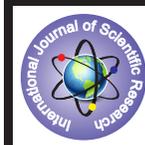


## Health Security Facilities Among the Tea Garden Labourers: A Myth or Reality: A Study on the Tea Gardens of Dibrugarh District, Assam



### Sociology

**KEYWORDS :** Health security, Tea garden labourers

**Silpi Sikha Dowerah**

LECTURER, MPHASIS DEGREE COLLEGE, DIBRUGARH, PIN 786001  
DEPT. OF SOCIOLOGY

### ABSTRACT

*Health is one of the principal assets of every human being. In simple terms health security refers to availability of health care facilities in times of need. Tea garden labourers are the lifeline of Assam's tea industry and Assam tea accounts for more than 50 percent of India's total tea production. Though modern medical science has reached its zenith of success, but the tea garden labourers are still seen to be often suffering or dying from some simple diseases. Whether they themselves hesitate to take the benefits of modern medicinal facilities or the medical services are inaccessible to them is a matter of big question. So this paper tries to bring to light the real reason behind their health hazards. This study is based on primary data collection. The researcher personally visited, interviewed the tea garden labourers and collected information about their health status. Besides these the researcher went through different books, journals, periodicals, articles etc*

### INTRODUCTION

Reliable information on health problems of a population is an essential pre-requisite for formulating health care system to address health needs. India is experiencing a health transition, which is posing a great challenge to its health system due to the changing health needs of the population. With the health transition, communicable and deficiency diseases are gradually receding while non-communicable diseases (NCD) are escalating in India. There is scarcity of health information in many sub-populations in India, which needs to be explored for public health policy needs and the tea garden community is one such them.. Tea is an important agro-industry of Assam, which contributes immensely to the state's economy. Tea garden population constitutes approximately 1/5th of state's population. Dibrugarh is the hub of tea industry and situated in the eastern corner of the state comprising a total land area of 3381 km<sup>2</sup>. Poor socio-economic conditions, ignorance due to illiteracy, over-crowded and unhygienic living conditions in the residential colonies make tea garden population vulnerable to various communicable diseases and malnutrition. Scattered reports indicate higher prevalence of undernutrition and infectious conditions like filariasis in this population.

### Rationale of the study

Reliable information on health problems of a population is an essential pre-requisite for formulating health care system to address health needs. India is experiencing a health transition, which is posing a great challenge to its health system due to the changing health needs of the population. There is scarcity of health information in many sub-populations in India, which needs to be explored for public health policy needs. The tea garden labourers are the lifeline of Assam's tea industry. It is because of their hard work and toil that the tea industry of Assam flourished worldwide. So it's urgently necessary to take into concern their health security matters.

### Selection of data and collection of data

The present study has been conducted among the tea garden labourers of Dibrugarh district of Assam. In Dibrugarh district in all there are 165 tea gardens( data collected from tea board office) some are located in the midst of town area while in some in rural areas. For the purpose of study 10 villagers both from each tea garden were taken. Simple random sampling has been adopted for selecting the sample. Considering the nature of data descriptive and analytical method has been used.

Besides these the researcher consulted with some health practitioners and also went through different books, journals, periodicals, articles etc.

### Tools used for Collection of data:

For the purpose of collection of this study a well organized structured questionnaire schedule has been used for the collection of the data from the sample respondents and also standard

weight charts and a weight machine was carried.

### Collection of data:

In order to collect the data, the researchers have taken an interview schedule to the tea garden labourers of the respective tea gardens. Respondents were interviewed carefully on a number of questions and supplementary questions through face to face interactions and their answers/replies were noted down for the composition of the literature of the paper

### Analysis of data:

#### Health Status:

The researcher observed that most of the labourers did not have a good physic and did not at all look healthy. They looked much older than their ages. Moreover the children were malnourished and underweight.

#### Common diseases among them:

It was found on the basis of the interview schedule of the tea garden labourers that most of them from some common diseases: Hypertension is an emerging health problem among them. The disease burden of hypertension among workers in tea gardens is large, despite the community not being obese. Moreover cholera, malaria, jaundice, diarrhea was common among them. Anemia was also mostly common among the women and girls. Pox was also common among them. Moreover the respondents said that they often suffered from skin diseases and headaches.

#### Living conditions and Food Habits

On being close observation it was found that their living conditions was not all hygienic . Most of them reside in the rent-free houses in the residential colonies situated within the tea estates. The over-crowded and unhygienic conditions of colonies make them vulnerable to various diseases. Within the family campus, many families keep domestic animals and birds. Moreover lavatories of these labourers were kutcha which was not all hygienic. Least importance was given on sanitation.

Food habits also matters a lot in regard to a good health.The Labourers used to consume salt intake tea a lot,alcohol that too mostly locally prepared and tobacco was also consumed. Women also used to intake alcohol and tobacco..

#### Causes of such diseases:

On being consulted to few health practioners they said that frequent alcohol ,tobacco intake, salt intake tea may be the cause leading to hypertension ,liver damage etc. Moreover lack of rich diet may also be a cause along with unhygienic surroundings may also be potent cause.

#### Health facilities available to garden labourers by the Tea garden authority and the Government:

There are hospitals and medical officers in most of each tea garden for providing free medical services to the workers/dependents and implement various health programmes. But on

being questioned the tea garden workers revealed that instead of full time doctors mostly part time workers visited the gardens. They were given free medicines but often in the garden hospitals medicines were not available and in most cases the tea gardens had tie ups with certain pharmacies in towns but the pharmacies often instead of giving them the real medicine supplemented them with other cheap doses, which was reported by a few of the literate respondents. Moreover the permanent workers received more or less some facilities but nowadays often in gardens also in these two respective tea gardens most of the workers were temporary workers known in local language as "phaltu workers" and their condition is really worse, they get very less facilities. They are paid daily or weekly wages in most cases which is too low to meet any health expenses. On being questioned to the women regarding delivery of children the fact was revealed that in most cases delivery was done in home itself instead of institutional deliveries. On being asked to them about maternity benefits they said there was little benefits made available to them but least benefit was received by the temporary workers. Moreover the Asha workers also rarely visited them. The respondents also claimed that often workers among them died of malaria, anclapytis etc. For mosquito reduction nothing of any sort was done. Most of the children in both the tea gardens were under nutritional and most of the labourers complained that they suffered from one or the other diseases.

#### Measures to improve their condition:

Thus it is a sheer violation of human rights and this violation of human right is the root cause of this abysmal state of affairs. Illiteracy is one of the root causes of such suffering so it is very necessary to educate them at least of their basic rights so they can fight for their rights.

Moreover stringent measures should be taken against the garden authorities if really they are been exploiting the labourers.

NGO'S and other concerned organizations should also take this matter into concern..

Health camps spreading knowledge on health education should be arranged from time to time.

Each one of us can play a role simply by participating in a campaign to pressurize the plantation owners, corporate authorities and most importantly, the labour ministry, to take measures to tackle the plight of the workers and their children and ensure the protection of their fundamental rights.

#### Conclusion:

So health facilities among the tea tribes is still a myth not a reality. We should everyone take an oath to improve their conditions because of whose hardships we have the golden brew which cheers thousands.

## REFERENCE

1. Biswas D, Hazarika NC, Doloi P, Mahanta J (2002). Study on Nutritional status of tea garden workers of Assam with special emphasis on body mass index (BMI) and central obesity. *J Hum ecol* 13: 299-302 |
2. Dutta P, Gogoi BK, Chelleng PK, Bhattacharyya DR, Khan SA, Goswami BK, et al. (1995). Filariasis in the labour population of a tea estate in upper Assam. *Indian J Med Res*; 101:245-6 |
3. Gogoi SC, Dev V, Phookan S. (1996). Morbidity and mortality due to malaria in Tarajulie Tea Estate, Assam, India *Southeast Asian J Trop Med Public Health*. 27:526-9 |
4. Khan AM, Dutta P, Khan SA, Mahanta J (2004). A focus of lymphatic filariasis in a tea garden workers community of central Assam. *J Environ Biol*; 25:437-40. |
5. Mahanta B, Handique R, Narain K, Dutta P, Mahanta J (2001). Transmission of bancroftian filariasis in tea agro-ecosystem of Assam, India. *Southeast Asian J Trop Med Public Health*; 32:581-4. |
6. Ramana GN, Sastry JG, Peters D (2002). Health transition in India: Issues and challenges. *Natl Med J India*; 15:37-42 |
7. Srinath Reddy K, Shah B, Varghese C, Ramadoss A (2005). Responding to the threat of chronic diseases in India. *Lancet*; 366:1744-9 |
8. World Health Organization (1999). *The world Health Report, Making Difference*. WHO Geneva.