

The PC-PNDT act: An attempt to gender equality: Radiologists' perspective

Dear Sir,

No doubt, the strict implementation of the Pre-conception and Pre-natal Diagnostic Techniques (PC-PNDT) (Prohibition of Sex Selection) Act has helped in creating a positive trend with respect to the female child sex ratio in several districts, but it is unfortunate that it is mainly the radiologists who are under constant pressure to respond to this act.

Under the PC-PNDT Act, various provisions defining minor and major offences have been formulated and the violation of any of the provision is a cognizable, non-bailable and non-compoundable offence.^[1]

From our perspective, the PC-PNDT Act needs few suitable amendments.

First issue is related to record keeping. Irregularities in record keeping as per revised form F is a major offence under this Act.^[1] Here, we would like to emphasize that a minor deficiency in record keeping should not be dealt with so strictly, because approximately 2/3rd females undergoing antenatal ultrasound are not well educated; sometimes, they cannot even dictate their full residential address or telephone number. Moreover, many a times, patients residing in villages do not have an officially allotted house number or street name. Therefore, it becomes very difficult for radiologists to produce a full address and/or telephone number of all the patients to the appropriate authority (AA) at the time of inspection, for which they are quite often harassed. Hence, these types of minor deficiencies in record keeping should not be categorized as a major offence. Moreover, in situations where the patient is unable to provide details for filling form F as mentioned above, a clause should be defined in the Act as to how to proceed beyond this point; whether USG should be performed under such circumstances or not.

The second issue is related to the penalty for unregistered centers using USG machines or other equipments capable of detecting the sex of the fetus. Under the Act, the equipment found in unregistered centers is simply sealed and seized by the AA and later released only on payment of penalty equal to 5 times the registration fee and on an undertaking that the center will not use the equipment for prenatal sex determination.^[1] This is one of the major drawbacks of this Act that permits many unregistered centers to run freely and indulge in violation of the Act, as they know that they will be let off merely on payment of a fine and an undertaking. This provision needs to be categorized as a major offence.

The third issue is related to unauthorized persons conducting antenatal USG.^[1] These people should also be dealt with strictly by the AA because the mere suspension or cancellation of the registration will not stop the heinous practice of sex determination.

Last but not the least, obstetricians/gynecologists involved in performing illegal abortions and the patient/family members involved in gender determination usually escape punishment. This is because, although the PC-PNDT Act has a provision for tracking pregnancies, medical termination of pregnancies (MTPs) and birth registrations by involving Anganwadi workers and Accredited Social Health Activists (ASHAs),^[1] this is not sufficient to put a check on illegal abortions done by the gynecologists and obstetricians.

Being radiologists, we favor a strong PC-PNDT Act, but at the same time we feel that there should be liberalization in punishment for minor administrative lapses (most of which are not under the control of radiologists as discussed above). Moreover, extra efforts like women education, extensive parental counseling, general awareness programs, etc. also are needed to improve the gender ratio.

There is a suggestion that a special committee should be formed under the umbrella of the IRIA to deal with all the issues related to the PC-PNDT Act, and to make adequate representation to the government highlighting the deficiencies in the Act, for uniform implementation of the Act. In addition, every state chapter should organize/ conduct periodic CME/group discussion programs to bring awareness among all the radiologists about the PC- PNDT Act and also to propose changes in the Act from time to time.

As doctors, we have to play an important role to save society from this man-made catastrophe. The misuse of modern

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science and technology for sex determination before birth and sex-selective abortion thereafter should be strictly discouraged. The doctors, who conduct sex determination procedures (like USG, amniocentesis, chorionic villous sampling, and blood/urine tests) for this purpose and perform sex-biased abortions are an embarrassment to our profession. They need to be stopped and counseled as do the parents. Now, the time has come when we must take a vow to preach and practice—"Stop Female Feticide," respect them as individuals and value them for their worth.

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1. Handbook on Pre-conception and Pre-natal Diagnostic Techniques Act and rules with amendments. Ministry of Health and Family Welfare, Government of India; 2006.

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