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UNDERSTANDING NON-COMMUNICABLE DISEASES AND ITS DETERMINANTS AMONG WOMEN FISH VENDORS IN SOUTH INDIAN COASTAL COMMUNITY

Social Science

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ABSTRACT

Fisherwomen's health is an area not much explored even at a time when they have lower health indicators in a state like Kerala, which is highly boasted of its high health indicators. The health disparities are evident when looking at individual communities in the State but seldom get attention and requires indepth understanding on their health status and causes to implement any interventions. The study shows that more than 51% of women have any kind of NCD and the determinants are early pregnancy and high fertility, irregular eating habit and diet devoid of vegetables, tobacco usage, intimate partner violence and other discrimination and stigma in the market influence their long term chronic illness.

KEYWORDS

INTRODUCTION

India has a coastline of 8118km and the fisheries is an important sector. There are 3477 marine fishing villages in 9 maritime states and 2 union territories (Department of fisheries, 2018). The fishing community is far behind in terms of economic and social development. After agriculture, fishery is the traditional occupation of women in India for many centuries. (Dhanya 2013).

Kerala, one of the model state in terms of social and health development also shows a stark contrast in the development of its fisherfolks. Kerala has a coastline of 590km and have 220 fishing villages (Kerala marine fisheries statistics). Advanced epidemiological transition in Kerala is also reflected in fishing community, were both infectious and chronic diseases are reported. Even though Kerala show high health indicator and stand as a health model for the country, the situation of fisherfolk in Kerala is no better compared to other states. Fisherwomen's indicators of literacy and health is seen to be much lesser than its counterparts. According to John and Diwakar 2014, women fish vendors face four dimensional discrimination from the mainstream society as fish venders, as women, as those hailing from fishing communities and those hailing from the already excluded communities of Latin Catholics and Dheevara community.

Studies on fisherwomen's health is not much explored and researches were limited to minimum inquiry on nutrition, access and utilisation of health care.

Literature shows that there are very few studies which have looked at women's health and at the same time limited to certain aspects like hygiene, environment, reproductive health and utilization of health services by fisher women (Khambete 2008, Modassir & Ansari 2011). Most of other researches have been done on women's role and livelihood aspect (Vijayan 1992, Busby 2000, Jones 2006).

METHODOLOGY

The study has taken qualitative approach to understand the determinants of NCD among fish vending women in Poonthura coastal community in Kerala. The aim of the study is to understand how the gender interacts with other determinants to form health outcome. Interview schedule using WHO STEP questionnaire has been conducted with 225 fish vending women. Indepth interviews were also done with 25 fish vending women and 8 stakeholders including doctors, community workers, priest has been covered.

FINDINGS AND DISCUSSION

Poonthura coastal community is of Christian fisherfolk inhabited in the suburb of Thiruvananthapuram district, capital of Kerala. The Christian fisherfolk are also known as 'Mukkuva'. The community shares common historical, religious and linguistic orientation with neighbouring coastal communities of Tamilnadu.

Lifestyle diseases are reported highest among the community. Kerala is known for higher prevalence of NCDs (Thankappan et al 2010). The initial interviews with women fish vendors captured the rate of NCDs among women. The diseases mostly mentioned were diabetes, hypertension, both hypertension and diabetes, cancer and cardio vascular diseases. Very few women also mentioned about the prevalence of hypothyroidism.

Table Showing The Prevalence Of Ncd Among Fish Vending Women

NCD	Frequency	Percentage
Hypertension	63	28
Diabetes	48	21.3
Both Hypertension and Diabetes	37	16.4
Cancer	4	1.7
Cardio vascular diseases	5	2.22

The NCDs have not spared the coastal communities and in fact 69.62% of women fish vendors have reported to have diseases like hypertension, diabetes, cardiovascular diseases, cancer and thyroid. The majority (28%) of women has reported hypertension, 23.5% of women have reported diabetes and 16% of women have both hypertension and diabetes. While 14% of women have not tested for diabetes or hypertension. Women reported to have cardiovascular diseases is 2%. About 1.7% of women have reported to have diagnosed cancer. Mouth and breast are commonly reported from women in the community. The survey in Poonthura shows much higher number of self-reported diabetes and hypertension. Women have also reported of high cholesterol level which could be because of the unregular eating habit.

Thyroid disorder, specifically hypothyroidism was reported by 9 women. Thyroid disorders are increasing in Kerala especially in women (James & Kumar 2012). Coastal communities which have higher consumption of fish also have thyroid disorder which is common in other coastal communities in Kerala (Karthika & Ramesh 2017).

Women's Subjective Experience And Health Determinants And In The Coast

To understand the health of fisherwomen in Poonthura, it is important to untangle the complex and interrelated attributes of gender, livelihood, fisherwomen's social position, identity and other power relations which influence the health outcome of women.

Early marriage, early pregnancy and higher fertility is seen among fisherwomen. Early marriages lead to pregnancy at younger age. The family expectations are also involved in having a baby very soon after marriage. The fertility rate in coastal communities are much higher than the general population in the State. In the survey among fish vending women it was found that, 38% of women have 4-6 children, 19% women have 7-9 children an 12% woman have 9-11 children.

"I have 11 children, 9 daughters and 2 sons. I delivered to my youngest boy when I was 44 years... Till now, I have not undergone any family planning method...I consider my children as wealth. I had a still birth. It is God who give us and we have no right to stop" Dilis Mary, 65 years.

A study by Sironi (2019) talks about the significant association between age at first birth and long term illnesses among women. A study by Pirkle et al (2014) shows that the number of pregnancies also affect the health condition of the women. The study shows that more number of children as well as early pregnancy bring permanent

physiological alterations that increase the risk of chronic diseases and poor physical functioning in older age.

Irregular eating habit and diet devoid of vegetables are another determinant of NCDs among fisherwomen. The majority of the households do not cook any vegetable or fruits which is completely neglected in their diet. The food pattern is not regular for most of the women. Majority of the women while during their door to door sale do not use toilet until they reach back home and this takes around 5-6hrs and they skip drinking water and eating food to avoid toilet usage. Some of the elder women have also mentioned that they go to open fields or isolated areas to urinate. Women who go in market also faces the same problem, the market either doesn't have toilets or toilets are not hygiene or not maintained properly.

Practice of chewing tobacco is very common among women vendors. Tobacco keeps them out of hunger for long time and therefore women develops the habit during the sale.

"I had stomach cancer, Doctor said it is because I chew tobacco. I started the habit at around 10 years when I started going for sale with my mother. After marriage, I again started going for sale as my husband never used to meet our household expenses and my children needs to be fed. I used to sit in market late night and chewing tobacco helps me to be awake" Thresia, 69 years

Gupta and Ray, (2003) says that risk of cancer especially oral cancer for chewing betel quid with tobacco is higher in women than in men. Smokeless tobacco usage among women also causes upper aero-digestive tract cancer (UADT), cervical cancer, ischemic heart disease and osteoporosis (Singh et al 2020). Mouth cancer has been reported among both men and women in Poonthura.

Violence and discrimination is also seen as determinant of chronic diseases. According to Alfonso and Maria 2004, chronic stress due to abusive relationship impact both mental and physical health of person. The study says that cortisol, stress hormone increase blood sugar and heart rate and overtime it can lead to gastrointestinal conditions, hypertension, stroke, and heart disease. Men's alcoholism is a major problem in the households. It also leads to violence against women.

Earlier public transport don't allow us due to the smell of fish. We once did a strike at bus depot as some drivers don't stop the bus. Nowadays, we wash our vessels after sale even then they don't allow. We blocked the road, around 6 of us, sat there for 3 to 4 hours. A complaint was registered by police for blocking the road and we had to pay fine. They allowed for few days in bus but even now some buses don't take us., Janet, 42 years

Women who go for sale in market and door to door sale experience stigma and discrimination in different forms. These discriminations play on the ground of class, caste and gender. These struggles have an impact on the health of these women. Research by Williams, Lawrence, Dacis, Vu (2019), reveals that discrimination is associated with multiple indicators of adverse cardiovascular disease (CVD) outcomes and risk factors of CVD. It found a small, significant association between perceived discrimination and hypertension.

CONCLUSION

The article has explored how the social conditions of the community, the patriarchal constructs within the coastal community as well as outside, nature of livelihood and its experiences have impacted the health of women fish vendors.

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