

NORTH EAST INDIA IN TRANSITION LAND PEOPLE AND ECONOMY



**Dr. Debakshi Bora | Dr. Biswajyoti Sarmah
Mr. Hirupjit Hazarika**



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North East India in Transition

Land People and Economy

Editors

Dr. Debakshi Bora | Dr. Biswajyoti Sarmah

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1

A Sociological Study on Women Vegetable Vendors and Health in Dimapur

Dr. Temsukumla Ao*

Abstract

Women vegetable vendors constitute a significant yet marginalized segment of the informal economy in Dimapur, Nagaland. This study examines the socio-economic conditions and health challenges faced by women vendors working in local markets. Using a mixed-method approach, primary data were collected from 50 women vegetable vendors across major market areas in Dimapur through structured questionnaires, supported by secondary literature. The findings reveal that most women work long hours under poor infrastructural conditions, with limited access to sanitation, healthcare, and social security. Common health problems include back pain, fatigue, and weather-related illnesses, exacerbated by financial constraints and irregular incomes. Despite awareness of health risks, access to medical care and insurance remains minimal. The study highlights the intersection of gender, class, and occupational vulnerability, reflecting broader structural inequalities within the informal sector.

Keywords: Women vegetable vendors, Informal economy, Occupational health, Gender inequality, Urban markets, Informal labour, Health access.

Introduction

The unorganized sector forms the backbone of local economies in developing regions, offering employment possibilities to

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many, notably women. In Nagaland, a considerable number of women engage in small-scale vending operations, such as selling vegetables in local markets. These women, mainly from lower socio-economic backgrounds, labour long hours in open-air settings to support their families. Their contribution to the urban food supply and household income is enormous, yet their employment remains devalued and unprotected by labour or health standards.

Most women sellers put in long hours and often operate in unsafe environments. Their lack of access to hygienic facilities, clean water, and medical care has a detrimental effect on their health and well-being. Despite their economic and social importance, little research has been done to look at their particular problems, particularly in northeastern India.

Review of Literature

Women play an important but frequently unseen role in the unorganized sector, which makes up a sizable share of India's work force. Street sellers and other informal laborers make significant contributions to urban economies, but they are not covered by social security or labor laws, according to Bhowmik (2005). According to Singh (2019), women's involvement in informal employment is influenced by social expectations and economic necessity, which frequently force them to work in low-paying, unregulated jobs like vending. According to Chen (2012), the informal economy is marked by unstable work, a lack of benefits, and little government assistance conditions that are especially detrimental to women.

Women who work in informal markets face a variety of health concerns, according to research. According to Choudhury and Chatterjee (2018), female street sellers endure prolonged physical strain as a result of their long workdays, heavy lifting, and continuous exposure to heat, rain, and dust. Gupta (2020) goes on to say that chronic weariness and musculoskeletal diseases are caused by a lack of rest, inadequate sanitation, and restricted access to drinking water. Research shows that informal workers, especially women, have limited access to social security and healthcare. According to NCEUS (2009), more than 90% of Indian workers do not have official social protection. In her research

on Mizoram marketplaces, Lalthanmawia (2022) stressed that unsafe market conditions and a lack of sanitary facilities deter women from putting their health first.

According to Kikon (2020), structural disparities still exist in Northeast India despite strong cultural portrayals of women as community builders, as seen by their restricted access to healthcare, safety infrastructure, and financial credit.

In northeastern states like Nagaland, where climate, infrastructure, and policy considerations differ from other regions, there is an urgent need for localized research that address the unique socio-cultural contexts of women sellers, according to the literature now in publication.

Objectives of the Study

The major objectives of this study are:

1. To identify the major health-related problems faced by the women vegetable vendors in their occupation.
2. To examine the relationship between work conditions, gender, and health vulnerabilities.

Methodology

Both quantitative and qualitative methods were used in the investigation. A structured questionnaire was used to gather primary data from fifty female vegetable vendors who were chosen from the New Market, Purana Bazaar, Supermarket, Monday Bazaar, and Burma Camp regions of Dimapur town.

Variables including vending type, daily income, sanitation availability, healthcare-seeking behavior, and perceived health consequences were all included in the questionnaire. Secondary data on gender, health, and informal labour were gathered from books, journals, and official papers. The data was presented using frequency and percentage distributions using descriptive statistics, and the qualitative responses were analyzed thematically.

Findings and Discussion:

The results highlight the relationship between gender, and occupational health. In Dimapur, women vendors work in an underprivileged sector of the economy where they are not

recognized as real employees and do not have access to social security or healthcare. In addition to physical strain, systemic neglect within policy frameworks governing urban informal sectors is the cause of their health issues.

Similar to other studies, the findings highlight the disproportionate health issues faced by women in the informal economy as a result of poor working conditions, a lack of social safety, and restricted access to healthcare. Urban labour policies must take a gender-sensitive stance in light of these injustices.

Socio-Economic Profile

The majority of respondents belonged to lower-income households with limited formal education. Many had entered vending due to lack of employment opportunities or to supplement family income.

Table 1 Duration of Work as a Vegetable Vendor Among Women in Dimapur

Duration of Work (in years)	Number of Respondents	Percentage (%)
Less than 1 year	4	8%
1 – 3 years	10	20%
4 – 6 years	9	18%
7 – 10 years	12	24%
More than 10 years	15	30%
Total	50	100%

Note. n = 50

The data shows that the majority of respondents (30%) have been working as vegetable vendors for more than 10 years, indicating that vending is a long-term and sustained occupation for many women in Dimapur. A smaller proportion (8%) are relatively new to the trade, working for less than one year.

Table 2 Type of Vending among Women Vegetable Vendors in Dimapur

Type of Vending	Number of Respondents	Percentage (%)
Stationary (fixed stall/shop)	32	64%
Mobile (moving from place to place)	18	36%
Total	50	100%

Note. n=50

The table indicates that a majority of women vendors (64%) in Dimapur operate from stationary stalls or shops, while 36% engage in mobile vending, moving from place to place. This suggests that most women vendors have a relatively stable selling location, which may provide consistent customer flow and income security compared to mobile vending. A large majority operated from stationary stalls, while remaining were mobile vendors who moved around different locations.

Table 3 Average Daily Income of Women Vegetable Vendors in Dimapur

Average Daily Income (₹)	Number of Respondents	Percentage (%)
Below 500	8	16%
500 1000	22	44%
1001 1500	13	26%
Above 1500	7	14%
Total	50	100%

Note. n=50

The data reveals that the majority of women vendors (44%) earn between ₹500 and ₹1000 per day, followed by 26% who earn between ₹1001 and ₹1500. A smaller group (14%) earn above ₹1500 daily, while 16% earn less than ₹500. This indicates that most women vegetable vendors fall within the lower-middle income bracket, reflecting the modest earnings typical of informal market work. These figures indicate that women vendors largely belong to the low-income group, dependent on daily sales for sustenance.

Work Challenges

Most vendors reported difficult working conditions. Exposure to sun, rain, and dust and lack of proper shelter or stalls were the most cited challenges.

Table 4 Major Challenges Faced by Women Vegetable Vendors in Dimapur

Challenges Faced	Number of Respondents	Percentage (%)
Lack of proper shelter/stalls	14	28%
Exposure to sun/rain/dust	18	36%
Harassment or eviction by authorities	5	10%
Poor sanitation and water facilities	7	14%
Lack of customers	4	8%
Others (e.g., price fluctuations, competition, transportation issues)	2	4%
Total	50	100%

Note. n=50

The data indicates that the most common challenge faced by women vegetable vendors in Dimapur is exposure to sun, rain, and dust (36%), followed by lack of proper shelter or stalls (28%). Issues like poor sanitation, harassment by authorities, and lack of customers were also reported, though to a lesser extent. This highlights the need for improved infrastructure and protection policies for women vendors in the informal sector.

Table 5 Availability of Hygienic and Sanitary Facilities Near Vending Place

Availability of Facilities	Number of Respondents	Percentage (%)
Yes	11	22%
No	39	78%
Total	50	100%

Note. n=50

The table shows that a large majority (78%) of women vegetable vendors in Dimapur do not have access to hygienic and sanitary facilities near their vending places. Only 22% reported having such facilities. This indicates a serious lack of basic sanitation infrastructure, which may contribute to health issues and poor working conditions among women vendors.

These conditions expose women to frequent illnesses and physical strain. The poor state of market infrastructure especially absence of toilets and waste disposal reflects institutional neglect toward informal women workers.

Health Problems

The majority of women are the primary caregivers at home, juggling long hours of selling with household duties. Chronic weariness and poor self-care are the results of this dual load. They are susceptible to both financial instability and health concerns due to their irregular incomes and lack of official labour safeguards. A significant portion of the respondents experienced back pain and body ache, followed by fatigue and weather-related cough/cold.

Table 6 Health Problems Experienced by Women Vegetable Vendors in Dimapur

Type of Health Problems	Number of Respondents	Percentage (%)
Back pain / Body ache	20	40%
Headache / Fatigue	10	20%
Cough / Cold due to weather exposure	11	22%
Skin problems / Allergies	6	12%
Others (e.g., joint pain, eye strain, leg swelling)	3	6%
Total	50	100%

Note. n=50

The table reveals that back pain or body ache (40%) is the most frequently reported health issue among women vegetable vendors in Dimapur, followed by cough and cold (22%) and headache or fatigue (20%). The findings highlight that prolonged

sitting or standing, exposure to harsh weather, and inadequate facilities contribute significantly to the health problems faced by these women.

These findings align with other studies on female street vendors in India (Joshi, 2018; Singh & Devi, 2020), showing that occupational health issues are common due to prolonged sitting, standing, and carrying heavy loads. Despite these health problems, only few vendors seek medical help, while majority rarely or never do.

Table 7 Frequency of Seeking Medical Help among Women Vegetable Vendors in Dimapur

Frequency of Seeking Medical Help	Number of Respondents	Percentage (%)
Always	6	12%
Sometimes	25	50%
Rarely	14	28%
Never	5	10%
Total	50	100%

Note. n=50

The table indicates that half of the respondents (50%) seek medical help only sometimes, while 28% rarely visit a healthcare facility when ill. Only 12% always seek medical attention, and 10% never do so. This suggests that economic constraints, time limitations, and lack of access to healthcare facilities may prevent many women vendors from seeking timely medical care.

Table 8 Place of Medical Treatment among Women Vegetable Vendors in Dimapur

Place of Medical Treatment	Number of Respondents	Percentage (%)
Government hospital	21	42%
Private clinic	11	22%
Traditional healer	5	10%
Self-medication	13	26%
Total	50	100%

Note. n=50

The data shows that 42% of women vendors in Dimapur seek medical treatment from government hospitals, while 26% rely on self-medication. A smaller percentage visit private clinics (22%) or traditional healers (10%). This pattern suggests that government healthcare services remain the main source of treatment due to affordability, but self-treatment practices are also quite common, possibly because of financial or time constraints. Many rely on government hospitals, and a notable portion resort to self-medication.

Table 9 Health Insurance or Medical Coverage among Women Vegetable Vendors in Dimapur

Health Insurance / Medical Coverage	Number of Respondents	Percentage (%)
Yes	8	16%
No	42	84%
Total	50	100%

Note. n=50

The data indicates that a large majority (84%) of women vegetable vendors in Dimapur do not have any form of health insurance or medical coverage, while only 16% reported having some form of coverage. This highlights a significant gap in social protection and access to health security among women working in the informal sector. Furthermore, the study found that the majority respondents had no health insurance coverage.

Table 10 Factors Preventing Access to Proper Healthcare Among Women Vegetable Vendors in Dimapur

Factors Preventing Access to Healthcare	Number of Respondents	Percentage (%)
Financial constraints	24	48%
Lack of awareness	7	14%
Distance / Transportation problems	8	16%
Long working hours	9	18%
Others (e.g., family responsibilities, lack of time, negligence)	2	4%
Total	50	100%

Note. n=50

The data shows that financial constraints (48%) are the main barrier preventing women vegetable vendors in Dimapur from accessing proper healthcare. Other significant factors include long working hours (18%) and distance or transportation difficulties (16%). A smaller portion cited lack of awareness (14%) or other personal reasons. Indicating a critical gap in healthcare access. Financial constraints and long working hours were major barriers to accessing proper medical care. This highlights the need for affordable, accessible, and flexible healthcare services for women in the informal sector.

Perceptions and Awareness

Most women believe that their health has been negatively affected by their work. More general patterns of institutional inequality are reflected in the lack of organized market infrastructure. Despite their crucial role in maintaining the city's food economy, local authorities have not given enough priority to the health and safety concerns of women vendors. Moreover, limited awareness about occupational health and hygiene contributes to preventable illnesses.

Table 11 Perception of Health Impact due to Vending Work among Women Vegetable Vendors in Dimapur

Response	Number of Respondents	Percentage (%)
Yes	37	74%
No	8	16%
Not sure	5	10%
Total	50	100%

Note. n=50

The findings reveal that a majority (74%) of women vegetable vendors in Dimapur believe that their health has been negatively affected by their work. Only 16% felt their health was unaffected, while 10% were unsure. This suggests that most women recognize the physical strain and health risks associated with vending such as prolonged standing, exposure to weather, and inadequate facilities which underscores the urgent need for better occupational health awareness and support.

The study found that most women vegetable vendors in Dimapur believe their health has been affected by their vending activities. Many reported problems such as back pain, fatigue, and frequent cough or cold due to long working hours and constant exposure to the sun, rain, and dust. Only a small number felt that their work had no major effect on their health, while few were unsure.

This shows that vending work has a significant physical impact on women, reflecting the challenging and unhealthy working conditions faced in the informal sector. However, the data below shows that there is no health or safety support from government or NGOs.

Table 12 Support or Awareness on Health and Safety from Government or NGOs

Response	Number of Respondents	Percentage (%)
Yes	6	12%
No	44	88%
Total	50	100%

Note. n=50

The data shows that an overwhelming 88% of women vegetable vendors in Dimapur have not received any support or awareness programs on health and safety from either the government or NGOs. Only 12% reported receiving some form of assistance or awareness training.

This highlights a serious lack of institutional outreach and welfare initiatives targeted at informal women workers. Strengthening collaborations between local authorities, NGOs, and health departments could help improve awareness and promote better health and safety practices among women vendors. Only a few had attended health camps or awareness workshops.

When asked about needed improvements, vendors prioritized better stalls and roofing, clean drinking water, and sanitary toilets.

Table 13 Suggested Improvements in Market Facilities Among Women Vegetable Vendors in Dimapur

Suggested Improvements	Number of Respondents	Percentage (%)
Better stalls and roofing	17	34%
Clean drinking water	10	20%
Sanitary toilets	8	16%
Waste disposal system	7	14%
Security and lighting	5	10%
Others (e.g., storage space, resting area, parking facility)	3	6%
Total	50	100%

Note. n=50

The data reveals that the most desired improvement among women vegetable vendors is the provision of better stalls and roofing (34%), followed by clean drinking water (20%) and sanitary toilets (16%). Other important needs include waste disposal systems, security, and lighting. These responses reflect the poor infrastructure conditions in local markets and the urgent need for improved facilities to ensure a safe, hygienic, and dignified working environment for women vendors.

Table 14 Preferred Health Awareness Programs or Services Among Women Vegetable Vendors in Dimapur

Preferred Health Awareness Programs / Services	Number of Respondents	Percentage (%)
Free health check-ups	20	40%
Health insurance schemes	13	26%
Workshops on occupational safety	9	18%
Nutritional awareness programs	8	16%
Total	50	100%

Note. n=50

The data shows that the majority of women vegetable vendors (40%) expressed the greatest need for free health check-ups, while 26% preferred health insurance schemes to provide long-term medical security. Others favored workshops on occupational safety (18%) and nutritional awareness programs (16%). This indicates that women vendors are most interested in accessible, preventive, and affordable healthcare services, highlighting the importance of community-based outreach and welfare programs for informal women workers. Regarding health support, many preferred free medical check-ups, while others emphasized health insurance and occupational safety training.

These results collectively demonstrate that while women vendors are aware of their health vulnerabilities, they lack institutional support and awareness programs to address them.

Sociological Analysis

From a sociological perspective, the experiences of these women reflect the intersectionality of gender, class, and occupation. Their marginal position in the informal economy illustrates how structural inequalities are reinforced by inadequate policy frameworks. The absence of social security, poor working infrastructure, and limited access to healthcare reveal systemic neglect of informal women workers. Moreover, traditional gender roles compel women to balance household duties with vending work, increasing their physical and emotional stress.

This study supports the framework of C. Wright Mills' sociological imagination, linking individual suffering (e.g., illness, fatigue, economic struggle) to broader social structures such as poverty, gender discrimination, and institutional exclusion. The women's health conditions are not merely personal issues but reflections of structural injustice in labour and public health systems.

Conclusion

Women vegetable vendors in Dimapur form a vital yet underrecognized part of the informal economy, sustaining both local markets and their households. However, their livelihoods involve significant physical strain, environmental exposure, and

limited access to healthcare. The study highlights how gender- and class-based social and structural inequalities are closely linked to their health challenges. Addressing these concerns requires a comprehensive approach that integrates social, economic, and health dimensions. Policies aimed at improving market infrastructure, healthcare access, and social protection must be informed by the lived experiences of women vendors. Enhancing their well-being is essential not only for gender equity but also for sustainable urban development. By foregrounding their everyday realities, the study strengthens the discourse on informal labour, health, and gender justice and emphasizes the urgent need for policy reforms that protect the health rights of marginalized women workers.

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