HEALTH STATUS OF FISHERWOMEN IN RURAL AREAS OF ANDHRA PRADESH

(A Case Study of Visakhapatnam District)

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CHAPTER–VIII

SUMMARY AND CONCLUSIONS

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8.1. The Research Problem:

The studies on Fisherwomen are gaining importance because the status, living conditions and the attitudes of women have been experiencing significant structural changes in various spheres. As a consequence, the women folk are actively participating in the Socio-economic and service activities and in turn, the status, position and extent of responsibilities and activities of women have changed to some extent in recent times. In Andhra Pradesh the traditional fishermen are considered as indigenous people, the most marginalized and disadvantaged groups.

As in all subsistence economies, women play an active role in the fishing communities of Visakhapatnam district in Andhra Pradesh. In fact, fisherwomen have made the survival of the coastal communities possible. Though they have very limited control over the conditions and products of their labour, women have almost exclusive responsibility of running the household and caring for the children. Despite the fact that they play an important role in fisheries, they remain invisible. Their contribution to the sector and their struggle for survival remain unnoticed.

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The fisherwomen of Visakhapatnam district are illiterate and they do not have any other skill than selling fish. In the ever-increasing competition for scarce fish resources it is difficult for women to procure fish. Fish vending is a difficult occupation in the absence of transport facilities, which compel women to walk 8 to 10 km a day with heavy loads of fish on their heads. The economic inadequacy leads fisherwomen in Visakhapatnam to obtain money from moneylenders who in turn exploit them with usurious credit, which keep them perpetually indebted. Because of the regular drinking habits of the fishermen

all the money they earn through their hard work get siphoned away by the liquor merchants. The moneylenders, the fish merchants and the liquor merchants together manage to keep the fisherwomen always in the subsistence economy. To come out of the subsistence economy to the surplus economy, women need to engage themselves in diversified fish related activities like fish processing and marketing. As in all poor communities fisherwomen also bear the double burden of work for the market and for the household. The present study addresses this basic research problem.

Over the last fifteen years or so, a growing concern over the health status of women in our country has arisen from the increasing body of researchers, demographers, statisticians, planners and women organizations. The report towards equality prepared by the committee on the status of women of India (1974) first focused its attention on this increasing evidence to indicate that there is a serious problem concerning the health of the population as a whole and of the health status of the poor as a group. The health status of any group is a dynamic and complex, manifestation of social, economic political, cultural and historical factors issues of health problems and practices have to be situated in their cultural, social and economic contexts. The role of women, as an instrument for the propagation of family welfare programme becomes important. There is no sphere of life in which women do not play a more vital role as in the determination of the size of a family.

The impact of various developmental plans, policies and programmes have brought about perceptible improvement in health status of women. In 1983 a National Health Policy was formed. The Child Survival and Safe Motherhood (CSSM), programme was launched in 1992 for improving the health status of women and for reducing the maternal, infant and child mortality rates. A network of over 2000 community health centres, 22,000 primary health centres and 1,31,000 village level sub centres has been setup to

provide primary health care including maternal care and family planning services. The Family Planning Association of India is the oldest and largest N.G.O in this field. As a result of the impact of these programmes the crude birth rate and infant mortality rate have declined and total fertility rate has come down from 3.6 in 1992 to 1.5 in 2001 and also improved the health status of women.

The fundamental issues concerning women and their health are nutrition, sanitation, pregnancy, child birth and fertility. Research in the areas of women's health status largely focused on the determinants of health at the macro level. As a matter of fact, women's health depends on the dynamics of social, economic and cultural factors operating at the micro level. In recent years, several studies have been conducted to study the socio-economic conditions of poor women. However, studies on women's health status relating to Fisherwomen are very few in general and to Visakhapatnam district in particular. The present study aimed towards this direction. The main focus of the study is on the determinants of health status of women belonging to fishing community in Visakhapatnam district of Andhra Pradesh.

8.2. Need for the Study:

It is evident from the earlier studies related to women that the majority of studies are on the socio economic conditions and are confined to both micro and macro level regions. The major gaps in the earlier studies are identified especially in respect of the fisherwomen.

Studies in respect of the fisherwomen are very limited in number, and in depth and micro level studies are also negligible. Earlier studies on fisherwomen have concentrated mainly on the socio-economic conditions and fishing related activities.

Keeping the gaps in view it is distressing to note that there studies have not examined some aspects like health status of fisherwomen. The studies on health care practices, the levels of health status and the determinants of health status of rural women are very limited. It is for this reason in the present study an attempt is made to focus particularly in the interior rural areas of Visakhapatnam district.

8.3. Objectives of the Study:

The following are the specific objectives of the study:

1. To study the socio-economic profile of Fisherwomen in Visakhapatnam district.
2. To discuss the issues relating to health policies in India
3. To analyse Socio-Economic Conditions of The Selected Sample Fisherwomen.
4. To study General Health Care Practices of The Selected Fisherwomen Households and morbidity pattern, medical attention received by the Fisherwomen in Visakhapatnam District.
5. To estimate the determinants of levels of health status and health index of selected Fisherwomen households
6. And to suggest an appropriate health policy for women, keeping in view the findings of the study.

8.4. Methodology:

Multistage random sampling procedure is used in the selection of district, mandals, villages and sample households. At the first stage Visakhapatnam district is selected for this study because it is a major marine center in the coastal Andhra region. To study the health status of the rural Fisherwomen, lists of fishing localities and fishing villages have been obtained from the Assistant Director of Fisheries, Visakhapatnam. Based on the

information provided by the office and through personal visits and rapport with the fishing communities, the mandals and villages have been identified. At the second stage based on the availability of coastline Payakaraopeta and Atchuthapuram rural mandals are selected for the study.

At the third stage from each mandal based on the higher proportion of Fisherwomen five villages are selected to select the sample Fisherwomen. From the Atchuthapuram mandal the villages Pudimadaka, Jalaripalem, Kondapalem, Kadapalem and Thanthdi Vadapalem are selected. Similarly from the Payakaraopeta mandal the villages Korlayyapetapeta, Palamanupeta, Pentakota, Rajanagaram and Venkatanagaram are selected and as a whole 10 villages are selected from the two selected mandals. At the final stage from each village a number of 20 fisherwomen were selected randomly. From the 10 selected villages a total of 400 samples rural fisherwomen are selected for an indepth study.

This study is also based on the secondary sources of data and review of historical as well as current information. From the Department of Commercial Intelligence and Statistics, Calcutta and other sources such as Central Statistical Organisation (CSO), Reserve Bank of India (RBI) Bulletins, and Annual Economic Survey Reports. Their publications include the Yearbook of Fisheries Statistics, Journals, Bulletins and Newsletters. Besides, apart from regular tabular analysis, percentages, averages, are also calculated. Standard statistical tools like simple and multiple regression analysis is used to derive analytical inferences with respect to the objectives of the study.

8.5. Design of the Study:

The study is broadly presented in eight different chapters, The introductory aspects relating to research problem, need for the study, objectives

and methodological issues are presented in the first chapter. The broad review of earlier related studies are discussed in the second chapter. The basic features and profile of the study area are provided in the third chapter. The fourth chapter is devoted for issues relating to health policies in India. The socio-economic conditions of the selected sample Fisherwomen are analysed in the fifth chapter. The general health care practices of the selected sample are examined in the sixth chapter. The determinants of the levels of health status of selected sample households are presented in the seventh chapter. The summary, conclusions and policy suggestions are outlined at the end.

8.6. Major Findings of the study:

8.6.1. Analysis relating to Health policies in India:

The 'health' of nation is a vital component of development. Assuring a minimal level of health care to the population is a critical constituent of the development process. In the beginning health policy was more care oriented and later on preventive and promotive aspects gained importance. In these days of globalization and privatization, the importance of public provisioning of quality health care cannot be underestimated. The Eleventh five year plan provides an opportunity to restructure the policies to achieve a new vision based on faster, broad-based, and inclusive growth. One important goal of eleventh plan is to achieve good health for people, especially the poor and underprivileged. Eleventh plan gave special attention to the health of marginalized groups the adolescent girls, women of all ages, children below the age of three, older persons, disabled, and primitive tribal groups. It will view gender as the cross-cutting theme across all schemes.

8.6.2. Socio-Economic conditions of Selected Sample Fisherwomen:

The 400 households surveyed, 59.25 per cent have four to six members and 23.70 per cent of families have seven to nine members. Nine are single

member households and three households have more than ten members. The average family size in the sample is 5.17. The predominant family type is the lineally extended family followed by the nuclear family. Unlike other communities children in fishing communities do not normally inherit income or property from parents, and so they prefer to live separate after marriage. The total population of the sample households is 2067 of which 1074 are males and 992 are females.

Out of the total population 93.60 per cent are Hindus and the rest are Christians. The families belong to two main sub-castes of the Noliya community namely ‘Jalaris’ and ‘Vadabalijas’. 13.75 per cent of the respondents are able to write one’s name. 12.75 per cent are able to read the sign board. 73.50 per cent of the sample households are having knowledge of arithmetic.

The 316 children of the sample households 166 are attending schools. Though there are more female children in the sample population, school going girl children are less than the male children attending school. Even among the few girls who are attending the school, there are many drop outs before the completion five years of elementary education. There is variation in the attendance of children in school in different villages. The school attendance is as high as 60% in the villages selected from the Payakaraopeta Mandal, whereas it is less than 40% in the villages selected from the interior Atchuthapuram Mandal.

The sample households do not own any cultivable land. Of the total sample households 51.25 per cent households, own both the site and house, and 46.50 per cent of the respondents' families have built houses on government land, 222 respondents live in thatched and mud-walled houses, which do not provide protection during rains and cyclones. The concrete roofs are available

to 164 households and asbestos roofs are available to 14 households. All the houses have raised a verandah, which is used to keep the net and other fishing equipments.

From the total households 38.75 per cent have no boats and no nets, 30.25 per cent households having only nets and only 5.50 per cent households having Two to three boats and several nets. In fishing season, 45.33 per cent of the households work for 13 hours or more, a day. In the study area the fishermen have no occupation other than fishing, with the exception of a few men working at the fishermen localities.

The fishermen work as crews in the boats of rich fishermen or fish traders. When the catch is good they get a daily wage of Rs.100-150. In off-season the fishermen go for fishing only for two or three days a week, and work for a maximum period of 9-12 hours a day. So far as Fisherwomen are concerned, they are not directly engaged in sea-fishing. Nevertheless they are part of the production process. They do participate in a number of related activities. Of the total sample, 335 are regular fish vendors and others do fish vending occasionally.

Out of the total sample Fisherwomen, 5.75 per cent of the households have only one earning member. Many households (52.79 per cent) have working 5-8 hours in off season and 47.21 per cent of the households have working more than 10 hours in off season. The number of earning members is a factor closely related to income of the households. Apart from the adult members, girl children above 7 years of age are also involved in fishing related activities. They learn cleaning, salting and drying of fish at a very early age. The time spent for these activities by girl children ranges from 4 to 5 hours.

8.6.3. General health care practices of Sample Fisherwomen:

It is observed from the table that majority of the Fisherwomen are using wood for cooking. While 69.00 per cent of the sample fisherwomen are using wood for cooking, very few fisherwomen are using dry sticks, stove or gas, and coal for cooking. 30.00 per cent of fisherwomen are using tap water and 9.25 per cent of the sample fisherwomen are using bore well water.

Out of the 400 sample households 279 households (69.75 per cent) are having proximity of water source from street and 77 households (19.25 per cent) from outside, 54 households (13.50 per cent) having water provision within the house. Surrounding cleanliness particulars are concerned out of 400 sample households, 319 (79.75 per cent) households' surrounding areas are not clean and 81 (20.25 per cent) households surrounding areas are clean. Of the selected 400 fishermen households 360 (90.00 per cent) households are clean and 40 (10.00 per cent) households are not clean. , 126 (31.50 per cent) households dispose the waste outside of the village and 274 (68.50 per cent) households dispose near to the house. From the total 400 sample households, 218 (54.50 per cent) household members are wearing clean clothes and 182 (45.50 per cent) household members are not wearing clean clothes.

The consumption patterns of all the selected fishermen households are concerned, the share of expenditure on food items is very high. Among the fishermen households of villages in the interior areas as the per capita monthly income is relatively low, the proportion of expenditure on food items is relatively high. Thus, the results of this study are consistence with the Engle's hypothesis of income expenditure relationship.

Fishermen households in general spend a higher proportion of their income on food items. Their food items include the consumption of cereals like rice, ragi, samalu, maize, jowar, bajra, pulses, like red-gram, black-gram,

green-gram, horse-gram etc., They also consume other items like vegetables, meat, fish, edible oil, salt, tamarind, jaggery etc., It is evident from the analysis relating to consumption patterns of all the selected households on food and non food items that almost 60 percent of the average monthly household expenditure has been met by the sample fishermen households on food items. Out of the 400 sample households, 375 (93.75 per cent) households have changed the food consumption of taking together, only 25 (6.25 per cent) of the households didn't change the food consumption practices.

Out of the selected 400 Fisherwomen, 58 were suffering from fever, 34 women were suffering from cough, 26 women were suffering from head ache, 24 women were suffering from Skin Diseases and Asthma, 22 women s were suffering from Dental carries and Body pains, 18 were suffering from stomach ache and Communicable diseases, 14 were suffering from Gastric, other diseases and Diarrhea, and 12 women were suffering from Jaundice. 74.38 per cent women are taking modern medicine, 11.88 per cent persons are taken home remedy, 6.88 per cent persons are taking indigenous medicine, 5.00 per cent are taking no treatment and only 1.25 per cent women are going for magico religious practices.

Out of the 400 fishermen households 31.00 per cent of the households give choice of PHC followed by sub centers'(21.75 per cent), Fishermen Medicine attendant (25.00 per cent) and clinic or hospital (16.00 per cent). Majority of the Fisherwomen prefer Government hospitals and doctors because of free medicines (33.50 per cent), quick relief (29.00 per cent), less cost (10.75 per cent). Few of them prefer (14.00 per cent) hospitals nearer to home (5.25 per cent).

All the 330 Fisherwomen practice immunization, there are 210 (63.64 per cent), 28 (8.48 per cent), 26 (7.88 per cent), 27 (7.27 per cent) got immunized

for OPV, DPT, Vitamin A Supplement, TT, Measles respectively. Majority of the sample fisherwomen had immunized OPV. Among 330 households 157 (47.58 per cent) have consulted AWC, health worker visits the 87 households (26.36 per cent), and 48 (14.55 per cent) households go to sub centers'. With regard to the overall sample, around 64.67 percent of the sample opined of having knowledge in the AIDS problem. In this context, the government should initiate to take the measures for remaining 35.33 percent of sample women to know about this problem.

8.6.4. Determinants of the level of Health Status of the selected Fisherwomen:

It can be observed from the analysis relating to the determinants of morbidity levels reveal that the explanatory variables nutritional intake, family size, educational status of the household are found to be statistically significant at 1 per cent level and the other two variables (incomes of the household and availability of medical infrastructure) are significant only at 5 percent level. The coefficients of all variables except family size are negative and hence all variables have their expected coefficient sign.

The analysis of morbidity levels ultimately reveal that, one percent of increase in nutritional intake leads to 1.36 per cent decrease in the morbidity and one percent increase in household income leads to 2.39 per cent decrease in the morbidity. Similarly, a unit increase in the educational status of the household head leads to 2.04 per cent decrease in morbidity and one per cent increase in the medical infrastructure leads to 5.42 per cent decrease in the morbidity. However, one per cent increase in family size leads to 0.32 per cent increase in morbidity. This suggests that a massive campaign has to be carried out to improve household's educational status and awareness on family planning. Since the impact of health care institutions on morbidity is

undebatable, unreserved, effort must be made to provide such facilities to the nearest of the fishermen society.

The frequency distribution of the fisherwomen table reveals that 73.00 per cent Fisherwomen are having poor health status (minus values). Another 10.50 per cent are having 0 values and better health status is found only among 16.50 per cent. The fact that higher the income and higher the health status and there is statistical significant association between household monthly income categories and health status index where p is 0.005. The model is found to be reasonably fit as indicated by the value of adjusted R Square, the coefficient of determination (0.531). The ANOVA table which tests the acceptability of the model from a statistical perspective, reports that the F test is statistically significant (p=0.005). The significance value of the F statistic is less than 0.05, which means that the variation explained by the model is not due to chance.

Regression analysis result shows that five variables (Household Size, Dependency Proportion, Household Education Index, Per capita Monthly Household Food Expenditure and Utilization of Health Care Facilities) are having significant influence on the dependent variable, Health Status Index. Again, it may be noted that the co efficient values of two significant variables are small, for Dependency Proportion it is 0.019 and for Per capita Monthly Household Food Expenditure it is 0.005.

8.7. Major Conclusions:

The findings of this study ultimately lead to conclude that the fisherwomen play a significant role in the fisheries economy of the study area. In addition to attending to the household activities, the fisherwomen devote a good amount of time to collect process and market the fish. So far as fishing operations are concerned, they contribute in all the activities and household activities. Notwithstanding the substantial support they render to their

households and community, the fisherwomen remain invisible within the grand structures of a modern market economy. As a whole their socio-economic and living conditions are in the very poor state. It has been found that a large number of the sample respondents contribute more than 40 per cent of the household income. However, there is no mechanism or institution to recognize this support. As a result, they remain neglected, which they have painfully accepted as a fact of their life in a society of gender inequity.

The major findings of the study justify the formulated hypothesis that the state of the socio-economic conditions of the selected fisherwomen households in the study are in the backward stages. Similarly another hypothesis relating to poverty levels of the selected sample fisherwomen households, that they differ across the mandals and villages and they are relatively low in the semi urban villages rather than very interior villages is also justified. Since Fisherwomen in the study area contribute substantially to food security and sustainability of fishing communities, better gender equality will promote better future for their families and communities and even the fisheries economy in general.

8.8. Policy Suggestions:

The major findings of the study ultimately reveal that poor health status of women is inextricably inter-twined with socio-economic status of households, illiteracy, low education, early age at marriage, rural residence and other economic factors constrain women in acquiring health services. In this connection, the following measures are suggested which will go a long way in improving women's health reproductive health in general and particular in the study area:

1. It is important to raise awareness among girls, their parents, schools and communities about the health consequences of early pregnancy. Moreover, efforts must be made to educate girls since women's education and their

health status is closely linked. Minimum education level must be extended to at least 10 years of schooling for girls.

2. The government should encourage local women organizations and Self Help Groups (SHG) to participate in primary health care and self care activities including traditional medicine community health care system.
3. Legislation prohibiting marriage for girls under 18 years must be strictly implemented and Family planning counseling centres should concentrate more in rural areas. At least trained midwifes should be available at the time of non-institutional delivery.
4. A link between poverty and maternal deaths has been clear. The government and public health sector cannot be absolved of their responsibilities to prevent these deaths by providing essential maternal and with ante-natal and post-natal care may ensure continuum new born care services of an acceptable quality. The central and state governments must allocate higher resources to the provision of public health care.
5. Timing of maternal deaths is clustered around labor, delivery and immediate post partum period. Therefore, a health centre, intra-partum care strategy would be most likely to bring down MMR. This could be in terms of a focus on promoting institutional deliveries supported by round-the-clock, comprehensive emergency obstetric transport facilities.
6. Women's income generating activities should be increased to augment her autonomy particularly in rural areas. Strategies to broaden the narrow focus of services, and more important, to put women's reproductive health service and information needs in the fore front are therefore urgently required: at the same time, men's information needs, especially in the area of STDs and AIDS cannot be ignored.
7. Decentralized government which leads to local participation- particularly that of Panchayat Raj institutions can improve health care system, which in turn promotes the health status of vulnerable sections particularly women.

8. The government should actively seek the co-operation of non-governmental organizations in disseminating public health messages by involving them in information, education and communication activities.
9. Above all health insurance is the most important measure to promote health status. Introduction of comprehensive health insurance is highly essential.
10. In this context, both the Governmental and Non-Governmental agencies have to provide formal education for children and ongoing non- formal education for Fisherwomen for sustainably protecting their rights to life, access to resources and to modern knowledge and health care practices.