Mitu Khurana: Fighting India's Contemporary Female Feticide Movement

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Abstract: In 2008, Dr. Mitu Khurana filed a case against her husband, Dr. Kamal Khurana, and her in-laws, alleging that they, in collusion with Jaipur Golden Hospital, conducted a sex-determination test on her twin fetuses without her consent. Following this, she was pressured to terminate the pregnancy after it was discovered she was carrying twin girls. After refusing to abort, she was subjected to intense physical and emotional abuse by her husband and in-laws, and societal backlash for not protecting her family honor. The sex-determination test was a direct violation of the 1994 Preconception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, which makes it illegal to conduct sex-determination tests and sex-selective abortions in India. This case study examines the gendered discrimination and legal loopholes that Mitu Khurana battled within India's contemporary female feticide movement, ultimately leading her to confront the decision of whether to continue pursuing legal action within a broken judicial system.

Content Warning: This paper contains discussions pertaining to abuse, domestic violence, and reproductive coercion, which may be distressing or triggering for some readers. Reader discretion is advised.

Introduction

On April 28, 2005, Mitu Khurana was taken to Jaipur Golden Hospital in Delhi, India after suffering a severe allergic reaction (Deshpande, 2014). Four months pregnant with twins, she had unknowingly eaten cake baked with eggs, despite having a long-standing allergy. Her in-laws accompanied her to the hospital, where doctors performed an ultrasound to assess her condition. During this visit, another ultrasound was allegedly conducted to determine the sex of her fetuses without her knowledge or consent.

Mitu Khurana had been born into a well-educated family, pursued a career in medicine, and became a pediatrician. In November 2004, she married Dr. Kamal Khurana, an orthopedic surgeon. In February 2005, Mitu Khurana discovered she was pregnant, marking the beginning of what she hoped would be a joyful chapter in her life. When her husband and in-laws learned she was carrying twin girls, they began pressuring her to terminate the pregnancy. As the months passed, emotional abuse and neglect replaced the support she had expected from her new family.

In August 2005, Mitu gave birth prematurely to her daughters. Her husband and in-laws offered no assistance, and her parents assumed responsibility for her care and the infants' medical expenses. Three years later, while sorting through old medical records, she discovered documentation from Jaipur Golden Hospital confirming that a sex-determination scan had been performed during her visit. The discovery forced her to confront a difficult decision: whether to

stay silent and move forward with her life or to take on a legal battle that could expose both her family and a system complicit in gender-based discrimination. In 2008, she chose to act, filing a case under the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PCPNDT Act)—a decision that would make her the first woman in India to do so and place her at the center of a national discourse on women's reproductive rights.

Mitu Khurana's Case

Born into a middle-class family that valued education, Mitu was very passionate about becoming a physician and working with children (Deshpande, 2014). After completing her medical training, she began working as a pediatrician in Delhi. In 2004, she moved into her husband's family home. Shortly after, her in-laws started making demands for additions to her dowry - a new car, more jewelry, an apartment (Gomez, 2015). They verbally abused her when these demands weren't met by Mitu's parents. But this took a dark turn when Mitu became pregnant early 2005 (Khurana, 2011). What began as a hopeful period quickly turned traumatic as the tensions quickly grew into deep conflict. Soon, her mother-in-law and husband insisted on a sex-determination test, an illegal procedure in India under the PCPNDT Act (Khurana, 2011). By February, when an ultrasound revealed that she was carrying twins, pressure intensified. Her in-laws made it clear that if the babies were girls, Mitu would have to abort at least one - or preferably both (Gomez, 2015). In April, she put her foot down and refused to change her decision – that she would see her babies to term regardless of their sex. Her refusal marked a shift in the household: what had thus far been verbal coercion transformed into severe physical and emotional abuse.

In April 2005, when Mitu was four months pregnant, her in-laws, fully aware of her severe allergy to eggs, baked a cake laced with eggs and insisted she eat it (Dr. Mitu Khurana v. State of NCT of Delhi & Ors. 2018). She consumed the cake, unaware that it contained eggs, resulting in severe vomiting and abdominal pain. Despite her request to be taken to Sri Ganga Ram Hospital, where she had been receiving regular prenatal care, her in-laws brought her instead to Jaipur Golden Hospital on April 28, 2005 (Dr. Mitu Khurana v. State of NCT of Delhi & Ors. 2018). There, after assessing her condition, a gynecologist, recommended an ultrasound of the kidney, ureter, and bladder to monitor possible complications from the allergic reaction (Dr. Mitu Khurana v. State of NCT of Delhi & Ors. 2018). What Mitu did not know was that along with this ultrasound, which was intended to evaluate whether the eggs had left her system, her husband and mother-in-law persuaded the staff to carry out another ultrasound scan to determine the sex of her babies. Shortly afterward, her husband and in-laws told her that she was carrying twins. But then came a pointed silence. "They didn't say anything to me, but afterwards it was clear that my husband and my in-laws knew that I was carrying girls," Mitu recalled (Chamberlain 2008, n.p.).

At the time Mitu was in disbelief. She could not believe that a sex-determination ultrasound was conducted without her consent, and although she was uncomfortable with the circumstances, she decided to believe that the discovery of her babies' sex was an accident from additional tests conducted during her checkup that she was unaware of. In 2006, however, her husband drunkenly confessed that the test had, in fact, been arranged, and Mitu was heartbroken; she had no proof or case to pursue in court, as the documents were in her husband's possession and she had no access to them at the time. It was not until 2008, while sorting through her old medical documents, that Mitu would find the medical records of the sex-determination ultrasound performed at Jaipur Golden Hospital.

Upon learning that she was carrying two girls, her husband and in-laws placed significant pressure on her to undergo a medical termination of pregnancy (Rao 2016). From the beginning of her pregnancy, they were steadfast on having a male heir because of the financial burden a girl would place on the family, not to mention twin girls. Mitu stated, “They began badgering me to have at least one of them killed. They told me we could not bring up two girls; we would not be able to afford to get them married” (Chamberlain 2008, n.p.).

When she refused again, her in-laws turned to more abuse. Her in-laws deprived her of food and water, subjected her to relentless verbal and emotional torment, and even turned her out of the house at night in numerous attempts to force her compliance (Sharma, Rajeev, and Kirti 2016). On May 17th, 2005, following a particularly violent verbal attack, she began bleeding heavily and was at severe medical risk of not only a miscarriage, but also death if she was not given the proper medical attention. Despite her requests, her husband and in-laws prevented her from seeking help from her parents and kept her locked up in a room, hoping that this could result in an abortion. Eventually, her father’s persistence forced her husband to take her to a nursing home, but even then, he drove recklessly, indifferent to the danger he posed to her and their daughters (Kanoon 2011; Shobha 2008). For the rest of her pregnancy, her husband and in-laws withdrew support, refusing to accompany her to antenatal checkups or be in communication at all. Instead, her mother stood by her side for her pregnancy (Rao 2016). At one point, her husband even accused her of infidelity, claiming that a priest had predicted he would have only one son, and therefore, the twins could not be his (Kanoon 2011). Despite everything, Mitu persevered, holding onto hope that the birth of her daughters would change their hearts (Deshpande 2014).

History of Female Feticide in India

The cultural preference for male children in India has long fueled gender-based discrimination, leading to the practice of female infanticide where newborn daughters were often killed by poisoned milk in many rural villages, beginning from the 18th century and continuing through the 1980s (Banerjee 2014). Over the last four decades, this preference has evolved into sex-selective abortions, aided by advancements in medical technology (Kanoon 2011).

The preference for male children in India has deep socio-cultural roots, fueled by traditional norms that see sons as assets and daughters as liabilities. This preference is deeply intertwined with the dowry system, a practice that has persisted despite legal efforts to eradicate it. Historically, daughters have been viewed as an economic burden due to the societal expectation that the bride's family provide a dowry upon marriage. Dowries, which can include cash, jewelry, property, and other valuable assets, were considered necessary to secure a daughter’s marriage and protect her future well-being within her new family (Deshpande 2014; Shobha 2008). In many rural and lower-middle-class communities, families begin saving for a dowry as soon as a daughter is born, often relying on loans, selling property, or pooling resources from extended family members (Banerjee 2014). This financial burden has reinforced the desire for male children, as sons are perceived to be more valuable, not only due to their inheritance rights, but also because they are expected to support their parents in old age and carry on the family name (Banerjee 2014). Although Mitu’s family was not lower-middle-class, given that both she and her husband were physicians, the concern over the amount of dowry expected from families of higher social standing played a role in her in-laws’ desire to have a male heir.

Even with legal measures like the Dowry Prohibition Act of 1961, which aimed to reduce this practice, the dowry system has continued to thrive under the radar. A 2016 study by the

Indian Institute of Public Administration (IIPA) found that 43% of families in metropolitan areas still paid dowries, with the average dowry amount ranging from ₹200,000 to ₹500,000, which is approximately $2,200 to $5,600 USD (Aravamudan 2007). In rural India, where the economic burden of dowry is most pronounced, sex-selective abortions are often seen as a way to avoid the financial strain of marrying off a daughter (Aravamudan 2007). As a result, the female-to-male sex ratio continues to decline, with some regions of India reporting alarming disparities. In Delhi for instance, the 2011 Census recorded a sex ratio of only 868 females for every 1,000 males, which is significantly lower than the national average of 929 females per 1,000 males (Kanoon 2011).

In addition to these economic pressures, religious, and astrological beliefs play a significant role in reinforcing the preference for male children (Ghosh 2022). These beliefs intensify the societal pressure placed on married women, as they face not only financial and familial expectations but also spiritual and cultural expectations (Ghosh 2022). In many households, astrologers are consulted early in a marriage to predict the sex of future children or the couple's ability to produce a male heir (Purewal 2010). This belief is also evident in Mitu's case, in which her husband denied paternity of the children because of a priest's claim that he would have only one son (Kanoon 2011). If a woman is believed to have an inauspicious horoscope or planetary alignment that might result in daughters, she may be blamed for any undesired pregnancy outcomes, which is exactly what Mitu experienced. In extreme cases, women are pressured into undergoing rituals, treatments, or even sex-selective abortions to "correct" their reproductive fate (Purewal 2010).

Dr. Mitu Khurana's case vividly illustrates how these societal beliefs can be weaponized to justify coercion and abuse within marriage. As previously mentioned, her husband accused her of infidelity, citing an astrologer's prediction that he would only father sons, implying that the girls could not be his (Deshpande 2014). This accusation highlights how astrological determinism and religious rationales can be manipulated to undermine a woman's moral standing and dignity. For Khurana, these intertwined pressures became mechanisms of violence, isolating her within her marital home and reinforcing the dangerous belief that a woman's reproductive outcomes define her worth and legitimacy.

After Birth and Filing the Case

However, when her daughters were born prematurely at seven months on August 11, 2005, the indifference and cruelty of her in-laws remained. They did not visit her or the newborns for nine days. When they finally came, her sisters-in-law expressed disdain, lamenting: "God forbid, we ever become aunts of girls again," while her mother-in-law remarked, "They were born in the seventh month, so they are not going to survive anyway" (Khurana 2011, n.p.). One of her daughters required prolonged hospitalization, but her in-laws refused to pay the medical bills, leaving her parents to take the financial burden as her in-laws had control over her money (Shobha 2008). Even with everything that had happened, Mitu still hoped for reconciliation and attempted to return to her marital home multiple times so that her daughters could still have their paternal family in their lives. However, her in-laws met each attempt with hostility. They consistently denied her support in raising her daughters in any regard (Rao 2016). After one incident, her fears of the extent to which her in-laws would go to harm her daughters came true when she witnessed her mother-in-law deliberately push her four-month-old daughter down the stairs, pretending it was an accident (Deshpande 2014). By March of 2008, the

situation had become unbearable. Her husband threw her out of the house in the middle of the night, demanding a mutual consent divorce so he could remarry and have sons (Kanoon 2011).

It was at this point that she recovered all her medical records. Upon moving into her new rented accommodation with her daughters, she was surprised to find the document of the sex-determination ultrasound with a missing consent form (Sharma, Rajeev, and Kirti 2016). She decided it was time to seek justice, filing a complaint under the 1994 Pre-Conception and Pre-Natal Diagnostic Techniques Act against her ex-husband, former in-laws, and Jaipur Golden Hospital (Rao 2016; Khurana 2011).

The Pre-Conception and Pre-Natal Diagnostic Techniques Act (PCPNDT)

To address the growing issue of the alarmingly low female sex ratio, the Indian government introduced the Preconception and Prenatal Diagnostic Techniques (PCPNDT) Act in 1994, aiming to reduce sex-selective abortions and protect the female sex ratio (Kanoon 2011). This law prohibits sex-determination tests and carries penalties of up to three years in prison and a ₹50,000 fine for a first offense. Despite its good intentions, the enforcement of this law has been weak, and the practice of sex-selective abortion remains widespread due to logistical loopholes in India’s healthcare system. Many healthcare providers continue to perform illegal sex-determination tests, often disguised as other medical procedures, exploiting flaws in the law. The lack of trained personnel to monitor these practices, compounded by insufficient funding for inspections, has weakened enforcement of the Act (Sharma, Rajeev, and Kirti 2016). Additionally, the complexity of investigating and prosecuting sex-selective practices, especially when concealed under legitimate medical procedures, has made it difficult for law enforcement to track and arrest offenders. Further, the public's reluctance to report violations is driven by fear of retaliation or social stigma, which further exacerbates the issue (Rao 2016). This systemic failure in enforcement allows illegal practices to thrive, despite legislation intended to prevent them.

When Dr. Mitu Khurana began to grasp the weight of her situation, she understood she was stepping into uncharted territory (Johnson & Benight, 2003). She was the first woman in India to file a case under the violation of the PCPNDT Act and understood that her decision to take legal action challenged a deeply ingrained culture of silence and normalized discrimination. The moment her story reached the media, Mitu sensed that this was her opportunity to speak for countless women whose voices had been stifled. She wanted to expose the psychological, emotional, and physical toll that sex-determination tests can have on a mother, which is often overlooked due to widespread fear of retaliation and the social stigma attached to speaking out against family members. For most women, silence is the only safe choice. Evidence is hard to come by, and societal expectations make defiance feel impossible. Mitu hoped that sharing her experience would inspire other women to break their silence and give visibility to many other invisible struggles women endure. Her case also exposed critical loopholes in India’s healthcare system—specifically the complicity of medical professionals in facilitating illegal sex-determination procedures. At Jaipur Golden Hospital, Mitu discovered how easily testing protocols could be manipulated for approval without the patient's knowledge or consent, and how family members can collude with medical staff to manipulate paperwork. By documenting and presenting these violations, her case became a powerful indictment of the serious gaps in ethical accountability within India's hospitals.

Constitutional Challenges to the PCPNDT

Before Mitu Khurana's case under the PCPNDT, both the High Courts and Supreme Court of India had seen many individuals challenge both the existence of the PCPNDT and its practice in law. The landmark case of *Centre for Enquiry into Health and Allied Themes (CEHAT) v. Union of India* in 2001 revealed that the PCPNDT had failed to make significant progress in reducing the gender gap because it was ineffective in practice. In response, the Supreme Court issued directives to strengthen enforcement and public awareness of the act, which were incorporated into the amended version of the PCPNDT.

Over the years, the constitutional validity of the PCPNDT Act was challenged in various courts, with petitioners often arguing that the law infringes upon personal liberty and family planning rights (Sharma, Rajeev, and Kirti 2016). However, the judiciary has consistently upheld the act, citing the broader social need to combat gender-based discrimination. One of the most significant constitutional challenges came in the 2007 case of *Vijay Sharma v. Union of India* (Sharma 2007). In this case, Vijay Kumar Sharma and his wife approached the court seeking an exception to the PCPNDT Act. As parents of two daughters, the couple argued that they wished to plan their family and hoped for a son, not out of a discriminatory preference, but to provide a brother to their daughters (Sharma 2007). They insisted that they loved children of both sexes equally and had no intention of misusing the diagnostic techniques to abort a female fetus. Instead, they presented their petition as a matter of informed family planning and parental autonomy (Banerjee 2014).

Despite the couple's reasoning, the Bombay High Court rejected their plea (Sharma 2007). The Court ruled that the fundamental right to life and personal liberty under Article 21 of the Indian Constitution did not encompass the right to choose the sex of one's child (Rao 2016). It stated unequivocally that such a right would contradict the very essence of gender equality and the dignity of women (Aravamudan 2007). The Court further clarified that the PCPNDT Act and the Medical Termination of Pregnancy (MTP) Act serve distinct legal purposes—the former prevents sex selection and discrimination before birth, while the latter governs conditions under which pregnancy may be legally terminated (Kanoon 2011). The Court held that allowing sex selection, even under the pretext of family balancing, would normalize and institutionalize discrimination against female fetuses and undermine the efforts made toward achieving gender justice in India (PTI 2016). Thus, the High Court firmly upheld the constitutionality of the PCPNDT Act (Sharma and Kirti 2011).

In 2013, the issue resurfaced in the *Voluntary Health Association of Punjab v. Union of India* case, where petitioners presented evidence of continued violations of the Act. The Supreme Court criticized the government's failure to enforce the law, leading to mandates for faster trials and improved judicial training (Rao 2016). However, a petition by medical practitioners challenging the Act's provisions was rejected, reaffirming the need for stronger enforcement to protect female fetuses from discrimination.

When Mitu arrived to Court, however, she did not find the same staunch defense of the PCPNDT Act that Vijay Kumar Sharma did. Unlike the Sharma case, which was a proactive petition by a united couple seeking an exception to the law, Mitu's legal battle stemmed from a serious criminal offense—an alleged violation of the PCPNDT Act involving coercion, deception, and non-consensual medical procedures (Rao 2016). While the Sharmas filed their petition in hopes of gaining legal permission to determine the sex of their next child, Mitu's case was against the practice that had already been unlawfully carried out on her (Kanoon 2011). Moreover, whereas the Sharma petition was led by a man acting in unison with his wife, Mitu

stood alone against her husband and in-laws, challenging the deeply patriarchal values that had endangered her life and that of her daughters (Banerjee 2014; Shobha 2008). These differences underscore not only the varied legal contexts under which the PCPNDT Act has been invoked, but also their contrasting power dynamics: a male-led hypothetical request and a woman-led fight against violation of her rights (Deshpande 2014; Khurana 2011).

The Case in Court

Dr. Mitu Khurana's pursuit of justice began in 2008 when she came across the ultrasound report of the sex-determination test that was conducted (Kanoon 2011). Her initial steps were through institutional channels: she submitted formal complaints to the National Commission for Women, the Health Minister, and the appropriate authority responsible for enforcing the PCPNDT Act (Deshpande 2014). This is assumed to be the normal procedure for anyone filing a case on a violation of the PCPNDT Act; however, she was the first woman to file such a case so she might have been the first to complete this filing procedure. Following this, women's rights advocates Anu Narula, Indira Unninayar, Bijayalaxmi Nanda, and Kirti Singh spoke out publicly in support of her case and gave her direction towards her next steps if nothing came from her initial complaint.

Despite the gravity of her allegations, her complaints were met with silence and inaction (Rao 2016). Undeterred, Mitu decided to take her fight to court. Supported with legal representation, A.N. Aggarwal served as her legal counsel in court while the women's rights advocates mentioned previously continued to support her in legal and press advocacy. In May 2008, she approached a magistrate's court and filed a formal case against her husband Dr. Kamal Khurana, the imaging center owner Dr. Harsh Mahajan, and the radiologist who conducted her ultrasound, Dr. Nithin Seth under the PCPNDT Act (Shobha 2008). This bold legal move made her the first woman in India to invoke the act in a case against her own husband and in-laws—a landmark step in a society where such issues are often buried under layers of stigma and family pressure (Kanoon 2011). The case signaled a turning point, not only in her personal battle but in the broader struggle for women's rights under the PCPNDT Act (Banerjee 2014). However, it took another two years for the case to move to trial, as the Magistrate considered it a low priority, high difficulty case because it was the first case of its kind (Kanoon 2011).

In 2011, the magistrate court finally began investigating the case by summoning two medical professionals: Dr. Harsh Mahajan, the owner of Mahajan Imaging (where the ultrasound was conducted), and Dr. Nitin Seth, the radiologist responsible for performing the scan (Banerjee 2014). However, instead of cooperating with the investigation, the accused doctors filed a petition at the Delhi High Court seeking to dismiss the case, citing insufficient and invalid evidence (Rao 2016). Despite the pushback, there was compelling evidence to support Mitu's claims. In a sworn affidavit, Dr. Mahajan admitted that his ultrasound imaging center had been operating without registration—a direct violation of the PCPNDT Act (Agarwal 2016). Moreover, government health authorities confirmed that Mahajan Imaging had failed to submit Form F, a mandatory document that records critical details for every pregnancy-related ultrasound (Deshpande 2014). The absence of this form was not a mere administrative oversight—it was a violation that pointed to deliberate concealment, potentially to facilitate illegal sex determination (Aravamudan 2007). This evidence bolstered the case's prima facie - meaning that, at face value, the evidence was sufficient to verify that the violation being filed was true.

However, in 2015, after years of litigation, Mitu Khurana's case faced a significant setback when the Delhi trial court dismissed charges against her husband, in-laws, and associated medical professionals under the PCPNDT Act. A major factor in the court's dismissal was the three-year delay between the alleged ultrasound, conducted on April 28, 2005, and Mitu's formal PCPNDT complaint in May 2008 (Agarwal 2016). The court used this gap to weaken the credibility of her evidence. The trial court's fixation on procedural delay over the emotional aftermath and circumstances that caused it highlights a key flaw in how the case was assessed.

Implications of the High Court's Decision

The court's decision disregarded the complex realities of domestic abuse and coercion, in which victims may not be able to act immediately. Survivors of such abuse, especially within family settings, often experience fear, trauma, and emotional manipulation that delay action (Johnson & Benight, 2003). In this context, it was unreasonable for the court to assume that Mitu should have taken action immediately upon discovering the violation (Agarwal 2016). Furthermore, her explanation for the delay—that she discovered the ultrasound records while moving homes in 2008—was not given consideration, even though she filed the complaint immediately after the discovery (Deshpande 2014). The court's failure to consider the broader circumstances of Mitu's situation demonstrates a gendered skepticism that is disproportionately applied to women when they challenge powerful societal and institutional structures.

In addition to focusing on the delay in filing the complaint, the court's treatment of Mitu's medical expertise constitutes a form of victim-blaming. During the proceedings, Judge Singh emphasized that, as a medical professional from a family of doctors, Mitu should have reviewed her discharge papers at the time and immediately known which procedures had been performed. "It is highly improbable," he wrote, "that a person who is from Doctor Profession will not see his discharge summary after discharge from treatment" (Dr. Mitu Khurana v. State of NCT of Delhi 2018, 16d).

In that moment, Mitu found her professional background turned against her. The very knowledge and identity that had shaped her career were recast as grounds for doubt.. Rather than focusing on the systemic failures that allowed an unregistered imaging center to operate and omit legally mandated documentation, the court redirected scrutiny toward Mitu herself. This reasoning places the burden of proof on her, as if her professional background absolved the institutions and the individuals that had committed the crime themselves.

Mitu also discovered that because she's an educated, working woman, the court framed her as someone undeniably immune to coercion or deception, especially when it comes to her bodily autonomy. The implication that Mitu was complicit by her ignorance or worse, was lying about being unaware of the sex-determination test not only disregards but denies that she may have experienced emotional and psychological manipulation from her husband and in-laws. Mitu and her lawyer, Amarnath Agarwal felt that the court wouldn't have followed such a line of reasoning if the complainant were male or if the violation had occurred in a different context.

As the judgement unfolded, the Delhi High Court began to focus on Mitu's motives, casting doubt on her integrity and the authenticity of her experience. After implying that she was either ignorant of the violation or fabricating her accounts of coercion and abuse, the court then suggested that her complaint was not a pursuit of justice but a personal attack against her husband and in-laws – an extension of her marital discord rather than a legitimate legal recourse. Judge Singh remarked:

> Present complaint has been filed after institution of matrimonial proceeding between the parties and filing of number of complaints against accused persons by complainant. (Dr. Mitu Khurana v. State of NCT of Delhi 2018, 16f)

He further observed that:

> It is not in dispute that the revisionist had filed various complaints against her husband and in-laws regarding her harassment prior to filing the complaint case in question and many litigations of her matrimonial disputes are pending. (Dr. Mitu Khurana v. State of NCT of Delhi 2018, 4)

Once again, the court undermined Mitu's credibility, turning attention away from the violation and its related evidence and redirecting towards her personal life (Agarwal 2016). This kind of reasoning shifts the focus from the actual violation to her supposed emotional state, implying that she was just acting on her anger than standing up for her rights. As she listened to the judgement, Mitu was deeply disheartened (Khurana 2011). She was appalled that her motives and emotions were disrespected with a complete denial of her fight for justice and unlawful medical practice as a woman, mother, and physician. This way of framing her motives reflects a larger pattern where women’s complaints about reproductive coercion, medical mistakes, or abuse are often dismissed as emotional outbursts or personal vendettas. The court essentially blamed Mitu for being too emotional or too angry, instead of considering that she might be a victim seeking justice (Kanoon 2011). This kind of thinking is not only unfair but also dangerous, as it discourages other women from speaking out and puts the blame on them for being too reactive rather than focusing on the real wrongdoing. Moreover, the court further questioned the credibility of the alleged confessions by her husband, citing vagueness and lack of corroboration:

> Furthermore the allegation of the revisionist that in the year 2006, her husband in drunken state had admitted before her that they had got the sex determination test conducted, prima facie appears to be an afterthought in view of the fact that no date or month or place where the said extra-judicial confession was made … Also in view of the acrimonious relationship between the parties, the false allegation of extra- judicial- confession cannot be ruled out. (Dr. Mitu Khurana v. State of NCT of Delhi 2018, 20)

While such scrutiny is a standard part of legal evaluation and is valid in her case, as her ex-husband’s confession of conducting the sex-determination test in 2006 was while he was inebriated and she was the only witness to it, the issue lies in how her testimony was dissected while far less attention was paid to the medical center’s documented violations—conducting the ultrasound without PCPNDT registration and failing to submit Form F (Agarwal 2016). For Mitu, it was striking to see how her words and her account were ripped apart in detail while the institutional lapses that enabled the violation seemed to fade quietly into the background (Khurana 2011). The court’s failure to recognize the importance of the absence of Form F further illustrates its dismissive attitude toward the case. The PCPNDT Act mandates that a Form F be submitted for each pregnancy-related ultrasound, containing critical details to ensure that sex-determination tests are not being performed (Agarwal 2016). However, the trial court dismissed the absence of this form as a “procedural lapse” that did not necessarily point to evidence of criminal activity (Agarwal 2016). Mitu had no stronger evidence to present, and this dismissal

felt like a betrayal of the law itself. The very law that was meant to protect women like her was reduced to meaningless paperwork, the violation reframed as an administrative oversight. This rationalization is troubling, as this could not have been a mere administrative oversight but a significant regulatory violation.

This decision not only downplayed the systemic issues at the heart of the case but also reflects a tendency to overlook the substantive legal violations when they are inconvenient for the accused. Mitu watched the High Court become a reflection of the very society and patriarchy that she was fighting with the final judgement the court placed to judicially justify their claims. The court finally cited a statute of limitations – which concluded that the missing Form F could not be used retroactively as evidence because it was not presented within the two-year limit. This strict proceduralist view sharply contrasts with the court's flexible, inferential logic in casting doubt on Mitu's character and intentions and overlooking Dr. Mahajan's testimony.

This marked the end of the road in the lower courts. Her last option was to file a Special Leave Petition (SLP), a process in the Indian legal system that allows an aggrieved party to appeal against a judgment to the Supreme Court of India. At that moment, Mitu had to make an important decision—not only for the future of the case, but also for the future of her life and her daughters' lives: should she stop fighting in court and focus on raising her daughters in a safer environment or file the SLP and appeal in India's highest court?

At this stage, filing a Special Leave Petition before the Supreme Court placed Mitu in a deeply personal and moral dilemma. On one hand, pursuing the SLP offered a final chance for legal recognition of the harm she had suffered. A Supreme Court hearing could compel the judiciary to confront the systemic failures in enforcing the PCPNDT Act and challenge the idea that delay, marital conflict, or a woman's education negate coercion or abuse. Such an intervention could extend beyond Mitu's case, setting a precedent that strengthens protections for other women facing reproductive control and institutional disbelief. On the other hand, continuing the fight came with heavy costs. Prolonged litigation meant further emotional exhaustion, financial strain, and ongoing exposure to public and judicial scrutiny. All of these would keep her and her daughters tied to a traumatic past. Stepping away could allow her to focus on healing and creating a safer life for her children, but it would also mean accepting that the legal system never fully acknowledged her truth. The dilemma, therefore, was not only about winning or losing a case, but about choosing between justice pursued at great personal cost and survival understood as its own form of resistance.

Conclusion

Ultimately, the court's initial reasoning leaned heavily on procedural timing and perceived personal motives while downplaying the substantive legal violations involved. Rather than providing the protection and recourse promised by the PCPNDT Act—a law created to empower women against reproductive violence—the judicial process in this case turned punitive against the woman who tried to invoke it. In doing so, the court upheld a gendered double standard, where delays in reporting and lack of perfect evidence became tools to discredit a female complainant, even in the face of concrete institutional violations. The trial court's decision to emphasize the timing of her complaint, her professional background, and her supposed marital motives ultimately overshadowed the substantive evidence of wrongdoing, including the absence of critical regulatory documents and the operation of an unregistered medical facility. This case highlights a disturbing pattern where the judiciary fails to prioritize the protection of women's rights, especially when those rights conflict with powerful, patriarchal

forces. The decision not only invalidated Mitu's pursuit of justice but also sent a discouraging message to other women who may seek to challenge abusive systems: that even when the law is on their side, their credibility will be questioned, their motives scrutinized, and their efforts to invoke the law dismissed. What does it say about India's legal system when a woman like Mitu is punished for seeking protection under a law meant to protect her? What does this suggest about who the judiciary is truly protecting when institutional violations go unpunished?

Epilogue

In April 2016, nearly eight years after Mitu had first filed her case, she filed her Special Leave Petition (SLP) appeal. However, she once again faced defeat as in September 2016, the Supreme Court officially dismissed her SLP, effectively upholding the trial court's decision. The Court ruled that the complaint was invalid by its delayed application, once again citing that it was filed past the three-year window prescribed under general criminal law for the Supreme Court, and that it therefore could not be judged (Rao 2016). Legal experts and women's rights advocates strongly criticized the ruling. They argued that the timeline should have begun from the date Mitu discovered the evidence—not from the date the ultrasound was conducted. Furthermore, they pointed out that she had made repeated complaints to various authorities within the limitation period, and these should have been taken into account.

Many activists and lawyers saw this decision as a narrow and overly technical interpretation of the law, one that undermined the spirit of the PCPNDT Act. To many activists and lawyers, it was seen as deeply unjust that a case rooted in the defense of women's rights and bodily autonomy could be dismissed due to a delay of just thirteen days (Rao 2016). Advocate Indira Unninayar, for instance, offered a strong critique of the verdict:

> The Supreme Court's dismissal of Mitu's petition was grossly erroneous. It reflects an acute lack of sensitivity on the part of the judiciary in interpreting the law and awarding punishment to convicts. The court failed to acknowledge the structural, emotional, and social barriers that delay legal action for survivors of domestic violence and emotional abuse. (PTI 2016, n.p.)

This statement highlights how judicial processes can retraumatize victims rather than support them. Instead of empowering women to come forward, the judgment served as a deterrent, reinforcing the message that the justice system was unwilling to accommodate the lived realities of women—even as it often bends to accommodate broader societal structures.

Mitu appealed the decision directly at the Supreme Court, but the result was equally disheartening. In late September of 2016, the apex court dismissed her appeal in a brief hearing that lasted less than fifteen minutes (Agarwal 2016). In the Supreme Court, the SLP was dismissed with one line order: "upon hearing the counsel the Court made the following order: the Special Leave Petition is dismissed" (Rao 2016, n.p.). There was no discussion of the evidence or the broader implications of the case. Feminist activists and legal scholars were appalled. They described the verdict as a grave setback for women's rights and a reflection of the judiciary's failure to uphold the intent of the PCPNDT Act (Agarwal 2016). Mitu's case, which had once held the promise of setting a transformative legal precedent, came to symbolize the judiciary's reluctance to use the law as a tool to protect and empower women's rights.

Dr. Mitu Khurana's decision to appeal her case once more—even after nearly eight years of legal battles, multiple dismissals, and public scrutiny—was an act of extraordinary bravery. By the time she approached the Supreme Court in 2016, the emotional toll of her long fight was

immense. She had faced repeated rejections by the courts, personal attacks, and backlash from both within her family and broader society, all while carrying the weight of being one of the first women to file a case under the PCPNDT Act. The final appeal lasted less than fifteen minutes and resulted in a swift dismissal, with no meaningful discussion of the evidence she had risked so much to gather. Yet she had walked into that courtroom fully aware of the likely outcome—that she would once again be humiliated and dismissed. Still, she chose to move forward. She did so not only for her own daughters, whose right to life and dignity she had fought fiercely to defend, but also for the countless women across India who suffer in silence under similar circumstances. As Mitu herself wrote, “When a mother decides to fight, it is not just for her own children - it is for every child denied justice, every woman silenced by fear” (Khurana 2011, n.p.). Her final legal attempt was not a failure, but a profound act of resistance—one that challenged India’s judicial system, which too often fails to recognize the structural and emotional barriers women face.

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Appendix A

November 2004 - Dr. Mitu Khurana married Dr. Kamal Khurana, an orthopedic surgeon.

February 2005 - Dr. Mitu Khurana discovered she was pregnant with twins.

April 28, 2005 - Mitu was admitted to Jaipur Golden Hospital following an allergic reaction. A Kidney-Ureter-Bladder (KUB) ultrasound and an alleged unauthorized fetal sex-determination scan were performed.

August 11, 2005 - Mitu gave birth prematurely to twin daughters at seven months.

March 2008 - While sorting through old medical documents, Mitu discovered a record of the sex-determination ultrasound conducted on April 28, 2005, without a signed consent form.

April 10, 2008 - She filed written complaints with the National Commission for Women, the Union Health Minister, and NGOs regarding the unauthorized ultrasound.

May 9, 2008 - Mitu filed a formal written complaint under the PCPNDT Act, 1994 with the Appropriate Authority of Delhi.

May 14, 2008 - The Delhi Appropriate Authority registered a complaint and initiated an inquiry.

June 3, 2008 - The Central Supervisory Board and District Appropriate Authority conducted a joint raid at Jaipur Golden Hospital for inspection and collection of records.

August 2008 - Mitu filed a private complaint before the Metropolitan Magistrate under Section 28(3) of the PCPNDT Act against the doctors at Jaipur Golden Hospital, her husband, and in-laws.

February 19, 2011 - The Metropolitan Magistrate, Karkardooma Court, issued summons to the accused parties under Section 204 CrPC after finding prima facie evidence.

April 4, 2011 - Jaipur Golden Hospital filed a petition in the Delhi High Court seeking to avoid the magistrate's summons.

March 15, 2012 - The Delhi High Court dismissed the hospital's petition and upheld the Magistrate's order to proceed with trial.

September 29, 2015 - The Metropolitan Magistrate discharged all accused, stating lack of prima facie evidence of violation of the PCPNDT Act.

September 2016 - Mitu proceeds with legal appeals, filing the SLP at the Delhi High Court and the Supreme Court.