

“PC & PNDT Act”- How the Doctors contemplate?

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ABSTRACT

Background & Objective: In view of the ever increasing difference in sex ratio because of rampant feticide, the Government of India enacted, in 1996, the Pre-Natal Diagnostic Techniques (PNDT) Act. Although the act is primarily meant for practicing obstetricians and radiologists, literature on their perception on the PC & PNDT Act is scant. **Study design:** Cross-sectional study. **Methodology:** A total of 38 participants were given structured questionnaire to find out their awareness and perception; and explore their viewpoint regarding various aspects of this Act. **Result:** 58% felt that this Act is not the only tool for improving the skewed gender ratio. 97% expressed that publicity through the media on this issue discourage the doctors in breaking the provisions of the Act. 66% of the participants agreed that the penalties are heavy for contravention of the Act. **Conclusion:** Participants approved the act but expressed that some issues need to be addressed. Some amendments they wanted in their favour too; probably because it is an easy source of income.

Key words: Pre-Natal Diagnostic Techniques Act, sex ratio, ultrasonography

INTRODUCTION

The child sex ratio is a powerful indicator of social health of any society^[1]. Calculated as the

number of girls per 1000 boys in the 0-6 years age group; this ratio has shown a sharp decline from 976 in 1961 to 927 as per the 2001 census. In certain parts of the India, this ratio is even below 800. The declining child sex ratio has its roots in the practice of sex selective abortion or female foeticide.

Sex selection has many facets and forms: from female infanticide to female foeticide and the technologically sophisticated pre-conceptual sex selection^[1]. The various modalities used for sex detection include amniocentesis, chorionic villus sampling. The latest method debuted and most widely spread for the diagnosis of fetal sex is ultrasonography. It is the least expensive and user friendly among available methods and is performed around 10th week of pregnancy. India

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has currently 34,012 registered ultrasound clinics [2].

According to a National Family Health Survey, an estimated 1 million sex selective abortions are performed annually [2]. To curb this, the act was amended in 2003^[3] which prohibit use of sex selection techniques ante-nataly as well as pre conceptionally. The prescribed penalties under this act are kept to dissuade people from engaging in these methods. However, since the enactment, only 416 cases were filed till Dec'2007, out of which only fifteen convictions were made [2]. Considering the result of the NFHS survey, and the number of cases filed or convicted under this act, there seems to be clear lacunae in the implementation of the act. Hence the present study was undertaken to assess the awareness, perception and viewpoint of the doctors on the PC & PNDT Act.

MATERIALS & METHODS

The proper implementations of PC & PNDT Act are primarily shouldered by obstetricians and radiologists and hence were selected for personal interviews in South, Central and North Karnataka. Out of total 38 participants, 22 were obstetricians and 16 were radiologists. The participants consisted were 19 men and 19 women and 92% of them were Hindu. Most were young, mean age being 32 years.

The participants were given structured questionnaire to find out their perception and awareness; and also to know their viewpoint in regard to various aspects of this Act, viz. usefulness, impact of involvement of media, difficulties faced, penalties and punishment for violation, genuineness of information (Forms F & G), gender determination demand and suitable amendments in the PNDT Act. The study was undertaken between August and October 2009. The data thus collected was analyzed by using, SPSS version 11.0.

RESULTS

58% of the participants disagree on the point that PC & PNDT Act is the only tool for improving the skewed gender ratio. 66% expressed that the penalties are heavy for contravention of the act, while 34% have their opinion that it is not sufficient and should be raised.

97% of the doctors were of the view that media publicity of court cases pertaining to breaches of the PNDT Act can be beneficial for improving the gender ratio as it may set an example and discourage the doctors in violating this act.

In regard to authenticity in filling up the form F & G, 61% expressed their genuineness; 23% stated that the information furnished were absolutely false, while 16% of the doctors preferred not to disclose.

A demand from the patient for sex determination was made to 61% of the doctors. Such demand was mostly made by multigravida (97%).

66% of the doctors seems satisfied and did not find difficulty with registration of a sonography machine on a periodical basis i.e., every 3 years. Whereas, 34% of the doctors felt that it should only be 'one time registration'. However there was significant difference between Radiologists and gynaecologists; 56.3% of radiologists were in favour of dropping the current provision while 81.8% of gynaecologists wish to continue with it ($p=0.0361$).

89% of the participants told that all involved (the patient, doctor and family members) should be prosecuted; while 11% felt that only the family member should be held responsible for contravening of the Act.

Majority (61%) expressed that some suitable amendments to the existing act need to be done, whereas 39% opined that the act is fine as such.

DISCUSSION

This study reflects the existing mindset of the society towards the girl child as 61% doctors

clearly affirmed the demand for gender determination almost exclusively by multigravida (97%). The main reason is that the Indian society is based on "son preference" value, the girl child considered "paraya dhan" and also economic liability (dowry).

More than half of the participant doctors (58%) do not consider the Act as only tool and other measures must be considered to improve the falling gender ratio. Furthermore, 97% of the doctors felt that media publicity of court cases violating the Act can be an effective solution.

As the demand for sex-selective abortion is mainly from the patient and family side, the act should not be doctor-oriented; rather the adopted measure should be multi pronged which may bring change in the collective awareness. It has been argued that there is no better route for this than the field of arts, be it music, a 'nukkad natak', a verse, a 'ghazal', a painting or a film^[1].

A majority of the doctor does feel that the penalties for contravention of the Act are too stringent and were in favour of liberalization for minor lapses. More percentage of obstetricians (68%) were in favour of some amendments in the existing Act, contrary to the findings of Dutta^[4] where more radiologists were favouring the same. It remains to be poorly understood why the obstetricians have the tendency of escaping from law and getting meagrely penalized for wrongdoings.

The general consensus in our study is that apart from doctors, all involved like patient and family member involved should also be penalised. Yadav in her article mentions similar findings^[5]. This is in contrary to provision of the act where punishment is laid down for doctors only.

The law has its own place but has been hampered by difficulties in implementation and societal apathy. Difficulties experienced by doctors include excessive clerical work topping the list (39%), administrative difficulties (18%), excessive police interference (05%) and social difficulties (08%). Harassment of doctors of diagnostic centres by health officials in Ludhiana was reported by the Ludhiana Tribune^[6].

CONCLUSION

Global review shows evidence of many reports from Asian countries reporting an increase in induced abortion when a prenatal diagnosis of a girl is given. On the contrary, in western countries not a few papers are reporting a slight decrease in sex-ratio; especially in Atlantic region of Canada. However, this is still an evolving area of concern and there are many quandaries and uncertainties. A growing number of countries grapple with the issue of sex selection has asked WHO for guidelines on the subject regulation of technology.

In Indian scenario, to address the skewed gender ratio, the legislations need not be doctor-based; but should more be society-oriented. Other multi pronged measures also need to be implemented simultaneously as PNDT Act is not considered by majority to be the only tool to improve the gender ratio. The participants approved the act but expressed that some suitable amendments need to be done. Some amendments they wanted in their favour too probably because it is an easy means to make money. The need of hour is to sensitize the population about the hazards of distorted gender ratio, only enactment of a law can never be helpful in curbing such a menace.

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