

# Moving forward for the girl child

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It gives me great pleasure to communicate with the radiologists of India through the prestigious platform of the Indian Journal of Radiology and Imaging (IJRI). First of all I would like to congratulate the Indian Radiological and Imaging Association (IRIA) for taking positive steps for raising awareness in the community of radiologists regarding the Preconception and Prenatal Diagnostic Techniques (PC-PNDT) Act, 1994. I would also like to commend the IJRI for discussing the issue regularly in its editorials.

I have been directly involved with the issue of the Girl Child through the Yashwantrao Chavan Pratishthan for the girl child. It was in June 2011 that the latest census figures revealed the steeply declining child sex ratio in Maharashtra state and in India as a whole. The story of aborted fetuses being found in a Baramati canal was in the news then. We, at the Pratishthan decided to take up the issue and work towards abolishing female feticide. The first measures that come to mind when discussing ways to control a social ill are legal remedies, in this case the PC-PNDT Act. However, with regard to the issue of female feticide, it was the social mind-set that needed to be changed.

I am the only child of my parents but, despite being a girl, I never faced any discriminatory practices in my family. However, over the years, I have become increasingly aware of the social reality of gender discrimination.

Youth, especially young girls, are our strength in this endeavour. We started our campaign with a 4-day rally in August 2011, covering 63 kilometres in Satara and Pune districts. Thousands of young girls from all over Maharashtra proclaimed the right to birth for the girl child. They not only took an oath to refuse sex determination of the fetus when they themselves were pregnant but

also committed themselves to spreading the message in their communities and villages. Essay, poster, slogan, and poetry competitions, as well as exhibitions on the issue in various cities, took the campaign to the doorstep of people. A concurrent media campaign, with the making of a documentary film and composing of songs to spread the message, was also an integral part of the campaign. At the same time, dialogue with the government, with legislators from all the parties, and with the media was going on, and we were getting positive responses from them. Hundreds of gramsab have passed resolutions against female feticide as an immediate effect of these campaigns.

It is a shameful fact that for a long time, hundreds of girls in were given the name *Nakusa* (Marathi for 'unwanted') and the same name was mentioned in the official records and certificates of these children. It is difficult for us even to imagine a girl being addressed as 'unwanted' in every casual and formal communication. Our immediate response was to search out such girls and take steps to change their names in the official records; this, we hoped, would pass on a positive message to them and to the society. This was done through a ceremony wherein reputed social personalities and government officers were present. The campaign soon gathered momentum, with various social and political organisations and nongovernmental organizations (NGOs) taking up the issue and working together to increase public awareness.

Even as this intensive public awareness campaign was going on, many people from our team, along with various stakeholders from outside the team, were discussing possible legal provisions to address the problem of female feticide. At this time, the major focus was on the PC-PNDT Act. In this respect, it is necessary for me to review our outlook towards medical professionals and doctors. I cannot help but remember the days when common people saw doctors as 'messiah'. It was not just the result of their helplessness as patients but a manifestation of their complete trust in the doctor and the profession as a whole. It is debatable whether the entire profession is losing its moral ground with the changes that have come about in professional practices or whether a handful of 'bad' practitioners are giving honest and dedicated doctors also a bad name. There is nothing better than self-discipline, and I call upon various associations of doctors to come forward

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Website:  
www.ijri.org

DOI:  
10.4103/0971-3026.101115

and develop monitoring mechanisms to keep a check on their members.

Laws, especially social legislations, are to be seen from the perspective of the social reality at that point of time. Laws are measures to control personal and social behavior. In this respect, the present PC-PNDT Act has stringent provisions for controlling the professional behavior of radiologists more than for any other actor. When we look at the entire picture of sex selection, starting from gender disparity and the social pressure to have male child, the referral to a gynaecologist, sex determination tests, and abortion (the sequence of events may change and some of the actors can be added or deleted), the sex determination test is the obvious point to monitor and control the chain of events. With the increasing number of medical practitioners being convicted, we have to admit that the demand for a control mechanism is not baseless. The question is whether the strategy will help us achieve the ultimate goal.

I would like to quote Dr. Atul K. Agarwal, ex-Chairman of the PC-PNDT Committee of IRIA, who in his letter to members says, 'the PC-PNDT Act, sex determination, female feticide etc. are the latest names and terms that give us sleepless nights and daily trouble in our day-to-day ultrasound practice these days.'<sup>[1]</sup> This is certainly not the intention of the Act. I look at the response of the radiologist community to the PC-PNDT Act with the awareness that it very rare that all people affected by a social legislation will look at it the same way. The current response of the radiologists highlights the need for a wider discussion of the problem and for a consensus on the desired outcome of the Act and ground realities. Kishor Taori, past-President, IRIA, stated that 'The provisions of the PC-PNDT Act for saving the girl child are good on paper, but have proven illogical on many occasions, causing harassment to the radiologist, without having any desired results in the direction contemplated.'<sup>[2]</sup> I think both components of the statements need to be taken seriously: firstly, that the Act seems to be good on paper and, secondly, that the implementation of the Act is creating problems in functioning for radiologists. At this point we have to remember that the law making is a dynamic process, and there is always space for amendment of the law, without altering the spirit and objective of the law. I believe that the IRIA will play a key role in this process. In fact I can see that the letter sent by Dr. Jignesh Thakker, National Coordinator for PC-PNDT matters and Secretary General of IRIA, to the Rajya Sabha Secretariat is a positive step in this direction. We have to check the feasibility of bringing more actors (gynecologists, as suggested by IRIA and parents; investigation machinery; political influence; etc.) within the ambit of the Act. But, with the lessons learnt from the efforts to monitor and control radiologists, we have to be conscious of the fact that there are chances

that the Act may also create hurdles in the honest practice of various professions. There is no doubt in my mind that eminent radiologists, either in their own capacity or as representatives of associations like the IRIA, should be active members of supervisory or implementing bodies under the Act. This will work in two ways: firstly, it will make the implementation of the Act and the rules more practicable as the involvement of professionals will ensure that due consideration is given to the impact of the Act on the actual functioning of radiologists and, secondly, it will help in gathering goodwill and honest commitment from the entire community of radiologists who are key in the entire issue. There is no doubt that the technological advances in radiology and imaging are a boon for medical science and have benefitted millions of people. It is also true that misuse of this advanced technology for sex determination and sex selection is very little when compared to the huge number of tests being carried out in the country everyday. With this outlook, I have had meetings with different medical practitioners to develop a practical mechanism that will control the bad practices and, at the same time, will not hinder the use of advanced technologies for patient care.

I am very well aware that sex selection as a phenomenon did not come to our society solely due to the advancement of medical science. Killing the girl child after birth was common practice in Indian society years before we even heard of terms like sex determination tests, sonography, radiology, etc. I am also aware that we cannot control sex selection just by implementing stringent rules for monitoring and controlling medical practitioners. That is why when we talk of laws to address female feticide we also talk of laws to prohibit dowry, laws that recognize the right of women to property and inheritance, laws to protect women from domestic violence, and laws to protect them from abuse and exploitation in society. PC-PNDT is one of many legal tools for achieving the same goal. We are also aware that changing laws and strict implementation of laws will not by themselves lead us to our goal. We have to change the social mind-set and the many discriminatory practices through the economic, social, and political empowerment of women.

I hope that all the members of IRIA will be active partners in the struggle against this social evil.

Letter from Chairman PC-PNDT Committee, <http://www.iria.in>

Presidential Address, Ahmedabad, 23<sup>rd</sup> January, 2010.

**Cite this article as:** Sule S. Moving forward for the girl child. Indian J Radiol Imaging 2012;22:135-6.

**Source of Support:** Nil, **Conflict of Interest:** None declared.