



## AWARENESS ON HEALTH CARE AMONG THE FISHER WOMEN IN KANYA KUMARI DISTRICT

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### Abstract

The paper explains the awareness of healthcare among the fisher women in Kanyakumari District. Experiencing a vulnerable living conditions, had they been given a good exposure on the standard health care systems available, there would have been a well-balanced life style. Lack of awareness on the latest health care systems leads to several problems they face.

**Index terms:** Fisher women, awareness, healthcare, community, unfavourable life style, problems; low social, educational and economic status.

### Introduction

The objective of the global declaration by the World Health Organisation (WHO) "Health for All" to lead the world society to the road of progress in health has been more relevance for the third world countries particularly for India because India is a very poor country compared to other countries in the medical system.

In India, health care is nothing but the delivery of health services to a population which is influenced by the behavioral patterns of the individuals including their nutrition, exercise and health care seeking behavior. The health care facilities are made available to all individuals from governmental or non-governmental sources as well as their ability to pay for such service.

The fishing community is a low income group with low social, educational and economic status and having high level of unfavorable social life style and vulnerable for lack of environmental awareness. The social economic condition of fisher community is affected by the land and use of coastal resource. Among those living in the coastal lines, most of them are below poverty line (BPL) and are struggling for their survival. For them, health, nutrition, sanitation, water supply, social fertility, cooking fuel and house building materials are the day to day problems.

A woman is an indispensable tool for advancing development and reducing poverty. The women contribute to the health and productivity of whole families and communities and to improve prospects for the next generation.

### HEALTH

The widely accepted definition of health can be read from the preamble of WHO's (1948) Constitution: 'a state of complete physical, mental and social well being and not merely absence of disease or infirmity'. Though there are many criticisms and limitations related to this definition as an ideal goal than a realistic proposition, new philosophical trends are added to this understanding of health as it is a fundamental human right, it is the essence of productive life, intersectional, and integral part of development, a worldwide social goal.

The above WHO definition envisages three specific dimensions namely physical, mental and social wellbeing not merely the absence of disease or injury.. Although these dimensions function and interact with one another, each has its own nature. The conceptual descriptions are given:

**Physical Dimension** conceptualizes health biologically as a state in which every cell and every organ is functioning at optimum capacity and in perfect harmony with the rest of the body.

**Mental Dimension** would mean that good mental health is the ability to respond to the many varied experiences of life with flexibility and a sense of purpose. More recently, mental health has been defined as "a state of balance between oneself and other, coexistence between the realities of the self and that of other people and that of the environment."

**Social dimension** implies harmony and integration within the individual, between each individual and other member of society and between individuals and the world in which they live. The social dimension of health includes the levels of social skills one possesses, social functioning and the ability to see oneself as a member of a larger society.



Health is multifactorial. The factors which influence health lie both within the individual and externally in the society in which he or she lives. It is a truism to say that what man is and to what diseases he may fall victim depends on a combination of two sets of factors – his or her genetic factors and the environmental factors to which he or she is exposed.

WHO's work on 'Health and Development' is concerned with the impact of better health on development and poverty reduction, and conversely, with the impact of development policies on the achievement for higher levels of investment in health, and to ensure that health is prioritized within overall economic and development plans. WHO works with donors to ensure that aid for health is adequate effective and targeted at priority health problems.

Rene Dubos (1981) and Thomas Mckeown (1979) said that in each human society health and disease co-exist. Both are significant dimensions of man and society.

### **HEALTH CARE**

Allwyn D'Silva (2011) gave "health care is nothing but the delivery of health service in a population". People in general are prone to various diseases. Headache, stomach ache, viral fever, cold and flu have become frequent. Malaria has become very common in the villages. There have been incidents of death in the age groups of 50 and above due to urinary tract infection, heart attacks and cancer.

Back ache among men and knee pain and joint pains (Arthritis) among women of the age group of 35 and above has become a common ailment among the fishermen/women. Among the young girls, menstruation pains and excess bleeding in some cases are very common in the community. Among women there are incidents of excess bleeding, fibrosis in the uterus and hysterectomy in the age group of 45 and above.

Most people in the area prefer allopathic treatment for instant result, as around 85% of the people have great faith in allopathic treatment; people do not hesitate to directly approach the doctor unlike earlier times.

People are of the opinion that while they prefer private health services, the migrated population generally feels comfortable to use government services. Almost all people prefer to approach the doctor when the problem gets severe. Few people have faith in Herbal medicines and Home remedies. However, when allopathy fails people easily believe in herbal treatment as a last resort.

Ayurveda & Homeopathy are not popular in these villages as it is not much preferred by the people. Almost all people expressed the need for a full-fledged hospital. The private clinics in the areas are not adequate even in numbers to cater to the health needs of the people. People are of the opinion that these villages are known for their natural beauty and scenery thus becoming an Eco-Tourism Zone, but the area has been neglected in terms of health care services.

In Kanyakumari District, the major government hospitals are located in Kuzhithurai, Thuckalay, Asaripallam and Kanya Kumari for these villagers. Around 90% people avail the Immunization services, the utilization of pre & post natal immunization is 100%. They avail these services regularly from private and government centers. Most women avail of the BCG/Polio doses from Anganwadi centers of their respective villages.

### **Private Health Services:**

Women in 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 house hold 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 (birthdays, marriage etc) are the only free and relaxing time during the fishing season. The months of June and July are non-fishing months and are well utilized with group trips to religious places or long group tours and picnics.

Women in the fishing community generally suffer from headaches, stomach aches, cold and flu, malaria, cough and viral fever. Knee and joint pains among women from the age group of 35 and above have become a common ailment. 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, but the result is only sickness.



Most families and women in general are not particular about the rest during the pre and post natal period. There are incidents of women resuming house hold duties soon after the delivery. According to the local culture, in the eight month a pregnant woman 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. In some cases the mother has to stay with the daughter to take care of her during and after delivery. There is not much change in eating habits and diet pattern during pregnancy; breakfast has the same items, some women take milk as an additional nutrition. Along with other items some prefer to take yogurt before, after or during lunch. During pregnancy all heat generating items are completely avoided in the menu. After delivery, spicy and sour tasting items are avoided for about a month. Chicken Soup is given twice a week for one month after delivery. 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.

G. Subhalakshmi (2012) stated that 'Deeply rooted gender inequality' has failed women's access to health care. Multiple pregnancies, preference for sons, inability to take a stand against the family, and underlying patriarchal social mores have impacted on the health of women, including maternal mortality, infant mortality, low birth weight, ante-natal anaemia among others.

The Birth Rate of Kanyakumari according to 2004 figure of the Department of Health was 6.6, However, in comparison to districts such as Trichy (19.4); Madurai (18.8); Perambalur (21.2); Pudukottai (20.8); Theni (19.9), Nagapattinam, 16.7; Kanyakumari was still lower. The state average was 15.5. Yet long way to touch Chennai (3.0) .

However, a proper coordination between Anganwadi workers responsible for door-to-door nutrition and the PHCs can address the problem of anemia, "the Balwadi workers are expected to be aware of the number of pregnancies and deliveries in their area, but most often they are clueless, preference for sons and failure to beget sons, and familial pressure has stripped women of any say in their health. It is not just access to health care but the ability to make an informed choice and decision that plays a vital role in women's health, say doctors and women.

### **Health Seeking Behaviour**

Health seeking behavior is nothing but the activity undertaken by a person who feels for the purpose of defining that illness and seeking relief from it. Cockerham C. William (1995) in Medical Sociology has summarized that whether a person will seek medical care is based on determinations such as visibility and recognition of symptoms, the extent to which the symptoms are perceived as dangerous, etc.

Furthermore he explains the health seeking behavior in two levels: 1. Other defined the illness condition and 2. Self defined the perception of his her own illness condition.

It is an irony that in our country the women have been widely acclaimed as an objective of worship in our scriptures, but in real situation they are given secondary position in comparison to their male counterparts in life. The major reason being the discrimination between men and women on the basis of sex creates various types of gender biases. After more than half century of the freedom, the status of women in the country continues to be unsatisfactory.

In fishing community, most of the family members are involved in fishing related activity. Though fishing has traditionally been a male dominated activity, of late women and children too contribute. Women are gradually participating in all sorts of fishing activities including planning to implementation, to sell and even net making to fish drying. To increase the participation rate and the skill of women, NGOs have provided different types of training and loan facility. But the matter of fact is that various studies done in this community shows, there is still much changes in the life of women in fishing community. Not only this, also there are very few authentic studies are found regarding the socio-economic condition as well as health consciousness and awareness among the women in fishing community in the Indian context.

### **Review of Literature**

There are some studies carried out on the relevant topic of healthcare seeking behavior. Studies show that only about 10% of the rural population utilized government medical facilities and that a majority of sickness in rural area was attended to by traditional healers or indigenous medical practitioners. (Bhatia et.al quote studies by Griffiths (1963) and the John Hopkin University (1970). In 1990, the council for social development conducted a review of the ongoing programs in India. The study reported that only 10 % mothers seek the advice of health worker and 72 percent of the children are taken to private practitioners and 21 percent of the children are taken to the government hospital or PHCs.



A study entitled “Utilization of Health Service in Urban India” by C.A.K. Yesuvadian in one area of Madras (Chennai) city he concluded that thirty one percent of all respondents had consulted private clinics or private hospital while 69 percent had consulted government center.

Van Deer Veen’s(1982) study showed that there is a vast discrepancy between the medical facilities of private practitioners in the urban centers and the state paid rural primary health center. Though the majority of the rural population and tribal communities are dependent on the services of the PHC the state health centers are still underutilized.

Mathews (1979) conducted a study on “Health and culture in a south Indian village”. The objective of the study was to find out the course and treatment of different diseases. The study revealed that village had their own beliefs about cause of diseases. Villagers had a strong belief in indigenous system (Ayurvedic, Siddha and Unani) of medicine.

In 1986, The Indian Market research Bureau, study to explore and ascertain practices related to home management of diarrhea disease in rural India was conducted in 15 states of India. 83 percent of those who had sought treatment had consulted the allopathic private practitioner.

Another study was conducted in Gujarat in 1987 and 907 mothers were interviewed. Of these, 88 percent had sought treatment for their children’s diarrhea. The treatment seeking pattern includes private doctor, government doctor and faith healer.

**Ministry of Health and Family welfare government of India (2005-2006)** conducted a study, using data from the (2005-06) National Family Health Survey (NFHS-3) and its two predecessor surveys, NFHS (1992-93) and NFHS (1998-99). The specific areas investigated include son preference, education, age at marriage, age difference between the spouses, employment, female household headship, women’s access to resources, gender relations in the household, women’s participation in decision making, and spousal violence. In general, the report finds that gender inequality is persistent in every domain examined, and women are both absolutely and relative to men.

The primary health care in the rural areas is beset with many problems which affect delivery of services to the people in need. K.B.Saxena (2010) examines various facets of rural health care and major issues of its governance in the context of health policy and changes introduced in it after the onset of economic reforms.

Andrew Green (2008) in his chapter ‘Health Systems: A 2020 Vision’, in ‘Strategic Issues and Challenges in Health Management’ addresses the issues related to the future challenges facing health systems with respect to contextual changes, globalization, governance, economic and political shifts, natural and artificial crisis, urbanization, environmental degradation, technology, health care and consumer expectation at both national and international levels.

### **Methodology**

This study is mainly focused on the health care and health seeking behavior among the women of the fishing community which involves their preference pattern of health care, people perceptions to health and their awareness of the qualities of a medical officer. This study is made in Kanyakumari District.

This chapter deals with the methodology, objectives of the study, scope of the present study, motivation of research, and the techniques, tool and procedures which have been used in data collection and analysis. These are described below.

### **Objective of the study**

- a) To understand, the health care-seeking behavior among the women fishing community.
- b) To the people perception on illness behaviour and factors which affect illness responses.
- c) To understand the relation between socio-economic status and health care seeking behaviour among fishing community.

### **Statement of the problems**

An interest of this study is evoked to know the community’s health condition, what type of medicine preferred in term of systems of medical care and changing pattern of socio-economic condition and their lifestyle.

The purpose of this study is descriptive. To observe what type of medicine they have preferred usually for their treatment and describe their conditions, orientations and action towards the health seeking behaviour and explain, why some people prefer some kind of medicine and others not.



### **The relevance of this research**

In India, 70 percent of people live in the rural areas. Most of the people have been taking health care system in the rural areas. But the impact of modernization and westernization the society has been gradually changed and adopted the new norms and values of culture and also changed their health care system. In the present condition the government and the non-government sector has played an important role in the delivery of health care system and they established more hospitals and private clinic and their related service in the society. People expect high level of health care system and the qualities of good doctors. The preference of health care system is changed and varied from one society and another.

Here, the study area is the fisher community in Kanyakumari District. The aim of this study is to know about the health care and health seeking behavior among the women in fishing community. The importance of the study is that how they will prefer the health care services usually for their treatment and how far their socio economic status changed towards taking the health care system and behavior.

### **Random Sampling**

The study has been conducted among those who belong to fishing community. More than 2 streets have been used for the data collection. Period of survey is one month, by visiting every Sunday in the area for data collections.

The research is done by field research and selected respondents of personally after establishing a bond of communication, the interview was taken among the respondents with help of the qualitative study with interview scheduled.

Main occupation in the village is fishing and twenty percent work in both private and government sector. Most of the family is nuclear family and 63 percent are educated; Balvadi and school are available.

There are sub-health centers and other medical facilities (i.e.) private clinic, x-ray, scan centre and blood test lab are available. The health center covers the surrounding area of more than ten village. And so many private hospitals are available.

### **Sub-health Centre**

It is a place for health service to one or two village which posses limited utilization of medicine. The facilities available here are Universal Immunization, primary medical care, micro nutrient services like distribution vitamin A.

### **Primary Health Centre (PHC)**

It is a place of medical institution which is state owned rural health care that is to be directed by medical officer and possess doctors and nurses. The functions provided by PHC are provision of medical care, prevention and control of locally endemic diseases, collection and reporting of vital statistics and education about health.

### **Case Studies**

#### **Case 1**

Mariamamma (42). Everyday she goes to the seashore at 4 am, buys fish, carrying them in a large basket on her head and moves on to various places until the last fish is sold. Restlessness gives her headache, pain in hand, leg and in joint too. If the pain is extreme and unbearable, she could not walk and sits somewhere for a while, and again moves on. Keeping the basket on the head and catching them with two hands make her shoulders to pain very badly. She said her hands pain as if they detached from her body and fell down. Carrying the basket under the sun makes her lose her energy and often she feels fainted, not able to bear the sun. There are high chances to get skin diseases as it is very much exposed to the sun; her skin in the hands seems to be tearing off. She returns home around 7 pm after selling all the fish. After reaching home, she need to complete the household chores and sleep after having any dinner may be 10 or 11 pm. Then, the next day in the dawn, her work begins for the day.

Her husband is a laborer. She has a daughter and a son. Both are studying in the college. She and her husband, both of them work, earn for the family. With their dual earnings, they are managing the family and educational expenses and also the medical expenses.

Their home is built with thatched roof with no much facility. They fetch drinking water from the street. They wash clothes near the pipe itself. So the water gets stagnated into a pond and become the breeding place of mosquitoes. Because of that, there are high chances to get affected to many endemic and contagious diseases.



During the menstruation, she uses only cotton clothes. They don't use any sanitary napkins because they are not used to it. But her daughter uses sanitary napkins. She suffers from unbearable and stomach pain, very weak and cannot bear any pain. At that time, she is not taken to hospital because during those times, medicines are not taken. It is said that the medicines consumed at that time may create problems during pregnant and delivery times. So, they don't take medicine, but just bear the pain.

### **Case 2**

Agathamma(50) sells fish going to all the streets. Every day she goes to the market and buys fish after bargaining for a long time. Then she takes the fish to every street.

She leaves home by morning 5.00 am and returns home by afternoon 12 or 1 pm. Some days she may return home early or it may take even night to return. Days like Wednesday and Friday, it may take time to sell all the fish, so she will be late to come back home.

She will have to roam under hot sun and so she gets tired very often. She says her hip and back bone pains a lot and her hand, leg and joints ache severely. Her entire body aches and she often suffer from unbearable pain. After reaching home, she needs to complete the household chores; she will not get time to take rest. Roaming out in the hot sun and doing all the household work makes her body weak and tired. There is no proper food and she is not able to eat at right time too. This makes fall sick often and they don't go to doctor too.

During rainy seasons, they are very prone to diseases like malaria, dengue fever and many flew are also common in that area. Sometimes she goes to private hospital in her area when the effects are severe.

She doesn't have proper drainage facilities. Because of that, contagious diseases spread easily in that area. Diseases like cholera, malaria are common in her area. Many times, its effects are very severe. Because of that she cannot go to market and sell fish. This result in serious loss and it will be difficult to manage the family expenses.

Water in her place is not clean and are prone to diseases due to this too. There is no dustbin in their area so all the trash are thrown everywhere which makes everything even worse and are very prone to all kind of diseases. They made a complaint for this problem. Selling fish and conditions in her home make her physical and mental health bad and results in stress and depression.

### **Case 3**

Siluvai Mary, a widow, has two daughters and one son. Before she leaves home for buying fish, she completes all the work at home. Carrying the fish on her head and going house after house, she returns home by 11 or 12pm. Her life seems to be very risky after the death of her husband due to alcoholism. Even though he was not helpful to the family there was some male in the family. Now she is left alone.

Everyday going to all streets and selling fish makes her body also weak and tired. Due to this, she is unable to go to sell fish. She also has asthma. So, she is not going in rainy seasons to work. During those days, it will be very risky to run the family. The expenses of the family cannot be met during that period.

The earnings are spent on medicines itself. In her area, there is a primary health centre. She goes there for any health complaints. There were no much facilities for it. So they suggested her to go the government hospital (G.H). She doesn't have that much earnings that can be spent on her health. So, she gets medicines in the nearby pharmacy and consumes rather going to the hospital.

## **Findings and Suggestions**

### **Findings**

1. Most of the family didn't take the Ayurvedic Medicine and remedies usually for their treatment, because, they are ignorant about these medicine, some others strongly preferred home remedies at the time of disease first experience.
2. Most of the people, around 70 percent in this area prefer the nearby hospitals which are usually private hospital and it is of easy reach.
3. Some of the people have preferred the Government hospital due to the seriousness of the symptoms and their poor economic condition, while some of the people have preferred the allopathic medicine from the medical shops.
4. Some of the people have only preferred the private hospitals for the treatment for their children.



5. Some of the aged person have preferred Government health centre in this area.
6. Most of the people in this area have preferred all kind of available medical services for their treatment from the beginning of experience of disease to totally curable through the home remedies, Ayurvedic health center and private hospitals.
7. Most of the people do not prefer private hospitals medicine for their treatment, because of low economic background, and some prefer Government Hospitals and these believe that private hospital treatment caused the side effect.
8. Few people are not visiting the Government, primary health center and Hospitals, because of the reason of ineffective medicine and curable time is very long.
9. The people know the perception of disease, due to the conditions of the seriousness. The symptoms disrupt the routine life, and individual tolerance thresholds.
10. Most of the people expect from a good doctor in terms of sympathy for the poor, often visited by people (i.e.) reference group.
11. Most of the people know the different kinds of medicine from the advertisement and books.
12. People here do not give much importance to their health and do not take any serious steps towards it.

### **Suggestions**

In fishing community, most of the people belong to middle income group and literate, and they have commonly prefer the private hospitals and medical shop for their treatment because, the utilization of health service in the primary health centre is very limited and ineffective. They expect the Government to improve the utilization of more medical service and advanced medical instrument in the primary health centre for their treatment.

Most of the people have ignored Ayurvedic Medicine, because it is not available in this area and the surrounding area. So that, if the government introduced the Ayurvedic medicine into the primary health center, then someone of this area comes to prefer the Ayurvedic medicine for their treatment. If, community health workers and other medical officer arrange the meetings on "Health Awareness and Health Care Services" in every month, then people will have to follow health awareness programmes and other services. 80 percentage of people in the world are said to have depend on Ayurvedic medicine in the 20<sup>th</sup> century onwards.

### **Conclusion**

Aim of this study is to understand health care and health seeking behaviour among from the women fishing community. It mainly divided into two sections. The first section deals with the preference pattern of health care services and another on deals with health seeking behaviour, which include the perception of illness condition and the good qualities of the good doctors.

The understanding of the concept of health and new emerging trends in the health scenario are matters of great interest of study. The progressive understanding of health in relation to marginalised and subaltern groups like fisherfolk is also of great interest.

The field shows that the maximum number of respondents is in the Nuclear family structure, and is in the fishing community. More than sixty percent respondents have more than two children to five children. Twenty percent respondents are working in the government and non-government sector. But, the main occupation of the community is fishing.

Regarding the preference pattern of health care services, the home remedy treatment was generally preferred due to easy availability and economic consideration, whereas the Ayurvedic medicine was preferred due to no side effect. The home remedies and Aurvedic medicine were not preferred for its ignorance and the restriction of the habitual practice. The private hospitals were generally preferred due to its effective treatment and the short period whereas the government hospital was preferred because of their economic consideration and seriousness of the symptoms.

Regarding the perception on the illness condition, more than thirty percent respondent told the perception of the seriousness of the deviant signs and it disrupts routine life; and on the qualities of a good doctor, the maximum number of respondent ranked the quality of a good doctor as one who listens carefully the problems reported by the patients .

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