

Problems and Health Status of Women of Fishing Community in Coastal Region of Jagat singhpur District, Odisha

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Abstract

This paper highlights, on the issues related to the health problems of women in coastal region of fishing communities of Jagatsinghpur district, Odisha. Fishing is a major livelihood in coastal region of Odisha and women plays a vital role in it, due to this particular profession various health problems are being faced by women. Poor housing conditions, non-availability of safe drinking water, lack of total sanitation coverage, improper waste disposal, unscientific drainage systems etc adversely affect their health. Incidence of water borne diseases, skin diseases, cancer, tuberculosis, stroke, paralysis, filariasis, mental disorder etc are considerably high in coastal area compared to the general population. The frequent occurrence of water borne diseases like diarrhoea, dysentery, cholera and typhoid are clear indicators of the poor health and sanitary conditions prevailing in the area. They also succumb to their job oriented ailments like rheumatism, body pain and gynecological problems. This situation reduces the number of effective working days and life span. The existing coastal health centres have poor infrastructure facilities and the doctors are often hesitating to work there. Woman above the age of 60 just constitute only 6.19% indicating the lesser longevity of the fisher folk. Good health care to fisherman community can be assured by providing sufficient resource and infrastructure facilities in the coastal hospitals. Conduct of extension programmes, medical camps with continuous follow-up and tie-up with super specialty hospitals may ensure good health care to the women of this community.

Introduction

Fish has been associated with man as a food commodity since times immemorial. It has been one of the most lucrative food commodities all over the world. Its popularity had taken a great leap in recent years, irrespective of social and financial status. Scientific explorations have revealed that fish is not only an excellent source of high grade nutrient source, it also act as a natural panacea against several dreaded diseases. As the world's largest wild food harvest, fish always have been a vital source of protein as well as cash income for many families in the developing world. More than 120 million people throughout the world are estimated to be depending on fishing. In 2000, according to the Food and Agricultural Organization of the United Nations, about 35 million people were directly engaged in fishing and fish farming around the globe. Majorities are small-scale, artisanal fishers eking out a living from coastal and inshore resources. India stands second among the world in total fish production after China. Besides providing direct employment, it also support other economic activities such as canneries building, fish processing unit, gear and

equipment manufacturers, boat yards, refrigeration, ice making plants etc. Fishing sector contributes significantly to the national economy by providing a good source of revenue to approximately 14.49 million people in our country. Presently, fisheries and aquaculture contribute 1.04% of the national GDP and 5.34% of agriculture and allied activities.

Fish trading is a traditional occupation that has been a means of livelihood for thousands of women in India as the majority of fish vendors being women. Unlike men, whose labor is largely confined to the sea, river or lake, fisher women vendors have to travel with their product on their head to market places. Along with being engaged in household works from dawn to dusk, fisherwomen play an important role in retailing, auctioning, sorting, grading, curing and drying, prawn peeling and collection of seaweed apart from hand-braiding and repair of nets. The role of the women in fishing largely relies on the socio-economic conditions of their households and their community. Overall the conditions and quality of life for women is deprived across different fishing groups and communities. This included long working hours, poor wages as compared to the men and in addition to that, the burden of household maintenance.

In India, women constitute about half of the population and comprise one-third of the labor force. Women contribute significantly to the fishery sector of the Indian economy. Out of the 5.4 million of active fishers in India, 3.8 million (70.4%) were fishermen and 1.6 million (29.6%) were fisherwomen (Ashaletha et al. 2002). Women constituted an estimated 25% of the labor force in the pre-harvest activities of fish; 60% in export marketing; and 40% in internal marketing (Dehadrai 2002). In Odisha fish drying, curing, fish marketing, net-making and shrimp processing are the most important activities in which women from fishing communities are mainly engaged. Women are also involved in creek or shallow water based operations, such as crab and shell fishing and rarely in cast net operations.

Review of literature

To get a better insight into the problems and prospects of fisher women, a brief review of available important studies has been outlined in this chapter. The review intends to identify research gap on the topic, which would help in raising issues for detailed discussion in this study.

Veenakumari (1998) explains the socio-economic status of women in India in particular. The status of women is intimately connected with their economic position in their household, which ultimately depends upon the opportunities for participation in economic activities. The economic status of women is gradually accepted as an indicator of the society's stage of development. The overwhelming majority of women are engaged into an informal sector, which not only provides low return but also is characterised by inaccessibility to credit, technology, training and other facilities. Moreover the traditional economic activities which provide employment to them, have suffered in the competition with the more advanced technologies. According to a report there are about 30 per cent rural households headed by women who bear all the burden of earning and caring for the families and suffer on account of lack of access to means of production and ownership of land and other property. In spite of many initiatives taken

during the last four and a half decades of planning process in India, women still face many limitations and constraints due to the lack of education, health, nutrition, information, transportation and other factors. This discrimination against women is still prevalent and they have yet to be integrated in the development process of the country. In this regard, it can be highlighted that separate economic planning for women within the overall planning system can be advocated. Attention should be paid to find a way in which women can be integrated and proper development process can be initiated.

Narayana kumar (2000) have studied the socio-economic conditions of marine fisherwomen in India. The changes that have been brought by the mechanisation of fishing industry in terms of income and employment generation and investment on fishing equipments have been discussed in particular. In general the marine fisherwomen in India, are socially and economically backward. Hence, any innovation in marine fisheries including new technologies besides increasing the yield from capture and culture sector should be economically and technically efficient and socially acceptable. Any sort of technological innovation, financial scheme or management practice needs to be analysed to assess its socio-economic, environmental and ecological impact such as family size, age structure, employment potentials, education and living standards of fishermen and this will help identify the constraints obstructing the realisation of full potential of development schemes and adoption of new technologies.

Nirmal Chandra (2009) in his articles remarked that the fisherwomen of Gopalpur have a vibrant organisation called 'Kalinga Fish Workers Union' that fights for their rights. The women also assert their rights through self help groups (SHGs) and through participation in the Panchayat activities. Women in the area with the help of the local NGOs began to protest against child marriages and child labour. They have also fought against illegal taxes. The economic contribution of fisherwomen towards their families is quite significant. The income of the fisherwomen is mainly determined by the amount of time allocated to collection, processing and marketing of fish. The age, body weight, marital, maternity status and education do not significantly influence their income. They spend most of their time on fishery and household activities. They are being over-exploited by the middlemen and traders belonging to their own community and others. The fisherwomen are also aware of the conditions of sustainability such as diversity, alternative sources of income, community harmony and familial equilibrium. Their traditional ecological knowledge needs proper documentation, recognition and appreciation.

Jese Verebalavu (2009) in her paper highlights the life of artisanal fisherwomen. Thou, artisanal fisherwomen have never been educated about basic business management, they have learned a lot about it through firsthand experience over the years by selling at the markets. They have also gained knowledge about the importance of keeping their resources as clean and hygienic as possible for the market. Hygiene is illustrated in the type of preservation and packaging of their resources. Income generated from artisanal fisherwomen, small business owners has a multiplier effect on their families and communities. The contribution of women in industrial fisheries has a huge impact on the individual fishing companies and nation as a whole. In both fishing companies, more than 50 per cent of all employees are women. A significant

contribution of the income generated by women in both artisanal and industrial fisheries goes towards their children's education (e.g. primary school, high school and tertiary level). This research has noted that women's involvement in fisheries in Fiji, although underreported, is having a significant socioeconomic contribution towards their households, community and nation as a whole.

Nair, Mini (1998) studied "Women in fisheries –Emancipation through cooperatives". The study revealed that fisherwomen are neglected by fishermen since they feel fisherwomen are involved in less productive areas like fish vending and other post harvest activities. Fisherwomen engaged in fishery related activities are marginalized due to technological changes. This has affected not only their individual income but also the income of their families.

Bostock in an article titled "Post Harvest Activities in Kanyakumari" has surveyed the fisher women community of Tamil Nadu. He has observed that buses won't allow the fisher women to carry fish to the market because of bad smell, leakage of fish water and bad smell coming from their filthy dresses. Because of non-availability of alternative transport facility, the fisher women face untold problems which adversely affect their income position.

Nayak in his Thesis titled "Socio-economic Status of Artisanal Fisherwomen Along the Gopalpur Coast of Ganjam District of Orrisa" has examined the role of fisher women of Ganjam District of Orissa. The fisher women are mainly involved in household works. In addition to this other works in which fisher women were concerned are traditional fish carving, manual laboring, fish selling, firewood collection, chunk collection, working as mind servant etc.

Objectives

- To study the problems and health status of the women in the fishing community.
- To study the difference diseases, morbidity pattern and health care facilities.
- To study the hygiene, sanitation and environment pollution which causes various health problems?

Area under Study

My study area is Nolia Sahi village, in Erasama block in the coastal region of Jagatsinghpur district. In this village there are 176 households. The total population is 1066. They are basically marine fishing community.

Methodology

The basic approach in this study is to adopt a combination between primary and secondary data. I have used various methods such as- questionnaires, case study and systematic observation based on regular visits and long discussion with the participants.

Findings

Hygiene and Sanitation- The residential sites of this community are quite congested and poor drainage system has become a breeding ground for mosquitoes. In most houses the fish baskets, nets and other equipments are stored in front of their houses. Cleaning, sorting of small fish, and drying fish is also done in front of the houses. Earlier water would seep directly into the ground but now due to concretization of roads and surroundings, the dirty water stays on the road and surroundings helping the flies and mosquitoes to breed. The front portion of individual houses is kept clean but the surroundings are dirty. Shortage of water also adds to the problem, some areas of this village have the poorest hygienic condition due to migration. Open garbage dumps are common in this village. There is no practice of collection of the waste from the houses. Generally they dispose it at the common waste-bin placed. Dry garbage is burnt by some families, while wet garbage is sometimes thrown in the river. This village has a public toilet, which is not at all sufficient in considering the population size of this village. These toilets are also not well maintained and occasionally cleaned. Most of the households are toilet-less. The newly constructed houses have toilet which are mostly used by women. Most people are of the opinion that having toilets inside the house and cooking food in the same house is something unhygienic. People prefer to use open grounds, river bank for defecation. There is no proper drainage system. Hygiene and sanitary conditions are poor. The coast is polluted due to fish waste, open defecation & dumping of garbage.

Disease, Morbidity Pattern and Health Care Facilities- An urgent need for a hospital has been neglected for a long time, but no attentions have been paid to the health issues of the people. Scattered private health services and lack of appropriate public health services are a growing concern for the health of this community. People in general are prone to various diseases. Headache, stomach ache, viral fever, cold and flu have become very frequent. Malaria has become very common in this village. Whereas in case of woman, there have been incidences of death in the age groups of 50 and above due to urinary tract infection, heart attacks and cancer. Earlier heart and blood pressure problems were seen only after the age of 50 but the age of villagers for these diseases are lowering especially in case woman. Deaths caused due to fever (Malaria) have been also reported. Jaundice and kidney problems were always present among the woman. Backache and knee pain and joint pains (Arthritis) among women of the age group of 35 and above has become a common ailment among the fisherwomen.

Among the young girls, menstruation pains and excess bleeding in some cases are very common in the community. Among women there are incidences of excess bleeding, fibrosis in the uterus and hysterectomy in the age group of 45 and above. Earlier fever and headache were common, women feel that major problems like heart attacks, paralysis, problems related to liver and kidneys have also increased over the years. Cases of chicken pox and small pox have reduced compared to earlier days. Vomiting and diarrhea among the children increased during monsoon. Children also suffer from worms. The health complaints among the senior citizens are generally joint pains and eye sight problems. Men are known to live longer in women. There are more widowers than widows. The overall population of senior citizens is very poor.

In summer most of the women complain about heat boils, giddiness/weakness, blood pressure problems, Jaundice, loose motion, acidity and skin problems (itching, rashes etc.). In case of any health problems, peoples are treated at the Primary Health Center. Many villagers also have faith in traditional herbal medicines and home remedies. These traditional practitioners have inherited these skills from their forefathers which have been handed down to them from generations. Primary Health Centre provides health services to the people of the surrounding areas. There is no full time government or private gynecological services in the area, people have to travel all the way to Pradeep. Many of these fisher women are marginalized from the public health care systems. For meeting expenses connected with medical treatment and delivery, they rely on local money lenders with usurious interest rate. There are cases that people stop treating the disease, after sometime when they think that the expense exceeds their financial capacity. Most women avail of the BCG/Polio doses from Anganwadi centres.

Women's Health Issues: - Women in this fishing community as any other traditional community are more than doubly occupied with house hold as well as fish works. Sorting out, packing and getting the fish ready for market as well as going to the market for selling are the most important works women undertake, along with taking care of household works like cooking, cleaning of the house, getting the children ready for school, college etc. During the fishing months every moment is precious and hectic; religious festivals, family functions.

Women in this fishing community generally suffer from headaches, stomach aches, cold and flu, malaria, cough and viral fever. Lack of sleep, stress related to fishing especially those who own boats, as the fish catch totally depends on the weather, are also common in this village. Among fisherwomen, cases of gynecological checkups and medical checkups are undertaken only in the case of pregnancy or a related illness. Their work demands all their time and efforts with the result only sickness allows them resting time. Most families and women in general are not particular about the rest during the pre and post natal period. There are incidences of women resuming house hold duties soon after the delivery. According to the local culture, in case of birth of first child birth women is brought to her maternal home for delivery. She stays there for two to three months after delivery. That is the time she gets good rest and care. Education is slowly creating a change in the social outlook of women about their awareness of their reproductive health, diet and health in general. There is a general misconception about women's health, that they are considered to be healthy if they look fat. But data gathered from research and medical experts tells a different story. According to the health experts there is high rate of anaemia among children, adolescent girls and women. About 80% of the pregnant women are anemic having vitamin deficiency. Anemia is also the cause of miscarriages, still-births, low birth-weight babies, and post-delivery hemorrhages. As per the health experts of these areas vitamin deficiency is common among women due to lack of vegetable and fruits in the diet. It is also due to lack of awareness and knowledge about importance of nutritious diet in general and specifically among pregnant women and its impact on the baby's health. The fisherwomen breast feeds her child for almost two years. Eating high quantity of food is generally equated with good nutrition. Fish and rice is the staple food. Pulses, vegetables, fruits and milk are lacking in the

diet. Also, irregular food habits because of work pressure (both for men out in the boats and women in the field for marketing, fish drying, etc) is a regular pattern.

The anemia among the children is also due to worms, half of the children below 4 years are found to be malnourished. There have also been many cases of physical abuse of women by their alcoholic husbands, sometimes even when they are pregnant. There have been few cases of still born births, premature miscarriage and low weight babies in these areas. Black pigmentation on the face during pregnancy has been increasing in women. Obesity and problems of white discharge are also faced by some women. People feel that the change of life style like use of gas for cooking & use of washing machines tend to make women obese as these activities are leads them to less exercise. Issues pertaining to sex education and reproductive health are considered highly secretive and not discussed openly in the family as well as in the community. Women are even shy to discuss these issues, there is lack of awareness and education regarding gynecological problems and awareness about their right to reproductive health is an issue which is far beyond their understanding. Traditionally spacing of the birth of children is around two years. Generally the man decides when to have a child, the woman just agrees with him. After the marriage if a child is not born within one year the family gets worried and begins to consult doctors. The number of children in older families is from five to ten while the newer couples prefer two or three, maximum five children. The women generally do not have access to contraceptives. After having two, three or four children the family decides if the women have to undergo the sterilization. About 85 percent of the families opt for sterilization as Vasectomy is not at all popular in this village. All deliveries were done at Primary Health Center.

Conclusion

The study has highlighted that health is not a top priority especially for women in the fisher folk community. There is need for a sustained effort from all sections of society to bring about a change in individuals, family and the community. Public awareness together with planned intervention in the health field needs to be followed after the study. It is believed that Health in its truest sense is an integration of body, mind and spirit, the self with others, the self and God. Healing and health for the whole person involve both preventive and curative medicine; mental and spiritual counseling. Wholeness of the person is best achieved by full participation in the community, be it church or local geographical groups. The study has made us more steadfast in our involvement in the lives of the fisher women of Nolia Sahi village to recognize the congruence and linkages between health and livelihood. Programmes to improve nutrition, sanitation, and health awareness especially reproductive health are seen as critical aspects for improving community health. With the support of government and civil societies we can move forward to bring about a healthier community. If India's fisheries sector is to be satisfactorily sustained then fisherwomen empowerment, both socially and economically is essential. Hence skills and use of appropriate technologies will enable them to be empowered socially and economically. This can only be done through education about nutrition, health, sanitation, and child care, and training on current technologies and best practices techniques along with financial assistance.

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