State of the Panth

The State of the Panth series is a report on Sikh matters presented by the Sikh Research Institute to the global Sikh community. The series reports on matters affecting either a large section of the Sikh Nation or a perspective on critical issues facing the human race at large. It surveys the self-identified Sikhs on their stances. It outlines a Sikh perspective based on Gurmat (the Guru’s Way) traditions of Bani (wisdom), Tavarikh (history), and Rahit (lifestyle). It offers recommendations for the individual Sikhs and Sikh institutions in best practice approach to strengthen the bonds within the community.

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We are indebted to Gurdit Singh, Gurmukh Singh, Jaspreet Kaur, Rajvinder Singh, and Ritu Bhasin for their insights during the research phase of this report. Their comments on early versions of the manuscript were invaluable in shaping its final iteration. Any omissions or errors found in the report are a full responsibility of SikhRI.

Design Consultants

We thank Misha Berveno, and the Skyrocket team for sharing their expertise. The strength of our brand is supported by their knowledge.
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Summary

Abortion as defined by the Oxford dictionary is a “deliberate termination of a human pregnancy, most often performed during the first 28 weeks of pregnancy.” Abortions have long been performed and long been the subject of considerable debate. Of the many social issues of our time, the issue of abortion is one that is consistently divisive and consistently nuanced. It is also an issue that is seldom talked about, due to its sensitive nature and the taboo that often comes with having undergone the procedure.

The focus of this report is to gain insight into Sikh thoughts and feelings surrounding the issue of abortion today, and understand abortion in the context of a Sikh worldview, from a Gurmat (Guru's Way) perspective, as inferred from Bani (wisdom), Tavarikh (history), and Rahit (lifestyle). In situating the topic of abortion within a Gurmat framework, individuals can be reassured that making the choice to undergo the procedure does not condemn them to punishment and judgment. Institutions can work to come together for a more nuanced understanding, an empathetic response, and the ultimate goal of working towards a judgment-free Panth.

A global survey, included in the report, was presented to 1,277 self-identified Sikhs from 28 different countries, asking them to consider the issue of abortion and common questions related to the topic. The purpose of this survey was to understand what informs individual opinions, thoughts, and feelings related to abortion.

Overall, the responses outlined that members of the global Sikh Panth take into account Sikhi, science, and personal life experience when forming opinions about the issue of abortion. The responses also outlined how closely related sex-selection and abortion are in the Panjabi and South Asian contexts. Although Gurmat considers the act of consensual conception to be a Divine act, the majority of respondents believe life begins at some time after conception, and that health issues are the number one reason that women seek abortions. The survey responses highlighted a clear belief that Sikh institutions should play some role in providing support and resources for those considering abortion, but that ultimately the decision is the individual's alone.

This study presents recommendations based on the Gurmat components on both the individual and institutional levels. Bani, Tavarikh, and Rahit offer guidance to individuals considering abortion, through seeking support in whatever way they are comfortable and finding non-judgmental community that can offer support and sensitivity. On an institutional level, the Gurmat components offer guidance towards non-judgment, support, and understanding, and an active move to change the cultural and social contexts that make it harder for those considering abortion to find support in the Sikh community (through sex education, access to contraceptive services, and the discouragement of value judgments). The report concludes that changes on an individual level will allow for changes at a community and institutional level where women feel supported and empowered in all facets of their lives.
Abortion as defined by the Oxford Dictionary is the “deliberate termination of a human pregnancy, most often performed during the first 28 weeks of pregnancy.” Abortions have existed since ancient times, in China under Emperor Shen Nung (c. 2700 BCE), in Ancient Egypt as referenced in the Ebers Papyrus (c. 1550 BCE), in the Roman Empire in the writings of satirist Juvenal (c. 200 CE), and in the writings of 10th century Persian physician Al-Rasi. Because it has long been practiced, it has also long been the subject of considerable debate.

Of the many social issues of our time, the issue of abortion is one that is consistently divisive and consistently nuanced. It is also an issue that is seldom talked about due to its sensitive nature and, for those most directly impacted, due to the taboo that often comes with having undergone the procedure.

A survey of 1,277 self-identified Sikhs from 28 different countries was conducted by the Sikh Research Institute. The purpose of this survey was to gain insight into Sikh thoughts and feelings surrounding the issue of abortion today. Responses outlined a clear belief that Sikh institutions should play some role in providing support and resources for those considering abortion, but that ultimately the decision is the individual’s alone.

The *Sikhi & Abortion* report makes recommendations based on *Gurmat* (the Guru’s Way) as inferred from *Bani* (wisdom), *Tavarikh* (history), and *Rahit* (lifestyle) that can be used by individuals and institutions to provide support to those considering abortion. When discussing abortion in the Sikh context, there is an added layer of nuance that requires addressing: that of sex-selective abortion, where the issue of “choice” is complicated further. Therefore, it is important to make clear that in this report, when abortion is referred to, it does not refer to or include sex-selection. The issue of sex-selective abortion will not be addressed except when contextualizing Bani and Tavarikh in the Guru period.
Gurbani (Infinite Wisdom in Guru Granth Sahib) has the capacity to reach the inner recesses of the mind and positively affect both conscience and consciousness. It resonates with powerful fetal imagery and symbolism, but it does not offer prescriptive laws – it instead offers guidance and intimations, allowing for an informed understanding of any issue or decision.

**Fetal imagery in Gurbani**

Before addressing the questions surrounding the complicated issue of abortion and any direct mention of abortion, it is important to first look at the use of fetal imagery and symbolism within Gurbani. Gurbani’s fetal imagery guides the Panth (Sikh collective) in envisioning an egalitarian society and refers to an existence that comes before the moment in which the various categories and divisions of the world take root in human consciousness. This imagery points to the origins of life, to the world inhabited by all living beings, and to the mother’s body, where the fetus exists in the womb. The womb thus becomes an important space for the Divine and “functions as a symbol for cultivating Sikh morality, spirituality, and aesthetics” rooted in IkOankar (1-Ness):

> [Creator] who made body from the semen and protected in the fire-heat of pit-womb.
> [Creator] looked after in the mother’s womb for ten months, then deception dominated.¹
> – Guru Granth Sahib, 481

> In the womb, no lineage or caste;
> everyone created from the semen-potency of the Creator.²
> – Guru Granth Sahib, 324

Gurbani uses the multivalent imagery of the womb and the fetus to point to a time when the deception of the world has not yet taken over and indoctrinated the fetus with ideas that separate elements of creation from one another. This imagery refers to a period of “before,” before the human being is taken over by maia (deception).
In this period, the womb is a space where the fetus is free from patriarchal or social hegemonies such as designations of caste, class, race, sexual orientation, and other categories and hierarchies.

This same imagery affirms the diversity of life and its forms, united in the 1-Ness of IkOankar, which plays an essential and active role in all of creation and in each individual’s experience as a part of creation:

Body formed when semen and blood met.
Being [came] alive when air, water, and fire met.
[Creator] Own-Self plays and colors-loves the body;
all else are expanse of deception’s attachment.
[The fetus] focuses on [the Creator] inverted (upside down) in the womb-pit.
Inner-Knower Own-Self knows [what is needed and provides].
Each breath cherishes eternal Nam-Identification
while inside the womb.
[The baby] comes in the world (born) with four substances.
[But] established house (got engrossed) in power [created] by the Divine.
Forgets the One, then loses arena (game of life)
blind forgets the Nam-Identification.”
– Guru Granth Sahib, 1026-27

The womb functions as the space in which the being is most connected with and focused on the Creator, coming into the world with the four potentials of dharam (principle), arth (economics), kam (desire), and mokh (freedom). The symbolism of the womb and of the primal state of existence within it also functions as a type of in-between state in which there exists a microcosm of the macrocosm. It is the space and time in which existence most encapsulates and is most connected to the vastness of creation.

Dr. Nikky-Guninder Kaur Singh elaborates on this imagery in all of its layered symbolism:

“However, [the womb] also serves as an eschatological expression for the return of the self...Under positive circumstances, the womb becomes a vital space for the Divine, and the fetus functions as a symbol for cultivating Sikh morality, spirituality, and aesthetics. Indeed, this textual body takes female genealogy seriously and affirms the category of birth that feminist theologians, philosophers, and psychologists find so critical. Sadly, Sikh scholarship today, being the domain of “minds and men,” finds little importance in the creative and sustaining powers of the mother’s body. In the course of Sikh exegesis, translation, and communal memory, the unique female organ is neglected.”

When does life begin?

Moving from the symbolic into the practical, one of the first questions considered in the debate around abortion is the question of when life begins. While there is no consensus scientifically or philosophically, the Guru Granth Sahib states that the womb is where the self fully develops, and at birth becomes human:

O’ merchant friend! In first pahar (stage, 3 hour-unit) of night (life), [the fetus] is placed in the womb.
O’ merchant friend! Made as a human-being in ten months, allotted lifespan to earn deeds.
[Creator] made available lifespan to earn deeds as written by the Origin (Divine-Source).
Divine placed [the being] amongst mother, father, brother, children, and wife. Own-Self causes [“bad”] deeds or “good” deeds, nothing is under control of this creature.
Nanak says: O’ Being! In first pahar (stage, 3 hour-unit), [the fetus] is placed in the womb.  
– Guru Granth Sahib, 77

Here, Guru Nanak Sahib presents a scene, moving past the more classical or simplistic commonly held ideas about consensually conjugating to produce offspring. He adds importance and weight to the act of two people coming together consensually to biologically create life. He is also describing something much more divine – a creative process that is bigger than just those involved in the conception of a child. Guru Nanak Sahib emphasizes that it is really about the divinity of creation, rooted in the IkOankar paradigm. Those involved in consensually conceiving are simply instruments for something much bigger than themselves: the manifestation of creation through the Divine’s active creative power. It is due to this inherent divinity of creation and of the act of creating that Guru Arjan Sahib writes:

O’ Farid! Creator is in creation and creation lives in the Divine.  
To whom call “bad” since none is without that [Divine].
– Guru Granth Sahib, 1381

Here, Guru Arjan Sahib, addressing human beings via Baba Farid, reframes the idea that some lives are less noble than others given the various categories and social hierarchies present in his context by arguing that birth itself is noble. If the act of conception is a divine creative process, then all of creation is divine. If all of creation is rooted in the IkOankar paradigm, then all of creation is One. Thus, no one being can be called low or “bad” in comparison to another.
When the Guru Granth Sahib does explicitly refer to anything close to what is commonly considered to be an abortion in the Panjabi Sikh community, what is really being referred to is infanticide. The cultural-historical context of infanticide for sex-selective purposes during the Guru period was fueled by a belief in the inherent lack of value of a female child. This is the deliberate killing of a female child after birth, which does not fall under the definition of abortion (though, in the present, a similar act would be sex-selective abortion, which occurs before birth – the main reason for the procedure in both the Chinese and Indian contexts).

\[ \text{Kabir: forcefully [killing] is a crime, [but you] call it permissible.} \]
\[ \text{[When] account is asked in [Divine] office, then what will happen? vii} \]
\[ \text{– Guru Granth Sahib, 1374} \]

Here, a rhetorical question is asked. Forcefully killing creatures as a sacrifice or in the name of the Divine and calling it acceptable because of a law does not please the Divine. The earthly law does not dictate or decide anything about the final account, taken in the Divine court. Orienting around the foundational principle of IkOankar translates into the belief that all life is precious, and in the context of infanticide specifically the Guru Granth Sahib draws a clear moral line.

**Value judgments are futile**

However, Gurbani also makes a clear statement on judgment: no one person is responsible for condemning any other person. Instead, one must be introspective and informed in their own decision-making:

\[ \text{That [One] lives in it after making the creation.} \]
\[ \text{The [person] who reflects on time (life opportunity) becomes One’s-own.} \]
\[ \text{Creation is, cannot be valued.} \]
\[ \text{If it is valued, it cannot be explained.} \]
\[ \text{[People] who reflect on the law,} \]
\[ \text{without resolving, how can [they] find the end?} \]
\[ \text{[Those who] make conviction the bowing, make mind-[fullness] the objective.} \]
\[ \text{[Then] whichever direction [they] look, in that direction [they feel the Divine] presence. viii} \]
\[ \text{– Guru Granth Sahib, 83-84} \]

Value judgments are futile if, on an individual level, one has not been introspective and absorbed a Sikh worldview within oneself.
Another element considered in debating the issue of abortion is what role those involved in the conception of the fetus can play in the decision-making process. Gurbani states clearly that the Divine protects and nurtures in the womb and develops the physical and psychological simultaneously. Gurbani also states that those who are consensually and biologically involved in conception are instruments to bring a child into this world. Thus, it can be argued that all parties involved must responsibly participate in decision-making after conjugation:

"[The Guru Granth Sahib] also discloses the equality of male and female in the creative process. It underscores that a fetus is created from both father and mother. The total equality and unity of bindu (semen) and raktu (blood) is the source of life."

If one turns to Gurbani further, one sees that, unlike in other common framings of the process of conception, both the person whose womb will be inhabited by the fetus, whose body is capable of creating and nourishing life, and the person whose sperm fertilizes the egg are given equal and active roles in that process. The womb is not just a vessel. It is an active player in the creation of life, the formation and protection of the fetus.

*Formed with blood and semen in the fire-heat of the womb.*
– Guru Granth Sahib, 706

*[A person] earns the body by union of the mother and the father.*
– Guru Granth Sahib, 989

*[The Creator] creates by union of the mother and the father; the blood and the semen met to make the body.*
– Guru Granth Sahib, 1013
Mother’s blood receives father’s semen  
Infinite [Creator] creates form and look  
Light and every gift, are all Yours; You  
the Creator are in all spaces... xii  
– Guru Granth Sahib, 1022

As no child without the mother and the father. xiii
– Guru Granth Sahib, 872

This framing of equal contributions of both parties involved is notable due to the more common framing across religious and cultural contexts throughout history: of the person with sperm having the agency to create, and the person with a womb as the container of “inert and cold matter to which the warm sperm gives life.” In Gurbani, the womb (garbh or udar) is referred to as the source of life. In the Sikh metaphysical scheme, both parents are equally important in the gift of life, and the whole person is created in the womb. Within Gurbani, there is a clear focus on the generative power of the one who has a womb.

Although it can be argued that all parties involved must responsibly participate in decision-making after conjugation, the real-life application of this idea is much more complicated than one might think. The issue of abortion is often only thought about in the context of what one might call “traditional” or “ideal” relationships – abortion within the context of a healthy relationship between two people who love and respect one another. In those situations, the belief that both parents must discuss the decision before it is made is understandable. But in situations where the parents are not in a committed relationship with one another, where there is a lack of mutual respect, where there is outside pressure from members of the family or the larger community, or in situations where the relationship is abusive, using the blanket rule of “both parties must participate in decision-making after conjugation” does not work and can endanger the person who would have to physically see the pregnancy through or put them at considerable risk.
Additionally, it is important to acknowledge that the person whose body would physically undergo a drastic change is entitled to primacy in the decision-making process over the person who would not physically have to carry the pregnancy to term. Thus, even the question of the role of each party in the decision-making process has to be dealt with on a case-by-case basis, not as a blanket rule.

As Dr. Nikky-Guninder Kaur Singh clarifies, although the creative power of the person with a womb is celebrated and the womb itself is celebrated as a divine space in which the Transcendent One flourishes:

“We must not understand the Sikh maternal imaginary as a romantic exaltation of women as mothers. I do not want to equate womanhood with motherhood. Motherhood is one aspect of womanhood, and surely all women are not mothers, and may choose not to be mothers. Women who do not give birth — or in Sikh society who do not give birth to sons — are not failures, despite social pressure indicating the contrary. Woman’s creative powers must not be construed as an automatic and mandatory process; they must not be tied down as reproductive machines to beget sons. There is no Sikh command that she be ‘the mother of a hundred sons.’ Nor should she be misinterpreted as fertile nature to be exploited by the sons for the profits of the fatherland. I do not in the least intend to equate the maternal with physical conception or limit the maternal to the domestic world; for me it is the germinative ocean, the formless potential which every female carries within her body. By focusing on the fetus we gain respect for the Subject who carries in her womb the power to produce — or refuse.”
Although abortion, as discussed in this report, does not refer to or include sex-selection, the issue of sex-selective abortion, or female feticide, must be addressed in order to contextualize Tavarikh in the Guru period. There is not much historical or legal precedent regarding abortion in general from the Guru period, but there are many historical records about female infanticide, which was and remains a serious issue in the context of Sikhs in South Asia.

The legalities of abortion as we see it today are focused differently – the reason there is not much information on abortion historically or even in the legalities of the Sikh context is because sex-selection was a much bigger problem in the context of Sikhs in South Asia, and still is.

Female infanticide was a common practice during the Guru period and, although it continues today, technology allowing for early sex determination has also led to the prevalence of sex-selective abortion. Because of the prevalence of infanticide in the Guru period, the Gurus explicitly addressed the issue and condemned female infanticide. Guru Gobind Singh Sahib even directly issued a Hukamnama (royal order) against the practice (kurimar).

_Kurimar_ (“killers of female infants”; “girl-killers” here onwards) are those guilty of killing their female babies. Female infanticide is specifically mentioned in several 18th century _rahitname_ (writings on the code of conduct or lifestyle of a Sikh). It was in part motivated by practices like dowry and beliefs that females were of a lower caste than males. Because of the societal and economic burden of having a female child, having a male child was seen as a prosperous occasion and having a female was deemed a disaster. That’s why female babies were often discreetly killed by those delivering the babies, through methods like feeding the infant poisonous sap or suffocating the infant in the mother’s blood. For obvious reasons, these acts were not recorded or discussed, but the methods continue to be common knowledge passed down through stories. The fact that female infanticide received such prominence in historical and legal discussions through multiple historical contexts indicates that the crime was a known practice at the time and that it was and still is categorically denounced.

In _Janamsakhi Sri Guru Nanak Dev ji di Bhai Bale vali_, Guru Nanak Sahib’s evaluation of the prevalent practice is recorded:
“The revered Guru [Nanak Sahib] said: “Listen Bhai Bala! This is a major and grave murder, to take wealth of girl-child and to kill girl-child, but the world is committing this murder. Those who snatch and consume the material (wealth), they lose their strength (spirituality & self-respect).”\(^8\)

Guru Nanak Sahib makes the point that those who commit female infanticide are doing so for utilitarian purposes and that the consequence of taking part in female infanticide is a loss of spirituality and self-respect.

Another notable example that challenges the classification of daughters as financial and economic burdens is seen in the life of Guru Harirai Sahib, who, it is widely believed, adopted Bibi Rup Kaur as his daughter.\(^9\) Given the historical context of the time and the prevalence of female infanticide, it is clear that the adoption of female children was not common. In fact, the adoption of female children is still not common in India, just as the practices of female infanticide and sex-selection are ongoing in India today. Thus, for Guru Harirai Sahib to actively choose to have a female child – especially within the context of the prevalence of female feticide fueled by the belief in the inherent burden of female children – is powerful. Bibi Rup Kaur even ended up playing a significant role in Sikh history, editing and compiling one of the first pothis (early collections of Bani) during Guru Harirai Sahib’s period. Various portions of Bibi Rup Kaur’s handwritten pothis are available at Gurduara Manji Sahib in Kiratpur.\(^10\)

Although both Guru Harirai Sahib and Guru Nanak Sahib set an example in directly challenging social norms regarding female infanticide during the Guru period, the practice was still widespread and needed to be addressed more explicitly. Throughout various rahitname issued both during the Guru period and beyond, a clear moral line is drawn on the issue of female infanticide. Sikhs are told they would be fined if found guilty of female infanticide and, in some cases, are told not to even associate with those who commit such acts. The following are various rahitname that address female infanticide, listed from earliest to latest:

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\textit{Mina or Masand, shaved-head or girl-killer.}
\textit{A Sikh who associates [with them], eventually will be frustrated.}\(^{11}\)

\[\ldots\]

\textit{Those who partake food from girl-killers, Masands and Minas.}
\textit{Those who take from their hands-possessions, will then waste their life.}\(^{12}\)

– Bhai Prahlad Singh, Rahitnama, 1695

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Minas (“scoundrels”) are a sectarian group, followers of Prithichand, son of Guru Ramdas Sahib. They set up parallel Guruships, aligned with Mughal emperor Jahangir, controlled Sri Harimandar Sahib, Amritsar, in the 17th century. Miharvan, son of Prithchand produced many works, now almost extinct.

Masands were those who acted as agents on behalf of the Guru, prominent during the time of Guru Arjan Sahib. They were outlawed by Guru Gobind Singh because of their corruption and replaced by the Khalsa.

Hair-remover, girl-killer, Dhirmalia, Masand, Ramraia — clean utensils and be fined 1.25 rupees.\textsuperscript{13}

– Bhai Daya Singh, Rahitnama, 1708

Dhirmalías are a sectarian group, followers of Dhirmal, grandson of Guru Harigobind Sahib. They set up a parallel Guruship, aligned with Mughal emperor Shah Jahan, and are now known as the Sodhis of Kartarpur.

Ramrais are a sectarian group, followers of Ramrai, the excommunicated son of Guru Harirai Sahib. They set up a parallel Guruship, aligned with Mughal emperor Aurangzeb, and eventually apologized, but the group continued under the leadership of Mahant Gurbaksh.

Sirgum (head-missing) refers to those who remove their hair.

Roti-beti-sanjh (“bread-daughter-share”) refers to further relationship via socialization or wedding (stating that one should not further associate with those who kill their daughters).

The one who is Guru’s Sikh doesn’t have relationship with the five. Doesn’t even talk about them: first Minas, second Ramrais, third girl-killers, fourth hair-shavers, and fifth Masands.\textsuperscript{14}

The one who is Guru’s Sikh doesn’t kill female child.\textsuperscript{15}

The one who kills female child is a murderer, is to be chastised.\textsuperscript{16}

– Bhai Chaupa Singh Chibbar, Rahitname, 1723
Those who are girl-killers and so on
Stay away and keep mind away from them.¹⁷
– Bhai Desa Singh, Rahitname, 1780

Stay away from these five: a girl-killer, a hukkah user, a money-stealer, an initiated (Sikh) transgressor, and a Guru deceiver.¹⁸
– Bhai Svarup Singh Kaushish, Guru Kian Sakhian, 1790

Do not have company with these five: Minas, Masands, Dhirmalias, Ramrais, and Sirgums, and do not do roti-beti-sanjh with girl-killers.¹⁹
– Giani Gian Singh, Tavarikh Guru Khalsa, 1869

In Sikhi, a daughter equals a son. The command is not to associate with the girl-killer.²⁰
– Bhai Kahn Singh Naba, Gurmat Martand, first published in 1960

In addition to the various Rahitname cited above, the Guru Granth Sahib explicitly addresses female infanticide by stating:

As killing a Brahmin, a cow, a girl-child, and eating rice-food of an immoral person is considered very disgraceful, leprosy-like, and bad-behavior always, always brings arrogance
Nanak: so many [vices] cling to the person who forgets One Nam
burn-discard all intellect, one essence wisdom remains.²¹
– Guru Granth Sahib, 1413

Here, the most common killings that are taking place in the Guru period as a part of the larger cultural practice are listed. The Guru writes that all of this happens due to the forgetting of Nam (Divine Identification).

These rahitname and the clear moral lines they drew regarding female infanticide were not to be tailored to or relaxed for any member of the Panth, no matter his or her status and contribution. Before joining the Khalsa, Jassa Singh Ramgarhia, a prominent leader of a Sikh Misl (group in Sikh confederacy of commonwealth) and one of the twelve foremost leaders in the Sikh world, was excommunicated and boycotted by the community after being accused of female infanticide. Even such a prominent figure was not spared from the consequences outlined in the rahitname. He eventually sought pardon and was accepted by the Khalsa only after serving the Panth by helping to prevent the next Ghallughara (major genocidal
This does not suggest a quid-pro-quo arrangement to pardons, rather than being granted on the merits, but it does suggest that even those prominent figures within the Panth were not given special treatment when accused of committing female infanticide.

Another prominent figure in Sikh history, Sardar Sukha Singh, commander after the Chota Ghallughara (smaller genocide, 1746) and his wife, were excommunicated due to the accusation that they had possibly killed their daughter. The result was that the Panth expelled them. Yet, he did not desert his troop. His colleagues, however, treated him as of a lower status than the rest of them. Many questions remain: What did it mean for his colleagues to treat him of lower status? What happened to the wife? Was there evidence that they killed their daughter? What is the significance of him not leaving his troop? The information provided is what is known, and although there are many more questions to be answered, what remains is a clear sense of how someone who killed their daughter was perceived — again, not suggesting quid-pro-quo arrangements to pardons, but a sense that even those who were accepted back into the Panth were not free from the lasting consequences of their actions.

As Bhai Gurdas (c. 1558–1637), scholar, theologian, and a contemporary of four Gurus, elaborates on this idea in Kabitt Savayye (no. 419), the marks of our deeds are not easily erased:

“As a wound of an injured heals with effort and pain leaves, but the scar is visible. As a torn cloth restitched and worn covers the nakedness, but patchiness is visible. As a broken utensil repaired by coppersmith doesn’t leak water, but mending remains. Likewise, an apostate in pain who then returns to Wisdom-humility’s sanctuary and becomes virtuous, but blemish remains.”

In these two cases, members of the Panth who held a particular status were accused of and suffered the consequences of being deemed girl-killers, but even upon eventually being accepted back, their behaviors were not forgotten, and the shadow of their actions remained.

Current Context

The practice has not disappeared, but it has taken new forms. With the advent of new technologies, members of the Sikh community continue to engage in the practice of female feticide and gender pre-selection — the effects of which are seen in the state of Panjab’s male-to-female ratio, last reported in India’s 2011 census as 895 girls to 1,000 boys. This was a slight change from 2001, when the ratio was 876 girls to 1,000 boys. As a result, the Akal Takht, the highest seat of political and spiritual power of Sikhs, referenced the Rahit Maryada, or the Sikh Code of Conduct (published in 1945):
A Sikh should not kill his daughter; nor should he maintain any relationship with a killer of a daughter.”

The Akal Takht issued a Hukamnama on April 18, 2001, which edict stated that any Sikh aborting a female fetus would be excommunicated, as the practice was forbidden under Rahit Maryada. The Jathedar of the Akal Takht, Giani Joginder Singh, declared:

“To put an end to this inhuman immoral and irreligious practice, in the light of Gurmat thought and philosophy, the Five Singh Sahibans from the portals of Akal Takht Sahib order all Guru Nanak Naam Levas that no Gurmukh man or woman, on detection of a female child in the womb, should resort to the Manmukhi act of female feticide. Any person doing so is Tankhaiya. We also appeal to humankind that we should respect the individuality of every person rising above gender considerations.”

Five years later, the Shiromani Gurdwara Prabandhak Committee (SGPC) partnered with UNESCO to organize a conference in Amritsar titled “Basic Human Dignity: Foeticide and Violence Against Women.”

In Panjab, the practice of female infanticide and sex-selection is still a widespread practice — so much so that as recently as 2015, Panjabi singer Harshdeep Kaur released a song called “Nanak Di Soch” addressing the practice. In Canada, the trend of female feticide is showing up among the Sikh population, many of whom have migrated from Punjab and Haryana in the last two decades.

Thus, although the sex ratio in Panjab improved over the 10 years in between censuses, the practice of female infanticide is still prevalent within the global Sikh community — both Panjabi and Diasporic.
Although this report is focused on abortion, the practice of sex-selection (in the form of infanticide or feticide) is not confined to history and must be addressed when exploring the lived experiences of the global Panth. When it comes to the issue of female infanticide or feticide, the choice is often between abuse and honor; ridicule and prestige; vulnerability and security – people will choose honor, prestige, and security – and thus, internalizing the patriarchal devaluation of women, Panjabi women themselves will place a higher value on sons.  

The practice of female feticide is a symptom of a larger systemic issue, and of practices and realities that set women up for harder lives: dowry practices, lower literacy rates, domestic violence and sexual abuse, and financial burden. In order to lessen the prevalence of a symptom, a community must first address its underlying cause.

It is not just the tangible economic burdens that fuel the prevalence of the practice of female infanticide as a symptom. Parents tend to take pride in having more sons than daughters because people still tend to take pity on those who are not blessed with a son. Sons in the family are signs of strength and power, walking assurances of a continuation of the family name through generations. In patriarchal systems, power and status are secured through sons – sons are afforded a higher status, and secure a higher status for the people who produce them. Thus, while sons are considered assets, daughters are perceived as liabilities. In a male-dominated power structure such as this, the presence of a female in a family only really becomes legitimate if and when she gives birth to a son, which serves to further maintain and extend the patriarchal power structure, and gives her a new and higher status within that structure.

Due to the practice being so entrenched in a larger and more complex self-fulfilling and self-maintaining patriarchal system, writer and activist Mallika Sarkaria writes in her piece on abortion in the context of Panjab:

“Panjabi women must be supported in bringing about societal change, rather than punished for finding a survival mechanism for themselves and not wishing their predicament on their daughters. Without assuring women security, honor, and prestige regardless of the choice (son or daughter) they make, any law or campaign attacking sex-selection will not only be unsuccessful but also unfair.”

This practice is a symptom of gender inequality and the elements that continue to enforce a patriarchal system that devalues women while affording men a higher status. Working to change it and its symptoms requires gradual change from an individual level to a community level.
Abortion practices today

Before addressing the issue of abortion within the context of the Panth, it is important to first look at the general statistics on abortion in the regions of the world in which the largest percentages of the Panth reside. These regions are India, Canada, the United Kingdom, the United States, Australia, and Malaysia.

India

In its current form, the Medical Termination of Pregnancy Act permits abortion after consultation with one doctor up to 12 weeks. Between 12 to 20 weeks, a woman seeking abortion needs the medical opinion of at least two doctors. Exceptions are made to the 20-week ceiling if continuing the pregnancy poses a threat to either the mother or the baby’s life, but only after approval from courts. It is worth noting that the state’s word on what happens is very different from reality, as knowledge production in India is problematic. This study was conducted by the International Institute for Population Sciences (IIPS), Mumbai; the Population Council, New Delhi; and the New York-based Guttmacher Institute.

An estimated 15.6 million abortions were performed in the country in 2015. This translates to an abortion rate of 47 per 1,000 women aged 15–49, which is similar to the abortion rate in neighboring South Asian countries.

The vast majority of abortions (81%) were achieved using medication abortion (which, in India, is commonly referred to as medical methods of abortion, or MMA) that was obtained either from a health facility or another source.

Nearly 14% of abortions were performed surgically in health facilities, and the remaining 5% of abortions were performed outside of health facilities using other, typically unsafe, methods.

Out of the total 48.1 million pregnancies in 2015, about half were unintended – meaning they were wanted later or not at all. The estimated unintended pregnancy rate was 70 per 1,000 women aged 15–49 in 2015, which is similar to the rates in neighboring Bangladesh (67) and Nepal (68), and much lower than the rate in Pakistan (93).

Canada

Abortion is a common reproductive care procedure, experienced by 31% of Canadian women during their lifespan.

Federal legislation includes a requirement for each provincial and territorial health system to provide abortion services.
Each of the 13 provinces and territories determines both health policy and health services for their own jurisdiction.\(^{35}\)

Despite the legislation, abortion service availability is thought to vary within and among Canadian health systems.

The abortion rate among women aged 15–44 is 13.1 per 1,000.

The abortion rate per the estimated percentage of abortions at 21+ weeks is 0.66\%.\(^{36}\)

Close to 14.8\% of hospital abortions are done after 12 weeks.

The sex ratio in South Asian populations within Canada suggests that the practice of gender selection through abortion – which is known to occur in India – is also being practiced in Canada.\(^{37}\)

The latest study, published in the *Journal of Epidemiology and Community Health*, shows the gender imbalance persists even for the next generation of mothers, those who have lived in Canada most of their lives.\(^{38}\)

**United Kingdom**\(^{39}\)

Nine out of 10 abortions in 2017 were carried out at under 13 weeks.

About 38\% of women who had an abortion had one or more previous abortions.

About 81\% of abortions in 2017 were carried out on single women, a proportion that has remained roughly constant for the last 10 years.

Abortions where gestation is 24 weeks or over account for just 0.1\% of the total.

In 2017, 55\% of women undergoing abortions had one or more previous pregnancies that resulted in a live birth or stillbirth, up from 47\% in 2007. Over 20\% of women had a previous pregnancy resulting in a miscarriage or ectopic pregnancy, up from 14\% in 2007.

**Australia**

Abortion in Australia has always been regulated by state (previously colonial) law\(^{40}\):

- In Queensland, abortion remains a crime under the Criminal Code Act 1899 (when the state’s laws referring to abortion were written).

- In New South Wales, abortion has been a criminal offence since 1900 and remains in the NSW criminal code today. Unlawfully procuring an abortion is punishable by up to 10 years’ imprisonment.
• In Victoria, abortion is legal in the first 24 weeks of pregnancy.

• In Tasmania, abortion is legal in the first 16 weeks of pregnancy. After 16 weeks, it is still legal, but requires the approval of two doctors.

• In South Australia, abortion is legal up to 28 weeks if two doctors agree a woman’s physical or mental health is endangered by pregnancy, or if there is a risk the child is likely to be born with a serious abnormality.

• In Western Australia, abortion is legal up to 20 weeks into pregnancy, though some restrictions apply. Women must be given the opportunity to participate in counselling before a termination can be performed. Women under 16 years of age require one parent to be informed. After 20 weeks, access to abortion is very restricted. A woman must receive approval from two doctors from a statutory panel of six (appointed by the Health Minister) who agree the woman, or her fetus, has a “severe medical condition” that justifies the procedure.

• In the Northern Territory, abortion is legal up to 23 weeks of pregnancy with the approval of medical practitioners.

• In the Australian Capital Territory, abortion is legal, but it must be provided by a medical doctor in an approved medical facility.

The vast majority of pregnancy terminations in Australia are carried out in private clinics, except for South Australia and the Northern Territory, where abortions are mostly free because provision is largely public.

Australia has been following international trends and many of the available statistics point to a marked reduction in terminations across the country to a rate as low as 13.5 per 1,000 women.41

Malaysia42

The present law clearly permits abortion to be performed by a registered medical practitioner under conditions:

1. To save the life of the woman
2. To preserve physical health
3. To preserve mental health

It does not permit abortion on socio-economic grounds.

The abortion rate among women aged 15-49 is 38 per 1,000.
In the context of the United States, abortion restrictions have been introduced across the nation, and 40% of them have been abortion bans. A total of 17 bans have been enacted across 10 states so far this year. The state of Alabama enacted a near-total abortion ban that would also criminalize abortion providers, the Missouri legislature passed an eight-week ban that includes a host of other abortion restrictions, and both Arkansas and Utah enacted 18-week abortion bans in March of 2019. Mississippi and Georgia both signed “heartbeat bills,” which effectively prohibit the abortion of a fetus with a detectable heartbeat (though, in this case, the “heartbeat” is not really a heartbeat at all – at six weeks, the embryo is forming what will eventually develop into mature systems, but both the neurological and the cardiovascular systems are very immature. The rhythm specified in the six-week abortion bans is a group of cells with electrical activity and do not refer at all to any kind of cardiovascular system). There are at least five other states working to pass anti-abortion bills.

Based on the latest state-level data, approximately 879,000 abortions took place in the United States in 2017 – down from around 892,000 abortions in 2016 and 913,000 abortions in 2015.

The following statistics are from the Guttmacher Institute:

- In 2015, 91% of abortions in the US were performed within the first trimester, with 65% performed at or under eight weeks gestation.

- 59% of abortions in the US in 2014 were obtained by patients who were already parents to at least one child.

- 75% of abortion patients in the US in 2014 were poor or low-income. Just 26% of patients had incomes of 100–199% of the federal poverty level, and 49% had incomes of less than 100% of the federal poverty level ($15,730 for a family of two).

- The reasons patients gave for having an abortion underscored their understanding of the responsibilities of parenthood and family life.

- The three most common reasons – each cited by 75% of patients – were concern for or responsibility to other individuals, the inability to afford raising a child, and the belief that having a baby would interfere with work, school, or the ability to care for dependents. Half said they did not want to be a single parent or are having problems with their husband or partner.
• 51% of abortion patients in the US in 2014 were using a contraceptive method in the month they became pregnant, most commonly condoms (24%) or a hormonal method (13%).

• 1 in 4 US women will have an abortion by the time they are 45.

Global

The World Health Organization defines unsafe abortion as a procedure for terminating a pregnancy that is performed by an individual lacking the necessary skills or in an environment that does not conform to minimal baseline medical standards, or both. Unsafe abortion is common in places where abortion is illegal. Almost 50% of all abortions worldwide are unsafe, and almost all unsafe abortions occur in developing countries. Highly restrictive abortion laws are not associated with lower abortion rates. The abortion rate is 37 per 1,000 women in countries that prohibit abortion altogether or allow it only to save a woman’s life, and 34 per 1,000 in countries that allow abortion without restriction as to reason. In countries where abortion remains unsafe, it is a leading cause of maternal mortality. Women who have unsafe abortions are at risk of serious and life-threatening medical problems, including “incomplete abortion, hemorrhage, infection, uterine perforation (caused when the uterus is pierced by a sharp object), and damage to the genital tract and internal organs (by inserting dangerous objects such as sticks, knitting needles, or broken glass into the vagina or anus).” Around seven million women are admitted to hospitals every year for complications from unsafe abortions. Between 4.7–13.2% of maternal deaths can be attributed to unsafe abortion.50
Survey / Opinion

An online survey was conducted, asking the 2019 global Sikh community to consider the issue of abortion. A total of 1,277 self-identified Sikhs voluntary respondents from 28 different countries participated in the survey. For the accurate representation of the Sikh community in this research, only respondents who identified as Sikhs were considered. The purpose of this survey was to gain insight into Sikh thoughts and feelings surrounding the issue of abortion today.
Methodology and bias

Before sharing the survey results, it is important to point to the ways in which the structure of the survey and the mode of presentation and wording for various questions portrayed an anti-abortion bias that was unintentional and resulted in many respondents feeling alienated. First, the original survey stated that respondents did not have to answer all of the questions and could move onto the next question, but the survey did not actually allow for this. This resulted in some respondents quitting the survey or clicking on an answer that they might not have wanted to select simply to be able to move forward in the survey. When this was pointed out, the link was corrected and resent, resulting in two data sets, one from before and one from after the survey fix. This is a methodological error to consider when viewing the data.

The survey did not define the word “abortion.” As such, the results reflect different understandings of that word. Many understood “abortion” to mean female infanticide or feticide (an issue that this report does not address fully). Some of the constructive feedback SikhRI received voiced concern that many of the questions did not allow for a “none of the above” option or a fill-in-the-blank option for those who did not see their opinions represented by the options given. The wording of a few of the options was vague and judgmental in tone, resulting in many respondents feeling alienated by the survey and by SikhRI, and for that we apologize. SikhRI's goal is never to cast judgment upon anyone or alienate members of our community, especially when dealing with such a complex and sensitive topic.

Please view the survey results with these notes in mind.
**What gender do you most identify with?**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>54.03%</td>
</tr>
<tr>
<td>Male</td>
<td>42.71%</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>2.23%</td>
</tr>
<tr>
<td>Gender variant / Non-conforming</td>
<td>1.03%</td>
</tr>
</tbody>
</table>

The majority of respondents self-identified as Female. This was true for both Sikh and Non-Sikh respondents.

---

**What is your age group?**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-39</td>
<td>39.37%</td>
</tr>
<tr>
<td>19-25</td>
<td>28.99%</td>
</tr>
<tr>
<td>40-60</td>
<td>21.36%</td>
</tr>
<tr>
<td>Over 60</td>
<td>6.52%</td>
</tr>
<tr>
<td>Under 18</td>
<td>3.77%</td>
</tr>
</tbody>
</table>

The majority of respondents were in the age range of 26-39, followed by the age range of 19-25. Those over the age of 60 (perhaps due to the nature of the online survey) and those under 18 (perhaps due to channels that the survey was marketed through) constituted the smallest proportion of respondents.

In the first question, respondents were asked to select the option which personally informs their perspective on abortion. They were given various options to rank.
The three most common ranking orders for Sikh respondents were:

<table>
<thead>
<tr>
<th>Ranking #1</th>
<th>Ranking #2</th>
<th>Ranking #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Sikhi</td>
<td>Sikhi</td>
<td>Science</td>
</tr>
<tr>
<td>2 Spirituality</td>
<td>Spirituality</td>
<td>Law</td>
</tr>
<tr>
<td>3 Personal life experience</td>
<td>Science</td>
<td>Personal life experience</td>
</tr>
<tr>
<td>4 Family &amp; Friends</td>
<td>Personal life experience</td>
<td>Family &amp; Friends</td>
</tr>
<tr>
<td>5 Science</td>
<td>Family &amp; Friends</td>
<td>Spirituality</td>
</tr>
<tr>
<td>6 Law</td>
<td>Law</td>
<td>Sikhi</td>
</tr>
</tbody>
</table>

The most common choices for Rank #1 were (1) Sikhi, (2) Science, and (3) Personal life experience.

In the second question, respondents were asked to select the option(s) that best reflect their understanding of where life begins. The results were as follows:

<table>
<thead>
<tr>
<th>Where does life begin? (Select One)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At conception (when the egg is fertilized)</td>
<td>42.20%</td>
</tr>
<tr>
<td>When the fetus has a heartbeat (around 6 weeks)</td>
<td>21.10%</td>
</tr>
<tr>
<td>At birth (natural or medical procedural)</td>
<td>11.41%</td>
</tr>
<tr>
<td>When the fetus is viable (can survive outside of the womb at 28 weeks or the beginning of third trimester)</td>
<td>12.69%</td>
</tr>
<tr>
<td>When the fetus has regular and sustained brain activity (around 25 weeks)</td>
<td>8.23%</td>
</tr>
<tr>
<td>When the fetus is able to move (around 16 weeks)</td>
<td>4.37%</td>
</tr>
</tbody>
</table>

Although the most commonly selected answer was that life begins at conception (42.2%), the majority of Sikh respondents selected that life begins at some time after conception (57.8%). Among female-identifying Sikh respondents, about 59% said that life begins some time after conception.
In the third question, respondents were asked to select the option(s) that reflect why they believe people get abortions. Here, one of the options, “Convenience,” was worded poorly and suggested judgment towards those who choose to abort. Many people who provided feedback to SikhRI voiced concern about this word. With this question, a better option would have been worded “Current life situation,” as we hoped to better gauge whether survey respondents viewed abortion with the understanding that some people simply do not want children at all, or at a certain time in their lives. This option was not conveyed as SikhRI would have liked it to be, and for that we apologize.

Of the Sikh respondents:

<table>
<thead>
<tr>
<th>Why do women get abortions? (Rank)</th>
<th>% of Total</th>
<th># of Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health issues (risk to mother or fetus)</td>
<td>36.62%</td>
<td>427</td>
</tr>
<tr>
<td>Rape or incest</td>
<td>18.78%</td>
<td>219</td>
</tr>
<tr>
<td>Convenience</td>
<td>16.64%</td>
<td>194</td>
</tr>
<tr>
<td>Financial issues</td>
<td>15.35%</td>
<td>179</td>
</tr>
<tr>
<td>Feticide (gender selection)</td>
<td>12.61%</td>
<td>147</td>
</tr>
</tbody>
</table>

Sikh respondents by gender:

<table>
<thead>
<tr>
<th>What gender do you most identify with?</th>
<th>Why do women get abortions? (Rank)</th>
<th>% of Total</th>
<th>Number of Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Health issues (risk to mother or fetus)</td>
<td>19.23%</td>
<td>31.53%</td>
</tr>
<tr>
<td></td>
<td>Rape or incest</td>
<td>11.54%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Convenience</td>
<td>26.92%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial issues</td>
<td>26.92%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feticide (gender selection)</td>
<td>16.67%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Health issues (risk to mother or fetus)</td>
<td>25.00%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rape or incest</td>
<td>25.00%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Convenience</td>
<td>16.26%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Financial issues</td>
<td>25.00%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feticide (gender selection)</td>
<td>33.33%</td>
<td></td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>Health issues (risk to mother or fetus)</td>
<td>19.23%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rape or incest</td>
<td>11.54%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Convenience</td>
<td>26.92%</td>
<td></td>
</tr>
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</tr>
<tr>
<td></td>
<td>Feticide (gender selection)</td>
<td>16.67%</td>
<td></td>
</tr>
<tr>
<td>Gender Variant / Non-Conforming</td>
<td>Health issues (risk to mother or fetus)</td>
<td>25.00%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Convenience</td>
<td>16.67%</td>
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</tr>
<tr>
<td></td>
<td>Financial issues</td>
<td>33.33%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Feticide (gender selection)</td>
<td>25.00%</td>
<td></td>
</tr>
</tbody>
</table>
The majority of Sikh respondents who identify as women ranked the reasons as:

1. Health issues
2. Rape or incest
3. Financial issues
4. Feticide
5. Convenience

The majority of Sikh respondents who identify as men ranked the reasons as:

1. Health issues
2. Convenience
3. Rape or incest
4. Financial issues
5. Feticide

Based on feedback, the disparity in the ranking of the “Convenience” option is likely due to respondents who identify as women feeling alienated and judged by the wording of that option, and so ranking it last. The gender disparity in this question is important to note. Convenience being more highly ranked by those who identify as men than those who identify as women highlights the influential nature of the dominant narratives that exist on this topic (that people are getting abortions out of vanity or selfishness rather than serious health considerations, considerations of finance, stigma, and other elements that inform this decision). It also shows how powerful these narratives can be for people who are further removed from this issue.

The “why” when it comes to the question of abortion can also be taken as a cultural understanding. When separating out the top three countries of Sikh respondents (1) USA, (2) Canada, and (3) India the responses showcased a cultural narrative.

Sikh respondents in North America (USA and Canada) ranked the reasons in the same manner:

- Health
- Rape or incest
- Financial
- Convenience
- Feticide

Sikh respondents from India ranked the reasons as:

- Health / Feticide
- Convenience
- Financial / Rape or incest
Respondents were then asked who has the authority to make the final decision when it comes to the practice of abortion. The majority of Sikh respondents felt that the person who is pregnant had the final decision.

Finally, respondents were asked if Sikh institutions should play a role in providing support and resources to those considering abortion, and the majority selected "yes":

**Should Sikh institutions provide support to those considering abortion?**

- **YES** 77.02%
- **NO** 22.98%
Respondents were then given room to elaborate on how Sikh institutions can play a role. Most suggestions mentioned:

1. Financial help
2. Counseling
3. Education

Followed by:

4. Information
5. Resources
6. Guidance
7. Options
8. Awareness

Overall, the responses outlined that members of the global Sikh Panth take into account Sikhi, science, and personal life experience when forming opinions about the issue of abortion. The majority of respondents believe life begins at some time after conception, and that health issues are the number one reason that people seek abortions. The responses outlined a clear belief that Sikh institutions should play some role in providing support and resources for those considering abortion, but that ultimately the decision is the individual's alone.
Recommendations

**Individual**

1. Is abortion a better option for you because of (a) experience of sexual violence, (b) maternal and/or fetal health issues, or (c) either mother or child is at risk of death?

**Recommendation:** Seek medical and psychological support, Sikh spiritual and practical advice from a qualified Granthi, social worker, or counselor (if available in the vicinity) before finalizing a decision.

2. Are you under pressure from family or partner to (a) only birth a male child, (b) forfeit certain familial rights or privileges, (c) accept potential abuse or violence, or (d) confront dowry-like demands?

**Recommendation:** Seek legal and psychological support, Sikh spiritual and practical advice from a qualified Granthi, social worker, or counselor (if available in the vicinity) before finalizing a decision.

3. Are you considering abortion because you (a) are not ready to be a parent, (b) have financial constraints that will make it difficult to raise a child, or (c) are not receiving support and cooperation from your partner?

**Recommendation:** Seek parenting and psychological support, Sikh spiritual and practical advice from a qualified Granthi, social worker, or counselor (if available in the vicinity) before finalizing a decision.

4. Are you having trouble finding support amongst your family and friends?

**Recommendation:** Identify individuals who can provide support without judgment, and lean on them. Choose your own sangat (collective), reach out to those who you sense are living in an awareness and who would willingly listen to you, act as a sounding board, and offer you non-judgment and support.
Institutional

1. Develop resources to educate teens and adults on sexuality, parenting, and responsibility from a Sikh angle, and provide Sikhi-oriented psychological counseling in a professional and confidential environment.

2. Provide access to contraceptive services so fewer people seek abortions while recognizing many consider that in itself to be an issue.

3. Direct individuals toward Sikh spiritual and practical advice from a qualified Granthi, social worker, or counselor.

4. Do not recommend blanketed general advice, instead approach this issue on a case-by-case basis. In a relationship where there is mutual trust, love, and respect, a couple most likely will not come in for counseling as they would have sorted it out by themselves. However, in a relationship where these things are lacking, it is best for all parties involved to approach things confidentially, contextually, and sensitively.

5. Discourage any values judgements on those who have undergone the procedure.

When it comes to the issue of abortion, the conversation inevitably ends up at arguments about religious versus political authority. These authorities are not the ones to turn to when beginning to think about this issue. Instead, it is important to learn how to cultivate *Miri-Piri* (political-spiritual) within and imbibe a Sikh worldview. Changes on an individual level will also allow for changes at a community and institutional level where women feel supported and empowered in all facets of their lives.

On an institutional level, Sikh institutions must address sex education in a realistic way (abstinence-only education is not only not helpful but also has no proof of being effective). Comprehensive sex education has been proven to delay the onset of sexual debut (i.e. when adolescents start having sex for the first time) and decreased risk taking.\(^5\) Sikh charities can diversify their seva to include pregnancy and abortion related counseling and support, including financial support. Sikh institutions must provide resources addressing sexuality and parenting, and offer support in the form of counseling for those who seek it while making a decision or after having made a decision and have undergone the procedure.

SikhRI acknowledges the on-the-ground realities of many Sikh institutions and Gurduaras – many “qualified Granthis” may have no formal training and, with most Granthis being people who identify as men, consulting one for guidance is not always a realistic option. Often, those who are able to become pregnant will feel more comfortable speaking with a person who identifies as a woman. It is also helpful to bring in a counselor who is not a member of the local sangat, as some may be hesitant to talk to someone who knows them already due to stigma. These factors must be considered by Sikh institutions as they seek to accommodate and support the various needs of members of the sangat.
Understand too that abortion is not as simple as a happily married couple getting pregnant and making a joint-decision – making sweeping recommendations and judgments is harmful, and every case should be taken in its own context. Institutions and individuals must also recognize that it is not anyone’s role to convince someone one way or another what decision they should make, but instead to provide an environment of non-judgment and support.

That [One] lives in it after making the creation.
The [person] who reflects on time (life opportunity) becomes One’s-own.
Creation is, cannot be valued.
If it is valued, it cannot be explained.
[People] who reflect on the law, without resolving, how can [they] find the end?
[Those who] make conviction the bowing, make mind-[fullness] the objective.

— Guru Granth Sahib, 83-84
References

We present the direct references from the Guru Granth Sahib in original Gurmukhi as follows:

i. ਬ੍ਰਹਮਨ ਮੋਹ ਸਤ ਸੰਤ ਹੋਇਆ ਡਿੱਤੇ।

ii. ਮੋਹ ਕੋਉਂਦਰ ਦੁਬਾਰਾ ਸਿਸੀਲੀ ਹੋਇਆ।

iii. ਮੋਹ ਕੋਉਂਦਰ ਦੁਬਾਰਾ ਸਿਸੀਲੀ ਹੋਇਆ।

iv. ਬ੍ਰਹਮਨ ਮੋਹ ਸਤ ਸੰਤ ਹੋਇਆ।

v. ਪੁਰਾਣ ਨੂੰ ਰਾਸਨਾਂ ਦੇ ਰਾਸਨਾਂ ਦੇ ਸਿਸੀਲੀ ਹੋਇਆ।

vi. ਬ੍ਰਹਮਨ ਮੋਹ ਸਤ ਸੰਤ ਹੋਇਆ।

vii. ਬ੍ਰਹਮਨ ਮੋਹ ਸਤ ਸੰਤ ਹੋਇਆ।

viii. ਬ੍ਰਹਮਨ ਮੋਹ ਸਤ ਸੰਤ ਹੋਇਆ।

ix. ਬ੍ਰਹਮਨ ਮੋਹ ਸਤ ਸੰਤ ਹੋਇਆ।

x. ਬ੍ਰਹਮਨ ਮੋਹ ਸਤ ਸੰਤ ਹੋਇਆ।

xi. ਮੋਹ ਕੋਉਂਦਰ ਦੁਬਾਰਾ ਸਿਸੀਲੀ ਹੋਇਆ।

xii. ਮੋਹ ਕੋਉਂਦਰ ਦੁਬਾਰਾ ਸਿਸੀਲੀ ਹੋਇਆ।

xiii. ਮੋਹ ਕੋਉਂਦਰ ਦੁਬਾਰਾ ਸਿਸੀਲੀ ਹੋਇਆ।

xiv. ਮੋਹ ਕੋਉਂਦਰ ਦੁਬਾਰਾ ਸਿਸੀਲੀ ਹੋਇਆ।

All transcreations are by Harinder Singh, unless otherwise indicated.
References


3. Ibid, p. 125

4. Ibid, p. 126

5. Ibid, p. 127

6. Ibid, p. 130


12. Ibid, p. 66


15. Ibid, p. 84

16. Ibid, p. 109


27. Ibid, p. 53


34. Canada Health Act, (1985), accessed May 28, 2019


44. Adam Rogers, “‘Heartbeat’ Bills Get the Science of Fetal Heartbeats All Wrong,” (Wired, 2019)

45. Eric Levenson, “Alabama’s anti-abortion law isn’t alone. Here are all the states pushing to restrict access,” (CNN, 2019)


Retrieved from: https://www.who.int/news-room/fact-sheets/detail/preventing-unsafe-abortion

51. Guttmacher Institute, “Sex Education Linked to Delay in First Sex,” (2012)