

Born from a Child: A Case Report of Foetal Autopsy in the Context of Child Marriage

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Abstract

The present case explains the medicolegal and medical complexities related to a 15-year-old married, Indian girl presenting with intrauterine foetal death and diagnosed with anencephaly in her foetus by autopsy examination. The patient, brought to a peripheral health centre with acute abdominal pain, had a history of six-month amenorrhea. The consultant notified the case to police under the Protection of Children from Sexual Offences (POCSO) Act, 2012 and conducted the elective expulsion of the deceased foetus following confirmation of intra-uterine foetal death. Autopsy revealed severe congenital malformation, anencephaly. The article also highlights the intersection of child marriage and congenital anomalies, demonstrating how socio-economic and cultural factors exacerbate health risks in young girls. Legal frameworks such as the POCSO Act, 2012 and the Prohibition of Child Marriage Act, 2006 aim to protect minors but face challenges due to societal acceptance of child marriage and conflicting religious laws. This case underscores the need for comprehensive legal reforms, integrated healthcare services, and educational interventions to address these systemic issues and safeguard the rights and health of vulnerable populations.

1. INTRODUCTION

Child marriage in India has a long-standing history. Currently, this practice remains prevalent, particularly in communities belongs to low socio- economic status. The traditional customs and cultural beliefs promote the early marriage of girls, despite significant legislative measures aimed at its eradication. The Prohibition of Child Marriage Act (PCMA), 2006, defines child marriage as a union where the bride is under 18 years, or the groom is under 21 years. It imposes strict penalties to the accused. However, these marriages are considered voidable rather than void, allowing them to persist unless annulled by the minor through court intervention.¹ The Protection of Children from Sexual Offences (POCSO) Act, 2012, further criminalizes all sexual activity with individuals under 18, deeming such acts as non-

consensual regardless of marital status. This creates a legal contradiction in cases of child marriage where personal laws, allow marriage upon attaining puberty, presumed at 15 years. However, this practice that continues to affect young girls in the country, particularly in rural areas often deprives them of their childhood, education, and access to adequate healthcare.²

The health consequences of such early pregnancies are severe, including an elevated risk of neural tube defects (NTDs) in offspring due to undernutrition and reluctant to take medical consultation. The neural tube, an important embryonic structure, develops during the third and fourth weeks of gestation, forming the brain and skull from its upper section and the spinal cord, vertebrae from its lower section. Neural tube defects (NTDs) occur when the tube fails to close properly, with anencephaly being one of the most severe forms. In anencephaly, the forebrain and cerebrum essential for cognition and coordination are absent, and the remaining brain structures are uncovered by bone or skin. Infants with this condition are often stillborn or die shortly after birth, exhibiting reflexive actions but lacking consciousness and sensory functions.^{3,4} The precise causes of anencephaly remain unclear, but nutritional and environmental factors are significant contributors. Folate deficiency is a primary risk factor, while anti-epileptic drug use, maternal diabetes, and hyperthermia during the first trimester are linked to increased risks.⁵ In India, NTD prevalence ranges from 0.5 to 18.2 per 1,000 births, with a pooled prevalence of 4.5 per 1,000 markedly higher than global averages.⁶

This article discusses issues with broad social implications, such as child marriage and associated pregnancies, alongside anencephaly, which relates more directly to individual health. The case involving a 15-year-old married girl who was brought to a peripheral health centre with acute abdominal pain. Clinical examination confirmed a six-month pregnancy with an intrauterine foetal death. This case highlights the critical interplay between child marriage, legal obligations under the Protection of Children from Sexual Offences (POCSO) Act, 2012 and the medical implications of insufficient antenatal care.

Case History

A 15-year-old married girl was brought to the casualty of a peripheral health centre by patient's husband and family members with a reported history of acute abdominal pain since the previous night. The consultant noted six months of amenorrhea, with no investigations conducted to date. The consultant confirmed pregnancy through clinical examination but found no foetal movement or foetal heartbeat on auscultation, leading to a diagnosis of intrauterine foetal death. The consultant notified the police about the case and proceeded with an elective expulsion of the deceased foetus by administering an injection of oxytocin. The dead foetus was then referred to the mortuary for autopsy examination, which was conducted the same evening. According to the inquest report, the apparent cause of death was recorded as "Itfakiyan" (Hindi), which translates to "accidental" in English.

2. AUTOPSY FINDINGS

The deceased foetus was received wrapped in black underwear, weighing 700 grams. Anthropometric measurements include crown-heel length 30cm and foot length 5cm. In general examination (Figure 1), skin was reddish in colour and peeling of epidermis was noted at places. Vernix caseosa was present over inguinal fold and inner aspect of thighs. Lanugo hairs present all over the body. All the natural orifices were developed. Fine, black hairs were present on scalp.



Figure 1. General appearance

Cranial vault was thick and absent on posterior aspect in an area of 2cm x 2cm. A mass of angiomatous tissue was protruded out through the deficit. Scalp was also found absent around the above-mentioned deficit of cranium (Figure 2). The eyes were prominent and bulging, with indistinguishable eyebrows and visible eyelashes. The ears were low set with large pinnae measuring 2 cm in length. Cleft palate was noted. Neck was short and wide. Nails were thick. The external genital organs included a stump of the penis and scrotum.



Figure 2. Cranial vault absent on posterior aspect of skull.

The stump of umbilical cord was present, with a clean cut at the free end. The placenta, weighing 200 grams, was received separately along with the body, with a torn placental membrane and disorganized cotyledon alignment.

Internal examination: The bilateral lungs appeared liver like consistency and dark red in colour with a slippery, jelly texture. The surface of lungs was smooth and shiny. The edges of the lungs were sharp and well- defined (Figure 3). Hydrostatic test was performed and it was found negative. The stomach contained a small quantity of reddish mucoid substance, while the stomach bowel test also turned negative. Small intestine was empty whereas large intestine contained meconium. The liver appeared deep red in colour and occupied approximately half of the abdominal cavity. The kidneys appeared as lobulated morphology. Ossification centre had appeared in calcaneum and first sternbrae. We opined as, non-viable

male foetus of age about six months of intra uterine life and with an estimated time since death of around 24 hours. The foetal tissues were preserved in normal saline and sent to forensic science laboratory for DNA profiling, as it has been registered as a medicolegal case.



Figure 3. The lungs were dark red, smooth surface with sharp edges

3. DISCUSSION

Anencephaly is a serious and uncommon congenital disorder marked by the partial or complete absence of the brain, skull, and scalp⁷ as observed in this case.

In medicolegal autopsy, anencephaly is relatively rare, as it can typically be identified through prenatal ultrasound and alpha-fetoprotein (AFP) blood screening. According to the Medical Termination of Pregnancy Amendment Act 2021 allowing for the termination of pregnancy when there is a significant risk of the child being born with severe physical or mental disabilities.⁸ Furthermore, infants with anencephaly often result in stillbirth or may pass away shortly after resuscitation, which is classified as natural death. However, there are exceptional instances where a child may survive for an extended period as in a case reported by Dickman et al.⁹ documented an infant with anencephaly who lived for 28 months without requiring surgical intervention or life-sustaining treatments. In the current case, as the mother did not undergo routine antenatal check-ups and failed to detect anencephaly.

The 'Rule of Hasse' was ineffective in this case for estimating the approximate age of the foetus due to the existence of the congenital malformation of head as discussed by Pathak A et al.¹⁰ Consequently, we relied on alternative age estimation parameters, including the presence of ossification centers in the calcaneum and the first sternbrae. Additionally, vernix caseosa was observed in the inguinal fold and the inner aspect of the thighs, while lanugo hairs were distributed across the body. The nails were noted to be thick. Based on these observations, we concluded that the approximate age of the foetus was around six months and determined it to be non-viable.

Medicolegal aspect of the case:

Although the incidence of child marriage in India has gradually declined, the absolute number of girls and women married as children remains on the higher side. This group includes girls under 18 who are currently married and women of all ages who were first married during childhood. The risk of becoming a child bride is influenced by various socio-economic and demographic factors, as in our case. The girl in our case was married at 14 years of age, dropped out of school thereafter, and belongs to an economically backward Muslim family residing in a rural area. Girls from rural areas or economically impoverished households face a significantly higher risk, as do those with limited or no access to basic education. The underlying issues are comparable to those put forward by Farrukh et al.¹¹

These patterns are evident in the study conducted by Shraboni Patra¹² among the Indian population and in the “Ending Child Marriage: Profile of Progress in India” published by UNICEF¹³ in 2013, which underscore the deep-rooted inequalities that perpetuate the practice, highlighting the need for targeted interventions to break this cycle and protect vulnerable girls. Shraboni Patra¹² studied unsuccessful pregnancy outcomes in child pregnancies, which aligns with our case, where the pregnancy ended in a dead born fetus, an outcome that could have been prevented by folic acid supplementation during the antenatal period.

In India, such issues are handling under the acts, the Prohibition of Child Marriage Act (PCMA), 2006 and POCSO act, 2012. The PCMA penalizes those who perform, facilitate, or promote such marriages with up to two years of imprisonment and a fine of up to one lakh rupees. However, exemptions are provided if the accused can demonstrate reasonable grounds for believing the marriage did not involve minors. This legislation serves as a critical tool to an extend in combating child marriage and protecting the rights of vulnerable children.¹⁴

The Protection of Children from Sexual Offences (POCSO) Act, 2012 is a comprehensive law designed to safeguard children under the age of 18 from sexual offenses, including sexual assault, harassment, and exploitation through pornography. It enacted to mandates strict punishment for offenders regardless of their age or gender.¹⁵ Sexual assault under the POCSO Act is a non-bailable and cognizable offense, with a presumption of sexual assault in child marriages involving girls under 14. While the PCMA sets the minimum marriageable age at 18 for women and 21 for men, its impact is diluted by conflicting personal laws, such as Muslim personal law, which permits marriage upon puberty, typically presumed at 15. Efforts like the Prevention of Child Marriage (Amendment) Bill, 2021, aim to standardize the marriageable age at 21 for all women, but widespread cultural and religious acceptance of child marriage poses challenges. Child marriage undermines the POCSO Act's intent to protect minors, as it exposes young girls to harm and diminishes their dignity, highlighting the urgent need for unified legal reforms to safeguard children.¹⁶

Under Section 19(1) of the POCSO Act, medical practitioners have a legal obligation to report cases involving pregnant minor girls to the appropriate authorities, such as the local police, special juvenile police unit, or child protection committee. This requirement applies irrespective of the girl's marital status, as the POCSO Act deems all sexual activity involving minors (under 18) as non-consensual. Therefore, a pregnant minor, whether married or unmarried, is considered a victim of sexual assault. Medical professionals must report such cases even if the minor or their parents does not wish to pursue legal action, and failure to do so can result in imprisonment of up to six months and a fine. In cases where the minor's age is uncertain, it is recommended to report the pregnancy as required by the POCSO Act, leaving the authorities to determine the appropriate course of action. This reporting requirement does not conflict with the legality of pregnancy termination under the MTP Act. Medical providers are permitted to proceed with termination, following the Act's provisions, while ensuring meticulous documentation of the case. The dual obligation under the POCSO Act and the MTP Act ensures the protection of minors while maintaining their access to necessary medical care.¹⁷

4. CONCLUSION

In conclusion, anencephaly represents a severe congenital anomaly with significant medical, legal, and ethical implications. The case highlights the critical importance of antenatal care to reduce the risk of such conditions. It also underscores the medico-legal obligations of healthcare providers, particularly under the POCSO Act, to report pregnancies in minors as cases of sexual assault, irrespective of marital status. Furthermore, the interplay between laws addressing child marriage, sexual offenses, and medical termination of pregnancy reveals the urgent need for cohesive legal reforms to protect minors from harm, ensure their access to medical care, and promote systemic change to combat the deep-rooted socio-cultural issues perpetuating child marriage.

Declaration of conflicting interest:

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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