


Women Workers in Informal Sector in Kashmir: Understanding the Reproductive Health and Occupational Vulnerability of Women Street Vendors in Srinagar

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Abstract

The informal sector has always been thriving and growing at a great pace. It provides a variety of ventures to unskilled, unemployed population to earn for their sustenance. Large number of unemployed people has found refuge in this sector throughout the world, particularly in developing countries. Generally, the people involved in this sector lack economic security and legal protection. Thus, there is a greater susceptibility of workers who work outside the reach of labour legislation or trade union organisation due to the absence of social protection laws. Women, being the dominant workers in the informal sector, are predominantly at a greater risk.

The street vendors in general and women vendors in particular, because of the nature of their work, are subjected to a number of vulnerabilities which affect their health. Besides pollution, they are also exposed to drastic climatic conditions. With the exception of certain vegetable vendors from Soura market, who apparently only work for 3–4 hours each day, these women workers put in roughly 10–12 hours a day. They stand all day, irrespective of the climatic conditions, putting their merchandise on the road/side walk or tarpaulin sheets and sell their goods. In addition to the hazards their being on the streets exposes them to, the hot summers and icy winters have a particular impact on their health. The women vendors also suffer because of the lack of basic amenities and sanitation at work place. Thus, this study is an attempt to explore the Reproductive Health and Occupational Vulnerability of women street vendors.

Keywords: Women vendors; Health; Safety; Vulnerability; Occupational hazards; Reproductive health

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Introduction

Street vendors constitute one of the most visible occupational groups in the urban informal economy [1-5]. The vending occupation is an essential component of the urban informal economy. It accommodates a large number of urban poor, but despite that, the authorities consider the trade as illegal. The people with low skill proficiency and poor economic backgrounds usually enter into this profession. They play a significant role in urban settings by providing goods and services to other urban poor at reasonable and affordable prices [6].

Women, biologically a weaker gender, are considered as one of the most vulnerable sections of the society, along with children and the elderly. Many Women, belonging to financially poor households, are forced to work and earn for their families through informal means. Street vending is one such occupation

which these women from impoverished backgrounds take up to contribute towards the upliftment of their families. They usually work in unfavourable and drastic conditions which affect their health (Cohen, Bhatt and Horn, 2000). Their work on the streets puts them in greater danger. On one hand, air pollution causes severe respiratory ailments [7] while on the other hand; the changing climatic conditions have their impact as well. Hot weather in summers and cold climate in winters cause critical health-related problems. Besides, their presence on the streets and roads is also a matter of great concern as they become more prone to accidents. Their place of work lacks all the necessary amenities and facilities. Thus, women street vendors, because of their occupation, are exposed to severe occupational vulnerabilities which may even affect their reproductive health.

The present endeavour is an attempt towards understanding various occupational hazards the women street vendors are

exposed to at the workplace, and also study their reproductive health. The study tries to understand the impact of different occupational hazards and working conditions on the overall health of women street vendors.

Objectives

The main objective of the study is to study the Reproductive Health and Occupational Vulnerability of Women Street Vendors in Srinagar

Materials and Methods

The study is qualitative in nature and emulates the interpretivist paradigm. The data were collected using a semi-structured interview guide and observation as the main tools of data collection. Only those women vendors were included in the study that vend regularly and are static i.e. they operate from the same place regularly and do not move around. The data collected from the respondents was analysed using thematic analysis technique.

The study has been conducted in district Srinagar of Jammu & Kashmir- India; while the sampling frame was not known as no data on street vendors was available at the time of the study. Therefore, the sample was drawn using Purposive Sampling Technique. The sample was taken from those areas in Srinagar where the women vendors are known to work most of the time, like Foreshore road, Saura, Dargah Hazratbal, Dalgate and Lalchowk. During the field, it was found out that there are a small number of women vendors in the city as compared to men. The reason for that can be attributed to the fact that none of the women vendors had a static built-up structure or any cover (except one vegetable seller who had put up an overhead tarpaulin sheet) as it was winter season. Thus, because of the harsh climatic conditions, some of the women vendors do not vend in winters. Therefore, only thirty-five (35) static women vendors who work on the streets daily were included in the study, while the ones who are mobile or work in weekly markets were excluded [8].

Data Analysis and Results

Age of respondents

Most of the women respondents (66.3%) were in the reproductive age while the rest 33.3% had crossed this age and had entered into menopause. The ages of these respondents ranged between 30 years (lowest) and 65 years (highest) and in between most of them were 35 to 45 years old while six respondents were 60 years old and two were 55 years old. All the women respondents had already spent a significant portion of their lives (the highest being more than thirty five years) vending on the streets and sidewalks; and continue to do so. Thus, it is evident that there is no way out of this very venture for these women. The occupation is non-lucrative, and therefore these women have been earning from hand to mouth throughout their lives (Table 1).

Income

About 93.33% of the respondents reported that the vending occupation was the primary source of income for their families,

Table 1. Number of family members.

Number of Family Members	Respondents
03-05	07
06-09	14
10-13	10
14 Above	04

Table 2. Nature of business and workplace.

Business type	Number
Vegetable vendor	16
Fisherwoman	10
Water Chestnuts & other eatables	09

and all of them said that the trade was not much lucrative for them. About 73.3% of the respondents reported that they were earning about Rs 250-300 per day while the rest reported that they were making Rs 300- 500 per day. Three vegetable vendors said that they earned around Rs 800 per day.

Jameela (name changed) is a 35 years old vegetable vendor who sold vegetables in Soura area of Srinagar city. She was working in a market full of male vegetable-vendors and shopkeepers. There were about a dozen male vegetable vendors in the market who had put their vegetables on the stalls and each occupied larger space as compared to women and were operating on the edge of the road. Jameela, along with other two women, was sitting behind the male vegetable vendors. She had spread a small sheet of PVC canvass on the pavement and put her vegetables on it. She said that,

‘I was reluctant in taking up the vending business, but the circumstances were such that I had to take up the occupation for my family. My husband died about ten years ago. Then the burden of taking care of two little girls was on my shoulders. I took up the vending occupation to provide for these two children and send them to school. Thus, I worked day in and day out to do so. Despite long working hours, the earnings from the street vending business don’t suffice my needs and I hardly manage my expenses. I am not qualified enough to take up some other occupation and I cannot afford to invest somewhere else. I grow these vegetables myself and sell them here. Thus, some of my relatives and few other people in my locality help me and my daughters financially’ (Table 2).

The women vendors in this study were involved in the trade of different food items like fish, vegetables, Water Chestnuts and other eatables. While as the male folk could be seen vending every article of daily usage. Moreover, it was observed that the men would sell their goods on temporary static stalls, carts or load carriers, while as women vendors would simply put their wares on the pavement and vend from there. These women vendors were generally seen with small quantities of goods (except some vegetable vendors on foreshore road), occupying small spaces and operating without putting up any canvass or plastic tarpaulin. In contrast, men could be seen occupying more space, having goods in larger quantities and static male vendors could be seen having covered their spaces of vending with canvass. The workplace for these women lacks all the necessary amenities. They could be

seen doing their business in unhygienic settings. Moreover, men could be seen occupying much secure spaces [9, 10].

Duration of vending

All the women respondents reported that they were engaged in the vending business for a very long time which ranged from 10 years (minimum) to 35 years (Maximum). Citing the reasons like illiteracy, lack of skills, lack of opportunities and poverty, these women vendors had no other option left besides street vending. It is in their culture, and they have been doing this business for generations. Moreover, because of dwelling in the vicinity of the Dal Lake and Anchor Lake, the vending business for these women is a viable option. The two lakes are a source of income for the people who live in their vicinity. The lakes provide fish, water chestnuts, Nadru (lotus stem), and are a great source of vegetables (grown mainly on floating gardens and banks of the lakes). The women who were vending on Habbak Foreshore Road reported that they were working for about 10-12 hours a day while the women vendors from Soura said that they were selling their wares generally for about 3-4 hours per day [11].

Lifestyle

About 40% of the women reported that they used hookah for smoking purpose, and some of them even carried it to their workplace. Four women said that they were taking a brisk walk after they were advised by the doctor to do so. Two of them were having a high cholesterol level. Rest didn't exercise at all.

Occupational Vulnerabilities

All the women reported one or the other health issue which resulted because of the nature of their work. Amongst the respondents, 33.3% of women said that they had skin infections because of the cold weather and unhygienic environment. All the women reported musculoskeletal issues like pains and aches in limbs, shoulders, lower back, and some had developed inflammatory joints. 53.3% of respondents reported difficulty in walking, 26% reported difficulty in standing even for short durations, while all of them expressed inability to lifting or carrying heavy loads. Because of working in freezing cold conditions, 86.6% of respondents reported difficulty in breathing and cough. 46.6% reported that they were suffering from hypertension, while 28.6% of them had high cholesterol levels [12-14].

For instance the case of Raja Bano (age 52 years). She said, during my younger days, I was quite healthy and would even walk up to Lalchowk (about 12 Kms) and sell fish. But, after some time my health deteriorated and I started vending in the vicinity of Dargah and then shifted to Fore-Shore road. I had a lot of responsibilities and thus, I wouldn't stop working even during my pregnancy days and would rest only for 20-30 days after the delivery. I used to carry my kids to work and would breast-feed them while working on the side of the road.

All the women respondents reported that they would often face harassment either from the police (33.3%), public (46.6%) or Srinagar Municipal Corporation- SMC (73.3%). Hajra (A fisher woman in her 30s) said that,

The local authorities are not cooperative at all. I pay Rs 50

per month to SMC officials who promised us of proving some permanent shop or at least would let us do our business at pavements. But still, we are often harassed and are asked to vacate the spaces of vending. They do not let us cover our vending place with plastic/tarpaulin sheets which would protect us from scorching sunlight, rains, snow and freezing cold-wave. Thus, during the harsh weather our earnings fall severely as the cold climatic conditions force us to wind up early very often [15-18].

Reproductive health

The polluted environment and Unhygienic practices lead to UTI's. About 33.3% of them reported irregular menstrual cycles, 26.6% white discharge, 86.6% of women said that they experienced dysmenorrhea, 80% reported heavy periods. 73.3% reportedly used cloth instead of sanitary napkins. 60% of the women street vendors reported that they would work even during pregnancy, while as, 13.33% of these women had suffered abortions because of rigorous work and carrying heavy loads [19].

For instance, the case of Saja (name changed) is a 65 years old women vendor, vending on the shore of the Dal Lake. She said that,

'I have spent my life time in this very occupation. Since my younger days, everything has changed. The practices regarding hygiene have also changed. Earlier, when I was young, I would use cloth instead of sanitary napkins due to which I developed UTIs. I have also had two abortions because I used to work & carry heavy loads during pregnancy days. During my last delivery, I experienced a horrendous incident. At that time, I was suffering from hypertension. While I was delivering a baby, my uterus came out with the dead baby. The doctors then put the uterus back into my body. From that day, I experienced irregular (2-3 times/month) menstrual cycles with heavy flow, infections, back ache, stomach pain and cramps. I was fed up with all this and finally decided to remove the uterus. All this happened because of the type of occupation I was engaged in. Despite all this, I wouldn't get enough time to rest. I used to work very hard, carry heavy loads and walk long distances in order to earn for my family'.

Discussion

For women, homes act as primary centres of work. No matter whether they work outside their households or not, in either case, they retain the primary responsibility of doing household chores. Which include both productive as well as the procreative activities starting from everyday household chores, producing and nurturing children, taking care of elderly in the family and other unpaid work which may include producing goods either for consumption within the family or for trade [13]. Their contribution to the economy largely remains unnoticed, unrecognized and invisible. Most of them take up various occupations for livelihood generation along with everyday household chores besides other familial duties because of her gender (ibid.). Their representation in the informal sector is uneven throughout the world, and the nature of their work is usually more doubtful, uncertain and unpredictable as compared to men's work [14].

Out of the total female workforce in India, about 94 per cent are involved in the informal sector, and the majority of them belong

to financially weaker sections of the society. Moreover, about 50 per cent of those female workers are lone bread earners of their families [15, 16].

Impact of workplace exposures on reproductive health of women

There is a generalization associated with women's work that their work is usually considered as easy, menial and safe. Thus, identifying and accepting their occupational vulnerabilities is not easy; and even if identified, it is ascribed to their weakness and unfitness for the job [17]. The women workers in informal sector usually complain of various musculoskeletal ailments, emotional and mental stress, and exhaustion because of heavy and rigorous work [18]. Kane (1999, ed.) also holds the same view that because of the absence of protective legislation in the informal sector, women become more prone to occupational hazards like unbearable noise, muscular and skeletal strain and physical and sexual exploitation [19].

The impact of environmental and work-related threats varies with gender. Women are more susceptible to get affected to a greater extent. Their exposure to chemical and physical pollutants increases the risk of infertility and infant mortality. Moreover, hectic labour and long working hours can cause low birth weight among the newborn, along with prematurity. Heavy workload, rigorous work, long working hours, lifting of a heavy object and inappropriate postures are also known to be responsible for miscarriages, low birth weight and prematurity Paul, 1993 ed.). The workplaces which are either too hot or too cold and are noisy are also known to affect the menstrual cycle and fertility [20].

Prolonged exposure to occupational hazards can affect menstrual, ovulatory and hormonal patterns, besides affecting fecundity. It may also result in abortions, prematurity etc. Arduous work can disrupt the menstrual cycle among the women, with signs like painful menstruation, irregular or absence of periods, and decline in fertility. Occupational stress is also known to be a factor behind the irregular menstrual cycle. Unhealthy and unhygienic settings have a similar effect besides affecting the ovarian function (Paul, 1993 ed.). A study conducted in China showed that exposure to chemicals and noise resulted in amplified threat for all harmful reproductive outcomes (Mohapatra, 2012). Mohapatra (2012), in an attempt towards understanding the job-related vulnerability of women in the Informal Sector, records that about 15% women were suffering from anaemia, 5% complained about Pelvic Inflammatory Diseases, 53% women were having Urinary Tract Infections, 9% suffered from Dysfunctional Uterine Bleeding and 62% complained of Back ache (Akuoko, Ofori-Dua, & Forkuo, 2013).

Street vending and women

The street vending for many women is the only occupation they can take up because of easy entry and low skill requirement. Having a low level of educational qualification and limited skills, these poor women do not have many options left (Cohen, Bhatt, & Horn, 2000). In India, the women constitute about 40 per cent of the street vendors (Sharma, 2012). They do their business

in harsh, unfavourable conditions. Their workplace lacks all the necessary facilities and amenities which include childcare services, access to water and electricity, waste removal services and washrooms, hot and cold services, shelter and sponsorship or money lending facilities (Cohen, Bhatt, & Horn, 2000). Mostly, the work of these vendors suffers through regulation, harassment & development initiatives by the authorities, which make the female vendors even more vulnerable. Globally, there has been a rise in the number of street vendors because of urbanization process, economic reforms and limited expansion of formal sector employment. Therefore, a large number of people, though mostly men, took up the vending business which has affected the weakest of the vendors, i.e. women (ibid). The vending process makes these women prone to various hazards, risks and threats. Besides, braving the harsh environmental conditions, these women always carry the danger of accidents because of working on the roads. A study conducted in Kumasi, Ghana revealed that 54% of the women vendors had suffered accidents while vending on the streets. The accidents sometimes involved running vehicles, falling into pits or gutters and sometimes falling on the roads. Besides accidents, these vendors also suffer from various ailments because of working for long durations, working in unhygienic and unfavourable conditions. Ayikai in the same study reports that 82.7% of the respondents complained of musculoskeletal ailments, 73.9% reported headaches and contagious diseases, 41.1% complained of respiratory infections, 34.3% complained of acute cardiovascular diseases, and 28.8% complained of various skin diseases. The female vendors reported more impoverished health conditions than men. Idyorough & Ishor (2014) conducted a similar study wherein the researchers conclude that the street vending business is generally hazardous because of the various health challenges it poses. The mobile hawkers (yam hawkers as per study) complained about having multiple health problems because of long working hours and long distances of vending. The issues included body aches, exhaustion, fever, accidents etc.

The findings of the present study are in congruence with the results of the previous studies. This study concludes that women street vendors face many challenges in the workplace. They are exposed to various occupational hazards as they work in insecure and unhygienic conditions. All this puts their health in grave danger. All of the respondents in the study reported UTIs, 33.3% of them reported irregular menstrual cycles, 26.6% white discharge, 86.6% women reported that they experienced dysmenorrhoea, 80% reported heavy periods & 73.3% reportedly used cloth instead of sanitary napkins. Besides facing harassment from the authorities and pedestrians, these women are also exposed to severe occupational hazards which result in various musculoskeletal ailments, skin diseases, UTIs etc. All these hinder their opportunities to trade.

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