



QUALITY OF LIFE OF WOMEN TEA PLANTATION WORKERS IN ELAPPARA

Public Health

Dr Aruna S*

Department of Public Health, Centre for Professional and Advanced Studies, School of Medical Education, Kottayam. *Corresponding Author

ABSTRACT

Background: Quality of life is an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. In tea plantations, working conditions are notably harsh, and female workers, who constitute more than half of the workforce, face particularly severe challenges. This study aimed to evaluate the quality of life of female tea plantation workers in Elappara Panchayath. **Methodology:** A cross-sectional descriptive study was conducted from July to August 2020. One of the seven tea plantations in Elappara Panchayath was selected using a simple random sampling technique. A census was performed on all 100 women who had been working at the plantation for over six months, using a pretested structured questionnaire for data collection. **Results:** The study revealed that 54% of the women rated their quality of life as neither poor nor good, while 46% rated it as poor. Mean scores for the physical, psychological, social, and environmental aspects of quality of life were 25, 17, 11, and 18, respectively. There were no significant associations between quality of life and years of employment, marital status, family size, or education. **Conclusion:** The study found that the quality of life for female tea plantation workers is generally mediocre, with long-term employment and low educational levels being common. Improving socio-economic conditions through increased wages, better healthcare, and educational opportunities, along with enforcing protective labor laws and fostering good relationships between workers and management, is essential for enhancing their quality of life and sustaining the tea industry's export market.

KEYWORDS

quality of life, women, tea plantation.

INTRODUCTION

Quality of life is defined as individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a subjective measure influenced by the cultural, social, and environmental contexts in which a person lives. Rather than simply assessing health status or life satisfaction, quality of life captures a broader evaluation of how individuals experience and perceive their lives in relation to their circumstances and aspirations. This nuanced understanding is reflected in tools such as the WHOQOL-100, developed by the World Health Organization's Quality of Life Group. The WHOQOL-100 is designed to offer a comprehensive, cross-culturally applicable assessment of quality of life through a detailed examination of physical, psychological, social, and environmental domains. To make this tool more practical, the WHOQOL-BREF was later introduced as a shorter version with 26 items to assess quality of life in a more manageable format [1].

The tea industry is one of India's oldest and most significant economic sectors, with a rich historical presence dating back to the early 1820s when the East India Company began cultivating tea in Assam. Today, India is the world's largest producer and consumer of tea, contributing to 31% of global tea production. The tea industry is particularly concentrated in four states: Assam, West Bengal, Kerala, and Tamil Nadu. Kerala, a southern state with a long tradition in plantation agriculture, is notable for its significant tea cultivation area, which constitutes 5.88% of India's total tea plantation area [2]. Elappara is a village in Idukki district in the Indian state of Kerala and one of the panchayaths in Peerumedu taluk. Cool climate is experienced as the region is situated at a height of more than 1000 m above the sea level. Elappara is noted for its vast tea plantations.

Tea plantation workers in India, especially women, face challenging conditions that impact their quality of life. Women workers, who make up over half of the workforce, often face additional burdens, including gender discrimination and violations of labor rights despite the provisions of the Minimum Wages Act, 1948, and the Equal Remuneration Act, 1976 [3]. Compared to men, women experience many unique health issues related to reproduction and sexuality. The health needs of men and women are different where women with their biologically and culturally assigned roles have more health care needs than men. These workers frequently contend with poor housing, limited access to clean water and sanitation, and insufficient health care and educational opportunities for their families. This does not just affect women as an individual, it also has an adverse impact on the health, general well being and development of the entire family.[4] Women tea plantation workers are generally isolated from the mainstream society. Hence the study is conducted to identify the quality of life of women workers and their needs.

OBJECTIVES

To study the overall perception of quality of life of women tea plantation workers in Elappara.

- To study the physical aspects
- To study the psychological aspects
- To study the social aspects
- To study the environmental aspects

HYPOTHESIS

- There is no relationship between overall perception of quality of life and working years of the respondents.
- There is no relationship between overall perception of quality of life and marital status of the respondents.
- There is no relationship between overall perception of quality of life and number of members in the family.
- There is no relationship between overall perception of quality of life and educational level.

MATERIALS AND METHODS

A cross sectional descriptive study was conducted between July – August 2020 in an estate in Elappara Panchayath. Out of the 7 tea plantations in Elappara Panchayath, one tea plantation was selected by simple random sampling method through lottery method. Then the respondents were selected by census method according to the daily attendance register of the plantation. Data collection was done by interviewing the total 100 registered women belonging to that plantation using a pretested structured questionnaire.

The questionnaire was composed of two sections- section A and B

Section A: Composed of total 10 questions of socio demographic variables.

Section B: Composed of 26 questions on quality of life from WHOQOL-BREF. The WHOQOL-BREF produces a quality of life profile, it helps to derive the four domain scores- physical health domain, psychological domain, social relationships domain and environmental domain. The four domain scores denote an individual's perception of quality of life in each particular domain. Domain scores are scaled in a positive direction(i.e. higher scores denote higher quality of life). The mean score of items within each domain is used to calculate the domain score.

Table 1: Method For Calculating Domain Scores:

Domain	Equations for computing domain scores	Raw score
Domain 1	$(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$	
Domain 2	$Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)$	
Domain 3	$Q20 + Q21 + Q22$	
Domain 4	$Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25$	

The socio demographic profile assessed using age, marital status, type

of family , number of family members , education and working years.

Inclusion Criteria

- Women who were working in the plantation for more than six months.
- Women who were willing to participate in the study.
- Women in the age group of 20 – 60 years.

Exclusion Criteria

- Women who were not working in the plantation for more than six months.
- Women less than 20 years of age and more than 60 years of age .
- Those who are not willing to participate.

Statistical Analysis

The data entry and analysis were done using SPSS version 22. Simple descriptive statistics such as frequencies and percentage were used to present the data. Chi-square was used to test association. A statistical significance level was set at $p < 0.05$ for all tests.

RESULTS

Table 2: Over All Perception Of Quality Of Life Of Study Subjects

Quality of life	Frequency	Percentage
Very poor	0	0
Poor	46	46
Neither poor nor good	54	54
Good	0	0
Very good	0	0
Total	100	100

Table 3: Mean Values Of Domain Raw Scores

Domain	Number	Sum	Mean
Physical aspects	100	2500	25.00
Psychological aspects	100	1700	17.00
Social aspects	100	1100	11.00
Environmental aspects	100	1800	18.00

Table 4: Relationship Between Overall Perception Of Quality Of Life And Working Years

Quality of life	Working years					Total	Chi-square value	P value
	Less than 1 year	1-5 years	5-10 years	10-15 years	More than 15 years			
Very poor	0	0	0	0	0	0	5.521	0.238
Poor	3	3	16	18	6	46		
Neither poor nor good	3	9	11	27	4	54		
Good	0	0	0	0	0	0		
Very good	0	0	0	0	0	0		
Total	6	12	27	45	10	100		

Table 5: Relationship Between Overall Perception Of Quality Of Life And Marital Status

Quality of life	Marital status				Total	Chi-square value	P value
	Single	Married	Divorced	Widowed			
Very poor	0	0	0	0	0	7.321	0.062
Poor	6	39	0	1	46		
Neither poor nor good	12	34	2	6	54		
Good	0	0	0	0	0		
Very good	0	0	0	0	0		
Total	18	73	2	7	100		

Table 6: Relationship Between Overall Perception Of Quality Of Life And Number Of Members In The Family.

Quality of Life	Number of members				Total	Chi-square value	P value
	1-3	3-6	6-9	More than 9			
Very poor	0	0	0	0	0	1.781	0.619
Poor	7	27	7	5	46		
Neither poor nor good	5	31	13	5	54		

Good	0	0	0	0	0		
Very good	0	0	0	0	0		
Total	12	58	20	10	100		

Table 7: Relationship Between Overall Perception Of Quality Of Life And Educational Level.

Quality of life	Education					Total	Chi-square value	P value
	Illiterate	Primary	High school	Higher secondary	Graduation			
Very poor	0	0	0	0	0	0	6.804	0.078
Poor	4	27	15	0	0	46		
Neither poor nor good	1	33	15	5	0	54		
Good	0	0	0	0	0	0		
Very good	0	0	0	0	0	0		
Total	5	60	30	5	0	100		

DISCUSSION

The demographic characteristics indicated that 50% of sample population were of 40 – 50 years of age, 73% were married, 72% had nuclear type of family and 58% have 4-6 members in their family and only 10% participants have more than 9 members in their family. 60% participants had primary level of education and no participant is with graduation. 45% participants were working there for 10-15 years and only 6% for less than 1 year.

The overall perception of quality of life of women tea plantation workers is neither poor nor good in more than half 54 (54%) of the study participants and poor in 46(46%) participants. The mean raw score of physical aspects of quality of life of participants is 25, psychological aspects is 17, social aspects is 11 and environmental aspects is 18.

The study shows that the overall perception of quality of life is not significantly associated with working years ($p = 0.238$), marital status ($p = 0.062$) , number of family members ($p=0.619$) and educational status($p=0.078$) .

In our study it was observed that the overall perception of quality of life is neither poor nor good in majority of the participants and most of them had a primary level of education and majority of them were working there for more than 10 years.

CONCLUSION

The study shows that the quality of life of tea plantation workers is mediocre, influenced by low education and long tenure. Improving socio-economic conditions and implementing better wages, health care, and educational facilities, along with strict regulations and improved relations between management and workers is essential. Strengthening these areas will enhance both workers' lives and India's tea export market.

REFERENCES

1. World Health Organization. WHOQOL-BREF: introduction, administration, scoring and generic version of the assessment: field trial version, December 1996. World Health Organization; 1996
2. Centre for education and communication, tea plantation workers[2013]
3. Saikia S, Misra S, Misra B. Tea garden labours and their living conditions: a study on sarusarai tea garden of jorhat district of Assam.
4. Kumar NA, Devi DR. Health of women in Kerala: Current status and emerging issues. Centre for Socio-Economic & Environmental Studies; 2010 Jan.