

The sonologist and the sex ratio: Who is to blame?

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In 1994, the Government of India passed the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) (PC-PNDT) Act with the aim of preventing female feticide. The implementation of this Act was slow and almost non-existent. A further dip in the sex ratio in the census of 2001 led to the act getting amended, and replaced in 2002 by the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act (The Act).

The Act has created the following levels of management: a central-level Supervisory Board, a state-level Supervisory Board, an Appropriate Authority, and a supporting Advisory Committee. The function of the Supervisory Board is to oversee, monitor, and make amendments to the provisions of The Act. The Appropriate Authority provides registration and conducts the administrative work involved in inspection, investigation, and penalization of defaulters. The Advisory Committee provides expert and technical support to the Appropriate Authority.

While the arrangement seems well aligned and likely to work, the recent census in 2011 has revealed a further dip in the female sex ratio [female (F): male (M): 914:1000]. While strict implementation of the PC-PNDT Act may catch clerical errors in Form F filling and lead to sealing of machines of radiologists and gynecologists, the problem is far beyond simply catching those who inaccurately fill their Form F.

That the sonologist (whose qualification under The Act is still debatable and is not at all acceptable to us radiologists) is under the harsh glare of spotlight is obvious, to say the least. The opinion among the media and across the major cross-section of people is that the sonologist is to blame,

while forgetting that the termination of the pregnancy or actual female feticide is being done elsewhere. Recent judgments also indicate that the judiciary believes that the sonologists and their machines need to be monitored, be it by online form filling or the use of an embedded device in the machine. The Maharashtra State Branch of the Indian Radiology and Imaging Association (MSBIRIA) tried hard to even take legal recourse but the Honorable High Court of Mumbai thought otherwise and dismissed all the petitions filed in the Mumbai High Court. However, eventually, the Maharashtra government found the embedded device useless.^[1] The United Nations Population Fund (UNFPA) report also found no statistical improvement in the sex ratio in spite of adding the so-called embedded device to sonography machines even after more than two years of using the device.^[2]

A recent Gazette notification has also restricted a sonologist to not more than two places within a district. However, this matter has been challenged in court and there is stay on this order at this point in time, given by the Delhi High Court and the Mumbai High Court in two separate petitions.

Although the sonologist is in the spotlight, this problem is deep rooted and society is to blame. When there is a demand for sex determination and the unfortunate elimination of an unwanted female child, there has to be a strong national approach that involves society. A recent article by Prof. Prabhat Jha in *The Lancet*, while interpreting data over the last 20 years, has shown that selective abortions of girls specially for pregnancies after a first-born girl, has increased substantially in India.^[3] In fact, sex selection is taking place among Asians even in Western countries like the USA and UK, and has forced the US to introduce a new legislation called the Prenatal Nondiscrimination Act (PRENDA) this year, that bans sex selective abortions.

This malaise has taken root, and society needs to be warned that trying to detect the sex of the fetus is a crime. This has to be done using wide-ranging methods including articles and interviews in the media, as well as in cinema halls and on television. The awareness of this program should percolate deep down into societies and households, and the message that the guilty party could be imprisoned and jailed should

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come through. A multipronged approach with cohesion between doctors, the government, and nongovernmental organizations (NGOs) is the way forward to improve the female sex ratio in our country.

In this issue, we have tried our best to take opinions from radiologists, social workers, and advocates that, we hope, will enable the reader to get a better understanding of The Act, and help take a small step in helping the cause of the girl child. Instead of fearing The Act, we should cooperate with the authorities and create a sensible program to eliminate the barriers that exist between the doctors and the bureaucracy. We still feel that as qualified radiologists, if we follow the few prescribed procedures as listed in The

Act, it will be beneficial for radiologists, as only those who indulge in malpractice will then need to worry.

References

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