



A Study on Coastal Environment on Thoothukudi District an Economic Valuation

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Abstract: This study mainly focuses the socioeconomic background of the respondents in coastal village and their health problems. In order to perform the analysis on the socio-economic and health status of the people of the coastal area of Thoothukudi district were selected. The data was collected during the months between April to June, 2023. The data collected from the primary source were analysed with the help of various statistical measures such as simple percentage analysis, averages, chi square test, t-test, multiple regression and probability analysis were used. Secondary data have been collected from books, journals, newspapers, internet and periodicals. The study shows that 56% of the respondents opined that sufficient drugs and medicines are available in the hospitals and 25% of them opined that there is insufficient availability of medicines. The remaining 19% of them have no opinion. It reveals that out of 140. Allowing one of the independent variables to operate, while controlling the other variables in the equation, revealed that it was job satisfaction which had the highest contribution to the quality of work followed by the quality of health and income respectively. In order to find out the significant difference in satisfaction of income among the sample respondents based on marital status, the 't' value was calculated. Therefore, the null hypothesis is accepted and concluded that there is no significant difference in satisfaction of income among the respondents between marital statuses. It is revealed that three of the variables were entered into the equation and the order of inclusion was as follows: job satisfaction, quality of health and income. Allowing one of the independent variables to operate, while controlling the other variables in the equation, revealed that it was job satisfaction which had the highest contribution to the quality of work followed.

Index Terms - coastal community, vulnerability, quality of health, institutional life, sanitation, job satisfaction.

INTRODUCTION

Man is a social animal and therefore he invariably requires the company of his fellow beings so that they may be able to lead a happy and prosperous social life for a long period of time. Individuals, as single human beings, become a big zero if they dare to neglect the help and assistance from their fellow beings. Most of the coastal communities are geographically isolated from the mainstream development. This is indicated in their limited access to infrastructure and development assistance, poor transport and communication system and vulnerability to natural disasters. The poor quality of life is also reflected in their sub-standard housing and sanitation systems, and their meagre access to basic amenities such as clean drinking water and healthcare. Many diseases are attributable to the unsafe, unhealthy and unhygienic working and living environment and of their poor healthcare facilities.

A coastal community is an occupation-based community with a shared system of beliefs, activities, and commitments, and is connected by bonds that establish a common purpose, fate, a personal identity, a sense of belonging, and a supportive structure of activities and relationships. It largely reflects the particularities of the customs, language, and institutional life; a heritage of significant events and crises; historically determined attributes such as size, geography, and demography. Community is formed through a shared mutuality, and the purposeful quest, and opportunity for comprehensive interaction, commitment and responsibility. It has a historicity, rootedness, belonging, and makes for individual well-being, commitment to others, sense of history, and collective judgment (Yadava, 2003). Most live in communities that are scattered along coastlines and most of their fishing activities take place near their home communities. They generally live very close to the seashore. This nearness to the sea has the advantage of convenient beach landing for their catch. Fishing is the main source of livelihood. They are totally dependent on fishery resources for their survival.

Fishing is perceived not merely a means of assuring one's livelihood but more broadly as a way of life (Samuel, 1988). The income of those fishermen working on the motorized crafts has gone up (Srivasta, et al 1986). Due to lack of adequate institutional credit facilities on reasonable terms fisherfolk are forced to depend on informal credit from the affluent members of the community (Platteau, 1985); (Murickan, 2000); Carmel, 2000). SHGs have become the main vehicle for women's empowerment (Ram, 1991); (Gulati, 1999). Social wellbeing reflects of how people interact in their daily lives in families, neighbourhood and work place (Bowles and Gintis, 2000).

Medical treatment will prevent the diseases for a certain period of time or sometimes cure them permanently. Unless people change their attitude to the social practices associated with their life, they cannot stop the frequenting diseases mostly caused by those practices. However, environment is also a crucial factor very much associated with the diseases. People who follow a series of social practices in a degrading environment would suffer from serious health problems. This study mainly focuses the socio economic background of the respondents in coastal village and their health problems.

OBJECTIVES

The main objectives of the study are mentioned below:

1. To study the socioeconomic background of the sample respondents in coastal area.
2. To know the income of the respondents.
3. To examine the access to health care facilities.
4. To evaluate the satisfaction of income among the sample respondents.
5. To find out the quality of work life of sample respondents in coastal area.

RESEARCH METHODOLOGY

The study utilised both primary and secondary data. Primary data relating to the socioeconomic background of the respondents were collected through pre-designed questionnaire from 140 respondents from the selected Pazhayakayal and Punnakayal village. The study covered 70 respondents from Pazhayakayal and 70 respondents from Punnakayal village chosen at random. The sample size was 14%. A separate interview schedule was designed, pilot tested and used for data collection. The schedule was used to collect specific information from each respondent. The primary source were analysed with the help of various statistical measures such as simple percentage analysis, averages, chi-square test, t test, multiple regression and probability analysis were used. Secondary data have been collected from books, journals, newspapers, internet and periodicals.

RESULTS AND DISCUSSION

The data collected from the primary source has been tabulated and this forms the major basis for the research study. In order to perform the analysis on the socio-economic and health status of the people of the coastal area of Pazhayakayal and Punnakayal in Thoothukudi district were selected.

Sex-wise analysis of the respondents

It has been inferred that out of 140 sample respondents, the majority of 65.45 percent are male and rest 34.55 percent is female respectively.

Size of the family

It was found that more than a sixty of the sample respondents (69.09%) had five and above members, about 22.18% had three - four members and about 8.73% had below three members.

Age group of respondents

In the present study, about 83.34% of the respondents belonged to the age group 30 to 60 years. Among the respondents, about 10% were in the age class 20-29 years and 6.66% in above 60 years and mean age of the sample respondents worked out to be 42.8 years and standard deviation was 28.6421 in the study area.

Educational statuses of the respondents

About 45.33% of the respondents had primary education, about 27.33% had high school education, about 14.67% possessed higher secondary level education and 8.67% had pursued degrees. Further, only about 4% remained illiterate.

Marital statuses of the respondents

Out of 140 respondents, about 84% were remarried and 16% were unmarried.

Community wise classification of respondents

The study clearly explains that out of 140 sample respondents, 50% belong to the Most Backward Community and 30% belong to Backward Community. Further, only about 20% remained Scheduled caste.

Family types of the Respondents

This study exhibits that, 75.33 percent of the respondents belonging to the nuclear family. This clearly indicates the declining trend of the Joint family system. Housing, It is revealed that almost all the respondents have own houses.

Type of house of the respondents

In the study area, houses of the community were of three main types. It revealed that 72% of respondents are living in terraced houses, 24% were thatched houses and 4% of the respondents are in tiled houses.

Classification of the respondents according to source of drinking water

The study shows that out of 140 respondents, majority of 88.74 percent of the respondents are having drinking water and 11.26 percent of them don't have drinking water facility. Classification of respondents according to source of electricity It is clearly that, out of 140 respondents, majority of 92.38 percent of them are having electricity and 7.62 percent of them don't have electricity facility. Classification of respondents according to toilet facilities available

The data reveal that out of 140 respondents, majority of 62.25 percent of them have Toilet facility, and 37.75 percent of them don't have any toilet facility.

Occupational background of earning members per family

It has been observed that out of the total, 84.63 percent of the respondents have an important occupational background as fishing, followed by 6.91 percent of the respondents having agriculture as background. 4.82 percent of the respondents have a background of private employment. Only 3.64 percent of the respondents have government employees as background.

Possession of livestock

Livestock maintenance is an additional source of income. About 9.33% of the respondents had goat / sheep, about 56% of them maintained poultry and about 22.67% of them had cattle.

Monthly family income of the respondents

The data show that out of 140 respondents a majority of 44.55 percent earn a monthly family income of Rs.4,000 to Rs.8,000 followed by 25.00 percent Rs.8000 and above and 20.45 percent earn less than Rs.4000. The mean monthly family income worked out to be Rs.5,863.85.

Regular availability of work of the respondents

It has been revealed that, out of 140 respondents 75 percent of the respondents are having regular availability of work. The remaining 25 percent of the respondents are not having regular availability of work.

Fringe benefits received by the respondents

Majority of the respondents (75.45 percent) enjoy the fringe benefits in the worksite; only less than 25 percent of the respondents do not enjoy any fringe benefits.

Years of experience

It shows that a maximum of 37.27 percent of the total respondents has less than 5 years of experience followed by 25.45 percent with 5-7 years. 22.28 percent of the respondents have 7-9 years of experience, and 15.00 percent with 9 years and above of experience.

Nature of wage of the respondents

The majority of the respondents (68.63 percent) received daily wages. Next 24.55 percent of the respondents receive weekly wages; 6.82 percent of the respondents receive monthly wages.

Distribution of respondents according to means of transportation

The table showed the respondents and the means of transportation that they used to transport their working place. It was seen that 67.33% of the respondents used bicycles and 24% of them used by walk, while 8% used share auto.

Access to Primary Health Care facilities

The study reveals that out of 140 respondents, majority of 85.16 per cent of them used Primary Health Care facility and 14.84 percent of them don't use Primary Health Care facility.

Access to Government Hospital facilities

It reveals that out of 140 respondents, majority of 79.54 per cent of them utilised Government Hospital facility and 20.46 percent of them don't utilised Government Hospital facility.

Details about the disease affected

It is inferred that majority of them are affected by minor diseases (56%) and the remaining by major diseases (44%).

Monthly Income

A two-way table is prepared to test the relationship between the income of the respondents and their family size. In order to find out whether there is any correlation between the family size and income of respondents, chi-square test has been applied. The results of the Chi-square test are furnished below.

Calculated value of Chi-square = 47.21 Table value at 5 percent level = 9.488 Degrees of freedom = 4 As the calculated value of Chi-square is greater than the table value at 5 percent level of significance, there is a relationship between the income of the respondents and their family size.

Significant differences in satisfaction of income among the sample respondents based on Marital Status

In order to find out the significant difference in satisfaction of income among the sample respondents based on marital status, the 't' value was calculated and the calculated 't' value was found to be 0.6485 which is lower than the table value 1.97 which is significant at 0.05 level. Therefore, the null hypothesis is accepted and concluded that there is no significant difference in satisfaction of income among the respondents between marital statuses.

Step wise multiple regression dependent variable quality of work life

It is revealed that three of the variables were entered into the equation and the order of inclusion was as follows: job satisfaction, quality of health and income. As each of the additional was entered, the multiple R and R² increased. This indicates that job satisfaction, quality of health and income were the best set of predictors of quality of work life having a combined contribution of about 98 per cent. Allowing one of the independent variables to operate, while controlling the other variables in the equation, revealed that it was job satisfaction which had the highest contribution to the quality of work followed by the quality of health and income respectively.

CONCLUSION

The results obtained from this survey revealed that the living conditions of respondents remain poor and almost unchanging in recent years. Off-season unemployment is more in the selected area of Tuticorin District. Concerted action by government agencies, local bodies, trade unions, and voluntary organization with the active support, co-operation and participation of the respondents is required for solving the issues and for the growth and development of the sector. From the findings of the study, it is understood that the people in the village under study do not pay adequate attention to the preventive care. Healthcare does not imply curative care alone. It implies preventive care as well. But the people in the village give importance to the curative aspects rather than to the preventive aspects of healthcare.

Acknowledgment

I would like to express my deep and sincere gratitude to my research supervisor Sacratees J, Professor & Head, Research Department of Economics, Manonmaniam Sundaranar University, Tirunelveli - 627 012, Tamilnadu, India for giving me an opportunity to do research and for providing valuable guidance throughout this research work.

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