

A Study on Health Status among Fishermen at Allahabad

Shrisharan Shukla¹ Dr. Akanksha Singh² Dr. Neena Gupta³ Rahul Singh⁴ Anshul Mishra⁵

^{1,4,5}PG Student ²Teaching Associate ³Assistant Professor

^{1,2,3,4,5}Department of Public Health

^{1,2,3,4,5}Shalom Institute of Health and Allied Sciences, SHUATS, Allahabad, Uttar Pradesh, India

Abstract— Background: Fisheries sector is one of the promising sub-division in the Agricultural sector of India. The fishing sector is recognized as a major income and employment generator to the rural poor of the nation as well as it stimulates development of a number of subsidiary industries. It is also a source of cheap and nutritious food with high caloric value and also a source of foreign exchange of country. Objective: To evaluate risk factors contributing disease among Fishermen in Allahabad Uttar Pradesh. Methods: A descriptive study was conducted among 255 Fishermen this study was carried out at Arail, Balua & Gau ghat at Allahabad Interview was conducted by on the basis of first come first serve till the completion of sample Size. Results: In this study, totally (100%) respondents were male and majority of the respondents aged between 20 to 30 years of age. Majority 90.2% of the respondents were Hindu's and 9.8% were Muslim. The literacy rate was 44.3% & most of the respondents were educated till primary school. All participants belonged to the lower middle class family and majority 46.6% of the respondents had their income between 5000-10,000 ₹/month. The majority 68.6% of the respondents had their own boat whereas 31.4% had rented boats and majority 59.6% of the respondents had 1-10 years of experience in fishing. Maximum 45.9% of the respondents had no other occupation apart from fishing. It also resulted that majority 91% of the respondents were not using any safety measures while fishing. It was reported that 70.2% of the respondents were suffering from different diseases and maximum 25.5% of the respondents were suffering from musculoskeletal disorder, (18.8%), (10.2%)GIT dermatological disorder,(8.6%) respiratory disease,(5.1%) diabetes whereas minimum 3.5% of the respondents had eye infections.

Keywords: Fisherman, Arail, risk behavior, Allahabad

I. INTRODUCTION

Fishing is an ancient activity from the period of human evolution. It is developing throughout the world. Almost all countries and world institutions have fishery development programs. In 1981 Food and Agriculture Organization of the United Nations (FAO) asserted that a revolution has occurred in the potential of fisheries to contribute to a new international order. The intention is to take a lead by helping the developing countries to secure their rightful place in world of fisheries. Many initiatives were taken for the fishermen regarding health status and profession. A world conference on fisheries management and development was held in Rome, on June 27th and in July 6th, 1984.

According to the ILO International Labour Organization (2018) over 58 million people are engaged in the primary sector of capture fisheries and aquaculture. Of these, approximately 37% were engaged full time, 23% part time, and the remaining are occasionally involved in fishing which is unspecified Over 15 million are working full- time

on board fishing vessels. Commercial fishing provides one of the most important sources of food. Over 38 million people involved in fisheries, which is considered to be one of the world's most hazardous occupations. millions depend on the sector for their livelihoods.

According to the National Institute for Occupational Safety and Health (NIOSH 2018) commercial fishing is one of the most dangerous occupations in the United States. Many commercial fishing operations are characterized by hazardous working conditions, strenuous labour, long working hours and harsh weather. During 2000-2015, an annual average of 42 deaths occurred (117 deaths per 100,000 workers), compared with an average of 5,247 deaths (4 per 100,000 workers) among all U.S. workers. In 2015 NIOSH maintains the Commercial Fishing Incident Database (CFID), a surveillance system for workplace fatalities in the commercial fishing industry in the United States.

II. MATERIALS AND METHODS

A descriptive study was conducted in the month of February –March (2 months), 2018 at Arail, Balua & Gau ghat in Allahabad district of Uttar Pradesh. This study was carried out with a sample size of 255 fishermen. Interview was conducted on the basis of first come first serve till the completion of sample Size. The interview schedule was prepared after necessary pre-testing, all the respondents were questioned regarding their health status. Respondents were informed & consent was taken. All statistical analysis was performed using SPSS version 20.

III. RESULTS

Questionnaire	Categories	Response N
Gender	Male	255
	Female	0
Education	Illiterate	83
	Primary school	113
	Secondary school	55
	Higher Secondary	04
Monthly income	1000- 5,000 INR	57
	5,000-10,000 INR	119
	10,000-20,000 INR	79
Caste	General	6
	OBC	217
	SC	20
	ST	12
Religion	Hindu	230
	Muslim	25
Marital status	Single	83
	Married	168
	Widowed/divorced/separated	4
Type of family	Nuclear	150
	Joint	105

Type of house	Own	200
	Rented	55
Occupation apart from fishing	Labour work	29
	General shop	55
	Catering business	42
	DJ business	12
	No other work	117
Ownership of boat	Self-boat	175
	Rented boat	80
Place of hand washing practice after defecation	At home	76
	At bank of river	179
Place of washing clothes	At home	37
	At bank of river	218
Place of bathing practice	At home	67
	At bank of river	188
Place of defecation practice	At home	76
	At bank of river	179
Sources of drinking water	River	36
	Tap	219
Workings hours/day	1-4 hour/day	76
	6-8 hour/day	145
	Above 8 hour	34
Addiction	Smoking	46
	Alcohol Drinking	61
	Tobacco Chewing	94
	None	54
Safety measures used while fishing	Yes	23
	No	232
Accident while fishing	Yes	34
	No	221
Hospitalized	Yes	43
	No	212
Diseases	GIT disorder	18.80 %
	Dermatological disorder	10.20 %
	Musculoskeletal disorder	25.50 %
	Eye infections	3.50 %
	Respiratory disease	8.60 %
	Diabetes	5.20 %
	None	28.20 %
	18.80 %	

$$\chi^2=105.54 \quad df=12 \quad P=.00 \text{ SIGNIFICANT}$$

IV. DISCUSSION

This study was conducted to find out an descriptive study on —A STUDY ON HEALTH STATUS AMONG FISHERMEN IN ALLAHABAD. The main purpose of study was to evaluate risk factors contributing disease and to determine health seeking behaviour among fishermen. This was a descriptive cross sectional study done in Arail, Balua & Gau ghat at Allahabad district. The sample size comprised of respondents 255 who reported to risk factors contributing disease and health seeking behaviour of fishermen.

In this study, totally respondents were male (100%) and age group majorities were between 20 to 30 years of age. The majorities 90.2% of the respondents were of Hindu and 9.8% were Muslim. The literacy rates were 44.3% of the respondents were educated till primary school. The majority of respondents were of OBC (85.1%) and majority 78.4% of the respondents were having their own house and which similar finding of Chandra et al. (2011) is observed in his study that assessment of literacy, Income and health Status of fishers in floodplain wetlands of Assam. Found in his study that 25.32% members of the selected household are illiterate. 21.57%, 50.20% and 2.90 % of the fisher household members have passed primary, secondary and collegiate level respectively. The literacy rate of the sampled beel fishers stood at 75%, which is better than the literacy rate of Assam (73.18%) and India (74.04%) as per the new census of 2011. All the children of the beel fishers'household have been covered against six preventable diseases, namely, diphtheria, pertusis, childhood tuberculosis, poliomyelitis, measles and neonatal tetanus.

All participants came from lower middle class family and their monthly income was maximum 46.6% of the respondents income had 5000-10,000 ₹/. The majority 68.6% of the respondents had their own boat whereas 31.4% had rented boats and majority 59.6% of the respondents had 1-10 years of experience in fishing. The maximum 45.9% of the respondents had no other occupation apart from fishing and majority 89.8% of the respondents used dinghy boat (man-powered) for fishing and which is similar finding of Devi et al. (2014) reported in his study that socioeconomic conditions of the fishers in India are very low. Fishers generally have pursue less education and live under improper housing conditions. With a very low income from fishing, fishers supported a large member of family which compels the fisher's to burrow credits to fulfill their basic needs. The incomes of the fishers were very low and remain circulated inside the vicious circle of poverty.

The majority 85.5% of the respondents were washing their clothes, majority 73.7% of the respondents were place of bathing practice and majority 70.2% of the respondents were defecation at the bank of river. The majority 76.5% of the respondents skipped their breakfast and that maximum 56.9% of the respondents were working for 6 to 8 hours /day. The majority 78.8% of the respondents were addicted and maximum 36.9% of the respondents were addicted for chewing tobacco whereas minimum 18% were addicted of smoking were the common disease found in this

Diseases of the respondents	Physical Activity working Hour			Total
	8 Hour	8-12 Hour	12 or more	
GIT Disorder	8	16	24	48
Dermatological Disorder	14	12	0	26
Musculoskeletal disorder	14	51	0	65
EYE infections	0	9	0	9
Respiratory disease	15	7	0	22
Diabetes	4	9	0	13
None	21	41	10	72
Total	76	145	34	255

study which is similar to finding of Casson et al. (1998) has studied about the work and chronic health effects among fishermen in Chioggia, Italy. Studies found that Fisherman had prolonged hours of continuous work, which were found to be correlated with high cigarette and alcohol consumption. Significant associations were found between, on the one hand, work accidents, noise-induced hearing loss, solar keratosis, cataracts, obstructive bronchitis, rhinosinusitis, otitis media with tympanic perforation, ECG alterations, and, on the other hand, various aspects of fisherman occupation, mainly fishing in high sea and work duration as fisherman. Deep-sea fishing is a stressful and risky work; a reduction in the number of years at sea with reduced exposure to noise, poor weather conditions and sun, and a lower consumption of cigarettes and alcohol might result in fewer skin, eye respiratory and cardiovascular diseases, and injuries.

The majority 91% of the respondents were not using any safety measures while fishing. The majority 70.2% of the respondents were suffering from diseases and maximum 25.5% of the respondents were suffering from musculoskeletal disorder, GIT disorder(18.8%), dermatological disorder(10.2%), respiratory disease(8.6%), diabetes(5.1%) whereas minimum 3.5% of the respondents had eye infections and which is similar finding of Novalbos et al. (2008) observed that the study over occupational health in the Andalusian Fisheries Sector. The aim of study To evaluate the health status, safety and working conditions in the Andalusian fishing sector. The main problems reported were musculoskeletal disorders, respiratory diseases, diseases of the digestive system, eye problems and skin problems. A total of 72% reported taking some self-prescribed medication, and 60% of fishery workers smoked. Nine per cent of fishery workers admitted taking illicit drugs and 3% reported using illicit drugs on board. Diets on board were poorly balanced. While on board, 62% of crews reported a subjective significant worsening of previous health. The lifetime prevalence of accidents was 76%.

V. CONCLUSION

This study revealed that health seeking behaviour of the respondents was too poor. They were not serious for their health at the initial stage till the disease become so serious. Mostly 67.5% of the respondents went to the government hospitals for their treatments and main choice of treatment was allopathic (80%).12.9% of the respondents were not aware about their diseases and 25.1% of the respondents were dependent upon household treatment. These were some of the major concerned factors responsible for fishermen poor health conditions. The maximum 58.8% of the respondents were lived with nuclear family. The 78.4% of the respondents were having their own house but their home area is so small and maximum 52.5% had 6-8 members in their family. The outside localities were damp, wet, dirty and poor. There was no proper sewage, waste product management. Such living conditions are also affects their health status and health seeking behaviour. There is the urgent need of government's attention in this regard to make them aware of importance of their health.

VI. RECOMMENDATION

- The fishermen need to use proper safety measures during fishing.
- The fishermen should make its own community development program for overall developments.
- The fishermen must be complete its 18years of age before started fishing as occupation.
- The fishermen must use proper hygiene and sanitation to maintain their proper health.
- The fishermen must use closed toilets, washing clothes, bathing practice at their houses only not at the bank of the river.
- The fishermen must take breakfast daily especially milk to reduce their musculoskeletal problems.
- The fishermen must avoid addiction from smoking, alcohol drinking, and tobacco chewing because all these things are injurious for their health.
- Those fishermen who are addicted must gone to Drugs Rehabilitation Center for the treatment.
- The government should conduct the awareness camp for the awareness of health care services and health insurance.
- The government must provide proper free health insurance schemes to improve their health conditions.

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