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Research Journal

*Indian Streams
Research Journal*

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RNI MAHMUL/2011/38595

ISSN No.2230-7850

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USAGE OF HYGIENIC PRODUCTS: A STUDY OF COASTAL INHABITANTS IN KANYAKUMARI DISTRICT



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ABSTRACT:

The Father of our Nation, Mahatma Gandhi said in 1923 "Sanitation is more important than independence." This declaration makes it clear that sanitation is very important for one's own happiness and wellbeing. Unfortunately, even after 68 years of independence, we could not achieve good sanitation due to the advancement and modernization of industries, and selfish attitude of few rich people. Pollution and poor hygiene are the major contributors to both communicable and non-communicable diseases. Realizing its importance ₹ 2 lakh crore expenditure is envisaged by the government to clean up the country by 2 October, 2019. Will this project really make our country a nation of clean or good sanitation conditions. It is a long way to go.... Unless and until every citizen resolves to keep his/her house and surrounding clean, the project introduced by the Government could not be materialized. Since hygienic practices are an attitude that emerges from a person, he/she has to use hygienic products and keep oneself free from bacteria, viruses, parasites, mosquito, louse, fly, fleas,



ticks and mites as well as venomous animals. This paper aims to inform the readers and policy makers about the importance of usage of hygienic products and to help the people live a healthy and happy life. Results from 225 sample respondents indicate that Personal hygiene products like Body lotion (1.89), Hand wash (2.62), Mouth wash (1.54) and Hair remover (2.18) are below the average level, while in case of House hold hygienic products like phenol (2.91) and Room freshener (2.20) are below the average level.

As a result they are prone to common cold, cough, allergies, stomach ache, dental problems, irritant eyes, nose and throat, head/body lice which are common in the study area. Therefore, this paper offers a few suggestions to the policy makers and well-wishers of the fishermen community to keep their surrounding clean and tidy which enhance the socio-economic conditions of the sample respondents in the study area.

KEY WORDS: Poor sanitation, Unhygienic related diseases, Hygienic products, Environment.

INTRODUCTION:

World Health Organization (W.H.O.) states that 'The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion and political belief, economic or social condition'. Thus health is one of the most basic fundamental rights of every citizen in the world. Realizing its importance politicians, academicians, business tycoons and all management gurus discuss and deliberate on the issue of unhealthy environment and poor sanitation. However, these discussions and deliberations might be materialized only when our nation is free from pollution and poor sanitation. Pollution and poor sanitation bring danger to the health of every citizen in our nation. As a result, the diseases have mounted up and the lives of the human beings are at risk. The father of our Nation, Mahatma Gandhi said in 1923 "Sanitation is more important than independence". This declaration makes it clear that sanitation is very important for one's own happiness and well being. Unfortunately, even after 68 years of independence we could not achieve this good sanitation due to the advancement and modernization of industries, and selfish attitude of few rich people. According to World Health Organization, about 1.1 billion people do not have access to improved water supply, 2.4 billion people do not have access to any type of improved sanitation facility, 2 million die due to diarrheal diseases. Most of the victims are from developing countries who are rural inhabitants living in extreme conditions of poverty. According to Census 2011, 49.8 percent households have no toilet facilities and defecate in the open, 43.5 per cent households are using tap water, of which 32 per cent are treated and 11.6 per cent are untreated and 48.9 per cent households do not have drainage facilities. Hence sanitation is the need of the hour and the hygienic products are the only weapon in the hands of the people to protect themselves from all kinds of pollution and diseases due unhygienic living habits.

STATEMENT OF THE PROBLEM

When the earth was created by God it was clean, fresh and free from pollution. Everywhere people, flora and fauna could experience freshness. But alas! due to the speed culture changes in the life style and need for instant goods for everything has become the trend. Modern world is engulfed by automobiles, factories, open sewage etc. and the atmosphere is polluted with the poisonous gases and germs like bacteria, virus, parasites etc. As a consequence, people exposed to the open air are easily infected and are highly vulnerable to diseases. In order to prevent oneself and his households from all these bacteria, viruses, parasites, mosquitoes, lice, flies, fleas, ticks, mites and other such venomous animals, one need to use hygienic products. Hygienic products are the weapon in the hands of the common people to prevent or minimize diseases and the spreading of diseases in home and in everyday life settings such as social settings, public transport, work place, public places etc. These hygienic products add beauty, freshness and good image to all those use them.

The coastal inhabitants are at a high risk of problems related to the issue of the health hazards due to personal hygiene. The coastal villages are thickly populated and overcrowded with houses. These add up ways and means for poor sanitation, sewage system and lack of conventional household toilet facilities. Adding to that, the fishermen households dispose their domestic wastages in the common places or marine area which affect their wellness and bring hazards to health. At this juncture, number of questions arise in the mind of the researcher like out of the total income how much money the sample respondents spend for the purchasing of hygienic products, what are the products they buy for both personal and household hygienic products and in the absence of those products what is the nature of diseases the respondents are susceptible. To understand this problem and to fill this gap the research study is undertaken.

OBJECTIVES OF THE STUDY

The general objective of the study is to measure the usage of hygienic products that are used by the sample respondents in the study area. The following are the specific objectives.

- To measure the usages of personal and household hygienic products of the sample respondents
- To find out the amount spent for purchasing hygienic products by the sample respondents in the study area
- To discuss the various diseases that affects the respondents due to unhygienic practices.

HYPOTHESES

Ho₁: The opinion regarding personal hygiene products are equal to average level.

Ho₂: The opinion regarding household hygiene products are equal to average level.

Ho₃: There is a significant difference among yearly income of the respondents with the amount spent to usage of personal and household hygienic products

Ho₄: The opinion regarding factors affecting hygiene and sickness are equal to average level.

METHODOLOGY

This study is based on both Primary and Secondary data. The primary data were collected from the three coastal taluks (i.e Agaeesthwaram, Kalkulam, Vilavancode) in Kanyakumari District wherein the coastal belt is located. These belts consist of 47 villages and from each taluk two villages were selected for this study: one with the highest population while the other village with the lowest population. From each taluk, 75 sample respondents were selected. Out of which 50 sample respondents were from the village of highest population and 25 sample respondents from the village of lowest population on the basis of multistage random sampling. The selected villages are Kanyakumari (H) and Siluvaiyanager (L) of Agaeesthwaram taluk. Colachel (H) and Chinnavalai(L) of Kalkulam taluk. Neerodi (H) and Helen Colony (L) of Vilavancode taluk . Further, from these six villages 225 samples are chosen on the basis of proportionate stratified random sampling. The collected data has been analyzed with the help of the statistical tools like percentage analysis, one way ANOVA, and one sample t-test .The secondary data were collected from various books, journals and websites

(H) Indicates the village with the highest population in the taluk and (L) indicates the village with the lowest population in the taluk.

RESULTS AND DISCUSSION

Hygiene is an old concept related to medicine, as well as to personal and professional care practices related to sophisticated aspects of living. In medicine, in home and everyday life settings, hygiene practices are employed as a preventative measure to reduce the incidence and spreading of diseases. Similarly, in the consumerist scenario, hygienic products are invented and promoted to prevent the spread of disease-causing organisms. Cleaning process removes dirt, soil and especially infectious microbes and is one of the best means to achieve hygiene. The following table clearly depicts the usage of personal hygienic products by the sample respondents in the study area.

Ho₁: The opinion regarding personal hygiene products are equal to average level.

Table-1
Personal Hygiene Products

S. No.	Particulars	Mean	S.D	t-value	p-value
1	Soap	4.53	1.073	21.431	<0.001**
2	Shampoo	3.71	1.211	8.751	<0.001**
3	Body lotion	1.89	1.322	12.557	<0.001**
4	Hand wash	2.62	1.619	3.501	<0.001**
5	Perfume	3.29	1.409	3.123	<0.001**
6	Toothpaste/brush	4.27	1.316	14.436	<0.001**
7	Oil	4.00	1.290	11.573	<0.001**
8	Facial Cream	3.11	1.718	0.931	<0.001**
9	Mouth wash	1.54	1.069	20.460	<0.001**
10	Hair remover	2.18	1.259	9.798	<0.001**
11	Bath brush	4.28	1.250	15.418	<0.001**
12	Tongue cleaner	3.55	1.598	5.133	<0.001**

Source: Computed data

Note: **Significant at one per cent level

Since, p value is less than 0.01, the null hypothesis is rejected at 1 per cent level of significance with regard to personal hygiene products. Hence it is concluded that the opinion regarding personal hygiene products are not equal to average level. Based on the mean score, the personal hygienic products like Soap, Shampoo, Perfume, Toothpaste/brush, Oil, Facial Cream, Bath brush, Tongue cleaner are above average level with the score of 4.53, 3.71, 3.29, 4.27, 4.00, 3.11, 4.28, and 3.55 respectively. It shows that the people are using basic traditional personal hygienic products regularly and with their regular income they can afford to buy only such types of hygienic products. While personal hygiene products like Body lotion (1.89), Hand wash (2.62), Mouth wash (1.54) and Hair remover (2.18) are below the average level. It shows that the sample respondents in the study area are ignorant about these products. They do not wash their hands with soap after defecation, touching the pet animals and touching the currency notes. Most of the respondents' oral health is very poor and they frequently visit dentist. Due to non-removal of hair they sweat a lot and they use more perfume in public places to avoid body odour and bad breath. As per the report of Public Health Association, only 53 per cent of the population wash hands with soap after defecation, 38 per cent wash hands with soap before eating and only 30 per cent wash hands with soap before preparing food. Water sanitation and hygiene (WASH) Interventions significantly reduce diarrhoeal morbidity as it is well known that poor WASH causes diarrhoea, which is the second biggest cause of death in children less than five years. It needs special attention on the part of every respondent.

Sanitation in home is very important. The household hygienic products help to remove the bacteria and germs in the sinks, toilets, waste pipes, drinking water sites and surfaces, kitchen and bathroom and prevent the spread of fungal infections. The following table shows the usage of the household hygienic products.

Ho₂: The opinion regarding household hygiene products are equal to average level

Table -2
Household Hygiene Products

S. No.	Particulars	Mean	S.D	t-value	p-value
1	Antiseptic lotion	3.57	1.554	5.490	<0.001**
2	Floor cleaner	3.45	1.121	6.005	<0.001**
3	Dish wash	4.20	1.262	14.319	<0.001**
5	Toilet cleaner	4.05	1.171	13.488	<0.001**
6	Laundry detergent	4.14	1.159	14.729	<0.001**
7	Phenol	2.91	1.543	0.908	0.365
8	Mopping stick and mopping cloth	4.16	1.038	16.692	<0.001**
9	Room freshener	2.20	1.358	8.882	<0.001**

Source: Computed data

Note: **Significant at one per cent level

Since, p value is less than 0.01 the null hypothesis is rejected at 1 per cent level of significance with regard to household hygiene products. Hence it is concluded that the opinion regarding household hygiene products are not equal to average level. Based on the mean score, all the household hygiene products are used by the people regularly in the study area with regards above the average level except phenol (2.91) and room freshener (2.20) which are below the average level. It is evident that the sample respondents are exposed to germs and bacteria as they are not using the most important basic things which fight against bacteria and germs. Hence they are prone to diseases related to unhygienic aspects. Moreover, the coastal villages are thickly populated and the sewage water runoff into the streets which invites the mosquito, germs and insects. The following table shows the amount spent by the sample respondents for the purchasing the hygienic products.

Table 3
Amount Used For Hygiene by the Respondents

S.No	Amount used for hygiene (in₹.)	Frequency	Percentage (%)
1	Below 4000	105	46.7
2	4000-5000	69	30.7
3	5001-6000	20	8.9
4	Above 6000	31	13.8
	Total	225	100.0

Source: Primary Data

Table 3 shows that 194 sample respondents are spending less than ₹ 6000 for purchasing hygienic products while 31 of them are spending more than 6000 per annum. It is inferred the amount spent for purchasing hygienic products is very meager. Moreover, the amount spent for hygienic product depends on the members of the family especially where there are small children the amount spent seems to be high. There is no significant difference among yearly income of the respondents with respect to usage of personal and household hygienic products. This is proved with the help of the

following hypothesis

Ho₃: There is a significant difference among yearly income of the respondents with the amount spent to usage of personal and household hygienic products

Table 4
Yearly Income of the Respondents with Usage of Hygienic Products

Yearly Income (in₹.)	Mean	S.D	F-value	p-value
Less than 100000	65.63	9.149	7.263	0.001**
100000-200000	67.46	10.801		
200001-300000	73.22	9.238		
300001-400000	80.88	8.692		
Above 400000	64.50	13.435		

Source: Computed data

Note: ** denotes significance at 1% level

Since, p value is less than 0.01, the null hypothesis is rejected at 1% level of significance. Hence, it is concluded that, there is significant difference among yearly income of the respondents with respect to usage of personal and household hygienic products. It is inferred that income of the respondents does not match with the size of the families or purchase of hygienic products. The study conducted by Vasanthamani and Julie Benitha (2012) state that ignorance, illiteracy and low income had resulted in poor sanitation, hygiene and diseases. As per their studies, the selected coastal villages in Ramnad District of Tamilnadu were stinking and soil was contaminated with sewage water. All these factors pave way for cancer and other communicable diseases. So income plays a pivotal role in the purchase of hygienic products. WHO reports that over 3.6 per cent of the global disease burden can be prevented simply by improving water supply, sanitation and hygiene. Poor hygienic conditions are responsible for the multiplication of germs like potentially infectious bacteria, viruses etc. They are constantly shed from these sources via mucous membranes, vomit, skin scales, etc. Germs can also spread via clothing and household linens, such as towels. Utilities such as toilets and wash basins, for example, were invented for dealing safely with human waste, but still they have risks associated with them, which may become critical at certain times. The following table clearly depicts that due to non usage of hygienic products and unhygienic behaviour the respondents are prone to unhygiene related diseases.

Ho₄: The opinion regarding factors affecting hygiene and sickness are equal to average level.

Table 5
Unhygienic Related Diseases

S. No.	Name of the Diseases	Mean	S.D	t-value	p-value
1.	Dengue	2.16	1.281	9.888	<0.001**
2	Allergies	2.90	1.204	1.274	0.204
3	Chronic diarrrohea	1.92	1.074	15.079	<0.001**
4	Head/body lice	2.52	1.268	5.678	<0.001**
5	Irritant eyes, nose and throat	2.57	1.128	5.674	<0.001**
6	Dental problems	2.60	1.292	4.593	<0.001**
7	Nausea	1.92	1.113	14.617	<0.001**
8	Malaria	2.05	1.097	12.949	<0.001**
9	Stomach ache	2.74	1.248	3.098	<0.002**
10	Hepatitis	1.75	1.048	17.874	<0.001**
11	Scabies	1.93	1.217	13.142	<0.001**
12	Typhoid	2.07	1.230	11.328	<0.001**
13	Ulcer	2.19	1.230	9.866	<0.001**
14	Rabies	1.65	1.315	15.414	<0.001**
15	Ring worms/pin worms	2.12	1.341	9.797	<0.001**
16	Filariasis	1.45	.850	27.388	<0.001**
17	Common cold and cough	3.39	1.245	4.658	<0.001**
18	Urinary infection	1.68	1.075	18.415	<0.001**
19	Otitis external(Ear)	1.47	1.000	22.930	<0.001**

Source: Computed data

Note: **Significant at one per cent level

Since, p value is less than 0.01, the null hypothesis is rejected at 1 per cent level of significance with regard to household hygiene practices. Hence, it is concluded that the opinion regarding to household hygiene practices are not equal to average level. Based on the mean score, common cold and cough are the major diseases of the people in the study area. Then allergies, stomach ache, dental problems, irritant eyes, nose and throat, head/body lice are common diseases in the study area. Few research studies support this view like the research study conducted by Sahayaselvi and Ramalexmi (2014) in Kanyakumari District which states that the fishermen households are exposed to germs and other bacteria due to poor sanitation facilities. As a result, they are prone to the hygiene related diseases like common cold, wheezing, asthma and other hygiene related diseases. Yasmin Modassir and Azra Ansari (2011) opine that the coastal villages in Goa lack proper sanitation, regular water supply, drainage system and proper toilet which result in poor hygiene condition. Lack of sanitation has been a major cause of outbreak of different diseases like typhoid, gastroenteritis, skin disease, malaria,

encephalitis and intestinal infections. Hence poor sanitation and unhygienic state requires the attention of the policy makers.

FINDINGS

- Personal hygiene products like Body lotion (1.89), Hand wash (2.62), Mouth wash (1.54) and Hair remover (2.18) are below the average level. It shows that the sample respondents in the study area were ignorant about these products. They do not wash their hands with soap after defecation, touching the pet animals, touching the currency notes etc.
- House hold hygienic products like phenol (2.91) and Room freshener (2.20) are below the average level. It is evident that the sample respondents are exposed to germs and bacteria by not using the most important basic things which fight against bacteria and germs. Hence they are prone to diseases related to unhygienic aspects.
- 194 sample respondents are spending less than ₹6000 for purchasing hygienic products while 31 of them are spending more than 6000 per annum. It is inferred that the amount for purchasing hygienic products is very meager.
- There is significant difference among yearly income of the respondents with respect to usage of personal and household hygienic products. It is inferred that income of the respondents does not match with the size of the families or purchase of hygienic products.
- Since, p value is less than 0.01, the null hypothesis is rejected at 1 per cent level of significance with regard to household hygiene practices. Hence, concluded that the opinion regarding to household hygiene practices are not equal to average level. Based on the mean score, common cold and cough are the major diseases caused to the people in the study area. Then allergies, stomach ache, dental problems, irritant eyes, nose and throat, head/body lice are common diseases in the study area.

SUGGESTIONS

- + The health care sector has a strong role to play in improving sanitation in developing countries through policy implementation of sanitation programme.
- + Under the 'Clean India' programme the Central government can construct toilet facilities near the sea shore and control open defecation in the area.
- + Under the fishermen welfare scheme, the State government can give hygienic related products which help the fisher folk to maintain good health and live disease free life.
- + The coastal population can be educated through various awareness programmes conducted by NGOs about the importance of health and hygiene and especially the fisherwomen should be educated to keep their houses and its surroundings neat and tidy which might help them to avoid the hygiene related diseases.
- + The fisher folk can be resolved to do regular hand wash which prevents the spread of infectious diseases in home and everyday life settings and removes the bacteria through which they can experience good health and happiness.
- + A toll free number can be given to the general public to contact the local administration to ensure that office and residential areas are always kept clean and tidy.
- + Government can impose some strict penalty for the people who pollute the surroundings.
- + The well-wishers of the coastal community can construct waste bin and insist the fisher folk households to dump the garbages only in such bin which in turn make the coastal villages clean and tidy.
- + Awards or prizes can be given by the local administration to the villagers who keep the

surroundings neat and clean.

CONCLUSION

India is recognized as a global power in the key economic sectors. Despite these economic advances, poor hygienic practices and inadequate sanitary conditions that are prevailing in our country hamper the growth of the nation. Sanitation and hygiene are still a major concern, especially in the rural areas. According to United Nations International Children's Emergency Fund (UNICEF) report, in India only 31 per cent of the population uses improved sanitation. What about the rest of 69 per cent of the population in our country. Due to unhygienic practices and non-usage of hygienic products the rural masses especially fisher-folk are susceptible to the unhygienic related diseases like common cold, cough, allergies, stomach ache, dental care, irritant eyes, nose and throat and head/body lice. Therefore the government who is the guardian of the common people should see that the hygienic practices are followed by the people at regular intervals with the help of primary health care services and NGOs. Then the life span of human index might rise and people could experience good health and happiness. Thus, our nation would be the trend setter in adherence and maintaining the hygienic practices and proudly we can call our nation as 'Clean India'.

ACKNOWLEDGEMENT

The author is thankful to the University Grants Commission for financial support to carry out this work.

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