

Research Article

A Cross-Sectional Study of factors associated with Health Seeking Behaviour of street vendors in selected areas of Hyderabad Telangana State

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A B S T R A C T

The nation's health status and inhabitants are connected with health-seeking behaviours (HSB). However, knowledge of health-seeking behaviours among the vulnerable population is either lacking or negligible. This study is to assess street vendors' health-seeking behaviour and determine the factors associated with it. The simple random sampling method and Pre-tested structured questionnaires were used in this study. This is a quantitative cross-sectional study carried out among street vendors in the selected areas of Hyderabad, Telangana state. A descriptive analysis was performed, and the data was analysed using inferential statistics to find the association between various socio-demographic factors and health-seeking behaviour among street vendors. In this study, a total of 200 respondents were interviewed, out of which only 194 were interviewed, whereas 6 were non-respondents. More than 40% are illiterate, and 79% were already suffering from chronic illnesses like hypertension and diabetes. These results suggest the importance of understanding the association between health seeking behaviours and associated factors—intervention efforts aimed at improving the health education of street vendors and street vendors should get health education about the harm caused by their dependency on tobacco, alcohol, and cigarettes. They are aware of chronic health illnesses, but they are not aware of the free health Insurance schemes available from the central and state governments so this information should be disseminated to street vendors.

Keywords: Street Vendors, Cross-sectional, Health Seeking Behaviors, Hyderabad, Telangana

Introduction

Around 90% of Indian labour is engaged in the informal sector for their survival. Of those, 14% of the informal sector work as street vendors.¹ In India 15 metropolitan

cities have a very high number of street vendors and these vendors cover approximately 2.5% of the whole population of the respective cities. They mainly migrate people from rural to urban areas, and they continue increasing, so

unemployment is rising in urban areas of metropolitan cities, so most of the resettled communities choose self-employment, i.e., street vending.^{2,3}

The 15 cities that had a high number of street vendors are Jaipur, Hyderabad, North Lucknow, North and West Bhopal, Delhi, Ranchi, Bhubaneshwar East, Patna, Vijayawada, Northeast Guwahati, Bengaluru, Kolkata, Mumbai, Kanpur, and Ahmedabad. Mumbai is the city that has the highest number of street vendors in our country in India.³

Street vendors are self-employed workers in urban areas who offer their labour to sell goods and services on the street in permanent and temporary places. Street vendors were one of the vulnerable populations to seek health, especially in urban and some rural areas.⁴

Hyderabad is one of the cities associated with street vending.⁵ The informal sector is the most prominent workforce in India. Street vendors also come under the informal sector.⁶ To start working as a street vendor, there is no need of large money investments. That's why most migrated people from different areas started working as street vendors.^{7,8}

"Health-seeking behaviors" is a main pillar of the healthcare system, and it is the way of organising it. Most of the healthcare systems of the different countries have many gaps, i.e., government sector doctors also run their private hospitals. They give most of the quality time to private hospitals. In most health systems, there is no health equity, i.e., private hospitals treat only rich people who can invest more money in their health, but poor people who cannot afford them reach the government hospitals.⁹

Methods

A quantitative cross-sectional study was used, which includes gathering information through pretested structured questionnaires from the people about their socio-demographic details, health-seeking behaviours of chronic illness, and communicable disease. Enablers and barriers to health-seeking behaviours were also collected. The study period was from February 2022 to June 2022. The random walk method was used for data collection, and four random areas, i.e., the Koti, Ameerpet, Erragadda, Vidyanagar, and Afzalgunj markets of Hyderabad city, were selected. A simple random sampling method was used in this study. Assuming 50% have good health-seeking behaviours and the remaining 50% have barriers to seeking health care, where $l = 7.5\%$ (15% of 50%), we estimate 178 + 10% non-response of 198 street vendors.

By using a formula $4pq/l2$

$4 \times 50 \times 50 / 7.5 \times 7.5 = 178 + 20 = 198$ (rounded up to 200 vendors were Finalised.)

Pre-tested structured questionnaires were used to assess street vendors' health-seeking behaviours. Descriptive analysis was done to find the pattern of health-seeking behaviours. Further, it analysed the data using inferential statistics to find the association between various socio-demographic factors and health-seeking behaviours among street vendors. The ethical approval was obtained from the institutional ethical committee of the University of Hyderabad.

Results

Most respondents were married (119; 61.3%), Unmarried participants accounted for about one-fourth of the sample (48; 24.7%), The least represented groups were separated (6; 3.1%), The highest proportion of vendors were selling bags (29; 14.9%) and lowest frequency was noted among roadside clothing (6; 3.1%) and tiffin vendors (8; 4.1%), The majority of respondents were permanent migrants (148; 76.3%), The lowest proportion was seen among temporary migrants (27; 9.8%) Most respondents belonged to nuclear families (166; 85.6%), Only 28 respondents (14.4%) lived in joint families. (Table 1)

Health Problems of Communicable Diseases & Non-Communicable Diseases: 71.6% out of 100% are communicable in this; gastrointestinal infections are highest at 49.5% and 1.5%. Acute respiratory infections are the lowest and 82% out of 100% non-communicable; hypertension is highest at 39.7%, and musculoskeletal is at 2.1% (Table 2).

Results of health-seeking behaviours regarding chronic illness:

Among 194 street vendors, 40.7% (n=79) are suffering from chronic illnesses like hypertension, diabetes, and cataracts, and 59.3% (n=115) are not suffering from chronic diseases.

Among those 79 street vendors who are suffering from chronic disease, 74.7% (n=59) seek allopathic treatment, 6.3% (n=5) seek indigenous treatment, 15.2% (n=12) seek other therapies like diet, exercise, and supplements, and 3.8% (n=3) (Figure 1) seek self-treatment.

Among 194 street vendors, 74.7% (n=145) of respondents expressed financial difficulty with the medical treatment, 3.6% (n=7) of respondents found distance as a difficulty for the medical treatment, 1.0% (n=2) of respondents found time as a difficulty for the medical treatment, 20.6% (n=40) of respondents did not find any problem with the medical treatment (Figure 2). and 8.8% (n=17) participants know that they can take treatment in the ESI hospital, whereas 91.2% (n=177) of participants did not know that they can take treatment in the ESI hospital.

And 68.6% (n=133) have registered health insurance schemes like AAROGYA SRI, which is a state health insurance

scheme, while 31.4% (n=61) do not have any registered health insurance scheme.

Significance of factors associated with health-seeking behaviours of chronic illness of street vendors:

There is a weak association between the socio-demographic factor (gender) and health-seeking behaviours of chronic

illness in street vendors because of their $P > 0.05$.

There is a strong association between the socio-demographic factors (marital status, family type, monthly income, and education) and health-seeking behaviours of chronic illness in street vendors because their $P < 0.05$ (Table 3).

Table I. presents the socio-demographic characteristics of the respondents.

Characteristics	Variables	Frequency (N = 194)	Percentage (%)
Gender	Male	113	58.2
	Female	81	41.8
Age (years)	11–20	16	8.2
	21–30	48	24.7
	31–40	68	35.1
	41–50	45	23.2
	51–60	17	8.8
Educational background	Illiterate	79	40.7
	Primary	42	21.6
	Secondary	37	19.1
	Secondary & above	36	18.6
Marital status	Married	119	61.3
	Unmarried	48	24.7
	Separated	6	3.1
	Widow	10	5.2
	Divorced	11	5.7
Type of vendor	Vegetables	26	13.4
	Fruits	25	12.9
	Flowers	25	12.9
	Juice	24	12.4
	Plastic items	24	12.4
	Bags	29	14.9
	Belts	14	7.2
	Roadside clothing	6	3.1
	Snacks	13	6.7
	Tiffin	8	4.1
Migrant type	Permanent	148	76.3
	Temporary	27	9.8
	Seasonal	19	13.9
Family type	Nuclear	166	85.6
	Joint	28	14.4

Table 2. Common health problems among street vendors

Health Problem Categorization	Sub-categorization of Health Problems	Frequency (N = 194)	Percentage (%)
Communicable diseases	ARIs	3	1.5
	Major infections (Typhoid, jaundice, fever)	16	8.2
	Gastrointestinal infections	96	9.5
	Skin diseases	24	12.4
	None	55	28.4
Non-communicable diseases	Musculoskeletal disease	4	2.1
	Hypertension	77	39.7
	Diabetes	16	8.2
	Generalised weakness	10	5.2
	Injuries at work	37	19.1
	Knee and back pain	15	7.7
	None	35	18.0

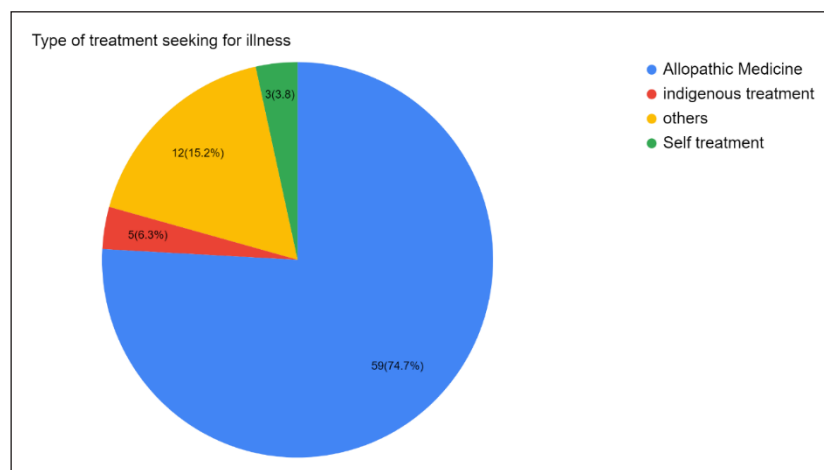
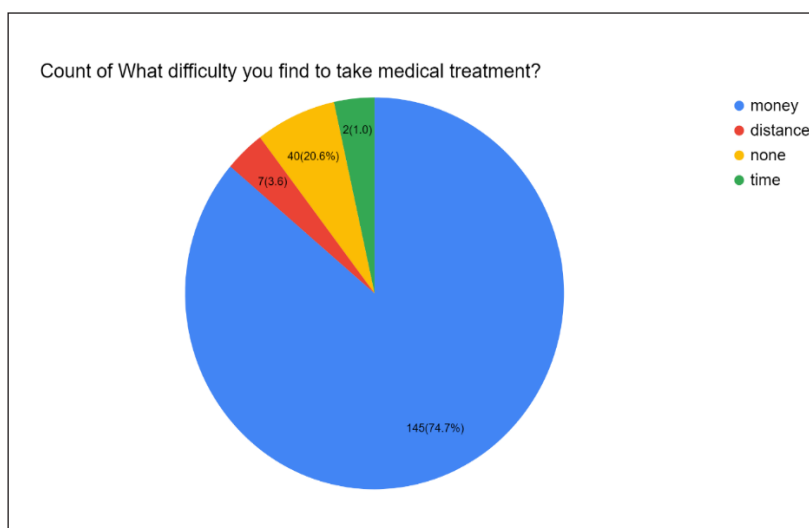
**Figure 1. illustrates the distribution of treatment-seeking practices for the illness****Figure 2. shows the respondents difficulties in accessing medical treatment**

Table 3.shows statistically significant associations between chronic illness and socio-demographic characteristics

Variable	Distribution	P value
Gender	Male = 113 Female = 81	0.07
Marital status	Married = 119 Unmarried = 48 Separated = 6 Widow = 10 Divorced = 11	0.30
Education	Illiterate = 79 Primary education = 42 Secondary education = 37 Secondary & above = 36	0.015
Family type	Nuclear = 166 Joint = 28	0.20
Monthly income (₹)	6000–8000 = 8 8000–10000 = 38 10000–12000 = 96 12000 and above = 52	0.005

Discussion

The study intends to explore the health-seeking behaviours among street vendors, and the strengths and weaknesses associated with their factors. Many organisations support street vendors in different ways; They are

The “National Hawkers Federation” is a national organization in India of street vendors across 28 states in India, with 1,188 unions, including 11 central trade unions & and over 20 international trade unions abroad & they have been working for the rights of street vendors for the last 20 years in India.¹⁰

In India, 77 percent of the population had the financial ability to purchase only 20 Indian rupees. A vast majority need street hawkers as they sell all the essential products a person needs with affordability. On the other hand, they support large groups of farmers, manufacturers, and production industries by selling fruits and vegetables and other necessary things. 80% of them are sold by street hawkers.¹¹ Street hawkers are not a stall on the corner. They are a prominent and essential part of the Indian Economy; They support the distribution of goods to our doorstep; street hawkers are not just people carrying a basket of fruits and vegetables on their heads. They are responsible for a part of more than 50% of the “Gross Domestic Product” of India.¹²

They sell different types of goods, from non-breakable to fragile goods and household things. The self-employed Women’s Association attempted to count the street vendors as 40% women and 30% men in ahmedabad.¹³

Another organisation in Karnataka that is also not associated with any of the international organizations named Self Employed Vendors Association of Karnataka (SEVAK) represents the problems of street vendors in Karnataka state.¹⁴

According to the author, in this study, no street vendor had an ID card, which is different from this study. Around 49.48 lakh street vendors have been identified in India and more than 26.83 lakh street hawkers have been given ID cards.¹⁵

Pradhan Mantri The Street vendors Athmanirbar Bharath Nidhi (PM-SVA Nidhi) Scheme was initiated by the Ministry of Housing and Urban Affairs on June 1st, 2020. It is valid up to March 2022 to benefit over fifty lakh street vendors who have been vending in urban areas, including those from surrounding peri-urban/rural areas. It also aims to promote digital transactions through cashback incentives up to Rs. 1,200 per annum. This policy is primarily for the Covid-19 crisis, so the policy extension may be helpful for the street vendors community. Permanent interventional policies are required for street vendors.^{18,16}

They sell different types of goods, from non-breakable to fragile goods and household things. The Self-Employed Women’s Association tried to count the street vendors as 40% women and 30% men in Ahmedabad, but in this study, we did not collect data about breakable and non-breakable things sold by street vendors, and gender differentiation is 41.8% of men and 51.8% of women street vendors.¹⁷ Still, in this study, we collected data from different roadside types of vendors: juice, plastic, bags, clothing, tiffin, and snacks but did not particularly mention other street food vendors.^{18,19}

They used to work in all weather conditions, like hot summers, cold winters, and rainy seasons, alongside the streets. They lift heavy weights while opening and closing the shop daily and work for a long time. They start their routine in the early morning and end their day nearly at midnight. All these factors affect the health of the street vendors, and the current study shows that men are 58.2% (n=113) and women are 41.8% (n=81). So here, the men respondents are more than women in this study, similar

to the study of O.O. Latunji¹ and O.O. Akinyemi.²⁰ In this study, average daily income earned by street vendors is 500-800 rupees, which is slightly similar to the Meher SR and Ghatole PS.^{17,18}

Out of 79 street vendors suffering from chronic illnesses like hypertension and diabetes. 74.7% (n=59) seek allopathic treatment, and 6.3% (n=5) seek indigenous treatment. The work includes continuous sitting or standing without much physical activity for long hours; this led to 49.5% (n=96) suffering from gastrointestinal problems like indigestion and acidity. Of 194 street vendors, 68.6% (n=133) have registered for Aarogyasri, a state health insurance scheme. In contrast, 31.4% (n=61) do not have a registered health insurance scheme because they are not eligible for free treatment. Previous studies showed that the significant barriers creating a barrier in the utilisation of public health care facilities are poor quality of care, unsuitable timings of health care provision, poor quality and unavailability of medicines, and the distance of the public health care facilities from the workplace or place of residence. However, in this study, 74.7% of street vendors find getting treatment difficult because of lack of money, and 3.6% of street vendors find it difficult because of the distance of hospitals for medical treatment. Meher, S. R., & Ghatole, P. S.¹⁸

This study says that 58.2% of males and 41.8% of females are street vendors, and it is slightly similar to the study of the informal sector and informal employment: Overview of data for 11 cities in 10 developing countries: there are proportionally more women than men in everyday jobs. In Abidjan, nine women out of 10 in the labour force have a relaxed position (7 out of 10 for men). Similar proportions are found in the seven West African cities: between 83 percent and 92 percent of women are in informal employment.²¹

Finally, in this study, we investigated the health-seeking Behaviours of both genders. Still, as per this study's results, women subjects are 41.2%, nearest to half of the subjects, so we can do a specific study on the women population of street vendors. As they are not aware of government health schemes related to their domain. So future research should frame innovative interventions on awareness and health education related to street vendors.

Conclusion

The public health NGO's and government should concentrate on the health of street vendors and educate them to improve their quality of healthy life. They should get health education regarding diseases caused by addiction to tobacco, alcohol, and cigarettes, which will ensure they stop the intake and are aware of chronic health illnesses, and they are not aware of the free health insurance schemes for them by governments, and this information

is important and should be disseminated to them, and there are many street vendor organisations they can educate on financial and health schemes by the governments, and the governments can change doctor availability in health facilities to street vendors-friendly timings for better health seeking.

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Conflict of Interest: None

Authors Contribution:

Conceptualization: PA, AK; Study design: PA, BR. S, AK; Methodology: PA, BR. S; Writing Original draft: PA, AK; Data collection and Statistical Analyses: PA, AK; Writing Reviewing Editing: PA, BR. S, AK; Resources and Supervision: BR. S;

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