamm’s three key arguments hold that (1) abortion can be permissible to avoid serious harm to the mother, (2) withdrawing life-support (via abortion) differs morally from killing, and (3) a woman’s special bodily rights may override the fetus’s claims.

In *Gynaecology for Less-Resourced Location: Abortion*¹², by C. A. Ameh, the work is more like an anthology of different topics relating to women affairs. Chapter 13 of this work written by talks about abortion. Here, the author starts with the meaning of abortion, then moved to the different types of spontaneous miscarriages and abortions, thereafter, he draws attention to the history of abortion. Lastly, he discusses the concept of unsafe abortion and its consequences.

In *Right to Abortion, Pro-Life vs Pro-Choice: Case for Indonesia and the USA*¹³ by H. Armiwulan, the work begins by giving a data analysis of the cases of Abortion in Indonesia and the USA, and the reasons for carrying abortion. The author goes on to highlight the different dimensions of public opinion about abortion during a 15-year period.

Another work reviewed in this thesis is titled, *Perspectives on Abortion: Pro-Choice, Pro-Life, and What Lies in between*¹⁴ by R. Lopez, the work gives a detailed analysis on the perspective to abortion following the stands of Pro-Life and Pro-Choice. Under Pro-Life, he addresses moral relativism and the unborn as moral subjects. While under Pro-Choice, he addresses crime and abortion relationship and what he terms nonsensical

¹² A. Ameh, *Gynaecology for Less-Resourced Location: Abortion*, (London: Sapiens Publishers, 2012), p. 33.

¹³ H. Armiwulan *Right to Abortion, Pro-Life vs Pro-Choice: Case for Indonesia and the USA* (Oxford: Oxford University Press, 1998), p. 87.

¹⁴ R. Lopez “Abortion: Pro-Choice, Pro-Life, and What Lies in between”, *European Journal of Social Sciences*, Vol. 27, Issue 4, 2012, pp. 511 – 517.

pregnancies. Furthermore, this work talks about the church's view in abortion, politics of abortion, and certain philosophical considerations on abortion. Finally, the work addresses moderate perspectives to abortion under which he talks about birth control, sexual counselling and family planning.

Another work reviewed in this research is *The Abortion Debate: A Contribution from Ibuanidanda Perspective*¹⁵, by P. B. Bisong, J. N. Ogar, and A. E. Asira. This work focuses on the morality of abortion. To do this, he gives certain Arguments for and Against Abortion using what he calls the Pro-abortionist Arguments and the Anti-abortionists Arguments. Furthermore, this work gives An Overview of Asuzu's Ibuanidanda Philosophy.

In *Abortion: Medical and Social Aspects*¹⁶ by W. M. Hen, the work begins with a detail explanation on the meaning of abortion. After which, the author delves into certain reasons responsible for considering a abortion. Thereafter, the author examines some incidences of abortion. Furthermore, the work limelights certain risks of abortion. Again, this work goes on to examine when and how abortion should be carried out. In the same vein, this work addresses the physical and psychological effects of abortion. In addition, this work discusses the social responses to abortion, starting from individual to family, then to partners, then to the community at large.

¹⁵ P. B. Bisong, J. N. Ogar, and A. E. Asira. "The Abortion Debate: A Contribution from Ibuanidanda Perspective", *Online Journal of Health Science*, pp. 33 – 44.

In *The Problem of Abortion and the Doctrine of Double Effect*¹⁷, by P. Foot, the book begins with limelighting the problems of abortion, wherein Foot attempts to draw attention to the fact that women should be allowed to carry out abortion on certain grounds. To figure buttress this point, she delves into bringing the concept of Double Effect as a prerequisite for permissible abortion. This she does using the case of a trolley. It was therefore this work that gave rise to the trolley problem which became an ethical issue in modern Philosophy.

In *Doctrine of Double Effect*¹⁸, by M. Alison, the author began with a clear exposition of the meaning of Double Effect. He goes on to give a formulation of the principle of double effect. Thereafter, McIntyre attempts to explain the application of the principle of double effect as it relates to life experiences. Furthermore, he gives details on certain misinterpretations of the principle of double effect. Finally, He goes on to give certain criticisms against the doctrine of double effect.

CHAPTER TWO

THE CONCEPT OF ABORTION

2.1 Meaning of Abortion

“Etymologically, The word "abortion" originates from the Latin word "aboriri," meaning "to miscarry" or "to abort". The Latin verb "aboriri" combines "ab" (meaning away from, or amiss) with "orior" (meaning to arise, or be born).”¹⁶ This combination captures the idea of a pregnancy not reaching its full term or being terminated prematurely. It evolved into "abortiōnem" (miscarriage or abortion) and eventually entered English as "abortion," meaning the termination of a pregnancy before birth.

However, different people have attempted to explain the meaning of abortion in their own different terms. In the words of A.J. Agnew, “Abortion is commonly defined as the termination of a pregnancy by means of medicine, surgery, or otherwise, resulting in the death of an embryo or fetus.”¹⁷ It has also been defined the termination of a pregnancy by removal or expulsion of an embryo or fetus. Hern W.M. says that, the classic definition of abortion is “expulsion of the fetus before it is viable.”¹⁸ This could include

¹⁶ A.J, Alexis, *A Philosophical Look into the Morality and Legality of Abortion*, (Honors College Thesis, Georgia Southern University Press, 2024), p.3.

¹⁷ W. M. Hern . (1995); *Abortion: Medical and Social Aspects*, (University of Colorado: Denver Health Services Center, Publication), p.2.

¹⁸ *Ibid.* p.2

spontaneous abortion (miscarriage) or induced abortion, in which someone (a doctor, the woman herself, or a layperson) causes the abortion. Hern further writes that, “before modern methods of abortion, this sometimes meant the introduction of foreign objects such as catheters into the uterus to disrupt the placenta and embryo (or fetus) so that a miscarriage would result.”¹⁹

By this idea of Hern, it therefore means that abortion started a long time ago. In fact, Hern further disserted that, “In preindustrial societies, hitting the pregnant woman in the abdomen over the uterus and jumping on her abdomen while she lies on the ground are common techniques used to induce an abortion.”²⁰ Given this illustration, it therefore means abortion may not only be restricted to the intentional removal or ending of the life of a Foetus in a pregnant woman. Abortion therefore could be caused by any means as long as it brings about the death of the embryo or Foetus before it reaches viability. It is also important to note that, even though the foetus has grown into a baby, even though the pregnancy has reached six months, it is still possible for an abortion to take place. However, this is done at the risk of the mother.

Following the report of a WHO Scientific Group, the Third World Health Assembly in 1950 adopted the recommendation by a WHO Expert Committee on Health Statistics,

¹⁹ *Ibid*.p.3.

²⁰ “World Health Organization Geneva, Spontaneous and Induced Abortion,” *World Health Organization Technical Report Series*, 1970. No.461, p.5.

that fetal death be defined as "death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy"⁵. Therefore, when a fetus is terminated before it attains viability, abortion is said to have taken place. The term viability here is used to mean before the fetus becomes of independent extra-uterine life. According to the report of the WHO Expert Committee on Health Statistics, "viability is defined in terms of duration of pregnancy and/or weight of fetus, or occasionally, length of fetus."²¹

Abortion has been a controversial subject throughout the history due to religious, moral and ethical variations which surrounds it. According to Qaisar Abbas,

*"although abortion is commonly practised throughout most of the world and has been practised since long before the beginning of recorded history despite legal and moral restrictions, imposed from time to time; yet the causes/reasons for the termination of such "unwanted" pregnancies have been contradistinctive subject to the socio-economic and various other factors. Abortion is a subject that arouses passion and controversy"*²²

In modern societies, abortions are performed surgically or through the use of certain abortifacients prescribed by physicians or other trained personnel experienced in this technique, making the procedure much safer than when primitive methods were used.

²¹ *Ibid.* p.6.

²² Q. Abbas, "Pro-Life and Pro-Choice Debate: A Journey From Restriction to Regulation-Destination Pakistan," *Pakistan Law Journal*, 2009, p.25.

The goal of this abortion still remains the same, that is to Interrupt the pregnancy so that the woman will not continue to term and deliver a baby. Abortion is not new in human society. A study by anthropologist George Devereux (1955) showed that more than three hundred contemporary nonindustrial societies practiced abortion. Women have performed abortions on themselves or experienced abortions at the hands of others for thousands of years and abortions continue to occur today in nonindustrial societies under medically primitive conditions.

2.2 Types of Abortion

Just as different scholars have taken keen interest in this subject of abortion, it has resulted in different definitions, further resulting in several types of abortion. However, for the purposes of this research, we shall limit our thesis to the two major types of abortion which are, the spontaneous abortion and the induced abortion.

2.2.1 Spontaneous Abortion

Spontaneous abortions, also known as miscarriages, are natural pregnancy losses before fetal viability (typically before 20 weeks of gestation). Any death of fetus which was not intentional, or which was not a deliberate or conscious act, is considered a spontaneous abortion, even though an external factor may have necessitated it, such as trauma or communicable disease. A variety of factors can contribute to spontaneous abortion, including chromosomal abnormalities in the fetus, maternal health conditions (diabetes,

thyroid disease), and advanced maternal age. Another factor may include genetic abnormalities. Therefore, supposing a person A was pregnant, and loses the pregnancy not by a willfull, deliberate, intentional, or conscious act, or by active act, even if the person A had the conception in mind or not, so long the person A did not carry out the act, then a spontaneous abortion is said to have taken place.

2.2.2 Induced Abortion

Induced abortion, on the other hand, is the termination of a pregnancy through deliberate medical intervention. Induced abortion is usually chosen for reasons like unwanted pregnancy, health risks, economic factor, or other reasons. An induced abortion is the termination of a pregnancy before the fetus is viable: the procedure might be legal or illegal, depending on the law that exists in the country in which she lives and the reason, or 'grounds', for wanting a termination; and may be safe or unsafe, depending on a combination of the method(s).

According to Izunwa M.O. & Ifemeje S., "the induced abortion is also called "abortus provocatus. It is abortion qua abortion, since it is here and only here that the question of end, intention, and the presence of human act can rightly be asked and where moral responsibility and social imputability, praise or blame, could be assigned."²³ Abortion is

²³ M. O. Izunwa & S. Ifemeje, Right to Life and Abortion Debate in Nigeria: A Case for the Legislation of the Principle of Double Effect, the Legislative and Institutional Framework of Environmental Protection in the Oil and Gas Sector in Nigeria, African Journals Online, 2011, p.113.

said to be induced when the act is intentionally carried out throughout the period of gestation.

2.3. Movements in Support or Against Abortion

It is important to know that no objective stand has been made in regards to whether abortion should be accepted or prohibited. Therefore, the idea of abortion is relative and not universal. In the first place, different cultures have their different approaches to the issues of abortion. There are cultures that consider abortion a thing of choice without any strict law guiding against it. Whereas, there are other cultures that have strict laws against abortion. For example, in the Medieval Period, Western Europe were definite about birth control, and the number of children a particular home was supposed to have. Once a family births that number of children and the woman gets pregnant again, abortion therefore becomes an option. Also, in Nigeria, there was a time when it is lawful for every man to have no more than four kids. In that sense, having birthed four kids, if the woman gets pregnant again, abortion therefore becomes an option.

In view of this, the concept of abortion is rather subjective and relative than objective or universal. Given this debate of abortion, three different movements have arisen so far, one in support, another in opposition, and the last stirring a middle ground, with a view to finding a place of equilibrium between the other two extremes, Pro-Life and Pro-Choice, respectively. Abortion is a subject that arouses passion and controversy. The situation

becomes more puzzling when both extremes contend their viewpoints on the ground of 'Human Rights'. Therefore, laws regarding abortion range from complete permission to the absolute prohibition in various jurisdictions depending upon the ethical norms and legal codes.

2.3.1. Pro-Life or Conservative

Pro-life refers to the belief that abortion is morally wrong and that all unborn fetuses have the right to life. Pro-life individuals typically oppose abortion and advocate for the legal and ethical protection of unborn life. They often believe that life begins at conception and that the unborn fetus is a human being with the right to live. They are also called conservative. Pro-life individuals are generally opposed to abortion, viewing it as the termination of a human life. They believe that all unborn fetuses have a fundamental right to life, beginning at conception. Many pro-life individuals also focus on providing support and resources to pregnant women and their families, offering alternatives to abortion such as adoption and maternal support services. The church is often regarded as a pro-life agents to the issue of abortion. They believe that life begins at conception. According to F.J. Beckwith, "Pro-life authors often compare the views of its opposition as very individualistic and centered on personal preferences; comparing the choice of choosing vanilla ice cream or chocolate ice cream with having or not having an

abortion.”²⁴ Another Pro-Life proponent, D. Boonin, says, “abortion unethical from the standpoint that the unborn entity is being deprived from the right of choosing to live, considering someone else is making that choice; and, therefore, society should ban the practice of abortion.”²⁵

2.3.2. Pro-Choice or Liberal

Pro-choice on the other hand refers to the belief that a pregnant woman should have the freedom to choose whether or not to have an abortion. It's a term used to describe individuals and organizations that support a woman's right to make her own decision about her pregnancy, including the option to terminate it. While often associated with abortion rights, pro-choice advocates also often support broader reproductive health services and policies, like contraception and comprehensive sex education. Pro-choice advocates believe that a woman's right to choose an abortion is a fundamental aspect of her bodily autonomy and reproductive freedom. The pro-choice movement often extends beyond abortion access to encompass broader reproductive rights, including access to contraception, comprehensive sex education, and support for pregnant women who choose to continue their pregnancies. While pro-choice is often associated with abortion, it doesn't necessarily mean that everyone who is pro-choice is pro-abortion. Some pro-

²⁴ F. J. Beckwith, *Defending Life: A Moral and Legal Case Against Abortion Choice*, (Cambridge: Cambridge University Press, 2007), p.23.

²⁵ D. Boonin, *A Defense of Abortion*, (New York, Cambridge University Press, 2003), p.37.

choice individuals might be more supportive of limiting abortion in certain circumstances, while others might be more open to the concept of late-term abortions. In the words of R. Lopez, “To be an advocate of pro-choice initiatives raises serious ethical, moral, and philosophical questions. Since the beginning of time, women were given the title of caregivers and nurturers; entrusted with the welfare of the offspring and organization of the home.”²⁶ To this end, women should be allowed to choose whether to have a baby or not.

2.3.3. Moderate

The moderate perspectives to abortion is rather one of a equilibrium between the two extremes. To the Moderates, they believe that there are grounds under which abortion may be permissible. These grounds may be health issues, rape, and other conditions. For example, abortion may be permissible if the pregnancy is a threat to the life of the woman. Also, abortion may be permissible if the pregnancy came as a result of rape, probably by a gang of armed robbers. This is done so as to avoid trauma especially on the child, who may be called a product of rape by his peers, and therefore bring about his low self-esteem. These and a few other reasons may be the grounds under which abortion is permissible.

2.4. Philippa Foot's Concept of the Double Effect

²⁶ R. Lopez, “Perspectives on Abortion: Pro-Choice, Pro-Life, and What Lies in Between,” *European Journal of Social Sciences*, 2012, Vol.27, No.4, p.514.

Philippa Foot, a modern Philosopher and Ethicist, who was born around 1920, discussed the concept of abortion and the doctrine of double effect in her 1967 essay, entitled "The Problem of Abortion and the Doctrine of Double Effect". This essay, later included in her collection "Virtues and Vices and Other Essays in Moral Philosophy", explored the moral implications of abortion through the lens of the doctrine of double effect. She used thought experiments like the trolley problem to analyze the distinction between intentionally causing harm and allowing it to happen, which is central to the doctrine of double effect. P. Foot began her essay with the provocative statement, "One of the reasons why most of us feel puzzled about the problem of abortion is that we want, and do not want, to allow to the unborn child the rights that belong to adults and children."²⁷ However, before we address this concept of Foot, let us first examine the meaning of Double Effect.

The term Doctrine of Double Effect (DDE) according to Foot, refers to "the thesis that it is sometimes permissible to bring about by oblique intention what one may not directly intend."²⁸ That is to say, the thesis that it is sometimes permissible to bring about unintentionally (though foreseeably) what one may not intend. Therefore, it is safe to assert that, the Doctrine of Double Effect (DDE) is a moral principle that permits an action with both a good and a bad effect, as long as the bad effect is not directly intended.

²⁷ P. Foot, "The Problem of Abortion and the Doctrine of Double Effect," *Oxford Reviews*, Issue 1967 5, p.1.

²⁸ *Ibid.*, p.1.

In other words, it's acceptable to foresee and even allow a harmful consequence if it's a side effect of an action with a primarily good purpose, as long as the harm isn't the goal itself. For example, given the principle of double effect, causing harm is considered more wrong when the harm is intended than when the harm is merely a foreseen but unintended side-effect.

According to Alison McIntyre, “The doctrine (or principle) of double effect is often invoked to explain the permissibility of an action that causes a serious harm, such as the death of a human being, as a side effect of promoting some good end.”²⁹ McIntyre goes on to emphasize that, “According to the principle of double effect, sometimes it is permissible to cause a harm as a side effect (or “double effect”) of bringing about a good result even though it would not be permissible to cause such a harm as a means to bringing about the same good end.”³⁰

With regards to the origin of the doctrine of double effect, McIntyre says, “Thomas Aquinas is credited with introducing the principle of double effect in his discussion of the permissibility of self-defense in the *Summa Theologica* (II-II, Qu. 64, Art.7).”³¹ Commenting on Aquinas, McIntyre says, “Killing one’s assailant is justified, he argues,

²⁹ A. McIntyre, (2004); “Doctrine of Double Effect,” *Stanford Encyclopedia of Philosophy*, 2004, p.1.

³⁰ *Ibid.*, p.1.

³¹ *Ibid.*, p.2.

provided one does not intend to kill him.”³² In his *Summa Theologica*, Aquinas observes that “Nothing hinders one act from having two effects, only one of which is intended, while the other is beside the intention. ... Accordingly, the act of self-defense may have two effects: one, the saving of one’s life; the other, the slaying of the aggressor.”³³ It is for this reason that McIntyre says:

*As Aquinas’s discussion continues, a justification is provided that rests on characterizing the defensive action as a means to a goal that is justified: Therefore, this act, since one’s intention is to save one’s own life, is not unlawful, seeing that it is natural to everything to keep itself in being as far as possible.*³⁴

In relation to the concept of abortion, we can therefore see that, although abortion may not outrightly be considered good, but so long as it is an unintended side-effect, so long as it is done not out of a direct intension, then it is permissible under the doctrine of double effect. Terminating a pregnancy before it reaches viability may not be a very good action, but as long as the harm caused is less in comparison to the good of the outcome, then it is not unjust. This is a form of deontological approach, whereby, the morality of

³² *Ibid.*, p.2.

³³ T. Aquinas, (13th c); *Summa Theologica* II-II, Q. 64, art. 7, “Of Killing”, in *On Law, Morality, and Politics*, William P. Baumgarth and Richard J. Regan, S.J. (eds.), Indianapolis/Cambridge: Hackett Publishing Co., 1988, pp. 226

³⁴ A. McIntyre, “Doctrine of Double Effect,” *Stanford Encyclopedia of Philosophy*, 2004, p.2

an action is based on whether that action itself is right or wrong under a series of rules and principles, rather than based on the consequences.

CHAPTER THREE

THE CONCEPT OF ABORTION AND THE PROBLEM OF SOCIAL AND RELIGIOUS STIGMATIZATION

3.1. MORAL ARGUMENTS FOR ABORTION

The moral arguments for abortion are diverse and grounded in ethical principles such as bodily autonomy, rights, personhood, compassion, and justice. These arguments support the view that in many circumstances, abortion is morally permissible and may even be a moral necessity. While the moral permissibility of abortion remains a subject of intense philosophical debate, proponents present compelling reasons grounded in both individual rights and broader social considerations. One of the most influential moral arguments for abortion centers on bodily autonomy. This principle holds that individuals have the right to make decisions concerning their own bodies without coercion. Philosopher Judith Jarvis Thomson famously argued that “even if we accept that a fetus has a right to life, that right does not override a woman’s right to control her own body”³⁵. Her thought experiment involving a woman being forcibly connected to a violinist who needs her body to survive illustrates that morally, it is unjust to compel someone to sustain another's life through their bodily resources without consent. In the case of pregnancy, this argument underscores the moral right of a woman to refuse continued bodily occupation by a fetus.

³⁵ J. J. Thomson, A Defense of Abortion. *Philosophy & Public Affairs*, 1(1), 1971, 47–66.

Closely linked to autonomy is the argument from moral agency and privacy. This position asserts that individuals, particularly women, must be treated as moral agents capable of making decisions about their reproductive lives. Ronald Dworkin argued that “moral decision-making about life and death, including abortion, is deeply personal and must be protected from government interference”³⁶. The U.S. Supreme Court’s decision in *Roe v. Wade* was based on a similar interpretation of constitutional privacy rights. It recognized that forcing a woman to carry a pregnancy to term may unjustly interfere with her ability to make autonomous and morally significant choices.

Another major line of moral reasoning draws from consequentialist ethics, particularly utilitarianism. This approach assesses the morality of abortion based on the outcomes it produces. If continuing a pregnancy would result in significant harm to the woman, her family, or to a child born into unfavorable circumstances, then abortion may be justified as the option that minimizes suffering and promotes overall well-being. Peter Singer argues that “ethical decisions must weigh the interests and future quality of life of all affected parties”³⁷. From this viewpoint, abortion can be morally right if it avoids greater harm or suffering, particularly in cases of severe fetal abnormality, economic hardship, or risk to the mother’s health. A further moral consideration relates to the personhood and

³⁶ R. Dworkin, *Life's Dominion: An Argument About Abortion, Euthanasia, and Individual Freedom*, (New York: Alfred A. Knopf, 1993), p. 14.

³⁷ P. Singer, *Practical Ethics* (2nd ed.), (Cambridge: Cambridge University Press, 1993), p. 40.

moral status of the fetus. Philosophers such as Michael Tooley and Mary Anne Warren argue that “fetuses do not meet the criteria for moral personhood”³⁸. These criteria include consciousness, reasoning, self-awareness, and the capacity to hold preferences. According to this argument, since early-stage fetuses lack these features, they do not possess the same moral rights as persons. Consequently, abortion does not equate to the wrongful killing of a human being. This position distinguishes between biological life and moral status, emphasizing that not all human life has equal moral weight.

Feminist moral theory contributes another dimension by highlighting the importance of justice and equality. Feminist philosophers such as Susan Sherwin argue that “reproductive control is essential for women's full participation in society”³⁹ Restricting access to abortion disproportionately affects marginalized women those who are poor, young, or from minority communities. Forcing women to carry unwanted pregnancies exacerbates systemic injustices, reinforcing cycles of poverty and social inequality. From this perspective, abortion rights are not just about personal choice but about addressing broader issues of gender-based oppression and ensuring social justice.

In certain situations, moral arguments for abortion also emphasize compassion and contextual ethics. Margaret Olivia Little maintains that a purely rule-based approach to

³⁸ M. Tooley, “Abortion and Infanticide”. *Philosophy & Public Affairs*, 2(1), 1972, 37–65.

³⁹ S. Sherwin, *No Longer Patient: Feminist Ethics and Health Care*, (Philadelphia: Temple University Press, 1992), pp. 50-51.

abortion ignores the lived realities of women. She argues that “moral sensitivity and compassion are essential in evaluating the ethical complexity of abortion, especially in cases involving rape, incest, or terminal fetal anomalies”⁴⁰. Here, the moral weight lies in responding to suffering, trauma, and the need to protect the dignity of the pregnant woman.

3.1.1 Bodily Autonomy

Bodily autonomy is one of the most prominent moral arguments in defense of abortion. It refers to the fundamental right of individuals to make decisions about their own bodies without coercion or external interference. In the context of abortion, this concept is invoked to argue that a pregnant person has the moral and legal authority to determine whether to continue or terminate a pregnancy. The right to bodily autonomy is closely tied to broader ethical principles of liberty, self-ownership, and moral agency. Philosopher Judith Jarvis Thomson provided a groundbreaking philosophical defense of bodily autonomy in her essay *A Defense of Abortion*. Using the now-famous "violinist analogy," Thomson asks the reader to imagine being involuntarily connected to a famous unconscious violinist whose life depends on remaining physically connected to the reader's circulatory system for nine months. While the violinist may have a right to life, Thomson argues that this does not automatically give him the right to use another

⁴⁰ M. O. Little, “Abortion, Intimacy, and the Duty to Gestate”, *Ethical Theory and Moral Practice*, 2(3), 1999, 295–312.

person's body to sustain that life. By analogy, even if we assume the fetus has a right to life, it does not have the right to use a woman's body against her will. Thus, forcing someone to remain pregnant violates the moral principle of bodily autonomy.⁴¹

The notion of bodily autonomy also plays a crucial role in feminist ethical theory, which emphasizes the importance of women's control over their own reproductive functions. Denying a woman the right to abortion is viewed not only as a violation of her physical integrity but also as an infringement on her capacity to make autonomous decisions about her future. Feminists argue that societal or governmental control over women's reproductive choices reinforces systems of patriarchal domination and undermines gender equality⁴².

3.1.2 Quality of Life Concerns

The quality of life argument is a central moral justification for the permissibility of abortion. It asserts that the moral legitimacy of abortion may depend on the expected quality of life for both the child to be born and the mother. This line of reasoning contends that bringing a child into a life of foreseeable suffering, deprivation, or disadvantage may not only be morally troubling but also unjust, especially when the mother is unable due to poverty, health, or social constraints—to provide adequate care. The core of this argument is not the denial of fetal life, but a recognition that life, merely

⁴¹ J. J. Thomson, A Defense of Abortion. *Philosophy & Public Affairs*, 1(1), 1971, 47–66.

⁴² S. Sherwin, *Op. Cit.*, p. 59.

as biological existence, is not in itself an absolute good if it is deprived of dignity, well-being, and flourishing.

Philosophers like Peter Singer argue from a utilitarian perspective that moral decisions should aim to reduce suffering and promote the greatest possible well-being. In cases where continuing a pregnancy is likely to result in severe hardship for the mother, child, or existing family, abortion may be the more ethically sound option. For instance, if a child is likely to be born with a debilitating congenital disorder that would severely limit its capacity for a meaningful life or cause chronic pain and suffering, terminating the pregnancy might be justified as a compassionate moral response. This approach considers the future interests of the child and the overall consequences of bringing that child into the world. Ronald Dworkin emphasizes that life has intrinsic value, but this value is not infinite and unconditional in every context. He contends that “moral deliberations about abortion must include considerations of the kind of life a child would have, especially when that life is marked by intense suffering or social abandonment”⁴³. In extreme cases such as pregnancies resulting from rape, incest, or where the pregnant person is a minor, the psychological and emotional toll on both the parent and the child must be part of the ethical equation.

3.1.3 Economic and Social Factors

⁴³ R. Dworkin, *Op. Cit.*, p. 79.

Economic and social factors form another significant strand of moral arguments in favor of abortion. This perspective emphasizes that decisions about abortion are often shaped by the socio-economic realities of a woman’s life, including poverty, lack of access to healthcare and education, unemployment, and the absence of supportive familial or social structures. Advocates of this view argue that compelling women to carry unwanted pregnancies to term without regard to their economic or social context is morally problematic, as it often leads to further hardship, inequality, and suffering for both the woman and the potential child.

From this standpoint, reproductive decisions cannot be abstracted from the broader social determinants of health and well-being. Feminist philosophers argue that denying access to abortion perpetuates structural injustices and gender-based oppression, particularly against poor and marginalized women. According to Susan Sherwin, “morality must account for the social realities within which individuals make choices”⁴⁴. Restricting abortion access without providing adequate support systems—such as childcare, healthcare, housing, and employment opportunities—places an unfair moral burden on women, especially those already disadvantaged.

3.2. MORAL ARGUMENTS AGAINST ABORTION

Moral arguments against abortion are largely grounded in the belief that human life begins at conception and that every human being, including the unborn, possesses

⁴⁴ S. Sherwin, *Op. Cit.* p. 65.

intrinsic value and moral status. Opponents of abortion argue that terminating a pregnancy amounts to the unjust taking of innocent human life and is thus morally impermissible. These arguments typically draw upon deontological ethical theories, religious doctrines, and considerations of potentiality, personhood, and human rights. One of the most prominent moral claims against abortion is that the fetus is a human being with a right to life. According to Don Marquis, “abortion is morally wrong because it deprives the fetus of a "future like ours" a future containing experiences, relationships, and enjoyments that are morally valuable”⁴⁵. Marquis’ argument does not depend on the fetus being a person in the current sense but rather focuses on what the fetus stands to lose. In this way, the moral weight of abortion lies not in the violation of autonomy or sentience but in the loss of a valuable future.

Another significant argument is derived from natural law theory, especially within the Catholic moral tradition. This perspective holds that life is a fundamental good and that all human life, from conception to natural death, is sacred. “The intentional destruction of an innocent human life, including that of a fetus, violates the moral order established by natural law and the divine will”⁴⁶. Thus, abortion is considered inherently immoral

⁴⁵ D. Marquis, Why Abortion is Immoral. *The Journal of Philosophy*, 86(4), 1989, 183–202.

⁴⁶ J. Finnis, *Abortion and the Principle of Double Effect*. In *Philosophy and Public Affairs*, 2(4), 1983, 287–312.

regardless of the circumstances surrounding the pregnancy, including cases of rape, incest, or fetal abnormality.

3.2.1. Personhood of the Foetus

The concept of *personhood* is a central and often contentious moral argument in the debate against abortion. Those who oppose abortion on moral grounds frequently argue that the fetus qualifies as a person from the moment of conception and, therefore, possesses full moral rights, including the right to life. From this standpoint, abortion is morally impermissible because it unjustly ends the life of an innocent human person.

The biological argument for personhood holds that life begins at conception because at that moment, a new human organism with a unique genetic code comes into existence. According to this view, “since the fetus is biologically human and a living being, it should be considered a person deserving moral protection”⁴⁷. Proponents argue that denying personhood to the fetus based on its stage of development is arbitrary and risks a dangerous relativism where human value is contingent on subjective criteria. Philosophers like Francis J. Beckwith defend this position by stating that there is no morally significant difference between a fetus and a newborn that justifies killing one and protecting the other. He asserts that differences in size, level of development, environment (inside vs. outside the womb), or degree of dependency are morally

⁴⁷ F. J. Beckwith, *Defending Life: A Moral and Legal Case Against Abortion Choice*, (Cambridge: Cambridge University Press, 2007), p. 33.

irrelevant in determining personhood⁴⁸. Thus, if it is wrong to kill a newborn, it should also be wrong to abort a fetus.

3.2.2. Sanctity of Life

The sanctity of life argument is one of the most foundational moral objections to abortion. It is rooted in the belief that human life is inherently sacred and inviolable from the moment of conception, regardless of circumstances such as fetal development, maternal hardship, or social conditions. This principle is often upheld in religious, natural law, and deontological ethical frameworks, all of which assert that human life holds intrinsic worth that cannot be measured or denied.

At the heart of the sanctity of life argument is the conviction that human beings are not merely biological entities but possess inherent dignity and moral value simply by virtue of being human. From a Christian theological standpoint, for example, life is a gift from God, and no one has the moral authority to end an innocent human life, including that of the unborn. The Roman Catholic Church, in particular, has consistently affirmed that life begins at conception and must be protected until natural death, making abortion morally unacceptable in all circumstances, even in cases of rape or fetal deformity. The sanctity of life principle is also supported by natural law theory, which holds that moral truths are discoverable through reason and that preserving human life is one of the basic goods that must never be directly violated. John Finnis argues that “human life is not merely

⁴⁸ *Ibid.*, p. 40.

instrumentally valuable but is a fundamental good in itself; thus, any direct act to end an innocent human life, including abortion, is intrinsically wrong”⁴⁹. This position does not depend on religious revelation but appeals to rational ethical reasoning based on the nature and value of human life. In the deontological tradition, particularly in the philosophy of Immanuel Kant, there is also a strong emphasis on the intrinsic worth of human beings as ends in themselves. Although Kant himself did not write extensively on abortion, many Kantian ethicists argue that “if the fetus is recognized as a rational being in potentiality, then it must not be treated merely as a means to an end even if that end is the relief of suffering or the avoidance of hardship for the mother”⁵⁰. From this viewpoint, moral duties toward human life are absolute and not to be violated for utilitarian calculations.

Critics of abortion also argue that embracing the sanctity of life helps establish moral consistency and uphold human rights across all stages of life. If society accepts that human life can be terminated based on convenience, disability, or other conditional factors, it risks eroding the moral foundation upon which other rights such as protection for the elderly, disabled, and terminally ill are built. Therefore, to safeguard the most vulnerable, including the unborn, a strong commitment to the sanctity of life is seen as

⁴⁹ J. Finnis, Abortion and the Principle of Double Effect. *Philosophy & Public Affairs*, 2(4), 1983, 287–312.

⁵⁰ C. Kaczor, *The Ethics of Abortion: Women’s Rights, Human Life, and the Question of Justice*, (London: Routledge, 2011), p. 17.

essential. The sanctity of life argument rejects the notion that viability, sentience, or dependency are morally relevant criteria for life protection. Supporters contend that these thresholds are arbitrary and lead to a slippery slope where moral value is judged by functional attributes rather than inherent dignity. As Patrick Lee and Robert George note, “It is unjust to kill human beings simply because they are not yet able to exercise certain functions”⁵¹.

3.2.3. Threat to Life

The "threat to life" argument, within the moral discourse against abortion, refers primarily to the perceived dangers that the practice of abortion poses to broader societal values and to the moral fabric of the community, rather than only the immediate physical risks. It posits that the legal and moral acceptance of abortion poses a threat not only to the life of the fetus but also to the respect for human life in general, especially for the most vulnerable. From a pro-life perspective, abortion is considered a direct and deliberate act of ending a human life. Permitting abortion, therefore, is seen as a threat to the fundamental moral principle that human life is inviolable and must be protected at all stages. If society allows the intentional termination of unborn life, critics argue, it may pave the way for a slippery slope toward a general devaluation of life, including justifications for euthanasia, infanticide, or assisted suicide. Hence, abortion is not just

⁵¹ P. Lee, & R. P. George, *Body-Self Dualism in Contemporary Ethics and Politics*, (Cambridge: Cambridge University Press, 2005), p. 76.

about the life of the fetus but also about the long-term moral consequences for a culture that permits such actions.

Religious traditions also voice this concern. The Catholic Church teaches that life is sacred from conception to natural death, and thus the act of abortion constitutes a grave moral wrong that undermines the sanctity of all human life. Pope John Paul II in *Evangelium Vitae* warned that "a society which accepts abortion is a society that has lost its sense of the sacredness of human life"⁵². According to this view, abortion contributes to what he calls a "culture of death," where life is measured in terms of utility, convenience, or burden, rather than intrinsic worth.

The medical and psychological risks associated with abortion are sometimes cited as a literal threat to the life and well-being of the woman herself. "While safe and legal abortions are generally medically low-risk, some pro-life advocates emphasize cases of post-abortion syndrome, physical complications, or increased risk of future health issues, arguing that abortion can be both physically and psychologically harmful to women"⁵³. They contend that this aspect of abortion is often downplayed or ignored in pro-choice narratives, and thus women are not always fully informed of the possible consequences. Some moral theorists argue that abortion weakens the moral duties and bonds between

⁵² John Paul II. *Evangelium Vitae (The Gospel of Life)*. (Vatican City: Libreria Editrice Vaticana, 1995), p. 45.

⁵³ D. C. Reardon, *Aborted Women: Silent No More*, (Springfield, IL: Acorn Books, 2002), p. 89.

parents and children. By severing the natural obligation of a mother to her unborn child, abortion is seen as eroding the moral norms that uphold family life and parental responsibility. This weakening of relational obligations is viewed as a broader societal threat that could impact how other vulnerable groups, such as the elderly or disabled, are treated.

3.3. LEGAL ARGUMENTS FOR ABORTION

Legal arguments in favor of abortion primarily revolve around individual rights, constitutional protections, and the role of the state in regulating private matters. At the center of these arguments is the assertion that the right to terminate a pregnancy falls within the broader spectrum of reproductive rights and personal autonomy, which are protected under various legal and human rights frameworks.

One of the most prominent legal justifications for abortion is based on the right to privacy. In the landmark U.S. Supreme Court case *Roe v. Wade* (1973), the Court held that a woman's right to choose to have an abortion falls within the right to privacy protected by the Fourteenth Amendment of the U.S. Constitution. The Court reasoned that the state has limited authority to interfere with a woman's decision during the early stages of pregnancy, and that any such interference must be balanced against her fundamental rights to liberty and bodily autonomy.

The legal argument for abortion emphasizes the principle of gender equality. Legal scholars and feminists argue that denying women access to safe and legal abortion services perpetuates inequality by restricting their control over reproductive functions, thus limiting their participation in social, economic, and political life. As stated by Justice Ruth Bader Ginsburg, the ability to make decisions about one’s own body is “central to a woman’s life, to her dignity. It is a decision she must make for herself”⁵⁴. Restricting abortion can therefore be seen as a violation of the equal protection clause in constitutional law.

3.3.1. On Request-Based Mode

The on request-based mode refers to a legal framework where abortion is permitted simply upon the pregnant woman's request, without the necessity to provide justification such as health risks, fetal abnormalities, or cases of rape. This model emphasizes unconditional access to abortion as a matter of fundamental reproductive rights and personal autonomy. The core premise is that the pregnant individual alone holds the authority to make decisions about her body and pregnancy, free from state-imposed conditions or gatekeeping mechanisms.

⁵⁴ R. B. Ginsburg, “Speaking in a Judicial Voice.” *New York University Law Review*, 67, 1993, 1185–1209.

Legally, the request-based model seeks to eliminate barriers such as mandatory waiting periods, counseling requirements, or proof of specific circumstances, which are often critiqued for undermining women's autonomy and causing unnecessary delays or distress. By allowing abortion on demand, the law affirms that no external entity including medical professionals, the state, or family members should have veto power over a woman's reproductive choices. This approach aligns with international human rights perspectives that stress the importance of bodily integrity and freedom from discrimination. The United Nations Human Rights Committee has repeatedly stated that states should ensure access to safe and legal abortion without burdensome conditions that restrict the exercise of reproductive rights

3.3.2. Threat to Life

A significant legal argument supporting the allowance of abortion centers on the threat to the life of the pregnant woman. This rationale recognizes that pregnancy and childbirth carry inherent health risks, and in some cases, continuing the pregnancy may pose a direct and substantial danger to the woman's life. Legal systems that permit abortion under this ground prioritize the preservation of the woman's right to life and health over the potential rights of the fetus.

The threat to life justification is often enshrined in national laws and international human rights instruments, reflecting a consensus that a woman’s life cannot be sacrificed in favor of the fetus. For example, the World Health Organization (WHO) classifies unsafe abortion as a leading cause of maternal mortality worldwide and emphasizes the necessity of safe, legal abortion to protect women’s lives⁵⁵. Accordingly, laws permitting abortion to save the woman’s life aim to prevent deaths from unsafe or illegal abortions and reduce maternal morbidity.

Legally, the right to life is recognized as fundamental and non-derogable in many constitutions and international treaties, such as the International Covenant on Civil and Political Rights (ICCPR). When pregnancy endangers a woman’s life—due to conditions such as ectopic pregnancy, severe preeclampsia, or cardiac disease—states bear a legal obligation to allow abortion as a life-saving medical intervention. Denying abortion in these circumstances is tantamount to forcing women into life-threatening situations, violating their right to life and health. Courts in various jurisdictions have upheld abortion access where the pregnant woman’s life is at risk. For instance, in *British Columbia v. Tremblay*, the Canadian Supreme Court acknowledged that forcing a woman to carry a pregnancy that endangers her life would contravene fundamental rights protected by the Canadian Charter of Rights and Freedoms. Similarly, legal frameworks

⁵⁵ World Health Organization. (2012). *Safe Abortion: Technical and Policy Guidance for Health Systems* (2nd ed.).

in countries such as the United Kingdom, Germany, and South Africa permit abortion when the pregnancy constitutes a threat to maternal life.

3.3.3. Rape/Incest

The legal argument permitting abortion in cases of rape or incest is grounded in the recognition of the severe physical and psychological trauma experienced by survivors of these acts. This exception acknowledges that forcing a person to carry a pregnancy resulting from rape or incest imposes profound harm and violates fundamental rights to bodily integrity, dignity, and mental health.

From a legal perspective, the rape/incest exception is widely incorporated in abortion laws around the world as a humanitarian response that balances the rights of the pregnant individual against the state's interest in protecting potential life. The rationale is that pregnancy resulting from sexual violence represents a unique category where the usual state interests are outweighed by the victim's right to recover and rebuild autonomy without further violation.⁵⁶

The United Nations Human Rights Committee and other international human rights bodies have affirmed that denying access to abortion after rape or incest constitutes cruel, inhuman, or degrading treatment under international human rights law. This position

⁵⁶ R. J. Cook, B. M. Dickens, & M. F. Fathalla, *Reproductive Health and Human Rights: Integrating Medicine, Ethics, and Law*, (Oxford: Oxford University Press, 2003), p. 81.

aligns with broader human rights frameworks that emphasize protecting survivors from re-traumatization and supporting their right to make decisions free from coercion or additional harm.

3.3.4. Right to Privacy

The right to privacy is a fundamental legal argument supporting access to abortion. It posits that decisions about whether to continue or terminate a pregnancy are deeply personal and private matters that should be free from government intrusion. This right is rooted in constitutional and human rights principles that protect individual autonomy and bodily integrity. The legal grounding of the right to privacy in the context of abortion was famously established in the landmark U.S. Supreme Court case *Roe v. Wade* (1973), where the Court held that the constitutional right to privacy encompasses a woman's decision to terminate her pregnancy. Although *Roe* has since been overturned in the United States, the concept of privacy remains a cornerstone of abortion law and reproductive rights worldwide.

CHAPTER FOUR

EVALUATION, SUMMARY AND CONCLUSION

4.1 EVALUATION

Abortion remains one of the most controversial issues in moral, social, and religious discourse. It involves the deliberate termination of a pregnancy and is often surrounded by complex ethical, medical, and legal considerations. Beyond these debates, however, abortion is burdened with stigmatization, a process through which individuals associated

with abortion—women, providers, and even supporters—are socially discredited and morally judged⁵⁷. This stigma is not merely a private matter; it has structural consequences, influencing law, policy, and access to healthcare. In contexts such as Nigeria and other religiously conservative societies, the stigmatization of abortion is particularly severe because of the interplay between cultural norms, legal restrictions, and religious doctrines.

Social stigmatization of abortion stems largely from entrenched cultural beliefs that attach womanhood to motherhood and reproduction. Women who undergo abortions are often perceived as selfish, immoral, or irresponsible, thereby facing judgment, isolation, and shame within their communities⁵⁸. This stigmatization can extend to healthcare providers, who may also be labeled as “immoral” for performing abortions, further reducing the willingness of medical practitioners to offer safe abortion⁵⁹. The result is a culture of silence, where women avoid seeking medical care for fear of judgment, leading to unsafe abortion practices that increase maternal mortality. Social stigma, therefore, operates not only as a mechanism of personal shame but also as a public health barrier.

⁵⁷ Norris, A., Bessett, D., Steinberg, J. R., Kavanaugh, M. L., De Zordo, S., & Becker, D. (2011). Abortion stigma: A reconceptualization of constituents, causes, and consequences. *Women's Health Issues*, 21(3 Suppl), S49–S54.

⁵⁸ Cockrill, K., & Nack, A. (2013). “I’m not that type of person”: Managing the stigma of having an abortion. *Deviant Behavior*, 34(12), 973–990.

⁵⁹ Okonofua, F., Ogu, R., Bello, Z., & Agholor, K. (2024). Experiences of abortion stigma by health providers in Nigeria. *Reproductive Health*, 21(1), 1–12.

Religious stigmatization compounds these challenges by framing abortion as a moral transgression or even as murder. In Christianity, especially within Catholic and evangelical traditions, abortion is often condemned as a violation of the sanctity of life, while in Islam, debates vary but many interpretations also consider it impermissible except under strict conditions⁶⁰. This religious condemnation often translates into laws and policies that criminalize abortion or severely restrict it, thereby reinforcing stigma. In Nigeria, where religion significantly influences public life, abortion is criminalized except to save the life of the mother, and religious leaders frequently frame abortion as a sign of moral decay. Consequently, women who undergo abortions are not only socially judged but also spiritually condemned, creating a dual burden of stigma.

The contradiction between widespread religiosity and persistent unsafe abortions reveals the deep tension between morality and lived reality. While religious institutions promote moral ideals about sexuality and reproduction, they often fail to address the structural inequalities—such as poverty, gender-based violence, and lack of access to contraception—that drive women to seek abortions in the first place⁶¹. Women are caught

⁶⁰ Sorhaindo, A. M., Lavelanet, A., & Coast, E. (2022). Why does abortion stigma matter? A scoping review and conceptual framework. *BMJ Sexual & Reproductive Health*, 48(4), e1–e9

⁶¹ World Health Organization (WHO). (2022). *Abortion care guideline*. Geneva: WHO. <https://www.who.int/publications/i/item/9789240039483>

in a paradox where their rights to bodily autonomy are undermined by doctrines that idealize motherhood, while the social systems that enforce these norms do little to protect them from harm. The stigmatization of abortion thus reflects a broader moral inconsistency: a society that condemns abortion while simultaneously creating the conditions that make it necessary.

From a philosophical perspective, abortion stigma raises critical questions about autonomy, dignity, and justice. Kantian ethics, for example, emphasizes respect for human dignity and rational autonomy, which could support the argument that women should be free to make reproductive choices without being reduced to instruments of cultural or religious expectations. Yet, when abortion is stigmatized, women are denied this moral recognition, and their personhood is subordinated to communal norms and religious interpretations. The challenge, then, lies in reconciling moral principles with lived realities by creating a framework that upholds both ethical responsibility and human rights.

4.1.1 Moral Responsibilities

Moral responsibility is central to the discourse on abortion, particularly in societies where religion and culture strongly shape moral norms. Abortion, though often framed as a private health decision, is laden with societal judgment, and women are frequently held solely responsible for the act. This disproportionate attribution of responsibility reflects deep-seated gender norms that link female identity to motherhood, while neglecting the

broader social, economic, and structural conditions that influence reproductive choices⁶². As a result, abortion becomes not just a medical procedure but a moral battleground where women bear the brunt of stigma and blame.

Religious stigmatization reinforces this narrative by presenting abortion as inherently immoral or sinful. In many Christian traditions, abortion is viewed as the deliberate taking of innocent life, making women who choose it morally culpable⁶³. Within Islamic thought, although some interpretations permit abortion under limited conditions, prevailing religious authorities often portray it as impermissible, creating an atmosphere of moral condemnation. This religious framing heightens the sense of responsibility placed on women, while overlooking the roles of men, families, and even governments in shaping reproductive circumstances. By casting abortion in absolute moral terms, religion tends to simplify complex realities, thereby intensifying the stigma women face.

Social stigmatization compounds the issue by embedding abortion within narratives of shame and deviance. Women who undergo abortions are often labeled as irresponsible, selfish, or “bad women,” regardless of the reasons behind their decision. This stigma is not limited to women alone; healthcare providers who perform abortions are also

⁶² Norris, A., Bessett, D., Steinberg, J. R., Kavanaugh, M. L., De Zordo, S., & Becker, D. (2011). Abortion stigma: A reconceptualization of constituents, causes, and consequences. *Women's Health Issues*, 21(3 Suppl), S49–S54.

⁶³ Sorhaindo, A. M., Lavelanet, A., & Coast, E. (2022). Why does abortion stigma matter? A scoping review and conceptual framework. *BMJ Sexual & Reproductive Health*, 48(4), e1–e9.

stigmatized as immoral, leading many to withdraw services. Consequently, women are pushed toward unsafe abortion practices, which increase maternal morbidity and mortality⁶⁴. Social stigma thus transforms moral responsibility into a mechanism of exclusion and harm, rather than a platform for ethical reflection.

A key problem is that moral responsibility in abortion debates is narrowly individualized. Women are expected to carry the burden of responsibility, while structural contributors—such as poverty, lack of access to contraception, gender-based violence, and restrictive laws—are ignored. This creates a distorted view of responsibility that obscures the roles of policymakers, religious leaders, and men in perpetuating the circumstances that drive abortion. A more holistic understanding would acknowledge abortion as a shared moral and social issue, rather than a matter of individual guilt.

4.1.2 Legal Responsibilities

Legal responsibility refers to the obligation individuals, organizations, or institutions have to act in accordance with established laws and regulations within a society. Unlike moral responsibility, which is rooted in ethical considerations and social norms, legal responsibility is formally codified in statutes, constitutions, and judicial decisions. It defines what is legally permissible or impermissible and ensures accountability through legal sanctions. Legal responsibilities are essential for the preservation of order, justice,

⁶⁴ World Health Organization (WHO). (2022). *Abortion care guideline*. Geneva: WHO.

and fairness in society, as they provide a framework through which rights are protected and duties are enforced

One of the central aspects of legal responsibility is **liability**. Individuals or organizations can be held liable when they fail to meet the legal standards required of them. For instance, in civil law, a person may be responsible for compensating another party if their negligence causes harm. In criminal law, legal responsibility takes the form of punishment, such as imprisonment or fines, for acts deemed harmful to the public order, like theft, fraud, or assault. Liability thus serves both as a deterrent to misconduct and as a means of redress for those harmed by unlawful actions.

Legal responsibility is also grounded in the principle of **intent and capacity**. Courts often consider whether a person had the mental and physical capacity to understand their actions. For example, minors and individuals with significant mental impairments may not bear the same degree of responsibility as fully competent adults. This principle reflects the understanding that accountability must be proportional to the agent's ability to comprehend and control their conduct. Similarly, in criminal law, distinctions are drawn between intentional acts, reckless behavior, and accidents, each carrying different levels of responsibility.

Furthermore, legal responsibility plays a critical role in regulating institutions and corporate entities. Companies, for instance, are legally responsible for adhering to labor laws, environmental standards, and consumer protection regulations. When they fail to

comply, they may face lawsuits, regulatory sanctions, or financial penalties. This highlights the broader societal importance of legal responsibility in ensuring that both individuals and organizations act in ways that promote social welfare and minimize harm.

The concept of legal responsibility is not static; it evolves with societal changes. Legal systems adapt to new ethical challenges, technological advancements, and social demands. For instance, issues like cybercrime, environmental degradation, and corporate accountability have expanded the scope of legal responsibilities in recent years. As societies modernize, laws are redefined to ensure justice remains relevant and effective in addressing contemporary challenges.

4.2 SUMMARY

Abortion, as a medical and ethical issue, remains one of the most contested subjects in many societies, primarily due to the strong influence of social and religious norms. At its core, abortion involves the deliberate termination of a pregnancy, which, while legal in some parts of the world, is heavily stigmatized in others. This stigmatization often stems from deeply rooted cultural beliefs and religious doctrines that view abortion as morally wrong, sinful, or as a violation of the sanctity of life. As a result, women who seek abortions are frequently labeled as immoral, irresponsible, or even criminal, regardless of the reasons behind their decision.

Social stigmatization of abortion creates an environment where women feel isolated, judged, and ashamed. In many communities, there is a lack of understanding and empathy toward the complexities that lead a woman to consider abortion—such as poverty, rape, health risks, or social instability. Instead of support, women often face ridicule, rejection from family and peers, or damage to their reputation. This fear of being stigmatized can drive women to seek unsafe and illegal abortion methods, putting their lives and health at risk. The social silence surrounding abortion also contributes to a lack of public discourse, making it harder to advocate for women's reproductive rights and access to safe services. Religious stigmatization is equally powerful, as many major religions teach that life begins at conception and that abortion is a moral offense. In highly religious societies, women who undergo abortions may be condemned as sinners or excommunicated from their religious communities. Religious leaders and institutions often influence national policies, pushing for restrictive abortion laws and framing the issue in moral absolutes rather than nuanced realities. While some religious voices advocate for compassion and contextual understanding, the dominant narrative in many faith traditions continues to uphold condemnation, further reinforcing shame and silence.

The combined effect of social and religious stigmatization can have severe psychological consequences for women. Feelings of guilt, anxiety, and depression are common, especially when women internalize the negative messages they receive from their communities. This emotional burden is often compounded by the lack of access to mental health support or counseling services tailored to women facing unplanned pregnancies or

post-abortion distress. The concept of abortion cannot be fully understood without addressing the problem of social and religious stigmatization. These forms of stigma not only shape public opinion and legal policy but also directly affect the lives of women by limiting their choices, health, and emotional well-being. Challenging these stigmas requires open dialogue, education, and a rethinking of moral narratives to prioritize compassion, dignity, and respect for women's autonomy and lived experiences.

4.3 CONCLUSION

To effectively address the problem of social and religious stigmatization associated with abortion, it is crucial to foster a more inclusive and compassionate dialogue that recognizes the complexity of individual circumstances. Public education should be prioritized to dispel myths and misconceptions surrounding abortion. Comprehensive reproductive health education can help society understand that abortion is not merely a moral or religious issue but also a matter of healthcare, human rights, and personal agency. Such education must promote empathy, reduce shame, and encourage respectful conversations around reproductive choices. Religious institutions should be encouraged to engage in more open and humane interpretations of their doctrines regarding abortion. While many religions oppose abortion on moral grounds, some also uphold values such

as mercy, compassion, and forgiveness. Faith leaders can play a transformative role in reducing stigma by acknowledging the emotional and situational complexities that lead women to seek abortion and by offering spiritual support rather than condemnation. Interfaith dialogues could be instrumental in finding a balance between religious belief and respect for personal autonomy.

At the societal level, support systems should be strengthened to provide psychological, social, and medical assistance to women considering or recovering from abortion. Counseling services, community outreach, and peer support networks can help break the silence and isolation often caused by stigma. Creating safe spaces where women can share their experiences without judgment is vital to reducing societal shame and encouraging healing.

Media also has a powerful role to play in reshaping narratives around abortion. Positive and realistic portrayals of women's experiences in literature, film, and journalism can challenge prevailing stereotypes and foster understanding. Media campaigns that humanize the issue and highlight the diversity of abortion experiences can gradually shift public opinion and reduce stigmatization. Policymakers should work to ensure that laws around abortion reflect a balance between public health, human rights, and social realities. Legal frameworks should guarantee safe, affordable, and stigma-free access to abortion services. At the same time, governments should invest in public awareness campaigns and education initiatives to address the root causes of social and religious stigma. Laws

alone are not sufficient; cultural transformation is essential to ensure that women are treated with dignity and respect, regardless of their reproductive choices.

The concept of abortion, particularly in relation to the problem of social and religious stigmatization, reveals a deeply rooted tension between personal autonomy and collective moral judgment. Across many societies, abortion remains not just a medical issue but a moral battleground where women's choices are often judged harshly through the lens of cultural, religious, and societal expectations. This stigmatization isolates women, suppresses open discussion, and in many cases, pushes individuals toward unsafe and traumatic experiences. While religious doctrines and social norms have their place in shaping communal values, they must not override the dignity, rights, and lived realities of individuals, especially women navigating complex and painful decisions. Addressing the stigma surrounding abortion requires more than legal reforms; it demands a cultural shift rooted in empathy, education, and open dialogue. By challenging harmful narratives and fostering understanding, society can move toward a more just and humane approach to reproductive health. Ultimately, creating a world where women are supported rather than shamed for their choices is not only a moral imperative but a reflection of a truly compassionate and enlightened society.

BIBLIOGRAPHY

- Abbas, Q. “Pro-Life and Pro-Choice Debate: A Journey from Restriction to Regulation-Destination Pakistan,” *Pakistan Law Journal*, 2009.
- Alexis, A. J, *A Philosophical Look into the Morality and Legality of Abortion*, Honors College Thesis, Georgia Southern University Press,2024.
- Ameh, A. C. Abortion, in *A Textbook of Gynecology for Less-Resourced Locations*, by Haleen Van Beekhuizen & Regine Unkels, the Global Library of Women's Medicine, Sapiens Publishing Press, 2012.

- Aristotle, *The Nicomachean Ethics*, Translated by William David Ross and Lesley Brown. New York, Oxford University Press, 2009.
- Beckwith, F. J. *Defending Life: A Moral and Legal Case Against Abortion Choice*, Cambridge: Cambridge University Press, 2007.
- Boonin, D. *A Defense of Abortion*, New York, Cambridge University Press, 2003.
- Cockrill, K., & Nack, A. “I’m not that type of person”: Managing the stigma of having an abortion. *Deviant Behavior*, 34(12), 2013, 973–990.
- Cook, R. J. Dickens, B. M. *Reproductive Health and Human Rights: Integrating*
- & Fathalla, M. F. *Medicine, Ethics, and Law*, Oxford: Oxford University Press, 2003.
- Dworkin, R. *Life's Dominion: An Argument About Abortion, Euthanasia, and Individual Freedom*, New York: Alfred A. Knopf, 1993.
- Finnis, J. Abortion and the Principle of Double Effect. *Philosophy & Public Affairs*, 2(4), 1983, 287–312.

- Foot, P. “The Problem of Abortion and the Doctrine of Double Effect,” *Oxford Reviews*, Issue 1967.
- Ginsburg, R. B. “Speaking in a Judicial Voice.” *New York University Law Review*, 67, 1993, 1185–1209.
- Hern, W. M. *Abortion: Medical and Social Aspects*, University of Colorado: Denver Health
- Izunwa, M. O. & Ifemeje, S. *Right to Life and Abortion Debate in Nigeria: A Case for the Legislation of the Principle of Double Effect, the Legislative and Institutional Framework of Environmental Protection in the Oil and Gas Sector in Nigeria*, *African Journals Online*, 2011.
- John Paul II. *Evangelium Vitae (The Gospel of Life)*. (Vatican City: Libreria Editrice Vaticana, 1995.
- Kaczor, C. *The Ethics of Abortion: Women’s Rights, Human Life, and the Question of Justice*, London: Routledge, 2011.
- Lee, P. & George, R. P. *Body-Self Dualism in Contemporary Ethics and Politics*, Cambridge: Cambridge University Press, 2005.

- Little, M. O. “Abortion, Intimacy, and the Duty to Gestate”,
Ethical Theory and Moral Practice, 2(3), 1999,
295–312.
- Lopez, R. “Perspectives on Abortion: Pro-Choice, Pro-Life,
and What Lies in between”, *European Journal of
Social Sciences*, 2012. Vol 27, No.4, p.511
- Lopez, R. “Perspectives on Abortion: Pro-Choice, Pro-Life,
and What Lies in Between,” *European Journal of
Social Sciences*, 2012, Vol.27, No.4, p.514.
- Marquis, D. Why Abortion is Immoral. *The Journal of
Philosophy*, 86(4), 1989, 183–202.
- Mcintyre, A. “Doctrine of Double Effect,” *Stanford Encyclopedia
of Philosophy*, 2004, p.2
- Norris, A., Bessett, D., Abortion stigma: A reconceptualization of
constituents, Steinberg, J. R., Kavanaugh, M. L.,
causes, and consequences. *Women’s Health Issues*,
21(3 De Zordo, S., & Becker, D. Suppl), 2011,
S49–S54.

- Okonofua, F., Ogu, R., Bello, Z., in & Agholor, K. Nigeria. *Reproductive Health*, 21(1), 2024, 1–12.
- Reardon, D. C. *Aborted Women: Silent No More*, Springfield, IL: Acorn Books, 2002.
- Sherwin, S. *No Longer Patient: Feminist Ethics and Health Care*, Philadelphia: Temple University Press, 1992.
- Singer, P. *Practical Ethics* (2nd ed.), Cambridge: Cambridge University Press, 1993.
- Sorhaindo, A. M., Lavelanet, A., review Why does abortion stigma matter? A scoping and & Coast, E conceptual framework. *BMJ Sexual & Reproductive Health*, 48(4), 2022, e1–e9
- T. Aquinas, (13th c); Summa Theologica II-II, Q. 64, art. 7, “Of Killing”, in On Law, Morality, and Politics, William P. Baumgarth and Richard J. Regan, S.J. (eds.), Indianapolis/Cambridge: Hackett Publishing Co., 1988, pp. 226
- Thomson, J. J. A Defense of Abortion. *Philosophy & Public Affairs*, 1(1), 1971, 47–66.

Tooley, M. “Abortion and Infanticide”. *Philosophy & Public Affairs*, 2(1), 1972, 37–65.

World Health Organization(2022). *Abortion care guideline*. Geneva: WHO.

World Health Organization. (2012). *Safe Abortion: Technical and Policy Guidance for Health Systems* (2nd ed.).

World Health Organization Geneva, Spontaneous and Induced Abortion,”
World Health Organization Technical Report Series, 1970.
No.461, p.5.