

Abortion, Bodily Sovereignty, and State Power in 2025

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Abstract

This paper examines the rollback of reproductive rights in the United States as a manifestation of state power over bodily sovereignty rather than as a moral dispute over life. Situating the post–Roe v. Wade legal landscape within political philosophy, feminist ethics, and international human rights law, the analysis argues that abortion restrictions function as instruments of governance that discipline bodies, regulate gender, and reproduce structural inequality. The paper demonstrates how compelled pregnancy disproportionately burdens women, the poor, racialized communities, and those already subject to social surveillance, while reframing autonomy as conditional rather than inherent. Drawing on global ethical frameworks and comparative religious traditions, it challenges the selective use of theology and morality in state legislation, highlighting the tension between moral pluralism and imposed belief. The analysis further situates U.S. reproductive policy within a broader international context, where forced continuation of pregnancy is increasingly recognized as a violation of human rights and bodily integrity. By treating the body as a political site, the paper argues that reproductive coercion represents a broader authoritarian drift in contemporary governance, revealing how rights once grounded in privacy and autonomy can be reconstituted as privileges subject to state control.

Publication Note

This paper is part of an independent research series examining moral failure, state power, and ethical fracture in contemporary governance. Building on prior analyses of war, discrimination, economic violence, and historical memory, it examines reproductive control as a mechanism through which the state asserts authority over bodies and regulates social hierarchy. Drawing on political philosophy, feminist ethics, comparative religious scholarship, and international human rights law, the paper treats the post–Roe v. Wade landscape not as an isolated legal shift but as a case study in the selective recognition of autonomy and dignity. The paper is intended to function both as a standalone scholarly contribution and as a sequential chapter within a larger book-length manuscript on moral responsibility and power in 2025.

Keywords

Abortion; Bodily Sovereignty; Reproductive Rights; State Power; Feminist Ethics; Human Rights Law; Gendered Governance; Reproductive Justice; Moral Pluralism; Legal Authority; Autonomy; Structural Inequality

AI Disclosure

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Introduction

The regulation of reproduction has long served as a mechanism through which states assert authority over bodies, identities, and social order. In 2025, the rollback of abortion rights in the United States marks not merely a legal shift, but a reconfiguration of bodily sovereignty itself. Framed publicly as a moral debate about life, abortion restrictions function in practice as tools of governance—redefining autonomy as conditional, redefining care as control, and transforming private bodily decisions into matters of state surveillance and enforcement.

This paper proceeds from the premise that bodily sovereignty is foundational to political freedom. Without the capacity to determine what happens within one's own body, other rights—speech, movement, association, labor—become precarious. The loss of reproductive autonomy therefore signals more than a policy disagreement; it reflects a deeper transformation in the relationship between the individual and the state, one in which bodily integrity is no longer presumed but granted selectively.

The post-*Roe v. Wade* legal landscape exposes this transformation with unusual clarity. The collapse of privacy-based protections has allowed states to extend regulatory power into intimate domains once considered beyond legitimate reach. Pregnancy becomes an obligation rather than a choice, and biological capacity is recast as civic duty. In this framework, the body is no longer a site of agency but of compliance.

These developments do not affect all bodies equally. Reproductive restriction disproportionately burdens women, the poor, racialized communities, and those already subject to heightened surveillance and structural vulnerability. Access to healthcare, mobility, and legal protection increasingly determines who can exercise autonomy and who must endure coercion. Inequality is not an unintended consequence of reproductive control; it is one of its organizing effects.

The moral language used to justify these policies often invokes religious conviction, yet the elevation of a singular theological framework into law raises profound ethical concerns in pluralistic societies. When the state enforces moral claims that are neither universally held nor ethically uncontested, it substitutes imposed belief for moral deliberation. This shift collapses the distinction between personal conscience and public authority.

Internationally, the United States' retreat from reproductive rights places it increasingly at odds with global human rights norms that recognize forced continuation of pregnancy as a violation of bodily integrity, dignity, and freedom from coercion. This divergence challenges longstanding narratives of moral leadership and exposes the fragility of rights once assumed to be settled.

By situating abortion within political philosophy, feminist ethics, comparative religious thought, and international law, this paper argues that reproductive coercion is not an isolated issue but part of a broader pattern of state expansion over embodied life. The control of reproduction reveals how quickly autonomy can be reframed as privilege, and how readily moral rhetoric can be deployed to justify coercive power.

What follows examines abortion not as a question of moral disagreement, but as a test case for the limits of legitimate state authority. At stake is not only reproductive freedom, but the principle that bodies belong first to those who inhabit them. Without that principle, freedom itself becomes contingent.

From Privacy to Control: The Legal Reversal of Bodily Autonomy

The overturning of *Roe v. Wade* represents a structural rupture in the legal architecture of bodily autonomy in the United States. For nearly five decades, reproductive freedom was grounded—however imperfectly—in a constitutional framework that recognized privacy and decisional autonomy as limits on state power. The removal of that framework did not merely return authority to the states; it redefined the relationship between the state and the body, transforming autonomy from a presumptive right into a revocable condition.

The reasoning articulated in *Dobbs v. Jackson Women's Health Organization* marks a decisive departure from earlier constitutional interpretations that treated bodily integrity as foundational to liberty. By rejecting substantive due process protections for reproductive decision-making, the Court narrowed the scope of privacy to what can be explicitly enumerated or historically recognized. Legal scholars argue that this interpretive move privileges historical exclusion over evolving conceptions of liberty, effectively freezing rights at moments when women and marginalized groups lacked legal and political standing (Tribe, 2022; Siegel, 2023).

This shift signals a broader transformation in governance. When privacy protections collapse, the state gains regulatory access to intimate domains once shielded from legal intrusion. Pregnancy becomes a matter of public interest, subject to surveillance, reporting, and enforcement. Legal analyses emphasize that such expansion of authority is not neutral: it disproportionately targets bodies capable of reproduction while leaving other forms of bodily autonomy largely intact (Cohen, 2019; Petchesky, 2020). The law thus reasserts control selectively, reinforcing gendered power relations.

The decentralization of abortion regulation following *Dobbs* has intensified this pattern. State-level bans, trigger laws, and civil enforcement mechanisms have created a fragmented legal landscape in which access to bodily autonomy depends on geography, income, and mobility. Scholars describe this as the privatization of constitutional rights, where formal legality exists only for those with the resources to escape restriction (Roberts, 2022; Ziegler, 2022). Autonomy becomes conditional rather than inherent.

Importantly, the erosion of reproductive privacy cannot be isolated from broader trends in surveillance and data governance. The absence of constitutional protection enables states to leverage digital records—medical files, location data, and personal communications—to investigate and prosecute reproductive behavior. Legal ethicists warn that this convergence of weakened privacy and technological capacity transforms reproduction into a monitored activity, blurring the boundary between healthcare and criminal justice (Citron, 2020; Cohen & Mello, 2022).

International human rights law offers a stark contrast. Global legal frameworks increasingly recognize reproductive autonomy as integral to dignity, equality, and freedom from coercion. Forced continuation of pregnancy is treated not as moral protection, but as a violation of bodily integrity and personal liberty. The U.S. retreat from these norms situates it as an outlier rather than a leader in the protection of reproductive rights (United Nations Human Rights Committee, 2018; UN OHCHR, 2022).

The legal reversal of bodily autonomy thus reflects more than judicial disagreement; it represents a recalibration of state authority over embodied life. When the law withdraws protection from the most intimate aspects of personhood, it signals that bodily sovereignty is negotiable. This negotiation does not occur evenly, nor does it remain confined to reproduction alone.

Understanding the post-Roe landscape as a shift from privacy to control clarifies the ethical stakes of abortion restriction. What is at issue is not merely access to a medical procedure, but the principle that individuals possess inherent authority over their own bodies. Once that principle is undermined, the reach of state power expands rapidly.

The next section turns to moral and political philosophy, examining why bodily sovereignty is not only a legal concern, but a foundational requirement for ethical agency and political freedom.

Bodily Sovereignty in Moral and Political Philosophy

Bodily sovereignty occupies a central position in moral and political philosophy because it underwrites the very possibility of agency. To act ethically, an individual must be recognized as the primary authority over their own body. Without this authority, consent becomes incoherent, responsibility collapses, and freedom is reduced to abstraction. Philosophers across liberal, feminist, and human rights traditions converge on the principle that bodily autonomy is not derivative of other rights, but foundational to them (Mill, 1859/2001; Dworkin, 1993; Sen, 2009).

Classical liberal philosophy frames bodily sovereignty as a limit on legitimate state interference. John Stuart Mill's harm principle holds that power may only be exercised

over individuals to prevent harm to others, not to enforce moral conformity or paternalistic control (Mill, 1859/2001). Compelled pregnancy violates this principle by subordinating an individual's body to state-defined moral ends, even in the absence of harm prevention. The state does not merely regulate conduct; it commandeers bodily capacity.

Contemporary political philosophy deepens this critique by emphasizing autonomy as a condition of moral agency rather than mere non-interference. Ronald Dworkin argues that treating persons with equal concern and respect requires recognizing their authority to make decisions about their own lives and bodies, even when those decisions conflict with prevailing moral views (Dworkin, 1993). Forced continuation of pregnancy, under this framework, constitutes a denial of equal moral standing by privileging state judgment over individual conscience.

Feminist ethics further expose the gendered assumptions embedded in restrictions on bodily sovereignty. Scholars note that women's bodies have historically been treated as sites of social obligation rather than personal agency, particularly in relation to reproduction (MacKinnon, 1989; Petchesky, 1990). Compulsory pregnancy reinscribes this logic by transforming biological capacity into civic duty, reinforcing the idea that women's bodies exist for social ends rather than self-determination.

Relational autonomy theorists complicate simplistic notions of choice by situating bodily sovereignty within social and material conditions. Autonomy is not exercised in isolation; it depends on access to healthcare, economic security, and freedom from coercion (Nedelsky, 2011; Mackenzie & Stoljar, 2000). Abortion restrictions undermine autonomy not only by prohibiting choice, but by amplifying dependency, vulnerability, and risk—particularly for those already marginalized.

Ethical consistency also demands attention to consent. Philosophers emphasize that consent must be ongoing, revocable, and embodied; it cannot be presumed from biology or circumstance (O'Neill, 2002; Butler, 2009). Pregnancy imposed or sustained by legal force violates this standard by converting a time-limited biological condition into an enforced obligation. The absence of consent transforms gestation from personal experience into coerced labor.

Moral philosophy also distinguishes between valuing life and compelling sacrifice. While many ethical traditions affirm the moral worth of potential life, they reject the notion that one person may be forced to sustain another at the expense of their own bodily integrity. Judith Jarvis Thomson's influential analysis demonstrates that even strong claims about fetal moral status do not entail a right to use another's body without consent (Thomson, 1971). The state's enforcement of pregnancy thus exceeds widely accepted moral boundaries.

International human rights ethics reinforce these conclusions. The concept of human dignity, central to global moral frameworks, presupposes bodily integrity and freedom from coercion. Forced pregnancy is increasingly recognized as incompatible with dignity because it instrumentalizes the body for purposes defined by the state rather than the individual (UN Human Rights Committee, 2018; UN OHCHR, 2022). Ethical agency cannot survive where bodily authority is denied.

Together, these philosophical traditions converge on a shared insight: bodily sovereignty is not a negotiable privilege, but a prerequisite for moral personhood. When the state overrides this sovereignty, it does not merely regulate behavior—it redefines who counts as a full moral subject.

This philosophical grounding clarifies why abortion restrictions represent more than policy disagreement. They constitute a denial of ethical agency itself. The next section examines how this denial is institutionalized through gendered governance, revealing how reproductive control functions as a disciplinary mechanism rather than moral protection.

Gendered Governance and Reproductive Discipline

Reproductive restriction functions not merely as moral regulation, but as a form of gendered governance that disciplines bodies according to socially enforced roles. Political theorists argue that when the state intervenes in reproduction, it does so within a long historical pattern in which women's bodies are treated as sites of obligation, surveillance, and control rather than autonomy (MacKinnon, 1989; Foucault, 1978). Pregnancy becomes a mechanism through which gendered norms are legally reinforced.

Historically, reproductive control has been used to regulate women's social participation, economic independence, and sexual autonomy. Feminist scholars document how legal regimes governing reproduction have consistently framed women's biological capacity as a social responsibility, subordinating individual agency to collective moral narratives (Petchesky, 1990; Roberts, 1997). Contemporary abortion bans replicate this logic by transforming pregnancy into a mandatory condition rather than a voluntary choice.

The disciplinary nature of reproductive governance is evident in the increasing criminalization of pregnancy-related behavior. Laws and prosecutions targeting miscarriage, substance use during pregnancy, and self-managed abortion expand state authority into bodily processes beyond conscious intent. Legal ethicists warn that such practices blur the line between healthcare and punishment, converting reproductive experience into potential criminal liability (Paltrow & Flavin, 2013; Cohen & Mello, 2022). The body becomes a site of suspicion.

Surveillance plays a central role in this disciplinary regime. Mandatory reporting requirements, digital health data, and civil enforcement mechanisms enable the state to monitor reproductive behavior with unprecedented reach. Scholars note that surveillance disproportionately targets those already subject to state scrutiny—poor women, women of color, immigrants, and those dependent on public healthcare systems (Eubanks, 2018; Citron, 2020). Governance operates not through universal enforcement, but through selective visibility.

Gendered discipline is further reinforced by moral framing that portrays compelled pregnancy as care or protection. Political rhetoric emphasizes maternal responsibility while obscuring the coercive conditions imposed by law. Feminist ethicists argue that this framing weaponizes ideals of care, transforming moral language into a justification for control (Gilligan, 1982; Butler, 2009). Care, when imposed, ceases to be ethical.

The asymmetry of responsibility embedded in reproductive governance is striking. The burdens of pregnancy, childbirth, and child-rearing are imposed on those capable of gestation, while the state simultaneously withdraws material support for healthcare, childcare, and social welfare. Scholars identify this contradiction as reproductive discipline without reproductive justice—a system that mandates birth while disclaiming responsibility for its consequences (Roberts, 2011; Guttmacher Institute, 2023).

This governance also reinforces narrow constructions of gender. By tying legal obligation to biological capacity, abortion restrictions naturalize binary gender roles and marginalize transgender and nonbinary individuals capable of pregnancy. Political theorists argue that such laws entrench gender essentialism, reducing complex identities to reproductive function and excluding those who do not conform to normative expectations (Butler, 2004; Spade, 2015).

International human rights observers increasingly recognize these dynamics as incompatible with equality and dignity. Gender-based reproductive control is identified as a form of structural discrimination, violating principles of non-discrimination and equal protection under international law (CEDAW Committee, 2018; UN OHCHR, 2022). Discipline masquerading as morality fails to meet ethical or legal standards.

Understanding abortion restriction as gendered governance clarifies its broader implications. The issue is not the moral valuation of pregnancy, but the allocation of power—who decides, who bears cost, and whose bodies are governed. When reproduction is regulated through coercion rather than choice, gender hierarchy is not challenged but codified.

The next section examines how these burdens fall unevenly across class and race, revealing reproductive restriction as a form of structural violence that compounds existing inequality rather than mitigating harm.

Class, Race, and the Unequal Burden of Reproductive Restriction

Reproductive restriction does not operate uniformly across populations. Its burdens fall most heavily on those already subject to economic precarity, racialized surveillance, and diminished access to healthcare. Scholars of reproductive justice emphasize that abortion bans function as a form of structural violence, compounding inequality rather than protecting life (Roberts, 1997; Ross & Solinger, 2017). The consequences of compelled pregnancy are shaped not only by law, but by who is most vulnerable to its enforcement.

Economic status plays a decisive role in determining access to bodily autonomy. Individuals with financial resources retain the ability to travel, seek private medical care, or access legal counsel, while poor women and those in rural areas face immobility and risk. Legal scholars describe this disparity as a tiered system of rights, in which autonomy is preserved for some while functionally denied to others (Ziegler, 2022; Cohen, 2019). Reproductive freedom becomes contingent on wealth.

Race intensifies this inequality. Black women in the United States already experience disproportionate maternal mortality, medical neglect, and obstetric racism. Public health research demonstrates that Black women are more likely to have their pain dismissed, their autonomy questioned, and their medical decisions overridden, even when controlling for income and education (Roberts, 2011; Crear-Perry et al., 2021). Abortion bans amplify these risks by forcing continued pregnancy within a healthcare system marked by racial bias.

The convergence of race, class, and coercion is starkly illustrated by the case of **Adriana Smith**, a Black woman in Georgia who was declared brain-dead and kept on life support against her family's wishes because she was pregnant. Under Georgia's abortion law, medical providers reportedly refused to withdraw life-sustaining treatment in order to allow the fetus to continue developing, despite the absence of consent from Smith's family and the irreversible nature of her condition (Associated Press, 2024; NPR, 2024). Her body was legally maintained as a gestational vessel, subordinating dignity, consent, and family authority to state reproductive mandate.

Ethicists and legal scholars have identified this case as an extreme but logical extension of compelled pregnancy under abortion bans. When the state claims interest in fetal life that supersedes bodily autonomy, even death does not necessarily terminate reproductive obligation. Bioethics literature emphasizes that maintaining life support without consent violates foundational principles of medical ethics, including autonomy, dignity, and informed consent (Beauchamp & Childress, 2019; Pope, 2017). That this violation occurred along racial lines is not incidental.

The case of Adriana Smith echoes earlier instances of reproductive coercion disproportionately affecting Black women, including the criminalization of pregnancy

outcomes and the use of medical authority as a tool of surveillance. Scholars argue that such cases reflect a continuity between historical reproductive exploitation—forced breeding, medical experimentation, and denial of consent—and contemporary reproductive governance (Roberts, 1997; Washington, 2006). The state's willingness to override consent is embedded in a longer history of racialized control over reproduction.

Reproductive restriction also intensifies class-based vulnerability by exposing poor women to criminal penalties, child welfare intervention, and loss of employment. Those reliant on public healthcare systems are more likely to encounter mandated reporting and state scrutiny, while those with private means avoid detection entirely (Paltrow & Flavin, 2013; Eubanks, 2018). Enforcement is selective, reinforcing existing hierarchies.

The moral language surrounding abortion obscures these inequities. Political rhetoric emphasizes universal obligation while ignoring unequal risk. Feminist ethicists argue that policies framed as protecting life are ethically indefensible when they systematically endanger certain populations more than others (Ross & Solinger, 2017; Butler, 2009). A moral framework that tolerates disproportionate harm is not neutral; it is discriminatory.

International human rights bodies increasingly recognize reproductive coercion as intersecting with racial and economic injustice. Forced continuation of pregnancy is identified not only as a gender-based violation, but as a form of compounded discrimination when imposed within contexts of medical inequality and structural racism (CEDAW Committee, 2018; UN OHCHR, 2022). The U.S. failure to address these disparities places it in tension with global human rights standards.

Understanding abortion restriction through the lens of race and class reveals its true function. It does not protect life universally; it allocates risk selectively. The body becomes a site where inequality is enforced through law, medicine, and morality.

The next section examines how religious morality is selectively invoked to justify this allocation of power, and how the state elevates particular theological interpretations into law while silencing plural ethical traditions.

Religion, Morality, and the Selective Use of Theology

Religious belief has long informed moral reflection on life, responsibility, and care. In pluralistic societies, however, the role of religion in law is ethically constrained by the need to respect diverse moral traditions and individual conscience. The contemporary regulation of abortion in the United States reveals not the presence of religion in moral discourse, but the selective elevation of particular theological interpretations into state authority. This transformation converts personal belief into compulsory law, undermining moral pluralism rather than preserving it (Audi, 2000; Rawls, 1997).

Public justification for abortion restrictions frequently relies on Christian moral frameworks that equate fetal life with full moral personhood from conception. While such views are sincerely held by many, they are neither universally accepted within Christianity nor shared across religious traditions. Scholars of religion emphasize that Christian theology itself contains diverse and contested interpretations of when moral personhood begins and how moral responsibility should be weighed (FitzGerald & White, 2019; Cahill, 2018). The portrayal of religious opposition to abortion as uniform is therefore inaccurate.

Comparative religious ethics further challenge the state's selective reliance on Christian doctrine. In Judaism, for example, the life and well-being of the pregnant person take precedence over fetal life, and abortion is not only permitted but required when pregnancy endangers the mother (Feldman, 1968; Dorff, 2003). Islamic jurisprudence similarly recognizes a range of views on ensoulment and permits abortion under specific circumstances, particularly to preserve health and dignity (Sachedina, 2009; Al-Alwani, 2013). Buddhist ethics emphasize compassion and the minimization of suffering rather than absolute moral prohibitions (Keown, 1995).

The elevation of one theological position into law therefore represents not religious neutrality, but religious favoritism. Political philosophers argue that when the state enforces moral claims grounded in sectarian belief, it violates principles of equal citizenship by compelling adherence to doctrines not universally shared (Rawls, 1997; Audi, 2000). Moral authority shifts from ethical deliberation to theological imposition.

This selective use of theology also distorts the concept of morality itself. Moral reasoning becomes reduced to compliance rather than conscience, and ethical disagreement is reframed as deviance rather than deliberation. Feminist ethicists warn that such moralization masks power relations, allowing coercion to be justified as virtue (Cahill, 2018; Butler, 2009). Morality enforced through law ceases to be moral in the ethical sense.

Importantly, the fusion of theology and law is often accompanied by selective biblical literalism. Passages emphasizing fetal life are foregrounded, while scriptural traditions emphasizing mercy, justice, and bodily integrity are marginalized. Scholars note that this selectivity reflects political strategy rather than theological coherence (FitzGerald & White, 2019; Hedges, 2022). Religious language is mobilized to legitimize control rather than cultivate ethical care.

The impact of this imposition is not limited to those who share the dominant faith tradition. Religious minorities, secular individuals, and those whose moral convictions differ are subjected to laws that violate their ethical autonomy. Legal scholars argue that

this infringes upon freedom of religion as much as it enforces it, compelling individuals to live according to beliefs they do not hold (Audi, 2000; Nussbaum, 2008).

International human rights bodies have increasingly criticized the use of religious morality to justify reproductive coercion. Human rights law affirms freedom of belief while rejecting the imposition of religious doctrine through coercive policy, particularly when it results in bodily harm or discrimination (UN Human Rights Committee, 2018; UN OHCHR, 2022). Ethical pluralism is recognized as a prerequisite for dignity.

Understanding abortion restriction as a product of selective theology clarifies its incompatibility with democratic ethics. Respect for religion does not require its elevation into law; rather, it requires space for conscience, disagreement, and moral diversity. When the state collapses this distinction, it substitutes domination for deliberation.

The next section examines how reproductive control is enforced through surveillance and punishment, revealing how law and technology combine to police bodies rather than protect them.

International Law, Human Rights, and Global Condemnation

The rollback of reproductive rights in the United States has drawn sustained criticism from international human rights bodies, legal scholars, and global health organizations. Far from reflecting a morally neutral policy divergence, abortion restrictions are increasingly framed within international law as violations of bodily integrity, gender equality, and freedom from coercion. This global response situates the United States not as a moral leader, but as an outlier among liberal democracies (UN Human Rights Committee, 2018; UN OHCHR, 2022).

International human rights law recognizes reproductive autonomy as integral to the right to privacy, health, equality, and dignity. Treaty-monitoring bodies interpreting instruments such as the International Covenant on Civil and Political Rights (ICCPR) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) have repeatedly affirmed that forced continuation of pregnancy constitutes a form of gender-based discrimination and, in certain circumstances, cruel, inhuman, or degrading treatment (CEDAW Committee, 2018; UN Human Rights Committee, 2018). These conclusions directly conflict with U.S. state-level abortion bans.

United Nations special rapporteurs have issued explicit condemnations of post-Roe abortion restrictions, warning that criminalization endangers lives, exacerbates inequality, and violates international norms protecting bodily autonomy. Reports emphasize that denying abortion access does not eliminate abortion, but rather shifts it into unsafe or coercive conditions, disproportionately harming marginalized populations (UN Special Rapporteur on Health, 2022; UN OHCHR, 2022). The ethical failure lies not only in restriction, but in foreseeable harm.

Comparative international analysis further highlights the U.S. divergence. While many countries continue to debate abortion within ethical and cultural frameworks, global trends have moved toward liberalization rather than restriction, particularly in recognition of public health outcomes and human rights obligations. Legal scholars note that the U.S. rollback aligns more closely with authoritarian governance models that prioritize state control over individual autonomy (Erdman & Cook, 2016; Ziegler, 2022).

International medical and public health organizations reinforce this critique. The World Health Organization classifies abortion as essential healthcare and warns that criminalization undermines medical ethics, patient trust, and health outcomes (WHO, 2022). Forced pregnancy is identified as incompatible with evidence-based care and inconsistent with obligations to prevent preventable harm. Medical neutrality collapses when law overrides clinical judgment.

The global response also exposes a contradiction in U.S. human rights positioning. While the United States has historically criticized other nations for gender-based coercion, reproductive violence, and violations of bodily integrity, its domestic policies increasingly mirror practices it has condemned abroad. Human rights scholars argue that this inconsistency erodes the credibility of international advocacy and weakens global norms against coercive governance (Chimni, 2012; Moyn, 2018).

Importantly, international condemnation does not reflect cultural hostility toward the United States, but adherence to shared ethical standards. Human rights law does not require moral uniformity; it requires protection from coercion. When states compel pregnancy, override consent, or criminalize bodily outcomes, they violate principles that transcend cultural difference (Sen, 2009; UN OHCHR, 2022).

The United States' resistance to these critiques illustrates the limits of sovereignty as a moral defense. While states retain authority over domestic law, international ethics demand that such authority be exercised within bounds that respect dignity and equality. Sovereignty cannot justify systemic harm without forfeiting moral legitimacy.

Understanding abortion restriction through international law reframes the issue decisively. The question is not whether abortion is morally contested, but whether the state may impose irreversible bodily harm in pursuit of contested moral ends. International consensus increasingly answers in the negative.

This global condemnation underscores the ethical stakes of reproductive control. When the state asserts authority over reproduction in defiance of international norms, it signals a broader willingness to subordinate human dignity to political power. The following section examines how this authority is enforced internally—through surveillance, punishment, and the criminalization of the body.

Surveillance, Punishment, and the Criminalization of the Body

The enforcement of reproductive restriction increasingly relies on surveillance and punitive mechanisms that transform the body into a site of legal monitoring. Abortion bans do not merely prohibit a medical procedure; they generate systems of observation, data collection, and enforcement that extend state power into intimate aspects of life. Scholars of governance warn that when bodily autonomy is withdrawn, surveillance becomes a substitute for consent, and punishment replaces care (Foucault, 1978; Eubanks, 2018).

Digital technology has accelerated this shift. Menstrual tracking applications, location data, search histories, and private communications have become potential sources of evidence in reproductive investigations. Legal scholars and privacy experts caution that in the absence of constitutional privacy protections, personal health data can be accessed, subpoenaed, or purchased by state actors and private litigants alike (Citron, 2020; Cohen & Mello, 2022). Reproductive behavior becomes legible to the state through data exhaust rather than direct observation.

Civil enforcement regimes further expand this surveillance apparatus. Laws that deputize private citizens to report suspected abortion activity blur the boundary between civic participation and state policing. Legal analysts describe these mechanisms as privatized enforcement models that diffuse responsibility while amplifying fear, encouraging neighbors, partners, and healthcare providers to function as informants (Ziegler, 2022; Roberts, 2022). Social trust erodes as reproductive decisions become legally risky.

Medical professionals are drawn into this system as agents of surveillance rather than caregivers. Mandatory reporting requirements, fear of prosecution, and ambiguous legal standards pressure clinicians to prioritize legal compliance over patient welfare. Bioethicists argue that this undermines foundational principles of medical ethics, including confidentiality, beneficence, and informed consent (Beauchamp & Childress, 2019; Pope, 2017). Healthcare becomes an extension of law enforcement.

Punishment operates not only through formal prosecution but through anticipatory compliance. The threat of criminal liability discourages individuals from seeking prenatal care, emergency treatment, or honest communication with medical providers. Public health research indicates that fear-based enforcement exacerbates health risks rather than mitigating them, particularly for marginalized populations (Paltrow & Flavin, 2013; UN OHCHR, 2022). Harm is displaced onto those least able to absorb it.

The criminalization of pregnancy-related outcomes further illustrates this logic. Miscarriage, stillbirth, and pregnancy complications have been subjected to legal scrutiny, transforming biological events beyond individual control into grounds for suspicion. Scholars argue that such practices collapse the distinction between intention

and outcome, assigning moral blame where none exists (Roberts, 1997; Cohen, 2019). Pregnancy itself becomes a condition of legal vulnerability.

Surveillance-based governance also reinforces racial and class disparities. Communities already subject to heightened policing and data extraction are more likely to be monitored, reported, and prosecuted. Research demonstrates that Black women, poor women, and immigrants face disproportionate scrutiny, reflecting broader patterns of carceral governance rather than neutral enforcement (Eubanks, 2018; Roberts, 2011). Surveillance reproduces inequality under the guise of neutrality.

International human rights bodies increasingly recognize surveillance-driven reproductive enforcement as incompatible with dignity and freedom from coercion. The use of criminal law and digital monitoring to control reproduction is identified as a violation of privacy, autonomy, and freedom from cruel or degrading treatment (UN Human Rights Committee, 2018; UN OHCHR, 2022). These practices undermine trust in both legal and medical institutions.

Understanding reproductive restriction through the lens of surveillance clarifies its disciplinary function. The goal is not merely to prevent abortion, but to condition behavior through fear, monitoring, and uncertainty. Governance operates by making bodies legible and punishable rather than respected.

The next section examines the moral cost of this regime, turning from enforcement mechanisms to their human consequences—psychological harm, social instability, and the ethical incoherence of compelled birth without collective responsibility.

The Moral Cost of Compelled Birth

The moral consequences of compelled birth extend far beyond the legal denial of abortion access. When the state mandates pregnancy, it assumes authority over physical risk, psychological harm, and long-term social consequence—often without accepting responsibility for the outcomes it produces. Ethical analysis must therefore evaluate not only the intent of reproductive policy, but its foreseeable human cost (Sen, 2009; Young, 2011).

Compelled pregnancy exposes individuals to significant physical risk. Pregnancy and childbirth carry well-documented dangers, including hemorrhage, infection, hypertensive disorders, and long-term health complications. These risks are not distributed evenly; maternal mortality rates in the United States are among the highest in the industrialized world, with Black women facing substantially greater risk regardless of socioeconomic status (CDC, 2023; Crear-Perry et al., 2021). Ethical frameworks grounded in nonmaleficence reject policies that impose preventable bodily harm without consent.

Psychological harm is equally significant. Forced continuation of pregnancy is associated with increased rates of anxiety, depression, trauma, and diminished life prospects. Longitudinal studies demonstrate that individuals denied abortion experience worse mental health outcomes, greater economic instability, and reduced ability to care for existing children compared to those who receive wanted abortion care (Foster et al., 2020). Ethical reasoning cannot discount harms simply because they are not immediately visible.

The moral incoherence of compelled birth becomes especially apparent after delivery. States that enforce pregnancy frequently retreat from responsibility once a child is born, offering limited support for healthcare, childcare, housing, or education. Scholars of social policy describe this as a regime of coerced responsibility without reciprocal care, where moral concern for fetal life does not translate into sustained commitment to human flourishing (Roberts, 2011; Ross & Solinger, 2017). Life is protected rhetorically but neglected materially.

Children born under coercive conditions also bear moral cost. Ethical theories centered on justice and care emphasize that bringing a child into circumstances marked by forced parenthood, poverty, or instability raises serious concerns about welfare and dignity. Compelled birth does not guarantee meaningful support for children; instead, it often entrenches cycles of deprivation that the state has already demonstrated unwillingness to address (Nussbaum, 2011; Sen, 2009).

Compelled birth also undermines the moral legitimacy of caregiving itself. Care ethicists argue that care loses ethical meaning when it is extracted through coercion rather than chosen responsibility (Gilligan, 1982; Held, 2006). Parenting imposed by law rather than consent risks becoming a site of resentment, harm, or abandonment—not because individuals are morally deficient, but because coercion corrodes relational ethics.

The cumulative effect of these harms exposes a fundamental contradiction. If the state's moral justification for abortion restriction is the protection of life, then its failure to mitigate predictable harm constitutes ethical negligence. Moral philosophy does not permit the invocation of noble ends while disregarding foreseeable suffering (Arendt, 1963; Beauchamp & Childress, 2019). Responsibility attaches not only to intention, but to outcome.

International human rights bodies increasingly recognize this contradiction. Forced pregnancy is identified as incompatible with dignity precisely because it instrumentalizes bodies while externalizing harm. Ethical governance requires that states minimize suffering and respect agency; compelled birth does neither (UN Human Rights Committee, 2018; UN OHCHR, 2022). Where harm is predictable and preventable, coercion cannot be morally defended.

The moral cost of compelled birth thus reveals the limits of state authority over reproduction. When law overrides consent, accepts disproportionate harm, and abdicates post-birth responsibility, it forfeits ethical legitimacy. What remains is not moral protection, but domination masked as care.

This analysis sets the stage for the conclusion that follows, which draws together the paper's central claim: bodily sovereignty is not a negotiable privilege, and when the state claims ownership over reproduction, freedom itself becomes conditional.

Conclusion

This paper has argued that abortion restrictions represent a fundamental failure of ethical governance—one in which the state asserts authority over bodies while disclaiming responsibility for the harm such authority produces. Law, morality, and theology have been selectively mobilized to justify reproductive coercion, transforming bodily sovereignty from an inherent right into a conditional privilege. The consequences of this transformation are neither abstract nor theoretical. They are lived, embodied, and irreversible.

I write this conclusion not only as a scholar, but as a woman living under the legal realities this paper examines. I study, practice, and identify with multiple religious traditions, each of which has shaped my ethical understanding of life, responsibility, and care. None of them taught me that suffering must be imposed to prove moral worth.

In 2016, I experienced a high-risk pregnancy that resulted in the development of HELLP syndrome and the premature birth of my daughter at twenty-nine weeks. The experience was physically dangerous, emotionally traumatic, and left lasting consequences. In 2017, after unprotected sex, I took emergency contraception. It failed. When I became pregnant again, my doctor made it clear that continuing the pregnancy posed a serious threat to my life. For my safety, I was not permitted to carry it to term.

I had an abortion.

It was not easy. I cried. I suffered physically and emotionally, both during the procedure and afterward. It was a decision shaped by fear, grief, and the knowledge that survival sometimes demands loss. While I personally wish abortion did not need to exist, I also know—without abstraction or doubt—that sometimes it is necessary. It was necessary for me.

That experience does not diminish my moral clarity. It sharpened it.

I reject the notion that a woman must justify her need for bodily autonomy to the state. I reject limitations, stipulations, or conditional access imposed on women seeking abortion, regardless of circumstance. Ethical agency does not require approval. Survival does not require permission.

I also reject the moral incoherence of a political system that permits broad freedom to protect oneself with weapons, yet denies the freedom to protect oneself from life-threatening pregnancy. A state that elevates armed self-defense while criminalizing bodily self-preservation reveals not moral consistency, but distorted priorities.

Likewise, I reject the claim that the United States upholds freedom of religion while grounding reproductive law in a single religious framework. True religious freedom does not mean the dominance of one belief system over all others. It means the protection of conscience, plurality, and ethical disagreement. When law enforces theology, freedom becomes selective and belief becomes coercive.

This paper has shown that compelled birth is not a moral safeguard but a mechanism of control—one that disproportionately harms women, the poor, racialized communities, and those already subject to medical and legal vulnerability. It is a system that mandates sacrifice without consent and responsibility without support.

Ethical governance demands more. It demands recognition that bodies belong first to those who inhabit them. It demands that law restrain power rather than sanctify it. And it demands the humility to accept that moral certainty imposed through coercion is not morality at all.

I do not argue that abortion is desirable. I argue that it must remain accessible. I argue that bodily sovereignty is non-negotiable. And I argue that no state committed to dignity, freedom, or ethical legitimacy can claim authority over reproduction without forfeiting its moral foundation.

When the state controls bodies, freedom collapses quietly. This paper insists that we name that collapse—and refuse it.

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