

Research Article

A Study of the Socio-Demographic Profile and Health Seeking Behaviour of the Vegetable Vendors, New Delhi

Stuti Singh¹, Maheen Quazi², Harmeet Kaur³, NG Sanatombi⁴, Vipul⁵, Mhasikhonuo Vizo⁶,
Langpoklampam Banita⁷, Arpita Mitra⁸, Kalindi Sharma⁹, Heemanshu Aurora¹⁰, Roumi Deb¹¹

¹¹HOD & Addl. Director, ^{1,2,3,4,5,6,7,8,9,10}Amity Institute of Anthropology, Amity University, Sector-125, Noida, Uttar Pradesh, India.
DOI: <https://doi.org/10.24321/2455.9199.202007>

I N F O

Corresponding Author:

Roumi Deb, Amity Institute of Anthropology, Amity University, Sector-125, Noida, Uttar Pradesh, India.

E-mail Id:

rdev@amity.edu

Orcid Id:

<https://orcid.org/0000-0001-9405-7224>

How to cite this article:

Singh S, Quazi M, Kaur H, Sanatombi NG, Vizo M, Banita L et al. A Study of the Socio-Demographic Profile and Health Seeking Behaviour of the Vegetable Vendors, New Delhi. *Int J HealthCare Edu & Med Inform* 2020; 7(1&2): 21-27.

Date of Submission: 2020-08-05

Date of Acceptance: 2020-10-17

A B S T R A C T

Background: In developing nations, street vending is playing a vital role in the shadow economy. They have become an essential and irrefutable part of the urban setting. The paper aims to study the demographic and socio-economic profile of the street vendors of Delhi.

Methodology: Structured schedule, observation (participant and non-participant), Focused Group Discussion (FGD) were used to collect data from 150 vendors of Okhla Sabzi Mandi.

Findings: The findings revealed that monthly income levels and educational qualification have statistically significant association (<0.05) with socio-demographic and health-seeking behaviour of vegetable vendors. Long working hours in order to earn a little more put the health in menace. Poor conditions of the vendors have forced them to adopt the malpractice of consuming tobacco, alcohol or smoking to cope up with hunger and sleep due to longer working hours. They cannot afford more than two meals in a day; it leads them to compromise with appetite. Therefore, they are ending up consuming intoxicating substances.

Conclusion: They lack awareness about the policies and schemes for their welfare. It is required to adopt new strategies for spreading awareness among this section. There should also be accountability for their occupation to improve their status in society.

Keywords: Socio-Demographic, Health Seeking, Vendors, New Delhi

In India, street vending has been an ancient profession with the street vendors being an undeniable and vital part of the urban culture and history. The total number of street vendors in the country is estimated at around one crore.¹ Street vending is that component of the unorganized/informal sector which forms an essential part of the socio-economic aspect and easy access to goods of any country.^{2,3} Through

street trade, employment for millions is ensured throughout the world. It also contributes to the Gross Domestic Product (GDP) of the country and helps the vendors to earn and sustain their livelihood. However, they continue to have poor social and economic conditions. Metropolises like Delhi, attracts people from all over the country due to better opportunities in terms of resources, education and

technological advancement.^{3,4} It is an essential ever-growing commercial centre for the past many decades because of intrastate migration along with the influx from other neighbouring states which resulted in overcrowding in the city. This profession has gradually become more and more visible within the informal economy in Delhi for the past few decades.⁵ The estimated population of vendors in Delhi is 200,000, with an average earning of 66 Rupees/ day.⁶

Often these vendors need to work in uncongenial conditions, without necessary facilities exacerbated by harassment and damage to their goods by higher authorities.⁷ They are often exposed to harsh weather conditions, and they are invariably exposed to several occupational hazards. The unhygienic conditions impede their sales as well as spread diseases like allergies, fever, cholera and typhoid among many more to both themselves and their customers. In light of the above facts, this study aims to analyse the socio-demographic profile and the health-seeking behaviour of the fruit and vegetable vendors of Okhla, New Delhi.

Methodology

Data was collected from Okhla Sabzi Mandi, situated in Belapur, New Delhi. DDA developed the vegetable and fruits market in 1987. It has an area of 10 acres. Total of 150 subjects was selected through random sampling. Data was collected using a structured questionnaire. A pilot study was done and based on these findings; changes were integrated into

the schedule. Rapport was established in order to collect information. Data was also gathered by participant/non-participant observation. The quantitative data was analysed by the SPSS version 16.0 in the form of a percentage. Cross-tabulation of different socio-demographic variables was done using Chi-square test.

Result and Analysis

Demographic Profile

Table 1, shows that the place was dominated by male vendors contributing 93.3% of the total targeted subjects. In terms of age, the lowest contribution of children (1.3%), viz. <14 years has been identified and a relatively higher proportion (26.7%) of the youth, (15-24 years) was found. Approximately, more than half of the total population (56%) agreed that vending is their family profession. Majority of the vendors (92.0%) were permanent migrants who migrated to the cities in search of better livelihood opportunities. There were 36.7% subjects who were illiterate but were well versed with basic accountancy for day to day business deals while the rest of the vendors were educated. People from joint family have additional members to help them with the daily chores at the market, but in some cases, informants who were the sole earners in the family (65.3 % out of the targeted subjects) informed that they were a part of a nuclear family and had no support from the family in their occupation.

Table 1. Demographic profile of the Vegetable and Fruit Vendors

	Variables	Frequency (n)	Percentage (%)
Gender	Male	140	93.3
	Female	10	6.7
Age	11-20 years	18	12.0
	21-30 years	46	30.7
	31-40 years	39	26.0
	41-50 years	25	16.6
	51-60 years	14	9.3
	60 Above	08	5.4
Religion	Muslim	116	77.3
	Hindu	34	22.7
Marital Status	Married	95	63.3
	Unmarried	55	36.7
Educational Qualification	Illiterate	55	36.7
	Less than Secondary	68	45.3
	Secondary and Above	27	18.0
Family Type	Nuclear	98	65.3
	Joint	52	34.7
Migrant Type	Permanent	138	92.0
	Seasonal	12	8.0

Socio-Economic Status

The data of monthly income determined the differences in the economic status of the vegetable vendors. It was observed that 45% of the subjects were not earning enough from their occupation. The low income evidenced that these vendors could not afford an everyday healthy living. Only 14.7% of respondents had monthly income more than 15,000/-. Nearly half (48.0%) of the respondents were living in a rented house in illegal occupancy at Northern Railway's land named as Gandhi Camp with minimal household assets and a smaller proportion 4.7% of vendors were homeless. They spent their days in the market selling the vegetables and fruits and slept on their carts during the night. The collected data also showed the awareness among people about the importance of education, and they did not want their children to be the part of the same occupation; 42.7% of the subjects were sending their children to the government schools and 21.3% were able to afford private

school for their children. A significant number (66%) of the respondents said that vending is their family profession; hence, they continued with their parents and relatives; others informed that it requires less capital and easy access.

Dietary Habit

Table 3 represents through data that the dietary habits of the subjects are adequate to live a healthy life, as the majority of subjects were consuming to take properly balanced meals two times a day including both vegetarian and non-vegetarian food. Their preference for drinking water was of good quality as 64.7% of respondents drink bottled water which is presumed to be cleaner and more filtered than any other source of water available there. However, 76.75% of them drink packed or pasteurised milk, which is not healthier and tastier, but it does fit into their economic profiles. In the study, the majority (90.7%) were found to consume two meals per day.

Table 2. Socio-economic Status of the Vegetable and Fruit Vendors

Variables	Frequency (n)	Percent (%)	
Monthly Income (Rupees)	Less than 10,000	65	43.3
	10,000-15,000	63	42.0
	More than 15,000	22	14.7
House	Homeless	7	4.7
	Own	70	46.7
	Rented	72	48.0
	With Relatives	1	0.7
House Type	Sleep on Carts	7	4.7
	Cemented	110	73.3
	Rainbasera	33	22.0
Type of Schooling of Children	No schooling	52	34.7
	Government	65	43.4
	Private	33	22.0
Family Profession	Yes	66	44.0
	No	84	56.0

Table 3. Dietary Habits of the Vegetable and Fruit Vendors

Variables	Frequency (n)	Percent (%)	
Veg food intake	Daily	141	94.0
	Weekly	9	6.0
Non-veg food intake	No	19	12.7
	Daily	41	27.3
	Weekly	60	40.0
	Fortnightly	17	11.3
	Monthly	5	3.3
	Occasionally	8	5.3

Source of water	Bottled	97	64.7
	Tank	28	18.7
	RO	25	16.7
Meals/day	Once	8	5.3
	Twice	136	90.7
	Thrice	6	4.0

Hygiene/ Health Seeking Behaviour

From table 4, it is concluded that subjects preferred economically reasonable mode of treatment, 41.3% of the vendors in the present study preferred government hospitals for medical treatment. Less than 50% of the respondents opted for immunization of their children. Overall, 87.3% of participants reported that they were not

suffering from any disease or illness, but 12.7% of them had gone through surgeries and operations in the past, and now they have recovered from these ailments. Addiction of informants with smoking (72%), or consumption of tobacco (60.7%) and alcohol (68.7%) was very high but very few of them conceded that they were having health issues due to this addictive consumption.

Table 4. Hygiene/ Health seeking behaviour

Variables		Frequency (n)	Percent (%)
Preferred Hospital for Medical Treatment	Never visit	1	0.7
	Government	62	41.3
	Private	43	28.7
	Nearby clinic	42	28.0
	Any other	2	1.3
Immunization of Children	No child	25	16.7
	Yes	73	48.7
	No	52	34.7
Smoke Consumption	Yes	108	72.0
	No	42	28.0
Alcohol Consumption	Yes	103	68.7
	No	47	31.3
Tobacco Consumption	Yes	91	60.7
	No	59	39.3
Proper Waste Management	Yes	112	74.7
	No	38	25.3
Loss of sell due to improper waste management	Yes	67	44.7
	No	83	55.3
Health issues due to improper waste management	Yes	36	24.0
	No	114	76.0
Blocking of drainage	No idea	4	2.7
	Yes	57	38.0
	No	89	59.3
Washing of hands before eating	Yes	149	99.3
	No	1	0.7

Most of the subjects (74.7%) concurred to the fact that there was proper waste management in the mandi by the Agricultural Produce Market Committee (APMC). They had assigned sweepers to clean the area. Besides this, 55.3% of participants also mentioned that their sale decreases because of improper waste management. Table 4 shows that 24% of subjects are not affected by the filthy environment of mandi as now they have adapted to such an environment. A high percentage (59.3%) of respondents stated that the drainage system of mandi gets sometimes clogged especially during the rainy season, but 38% of them disagreed with this statement.

Awareness about Policies

From Table 5, it can be interpreted that most of the vegetable vendors were not aware of the welfare policies

for them. Since most of the vendors belong to the lower socio-economic strata, so the majority (94%) of the subjects were not availing any health benefits provided by the government.

Influence of Monthly Income and Educational Qualification on Socio-demographic Conditions and Health Seeking Behaviour

On the basis of the analysis, variables like frequency of eating pulses, income, schooling of children, on-going treatment and health issues are significantly associated with income of vendors. Even though participants are not getting sufficient income to send their wards to school and provide them with a good education. A significant number of vendors were consuming intoxicating substances as their income levels were low.

Table 5. Awareness about Policies among Vegetable and Fruit Vendors

Variables		Frequency (n)	Percent (%)
Awareness of health benefits provided by the government	Yes	26	17.3
	No	124	82.7
Availing any health scheme	Yes	9	6.0
	No	141	94.0
Awareness about Pradhan Mantri – Jan Arogya Yojna	Yes	2	1.3
	No	148	98.7
National Association of street vendors of India	Yes	37	24.7
	No	113	75.3
Street vendor act compliance	No	150	100.0
Mega pension Yojna	Yes	1	0.7
	No	149	99.3

Table 6. Monthly Income and Educational Qualification v/s Socio-demographic conditions and Health Seeking behaviour

Variables	Monthly Income (Rupees)								P-value (%)
	Less than Rs. 10,000		Rs. 10,000 - Rs. 15,000		More than Rs. 15,000		Total		
	N	%	N	%	n	%	n	%	
Pulses									
Daily	50	33.3	38	25.3	21	14.0	109	72.7	0.01*
Weekly	11	7.3	22	14.7	1	0.7	34	22.7	
Fortnightly	2	1.3	3	2.0	0	0	5	3.3	
Monthly	2	1.3	0	0	0	0	2	1.3	
Enough income									
Don't know	0	0.0	1	0.7	0	0.0	1	0.7	0.26
Yes	36	24.0	27	18.0	18	12.0	81	54.0	
No	29	19.3	35	23.3	4	2.7	68	45.3	

In table 6, it is evident that educational qualification is significantly associated with the schooling of the vendors' children as this table reveals that subjects with comparatively low education were sending their children to schools as they want their children to get higher education and induce themselves in formal jobs. Also, vendors with low education qualification were forced to pursue their family profession as they were unskilled and unschooled so they could not engage themselves in the organised sectors. This study also shows that participants having less education were more prone to smoke as they do not know about the harmful effects of smoking and they believe that intake of these nicotinic substances reduces sleep and increases their capacity to work.

Discussion

Street vending is one of the easiest ways to enter employment. It requires soft skills and less capital for investment. This is also seen in other countries like Cambodia, Bangladesh, Nepal and Vietnam.⁸ These vendors are contributing to the shadow economy because of their exploitation by the higher authorities to whom they pay the bribe. They face the rudimentary problem: their right to existence in the urban economy as informal workers.⁹ In the Indian scenario, there were very few female vendors, and the workspace was highly dominated by male vendors.¹⁰ A portion of youth and children were occupied in vending due to lack of skills and education, the responsibility of old parents, unaffordable the expenses of education, supporting the family profession. The study also revealed that educated people are compelled to choose vending due to tough competition in the professional world. This study encompasses that vendors had a lower socio-economic status which compelled them to live in decrepit housing and unhealthy lifestyle. Husain et al., 2015 also informed in the study that vendors are low skilled, and their daily income is meagre.

A study in Guwahati, Assam, India points out that proper training of vendors regarding food safety and personal hygiene is required as their vending areas are highly unhygienic and the storage vegetables and fruits are also very deplorable.¹⁰

There was a lack of personal hygiene among the vendors. Another study on street vendors of Ghana shows the challenges faced by them in their day to day lives like long working hours, intense climatic conditions, disputes with city managers, police and other shop keepers.¹¹ This study also revealed that the vendors were working in an unhealthy environment for extensive hours that leads them to infuse in an intoxicated coping mechanism. Some of the vendors informed that they consume intoxicating substances to avoid hunger and sleep, which enhances working efficiency despite ill effects of intoxication they were not ready to quit

this habit. 41.3% of subjects preferred government hospitals for medical treatment, but some subjects preferred to visit private hospitals and nearby clinics because they think that government hospitals are less accessible and more time taking.

Education had no significant impact on their lifestyle. It highlighted that lack of opportunity in the rural areas is attracting people to the metro cities for the sustenance. Education as a primary source for upward mobility in lower socio-economic strata was also low in the targeted subjects. There was a great lack of awareness about several government policies among them.

Government has taken several initiatives to make a positive difference in their life, but it is pinching to know that there is a lack of awareness about these facilities and policies. Even if there is some knowledge, they do not know how to avail these policies to their benefit. The government needs to reach the ground level and see the reality and then devise policies for their betterment. Also, it is crucial to create awareness through campaigns, plays and posters for them to know and avail these benefits. The government should perceive them as informal job opportunities rather than problems.

Conclusion

Street vendors have made their place in the urban culture, which cannot be cast aside. Their work supports societal settings by providing the goods at an affordable price as compared to the price in supermarkets or malls. Majority of the vendors were youth migrants who opted to work in this field as it requires little or no specialized skills. Also, their low level of education leaves them with not much choice. Low socio-economic status constrains them from enjoying a healthy lifestyle. Their houses are dilapidated, and their mere income is insufficient even for daily expenses.

Interestingly, this does not deter them from sending their children to school. Long working hours in order to earn a little more put the health in menace. Poor conditions of the vendors have forced them to adopt the malpractice of consuming tobacco, alcohol or smoking to cope up with hunger and sleep due to longer working hours. They cannot afford more than two meals in a day; it leads them to compromise with appetite. Therefore, they are ending up consuming intoxicating substances. When explained, it leads to several health problems, but they fail to realize or accept this. They lack awareness about the policies and schemes for their welfare. It is required to adopt new strategies for spreading awareness among this section. There should also be accountability for their occupation to improve their status in society. They lack awareness about the policies and schemes for their welfare. It is required to adopt new strategies for spreading awareness among

this section. There should also be accountability for their occupation to improve their status in society.

Conflict of Interest: None

References

1. Ministry of Urban Employment and Poverty Alleviation. (2006). *National Policy on Urban Street Vendors*. from: <http://dcmsme.gov.in/Street Vendors policy.pdf>.
2. Racaud S, Kago J, Owuor S. Introduction: Contested street: Informal street vending and its contradictions. *Articulo - Journal of Urban Research* 2018; 17-18. <https://journals.openedition.org/articulo/3719>.
3. Ray CN, Mishra A. Vendors and Informal Sector A Case-Study of Street Vendors of Surat City. In *CUE Working Paper Series* (Issue November) 2012. from: https://cept.ac.in/UserFiles/File/CUE/Working Papers/Revised New/15CUEWP15_Vendors and Informal Sector - A Case-Study of Street Vendors of Surat City.pdf.
4. Sekhani R, Mohan D, Medipally S. Street vending in urban 'informal' markets: Reflections from case-studies of street vendors in Delhi (India) and Phnom Penh City (Cambodia). *Cities* 2019. from: <https://doi.org/10.1016/j.cities.2019.01.010>.
5. Banerjee A. *Migration in SLums of Kolkata: Examining Migrants' Labour Market Outcomes* 2010; 02155(2). from: <http://nasvinet.org/newsite/wp-content/uploads/2019/09/Annual-Report-English.pdf>.
6. NASVI. *Annual Report 2018-19*. <http://nasvinet.org/newsite/wp-content/uploads/2019/09/Annual-Report-English.pdf>.
7. Husain S, Yasmin S, Islam MS. Assessment of the socioeconomic aspects of street vendors in Dhaka city: Evidence from Bangladesh. *Asian Social Science* 2015. <https://doi.org/10.5539/ass.v11n26p1>.
8. Bhowmik SK. Street Vendors in Asia : A Review. *Economic and Political Weekly* 2005.
9. Saha D. Decent Work for the Street Vendors in Mumbai, India-A Distant Vision! *Journal of Workplace Rights* 2010; 14(2): 229-250. from: <https://doi.org/10.2190/wr.14.2.f>.
10. Choudhury M, Mahanta L, Goswami J, Mazumder M, Pegoo B. Socio-economic profile and food safety knowledge and practice of street food vendors in the city of Guwahati, Assam, India. *Food Control* 2011. From: <https://doi.org/10.1016/j.foodcont.2010.06.020>
11. Salomon-Ayeh BE, King RS, Decardi-Nelson I. Street Vending and The Use of Urban Public Space in Kumasi, Ghana. *Surveyor* 2011.