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LEGAL PROTECTION OF REPRODUCTIVE AUTONOMY OF WOMEN AND MINOR VICTIMS OF SEXUAL ASSAULTS: ROLE OF COURTS

Dr. N. Brajakanta Singh
Assistant Professor, Department of Law, Dhanamanjuri University, Imphal.
ORCID iD**:** Brajakanta N: https://orcid.org/0000-0001-5732-9470
Dr. O. Satyabati Devi
Assistant Professor, Department of Law, Dhanamanjuri University, Imphal.

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Abstract

A beautiful phase in a woman's life is motherhood, and a woman, including a pregnant woman, has an unassailable right to prefer whether to or not to reproduce. Procreative rights of women are not limited to the right to have or not to have a child. It also comprises a bunch of freedoms and rights that empower a woman to choose at will on all matters relating to her sexual and reproductive well-being. However, a woman is usually entangled with complex family, community, religion and caste factors, beliefs and notions. These societal notions influenced when a woman wishes to exercise freedom and autonomy over her reproductive rights and health. The decision to undergo abortion or not without influence of a third party is the intrinsic component of reproductive autonomy. The termination of pregnancy in the country is regulated the Medical Termination of Pregnancy Act, 1971. This article reviews the roles of Courts in ensuring reproductive autonomy, particularly of minor victims of sexual assaults. It argues that the Constitutional courts in India have played a significant role in protecting reproductive rights and autonomy of women, especially, minor victims of sexual assault.

Keywords: Abortion, Constitutional Courts, Health, Legal framework, Reproductive autonomy.

1. Introduction:

Motherhood is regarded as a beautiful phase in a woman's life. She has an inalienable freedom to take a decision on whether to or not to procreate, including the choice of terminating an unwanted pregnancy. The scope of reproductive autonomy of a woman is not limited to her choice to have a child but includes a bunch of freedoms and rights that empower her to choose at will all matters relating to her sexual health and reproductive wellbeing. Reproductive autonomy also comprises the freedom and entitlements regarding access to information about sexual health, freedom to choose the use of contraceptives or when to have child or about the number of children which she can bear or access to safe and legal termination of pregnancies, and the right to procreative well-being. Every woman shall be guaranteed of these rights free from coercion or threat. She must have the autonomy to take the choices freely and independently. However, a woman is commonly entangled with intricate family, community, caste factors and religious beliefs that surely affect her decision making in exercising her

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reproductive autonomy and control over her body, especially in matters relating to procreative decisions. The choice to terminate or not to terminate pregnancy is made out of complexed life circumstances, which only she can decide on her own terms independently free from any external influences or interferences. Of course, she can approach the Judiciary for a fair and appropriate remedy. Every pregnant woman shall have the unbridled freedom to decide whether to undergo or not to undergo termination of pregnancy on her own terms uninfluenced by any societal factors or by a third party. In India, termination of pregnancy is governed and regulated by the Medical Termination of Pregnancy Act, 1971 (hereinafter MTP Act). The Constitutional courts also have been safeguarding reproductive autonomy of women and in umpteen number of cases, have permitted termination of pregnancies, under the MTP Act, of minor victims resulted from sexual assault. This article examines the legal protections and landmark judicial decisions in ensuring reproductive autonomy, particularly of minor victims of sexual assaults. It argues that in the case of sexual assault, denying a woman's right to medical termination of pregnancy and compelling her to continue a mother's responsibility against her will are clear deprivation of her fundamental right to live with dignity.

2. Reproductive autonomy of women in India

Right to reproductive autonomy of a woman is often weakened because of her status in society. Enjoyment and fulfilment of this right depend on her ability of to act as an independent adult having full legal capacity to participate in civil society and without any discrimination. On the other hand, if the right of reproductive choice is deprived, all other human rights, be it civil and political, economic and social, have only limited influence to advance the well-being of women.[i] The United Nations International Conference on Population and Development (ICPD) held in Cairo in 1994 wherein about 180 nation-states had accepted a groundbreaking Programme of Action and the ICPD called for women's reproductive health and rights to take centre stage in national and global development efforts. The ICPD recognized reproductive rights as human rights, comprising the freedom to make decisions concerning reproduction, without discrimination, coercion and violence. [ii] The approach espoused at the ICPD was based on the real concerns of women's health and well-being, which are intrinsic to women and their values. The ICPD acknowledged that reproductive capacity of women was transformed from an object of population control to empowering women to exercise their reproductive and sexual autonomy and well-being in relation to their social, economic and political settings. It is well accepted that women's sexual and reproductive health are measured not only by their right to health services but also by their social status and pervasive gender discrimination. Thus, the primary principle in the development of reproductive health and population programs depends on the recognition of human rights of women to personal reproductive autonomy and collective gender equality, the ICPD asserted.[iii] Further, the Convention on the Elimination of All Forms of Discrimination against Women, 1979 (CEDAW) and the International Covenant on Economic, Social and Cultural Rights, 1966 are the milestone international human rights instruments which recognized and reinforced the reproductive rights of women. Article 12 of the CEDAW under Article 12 mandates that "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning." Similarly, Article 16(1)(e) of the

CEDAW states that States Parties will guarantee, on a basis of equality of men and women, the equal rights to decide freely and responsibly about the size of their family and the number and the gap of their children. Again, both parents shall have equal right to have access to the information, education and means to exercise these rights.

Reproductive choice and decisional autonomy of a woman is recognized as a fundamental right under the Indian Constitution. Recognition as a fundamental right empowers the Constitutional Courts of India to exercise the power of judicial review over state action, to examine whether there is any unfair, arbitrary or unreasonable infringement of reproductive autonomy of a woman, and to strike it down in case of any violation thereof. The Supreme Court of India in a significant ruling had recognized the reproductive rights of women in workplaces by prohibiting gender discrimination in the landmark decision of Air India v. Nargesh Meerza. [iv] The case relates to Air India's employment regulation that compelled a female air hostess to retire at the age of 35, or if she got married within four years of service, or upon her first pregnancy. The Supreme Court observed that the procreative rights of a woman is very important human right and nobody can stop the woman from exercising her reproductive rights in her life. Significantly, the autonomy of a woman's right to make a choice of parenting was upheld in the landmark decision of Suchitra Srivastava v. Chandigarh Administration. [v] The Court held: "[T]here is no doubt that a woman's right to make reproductive choices is also a dimension of `personal liberty' as understood under Article 21 of the Constitution of India… reproductive choices can be exercised to procreate as well as to abstain from procreating… a woman's right to privacy, dignity and bodily integrity should be respected… there should be no restriction whatsoever on the exercise of reproductive choices such as a woman's right to refuse participation in sexual activity or alternatively the insistence on use of contraceptive methods… reproductive rights include a woman's entitlement to carry a pregnancy to its full term, to give birth and to subsequently raise children."[vi] The choice regarding procreation was held by the Supreme Court to be an integral part of right to dignity protected under Article 21 of the Constitution of India.[vii]

Thus, there is no uncertainty that a woman's right to exercise reproductive autonomy is also a part of personal liberty guaranteed under Article 21 of the Indian Constitution. It is imperative to identify that reproductive rights can be exercised to procreate as well as to abstain from procreating. The society should respect a woman's right to privacy, dignity and bodily integrity. There should be no restraint whatsoever on the exercise of reproductive rights like a woman's right to refuse participation in sexual activity or alternatively the insistence on use of contraceptive methods. Thus, reproductive autonomy includes a woman's right to continue a pregnancy to its full term, to give birth and to then raise children. At the same time, there is also a mandate of the state to protect lives of the probable children and therefore, the medical termination of a pregnancy can only be allowed when the conditions specified in the relevant law have been satisfied. Henceforth, the enactment of the MTP Act, 1971 and the provisions regulating permitting termination of pregnancy can also be regarded as reasonable restrictions for the lawful exercise of reproductive autonomy.

3. Legal frameworks

In India, normally pregnancy is a reason for joy, celebration and of great hope, not only for the couple but also for their families and friends, within the institution of marriage. Many young

women are coerced or forced into their first sexual encounter and unintended pregnancies are also more common among victims of intimate partner violence. [viii]. However, pregnancy outside marriage, in most cases, is distressing, especially, after a sexual assault and is a cause for concern and distress affecting both the physical and mental health of the victim, the pregnant woman. Sexual assault of a woman is itself stressful and sexual assault resulting in pregnancy compounds the distress. This is because such a pregnancy is not planned or consensual pregnancy. The offence of rape is defined in the Bharatiya Nyaya Sanhita, 2023 (BNS) and the criteria for defining the offence of rape are grounded on the requirement of consent.[ix] The term 'consent' denotes an unambiguous voluntary arrangement when the woman by words, gestures or any form of verbal or non-verbal communication, admits willingness to participate in the specific sexual act: Provided that a woman who does not physically resist to the act of penetration shall not by the reason only of that fact, be regarded as consenting to the sexual activity.[x] But when she is under eighteen years of age consent is immaterial. The Protection of Children from Sexual Offences Act, 2012 is the special law enacted to deal with protection of individuals under 18 years of age from sexual assault, harassment and pornography, etc. by providing heavier and deterrent punishment to the offenders. [xi] Another law which prohibits marriage of minors is the Prohibition of Child Mariage Act, 2006 discouraging early marriage which has devastating consequences to minor girls.

3.1 The Medical Termination of Pregnancy Act, 1971

The MTP Act, 1971 contains the legal framework for termination of some unwelcome pregnancies. [xii] Section 3 provides the circumstances when undesirable pregnancies may be terminated by registered medical practitioners. Section 4 requires that lawful termination of pregnancy can be performed in a government or approved hospital only. Relevant provisions are reproduced herein for better appreciation of the statute.

Section 3 of the MTP Act provides the situations when undesirable pregnancies may be terminated through registered medical practitioners. Subsection (1) lays down that notwithstanding anything contained in the Indian Penal Code, 1860, [xiii] a registered medical practitioner shall not be guilty of any offence under that Code or under any other law for the time being in force, if any termination of pregnancy is conducted by him in concurrence with the requirements of the Act. Sub-section (2) laid down that subject to the provisions of sub-section (4), a pregnancy may be terminated by a registered medical practitioner, - (a) where the length of the pregnancy does not exceed twenty weeks, if one registered medical practitioner is, or (b) where the length of the pregnancy exceeds twenty weeks but does not exceed twenty-four weeks in case of such category of woman as may be prescribed by rules made under this Act, if not less than two registered medical practitioners are, of the opinion, formed in good faith, that - (i) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or (ii) there is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality.

Explanation 2. --For the purposes of clauses (a) and (b), where any pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

Sub-section (2A) provides that the norms for the registered medical practitioner whose opinion is required for termination of pregnancy at different gestational age shall be such as may be prescribed by rules made under this Act.

According to sub-section (2B), the requirement of sub-section (2) relating to the length of the pregnancy shall not apply to the medical termination of pregnancy by the medical practitioner where such termination is necessitated by the diagnosis of any of the substantial foetal abnormalities diagnosed by a Medical Board.

Sub-section (2C) mandates that every State Government or Union territory shall form a Board to be called a Medical Board for the purposes of this Act to exercise such powers and functions as may be prescribed by rules made under this Act, by notification in the official Gazette.

Further, sub-section (2D) mandates that the Medical Board shall comprise a Gynaecologist; a Paediatrician; a Radiologist or Sonologist; and such other number of members, as may be notified in the Official Gazette by the State Government or Union territory.

Sub-section (3) provides that in determining whether the continuance of a pregnancy would involve such risk of injury to the health as is mentioned in sub-section (2), account may be taken of the pregnant woman's actual or reasonably foreseeable environment.

Further, sub-section (4) (a) dictates that no pregnancy of a woman, who has not attained the age of eighteen years, or, who having attained the age of eighteen years, is a mentally ill person, shall be terminated except with the consent in writing of her guardian. While, clause (b) states that save as otherwise provided in clause (a), no pregnancy shall be terminated except with the consent of the pregnant woman.

Again, section 5A deals with protection of privacy of a woman. Sub-section (1) imposes an obligation to registered medical practitioner not to reveal the name identity of a woman whose pregnancy has been terminated under this Act except to a person authorised by law for the time being in force.

An examination of the above-mentioned provisions shows that the pregnancy can be terminated based on various conditions, as provided under section 3 sub-section (2) of the MTP Act, without intervention of the Court. The law permits termination of pregnancy even beyond 20 weeks if the life of the mother is at risk of unsafe consequences. It is submitted that if minor victims of sexual assault are compelled to give birth to child, it would affect her life including social stigmatization and mental trauma to the victim. It is miserable to think about the life spent by a victim who is carrying such foetus in her womb reminding constantly of the brutal sexual assault that she has suffered. Such victim will experience more distressing conditions as the shadow of such tragic moment do not disappear so easily. The MTP Act takes proper consideration of this mental agony and thus, lays emphasis on not only grave physical injury but also mental health of a pregnant woman. Explanation 2 of the section 3(2) provides that for the purposes of clauses (a) and (b), where any pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman. Therefore section 3(2)(i) mandates that if the continuation of pregnancy would involve grave injury to the mental health of a pregnant woman, she is entitled to apply for legal termination of the same. More importantly, if a registered medical practitioner was of the view that the termination of a pregnancy is immediately necessary to save the life of a pregnant woman, the provisions of Section 3 which

relate to the length of the pregnancy and the opinion of two registered medical practitioners shall not apply. Further, in such cases, the requirement of section 4, which deals with the place where a pregnancy may be medically terminated, shall not apply. One can safely state that the law underlines paramount importance on saving the life of the pregnant woman, rather than the length of the pregnancy. Further, as mandated in section 3 (4) (a), the pregnancy of a minor woman or major woman. who is a mentally ill person, being incapable of giving consent, can be terminated only with the consent in writing of her guardian. Furthermore, the law prohibits the disclosure of the identity of the woman whose pregnancy has been terminated under this Act except to a person authorized by law.[xiv] MTP Rules, under Rule 3-B, which concerns women eligible for termination of pregnancy up to 24 weeks, recognize inter alia, victims of rape or sexual assault or incest and minors as eligible for medical termination of undesirable pregnancy under section 3 (2) (b) of the MTP Act, for a period up to 24 weeks.

4. Role of Courts in advancing reproductive autonomy and justice

This section deals with examination of various judgments of the Constitutional courts, especially of the Supreme Court, wherein the reproductive autonomy of minor victims has been empathetically considered and fair decisions are delivered while protecting their rights. It is well settled that in exercising powers of judicial review under Articles 32 and 226 of the Constitution of India, the Supreme Court and High Courts respectively have got wider powers than what is prescribed under section 3(2) of the MTP Act, 1971 which permits a registered medical practitioner to terminate the pregnancy only when the span of pregnancy does not cross a maximum period of twenty weeks.[xv] The Supreme Court discussed the reproductive autonomy and the right to bodily autonomy of a woman in the case of X v. Principal Secretary, Health and Family Department, Government of NCT of Delhi and Anr.[xvi] and observed: "[S]ocietal factors often find support by way of legal barriers restricting a woman's right to access abortion. Only the woman can take right decision to have or not to have an abortion in the complicated life circumstances free from any external interference or influence. The reproductive autonomy demands that every pregnant woman has the intrinsic right to choose to undergo or not to undergo abortion at her own will uninfluenced by any third party." [xvii] It was also observed that the right to reproductive autonomy is closely linked with the right to bodily autonomy, meaning thereby one has a right to take decision about her body. The measure of consequences as a result of undesirable pregnancy on a woman's body and her mind is incalculable. It is true that the survival of an unborn child depends on the well-being of the mother who is biologically equipped to sustain the phase. and complications may arise which pose a risk to the life of the woman. It was also observed that a mere description of the side effects of a pregnancy cannot possibly do justice to the visceral image of forcing a woman to continue with an undesirable pregnancy. Therefore, the Court ruled that the decision to carry the pregnancy to its full term or terminate it is firmly rooted in the right to bodily autonomy and decisional autonomy of the pregnant woman. [xviii] While calling a woman's right to decisional autonomy as choosing the course of her life, it was further observed that forcing her to complete the term of unwanted pregnancy may have cascading effects for rest of her life by interrupting her education, her career, or affecting her mental health, besides physical consequences. [xix]

Permitting termination of pregnancy of a 13-year-old rape victim in the case of Murugan Nayakkar v. Union of India,[xx] the Supreme Court held that considering the trauma she had suffered because of sexual abuse, the age of the victim and the agony she is going through at present and above all, the report of the Medical Board constituted by the Court, it deems fit that the termination of pregnancy should be allowed.

In X2 v. State (NCT of Delhi), [xxi] the Supreme Court interpreted Rule 3-B of the MTP Rules purposively, recognizing that women in difficult circumstances, such as survivors of sexual violence, incest, or those facing social and financial constraints, may delay disclosure or decision-making regarding pregnancy. The Court clarified that the Rule was designed to overcome such barriers and ensure meaningful access to abortion. Pertinently, it anchored reproductive rights within Article 21 as encompassing not only the choice to have or not have children, but also access to contraception, safe abortion, and healthcare. By linking reproductive autonomy to bodily autonomy, the Apex Court affirmed that forcing a woman to carry an undesirable pregnancy violates her privacy, dignity and decisional freedom, making access to abortion an essential facet of constitutional personhood rather than a mere statutory benefit.

Later, in the case of A (Mother of X) v. State of Maharashtra & Ors.,[xxii] the Supreme Court allowed a woman's plea to terminate the over 30-week pregnancy of her daughter, challenging the decision of the Bombay High Court which rejects her plea.[xxiii] The Supreme Court held that no woman, especially a minor, can be forced to continue an undesirable pregnancy against her will, noting that doing so would cause greater trauma. The Court has reiterated that reproductive autonomy, bodily integrity, decisional privacy and dignity of a woman form integral facets of Article 21 of the Constitution of India and that no rape survivor can be compelled to continue with an undesirable pregnancy against her wishes. The Court observed: "We are also not on the question whether the relationship was consensual or whether it was a case of sexual assault although a criminal complaint has been lodged by the appellant in January 2026. That is not the issue to be considered in the present case. Ultimately, the denominator is the fact that the child to be born is not out of a wedlock and secondly, the mother to be of the child does not want to bear such a child. If the interest of the mother is to be taken note of, then her reproductive autonomy must be given sufficient emphasis. The Court cannot compel any woman, much less a minor child, to complete her pregnancy if she is otherwise not intending to do so; that would be more traumatic for a minor such as the appellant's daughter in the instant case."[xxiv] The Court ruled that if the mother's interest is to be considered, then her reproductive autonomy must be given due importance. The Bench stressed that what needed to be examined was the right of the minor daughter to continue with a pregnancy that is clearly outside marriage. It noted that she had conceived while still a minor and was now facing the consequences of that relationship. The fact that she had since turned eighteen was held to be irrelevant. Her counsel argued that forcing her to carry the pregnancy to term would cause serious mental trauma due to the social stigma attached. It was also submitted that she would effectively be compelled to give birth to a child she did not want, even if the decision to terminate had been taken late. The counsel further argued that her rights must be protected, even if termination at this stage could result in the foetus being born alive. It was emphasised that the rights of the pregnant woman should prevail over those of the unborn foetus. On the

other hand, the state submitted that if the foetus survived, there could be health complications requiring prolonged and advanced neonatal care. However, if the pregnancy was carried to term, there was also a possibility of the child being healthy, after which the woman could choose to give the child up for adoption. Accepting the submissions of the appellant, Court allowed the appeal and set aside the order of the Bombay High Court.

Recently, in S v. Union of India, [xxv] the Supreme Court permitted a 15-year-old girl from Delhi to terminate her over 28-week pregnancy. The Court noted that asking the minor to continue with her unwanted pregnancy will be an affront to her right to live with dignity and reproductive autonomy, while rendering her "subordinate" to the child yet to be born. The right to make decisions concerning one's body, particularly in matters of reproduction, is an integral facet of personal liberty and privacy under Article 21 of the Constitution of India. This right cannot be rendered ineffective by imposing unreasonable restrictions, especially in cases involving minors and unwanted pregnancies, such as in the instant case. [xxvi] It was also held that no court ought to compel any woman, and more so a minor child, to carry a pregnancy to full term against her express will. If the pregnant woman carrying an unwanted pregnancy is compelled to continue such a pregnancy, then the constitutional rights of the pregnant woman would be breached, remarked the Court. In these circumstances, denying the relief sought would compel the minor to endure irreversible consequences. Such an approach would be contrary to the constitutional ethos and the settled principles recognizing reproductive choice as a fundamental right. What is of relevance is the choice of the pregnant woman rather than the interest of an unborn child. It is easy to say that if the pregnant woman is not interested in raising the child, she may give away the child in adoption and therefore must be compelled into giving birth to the child. However, that cannot be the correct approach, particularly, in cases where the child to be born is unwanted. In such a situation, directing the pregnant woman to give birth to the child against her wishes and to forcefully continue her pregnancy would negate the welfare of the pregnant woman and make it subordinate to the child yet to be born.[xxvii] The Court further cautioned that denying relief in such circumstances could expose women, especially minors, to grave risks, including resort to unregulated procedures that may cause irreversible harm. The court also underscored minor's psychological distress, including reported attempts to take her own life, observing that forcing continuation of the pregnancy would have "long-lasting repercussions" on her mental health, education, social standing, and overall development. "We cannot compel a lady to undergo pregnancy. It will be against her bodily autonomy and liberty," remarked the court, even as the state counsels flagged concerns over the risks involved at an advanced stage of pregnancy and the state's willingness to take care of the girl and the child if she completed the full term. Allowing the petition, the Supreme Court directed that the procedure for termination of the pregnancy of the woman be carried out at AIIMS Delhi with all necessary medical safeguards, and requiring the minor's guardian to submit an undertaking consenting to the termination.

5. Conclusion

It is generally observed that a woman's right to reproductive autonomy is often weakened because of her status in society. Exercise and enjoyment of this precious right depend on her ability to act independently and courageously to participate in civil society braving any discrimination and interference from any quarter. On the other hand, in absence of the right to

reproductive autonomy, all other civil, political, economic and social rights will be of lesser meaning to her and advancement of her well-being will be limited too. In countries like India, where the society's attitude towards female sexuality is largely negative, there is little space for acknowledging the desires of adolescent girls. Adolescent girls are doubly disadvantaged as females and as minors. Inadequate access to education, scarce economic opportunities, and the incidence of domestic violence often push adolescent girls into a cycle of multidimensional poverty, restricting their capacity to develop skills and impacting their aspirations, and autonomy. The Constitutional courts, the Supreme Court of India and the High Courts, have been recognizing and safeguarding reproductive rights of women in the country. Though the statute does not provide for termination of pregnancies over the gestational stage of 24 weeks except in case of detection of substantial foetal abnormalities, as restricted by Section 3(2B) of MTP Act, the Constitutional Courts, however, have allowed termination of pregnancies even in cases where pregnancy has exceeded the limit of 24 weeks. The role of the judiciary in shaping jurisprudence around sexual and reproductive rights has been monumental. There is no doubt that a woman's right to make reproductive choices is also a dimension of "personal liberty" as understood under Article 21 of the Constitution of India. Furthermore, it is well accepted that the reproductive rights of a woman include her right to carry a pregnancy to its full term, to give birth a child and subsequently to raise the child. It is reiterated that right to privacy, dignity and bodily integrity are inalienable human rights of every woman. It is an undeniable truth that a woman can exercise her reproductive autonomy to procreate as well as to abstain from such activity on reasonable circumstances. Yet, the State also has an interest in protecting the life of an unborn child of a pregnant woman. Hence, a suitable law is enacted in the form of the MTP Act, 1971 with timely amendments to regulate the termination of pregnancy in accordance with the provisions specified in it. Thus, the conditions specified in the MTP Act can be considered as reasonable restriction imposed on the exercise of reproductive autonomy by a pregnant woman. Lastly, it is benign to conclude that depriving a woman victim of sexual assault, especially a minor, her right to medical termination of pregnancy and compelling her to give birth to a child fastening responsibility of a mother would be a great injustice to her human right to live dignity.

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[iii] *Supra note 1.*

[iv] *AIR 1981 SC 1829.*

[v] *AIR 2010 SC 235.*

[vi] *Id at para 11.*

[vii] *Justice K.S. Puttaswamy (Retd.) and Anr. v. Union of India and Ors, (2017) 10 SCC 1.*
[viii] *Bajracharya, Prabina; Thomas, Sarasu Esther; Dutta, Brototi; and Ravindareddy, Kruthika: Advancing reproductive autonomy and justice in Asia (Jindal Global Law Review, (2024), 15, 2, (255-266).*
[ix] *Section 63 of the BNS, 2023.*
[x] *Explanation to the section.*
[xi] *As amended in 2019.*
[xii] *As amended in 2021.*
[xiii] *Now BNS.*
[xiv] *Section 5A of the MTP Act.*
[xv] *Additionally, under Article 142 of the Constitution, the Supreme Court has the power to pass such decree or make such order as is necessary for doing complete justice in any cause.*
[xvi] *AIR 2022 SC 4917.*
[xvii] *Id at para 103.*
[xviii] *Id at para 104.*
[xix] *Id at para 112.*
[xx] *2017 SCC Online SC 1902.*
[xxi] *(2023) 9 SCC 433.*
[xxii] *SLP (Civil) No. 4774 of 2026, judgment delivered on February 6, 2026. It directed J J Group of Hospitals to carry out the medical termination of pregnancy, ensuring that all necessary medical safeguards are followed.*
[xxiii] *Order dated January 27, 2026.*
[xxiv] *Supra note xxii at para 16.*
[xxv] *SLP (Civil) No.14454/2026, judgment delivered on April 24, 2026. A bench of Justices BV Nagarathna and Ujjal Bhuyan allowed the minor, who had been admitted at AIIMS Delhi since April 10, to undergo medical termination.*
[xxvi] *Id at para 11.1.*
[xxvii] *Id at para 11.2.*