

## **CHAPTER 8**

# **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

## **8.1 Introduction**

This study is based on primary data of Moreh town, Chandel district of Manipur state collected during the period of August to November 2014.

## **8.2 Summary of findings and Conclusion**

Women vendors in Moreh town are generally middle-aged, married, illiterate, landless, and poor women, mostly from the disadvantaged social groups, who are driven into vending activities out of economic necessity (unemployed husband, marital disruption, etc.).

Stationary vendors are more common among women vendors in Moreh and majority of them have been in this business for many years. On being asked about their date of entry into this particular business, substantial proportion of them does not remember the number of years they involve in vending which itself explained that they have been into vending activities for a long time. Seemingly large number of them get into vending business after their marriage and were mostly driven by economic necessity.

Generally, the women sell food items like vegetables, fish/meat/ tea stalls and spend about six hours daily in the market place which is exclusive of their travel time. 27 percent of the women informed that they travelled more than a kilometre per day for obtaining their products which on average take around 40 minutes or more and this involves them carrying their products physically by themselves.

It was found that 44 percent of them run their business based on their own savings and the rest took loans from other financial sources like Chit fund/marup, money lenders or relatives/friends. Among the women who had taken loan for vending activities, sizeable proportion of them (45 percent) were financed by the local chit fund/marup followed

by money lenders (29 percent) and relatives/friends (26 percent). Around 44 percent of the women reported that they obtained their products from the other side of the border.

Though the women work for several hours daily, large proportion of them still earns a meagre income, with 63 percent of them earning less than Rs. 3000 per month which is comparatively lesser than the national average per-capita monthly income of Rs. 3528 (ICE 360° Survey, 2014). The income level of women is highly associated with the socio-economic and demographic characteristics of the women. Majority of the women informed that they contributed all of their earning for household expenditures which may reflect that their contribution is significant in alleviating the economic burden of their household.

Overall, women vendors mainly work under severe condition for long hours to sustain the economic demand in the family. Study also shows they earn a low income as compared to an average Indian person.

A majority of the women (92 percent) are dissatisfied with their work and would like to discontinue the vending activities if their economic conditions improved.

In terms of autonomy, women vendors in Moreh town seemed to have an active participation in both financial and social aspects at the household level; however a slight variation according to the income levels was seen, with women having higher incomes reporting slightly higher degrees of autonomy.

The study found that around 65 percent of women vendors had some major illness, while 81 percent had some minor morbidity. Common morbidities among the women vendors were musculoskeletal diseases (rheumatoid arthritis, back and body pain, stiffness of hands, legs and neck, etc.), infectious diseases (tuberculosis, fever, rigor malaria, etc.), stress related diseases (high and low BP, heart disease, etc.), and lifestyle

diseases (diabetes, cancer, etc.). 43 percent of the respondents believed that their illnesses were related to their working conditions.

Another interesting finding from this study is that women vendors preferred traditional healthcare as 71.2 percent reported having sought treatment through home remedies, Ayurveda, and Homeopathy instead of going for modern healthcare (allopathic) for major health problems. The study found that income, types of house where women vendors reside, number of household chores they perform, and lifestyle behaviors are some of the determinants of major and minor ailments affecting women vendors.

On the other hand, the determining factors for treatment seeking behavior among women were education, types of houses, and types of vending activities. For most of the women vendors, the healthcare expenditure for minor and major morbidities was found to be one-fourth of their household monthly income.

### **8.3 Limitations of the study and Scope for future research**

This study is not devoid of limitations. The interviews were taken during working hours, which may have affected how the respondents responded to the questions. The results and the interpretations of the study are based mainly on the primary data collected from the field at a particular point of time, restricting the opportunity to explore the association and effect of the vending activities to only a particular season. The present study highlights self-reported morbidities and vending issues, which may have been over- or underreported. There was no confirmatory test to complement self-reported health assessments.

There is ample scope for further research. The present study focused only on the women vendors and their perspective, there is need to extend the study to understand the relation of customer and the vendors from customer perspective.

## 8.4 Recommendations

1. The rising prevalence of non-communication diseases among the women vendors which may be related to occupational risk and unhealthy lifestyle behaviour illustrates the need for encouraging women to go for regular medical check-up. Furthermore, there is an awareness imperative about health implications of occupational and unhealthy lifestyle behaviour among women vendors.
2. Low autonomy among the women vendors advocate the need for imparting/disseminating knowledge about women empowerment and importance of women's participation in decision making process at the household or social level.
3. Low income levels, lack of resources and financial supports exhort the need for strengthening of various social groups/self-help groups/organizations to assist/facilitate the women vendors in financing and skills development programmes.
4. High cost of treatment with low earnings calls for a need to introduce health insurance and other social securities for women vendors.
5. Women vendors need more awareness regarding the different government policies and Act pertaining to vendors welfare.

Various other recommendations related to the market were also found during the case study which are discussed below:

- i. There should be a proper and well maintain public toilet and drinking water facility around the Moreh markets. Improvement in drainage system would attenuate the prevalence of mosquito borne diseases.

- ii. There is a strong need for having a common storage facility where vendors can leave their unsold products of the day. This will help to avoid wastage of fresh eatable products during any season of the year.
- iii. Identification and allocation of more legal spaces should be provided for the vendors.