

Self Rated Health (SRH) and Nutritional Status of the Female Street Vendors: An Anthropological StudySamarpita Koley¹, Parikshit Chakraborty²¹Ph.D. Research Scholar, Dept. of Anthropology, Vidyasagar University, Midnapore-721102; West Bengal, India²Junior Research Fellow, Anthropological Survey of India, Field Station Ranchi, Ranchi-834002; India

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Abstract: Physical condition depends on health and nutritional status, whereas, health and security of the street vendors not secure. Subsequently, different studies established that street vendors have important function to accomplish the demands of city residents. Self-rated of health most frequently measured for health observations and for nutritional assessment BMI is most important tool. However, the study aimed to find out the self-rated health and nutritional status of the female street vendors of a daily market near Tatanagar Rail Station, Jamsshedpur. Therefore, the authors treated self-rated health (SRH) status as the indicators for measuring health status and BMI as tools of evaluating nutritional status of the studied population. For SRH status and evaluating of BMI, authors followed the category and cut off point given World Health Organization (WHO). Data have been collected on SRH followed the WHO health status levels and anthropometric measurement taken by using of anthropometer. Therefore, present study exposed that the nutritional status of the female street vendors very poor. Furthermore, anthropological perspective of the study exhibits that majority of the female street vendors surviving their livelihood with poor health status because most of the female street vendors are illiterate and the majority of the respondents belonging into poor schedule tribal families. Moreover, the study also pointed out that the nutritional status of the female street vendors is better to compared with WHO's study on Indian female malnutrition on several years.

Keywords: Nutritional Status, SRH, BMI, Female Street Vendors, WHO, Anthropometric Measurement

INTRODUCTION

Street vendors usually recognized as self-employed workers in the informal sector who vending the goods and services on the street without having any permanent built-up structure. However, the word 'informal' first discussed in the Fifteenth International Conference of Labour Statisticians held at Geneva (ICLS-1993). At all times, poor people are unorganized and frequently undetectable. In the city area, street vending is one of the primary ways of earning money and sustaining livelihood for poor people because street vending has need of small capital and least skillfulness. However, women labour force has essential part out of the total labour force in India. In India have more than 10 million street vendors (Sharma & Konwar, 2014). In the year 1987, the National Commission on Self-Employed Women Workers recorded informal or unorganized sector as one in which, where women done hard work as casual workers.

The term 'Street vendor' refers to those who are unable to get regular jobs in the remunerative formal sector on account of their low level of education and skills (Chakraborty & Koley, 2017). In the post-

1991 period urban India has seen multiple transformations of various forms of exclusion in the urban area. However, street vending for women is the only occupations they know because they had limited literacy and mathematical skills. Moreover, street vending has an important domain of poor women's economic activity that requires endless juggling of family and work responsibilities (Monique Cohen *et al.*, 2000).

Lund Francie 1998 pointed out that the level of education among the women street vendors was very low. Gender disparity was found in the level of education. Bhowmik 2002, stated that women street vendors in India prefer to be fully dynamic, never stop or rest too long at any one place, to avoid thugs and/or harassments (Bhowmik SK., 2002). Cakraborty P. and Koley S. 2017, illustrated that the pattern of subsistence in the daily market were not comfortable for street vendors; where most of the street vendors were not fit on the street daily market although they have no better option for living the live. (Cakraborty P & Koley S., 2017)

Working as street vendors had no awareness such as practice health and safety measures and also had no occupational health and wellbeing support which effectively provide to them (Lund & Marriott, 2011). Different health problems such as cuts, headaches, musculoskeletal, and visual disturbance were peculiar to different age groups among the hawkers. For example, elderly women vendors were suffered by headaches than younger vendors (Pick *et al.*, 2002). WHO gave the details on occupation which pointed out that psychosocial risks bringing together with work related stress; where, heart disease, depression and musculoskeletal disorders can be the aftermath of stress (WHO, Occupational health, 2013).

However, measuring of health status done by self-health assessment; where, the assessment can be based on general well-being and perception of health (Krause & Jay, 1994). Single item self-assessments of health one of the most widely used measures of health status (Idler E *et al.*, 1992). Self-rated health commonly used outcome measure in social studies, where it has been found to be inversely associated with various aspects of social position, such as level of education, ethnicity and socioeconomic group (Bailis D *et al.*, 2003). A self-health judgment one of the primary way; where a person feels something about his or her health. Thus, self-health assessment can predict health actions such as use of medical and prevention services (Linn, *et al* 1980).

BMI (body mass index) one of the most widely used indicator in epidemiological studies as well as anthropological researches, associated or not with other anthropometric variables to identification of patients at nutritional risk or obesity (Allison DB *et al.*, 2002; Deurenberg P *et al.*, 1989).

During the eighteen years of Jharkhand State the socio-economic condition health and nutritional condition of women street vendors had no immense of changes. Street vending not an easy task or occupation for sustaining livelihood in an urban area. However, the present authors thought that it is wise to consider the self rated health status and assess the nutritional status of the female street vendors. Therefore, in the present paper, as a matter of micro-level study, an attempt has been made to highlight the self rated health status and assess the nutritional status of street vendors from a daily market as a city area since such study is very limited or may be almost absent in the field of anthropological studies in India.

In view of the above background the present study aims to self rated health status and assess the nutritional status of the female street vendors near Tatanagar Rail Station, Jamshedpur.

METHODOLOGY:

The present study has been conducted on female street vendors of a street near Tatanagar rail station, Jamshedpur where majority of the vendors women and they selling various types of goods such as vegetable, fruit, flowers and others. Therefore, for the present study, respondents selected through convenient sampling method and the sample size confined as 84 individuals who selling various types goods on the street.

For the collection of data pretested questionnaire scheduled has been used for self-rated health status and evaluated the status followed the five levels such as very good, fairly good, average, fairly poor, or very poor given by WHO. For anthropometric measurements like height and weight has been calculated through body mass index. As per BMI classification given by WHO, has been classified as *Underweight* (<18.50), *Normal* (18.50- 24.99) and *Over weight* (≥ 25.00). Although, *Underweight* type has been again classified in to three categories i.e. 16.0 *CED Grade III (Severe)*; 16.0-17.0 *CED Grade II (Moderate)*; 17.0-18.49 *CED Grade I (Mild)* and *normal* type has been again classified in to two categories i.e. *Class-I* (18.50-22.99) and *Class-II* (23.00 -24.99) and *Obese* type has been also classified as *Obese class-I* (25.00-27.49) and *Obese class-II* (27.50-29.99). On the other hand, secondary data has been used to found a theoretical outline for the present study and the secondary data collected from various books, journals, magazines, reports and from various websites.

RESULTS AND DISCUSSION:

The table deals with demographical aspects such as “*Age Distribution, Educational Status and Caste/community*” of the female street vendors under study area. From this table it is revealed that in case of ‘*Age Group*’ wise distribution of the total number of the respondents under study maximum numbers of female street vendors were belongs in the age group 25-59 i.e. 51.19% out of the total number of respondents whereas, 34.52% female street vendors were belongs in the age group 15-24. On the contrary, 60 and above age group shows 14.29%.

The educational level among the female street vendors has been generally low, as indicated in education status wise distribution. Out of the total studied female street vendors, 27.38% were illiterate, whereas, 34.52% can only sign their names. On the contrary 23.81% has been attained primary level education. Respectively, 14.29% achieved post primary level education or middle school of education.

However, noticeable fact is that under studied population no one attained madhyamic level of education. Therefore, the education status table refers

that most of the female street vendors were less educated. One of the respondents stated that, “I had no opportunity other than street vending, as it necessitates less education, unskilled knowledge and comparatively minor resources as compared to other occupations.” She also added that “most of the women street vendors carry out to this occupation for support their own families because here, street vending is not safe for women but we had no other option. Therefore, we engaged as women street vendors in this daily market.”

Furthermore, the table also deals with another demographical aspect that is cast/community wise distribution of the female street vendors. Out of the total number of respondents most of the street vendors were belongs into schedule tribe which is 61.90% and on the contrary 22.62% respondents belongs into schedule caste and 9.52% respondents belongs into OBC and rest 5.95% belongs as general caste community.

The table – 2 shows the age group wise self rated health status distribution of female street vendors under study area. On the basis of total population 30.95% female street vendors rated their own health status as fairly poor; 29.76% female street vendors rated their own health status as average and 22.62% female street vendors rated their own health status as very poor. Whereas, few of the female street vendors rated their own health status as very good (4.76%) and 11.90% female street vendors rated their own health status as fairly good. Therefore, the table illustrated that most of the female street vendors had not good health status as per their self-rated health status data.

Table – 3 deals with the body mass index of female street vendors under study area; where body

mass index illustrated that nutritional status of the female street vendors. As per the BMI status (followed the BMI cut-off table by WHO) 3.57% female street vendors has found as CED Grade III (Severe); 5.95% found as CED Grade II (Moderate); 19.05% found as CED Grade I (Mild). Whereas, 29.76% female street vendors has found as Class-I Normal and 25% found as Class-II Normal; where, only 5.95% female street vendors has found as Obese class-I but 10.71% found as Obese class-II. Therefore, the table stated that as BMI classification of studied population, few percentages population has the malnutrition status, here malnutrition in both, means under nutrition and over nutrition.

Table – 4 deals with the body mass index followed the standard scale of WHO. As per the BMI standard scale 28.58% female street vendors has under nutritional status, whereas, as per WHO study on Indian female population 36% female under nutrition on 1980s, 33% under nutrition on 1990s, 30% under nutrition on 2000s, 26% under nutrition on 2010s and 24% under nutrition on 2016s (NCD-RisC, WHO). The table also illustrated majority of the female street vendors has normal nutritional status i.e. 54.75%, whereas, WHO study shows 7.5% has normal nutrition status on 1980s, 8.9% has normal nutrition status on 1990s, 10.5% normal nutrition status on 2000s, 16.5% has normal nutrition status on 2010s and 19.7% has normal nutrition status on 2016. Finally, the table illustrated that 16.67% has over weight nutritional status. Where, WHO study exhibits that only 0.7% has over nutritional status on 1980s, 1.3% has over nutritional status on 1990s, 1.6% has over nutritional status on 2000s, 1.9% has over nutritional status on 2010s and 2.7% has over nutritional status on 2016.

Table – 1 Shows Socio-Demographic Variable Wise Distribution of Female Street Vendors

Variables	Female	
	(N=84)	(%)
Age Distribution:		
15-24	29	34.52
25-59	43	51.19
60 above	12	14.29
Educational Status:		
Illiterate	23	27.38
Ability to sign	29	34.52
I – IV	20	23.81
V – VIII	12	14.29
Caste/ Community Wise Distribution		
General	5	5.95
OBC	8	9.52
SC	19	22.62
ST	52	61.90

Source: Primary Data

***Age Division** years, basis on the category of the age group to follow the “POPULATION BY MAJOR AGE GROUP AND PERCENTAGE DISTRIBUTION BY AGE GROUP FOR THE WORLD” page - 37 Source: World Population Prospects: the 2004 Revision, Extended Dataset, United Nations, 2005.

TABLE – 2 SHOWS THE AGE GROUP WISE SELF-RATED HEALTH STATUS DISTRIBUTION

Types	Age Group							
	15-24		25-59		60 +		Total	
	N	%	N	%	N	%	N	%
Very Good	1	1.19	3	3.57	0	0.00	4	4.76
Fairly Good	3	3.57	5	5.95	2	2.38	10	11.90
Average	9	10.71	11	13.10	5	5.95	25	29.76
Fairly Poor	9	10.71	15	17.86	2	2.38	26	30.95
Very Poor	7	8.33	9	10.71	3	3.57	19	22.62
Total	29	34.52	43	51.19	12	14.29	84	100.00

Source: Primary Data

TABLE – 3 DISTRIBUTION OF BODY MASS INDEX (BMI) OF FEMALE STREET VENDORS

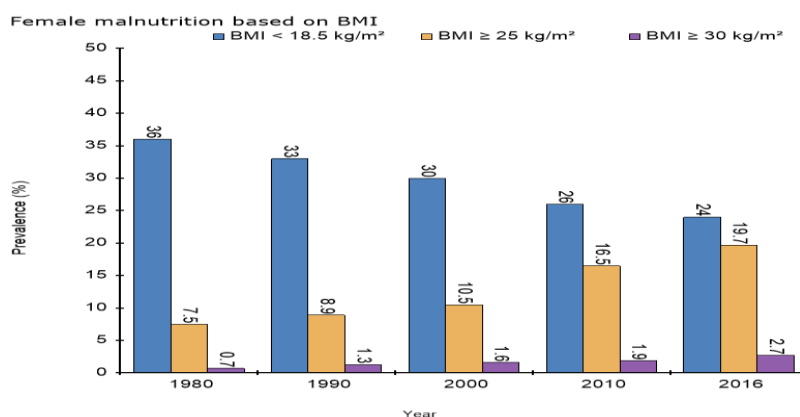
(BMI) Scale	Category	N	%	
16.0	CED Grade III (Severe)	Underweight (<18.50)	3	3.57
16.0-17.0	CED Grade II (Moderate)		5	5.95
17.0-18.49	CED Grade I (Mild)		16	19.05
(18.50-22.99)	Class-I	Normal (18.50- 24.99)	25	29.76
(23.00 -24.99)	Class-II		21	25.00
(25.00-27.49)	Obese class-I	Over weight (≥25.00)	5	5.95
(27.50-30.00)	Obese class-II		9	10.71

Source: Primary Data

Table – 4 Body Mass Index Distribution based on Standard Scale

Standard BMI Category	N	%
Underweight (<18.50)	24	28.58
Normal (18.50- 24.99)	46	54.75
Over weight (≥25.00)	14	16.67

Source: Primary Data



Nutritional Study on Indian Female Population (WHO)

Source: <http://www.who.int/nutrition/>

CONCLUSION:

The findings of this study reveal that the socio-demographical, Self-rated-health and nutritional status of female street vendors in a daily market at

Jamshedpur; as the socio-demographical aspects stated most of the female illiterate and at the same time majority of the female street vendors belongs into the

schedule tribal communities and majority of the female poorest of the poor who have migrated to urban centers.

Moreover, the study pointed out that massive portion of the female street vendors rated their health status as average and fairly poor whereas, very few female street vendors given their health status as fairly good and good. On the other hand, nutritional status of the female street vendors much better compared with the WHO study on female malnutrition study based on BMI in India.

Finally, the present study may be helpful to raised the different issues such as social and health aspect including nutritional status of female street vending, whereas, street vending not easy and secure for female. Therefore, present study is a micro level study which stated the health and nutrition status of female street vendors in urban areas.

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