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REPRODUCTIVE AUTONOMY OF MINOR RAPE SURVIVORS

-ANKITA MISHRA

S v. Union of India & Ors.

CITATION: Civil Appeal No. of 2026 (@ SLP(C) No. 14454/2026)

BENCH: Justice B.V. Nagarathna and Justice Ujjal Bhuyan

INTRODUCTION

This case is a significant development in Indian reproductive-rights jurisprudence because the Supreme Court permitted the termination of a 28-week pregnancy of a 15-year-old minor girl. The Court treated the matter not as a purely medical or statutory issue, but as one involving constitutional rights under *Article 21 of Indian Constitution*¹, especially the rights to dignity, bodily integrity, privacy, and reproductive autonomy.

The decision is important because it shows that courts may go beyond the strict limits of the *Medical Termination of Pregnancy Act, 1971*² frameworks in exceptional cases where the pregnant person is a minor, and the pregnancy is unwanted. It also reflects the Court's concern that forcing a minor to continue such a pregnancy can cause serious psychological, emotional, social, and physical harm. In that sense, the judgment strengthens the view that a woman's choice regarding her body remains central, even when the pregnancy is at an advanced stage.

¹ Indian Constitution, 1950. Art. 21

² Medical Termination of Pregnancy Act, No. 34 of 1971, INDIA CODE (1971)

This commentary can therefore begin by presenting the case as one that balances statutory abortion law with constitutional justice and ultimately gives priority to the welfare and autonomy of the minor.

FACTS OF THE CASE

The appellant was the mother of a 15-year-old minor girl who was found to be approximately *27 weeks pregnant* in the first week of April 2026. After noticing unusual heaviness in her daughter's abdomen and being unable to ascertain the last menstrual cycle, the mother took her for *medical consultation on 10th April 2026*, where an ultrasound scan revealed a live pregnancy. On the same day, she approached several doctors and medical clinics seeking medical termination of pregnancy, but they all refused to perform the procedure.

Thereafter, on *13th April 2026*, the appellant filed a writ petition before the Delhi High Court seeking permission for termination of pregnancy under the *Medical Termination of Pregnancy Act, 1971³, the MTP Rules⁴, and the 2017 guidelines issued by the Ministry of Health and Family Welfare⁵*. On *15th April 2026*, the High Court directed AIIMS, New Delhi, to constitute a Medical Board to examine the minor girl, and the *Board submitted its report on 18th April 2026*. The High Court, however, *dismissed the petition on 21st April 2026* after relying on the medical report and holding that termination could affect the minor's future reproductive health.

The appellant then approached the Supreme Court. Before the Court, it was stated that the pregnancy arose out of a consensual relationship between two minors, that the pregnancy was unwanted, and that the minor had suffered severe mental trauma and attempted suicide twice after learning about the pregnancy.

ISSUES BEFORE THE COURT

1. Whether the Supreme Court could permit termination of pregnancy beyond the statutory limit prescribed under the MTP Act?
2. Whether forcing a minor girl to continue an unwanted pregnancy violates her fundamental rights under Article 21 of the Constitution?

³ *id*

⁴ Medical Termination of Pregnancy Rules, 2003, Gazette of India, Extraordinary, Part II, sec. 3(ii) (Dec. 13, 2003)

⁵ Ministry of Health & Family Welfare, Government of India, *Guidance Note for Medical Boards for Termination of Pregnancy Beyond 20 Weeks of Gestation* (2017).

3. Whether constitutional courts can grant relief in situations where statutory remedies under the MTP Act are unavailable?
4. Whether reproductive autonomy and bodily integrity override considerations relating to foetal viability?

ARGUMENT OF BOTH THE PARTIES

APPELLANT

The counsel appearing for the appellant contended that the pregnancy of the 15-year-old minor girl was the result of a consensual relationship with a 17-year-old boy and that the pregnancy was completely unwanted. The appellant argued that the Delhi High Court failed to properly appreciate the extraordinary circumstances of the case and ignored the *Guidelines dated 14 August 2017 issued by the Ministry of Health and Family Welfare*⁶, which permit termination of late-term pregnancies in exceptional situations involving minors.

It was further submitted that the continuation of the pregnancy had caused immense psychological trauma to the minor girl. The counsel emphasized that the girl had attempted suicide on two occasions after learning about the pregnancy, which clearly reflected her severe emotional distress and unwillingness to carry the pregnancy to term.

The appellant also argued that forcing the minor girl to continue with the pregnancy against her wishes would amount to a violation of her fundamental rights guaranteed under *Article 21 of the Constitution of India*⁷, particularly her; rights to life, dignity, bodily integrity, and reproductive autonomy.

The counsel therefore prayed that the impugned order of the Delhi High Court be set aside and permission for medical termination of pregnancy be granted in the interest of the minor girl's physical and mental well-being.

RESPONDENT

The learned Solicitor General and Additional Solicitor General appearing on behalf of the Union of India, along with the counsel for the State, opposed the plea for termination. They argued that the pregnancy was already at an advanced stage and medically normal, and

⁶ *id*

⁷ *supra, note 1*

therefore the minor girl should be permitted to deliver the child instead of undergoing termination.

The respondents further submitted that if the child was born, the State would ensure proper care and protection for the newborn. It was argued that if the minor girl was unwilling to raise the child, the State would facilitate adoption procedures so that the child could be placed with adoptive parents.

Relying upon the report of the Medical Board constituted by *All India Institute of Medical Sciences (AIIMS)*, the respondents contended that termination of pregnancy at such a late stage could involve medical risks and adversely affect the future reproductive health of the minor girl. Since the Medical Board had indicated that the foetus could survive if delivered with medical support, the respondents argued that the request for termination ought to be rejected.

Accordingly, the Union of India and the State requested the Supreme Court to dismiss the appeal and uphold the order of the Delhi High Court.

JUDGEMENT

The Supreme Court allowed the appeal and set aside the Delhi High Court's order, holding that the minor girl could undergo medical termination of pregnancy. The Court took the view that this was an exceptional case where the girl's welfare, dignity, and reproductive autonomy had to be given greater importance than a strict reading of the statutory limit under the *MTP Act*⁸. It also directed that the procedure be done at AIIMS with full medical precautions and that the mother gives an undertaking on behalf of her minor daughter.

The Supreme Court also made it clear that the absence of a formal psychiatric disorder does not mean the minor was not suffering mentally. In the Court's view, real distress, trauma, fear, and emotional breakdown can exist even if a medical board does not diagnose a psychiatric illness. This was an important part of the judgment because it showed that the Court looked beyond the medical report and considered the minor's actual lived condition.

The Court referred to *X v. Health and Family Welfare Department*⁹, in that case, the Court had held that reproductive autonomy is part of *Article 21*¹⁰ and that every pregnant woman has the right to decide whether to continue or terminate a pregnancy. That decision was used to

⁸ *supra*, note 2

⁹ *X v. Principal Secy., Health & Family Welfare Dep't, Govt. of NCT of Delhi*, (2022) SCC OnLine SC 1321.

¹⁰ *supra*, note 1

support the idea that reproductive choice belongs to the woman herself and that forced continuation of pregnancy can violate bodily integrity and decisional autonomy.

Another important part of the judgment was the Court's rejection of the argument that the minor should simply deliver the child and then give the baby up for adoption. The Court said that this is not the correct way to look at the matter, because the issue is the pregnant girl's choice and well-being, not only the future of the unborn child. It stressed that a woman or girl cannot be compelled to carry an unwanted pregnancy to term against her will just because adoption is possible later.

The Court also referred to *A (Mother of X) v. State of Maharashtra & Others*¹¹. In that case too, the Court had allowed termination of a 30-week pregnancy of a minor girl in similar circumstances. The present judgment relied on that case to show that the Court has already recognized, in comparable situations, that the welfare and autonomy of a minor girl can justify permission for late-term abortion.

The Court also said that constitutional courts cannot take a narrow approach when statutory relief is unavailable. In other words, if the *MTP Act*¹² does not cover a particular situation because the pregnancy has crossed the usual time limit, that does not mean the court must refuse relief altogether. The Court treated the Constitution as a higher source of protection, especially when a minor's bodily autonomy and mental health are at stake.

CRITICAL ANALYSIS

This judgment is strongly progressive because it places the minor girl's autonomy, dignity, and mental well-being at the centre of the decision. The Court rightly recognized that a pregnancy is not only a physical condition; it can deeply affect a person's mind, education, future, and sense of self. In that sense, the decision goes beyond a narrow medical approach and treats reproductive choice as a real constitutional right.

One of the biggest strengths of the judgment is that it refuses to reduce the case to a technical issue under the *MTP Act*¹³. The Court clearly says that when statutory relief is unavailable,

¹¹ *A (Mother of X) v. State of Maharashtra & Ors.*, Civil Appeal No. 827 of 2026 (Supreme Court of India).

¹² *supra*, note 2

¹³ *supra*, note 2

constitutional remedies may still be granted. This is important because otherwise the law would fail the very people it is meant to protect in exceptional situations.

At the same time, the judgment may invite some criticism. It stretches the constitutional power of the Court beyond the ordinary statutory framework, which some may see as creating uncertainty in abortion law.

Another possible concern is the tension between the rights of the pregnant minor and the State's interest in protecting foetal life. The Court clearly prioritizes the girl's wishes, but it gives less importance to the broader ethical debate about late-term termination. Still, the Court's approach is understandable because it treats the minor as a rights-bearing individual rather than as a passive subject of medical or legal control.

CONCLUSION

This case is an important step in the development of reproductive rights in India. The Supreme Court made it clear that when a minor girl is facing an unwanted pregnancy and severe mental distress, her welfare and constitutional rights under Article 21 must be given priority over a rigid application of statutory limits.

The judgment also shows that courts should look at the real condition of the pregnant person, not only at medical reports or technical rules. By allowing termination, the Court protected the minor's dignity, autonomy, and future well-being, and reinforced the idea that no woman or girl should be forced to carry an unwanted pregnancy against her will.