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SOCIAL ASPECTS OF FISHERMEN OF COX'S BAZAR IN BANGLADESH

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Abstract

This study was performed at Somiti Para of Cox's Bazar in order to examine the social issues of fishermen. Sites of the study and number of fishermen (146) were selected purposively. Selected fishermen were interviewed with the help of prestructured questionnaires. About 20.55% respondents' age were between 23-27. Among the fishermen, 52.05% were educated at primary level. The study reflects that 61.21% of the respondents had smoking habit. Most of the respondents had various diseases such as 64.38% suffered from cough and cold while 25.43% got fever. Respondents received treatment for the diseases mainly from traditional village doctors. The social status of the respondents were 23.53% lower class, 64.71% lower middle class, 5.88% upper middle class and 5.88% upper class. As the fishermen were poor socio-economic class and education level not satisfactory, special attention should be taken to improve

the living condition of this community. Measures should also be taken to lessen their occupational health hazards.

Keywords

Bangladesh, Social Factors, Health Factors, Fishermen, Coastal Area

1. Introduction

Attracting higher fisheries growth is a key factor in poverty alleviation in rural areas of Bangladesh. Bangladesh has extensive aquatic resources and fish and fisheries are an indispensable part of the lives and livelihood of the people of this country (Fisheries for poverty reduction in Bangladesh in <http://practicalaction.org/blog/news/krishi-call-helps-fisheries>). In 2013-14 Bangladesh produced 34,10,254 tons of fishery products and fish provides about 60% of the daily animal protein intake. In Bangladesh, fisheries sector plays a vital role in the national economy regarding employment generation, animal protein supply and foreign currency earning and poverty alleviation. More than 11% of the total population depends directly and indirectly on the fisheries sector for the livelihood. The fisheries sector contributes 4.37% to GDP, 23.37% to agricultural GDP and 2.01% of the export earnings of the country. Fish is one of the most familiar, popular, tasty and nutritionally enriched food items of the world including Bangladesh. As a result of the global market economy along with so many food items, garments and pharmaceutical products, fish and fishery products also get the opportunity to enter the global market. Thus the fisheries play a crucial role in the national economy of Bangladesh (ibid). Despite a significant contribution of the fishery sector in the economy of Bangladesh, fishing communities face multiple problems involving social, economic, institutional, technical, infrastructure and even ethnic factors (Fisheries socio economic analysis and policy in <http://fao.org/docrep/field/003/ae385e/AC385E05.htm>). These are more acute in the case of coastal fisheries. The major socioeconomic issues in coastal fisheries in Bangladesh (ibid) are: 1) over population of the coastal zone, 2) low financial, social and educational status of the fishermen, 3) lack of alternative income sources and 4) low environmental awareness.

Study conducted by Ali and Hossain et al (2014) identified the socioeconomic aspects of fishermen of Lohalia river, Bangladesh on the basis of some essential socioeconomic information. Selected socioeconomic information were literacy, income level, religion, gender,

health hazards, sanitation and medical facilities, family structure and size, types of fishermen, child labour. Many outcomes were derived from the study. Lack of scientific knowledge, illiteracy and lack of government support were the major constraints.

An intensive study has been conducted (Bhattacharya 2011) in order to estimate the gender in coastal fisheries of West Bengal, India to assess their socioeconomic status such as literacy, income, health hazards, recreation, sanitation & medical facilities, size of family, types of fishermen, child labour, crafts and gears used and total annual landings. It is found from the study that most of the fishermen suffer various diseases due to lack of proper sanitation, tube well for drinking water, drainage system and medical facilities. The study revealed also that the employment of child labour is still high though it is prohibited by the government.

Bappa and Hossain et al (2014) carried out their study in the context of socio economic status of fishermen of the Marjat Baor at Kaliganj of Jhenida district, Bangladesh. Fifty fishermen of fifty families were interviewed. The major problems were lack of technical knowledge about fish farming, livestock and poultry farming, educational institution like school, college etc. The socioeconomic profiles of the fishermen were not satisfactory according to the study result. The study also revealed that the role of government and NGOs fail to meet the demands of fishermen. The study was done on primary data.

The study of Abdullah Bin-Farid and Mandal et al (2013) found that the co management system of Baluhar Baor's fishermen's socioeconomic condition failed to improve their socioeconomic condition. The study thinks that it is possible to improve the better life of fishermen through the government and relevant government agencies. The study includes the management and socioeconomic conditions of fishermen of the selected Baluhar Baor. The study was based on primary data.

The general objective of the study (Sahayaselvia 2015) is to get rid of the unhygienic and environmental pollution with respect to the population of coastal area. The selected population was fishermen. Among many objectives, the one objective was to find out the demographic profile such as education, age, occupation, family, religion, migration, birth, time etc. of the related fishermen. The study was conducted by providing some suggestions in order to improve

health conditions of the fishermen for the sake of their better livelihood and environment in the coastal areas.

Islam and Haque et al (2013) assumed the livelihood of fishermen in Monirampur sub district. The study was based on primary data. It is concluded that all fishermen are vulnerable to vabadaha, a situation when water logging take place during monsoon due to lack of sufficient water drainage system.

It is very difficult to identify the differences among the previous studies since their study objectives; locations and scope are quite different from each other's. The one thing is clear that fishermen are depriving from various socio economic advantages and health seeking behavior. The government of Bangladesh has undertaken many programs to develop the fishermen such as the introduction of sea coastal guards for their safety from the attack of sea robbers at the time of fishing. But much information of the sea fishermen of Bangladesh yet has been available. Considerable information on the fishermen's socio economic factors' relevant studies is seen in case of river or pond fishing in the country. Cox's Bazar is the longest sea coastal area among many other sea coastal areas of the world. It is also popular for the dried fish. But the literature on the socio economic profiles such as education, health and livelihood conditions etc. of the fishing community in the Cox's Bazar district is scant. Besides, fishermen in the past studies are located either in the villages or haor areas of the country. Compare to this, the location of fishermen's residences is at the Municipality of Cox's Bazar district in the current study. So it is expected that the present study will assist to know the socio economic scenario of the fishermen of the urban area which is lacking from the previous studies. Thus the past studies are not enough to examine the socio economic profile of the fishermen. With this regard, the current study is done in order to know the socio economic profile of the fishermen of the urban area of Cox's Bazar district of Bangladesh. The result of the study will be helpful for the policymakers in order to derive a policy for the fishermen by consolidating the result of previous studies either in Bangladesh or elsewhere.

2. Objective and Methodology

The main objective of the study is to observe the social issues among the fisherman in a selected venue of Cox's Bazar, a coastal district of Bangladesh. The study venue was Somitipara of Cox's Bazar. Respondents were fishermen of the Somitipara. Numbers of respondents were

146. The selection of the study district, venue and number of respondent fishermen were done purposively. Data was collected through face to face interview of the respondent fishermen with the help of pre structured questionnaires. The collection of data was conducted by some students of Chittagong Medical College, Chittagong, Bangladesh. Students of data collection were comprised with 17 groups and students of each group were advised to collect data from five respondents at least. This survey was administered as a part of Residential Field Site Training (RFST) of the 56th batch of MBBS (Bachelor of Medicine & Bachelor of Surgeon) of Group E & F under the guidance and approval of the Department of Community Medicine of the Chittagong Medical College, Chittagong, Bangladesh. It was ensured to the respondents that the collected data should be used for research purpose and full privacy of them would be maintained as it is seen in Kumar and Palash et al. (2014). Persons who were interested to provide interview were included in the interview and persons who were not willingly to give interview were excluded from the study interview. For the time being, secondary information has been also included in order to organize this manuscript. The period of survey was March 2016. Variables which have been included in the study can be found in relevant literatures (Bappa and Hossain et al.2014; Abdullah –Bin-Farid and Mandal et al.2013; Rahman and Islam et al.2016). Collected data were analyzed through percentage and frequency (ibid).

3. Results and Discussion

It is found that 53.53% respondents came from nuclear family and 47.47% came from extended family. Nuclear families are preferable because of getting freedom of movement and economic opportunities, well dress, better education and authority (Bappa and Hossain et al. 2014). Extended families are also preferable because it can assist to continue the sustainability of the fishing occupation from generation to generation of the selected fishermen. It was found nuclear and joint families 56% and 44% respectively (Bappa and Hossain et al.2014). Abdullah – Bin-Farid and Mandal et al. (2013) found 58% fishermen belonged to the joint family which is more or less agrees to the findings of the present study. The socioeconomic status of the respondents were 23.53% lower class, 64.71% lower middle class, 5.88% upper middle class and 5.88% upper class. It is assumed that the socioeconomic status of the surveyed fishermen near to achievable the medium income country of Bangladesh (Ahmed, 2015).

Education is a basic tenet of development economics (Taylor and Yunez-Naude, 2000) though the role of education is confusing in the case of fishing (Paul and Faruque et al. 2013). It reveals from the study that most of the fishermen (52.05%) completed the primary education while rests of the respondents are illiterate (47.95%). The government of Bangladesh is determined to ensure the education for all but the existing literacy rate of the fishermen is found below the national level of adult literacy rate of 65% (ibid). The one reason is perhaps, that respondents are not motivated by the government or NGOs in order to acquire educational knowledge in the study area.

From the table-1 it can see that, majority of the respondents (20.55%) were within 23-27 years of age and only 9.59% were within 43-47 years of age. Rahman and Chowdhury et al (2016) found that most of the fish farmers (77.5%) belongs to the age group of (26-45) and Paul and Faruque et al (2013) reported that the highest age group ranged from 35-40 years (30%) in Birulia whereas the largest age class was 40-50 years old (56%) in Boroibari.

It is found in the study that 95.80% of the population's religion is Islam and 4.2% is Hindu. It is assumed from the present study that fishing of the study area does not depend upon any religion. Usually it is thought that only the low caste Hindu community or only Muslim religion is engaged in this sector in Bangladesh (Islam and Haque et al. 2013; Rahman and Chowdhury et al. 2016 & Ali and Hossain et al.2014). Result of present study disagrees with previous studies (ibid).

Table 2 shows that 11.64% of the respondents has 1-3 family members and 56.85% of the respondents has 4-5 family members. The highest percentage (57%) of family size was 4-7 members (Paul and Faruque et al. 2013) which is marked as medium family. Similarity is also found in Chanu and Singh et al. (2016).

According to the table 3, 7.53% of the respondents is childless and 36.30% of the respondents have 2 children. It was found that mean number of children ranges 0 to 2 (Islam and Haque et al. 2013).

It is revealed from the table 4 that 36.98% of the respondent is smoker, 43.15% involved in betel chewing and 19.18% of the respondent is out of any such habits. Betal leaf intake is a very common culture among adult male and female peoples of southern part of Bangladesh. This

study also reflects the same scenario. As the fishermen always have to remain in wet conditions of body and clothes, they have belief that smoking would make their body warm, feel better and get energy for works. Policymakers should take note of this.

It is shown in the table 5 that 52.05% of the respondent works 8-12 hrs and 25.34% of the respondent works more than 12 hrs. It is assumed that fishing peoples are not relevant with the usual level of working hour as mentioned in the working hour rules in the International Labour Organization (ILO). The one reason is perhaps, that fishermen communities have no specific laws for working hour. This is unclear from relevant studies. More in depth studies are necessary for this.

It is found in the table 6 that 82.88% of the respondent suffers from diseases and 17.12% of the respondent does not suffer from diseases. It is observed that most of the respondents suffered from cough and cold (64.38%). Fever, skin diseases and gastroenteritis are also common (Table 7). Most of the working period, fishermen pass their time in sea and rivers. Due to influence of wet weather, common cold and cough was a frequent matter which they cannot bother. For that, most of the sufferers (25.43%) of this symptom associated with fever. Fingers of legs and hands, different parts of the body remain contact with water or wet clothes. This contact retains during fishing and dealing with nets to dry up in the fields or house areas, leading to fungal infections and other types of skin diseases among (13.43%) fishermen. It is also observed in the study that season change and exposure of sunlight might cause diseases in many cases. At the same time, their food items were kept open, soaked by house flies attack frequently. These lead to gastroenteritis (10.60%) cases as well as peptic ulcer diseases (9.04%) of the respondent fishermen. It is also found from the table 8 that 62.33% of the respondents' family member suffered from disease while the rest of the respondents' family members had no diseases.

According to the table 9, 58.90% of the respondents face problems during fishing and 41.09% of the respondents did not face problems. Such problems are occurred due to water dacoits or extortionists etc. But the introduction of coastal guards such cases are unseen in the sea coastal area like Cox's bazar of the country. However, fishing problem occur during the fishing moment due to trendiness or technical faults of unplanned produced fishing boats and partly lack of information of sea storm among the fishermen. Therefore, many fishermen remain

missing when sea storm happens. This is still a common fishing problem in Bangladesh like many countries (Chanu and Singh, 2016).

The table 10 shows that among 146 respondents 24.66% drank water by boiling but 75.34% didn't, 64.38% did regular toothbrush but 35.62% didn't, 71.92% took regular bath but 28.08% didn't, 78.08% ate green leafy vegetables but 21.92% didn't, 77.4% took cigarettes or Beatle leaves but 22.6% didn't. The table 11 shows that among 146 respondents, 41.10% used powder and 31.50% used ash while 23.97% used tooth paste. A fewer number used tree bark for the brushing of teeth. It is assumed that respondents are hardly consistent with toothbrush however they prefer powder or ash to brushing their teeth which is a symbol of traditional health care system. The one reason is perhaps, that powder or ash comparatively cheaper than tooth paste. In case of drinking water, respondents used to drink boil water which means they are much aware of drinking pure water which is supported by many studies (Abdullah –Bin-Farid and Mandal et al. 2015).

4. Conclusion

Now-a-days, health of the persons indulged in various types of occupations has become a great concern of the health authority. To learn about the health issues of people in various occupations has got immense importance in building up a nation's occupational health standard as well as improvement of overall health of the nation. It is also necessary to evaluate the role of various environmental factors to bring about the positive health and improving health related behavior.

Because of residing in the adverse climatic zone of coastal areas and also due to frequent exposure to various adversities, natural calamities while fishing in the sea, fishermen community are very much vulnerable to developing health problems. Seasonal variations, health care facilities, personal hygiene also play a vital role in demonstrating the health condition of fishermen. It is documented that 43.84% people are acquitted with health programs of the Government or NGOs while rest of the people are not acquitted with the health programs of the Government or NGOs working in the study area. It means that selected fishermen are depriving from health facilities properly. Lack of appropriate health services, most of the fishermen (82%) depend on traditional doctor such as Kabiraj or Quack or homeopathy and fewer numbers receive treatment from MBBS doctors. Prevalence of various types of infectious diseases is thus

common in the fishermen which are hampering their day-to-day activities to a great extent. The study also revealed that 80% of the respondents are normotensive while rests of them are hypotensive.

Improvement of health of fishermen community through various preventive, promotive, curative, health educative procedure is essential to improve the life-style of the fishermen community and decreasing the incidence of diseases. It is still expected that wide range of research work on the fishermen community can help to reveal the actual health problems and their real life situations. So, this type of study should be continued in future.

5. Recommendations

-Measures should be taken to improve the working conditions of fisherman in order to reduce the risks faced in their occupation.

- Proper training of field level health workers by co-ordination with NGO's to bring about a productive work force to treat the health problems of the fishermen community.

- For the improvement of the educational, socio-economic standards of the fisherman, proper movements and campaigns should be adopted by authority and local Govt. force.

-It must be ensured to access health care facilities at every level of the community of fishermen.

Table 1: Age of Respondents

Age(years)	Number	Percentage
18-22	18	12.33
23-27	30	20.55
28-32	23	15.75
33-37	21	14.38
38-42	17	11.64
43-47	14	9.59

48-52	23	15.75
Total	146	100

Source: Field Survey, 2016

Table 2: Family Members of Respondents

Number of Family Members	Number	Percentage
1-3	17	11.64
4-5	83	56.85
6 and above	46	31.51
Total	146	100

Source: Field Survey 2016

Table 3: Number of Children of Respondents

Number of Children	Number	Percentage
0	11	7.53
1	19	13.01
2	53	36.30
3	35	23.97
4 and above	28	19.18
Total	146	100

Table 4: Habit of Smoking or Others

Answer	Number	Percentage
Smoking	54	36.98
Betal Chewing	63	43.15
Drinking alcohol	1	0.68
No habits	28	19.18
Total	146	100

Source: Field Survey, 2016

Table 5: Fishing Hour of Respondents

Hours	Number	Percentage
1-8	33	22.60
8-12	76	52.05
12 and above	37	25.34
Total	146	100

Source: Field Survey, 2016

Table 6: Respondents Suffered Diseases

Answer	Number	Percentage
Yes	121	82.88
No	25	17.12
Total	146	100

Source: Field Survey, 2016

Table 7: Diseases of Respondents

Disease	Number	Percentage
Gastroenteritis	41	10.60
Acute respiratory infections	28	7.23
Fever	73	25.43
Hypertension	20	5.16
Heat stroke	5	1.29
Skin disease	52	13.43
Cut and wound	20	5.17
Peptic ulcer disease	35	9.04
Diabetes mellitus	4	2.74
Cough and cold	94	64.38
Malaria	8	5.48
Rheumatism	4	2.74
Others	3	2.05

Source: Field Survey, 2016

Table 8: Respondents any problem during Boat fishing

Answer	Number	Percentage
Yes	86	58.90
No	60	41.09
Total	146	100

Source: Field Survey, 2016

Table 9: Disease of Family Members of Respondents

Answer	Number	Percentage
Yes	91	62.33
No	55	37.67
Total	146	100

Source: Field Survey, 2016

Table 10: Personal Hygiene or Habit at Home of Respondents

Items	Number of respondents (Yes)	Number of respondents (No)	Total
Drinking boil water	36 (24.66%)	110(75.34%)	146(100%)
Regular tooth brash	94(64.38%)	52(35.62%)	146(100%)
Regular bath	105(71.92%)	41(28.08%)	146(100%)
Eat green leafy vegetables	114(78.08%)	32(21.92%)	146(100%)
Cigarettes/Betal leaf	113(77.4%)	33(22.6%)	146(100%)

Source: Field Survey, 2016

Table 11: Materials Use for Brushing of Teeth

Material	Number	Percentage
Tooth paste	35	23.97
Tree bark	5	3.43
Powder	60	41.10
Ash	46	31.50
Others	0	0
Total	146	100

Source: Field Survey, 2016

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