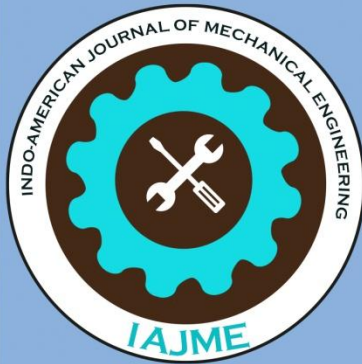




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Utilization of Public Health services by the Coastal people of Kanniyakumari District

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Abstract

The three pillars of health policy were sanitation, health, and medicine. The introduction of municipal self-government brought into sharp light how to manage civil affairs such as epidemics, fires, and sewer stink. Because India has such a long coastline, a great number of people work in the fishing industry. Certain cultures have traditionally relied on fishing as a source of income. The government is particularly concerned about the unpredictability and risks that fishermen confront in terms of their health. Because of their poor income, they lack access to education, awareness, and other fundamental services. This study aims to emphasise the problems faced by the fishing population in Kanniyakumari's coastal areas, particularly their health issues and utilisation of health facilities.

Keywords: Fishermen's community, sanitation, traditional occupation, poor income

INTRODUCTION

India's coastline is extremely lengthy. The Indian Ocean, the Arabian Sea, and the Bay of Bengal surround the land on three sides. The fishing industry employs a considerable number of people. This industry provides both direct and indirect work opportunities. For certain cultures, fishing is a traditional employment. Technological advancements and resulting improvements in fishing methods, such as the introduction of synthetic nets and the motorization of country crafts, have paved the way for a significant reduction in the stress and strain of traditional marine fishing, and have improved the living conditions of fishermen to some extent. The government has also introduced a number of development projects aimed at

improving the situation of fishermen. Without a doubt, several of the initiatives aided in the expansion of fish production as well as the creation of jobs in the coastal rural region sector. The benefits of increased fish production and better fish prices have primarily benefited the middlemen and have not trickled down to the actual fish producers, the fishermen. Inequitable income distribution and the result of the wealth gap between the rich and the poor

Planners and social scientists have debated the good and bad in the marine fisheries sector. The aggressive machination effort, it is alleged, has robbed traditional fishermen of their lawful claim to fishing in the adjacent shore area. As a result of

the blue revolution, several improvements have been made in the fishing industry.

REVIEW OF LITERATURE

The challenges that the poor and disadvantaged encounter in accessing health care services are highlighted by Ensor and Cooper (2004). According to the study, demand side barriers appear at three levels: nature of illness, cost constraints, and provider choice.

Amrith (2007) investigates the state's approach to the issue of public health. According to the findings, modernists adhere to the most up-to-date public health models employed in the West. The village is still a popular spot for social reformers to advocate for public health issues. To maintain racial purity and avoid degeneration, the country's ruling elites placed a premium on public health. In comparison to military or industrialisation goals, public health remains relatively unimportant. India's development policy has given patients' problems a personal touch. The findings show that there are differences in satisfaction levels depending on the parameters mentioned above. According to the findings, patients consider doctor credentials to be the most significant indication for obtaining health treatment, followed by hospital amenities, nurse behaviour, and technical qualifications. The study of Banerji (1986) is on the rural population's health culture. How do they gain access to public health-care facilities that have been established in

their communities to meet their requirements and provide comfort? The study's findings demonstrate that poverty, as witnessed and perceived, has an impact on the poor's social existence.

METHODOLOGY

This research is based on both primary and secondary sources of information. 50 respondents from the coastal area of Kanniyakumari district provided primary data using a well-structured questionnaire. The samples were chosen using a simple random procedure. Books, magazines, journals, unpublished theses, and websites were used to gather secondary data.

OBJECTIVES

1. To look into the social, demographic, and economic profile of Kanniyakumari's coastline residents.
2. To learn about the drinking water amenities available to Kanniyakumari district residents.
3. Research the use of health-care services in the Kanniyakumari district, with a focus on coastal residents.

ANALYSIS OF DATA

Socio Demographic Variables

The socio demographic characteristics of age, sex, religion, marital status, degree of education, family structure, housing types, and property ownership of persons living in coastal areas were investigated.

Table 1: Socio Demographic Variables

Group	Age				Sex		Religion			Marital		Level of education				Family		Type of			Ownership	
	Below 30	30 to 50	50 to 60	Above 60	Male	Female	Hindu	Christian	Muslim	Married	Unmarried	illiterate	Primary	Secondary	Hr. Sec	Joint	Nuclear	Hut	Tiled	Terrace	Owned	Rented
No of Respondents	12	20	11	7	30	20	5	40	5	40	10	20	10	15	5	30	20	16	19	15	42	8
Percentage of Respondents	24	40	22	14	60	40	10	80	10	80	20	40	20	30	10	60	40	32	38	30	84	16

Table 1 demonstrates that the majority of respondents (40%) are between the ages of 30 and 50, and the majority (60%) are men. Unmarried Christians account for 80% of the responses. They are illiterate 40% of the time, live in coupled households 60% of the time, have tiled houses 35% of the time, and own their homes 84 percent of the time.

Economic Profile

In the life of a fisherman, the economy is quite important. As a result, an attempt is made to examine the type of labour, nature of employment, daily pay, number of fishing days per month, number of fishing hours, and method of reserving a separate room in their house for cooking.

Table 2: Economic Profile of the Sample Respondents

Group	Type of Work		Nature of employment		Wages received per day			Number of Fishing days per month			Number of fishing hours per day			Mode of Saving				Separate room for cooking		
	Catamaran	Engine	Permanent	Seasonal	Below 500	500-1000	Above	Below 10	10 to 20	Above 20	Below 6	6 to 10 hrs	Above 10	Chit fund	Bank	Post office	Society	No	Yes	Can't Say
No of Respondents	24	26	22	25	10	35	5	30	10	10	22	18	10	20	14	11	5	35	12	3

Percent age of Respon dent s	48	52	44	56	20	70	10	60	20	20	44	36	20	40	28	22	10	70	24	6
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Source: Primary data

Table 2 reveals that the majority of respondents (52%) go fishing in engine boats and that the majority of them work exclusively on a seasonal basis. The majority of them are paid between 500 and 1000 rupees per day. The majority of them (60%) go fishing less than 10 times a month, and 44 percent work less than 6 hours per day in the industry.

sea. The majority of them put their money in a chit fund, and 70% of them do not have a separate kitchen in their homes.

Health Infrastructure

Home infrastructure facilities play a significant impact in health issues. As a result, the researcher examined the infrastructural amenities in the fisherman's home, such as the source of drinking water, the presence of a water tank in the house, the water tank's cleaning technique, and the type of latrine

Table 3: Health Infrastructure

	Source of Drinking water			Availability of water tank in the house			Cleaning procedure of water tank			Type of Latrine		
	Piped	Private	Rain	Yes	No	Can't	Once in 2	Once in 3	Once in 4	Open	Pit	Septic
No of Respondents	38	10	2	10	36	4	0	18	32	10	0	40
Percentage of Respondents	76	20	4	20	72	8	0	36	64	20	0	80

Source: Primary data

Table 3 shows that majority 76 percentage of the respondents get drinking water from the public taps and most of them don't have water tanks in their houses and most of them (80 percentage) have septic tank in their houses.

Utilization of Health Services

An attempt was made to investigate the ailment that is prevalent in the coastal area, as well as the location where they seek treatment.

Table 4: Utilization of Health Services

Diseases	Diseases commonly occur		Places where they go for treatment									
			Private		Govt.		Pharmacist		Traditional practice		Home remedy	
	No	%	No	%	No	%	No	%	No	%	No	%
Body ache	6	12	0	0	4	8	6	12	8	16	32	64
Stone case	0	0	4	8	20	40	2	4	24	48	0	0
Dysentery	8	16	0	0	8	16	2	4	18	36	22	44
Diarrhea	0	0	0	0	8	16	2	4	18	36	22	44
Cough, cold and fever	11	22	0	0	2	4	6	12	0	0	42	84
Cancer	2	4	14	28	35	70	0	0	1	2	0	0
Skin diseases	7	14	2	4	16	32	0	0	32	64	0	0
Diabetics	7	14	8	16	32	64	0	0	8	16	2	4
Heart disease	0	0	14	28	34	68	0	0	2	4	0	0
Malaria	0	0	10	20	36	72	0	0	4	8	0	0
T.B	0	0	9	18	40	80	0	0	1	2	0	0
B.P	9	18	8	16	39	78	0	0	3	6	0	0

Source: Primary data

The majority of respondents do not go to hospitals for physical aches, as seen in Table 4. When it comes to kidney stones, the majority of people treat them using traditional methods. They choose home remedies for dysentery, diarrhoea,

and coughing cold fever. For cancer treatment, the majority of them travel to government hospitals. When it comes to skin problems, the majority of them (64%) use traditional methods to treat them. Diabetics, Malaria, Heart Disease, Tuberculosis, and Blood Pressure are all treated at a government hospital.

FINDINGS OF THE STUDY

1. The study's principal findings are listed below.

2. The majority of the people living around the coast are uneducated.

3. Due to their poor economic circumstances, the majority of them live in tiled dwellings.

4. Because most coastal residents work only during the summer, they have lower living standards.

5. The majority of coastal residents only earn Rs.500 to 1000 per day throughout the season.

6. The majority of fishermen save their hard-earned money in risky private chit funds.

7. It has been shown that the majority of coastal residents do not have a separate cooking area, which is unsanitary.

8. It is encouraging to learn that the majority of coastal residents have a septic tank in their home.

9. It's worth noting that, despite the fact that the majority of them used piped water, they only cleaned their water tanks once a month.

10. The majority of coastal residents suffer from coughs, colds, and fevers, which could be due to poor sanitation.

11. The residents of the coast rely on the government hospital for the majority of diseases.

They do not go to hospitals for bodily aches, dysentery, diarrhoea, cough, cold, or fever. They are reliant on home remedies.

SUGGESTIONS

1. More schools in the coastal area could be opened to educate the locals.

2. During non-seasonal months, the government can provide job possibilities for coastal residents.

3. Bank officials might hold awareness camps to encourage coastal residents to put their money in government banks.

4. The health department can organise health awareness camps.

5. Specialized doctors should be present at coastal area hospitals.

6. Coastal residents should be educated on how to live in a healthy manner.

7. Because the majority of coastal residents use government hospitals, the infrastructure of government hospitals should be enhanced..

SUMMARY AND CONCLUSION

The purpose of this study is to look at how people use health care services and what factors encourage or prevent them from doing so in Kanniyakumari. The goal

The study includes information about the respondents, evaluates the conclusions reached, and suggests policy implications that could assist improve the use of health care services and general well-being among coastal residents.

REFERENCES

- [1] T. Ensor and S. Cooper, "Overcoming Barriers to Health Service Access in Flensing the Demand Side," *Health Policy and Planning*, vol. 19, no. 2, pp. 69-79, 2004.

- [2] S. Amrith, Economic and Political Weekly, 42(2), 114-120, 2007. "Political Culture of Health in India."

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