

Income and Health Risks of Footpath Vendors in Selected Areas of Dhaka City in Bangladesh

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Abstract:

Background: Footpath/street vending as a profession has been in existence in Bangladesh since very ancient time. However, their number has increased manifold in the recent years. They are identified as self-employed workers in the informal sector. Footpath vending is a dominant occupation in urban areas of developing countries as well as

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very popular and customized in urban areas of Bangladesh. They offer goods and/or services for sale to the public without having a permanent built-up structure (head-load). Objective: Present study was conducted to assess the income and health risks of footpath vendors in Dhaka city. Methods: A cross sectional study was conducted among the footpath vendors in Dhaka city of Bangladesh. Face to face interview was conducted using pre-tested semi-structured questionnaire for data collection. Data was analyzed using SPSS version 16.0. Results: Information about income and health risks was collected from 190 street vendors. The mean age \pm SD of the respondents were 34.85 ± 10.71 years. Among the respondents 94% were male and 77.89% married. There was no formal education 25.79%, primary to higher secondary 18.42%, degree/honors 17.89%, and post graduation and above 14.21% in study population. Among vending more than halves (51%) occupied garments items with accessories and the lowest (11%) hygiene related products. Majority (61.05%) population worked 7 days in a week and 53.16% worked 9 to 12 hours per day. 42.11% study population earned 501 to 1500 BDT and 4.74% of them earned more than 5500 BDT per day. The behavior of 73.3% respondent had changed and among them 33.3% got depression, 30% easily angered and 25% anxiety. 62.6% assumed car fume and other environmental pollution was major health risk regarding the vending and 43.33% thanked road traffic accidents. Regarding the tobacco users, currently smoker was 8.95%, former 18.95% and never 72.11%. Conclusion: Satisfactory earning regarding labor and capital investment of the vendors/hawkers as well as depending of the large number of urban dwellers on the shopping due less expensive. But vendors/hawkers make garbage, crowded on street and polluted environment. Government may take policy to collect legal taxes from them making a secured and eviction free environment.

Key words: Income, Health Risks, Footpath Vendors

INTRODUCTION

Footpath vendors/ hawkers are identified as self-employed workers in the informal sector who offer their labor to sell goods

and services on the street without having any permanent built-up structure. Various studies have already confirmed the fact that street vendors/ hawkers play a significant role to fulfill the demands of urban dwellers in Dhaka – the capital and largest city of Bangladesh. Footpath vending is very popular and customized in urban areas. It is a dominant occupation in urban areas of developing countries. Half of the world's populations now live in urban areas largely because of rural-urban migrant increasing.¹ Urbanization has led to an unmet demand for housing, transport and employment opportunities.² The unmet need for unemployment has initiated the creation of informal employment of which includes street vending. Urbanization in Africa has been phenomenal and puzzling; with a rapid shift from 15% in 1950 to about 41% urban proportion currently.³ The UNFPA estimates that by 2030, the continent may attain 54% urban proportion.⁴ A street vendor is a person who offers goods or services for sale to the public without having a permanent built-up structure but with a temporary static structure or mobile stall (or head-load). The total number of street vendors in India is estimated at around 10 million.⁵ Some studies estimate that street vendors constitute approximately 2 per cent of the population of a metropolis. Mumbai has roughly 2,50,000 street vendors and Kolkata has nearly 2,00,000.⁶ Street vendors have poor social protection and their working conditions on the streets expose them to a variety of safety and health issues. The SNTD – ILO study on Mumbai found that around 85 per cent of the street vendors complained of stress related diseases – migraine, hyper acidity, hyper tension and high blood pressure.⁷ But the street vendors market many goods, such as clothes and hosiery, household goods and food items, manufactured by home based workers, who have no other channels of marketing the products that they produce. They also ensure the availability of goods and services at cheaper rates to people. The lack of recognition of

the role of the street vendors culminates in a multitude of problems faced by them: obtaining license, insecurity of earnings, insecurity of place of hawking, gratifying officers and musclemen, constant eviction threat, fines and harassment by traffic policemen. Bangladesh is a highly populated developing country. Hawking and street business are very easy and popular in this country. Millions of people survive their family doing street business. But there was no study in Bangladesh about footpath vending and their health. So, it was needed to determine and explore the health, health practice, health behavior of footpath vendors in Bangladesh.

METHODS AND MATERIALS

Descriptive type of cross sectional study was conducted at Mirpur in Dhaka city of Bangladesh to determine the labor, income and health risks of footpath vendors. The subjects of the study were the persons, who were continuing vending in the street. They able to verbally communicate, agree to give answers of the questionnaire and age between 15 to 75 years. The data were collected with pre-tested, modified, semi-structure questionnaire since 05 April 2017 to 25 April, 2017 while the vendors had been working. Areas were selected purposively and the sample size 190. Data were entered and analyzed using SPSS software 16 version.

RESULTS

Table 1: Distribution of respondents by socio-demographic characteristics (n=190)

Variables	Group	Frequency	Percentage
Age	20-30 years	85	44.74
	31-40 years	53	27.89
	41-50 years	27	14.21
	50+ years	25	13.16
	Mean \pm SD = 34.85 \pm 10.71		
Sex	Male	179	94.21
	Female	11	5.79
Marital status	Married	148	77.89
	Unmarried	42	22.11
Total		190	100.00

Socio-demographic variables of the respondents found from table 1, majority of them (44.74%) belong to age group of 20-30 years with mean age \pm standard deviation (SD) 34.85 \pm 10.71 and over 50 years of age 13.16%. Also found 94.21% male and married 77.89%.

Figure 1: Labeling of education of the respondents (n=190)

The educational level of the subjects were no formal education 25.79%, primary to higher secondary 18.42%, degree/honors 17.89%, post graduation and above 14.21%.

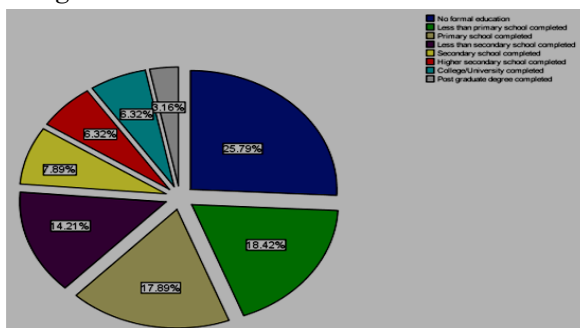


Figure: Labeling the educational status of the respondents

Figure 2: Types of vending of the study subjects (n=190)

There were many types of vending on the footpath but taken considerable vending which was more than 10%. The study found most of them occupied (51%) garments items and accessories, electric materials 21%, mobile accessories 19%, Junk food 18%, fast food 15%, health related materials and shoe store both were 13%, and lowest (11%) number found hygiene related (musk, tissue, etc.) products.

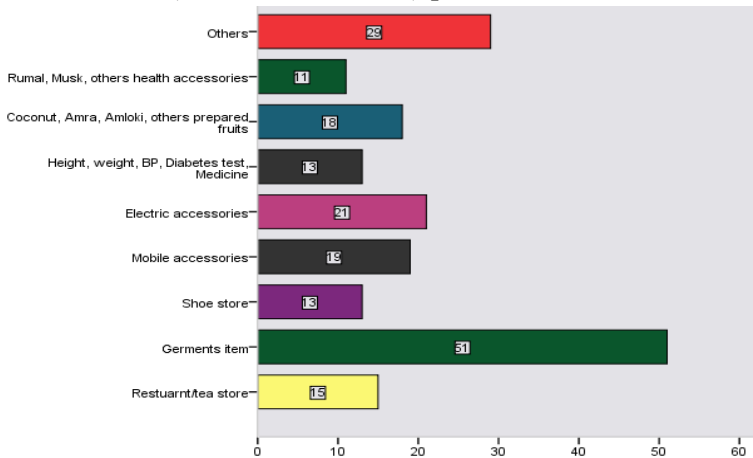


Figure: Showing the types of footpath vending

Table 2: Showing the working days per week and hours per day of the respondents (n=190)

Items	Variable	Frequency	Percentage
Working days in a week	3 days	3	1.58
	4 days	7	3.68
	5 days	16	8.42
	6 days	48	25.26
	7 days	116	61.05
Working hours in a day	Up to 8 hours	48	25.26
	9-12 hours	101	53.16
	13-16 hours	38	20
	Over 16 hours	3	1.56

The study revealed the highest (61.05%) number of vendors worked 7 days in a week, 25.26% for 6 days, 8.42% 5 days,

3.68% 4 days and minimum 3 days worked only 1.52% hawkers/vendors. On the other hand, majority of them (53.16%) vended 9 to 12 hours per day, 13 to 16 hours 20%, up to 8 hours 25.26% and more than 16 hours only 1.56%.

Figure 3: Distribution of income label in BDT of the respondents (n=190)

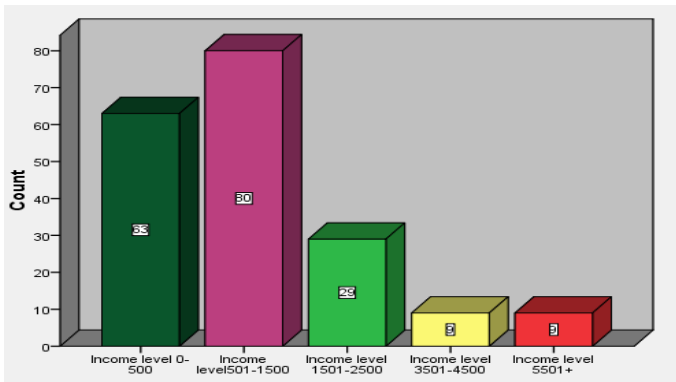


Figure: Showing the income label in BDT per day of the respondents

The study reported that 33.16% vendor earned up to 500 BDT per day but majority (42.11%) of them earned 501 to 1500 BDT, 15.26% 1501 to 2500 BDT and 4.74% earned more than 5500 BDT per day.

Table 4: After six months of vending appeared diseases of the respondents (n=190)

Items	Diseases	Frequen cy	Percenta ge	Total %
Skin disease	Rashes	63	33.2	48.4
	Boils	13	6.8	
	Foot Root	9	4.7	
	Cracked heels	35	18.4	
	Allergy	4	2.1	
Musculoskeletal diseases	Pains and aches	60	31.6	61.6
	Waist pain	53	27.9	
	Shoulder pain	43	22.6	
	Elbow and knee joint	13	6.8	

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	pain			
	Hand and leg muscle pain	4	2.1	
Respiratory diseases	Difficult breathing	38	20	49.5
	Catarrh	33	17.4	
	Sore throats	25	13.2	
	Cough	57	30	
Changing behavioral health	Anxiety and easily startled	54	28.4	73.7
	Angrier	58	30.5	
	Depression	63	33.2	

After six months of vending the study subjects suffered from skin diseases 48.4%, among them the highest 33.2% suffered from Rashes. Total 61.6% suffered with musculoskeletal problems and the highest 27.9% suffered from waist pain. Almost halves (49.5%) of the respondents suffered from respiratory diseases and among them 30% suffered from cough.

Table 5: Distribution of the health risks and prevention associated with vending (n=190) Types of risks

	Types of risks	Frequen cy	Percenta ge
Health risks associated during street vending	Road traffic accidents	81	42.6
	Falls and Injuries	33	17.4
	Verbal abuse from customers, colleagues, authorities	84	44.2
	Physical abuse from customers, colleagues, authorities	43	22.6
	Car fume and other environmental pollution	119	62.6
	Harsh weather	43	22.6
	Nothing	99	52.1
Risks prevented by	Wear socks, mask, appropriate cloth	21	11.1
	Always careful	95	50
	Vaccination	16	8.4
	Regular check up	17	9
	Taking medicine	13	6.8
	Others	19	10

** Multiple answers

Assumptions of respondents, car fume and other environmental pollutions were associated with health risks 62.6%, verbal abused from customers, colleagues, authorities 44.2%, physical abused from customers, colleagues and authorities 22.6%, falls and injuries 17.4%, road traffic accidents 42.6%.and harsh weather 22.6%. The prevention from risks were nothing by 52.1%, wearing additional clothing such as socks, long sleeves shirts, nose mask 11.1%, always careful 50%, vaccination 8.4%, taking herbs, medicine, food 6.8% and others 10%.

Figure 4: Smoking status of the respondents (n=190)

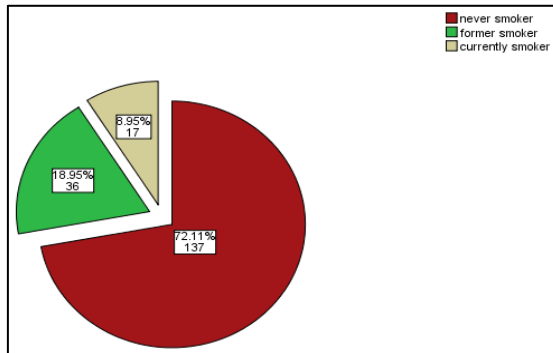


Figure: currently smoking status of the respondents.

The study showed in figure 4 currently smoker only 8.95%, former smoker 18.95% and never smoker 72.11%.

DISCUSSION

The study found mean age with standard deviation (SD) of the respondents was 34.85 ± 10.71 and highest 44.74% belongs to age group 20-30 years. Over fifty years of age was 13.16%, where as in Yaounde, Cameroon this age group was 30.71%, more than fifty years only 3.22%¹¹ and in Accra, Ghana age group of 20-29 years was the highest 58.3%, more than 50 years 0.3%.¹² In this study female respondents were 5.79% but in

Yaounde 58.42% and in Accra 68.3%^{12,13} that makes far difference from Bangladesh. Also no formal education found 23.3% and 3.3% completed the post graduate degree among the respondents in Dhaka. On the contrary no formal education 20.8% and no post graduation found in a study in Cameroon. This study showed, 51% were garments items, 18% junk food and 15% fast food vendors. This study found got anxiety and easily startled at least noise 25%, easily angered 30% and depression 33.3%. It is almost similar to the SNTDT – ILO study on Mumbai found around 85 per cent of the street vendors complained of stress related diseases – migraine, hyper acidity, hyper tension and high blood pressure.⁶ This study also found 68.33% used public toilet for faececation as well as 66.67% for urination. Ministry of Housing and Urban Poverty Alleviation. National Policy on Urban Street Vendors, 2004, found 78% used the public toilet^{9,10} in India.

CONCLUSION

The demand and popularity of street vending are increasing day by day in Bangladesh, because of enough earning against of risk free and small investment. On the contrary, behavioral health problems are arising among the vendors. Health care and awareness need for them.

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