

Teen Rape Survivor's Choice vs. Unborn Baby's Right & Male Partner's Role to Life! Supreme Court's New Order Deviates from Precedence?

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ABSTRACT

SC bench led by 2 Judges rejected AIIMS plea against allowing a 15-year-old girl to terminate her 27-week pregnancy. Earlier rulings often denied termination if foetus was in good health. Refusing to reopen its order permitting the termination of the 27-week pregnancy of a 15-year-old girl, the Supreme Court made it clear that "an individual's choice ought to outweigh that of an institution", declining to entertain a curative plea filed!

Complying with the Supreme Court's order, a baby boy was delivered on 2 May 2026. While both the minor mother and newborn are safe and healthy, the neonate delivered after 29 weeks and 2 days weighed 1380 gm at birth. Though he was stable and did not require active resuscitation, was shifted to neonatal intensive care unit (NICU), at AIIMS for care.

It is difficult to absorb, for even a common person the Court's comment that family comes to know of pregnancy as late as after 7 months and therefore have no option other than seeking court's intervention, while it can be understood that if termination is not allowed, the family could approach quacks, putting the life of a minor girl in danger. If the mother of the teenage girl can't make out the pregnancy early in 20-24 weeks is very rare.

This ruling presents a sharp departure from precedents set by the court's own judgements.

The initial order in the latter case was passed by a different bench of Justices on 24 April 2026. It had allowed the medical termination of pregnancy, underscored the reproductive autonomy of a woman and directed AIIMS to carry out the procedure. However, the petitioners (AIIMS) argued that since it's been 30-weeks of pregnancy, the foetus is now a viable life and termination would not be successful. The child would be born with serious deformities organ failures and even the minor victim would have life-long issues, like even being unable to go through another pregnancy. But the new bench of 2 justices dismissed the review petition on Wednesday 29 April 2026. After reporting the result of this delivery on 2 May 2026, the Supreme Court dropped contempt proceedings against the Director and HFW Secretary for having complied with its orders.

Supreme Court's is silence on the right of the newborn and clarifying the Male partners in teenage out-of-wedlock pregnancy, which play a critical role is left unanswered! The bench had said that the choice and reproductive autonomy of the minor is paramount and she cannot be forced to continue a pregnancy simply because adoption is an option. A balance should have been maintained by the Court between her rights to get termination and the risk of her life terminating a life so late and survival & development challenges of the neonate delivered in the 30th week!

1. Introduction

Pro-life' v 'Pro-choice' is an issue that countries around the world continue to debate. The Medical Termination of Pregnancy Act, 1971 (as amended in 2021- MTPA), regulates the right to abortion, provides for termination of pregnancy up to 24 weeks of gestation, except if it is necessary to avoid imminent danger to the woman's life or there are substantial foetal abnormalities. Once the statutory upper limit is crossed, the Courts are the ultimate decision makers, which induce elements of subjectivity to the decision, reflected in the recent judgment where contradictory opinions have emerged over foetal viability vs reproductive choices of women^{1,2}.

The Supreme Court has strongly questioned AIIMS' plea against allowing a 15-year-old rape survivor to terminate her 30-week pregnancy, stressing that in cases of child rape there should be no rigid time limit. The Court observed that such laws must evolve with time and urged the Centre to consider amending abortion rules beyond 20 weeks, highlighting that forcing motherhood on a child amounts to deep trauma and lifelong scar³.

Supreme Court of India (SCI) took exception to all India Institute of Medical Sciences (AIIMS) New Delhi seeking reconsidering Court's order for termination of 30-week pregnancy of a 15-year-old girl. Medical professionals at AIIMS said that terminating pregnancy in 30 weeks is premature delivery and not medical termination of pregnancy as the Fetus is viable, waiting for another 4 weeks would result in normal delivery. The Judges say it is for the girl to take a call after the doctors explain pros & Cons of MTP to the girl & her parents, as she had become pregnant with 17-year-old boy^{3,4}.

Non-marital teenage pregnancy in India poses a severe burden, with nearly 7% of 15-19-year-olds initiating childbearing. While teenage pregnancy stems from early, sometimes even forced marriage, nonmarital or unintended adolescent pregnancies, lead to high rates of unsafe abortion (14% of 20 million annually) and maternal mortality. These pregnancies cause significant social stigma, school dropout, poverty and severe health risks, including anemia and obstetric complications^{5,6}.

Judges opined that medical personnel cannot become the masters of the people's will to decide for patients just because of their specialist knowledge & skills. In the fight between the Fetus and mother who had not attained legal age of marriage and father gets unheard! Court did not think of the need for taking father's opinion. Court said Government must respect a citizen's autonomy of choice as a minor can't be burdened with motherhood and lifelong stigma but kept mum on the societal and male partner's opinion³. Male partners in teenage out-of-wedlock pregnancy play a critical role, ranging from influencing pregnancy prevention to providing emotional support, participating in prenatal care and sharing the burden of upbringing the child. While often overlooked, active male involvement can improve birth outcomes, reduce the mother's stress, encourages better decision-making and navigating long-term responsibility for the child. Question of autonomy of any one of the teenage partners or their parents must not be the deciding factor⁴.

A teenage woman's nonmarital pregnancy and how such a pregnancy is resolved is an enigma Globally and in India and scarcely investigated. Very little is known about the effect of the

joint influence of the characteristics two partners' on nonmarital teenage pregnancy⁷.

This article is a review of a tricky situation between medical expertise, Judicial authority and the rights of teenage mothers but also the viable fetus and male partner going free!

2. Case Report

2.1. Case 1

2.1.1. Supreme Court's Unprecedented Order: The initial order in the case of a 15-year-old girl, her 27-week pregnancy had allowed the medical termination of pregnancy, underscored the reproductive autonomy of a woman and directed AIIMS to carry out the procedure. However, the petitioners (AIIMS) argued that since it's been 30-weeks of pregnancy, the foetus is now a viable life and termination would not be successful. The child would be born with serious deformities organ failures and even the minor victim would have life-long issues, like even being unable to go through another pregnancy. But the new bench of 2 justices dismissed the review petition on Wednesday 29 April 2026, declined to entertain a curative plea filed! and refused to reopen its order permitting the termination of the 27-week pregnancy. The Supreme Court made it clear that "an individual's choice ought to outweigh that of an institution". Complying with the Supreme Court's order, a baby boy was delivered on 2 May 2026. While both the minor mother and newborn are safe and healthy, the neonate delivered after 29 weeks and 2 days weighed 1380 gm at birth. Though he was stable and did not require active resuscitation, was shifted to neonatal intensive care unit (NUCI), at AIIMS for care. After reporting the result of this delivery on 2 May 2026, the Supreme Court dropped contempt proceedings against the Director and HFW Secretary for having complied with its orders.

This ruling presents a sharp departure from precedents set by the court's own judgements. The Supreme Court was faced with a similar case in April 2024-litigants facing late-term pregnancies with significant psychological trauma. A three-judge bench led by then chief justice of India had initially allowed the termination of the pregnancy but later recalled the permission due to statutory and viability-based constraints.

2.2. Case 2

2.2.1. Bombay high court's decision: The Bombay High Court permitted a 15-year-old rape survivor, who was 27 weeks pregnant, to undergo a Medical Termination of Pregnancy (MTP). The court found that continuing the pregnancy would cause "grave anguish" and severe mental health risks, allowing the plea filed by the minor's father, citing the need for her reproductive autonomy. The minor was 15 years and seven months old and was sexually assaulted by a neighbor. The girl, a resident of Mumbai who recently completed her 10th exam and joined a junior college and intends to continue her education. The girl had not informed her working parents about the pregnancy. Concerned over her health and a missed menstrual cycle, her mother took her to a doctor, who initially diagnosed acidity. A follow-up check-up later revealed the pregnancy. On October 31, 2025, the High Court referred her case to a medical board at Sir JJ Hospital, whose report helped inform the decision regarding the risks of continuing the pregnancy. The girl told her mother that a friend of her brother had been courting her and had established physical relations, resulting in the pregnancy. By

the time it was discovered, she was over 27.4 weeks pregnant, requiring High Court approval for termination. A medical board was constituted to examine the girl which had warned that due to her petite frame and psychological condition, she could face health complications in the third trimester, including the need for surgical intervention. The doctors recommended MTP to prevent serious mental health consequences. Since a case has been registered against the accused for sexual assault, the court directed JJ Hospital authorities to preserve tissue/DNA samples of the foetus after birth and hand them to the investigating officer to aid the criminal trial. The bench also instructed the State Government to expedite processing and disbursement of compensation to the girl under the 'Mano Dhairya Scheme' This case underlines the judiciary's role in allowing abortions beyond the standard statutory limits when the mental & physical well-being of a minor is at stake.

2.3. Case 3

2.3.1. ABC vs State Of Gujarat on 13 April, 2026: The present application has been preferred by the applicant-victim under Articles 226 and 227 of the Constitution of India along with Section 528 of the Bharatiya Nagarik Suraksha Sanhita, 2023 as well as under the provisions of the Medical Termination of the Pregnancy Act, 1971, for a direction to the respondent authority to terminate the pregnancy of the applicant-victim who is aged about 19 years, at the earliest, which is in the best interest of the victim considering her physical health and incident of rape causing grave injury to her mental health. On 09.04.2026, this Court passed the following order as the advocate appearing for the petitioner submitted that the petitioner is the victim of the offence of rape and because of the incident, she has attained pregnancy and presently, she is carrying the pregnancy of 21 weeks and 2 days. She is not desirous of continuing with the said pregnancy and therefore wants the same to be terminated medically. Having regard to the same, the team of the doctors at Sola Civil Hospital, Ahmedabad headed by the Head of the Department-Gynecology and other panel doctors shall examine the petitioner for termination of pregnancy and give their opinion about the risk factor involved in medical termination of pregnancy. The examination of the petitioner took place on 10.04.2026 and the report of examination submitted before the Court on 13.04.2026. On perusing the report, it appears that the doctors from different branches/ departments found the applicant-victim in good health and carrying a single live intrauterine fetus with gestational age of 21 weeks 06 days, medical termination of pregnancy can be performed as per the guidelines of the MTP Amendment Act, 2021. On hearing both the sides, this Court has noticed that the applicant-victim is alleged to have been raped by the accused. The Hon'ble High Court summarized the law regarding the medical termination of pregnancies and ordered for the MTP and to preserve, the tissues from the fetus to be handed over for the purpose of DNA sampling in a scientific manner to the Investigating Officer.

3. Discussions

Illegal pregnancy is no longer a crime, but it remains a legal consideration. Couples need to register the child, determine paternity and follow legal process. Supreme Court's Decision in a landmark verdict for bodily autonomy, the Supreme Court of India has ruled that no court can compel a woman, including a minor, to continue a pregnancy. The SC declared "reproductive

autonomy is a fundamental right" and must be given the highest importance. The Supreme Court has strongly questioned AIIMS' plea against allowing a 15-year-old rape survivor to terminate her 30-week pregnancy, stressing that in cases of child rape there should be no rigid time limit. The Court observed that such laws must evolve with time and urged the Centre to consider amending abortion rules beyond 20 weeks^{1,11}.



In a hugely significant ruling Friday, the Supreme Court allowed a 15-year-old girl to medically terminate her 31-week pregnancy. A bench of two Justices said compelling the child to carry the pregnancy to term violated her fundamental rights and that a woman's reproductive autonomy must be given the "highest importance." The court noted her psychological distress and the fact she had twice attempted to die by suicide and said, "Forcing her to continue is a direct affront to her right to live with dignity." The court also said the right to make decisions concerning one's body, in matters of reproduction, is an intrinsic part of personal liberty and privacy under Article 21." Her reproductive autonomy must be accorded the highest importance..." it said. "This right cannot be rendered ineffective by imposing unreasonable restrictions, especially in cases involving minors and unwanted pregnancy. "No court ought to compel any woman, more so a minor, to carry a pregnancy to term against her will," the court ruled, warning of "grave mental, emotional and physical trauma" if forced⁴.

Appearing for the AIIMS & Government MOH &FW, Solicitor General had flagged a medical report indicating risks to the minor and foetus if the termination is carried out at this stage. He argued the case had come to court beyond the statutory 24-week limit for medical terminations and that late-stage abortions carry heightened risks. SG suggested that the 15-year-old girl be made to go through a life-changing physical, emotional and hormonal roller-coaster and deliver the child and then give it up for adoption. He also suggested money be paid to her family. But the bench was not convinced. "Every time someone comes for MTP we cannot tell them to seek financial help. In India girls sometimes don't report pregnancies either due to fear or a lack of awareness till it is explicitly visible roughly 20-24-week mark. If Courts go on declining, they will stop coming to court," the judges said.

The petitioner argued the pregnancy had already severely affected her life, including her education that could be disrupted for months. "Every single day is very traumatic..."

In its order, the court highlighted long-term consequences of

forced pregnancy on a minor, including impacts on her mental health, education, social standing, & overall development. In such exceptional circumstances, the court noted, the minor's best interests must take precedence over procedural and statutory limitations for medical termination of pregnancy. "Reproductive choice is a fundamental right," the court reiterated, adding that denying relief would subject the minor to "irreversible consequences" and reinforcing the judiciary's consistent stand - that women's bodily autonomy and dignity cannot be compromised.

For Health Professionals or for even a common person the Court's comment that family comes to know of pregnancy as late as after 7 months and therefore have no option other than seeking court intervention is difficult to digest. While it can be understood that if termination is not allowed, the family could approach quacks, putting the life of a minor girl in danger and forcing motherhood on a child amounts to deep trauma and lifelong scar. It is bit surprising and difficult to absorb that the mother of the teenage girl can't make out the pregnancy till 24 weeks the permissible limit under MTP act (**Figure 1**).

Dilemma of Unwanted teenage Pregnancies: The United Nations Children Fund (UNICEF) defines "teenage pregnancy" a pregnancy when an adolescent girl becomes pregnant between the age group 13–19 years. Pregnancy in adolescents is a risk event because the body of an adolescent is still growing and not entirely prepared for reproduction¹.

As of 2019, adolescents aged 15-19 years in low- and middle-income countries (LMICs) had an estimated 21 million pregnancies each year, of which approximately 50% were unintended and which resulted in an estimated 12 million births (1). 55% of unintended pregnancies among adolescent girls aged 15-19 years end in abortions, which are often unsafe in LMICs (1). Adolescent mothers (aged 10–19 years) face higher risks of eclampsia, puerperal endometritis and systemic infections than women aged 20–24 years and babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal condition. Data on childbirths among girls aged 10–14 are getting more widely available. Globally the adolescent birth rate for girls 10–14 years in 2023 was estimated at 1.5 per 1000 women with higher rates in sub-Saharan Africa (4.4) and Latin America and the Caribbean (2.3) [4]. Six out of 10 unintended pregnancies end in induced abortion. Abortion is a common health intervention, very safe when carried out using a method recommended by WHO & GOI, appropriate to the pregnancy duration and by someone with the necessary skills. However, around 45% of abortions were unsafe in 2025. Unsafe abortion is an important preventable cause of maternal deaths and morbidities. It can lead to physical and mental health complications and social and financial burdens for women, communities and health systems. Lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue¹.

The MTP Act: The MTP act as amended in 2021 provides for **1. Till 20 weeks:** If the gestation period is till 20 weeks, a woman can terminate pregnancy based on her consent and on the opinion of one registered medical practitioner if Continuance of pregnancy would involve a risk to life/cause grave injury to her physical or mental health. Anguish caused due to i) failure of contraception pills, either by a woman or her partner, ii) pregnancy due to rape iii) a substantial risk that the child born

would suffer from a physical or mental abnormality would be presumed to constitute a grave injury to mental health or anguish. In the current case the pregnancy was not rape but a friend of her brother. First Judgment Allowing Rape Victim to Terminate Pregnancy was Reversed in current judgement as the continuation of pregnancy would not have risked the woman of grave injury, as opined by medical fraternity. If a woman is a minor or mentally ill, pregnancy can't be terminated without the consent in writing of her guardian. **2. From 20-24 Weeks:** On October 12, 2021, the Union Government notified the Medical Termination of Pregnancy (Amendment) Rules 2021, in which the categories of women eligible for abortion of pregnancy up to 24 weeks were specified as: (a) survivors of sexual assault or rape or incest; (b) minors; (c) change of marital status during the ongoing pregnancy (widowhood and divorce); (d) women with major physical (e) mentally ill women including mental retardation; (f) the foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped; and (g) women with pregnancy in humanitarian settings or disaster or emergency situations. The upper gestational limit from 20 weeks to 24 weeks was increased in the 2021 amendment and the words 'wife' and 'husband' were changed to 'woman' and 'partner' respectively, to not restrict the benefits of abortion to matrimonial relationships only. **3. 24 Weeks beyond:** The legislation doesn't talk beyond 24 weeks and parties must approach the constitutional courts under Article 32 or 226. **Rule 3A(a)(i), inserted by in the 2021 amendment, mentions that the Medical Board shall have the power to allow or deny termination of pregnancy beyond 24 weeks, considering the woman's safety & and fetal malformation's risk of being incompatible with life or the child born would be seriously handicapped.** Under the Act, it is presumed that the gestation period limitation doesn't apply when the termination is necessitated by substantial foetal abnormalities diagnosed by a Medical Board or where the medical practitioner is of the opinion that the termination of pregnancy is "immediately" necessary to save the life of the pregnant woman³.

A study of data from the 1995 National Survey of Family Growth (USA) corrected for underreporting of abortions, reported that more than 17% of teenage women are estimated to have become pregnant during their first nonmarital teenage sexual relationship. About 44% of these pregnancies result in a nonmarital birth and about 18% in a marital birth, while 37% end in an abortion.

Preventing pregnancy among adolescents and pregnancy-related mortality and morbidity are foundational to achieving positive health outcomes across the life course and imperative for achieving the Sustainable Development Goals (SDGs) related to maternal and newborn health. According to 2019 data, 55% of unintended pregnancies among adolescent girls result in abortions, many of which are unsafe in low- and middle-income countries (LMICs). Gender inequality and patriarchal norms further marginalize adolescent mothers, denying them opportunities to rebuild their lives. According to NFHS-5 (2019-21), 6.8% of adolescent girls aged 15-19 in India had already begun childbearing, a slight decrease from 7.9% in NFHS-4 (2015-16). Adolescent childbearing remains a significant public health concern, with higher rates observed among less educated, poorer and rural populations. While totally about 6.8%–7.2% of adolescent girls were pregnant or already mothers, a decline from

7.9%–8.5% reported in NFHS-4. Adolescent childbearing is significantly higher in rural areas compared to urban areas. Rates were notably higher among those with no education (19.2%) & lowest wealth quintiles. Eastern and North-Eastern regions of India reported higher rates of teenage pregnancies with West Bengal (16%) and Bihar (11%) having the highest rates. 58.3% of adolescent girls (15–19) were found to be anemic. Modern contraceptive use among adolescents was reported as low as 2.2%^{1,8}.

Teenage pregnancy in India is linked to child marriage and gender inequality. While child marriage rates have dropped (from 47% in 2005 to 24% in 2020), teenage pregnancies remain high (6.8-7.2%), especially in states like West Bengal, Bihar and Rajasthan. Key drivers of teenage pregnancies include poverty, societal norms and lack of reproductive education. Early marriage is often seen as a financial and social security solution and young brides face pressure for early motherhood to prove marital success. Teenage mothers, especially unwed girls, face stigmatization and lack institutional support, leading to school dropouts and perpetuating poverty^{5,8}. Child marriage leads to increased domestic violence, perpetuates gender inequality and limit opportunities for young girls⁵.

3.1. Epidemiology of nonmarital pregnancy

The likelihood of nonmarital pregnancy declines as age at first intercourse rises, but age does not affect how such a pregnancy is resolved. Women who are older than their first partner are more likely to become pregnant than those who are the same age and their pregnancies are less likely to end in abortion than in a marital birth. Women who are younger than their first partner are no more likely to become pregnant than other women after the effects of other characteristics considered. The male partner's education is negatively associated with the likelihood of nonmarital pregnancy but is positively associated with the likelihood of abortion if a pregnancy occurs. Differences between partners in race or ethnicity do not affect the likelihood of a nonmarital pregnancy but do increase the likelihood that such a pregnancy will end in abortion or a nonmarital birth rather than in a marital birth. In conclusions the characteristics of teenage women and their partners appear to play a role in nonmarital teenage pregnancy and its outcome. However, the estimated relationships between one partner's characteristics and the probability of a nonmarital pregnancy & its resolution are little affected by whether the other partner's characteristics are also considered^{7,9}.

A retrospective record-based research study to investigate the epidemiological aspects and clinical fetomaternal outcomes associated with teenage pregnancy (women aged 13-19), from January 2018 to December 2022, in the department of Obstetrics and Gynecology of a tertiary care center in northern part of Karnataka, India. The outcomes reported involved a total of 52,715 deliveries, 52,715 deliveries at the institute during the study period. Among these deliveries, 1,754 were among teenagers, resulting in a prevalence rate of 3.33%. Nearly one-fifth (19.16%) of teenage mothers were short stature whereas only 7.02% of adult mothers were short stature. The relatively higher proportion of teenage mothers were underweight. Maternal and fetal complications were comparatively higher among teenage mothers whereas caesarean sections were relatively more among adult mothers. This emphasizes the importance of targeted healthcare interventions, like improved prenatal care, nutritional support and education for teenage mothers⁸.

The effects of adolescent fathers on their offspring: Not surprisingly, we still know relatively little about the adolescent males' abilities to parent. Tentative evidence suggests that paternal contact is associated with enhanced social and cognitive development of children, but the amount of evidence is still too meager to draw strong conclusions about the beneficial or deleterious effects of adolescent fathers on their offspring. Research which addresses patterns of contact over time between fathers and their children in both married, unmarried as well as separated and divorced fathers is necessary to determine whether both quality & quantity of parental contact affect the development of their offspring. Considering the long-term behavioral and educational problems of both boys and girls evidenced in the follow-up of the Baltimore project, evaluation of the moderating impact of the father on these outcomes would be worthwhile. More attention should be paid to the male role in the resolution of pregnancy outcomes. Little information is available concerning the male's role in abortion decisions nor are the effects of the abortion experience on males well understood. Similarly, more information concerning the role of male partners in contrast to family and friends in adoption decisions would be helpful⁴.

Interventions Desired: While programs to modify sexual behavior, especially efforts to encourage the delay of onset of sexual activity, continue to be developed, the success of these programs has been limited. Therefore, intervention strategies aimed at more effective utilization of contraception among adolescent males & females need to continue to be developed with such programs.

4. Conclusion

In the current case a mother approached the Court for the termination of 28 weeks pregnancy of her 15-year-old daughter after the Delhi High Court refused. The High Court directed All India Institute of Medical Science (AIIMS) to constitute a Medical Board, which stated that even though the minor doesn't suffer from any psychiatric and psychological issues, termination of pregnancy may entail a significant risk, to the extent causing adverse effects on her future reproductive health. The State's approach is paternalistic in cases of termination of advanced pregnancy. Its consistent stand is that the child born will be taken care of by the State and can be given for adoption, even though the minor was unwilling and had twice attempted to take her life. A bench of Supreme Court comprising of 2 Justices stated that in cases of unwanted pregnancy, the approach of compelling a woman to give birth and then saying the child can be given for adoption is incorrect because it negates the welfare of the woman and makes it subordinate to the child yet to be born. It went beyond the statutory scheme here, which says that only in cases of substantial foetal abnormalities and risk to mother's life that the ceiling limit can be crossed. Moreover, the invocation of foetal normalcy or the fact that the pregnancy has been carried for a considerable duration as grounds to deny termination is of no constitutional persuasiveness. In the absence of foetal abnormality, the continuation of pregnancy is unobjectionable and second, that the passage of time extinguishes the pregnant woman's claim to decisional autonomy. The Court also remarked that if constitutional courts adopt the view of allowing unwanted pregnancy to continue, the women will visit illegal abortion centers.

In recent judgment, the minor may have fallen into

consensual relationships, parents may have noticed pretty late, but their consistent stand was that they wanted to terminate their pregnancy and the report of the Medical Board was silent on the psychological distress and the effect of forced pregnancy on them, despite the signs of emotional and physical damage when forced to carry out the pregnancy. The stark distinction here is that the conception was voluntary. It can't be placed on the same threshold as an unwanted teen pregnancy.

The Supreme Court of India reaffirmed a woman's right to bodily autonomy, stating that no court can force her to continue a pregnancy against her will. In a significant and sensitive case, the court permitted a 15-year-old girl to terminate her pregnancy even after it had crossed the seven-month mark, prioritizing her physical and mental well-being. The decision reflects a humane and rights-based approach, especially in cases involving minors and distressing circumstances, while also highlighting the evolving interpretation of reproductive rights under the Medical Termination of Pregnancy Act. This ruling underscores the judiciary's role in protecting individual dignity, choice and health.

Only the doctors know the best whether terminating a pregnancy of 7 months is safe or not. A balance should have been maintained by the Court between her rights to get termination and the risk of her life terminating a life so late and survival and development challenges of the neonate delivered in 30th week of pregnancy!

5. References

1. Abortion.
2. Adolescent-pregnancy
3. Right-of-foetus-v-womans-autonomy-contrasting-judicial-approaches-532610.
4. Teenage fatherhood, Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing, Volume II: Working Papers and Statistical Appendices.
5. National Family Health Survey (NFHS - 5), 2019-21 India.
6. Combating Adolescent Pregnancy in India.
7. Panda A, Parida J, Jena S, et.al. Perception, practices and understanding related to teenage pregnancy among the adolescent girls in India. *Reprod Health*.
8. Patra S. Motherhood in childhood. *Reprod Health*, 2016;13(1): 1-9.
9. The Effect of Partners' Characteristics on Teenage Pregnancy and Its Resolution, Madeline Zavodny.