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Occupational health hazards among women vendors in Moreh Town, Manipur, India

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Abstract

Street vending is a prominent sector in the informal economy and is particularly visible among women in Northeast India. Street vending business involves extensive health risks and often poor, vulnerable, and marginalized population engages in such activities. The challenges faced by women vendors in India vary based on regional cultural, traditional, and belief systems. Therefore, using a primary data collected from Moreh town in Manipur, India, where 336 women vendors aged 15 years and above who were engaged in vending for more than a year were interviewed to identify the probable factors that could have associations between vending businesses and health status of women vendors. Descriptive statistics and logistic regression were used in the study and results indicate that peripatetic vendors are at a higher risk of both major and minor illnesses compared to stationary vendors. Furthermore, factors such as the age of women vendors, income, caste, wealth quintile, exposure to mass media, family structure plays important role in their health outcomes. Therefore, we believe improving women's working and socio-economic conditions could likely result in their better health status.

Keywords

Health, Informal Sector, Socioeconomic, Women Vendors

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Introduction

Female labor participation is a key indicator of social progress, reflecting a nation's economic, cultural, and traditional landscape. India's current female labor force participation rate (FLFPR) is concerning. It has declined from 35.1% in 1990 to 27.2% in 2017, the lowest among BRICS countries (ILOSTAT, 2017; Kundu, 2011). This decline has coincided with a rise in female literacy (39.3% in 1991 to 65.4% in 2011) (Indian Census), suggesting a paradox: more educated women are not entering the formal workforce. Street vending emerges as a significant sub-sector within India's informal female workforce (Singh & Gupta, 2011). Estimates suggest India has roughly 10 million street vendors, with women comprising nearly 40%, of which 30% are the sole family earners (Mohapatra, 2012). This trend reflects limited female participation in the formal sector, highlighting a gender disparity in economic empowerment (Kundu, 2011). The informal sector is a dominant source of employment, particularly for women in developing countries (ILO, 2002). Women often face greater pressure to enter the workforce due to economic hardship rather than job market expansion (Banerjee, 1998). Notably, the informal sector, with street vending being a prominent example, employs a higher proportion of women than men in developing countries (ILO, 2002). These informal jobs lack secure contracts, benefits, and social protection, further marginalizing women (Gulati, 1981). Street vending has long been a source of livelihood in India, experiencing a surge in recent decades. Estimates suggest around 2.5% of the urban population relies on street vending as their primary income (NASVI, 1999-2000). Major cities like Mumbai, Delhi, Kolkata, Ahmedabad, and Patna house a significant number of street vendors, with women comprising a majority (NASVI , 1999-2000; GOI, 2004; NPUSV, 2006). Studies reveal that compared to their male counterparts, women street vendors face harsher socio-economic realities. They juggle long vending hours with household responsibilities, leading to immense strain (Sarkar & Srivastava, 2009; Basumatary, 2013; Banerjee, 2014). Their long hours often translate into meager incomes due to the nature of the goods they sell (Sarkar & Srivastava, 2009). Furthermore, the unsanitary and hazardous working conditions on the streets pose significant health risks (Bhowmik,2010). The lack of proper sanitation facilities exposes them to urinary tract infections and kidney ailments (Bhowmik & Saha, 2012). Studies also report a high prevalence of stress-related illnesses like migraine, hyper-acidity, and hypertension (Bhowmik,2010). Additionally, research suggests women street vendors suffer from gynaecological problems, joint pain, body aches, gastritis, and ulcers (Sarkar & Srivastava, 2009). The adverse health impact that work-related conditions have on women in informal sectors does not only confine to their physical and mental health but adds to the complexities in the health and development of their children (Bhan et al., 2020). Despite these challenges, women vendors significantly contribute to the Indian economy (Mohapatra, 2012). Their resilience in the face of low socio-economic conditions, societal constraints, limited resources, and multiple family responsibilities deserves recognition. Notably, research suggests that certain regions, like Northeast India, have a comparatively better status for women (Das, 2013). This raises intriguing questions about potential regional variations in the challenges faced by women street vendors. Women workers comprise around 43% in Manipur as per 2011 census whereas a large proportion of employed women (95%) are

engaged in non-agricultural occupations (NFHS 5) and majority of the women are concentrated in informal sectors (Arambam, 2020). Moreh, being a center for Informal Cross-Border Trade (ICBT) can be seen that more women actively engaging in informal economy as vendors, hawkers etc. often under unconducive working conditions (Gangte, 2019) which could adversely impact their health status. The aim of the study is to explore the relationship between the health status of women vendors and the nature of their vending activities. Specifically, the study seeks to identify the factors associated with different types of vending businesses and how these factors influence the health outcomes of women vendors in Moreh town. By analyzing data from 336 women vendors, the study aims to determine how vending types, such as stationary and peripatetic vending, impact the prevalence of major and minor illnesses among these women. The research also investigates the role of other variables like age, socioeconomic status, and household characteristics in shaping the health status of the vendors.

Data and Methodology

This is a micro-level study or survey using structured questionnaire consisting of both open and closed-ended questions. The data were collected from August to November 2014. The data were collected under two schedules viz. household scheduled and eligible women vendor's schedule. The household schedule consisted of information on the household characteristics, such as number of living rooms, type of house, toilet facility, drinking water facility and household possessions. The eligible women vendor's schedule consisted of individual characteristics, working conditions, financial autonomy, social autonomy, health-related problems with health-seeking behaviors and policy awareness. A total of 336 women vendors, who were 15 years and above age, had been vending for more than one year and were living in Moreh town were selected randomly and interviewed from three major markets viz. Hongkong market (63 women vendors), Super market (117 women vendors) and Morning market (156 women vendors). The markets were selected using purposive sampling technique due to non-availability of reliable sampling frame for women vendors in Moreh. Also, these markets represent the maximum women vendor population in Moreh.

About the Study Area

The study was conducted in Moreh, a town located on the Indo-Myanmar border in the Tengnoupal district of the Indian state of Manipur. The town is a rapidly growing trade point in India and has already been recognized as a huge commercial hub. Several economists have suggested that the town could be a commercial city in future decades. The town is also the India's gateway to South-East Asia. The town plays a crucial role in shaping the economy of the state. Knowing the potential of generating economy in the town, the government of India has initiated the "Look East Policy" and notified an Integrated Check Post (ICP) in Moreh. With an average increase of 39% per annum, the volume of trade in this border town increased from 95.48 million in 2001-02 to 298.19 million in 2009-10 . Despite all these improvements that the town has received over the past decades, the burden of street vendors, both stationary or peripatetic, still exist. The demographics of the town is quite diverse. It is inhabited by all types of population. The major languages of the town is Manipuri and Kuki. In 2011, the town had a population of 16,847, of which 8,670 are males

and 8,177 are females (Census 2011). The town has a literacy rate of 71.47% with 14.58% of the population under six year of age (Census 2011).

Definition

According to National Policy for Urban Street Vendors (NPUSV), a street vendor is defined as a person who offers goods or services for sale to the public in the street without having a permanent built-up structure but with a temporary static structure or mobile stall or head load (NPUSV 2004). And these street vendors are categorized into three basic categories (NPUSV 2009):

i Stationary vendors: They are vendors who sell their goods regularly at a specific location by occupying space on pavements or any other public or private areas with implicit or explicit consent from concerned authorities.

ii Peripatetic vendors: They are vendors who sell their goods and services on foot, carrying baskets on their head or slung on their shoulders and those who sell their goods on pushcarts occupying space on a time-sharing basis and the vending activity will be regulated in such a manner that the vendors remove all their wares every day on expiry of the allotted time-sharing period.

iii Mobile street vendors: They are vendors who move from place to place selling their goods or services on bicycle or mobile unit on wheels, whether motorized or not. They also include vendors selling their wares in moving buses, local trains etc.

In this study, the term 'vendors' incorporates all other local or region-specific terms used to describe them. But the sample size for mobile street vendors is too minimal to be included in the analysis separately. Therefore, it is combined with the peripatetic vendors.

The study considers two types of illnesses among the women vendors viz. major and minor illnesses. Major illnesses are those that are chronic or illnesses that lasted for about a month, one year prior to the survey, including rheumatoid arthritis, tuberculosis, oral & dental disease, diabetes, chronic skin disease, high blood pressure, low blood pressure, heart disease, chronic asthma, piles, tumor, kidney problem, and hematochezia. While minor illnesses are those that lasted for about a week, one month prior to the survey, inlcuding headache, cold and cough, back pain, fever, body pain, rigor malaria, jaundice with fever, dizziness, diarrhea, stiffness of the legs, eye itching or irritation, boil or ulcer, ear infection, and reproductive tract infection.

Statistical Analysis

Descriptive statistics and binary logistic regression were used to examine the effects of types of vending on the health status of women vendors.

Response variable

The response variable in this study is minor illness (headache, diarrhea, fever, cold and cough etc.) where respondents were asked, 'Do you have any minor illness in the last one month that last for about a week?'. The responses to the question were categorize 'No' as '0' and 'Yes' was coded '1'. For major illness, the question asked was 'Do you have any major illness in the last one year that last for about a month?' and the responses were coded as in the previous case.

Predictor variable

The key predictor variables included in the study are types of vendors, number of years vending, age, level of education, monthly income, religion, caste, type of family and wealth index.

Ethical Considerations

The study conformed to the Students Research Ethics Committee (SREC) at International Institute for Population Sciences, Mumbai, India wherein respondents were detailed regarding the nature, purpose, and objectives of the study. The respondents were guaranteed full anonymity and confidentiality and were also interviewed after obtaining their informed written consent.

Results

Prevalence of major and minor illnesses

Figure 1 presents the prevalence of major and minor illnesses among the study respondents by type of vendor. The prevalence of both major and minor illnesses is higher among the respondents who sold their goods through peripatetic vending. The prevalence of minor illnesses among the stationary and peripatetic vendors are 72.28% and 94.03% respectively. Whereas, the prevalence of major illnesses among the stationary and peripatetic vendors are 55.45% and 79.10% respectively.

Figure 1. Prevalence of major and minor illness by type of vendor

	Stationary	Peripatetic
Minor Illness	72.28	94.03
Major Illness	55.45	79.10

Table 1 presents the distribution of different types of major and minor illnesses among the respondents included in the study. Among the fourteen minor illnesses considered for the study, headache (57.44%) was the most common followed by cold and cough (30.36%), back pain (30.06%), fever (29.76%), body pain (24.70%), rigor malaria (22.92%), jaundice with fever (12.80%) etc. With 0.60% prevalence, reproductive tract infection was the least common minor illness among the women vendors. Similarly, rheumatoid arthritis (16.07%) was most common morbidity among the thirteen major illnesses considered for the study. This was followed by tuberculosis (9.52%), oral and dental diseases (9.23%), diabetes (8.63%), chronic skin diseases (8.04%) etc. Hematochezia (0.30%) is the least prevalent major illness among the women vendors. Some other major chronic morbidi-

ties, such as high blood pressure (7.44%), low blood pressure (6.25%), heart disease (3.27%), asthma (2.98%), and tumor (2.38%) also contribute its part in inflicting major illnesses among women vendors.

Table 1. Distribution of different types of major and minor illnesses

Minor Illness	Prevalence	N	Major Illness	Prevalence	N
Headache	57.44	193	Rheumatoid Arthritis	16.07	54
Cold and Cough	30.36	102	Tuberculosis	9.52	32
Back Pain	30.06	101	Oral & Dental Disease	9.23	31
Fever	29.76	100	Diabetes	8.63	29
Body Pain	24.70	83	Chronic Skin Disease	8.04	27
Rigor Malaria	22.92	77	High Blood Pressure	7.44	25
Jaundice with fever	12.80	43	Low Blood Pressure	6.25	21
Dizziness	7.14	24	Heart Disease	3.27	11
Diarrhea	6.85	23	Chronic Asthma	2.98	10
Stiffness of the legs	5.06	17	Piles	2.68	9
Eye Itching or Irritation	4.46	15	Tumor	2.38	8
Boil or Ulcer	2.98	10	Kidney Problem	2.38	8
Ear Infection	2.08	7	Hematochezia	0.30	1
Reproductive tract infection	0.60	2			

Note: Total Number of cases out of the 336 respondents.

Effect of type of vendor on illnesses among women vendors

Table 2 presents the unadjusted effects of type of vendors on health condition of the women vendors. Compared to women who adopted stationary vending for selling their goods, women who adopted peripatetic vending are more likely to suffer from both minor illness (OR = 6.04; 95% CI = [2.77, 13.15]) and major illness (OR = 3.04, 95% CI = [1.84, 5.02]).

Table 2. Unadjusted effects of type of vendors on health condition of women vendors

	Minor Illness				Major Illness			
	OR	**p-value**	**95% CI**		**OR**	**p-value**	**95% CI**	
Type of Vendor								
Stationary Vendor ®	1.00				1.00			
Peripatetic Vendor	6.04	<0.001	2.77	13.15	3.04	<0.001	1.84	5.02

Note: OR - Odds Ratio; CI - Confidence Interval; ® - Reference

Table 3 presents the effects of type of vendors on health conditions of women vendors adjusting for other intervening factors. Compared to stationary vendors, the risk of minor illness (OR = 2.788; 95% CI = [1.080, 7.935]) and major illness (OR = 5.513; 95% CI = [1.254, 5.037]) is higher among the peripatetic vendors. Again, compared to women vendors whose age is between 15-30, women vendors in the age group above 45 have a higher risk of suffering from minor illnesses (OR = 1.467; 95% CI = [1.133, 3.408]) and major illnesses (OR = 1.359; 95% CI = [1.103, 2.993]). The risk of suffering from these minor illnesses (OR = 0.715; 95% CI = [0.530, 0.912]) and major illnesses (OR = 0.374; 95% CI = [0.185, 0.755]) is lower among women vendors who earn more than Rs.3000 per month, compared to women vendors who earn less than Rs. 3000 per month. While the risk of major illnesses (OR = 0.841; 95% CI = [0.784, 0.952]) is lower among those women who have had exposure to mass media. Compared to the general, schedule caste women have a higher risk of suffering from minor illnesses (OR = 1.483; 95% CI = [1.028, 5.801]) and schedule tribe women have a higher risk of suffering from major illnesses (OR = 1.379; 95% CI = [1.0.39, 5.752]). Compared to nuclear families, the risk of minor illnesses is higher among women vendors with joint families (OR = 1.183; 95% CI = [1.059, 1.858]). Compared to poor households, women vendors living in middle (OR = 1.406; 95% = [1.166, 2.460]) and rich (OR = 1.805; 95% CI = [1.616, 4.170]) wealth quintile households are more likely to suffer from major illnesses.

Discussion

With the aim of the study to examine the association between the health status of the women vendors and their types of vending from Moreh market, the study reveals interesting facts that may associate the women vendors working conditions and the related health issues. Various studies and reports have indicated that street vendors have poor social protection and their working conditions on the streets expose them to several safety and health issues. The SNDT-ILO study shows that 85% of the street vendors covered suffer from ailments associated with stress. These include hyperacidity, migraine, digestive problems, lack of sleep etc. Additionally, Hoque (2023), found that 32.42% of street vendors are affected by dust allergies related to continuous sitting at roadside places for selling foods and products and 9.40% of street vendors face backache problems. A study by Kambara & Mutharayappa (2018), also found that the most common health problems among women vendors were perpetual headache, hand pain, leg and knee pain, backache, body pain etc. Another study by Meher & Ghatole (2020). also found that the most common diseases found among street vendors were respiratory tract infections, musculoskeletal problems, hypertension, and diabetes.

Table 3. Adjusted effects of type of vendors on health condition of women vendors

	Minor Illness			Major Illness		
	aOR	95% CI		aOR	95% CI	
Vending Characteristics						
Type of Vendor						
Stationary Vendor ®	1.000			1.000		
Peripatetic Vendor	2.788	1.080	7.934	2.513	1.254	5.037
Number of Year Vending (in Years)						
Less than 10 ®	1.000			1.000		
11 to 20	0.769	0.339	1.743	0.880	0.463	1.673
More than 21	0.522	0.176	1.551	0.584	0.224	1.519
Don't remember	1.566	0.463	5.297	1.443	0.571	3.642
Individual Characteristics						
Age Group (in Yrs.)						
15 to 30 ®	1.000			1.000		
31 to 45	1.228	0.503	3.002	0.833	0.415	0.907
Above 45	1.467	1.133	3.408	1.359	1.103	2.993
Level of Education						
Illiterate ®	1.000			1.000		
Primary	0.974	0.402	2.360	1.785	1.192	3.574
Secondary	0.854	0.343	2.129	0.746	0.383	1.455
Post-Secondary	0.714	0.581	0.981	0.756	0.362	1.582
Income						
Less than 3000 monthly®	1.000			1.000		
More than 3000 monthly	0.715	0.530	0.912	0.374	0.185	0.755
Exposure to Mass Media						
No ®	1.000			1.000		
Yes	0.489	0.167	1.425	0.841	0.784	0.952
Household Characteristics						
Religion						
Hindu ®	1.000			1.000		
Muslim	3.681	0.842	16.091	1.113	0.418	2.966
Christian	0.077	0.006	0.932	0.643	0.098	4.234
Caste						
General ®	1.000			1.000		
Schedule Caste	1.483	1.028	5.801	0.870	0.302	2.506
Schedule Tribe	4.440	0.750	14.748	1.379	1.039	5.752
Other Backward Class	0.751	0.185	3.052	0.645	0.256	1.630
Type of Family						
Nuclear Family ®	1.000			1.000		
Joint Family	1.183	1.059	1.858	0.956	0.554	1.650
Wealth Index						
Poor ®	1.000			1.000		
Middle	1.413	1.118	3.224	1.406	1.166	2.460
Rich	2.010	0.533	7.577	1.805	1.616	4.170
Constant	4.277	0.692	26.446	1.917	0.530	6.939

Note: aOR – Adjusted Odds Ratio; CI - Confidence Interval; ® - Reference

These diseases are often occupation-related. The current study finds that the prevalence of minor illnesses such as headache, cold and cough, back pain, fever, and body pain was notably high among the study participants. Among major illnesses, rheumatoid arthritis, tuberculosis, oral and dental diseases, and diabetes were the most common. Reproductive tract infection and hematochezia were found to be the least prevalent minor and major illnesses, respectively.

The impact of vending type on health conditions was further analyzed, revealing that peripatetic vendors faced a significantly greater risk of both minor and major illnesses when compared to stationary vendors. This risk persisted even after adjusting for various intervening factors such as age, income, exposure to mass media, caste, family type, and household wealth. It is evident from these find-

ings that the type of vending significantly influences the health of women vendors, with peripatetic vending associated with higher health risks. The higher health risk could have more associations with peripatetic vending activities as such vendors travel on foot or pushcarts from one market place to the other exerting more physical labour and are more exposed to unconducive working conditions. These results emphasize the need for targeted interventions and support systems for women engaged in peripatetic vending to address their health concerns and improve their overall well-being. It is obvious that as age increases, age-related diseases coupled with harsh working environment could result in lower health status among older women vendors in Moreh. It is surprising to find that women vendors with meager monthly incomes are more vulnerable to health risks, which may be linked to their unmet needs for basic healthcare and lesser accessibility to proper living conditions whereas women vendors with rich wealth quintile reported higher risks of diseases which is contradictory. There could be many underlying factors to this phenomenon which may open a scope for further study. As the study is self-reported, women from rich backgrounds, belonging to higher strata of social groups and with more accessibility to media, may have more awareness and self-consciousness regarding their health status and seem to be in a better position to assess and report their health conditions. Women vendors from joint families reported higher health risks which could be associated with the burden of household responsibilities, lower decision-making roles in the family etc.. Overall, addressing the demographic and socio-economic factors identified in this study can contribute to mitigating the health risks faced by women vendors in both stationary and peripatetic vending activities.

Conclusion

The study indicates a relationship between the vending business and the prevalence of diseases among the women vendors in Moreh town and sheds light on the prevalence of major and minor illnesses among women vendors and the impact of their vending types on their health conditions. The findings show that women engaged in peripatetic vending, who move around to sell their goods, are at a higher risk of both major and minor illnesses compared to those who follow a stationary vending approach. Moreover, women aged over 45 years, with lower incomes, belonging to SC and ST categories, and with less exposure to media etc. have higher health risks. It is also pertinent to understand that the working conditions of women vendors contribute significantly to their complex health problems as they are more exposed to risky working conditions. Moreh being a center where border business and trade between India and Myanmar thrives, has high potential for economic opportunities and could attract more of the surrounding population to engage in vending activities. It is crucial to ascertain the problems that cause health hazards, ensure safe working conditions and address other related issues associated with vending activities in the region, to facilitate effective policies, programme implementation and interventions. There is a need to raise awareness of the health impacts of unconducive working conditions and the severity of occupational health risks coupled with unhealthy lifestyles which make women vendors in Moreh town more vulnerable.

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