MAK HILL Publications Research Journal of Medical Sciences

Research Article
doi: 10.59218/makrjms.2024.6.132.136

A Cross Sectional Study of Health Seeking Behaviour and Morbidity Profile Among Street Vendors in Urban Area of Marthwada

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OPEN ACCESS

Key Words
Street vendors, health seeking behaviour, addictions, morbidity profile

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Received: 18 March 2024
Accepted: 20 April 2024
Published: 21 April 2024

Citation: Sanaboyi Supriya, H.A. Khadilkar, B.B. Chavan, Kedar Nemivant, A.V. Gaikwad and S.V. Gosavi, 2024. A Cross Sectional Study of Health Seeking Behaviour and Morbidity Profile Among Street Vendors in Urban Area of Marthwada. Res. J. Med. Sci., 18: 132-136, doi: 10.59218/makrjms.2024.6.132.136

ABSTRACT
Street vendors are an integral component of urban economies around the world. Poverty and lack of gainful employment in the rural areas and in the smaller towns drive large numbers of people to the city. To study socio-demographic profile, morbidity pattern and the health seeking-behaviour among street vendors and factors associated with it. A Cross-sectional study was conducted in Shahagunj, Aurangabad for period of 3 months duration by using simple random sampling. By using Cochran's formula, prevalence 8% the sample size was calculated as 150. After explaining purpose of the study, the study was carried out with pre-designed pretested questionnaire. Descriptive statistics, Chi square test was applied and $p<0.05$ is statistically significant, Binary logistic regression is applied for the significant factors. Of total 150 street vendors, 71 (43.8%) belonged to 36-45 years age, 120 (80%) were males 112 (74.6%) were Muslims by religion. 100 (66.9%) had perceived up to secondary education and 66 (44%) were temporary sheltered and selling fruits, 54 (36%) were tobacco and alcohol addicted. 70 (46.6%) were working 6 days in a week, 40 (30%) were working for 10 hours in a day with 75 (50%) in standing position. 67 (44.6%) were suffering from respiratory illness followed by 30 (20%) with musculoskeletal problems, 25 (15.4%) renal problems and 80 (49.4%) seek care in government hospital and 70 (46.6%) seek in private hospital. There was significant association between age and income with where do they initiate care and also between working hours, working days, holidays with musculoskeletal problems, respiratory problems and renal problems and Hypertension. Majority vendors are working for long durations in standing position. Magnitude of addiction to tobacco and alcohol is quite high and more than one fourth vendors facing health problems of different variety with respiratory illness highest among them.

INTRODUCTION

Urbanisation of poverty is a recent phenomenon in most of the developing nations, which is caused by in-migration of poor from rural areas and natural growth of poor population. Global urban population will grow almost 5 billion by the year 2030. In 1950, less than 20% of the population of poor countries lived in cities and towns, but by 2030 this will have rise to 60% (World Bank, 2008)[1].

In India, most of the workers depend on the informal sector, street vending plays a crucial role. In India, street vending constitutes 14% of total urban informal employment[2]. in 2009-10, about 63% of females and 51% of males depend on street vending in urban areas[1]. During their working time vendors are facing many problems from the public and police personnel. They are not protected from the harmful weather conditions like heat, rain, dust and lack of storage facilities[3].

A street vendor is a broad term used to represent the entire workforce who works on the streets. They sell a diverse variety of goods ranging from non-perishable to perishable goods. The urban poor who find difficulty to engage with the formal sector gets engaged in the informal sector and especially in street vending as it requires less investment and skills[4].

Street vendors living on low income and no income face most hardship and experience difficulty accessing health care, housing water, sanitation services[5]. This study aims to find the sociodemographic characteristics and common health problems among the street vendors, study the factors influencing and hindering the utilization of healthcare services.

Aims and Objectives: The objectives of the study were to understand sociodemographic profile, morbidity pattern and the health seeking-behavior of street vendors and factors associated with it.

MATERIALS AND METHODS

The present study was a community based cross-sectional study conducted in the Shahagunj. Shahgunj is randomly selected from one of the markets of Aurangabad where selling goods of all variety fruits, vegetables, masalas, grocery and house utensils. Questioner was administered to pilot study to find out feasibility and understanding of questions and modifications were done. The vendors in pilot study were not included in present study. The study was conducted for a period of 2 months from September 2023 to November 2023. The sample size was calculated by using Cochran's formula $4xpxq/l^2$ considering prevalence 8% of musculoskeletal disorder from the previous studies[5] and relative error as 5% with 95% confidence interval the sample size was calculated as 117 rounding it off total sample size was taken as 150. After explaining the purpose of the study and seeking their informed consent vendors are interviewed. simple random sampling by using random number table is used. The street vendors including men, women were included in the study. The street vendors who were not willing to participate in the study were excluded. Questions were asked regarding socio-demographic factors, occupational history, addictions, lifestyle factors, morbidity profile and health seeking behaviour. All vendors were clinically examined for their health elements. Data was collected in MS EXCEL and analyzed with Quantitative and Qualitative test of significance wherever needed by using SPSS 26.

RESULTS AND DISCUSSIONS

Only 18 (12.3%) of street vendors are doing exercises in which only 4.5 percent exercise more than 3/week. Out of 150, 80 (53.4%) were seeking care in government hospitals and 70 (46.6%) in private hospitals and frequency of health checkup are 45.9% once per month may be due to chronic illness of street vendors like Hypertension and Diabetes mellitus and reasons of seeking care in private is due to 34.3% know other doctor and 26.9% due to poor services in the government and 10.4% due to the facility closed and services are not offered. There is a significant association of street vendors of 36-45 age group with initiating their health care in government hospitals compared to private hospitals with ($p = 0.014$) and association having income <6000-15000 are all seeking care from government hospitals with ($p = 0.008$)

Working without holidays is 4.4 (95% CI,1.9-10.5) risk of having musculoskeletal problems and 5.1(95% CI,1.3-25.7) risk of having Hypertension and 3.8 (95% CI 1.8-8.2) risk of having respiratory illness. And working more than 5 days/week have 11.5(95% CI 4-34) risk of having renal problems.

In the present study 71 respondents belongs to 36-45 years of age i.e. is 43.8% mean age is 39 Similar results which comparable to study McKay *et al*. conducted in Patna where average age 34[6], Similar results are shown by Bhowmik *et al.* findings of Mumbai city where street vendors are from productive age group of 25-55 years[7].

Present study only 33.3% of street vendors are studied upto primary and secondary school Likewise, a study done in Mumbai found that the literacy level among street vendors was found to be low, less than quarter population was having the primary level of education.

Consistent with other vendor studies, Saha *et al*. where 22% have acquired only primary level education[8]. Bhowmik *et al.*[7], Panwar *et al*., Karthikeyan *et al*. vendors in this study are with no education or educated up to primary school combine

Table 1: Distribution of Street Vendors According to Sociodemographic Profile

Sociodemographic Variable	Respondents(N)	Frequency (%)
Age		
Less Than 25	6	3.7
26-35	35	21.6
36-45	71	43.8
>45	38	30.9
Sex		
Male	120	80
Female	30	20
Religion		
Hindu	31	20.6
Muslim	112	74.6
Others	7	4.6
Marital Status		
Unmarried	8	5.3%
Married	130	86.6%
Widow	12	8.1%
Education		
Illiterate	19	12.6
Primary	50	33.3
Secondary	50	33.3
High school	21	14
Graduate	10	6.8
Occupation		
Fruit Seller	66	44
Vegetable Seller	32	21.3
Food and Grain Seller	52	34.7
Vendors		
Non-sheltered	29	19
Temporary sheltered	66	44
Sheltered	55	37
Family Type		
Nuclear	32	21.8
Joint	110	73.4
Three Generation Family	8	4.8
Duration of Working Hours		
6hr	2	1.3
7hr	38	25.7
8 hr	40	28
9 hr	22	15
10 hr	48	30
Working Position		
Standing/Mobile	61	40.6
Sitting	75	50
Both	14	9.4
Holidays		
Yes	100	66.6
No	50	33.4
Number of Days Working in A week		
5 Days/Week	21	14
6 Days/Week	70	46.6
7 Days/Week	59	39.

Table 2: Distribution of Street Vendors According to Morbidity Profile

Variables	Respondents	Percentage
Musculoskeletal System Disorders		
Yes	30	20
No	120	80
Hypertension		
Yes	10	6.4
No	140	93.6
Diabetesmellitus Type-2		
Yes	0	0
No	150	100
Respiratory Problems		
Yes	67	44.6
No	83	55.4
Gastrointestinal Problems		
Yes	12	8
No	138	92
Renal Problems		
Yes	25	16
No	125	84
Skin Infections		
Yes	17	11.4
No	133	88.6

Table 3: Distribution POF Street Vendors According to Health Seeking Behaviour

Variables	Respondents	Percentage
Seeking Care in Illness		
Governament	80	53.4
Private	70	46.6
Frequency of Health Checkup		
Atleast Once Per Month	69	45.9
Once Per Year	66	44
Less Than Year	5	3.3
Didn't Seek Care	10	6.8

Table 4: Association between Sociodemographic Factors and Where do they Seek Care

Variable	Initiate Care		
Age	**Government**	**Private**	**X^2 p-value**
Less Than 25	4 (2.6%)	2 (1.1%)	X^2 = 8.42, df = 2 p = 0.014
26-35	19 (12.6%)	16 (10.6%)	
36-45	30 (20%)	41 (27.3%)	
>45	27 (18%)	11 (7.3%)	
Religion			
Hindu	22 (14.6%)	9 (6%)	X^2 = 0.67, df = 1 p = 0.41
Muslim	57 (38%)	54 (36%)	
Others	1 (0.6%)	7 (4.6%)	
Education			
Illiterate	13 (8.6%)	4 (2.6%)	X^2 = 0.99, df = 1 p = 0.31
Primary	26 (17.3%)	24 (16%)	
Secondary	32 (21.3%)	18 (12%)	
High School	10 (6%)	23 (15.3%)	
Occupation			
Fruit Seller	38 (25.3%)	28 (18.6%)	X^2 = 1.66, df = 2 p = 0.43
Vegetable Seller	18 (12%)	14 (9.3%)	
Food and Grain Seller	24 (16%)	28 (18.6%)	
Income			
Less Than 6000	8 (5.3%)	6 (4%)	X^2 = 9.44, df = 2 p = 0.004
6001-10000	28 (18.6%)	9 (6%)	
10001-15000	33 (22%)	39 (26%)	
>15000	11(7.3%)	16 (10.6%)	

*Pooling of R1 with R2; R7 with R8; R10 with R11; R19 with R20.
*P Value < 0.005 is Statistically Significant.

Table 5: Showing Association between Occupational History and Morbidity Profile

Occupation Al History	Musculoskeletal Disorders			Hypertension			Respiratory Illness			Renal Problems		
Working Position	**Yes**	**No**	**Or (CI) p-value**	**Yes**	**No**	**Or p-value**	**Yes**	**No**	**Or p-value**	**Yes**	**No**	**Or p-value**
Sitting	15	54	1.22 (0.5-2.7)	8	65	4.5* (1-32.5)	32	35	1.2(0.6-2.4)	14	48	2(0.8-4.9)
Standing	15	66	P=0.314	2	75	P=0.02	35	48	P=0.24	11	77	P=0.05
Duration of Working												
<8HR	15	64	0.87 (0.3-1.9)	5	75	0.86 (0.2-3.3)	31	49	0.59 (0.3-1.1)	16	64	1.68 (0.6-4.2)
>8HR	15	56	P=0.37	5	65	P=0.41 6	36	34	P=0.06	9	61	P=0.126
Holidays												
Yes	18	30	4.4*	7	43	5.1*	31	36	3.8*	12	40	1.9
No	12	90	(1.9-10.5) P=0.00 0	5	97	(1.3-25.7) P=0.00 9	15	68	(1.8-8.2) P=0.000	13	85	(0.8-4.7) P=0.06
Working Days/Week												
<5/Week	4	40	0.30	1	40	0.27	12	13	1.09	12	9	11.5*
>5/Week	26	80	(0.08-0.89) P=0.01 4	9	100	(0.01-1.7) P=0.11	40	85	(0.3-2.9) P=0.42	13	116	(4-34) P=0.000

constitute approximately 45.9% vendors[3,9]. In the present study 120 (80%) street vendor are men and 30 (20%) are women consistent with other vendor studies like Saha, in which 59% of the vendors are men, while 41% are women, vendors are male (79.2%) and rest female (20.8%), similar result are showed by Varghese[10] and about 75% are Muslim, 21% are Hindus and 4% are other religion (Table 1) which is not consistent with other studies like Saha, Bhowmik *et al*., in which about 75% of the total vendors are Hindus, 23% are Muslims and around 1% are Christians[7,8].

The present study shows that 32% vendors smoke and use tobacco chew products, whereas according to study by Panwar et al. more than and 75% vendors smoke and consume alcohol. nearly 3/4 of vendors are facing health problems, study by Karthikeyan *et al*. shows that 84% of respondents were suffering from health problems., this can be due to geographical distribution, sample size variation[3,9].

This study shows that 43% of street vendors are facing respiratory illness which is similar to the Meher *et al.* study where 32% are having respiratory complaints[11], In present study 16% history of renal problems, 11% with skin infections and 8% with GIT

problems due to working hours and lack of safe drinking and not using toilets and other stress factors, Similarly, a study conducted by SNDT in collaboration with ILO in Mumbai had found that 85% of street vendors were suffering from stress-related diseases like hypertension, hyper acidity, migraine[3,7]. The nature of the work include either continuous sitting or standing without much physical activity for long hours, this leads to gastrointestinal problems like indigestion, acidity, piles, etc. which contributed to 18% (N = 50)[3,7]. 53% of respondents use public health facility for treatment and remaining 46.6% use private health facility. And in present study the reasons of 70 (46.6%) seeking care in private is due to 34.3% know other doctor and 26.9% due to poor services in the government and 10.4% due to the facility closed and services are not offered similar to the Meher *et al*. study[11].

CONCLUSION

Majority of street vendors are having primary and secondary education due to the unemployment most of them are in street vending contributing to informal sector. The street vendors are working for 8hr per day taking holiday in a week. Magnitude of addiction to tobacco and alcohol is quite high. Nearly half of the street vendors are facing health issues and more than half are seeking care from the government hospitals.

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