



Unmarried Women and Abortion Ethics in India: A Feminist Care Ethics Perspective

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Abstract

Abortion for unmarried women in India reveals a deep conflict between legal entitlement and moral prejudice. Although the Medical Termination of Pregnancy (MTP) Act 1971, amended in 2021, protects reproductive autonomy, unmarried women continue to face stigma, unsafe procedures, and moral condemnation. This paper examines abortion ethics through Feminist Care Ethics, emphasizing empathy, responsibility, and contextual judgment. Drawing upon Carol Gilligan, Nel Noddings, and Indian thinkers such as Amita Dhanda, Vandana Shiva, and Dillard-Wright (2020), it reinterprets reproductive decisions as moral acts grounded in care rather than transgression. The discussion relates Care Ethics to Indian notions of *karuṇā* (compassion) and *ahiṃsā* (non-harm) and analyzes how patriarchy transforms moral duty into moral exclusion. The paper argues that ethical reasoning must move beyond legality and patriarchal morality to include relational understanding and social empathy. Integrating Care Ethics with Indian moral philosophy provides a compassionate and culturally rooted framework for affirming unmarried women's reproductive dignity.

Keywords: Abortion ethics, Feminist Care Ethics, Unmarried Women, Reproductive Rights, Indian Moral Philosophy

Introduction:-

Abortion in India occupies a moral field shaped by religion, patriarchy, and state law. While the MTP Act 1971 established abortion rights under medical supervision and the 2021 amendment extended eligibility to unmarried women, public morality continues to treat such cases as deviant (Dhanda, 2018). The unmarried woman's pregnancy is often interpreted not as a private health concern but as a breach of cultural honor. Consequently, access to safe abortion becomes an ethical negotiation between law, social judgment, and medical gatekeeping (Sharma, 2019).

This paper positions Feminist Care Ethics as a corrective to patriarchal moral frameworks. Rather than focusing on impersonal rights or punitive norms, Care Ethics stresses responsiveness, empathy, and human relationship. In the Indian moral landscape, this approach resonates with *dharma* understood as relational responsibility and *karuṇā* as moral attention to suffering. The paper therefore argues that a care-centered ethics can reconcile feminist moral reasoning with Indian philosophical values, making abortion ethics both culturally meaningful and gender-just.

Research Objectives:-

1. To examine moral and social challenges faced by unmarried women seeking abortion in India.
2. To analyze these challenges through the theoretical lens of Feminist Care Ethics.
3. To relate Care Ethics with Indian moral ideals such as *ahiṃsā* (non-violence) and *karuṇā* (compassion).
4. To suggest a framework of relational moral responsibility that integrates legal and ethical reasoning.

Methodology:-

The paper employs a qualitative and comparative-philosophical approach, using textual interpretation and ethical analysis. Legal materials the MTP Act 1971 and its 2021 amendment are examined alongside key judgments such as *Nikita Mehta v. State of Maharashtra* (2008) and *X v. Union of India* (2022). Philosophical sources include Gilligan (1982), Noddings (2013), and Indian commentators such as Dhanda (2018), Nanda

(2020), and Dillard-Wright (2020). The method integrates feminist moral reasoning with Indian ethical traditions to derive a contextual, compassion-based interpretation of abortion ethics.

Conceptual Framework:-

Feminist Care Ethics:-

Feminist Care Ethics, emerging from Gilligan's (1982) critique of patriarchal moral psychology, challenges the dominance of abstract justice theories that neglect emotion and context. Noddings (2013) defines moral life as "caring in relation," grounded in empathy and responsiveness. For unmarried women, this framework reclaims moral agency by viewing abortion not as a moral lapse but as a responsible, caring decision aimed at minimizing harm.

Indian Ethical Traditions and Care:-

Dillard-Wright (2020) emphasizes that the Vedic notion of *Rta* often overshadowed by the narrower concept of *dharma* situates moral responsibility within a shared cosmic and social order, not in private obedience. She argues that restoring this cosmological sense of duty aligns ethics with compassion and interdependence, resonating with Feminist Care Ethics in grounding morality in relational responsibility (JICPR 3).

Patriarchal Morality and Moral Exclusion:-

Despite these philosophical resources, Indian society continues to equate female sexuality with moral threat. Nanda (2020) argues that patriarchal ethics constructs unmarried women as moral outsiders. Their pregnancies provoke moral panic rather than care. Dhanda (2018) notes that even legal reform is filtered through a "marital lens." Care Ethics exposes this bias by demanding moral attention to suffering individuals rather than categories of virtue and sin.

Integrative Moral Synthesis:-

A synthesis of Care Ethics and Indian moral philosophy yields an ethics of contextual compassion. Compassion (*karuṇā*) becomes a moral principle guiding both decision-making and institutional behavior. This integrative model invites society to view unmarried women's reproductive choices through empathy and moral solidarity rather than condemnation.

Discussion:-

Abortion for unmarried women raises complex questions about freedom, responsibility, and social morality. Legally, the MTP Amendment 2021 affirmed that marital status cannot determine access to abortion. Ethically, however, social attitudes remain punitive. Hospitals often demand paternal consent or moral justification, violating confidentiality (Dhanda, 2018). These practices represent institutionalized moral surveillance.

Care as Moral Understanding:-

From a Care-Ethical perspective, abortion decisions are moments of moral reflection, not moral collapse. Gilligan (1982) portrays care reasoning as "sustaining connection while choosing responsibly." In Indian terms, this corresponds to *viveka* discerning right action in context. When a woman seeks abortion out of concern for her health, economic instability, or social safety, she acts under *karuṇā*, embodying non-harm to herself and potential life within her conditions. Denying her care, therefore, constitutes ethical failure on the part of society.

Reinterpreting Dharma and Ahimsā:-

Dharma is often invoked to condemn abortion, yet its deeper philosophical meaning supports compassionate discernment. Radhakrishnan (1932) insists that *dharma* "cannot be divorced from conscience." Similarly, *ahimsā* demands the prevention of suffering, not merely the preservation of biological life. Unsafe abortions driven by stigma violate *ahimsā* more than safe, voluntary termination does. Nair (2021) argues that gender-sensitive reinterpretations of *dharma* are essential for ethical modernization in India.

Cultural Narratives and Moral Violence:-

Dillard-Wright (2020) emphasizes that the Vedic notion of *Rta* often overshadowed by the narrower concept of *dharma* situates moral responsibility within a shared cosmic and social order, not in private obedience. She argues that restoring this cosmological sense of duty aligns ethics with compassion and interdependence, resonating with Feminist Care Ethics in grounding morality in relational responsibility (JICPR 37).

Social Care and Institutional Responsibility:-

Care Ethics demands not only interpersonal empathy but systemic compassion. Healthcare providers, educators, and legal institutions must adopt relational ethics that respect confidentiality and dignity. Tronto (1993) defines care as "meeting the needs of others within a network of responsibility." This framework fits Indian communitarian values, where collective good and personal well-being coexist. A moral society must extend care beyond kinship to include the unmarried woman as a citizen with moral worth.

Findings and Analysis:-

1. Patriarchal Ethical Bias: Moral discourse in India equates virtue with marital conformity. This transforms ethics into control. Yet dharma, rightly interpreted, values conscience and compassion. The exclusion of unmarried women from moral consideration contradicts both ahimsā and Care Ethics.
2. Convergence of Traditions: Indian moral philosophy and Feminist Care Ethics converge on relational responsibility. Karuṇā, dayā, and care all emphasize alleviating suffering and protecting dignity. Integrating these traditions provides an indigenous philosophical justification for reproductive rights.
3. Moral Agency of Unmarried Women: Denying women moral agency perpetuates injustice. Gilligan (1982) and Noddings (2013) demonstrate that ethical maturity grows through empathy; Indian ethics agrees that right action arises from inner discernment (antar-ātman). Recognizing unmarried women as moral agents restores philosophical coherence to Indian ethics.
4. Need for Institutional Care: Ethical responsibility extends to institutions. Confidential medical access, non-judgmental counseling, and community education are necessary expressions of social care. A compassionate state thus becomes an ethical as well as legal protector.

Conclusion

Abortion ethics in India, particularly for unmarried women, exposes the gap between law and lived morality. Patriarchal culture converts dharma into social conformity, erasing empathy from moral life. Feminist Care Ethics, in dialogue with Indian values of karuṇā and ahimsā, restores the missing dimension of compassion. Ethical progress therefore depends on moving from punitive moralism to relational understanding. The synthesis proposed here redefines moral responsibility as shared and contextual rather than hierarchical. It transforms abortion from a site of shame into a site of moral reflection and care. When dharma is interpreted through empathy and non-harm, it aligns naturally with women's autonomy and social justice. A care-based reinterpretation of Indian ethics can thus humanize reproductive discourse, ensuring that every moral judgment begins not with control, but with compassion.

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