Case Report

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Changing strategies of female foeticide in India: a never ending story

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ABSTRACT

Once a young lady, walked in the OPD with history of bleeding per vagina for last 24 hours. It was a case of retained products of conception subsequent to induced incomplete abortion. Later we came to know that a team of local private doctors with portable ultrasound machine and MTP kits used to come in the study areas at night hours. This mobile team offered a package deal to the clients. Part one was sex determination test. When a female fetus was detected they offered to do induce abortions (on the spot). This is done in a clandestine way. The team used to leave after initiating the procedure. For any complication they were advised to go to hospital OPD presenting as P/V bleeding to avoid punishment under Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994. As we know every action has an opposite reaction. To prevent female feticides government enacted PNDT Act as an action. Reaction to this people started prenatal sex selection. Again the governmental action was amendment of Pre-Natal Diagnostic Techniques (Regulation and Prevention of misuse) (PNDT) Act, 1994 to PC-PNDT ACT. People's reaction was sex selection in a static van. Due to raids it was converted to mobile van. In our case study it is seen that, to avoid the PC-PNDT Act, people devised a newer strategy. A strategy for sex determination and female feticide by a mobile team with portable ultrasound machines. Our case study is important because we have just explored the tip of the iceberg only. A lot of efforts should be done. Until and unless the people understand the value of women in the society, this kind of reaction will take place again and again.

Keywords: Female feticide, Sex selective abortions, PC-PNDT Act 1994

INTRODUCTION

Eligible North Indian boys travel 5,000 km across the country to find a suitable match for themselves. Due to scarcity of girls they are seeking brides from as far away as Kerala, to only become married. The girls have not vanished overnight. This situation mainly due to result of decades of sex determination tests and female feticide. Since 1991, 80% of districts in India have recorded a declining sex ratio with the state of Punjab being the worst.1

Feticide is a heinous act that causes the death of a fetus.² A study describes that "Traditionally, it has been observed that there is a preference for sons in India.

Various means to have a son include going through multiple pregnancies till a son is born, sex selective abortions, pre-conceptional techniques and postconceptional intake of drugs to beget a male child". The strategies have changed, but not our mindset, to beget a male child at any cost.

Historically, in the absence of genetic testing, infanticide was the only inhuman option for discarding the female child. This heinous practice continues today in the southern parts of India where families cannot afford an illegal ultrasound test. People in Punjab, Haryana and other Western states can afford illegal test to determine the sex of the baby and discard it' (From the Tribune, Chandigarh 2003/09/1).

CASE REPORT

Author (a male doctor) was working in one of that Sub -Centre as a Junior Resident of Community Medicine, in School of Public Health, PGIMER. During the peak of summer in 2015, one day a 22 years old female patient, walked in the OPD from a village with history of bleeding per vagina for last 24 hours. She also had palpitation with pain in abdomen. She was accompanied by her mother in law and two daughters. She was thirsty and appeared to be distressed at that time. She also had high fever. Initial history was taken by author. Further details were enlisted by the female health worker in the sub-centre, working there for a long time. She was registered as Antenatal Case in our OPD. Her antenatal card revealed that period of gestation was 22 weeks. She took folic acid tablets regularly. All laboratory investigations were normal. There was no history of any complication. Both previous child births were full term vaginal institutional deliveries. There was no history of hypertension, diabetes, tuberculosis, urinary tract infection, hospitalization or any surgery. When the ANM asked about details of bleeding per vagina, she told that she already had two girl daughters. The family did not want any more girl children (probably sex determination was already done revealing a female fetus) Patient told that a doctor (quack?) was requisitioned two days earlier from some other town by her husband. Through a telephonic appointment. The doctor advised them to bring the patient with all previous antenatal investigations. The husband did the same. The doctor told that they should have come earlier because the fetus is quite big (22 weeks). He also assured the husband that he had done this type of abortion cases before. The doctor advised that the patients family member should provide them a private room with good lighting within, a clean bed, one bucket of hot water, some polythene bags and two emergency torch lights (to tide over power cut). The husband was told that the team will come at 7-8 pm to his house. He was asked to confirm the programme by telephone after getting everything ready. The doctor told that he will execute the abortion if repeat ultrasound confirms female fetus. A package deal was done for ten thousand rupees to which the husband agreed to pay. The team came on the stipulated date and time. The doctor initiated the induced abortion, using some instrument. He was accompanied by a team including a sonologist. Prior to this, a portable ultrasound machine was used in patients home to confirm the female fetus just half an hour before abortion. It again confirmed the same. Time taken for the "gorilla operation" was one hour and half (from arrival to departure). They told before leaving the family members told that if any problem occurs, they should immediately call them. They left after received the payment. After one hour of departure (9.30 pm) of that team, the lady started bleeding, on calling the mobile it was found in "not reachable mode". The family member decided to visit our OPD on next day due to easy availability and privacy. They brought the women to the OPD in the next morning at 11am. It was emerged as a case of incomplete abortion.

This was further confirmed by the women of that village. That a team of local private doctors with portable ultrasound machine and MTP kits used to come in the study areas. They used to come at night hours in that specified (booked) house to do such abortions, as they knew that it is illegal act. This mobile team offered a package deal to the clients. Part one was sex determination test. They charged around 1000-2000 Rs. for this. When a female fetus was detected they offered to do induce abortions (on the spot). For abortion they charged 8000- 10000 Rs. This is done in a clandestine way. The team used to leave after initiating the procedure. For any complication they were advised to go to hospital OPD presenting as P/V bleeding to avoid punishment under PC-PNDT Act.

On examination

General examination: Patient was conscious and well oriented. It was found that temperature was high with a rapid pulse rate. She was hypotensive. Tongue of the patient was dry. Pallor was absent.

Per abdominal examination: On inspection it was seen that abdomen was concave in shape. There was no undue enlargement of the uterus. Striae were present but there were no scar marks. Due to pain, deep palpation was not done.

Internal examination: Inspection of the genital area revealed blood clots in the vagina (Probably retained bits of placenta due to recent abortion).

Vaginal examination: By speculum was not done due to fear of excessive bleeding (it is better done in operation theatre with arrangement for blood transfusion).

Tentative diagnosis: Retained products of conception subsequent to induced incomplete abortion.

Treatment

ORS and antibiotics were given by the author as the first line treatment. Patient needed i.v. fluids and ultrasound of pelvis. For expert opinion she was referred to the General Hospital by the author. In the meanwhile, the author informed on duty Gynecologist posted at the OPD of General Hospital about this patient. The diagnosis confirmed as bleeding was retained products of conception by her also.

In the wake of repeated raids in the recent past by health department to nab the people involved in female feticide, doctors and unscrupulous people have come up with other methods like sex determination by portable USG machine in the interstate border area (to confuse police) in a vehicle. The advantage of doing sex selection in border area that they can escape in any direction during the raids. This confuses the police also.

Recently people had adopted a new strategy, as cars/vans stationed in the village were easy to catch. They changed the strategy of sex determination from static van to mobile van like gorilla technique. Come, perform and disappear with zero accountability to the patients. Our case study reveals that they are doing mobile female foeticide at home. These all developments indicate two things-

- Law of demand and supply: As demand is there for "getting at least one son by any means" the supply "private service provider" will be there, at any cost (malformed baby or maternal complication).³
- Son preference: Whether it was in Vedic era or Modern era, our mind set has not changed. Though the modus operandi/ technique have changed. i.e. "the more we change the more we remain the same."

DISCUSSION

From the above narration it is clear that it is all about the game of dominance. Problem started when government imposed population control via National family planning (NFP). According two child norm people in India reduced their family size 2-3 apparently in accordance with the government's wishes. Having gone this far, it seems that, people now wished to exercise some choice regarding the sex composition of their children in their small families by resorting to sex selecting techniques like ultrasound machines since probability of son being born was reduced.³

The perspective of female infanticide in India and western countries are completely different. Modern machines like ultrasound machines were invented in west not for sex selection or female infanticide. It was invented for saving the humanity, to reduce maternal as well as foetal mortality. When they marketed, unfortunately we tapped it as an opportunity for sex

detection and female feticide. So our perspective was completely different from them. Because our aim was being to maintain patriarchal society at any cost.³

With rapid urbanization the concept of the nuclear family came. We rapidly adapted the culture of nuclear family. Husband and wife living away from their parent with 2 child norms. But our mind set has not changed, i.e. male dominance. Previously a couple had 7-8 children. At least 1-2 male child was common in that family. As the family size decreases, the probability of having male child decreases. In a family if first new born are female one, and then the couple tries to get a male baby at any cost (abortions)/sex selecting drugs. As the problem of female foeticide continues. Merely by implementing the laws and acts the problem of sex selection and female foeticide will not be solved.

Every action has an opposite reaction. This holds true in case of human behaviour also. To prevent female feticides government enacted PNDT Act as an action. Reaction to this people started prenatal sex selection. Again the governmental action was amendment of PNDT Act to PC-PNDT ACT. People's reaction was sex selection in a static van. Due to raids it was converted to mobile van. In our case study it is seen that, to avoid the PC-PNDT Act, people devised a newer strategy. A strategy for sex determination and female feticide by a mobile team with portable ultrasound machines.

The factors operating for female feticide are described by the Figure 1.

- 1. Cultural pressure
- 2. Social pressure
- 3. Government pressure:
- 4. Science and technology
- 5. Theory of action -reaction

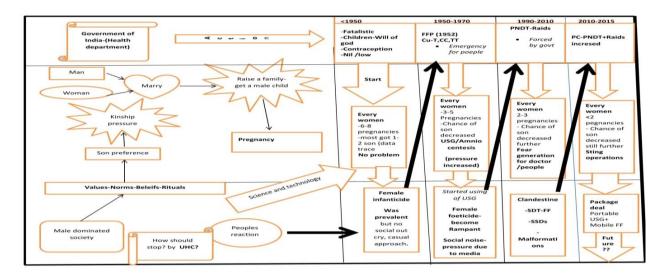


Figure 1: Changing strategies of female feticide.

Table 1: Amniocentesis versus Ultrasound.

Era	Pre 1972	Post 1972
Technique	Amniocentesis	Ultrasound
Used for	Mainly birth defects	Cardiac pulsation, sex determination
Procedure	Relatively difficult	Relatively easy
Complications to mother and baby	Yes	No
Sensitivity/Specificity	+++	+
Performed by	Radiologist/Gynaecologist (M.D./M.S. degree holder, not readily available in small towns)	Sonologist (non- degree holder- easily available in small towns)
Time	More time consuming	Less time consuming (sex determination)
Price /cost	8000-13000 Rs	600-800 Rs
Convenient to patient	Less convenient	More convenient
Side effects	Yes, 1 in 200 cases ²	No such
Patients need rest	Yes for 1-2 days ²	No, patient ambulant immediately
Invasiveness	Yes	No

Table 2: Modus operandi.

Steps	Actions	Timeline	Money
Pregnancy confirmation by strip- Previous two or more child is female	Seeking of link workers/doctors?		
Appointment/Booking	Through telephone by husband	7-10 days , may be early for heavy load	
Visit in town -1 st visit	Patient with link worker of village? with all reports	3-4 days prior to operation	Token money 500 rs
Fixation of time-place-person	Patient come home-getting things ready	On the spot	
Arrival of team- Team: Doctor (quack?) Link worker Sonologist Driver Assistant	A mobile team came at night-8 pm VAN, Sonologist, MTP Kit(clandestine way)	Usually night hours7-8 pm	
Gorilla operation: Come-Execute -Disappear	Performed mobile USG If it is female fetus- Aborted with the KIT	1 hr	For USG (sex determination)-2000- 3000 rs For Abortion-8000- 10000 Rs
Departure to another booked house			10000 Rs

Why this case study is important?

Tip of the iceberg: Our case study is important because it is mere a symptom of social disease. We have explored tip of the iceberg only. A lot of efforts should be done.

Double jeopardy for women: It is like a double jeopardy for mother. Firstly, there is loss of a foetus. Secondly it compromises maternal life. As all this procedure used to happen in a clandestine way. There are increased risks to the mother's life. Firstly the doctors who are responsible for mobile female feticide are feared due to raids. Secondly they are in a hurry because they have to perform a "gorilla operation". It may lead to mistakes. Thirdly they are performing abortions in dark. With poor visibility, they are playing with the lives of women. It is really alarming to us.

Value of women in a society: This kind of action and reaction will take place in future until and unless we make people understand about the value of women in society. Apart from only value for reproduction, nothing will change. Along with legislation, empowerment and skill development of the women, mind-set change of patriarchal society is necessary. Until and unless the people understand the value of women in the society, this kind of reaction will take place again and again. If this issue is neglected, then we assume human will devise newer/smart technology (alternate strategy) in future to fulfil their desires, i.e. to maintain the male dominance in the society.

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