Provisions for Health Facilities Available to Contract Workers in Tea Communities of Jallan Golaghat Tea CO.PVT.LTD.

A Dissertation Submitted to the Department of Social Work in partial fulfilment of the requirement for the award of Master of Social Work



Submitted To

Department of Social Work

MSSV, Guwahati Unit

Submitted By

Drishti Chetia

4th semester

Roll No - MSW-01/23

Registration No- MSSV -0023-008-001579

MAHAPURUSHA SRIMANTA SANKARADEVA VISWAVIDYALAYA
GUWAHATI, UNIT

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মহাপুৰুষ শ্ৰীমন্ত শঙ্কৰদেৱ বিশ্ববিদ্যালয়

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I wish her bright future.

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The work reported in this research has not been submitted elsewhere and the facts presented here are true to the best of my knowledge.

I wish her all the very best for her future endeavour.

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I hereby declare that the dissertation titled "Provisions for Health Facilities Available to Contract Workers in Jallan Golaghat Tea Co. Pvt. Ltd." submitted to the Department of Social Work, Mahapurusha Srimanta Sankaradeva Viswavidyalaya (MSSV), is my original work and has not been submitted previously, in part or in full, for any other degree or diploma in any university or institution.

I further declare that all sources of information used in the study have been duly acknowledged and referenced, and the work is free from any form of plagiarism. This research was conducted in accordance with academic and ethical standards.

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ABBREVIATIONS

NGO	Non-Governmental Organization
Gvt.	Government
СНС	Community Health Centre
WHO	World Health Organization

ABSTRACT

This study explores the availability, accessibility, and quality of health facilities provided to contract workers in Jallan Golaghat Tea Co. Pvt. Ltd., located in Golaghat district of Assam. Contract labourers form a vital part of the tea plantation workforce but often face significant barriers in accessing healthcare services. The main objectives of the study were to identify the key challenges faced by contract workers in obtaining health services and to examine the healthcare facilities provided to them within the tea estate.

A qualitative research approach was adopted, using purposive sampling to select 16 contract workers for semi-structured interviews. Data were analyzed through thematic analysis, which revealed several recurring themes, including: limited availability of essential medicines, financial burden of buying medicines from outside, unequal treatment compared to permanent workers, shortage of medical staff, lack of gender-sensitive infrastructure, and absence of health insurance or follow-up support.

The study found that although basic health infrastructure exists, there are critical gaps in service delivery, affordability, and fairness that limit the effectiveness of healthcare for contract workers. The findings highlight the need for inclusive policies, improved staffing, better medicine supply, and greater equity in service delivery. This research provides important insights for policymakers, estate management, and labour welfare organizations to strengthen health provisions for marginalized contract workers in Assam's tea industry.

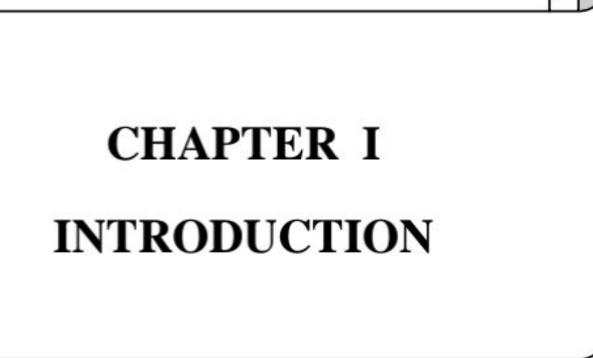
KEYWORDS

Contract workers, Tea estate, Health facilities, Accessibility, Healthcare inequality, Assam, Labour welfare, Thematic analysis, Primary health care, Plantation sector.

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1.1 INTRODUCTION

The tea industry is significant in Assam's socio-economic fabric, offering employment to thousands across various estates. Jallan Golaghat Tea Co. Pvt. Ltd., like many other tea estates in Assam, employs a large number of contract workers who contribute extensively to the plantation and production processes. Despite their vital role, these contract workers often face severe challenges in accessing basic rights and facilities, particularly healthcare. The lack of sufficient health infrastructure, inadequate medical support, and poor awareness of health entitlements has become a persistent issue affecting the overall well-being of this vulnerable workforce.

Contract workers in the tea industry typically work under fixed-term contracts and are not covered under the same provisions and protections as permanent employees. This often leaves them in a precarious situation with limited access to medical services, especially during emergencies, occupational health hazards, and during instances of illness or injury. Additionally, many of these workers reside in remote areas of the tea estate, making travel to distant health facilities both time-consuming and financially burdensome. Moreover, factors such as poor sanitation, unsafe drinking water, and insufficient health awareness further compound their vulnerability to various diseases.

Health facilities are not merely about hospitals or dispensaries they encompass a broader spectrum, including preventive care, maternal and child health services, occupational health safety, and emergency medical assistance. The availability and accessibility of such services for contract workers in tea estates remain largely underexplored. This study aims to shed light on the real-life conditions of health service provision in Jalan Golaghat Tea Co. Pvt. Ltd., focusing on how well these services cater to contract workers.

While the Plantation Labour Act, 1951 mandates certain welfare provisions, including healthcare for workers, their implementation varies significantly across estates. Contract workers, in particular, are often left out of these protections due to their temporary status. As such, it becomes essential to critically examine whether these legal obligations are being met in practice and what challenges stand in the way of equitable health access for all.

This study attempts to fill the gap in research by focusing specifically on contract workers, a group frequently overlooked in broader studies of the tea industry. It seeks to understand their lived experiences, the nature and quality of the health services provided, and the barriers they face in

obtaining necessary care. Despite a substantial body of literature addressing the health and socioeconomic conditions of tea garden workers in regions like Assam, Darjeeling, Sri Lanka, and
Bangladesh, a significant research gap remains in terms of cross-regional comparative studies and
holistic gender-specific analyses. While many articles explore issues such as maternal health, basic
healthcare access, and labor exploitation, few examine how these challenges differ across national
and cultural contexts or evolve over time. Moreover, there is a lack of focused research on nonmaternal health issues affecting women workers, the impact of informal labor systems, and the
role of policy implementation in shaping health outcomes. This gap highlights the need for
interdisciplinary, longitudinal, and intersectional research that captures the diverse realities of
contract and female tea garden workers across South Asia.

1.2 OPERATIONAL DEFINITIONS

- Contract Workers: Labour who are employed through a formal agreement or contract, typically for a set period of time, to work on the tea plantation, often with specific duties like plucking tea leaves, and usually residing within the estate's housing facilities.
- Health Facilities: Medical services, emergency care, and maternity benefits provided to workers.

1.3 SATEMENT OF THE PROBLEM

Tea plantations in Assam form a major part of the region's economy and employ a large number of workers, many of whom are on a contractual basis. Despite their critical contribution to the industry, contract workers often remain excluded from consistent and quality health services available to permanent employees. Although tea estates are required to provide basic healthcare through on-site health centres and access to government hospitals, the actual delivery and accessibility of these services to contract workers remain limited and inconsistent.

Preliminary observations and existing literature suggest that contract workers face several barriers, including unavailability of essential medicines, financial burden due to out-of-pocket expenses, discriminatory treatment, and lack of gender-sensitive infrastructure. Furthermore, there is often

no provision of health insurance, long-term support, or proper follow-up care, making contract workers vulnerable to untreated or recurring health issues. These gaps point toward a disparity in health service delivery based on employment status, raising important questions about the inclusiveness, fairness, and adequacy of healthcare provisions within the plantation system.

Given this background, the present study seeks to examine the existing health facilities provided to contract workers in Jallan Golaghat Tea Co. Pvt. Ltd. and explore the challenges they face in accessing these services. The study aims to fill the gap in knowledge regarding the lived healthcare experiences of contract labourers and contribute to policy discussions on improving healthcare access in the tea industry.

1.4 SIGNIFICANCE OF THE STUDY

This study is crucial for understanding labour welfare and public health in Assam's tea plantation sector, focusing specifically on contract workers whose access to healthcare is often overlooked. By examining the health facilities at Jallan Golaghat Tea Co. Pvt. Ltd., it highlights the realities of healthcare access, service quality, and the barriers faced by these vulnerable workers.

The findings will help illustrate how employment status affects healthcare experiences in tea estates, shedding light on issues such as discrimination, medicine shortages, inadequate infrastructure, and lack of insurance or long-term health support. These insights are valuable for policymakers, estate management, labour boards, NGOs, and healthcare providers working toward health equity.

The study also aims to amplify the voices of contract workers, often left out of official narratives, by documenting their lived experiences and suggestions. This can lay the groundwork for more inclusive healthcare policies and reforms.

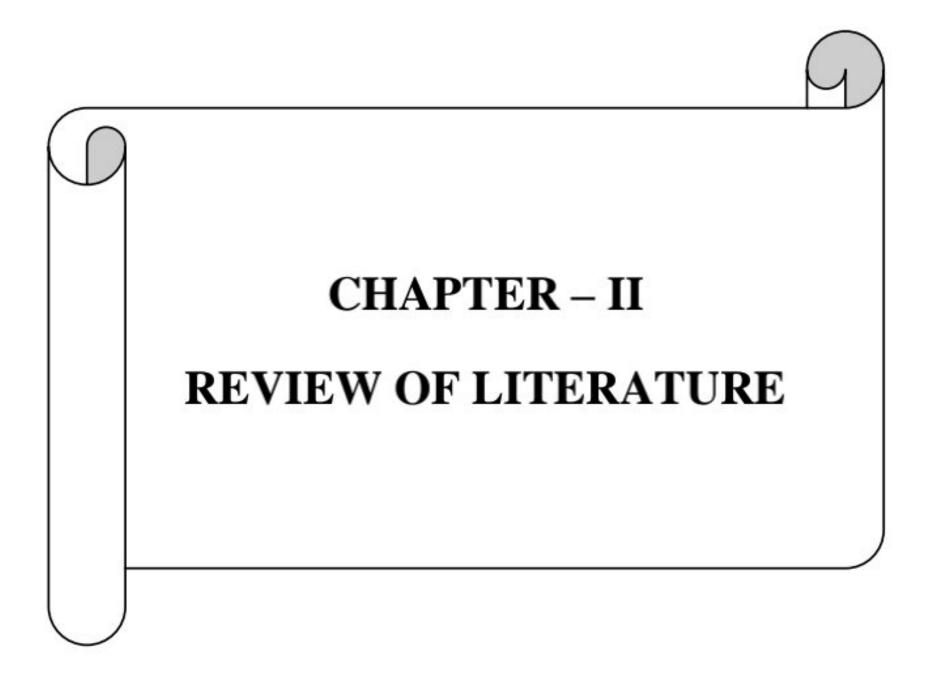
Ultimately, the research contributes both to academic understanding and practical interventions that seek to improve health outcomes, workplace dignity, and social protection for contract workers in Assam's tea industry.

1.5 OBJECTIVES OF THE STUDY

- 1.To identify the key challenges faced by contract workers in accessing health facilities.
- 2.To examine the existing health facilities available to contract workers in the tea estate.

1.6 RESEARCH QUESTIONS

- 1. What are the existing health facilities available to contract workers in Jallan Golaghat Tea Estate?
- 2. What are the key challenges faced by these workers in accessing healthcare and other benefits?



Soeters and Griffiths (2003) conduct a study on 'Improving government health services through contract management: a case from Cambodia'. provide an in-depth examination of contract management within Cambodia's public health sector, focusing on a pioneering pilot project where private operators were contracted to manage selected health facilities. The study highlights how this innovative approach led to notable improvements in service quality, efficiency, and patient satisfaction. One of the key outcomes observed was a significant reduction in informal payments, which had long been a barrier to equitable access and a symptom of systemic corruption in underfunded public health systems. The authors explore how the introduction of performancebased incentives aligned the interests of healthcare providers with patient outcomes, motivating private operators to prioritize quality care and accountability. Additionally, the study underscores the importance of rigorous monitoring and evaluation mechanisms, which were critical to ensuring compliance with contract terms and maintaining transparency. By fostering competition and incentivizing results, the contract management model demonstrated potential as a scalable strategy to strengthen healthcare delivery in resource-constrained environments. Soeters and Griffiths further discuss the broader implications of their findings for health system reforms in developing countries. They argue that public-private partnerships, when carefully designed and effectively overseen, can help overcome challenges related to limited funding, workforce shortages, and infrastructure deficits. The study advocates for the integration of such models into national health policies, emphasizing that sustainable improvements require continuous stakeholder engagement, capacity building, and adaptive management. Overall, this research contributes valuable insights into how contract management and performance-based financing can serve as catalysts for reform, offering a promising pathway toward more efficient, equitable, and patient-centered healthcare systems in low-income settings.

Sahoo et al. (2010) conduct a study on 'Health Condition and Health Awareness Among the Tea Garden Laborers: A Case Study of a Tea Garden in Tinsukia District of Assam' an insightful investigation into the level of health awareness among workers in the tea gardens of Tinsukia, Assam, revealing a concerning prevalence of chronic health conditions such as anemia, tuberculosis, and respiratory diseases. These illnesses are particularly widespread due to a combination of poor nutritional status, inadequate living conditions, and occupational hazards inherent in tea plantation work. The study highlights that many workers suffer from these

debilitating diseases but often fail to seek timely and appropriate medical treatment. A significant factor contributing to the persistence of these health problems is the low level of education among tea garden workers, which impedes their understanding of disease prevention and health maintenance. Moreover, a strong reliance on traditional remedies and home-based treatments frequently delays or replaces formal medical care, sometimes exacerbating health complications. The lack of accessible and trusted healthcare facilities compounds the challenge, leaving many workers vulnerable to preventable illnesses. Sahoo et al. underscore the urgent need for targeted health education and awareness campaigns tailored to the unique socio-cultural context of tea garden communities. These programs should focus on improving knowledge about nutrition, hygiene, disease symptoms, and the importance of timely medical intervention. Additionally, the study advocates for enhancing access to formal healthcare services through the establishment of mobile clinics, improved transportation to health centers, and the training of community health workers who can bridge the gap between the healthcare system and the local population. The authors also call for collaboration between government health departments, plantation management, and non-governmental organizations to design and implement sustainable health promotion initiatives. By fostering a more informed and health-conscious workforce, such interventions can help reduce the burden of disease, improve overall well-being, and increase productivity within the tea garden sector.

Das Gupta (2011) in the article "The Socio-economic and Health Challenges of Labourers in the Tea Gardens of Assam" explain that a critical examination of the intersecting influences of caste, class, and health disparities among tea garden workers in Assam, highlighting how these social determinants exacerbate vulnerability within this historically marginalized community. The study underscores that despite significant political mobilization and advocacy efforts aimed at securing Scheduled Tribe (ST) status a designation intended to grant access to affirmative action and welfare benefits many tea garden workers continue to endure profound socio-economic and health challenges. The research reveals widespread issues such as chronic malnutrition, unsanitary and overcrowded living environments, limited access to clean drinking water, and inadequate healthcare services, which collectively contribute to high rates of morbidity and mortality in these populations. Das Gupta argues that these health inequities cannot be addressed through fragmented or short-term interventions alone. Instead, the author calls for the development and implementation

of a comprehensive public health framework that encompasses preventive, promotive, and curative healthcare strategies, specifically designed to meet the unique needs of tea garden workers. This framework should include nutritional support programs, improved sanitation and hygiene infrastructure, accessible maternal and child health services, and community-based health education initiatives. Moreover, the study emphasizes the importance of integrating health policies with broader social and economic reforms, including education, housing, and labor rights, to effectively combat the systemic marginalization of tea garden communities. By situating health disparities within the larger context of caste and class oppression, Das Gupta's work advocates for a multi-dimensional and intersectional approach to public health that not only addresses immediate medical needs but also tackles the underlying structural inequities. The study thus provides a vital roadmap for policymakers, public health practitioners, and activists seeking to improve the health and well-being of Assam's tea garden workers through sustained and holistic interventions

Bhattacherjee et al. (n.d.) (2013) conduct a study on 'Maternal health care services utilization in tea gardens of Darjeeling, India' present a comprehensive study on the utilization of maternal health services among women residing in the tea garden communities of Darjeeling, West Bengal. Despite the presence of multiple government interventions aimed at improving maternal and child health such as the Janani Suraksha Yojana and National Rural Health Mission the study reveals considerable gaps in service uptake and accessibility. Only 48.6% of women in the sample received complete antenatal care, including the recommended number of check-ups, tetanus toxoid injections, and iron-folic acid supplementation. While a higher percentage (73.5%) underwent institutional deliveries, this still indicates that over a quarter of births occurred in non-institutional settings, often lacking skilled birth attendants. The researchers employed regression analysis to identify key socio-demographic factors influencing maternal healthcare utilization. The findings highlight that tribal status, religion, level of education, and socio-economic conditions significantly determine whether women access these essential services. Many women from indigenous communities or with lower educational attainment were more likely to rely on traditional practices or home deliveries due to cultural beliefs, lack of awareness, or fear of institutional settings. The study underscores the need for context-specific, culturally sensitive awareness programs that can effectively communicate the benefits of maternal healthcare to diverse populations. In addition, strengthening infrastructure, such as local health sub-centers and

referral hospitals, and improving transportation facilities especially in geographically isolated tea garden areas—are recommended as urgent priorities. Bhattacherjee et al. argue that only through a multi-pronged approach that combines health education, policy reform, and systemic support can maternal health outcomes in these marginalized communities be significantly improved.

Dowerah et al. (2013) conduct a study on "Health Security Facilities Among the Tea Garden Labourers: a Myth or Reality: A Study on the Tea Gardens of Dibrugarh District, Assam" focused investigation into the accessibility and quality of health services within the tea gardens of Dibrugarh, Assam, with particular emphasis on maternal healthcare. The study reveals that a majority of childbirths among tea garden workers still take place at home, a practice driven primarily by limited access to nearby health clinics, inadequate transportation facilities, and insufficient involvement of Accredited Social Health Activists (ASHAs). The lack of skilled birth attendants and essential maternity care services significantly increases the risks of maternal and neonatal complications in these communities. The researchers highlight several structural and systemic barriers contributing to the poor utilization of institutional maternal care. These include geographical isolation of tea gardens, poor road connectivity, cultural preferences for home births, and gaps in the healthcare delivery system, particularly in outreach and engagement by frontline health workers. The minimal presence of ASHAs in these areas limits health education, antenatal care monitoring, and timely referral of high-risk pregnancies to medical facilities. Dowerah et al. recommend a multifaceted strategy to address these challenges. Key among these is the improvement of transportation infrastructure and emergency referral systems, which would facilitate safer and quicker access to health facilities for pregnant women. The study also calls for the enhancement of maternity services within the tea estates themselves, including the establishment of well-equipped health centers staffed by trained healthcare professionals. Strengthening the capacity and presence of ASHAs and other community health workers is emphasized as critical for increasing awareness, encouraging antenatal check-ups, and promoting institutional deliveries. Furthermore, the authors suggest implementing community outreach programs aimed at educating tea garden residents about the benefits of institutional delivery and available maternal health services. These programs should be culturally sensitive and inclusive, ensuring that women and their families are actively engaged in improving maternal and child health outcomes. Overall, the study underscores the urgent need for coordinated efforts among

government health agencies, tea estate management, and local communities to create an enabling environment for safe motherhood in Dibrugarh's tea gardens. By addressing both infrastructural and social determinants, these interventions can significantly reduce maternal and infant morbidity and mortality in this marginalized population.

Das (2016) conduct a study on 'Making of tea tribes in Assam: Colonial exploitation and assertion of Adivasi rights'. provides a comprehensive historical analysis of the systematic exploitation faced by Adivasi workers in Assam's tea plantations, tracing their journey from coerced labor recruitment to contemporary struggles for rights and recognition. The study details how Adivasi laborers were initially brought to the region under coercive and often deceptive contracts, which effectively trapped them in exploitative working conditions characterized by long hours, inadequate wages, and severe social exclusion. These workers were marginalized not only economically but also culturally and politically, with little access to basic services, education, or legal protections. Over successive generations, however, the Adivasi community began to organize and assert their identity through various forms of political mobilization and social activism, challenging the plantation system's deeply entrenched inequalities. Das highlights key movements and milestones in this ongoing struggle for dignity, recognition, and justice, emphasizing the resilience and agency of the Adivasi people despite persistent hardships. The study calls for urgent and sustained efforts to recognize the rights of Adivasi workers as distinct indigenous communities, ensuring they receive full constitutional protections under Indian law. This includes securing land rights, enhancing access to education and healthcare, and safeguarding labor rights within the plantation sector. Furthermore, Das stresses the importance of redressing historical injustices through reparative policies and inclusive development programs aimed at dismantling the legacies of colonial and postcolonial exploitation. By situating the plight of Adivasi workers within broader socio-political contexts, the study provides a critical framework for policymakers, activists, and scholars seeking to promote equity and social justice in Assam's tea plantation regions.

Roy and Chowdhury (2017) conduct a study on 'Health status and lifestyle of the Oraon tea garden labourers of Jalpaiguri district, West Bengal' investigate the health status and lifestyle patterns of Oraon workers in the Jalpaiguri tea plantations, offering critical insights into the

paradox of poor health outcomes despite the availability of healthcare services. The study's findings reveal that approximately 60% of the respondents were underweight, with a high prevalence of anemia and other nutritional deficiencies, highlighting a persistent public health concern within this community. These alarming health indicators suggest that mere access to healthcare facilities does not guarantee improved health outcomes. The authors attribute these adverse health conditions to a combination of factors, including inadequate hygiene practices, limited health literacy, and suboptimal lifestyle choices such as poor dietary habits and lack of physical activity outside of labor-intensive work. The study also points to socio-economic determinants such as poverty, food insecurity, and cultural factors that influence health behaviors and outcomes. The inadequate emphasis on preventive healthcare and hygiene education further compounds these issues. Roy and Chowdhury emphasize the necessity of enhancing the quality and scope of existing healthcare services by incorporating comprehensive health education programs that focus on personal hygiene, nutrition, and healthy lifestyle practices tailored to the cultural context of the Oraon community. They recommend the implementation of community based interventions and awareness campaigns to promote behavioral changes and empower workers to take proactive steps toward improving their health. Additionally, the study advocates for regular health screenings and nutritional support programs to address anemia and other deficiencies effectively. Overall, this study underscores the critical need for an integrated approach that combines improved service delivery with health promotion and education to tackle the complex health challenges faced by tea workers in Jalpaiguri.

Ashwini et al. (2017) conducted a study on 'Mental health status of workers in selected tea estates, Tamil Nadu' to assess the mental health status of workers in two tea estates in Tamil Nadu, India, using the General Health Questionnaire (GHQ-28). Among the 400 participants, predominantly female (75.5%), the study found that 12.8% screened positive for probable mental illness, with 1.5% indicating severe depression. Notably, workers who screened positive for mental illness had taken significantly more leave in the previous year. The study observed no significant associations between mental illness and factors such as age, gender, marital status, substance abuse, designation, co-morbidity, or stressful life events. The authors concluded that the prevalence of probable mental illness among tea estate workers was comparable to other industrial settings,

highlighting the need for targeted mental health interventions and awareness programs to improve workers' well-being and productivity..

Islam and Biswas (2017) conduct a study on 'Self-Assessed Health Status among Ethnic Elderly of Tea Garden Workers in Bangladesh' examined the self-assessed health status of ethnic elderly tea garden workers in Bangladesh using a cross-sectional study involving 360 participants. The study found that many elderly workers perceived their health negatively, often reporting chronic conditions such as hypertension, diabetes, and respiratory illnesses. The authors identified significant associations between poor health perception and factors including advanced age, lower educational levels, poverty, and limited access to healthcare services. The findings highlight the health vulnerabilities of elderly ethnic tea workers and underscore the urgent need for culturally sensitive health interventions and social support to improve their well-being and quality of life. This study provides valuable insight into an underserved population within the occupational health literature.

Chowdhury et al. (2018) conducted a significant study on "Health and hygiene condition of female tea workers: A study in three tea gardens of Sylhet district" to assess the health and hygiene practices of female tea plantation workers in the Sylhet region of Bangladesh. Through structured interviews with a sample of 80 women workers, the study uncovered alarming findings about their day-to-day health habits and living conditions. Notably, 78% of the participants did not practice proper handwashing techniques, and 65% relied on unsafe or contaminated water sources for daily use, contributing to the high risk of waterborne diseases. In addition to poor hygiene practices, the study revealed that the majority of the women lived in abject poverty, with very limited access to basic healthcare facilities, educational opportunities, or awareness of personal hygiene standards. The researchers emphasize that these conditions are a result of long-standing systemic neglect of marginalized labor populations in the tea sector. The study strongly advocates for localized and gender-sensitive policy interventions, the establishment of improved sanitation infrastructure, and the implementation of widespread health education programs aimed at empowering female tea workers. Overall, Chowdhury et al. highlight the urgent need for integrated governmental and nongovernmental initiatives to address the multifaceted health challenges faced by this vulnerable group.

Gayathri and Arjunan (2019), in their article 'Health Afflictions of Tea Plantation Workers in Coonoor, the Nilgiris', explore the various health issues experienced by workers in the tea plantations of Coonoor, Tamil Nadu. Using a descriptive quantitative design, the authors surveyed 50 randomly selected workers with a structured questionnaire to assess health conditions and access to healthcare benefits. The study found a high prevalence of ailments such as fever, cough, back pain, hypertension, respiratory disorders, and skin conditions, alongside poor awareness of hygiene and a reluctance to seek medical care. While the research effectively highlights significant health challenges and gaps in health awareness among the workers, the small sample size and lack of socio-economic context limit its broader applicability. Nevertheless, the study emphasizes the urgent need for targeted health education and improved healthcare access for plantation laborers in the Nilgiris.

Priyadarshan (2019) conducts a study on' Workers Satisfaction on the Facilities Provided by the Tea Plantation Companies-With Special Reference to Kerala State'. thorough investigation into the levels of job satisfaction among tea plantation workers in Kerala, focusing on the complex interplay of factors that influence workers' morale and well-being. The study highlights how supportive interpersonal relationships within the workplace, including positive interactions with supervisors and coworkers, alongside access to training and skill development opportunities, serve as significant contributors to enhancing worker satisfaction and motivation. These elements help foster a sense of belonging and professional growth among the labor force. However, despite these positive factors, the study reveals that poor wages, long and physically demanding working hours, and inadequate workplace amenities remain pervasive issues that severely undermine overall job satisfaction. These challenges are particularly pronounced for women workers and those with disabilities, who face additional barriers such as lack of gender-sensitive facilities, limited access to healthcare, and workplace discrimination or neglect. The scarcity of basic infrastructure such as clean drinking water, sanitation facilities, and rest areas further compounds worker dissatisfaction and negatively impacts health and productivity. Priyadarshan underscores the urgent need for the tea industry to implement inclusive and equitable policies that address the specific needs of all workers, including marginalized groups. The study calls for comprehensive infrastructure improvements, including the provision of adequate housing, healthcare, sanitation, and safe working environments. Additionally, it stresses the importance of fair and living wages that reflect the labor intensity and cost of living, alongside measures to reduce excessive work hours and ensure reasonable rest periods. Overall, the study advocates for a holistic approach to improving the quality of work life in Kerala's tea plantations, recognizing that boosting job satisfaction is not only critical for worker well-being but also essential for enhancing productivity, reducing labor turnover, and fostering sustainable development in the plantation sector.

Sarman and Karalam (2019) conduct a study on "Awareness About Welfare Benefit and Health Practices Among Women TeaWorkers of Upper Assam District." focused empirical investigation into the level of awareness regarding welfare entitlements and health-related practices among women workers employed in the tea plantations of Dibrugarh, Assam. The study surveyed a sample of 50 women, revealing that a significant proportion 46% had below-average knowledge of their legal rights as stipulated under the Plantation Labour Act (PLA), 1951. Alarmingly, only a mere 6% of the respondents demonstrated an above-average understanding of health practices, indicating a critical gap in health literacy and rights awareness among the workforce. The researchers found a strong positive correlation between the level of formal education and the degree of awareness regarding health and welfare provisions, suggesting that education plays a pivotal role in empowering workers to demand and utilize available health services. The study also emphasizes that despite the PLA's legal mandate to provide welfare services—such as medical care, sanitation, potable drinking water, and adequate housing—the practical implementation of these provisions remains grossly inadequate. This failure is attributed largely to managerial negligence and poor enforcement mechanisms.

Hazarika and Boruah (2020), in their article "Rights of Marginalized and Role of State: A Study on Tea Garden Labourer in Assam" published in the Journal of Critical Reviews, critically explore the longstanding socio-economic deprivation faced by tea garden laborers in Assam and analyze the role of the state in ensuring their rights and welfare. The authors contend that, despite constitutional guarantees under Articles 14, 15, 16, and 21, as well as various government welfare schemes aimed at uplifting marginalized communities, tea garden workers remain subjected to low wages, inadequate healthcare, poor housing, limited education, and systemic social exclusion. The study adopts a qualitative, analytical approach relying on secondary sources such as government reports, legal provisions, and historical documentation, to argue that state interventions have largely been inadequate due to lack of political will, bureaucratic inefficiency, and neglect by both

public and private stakeholders. While the article effectively sheds light on the structural injustices and policy failures that perpetuate the marginalization of this labor force, it would have been strengthened by the inclusion of empirical data or fieldwork to capture workers' lived experiences. Nevertheless, the article makes a valuable contribution to the broader discourse on social justice, labor rights, and state responsibility in post-colonial India, especially in the context of Assam's historically significant but exploitative tea industry.

Rajbangshi and Nambiar (2020) conduct a study on "Who will stand up for us?" the social determinants of health of women tea plantation workers in India" critically examine the profound impact of social determinants including gender, caste, and labor conditions on the health and wellbeing of women tea workers in Assam. The study provides an in-depth analysis of how intersecting axes of marginalization contribute to systemic inequities in access to healthcare, sanitation, housing, and employment rights. The authors reveal that many women in these plantation communities suffer from chronic health problems and are routinely denied their basic human rights due to entrenched social hierarchies and exploitative labor practices. The study highlights the inadequacy of public health systems, which often fail to meet the specific needs of women workers, especially those from lower caste groups who experience compounded discrimination. The lack of gender-sensitive healthcare services, poor maternal and reproductive health provisions, and insufficient attention to mental health issues are identified as critical gaps that exacerbate women's vulnerabilities. Furthermore, unsafe and overcrowded housing conditions, coupled with poor sanitation facilities, intensify health risks, creating an environment conducive to communicable diseases and poor overall health outcomes. Rajbangshi and Nambiar advocate for the design and implementation of intersectional policy interventions that simultaneously address the overlapping challenges related to housing, healthcare, and labor justice. They argue that piecemeal solutions are insufficient, and a holistic framework is necessary to dismantle structural inequalities and promote the dignity and well-being of women tea workers. Such interventions should include enhanced social protection measures, accessible and culturally appropriate health services, legal safeguards for labor rights, and community empowerment initiatives. By foregrounding the lived experiences of women workers and their multiple, intersecting vulnerabilities, this study provides valuable insights for policymakers, health practitioners, and social justice advocates committed to fostering equitable and inclusive development within Assam's tea plantation sector.

Topno, S. (n.d.) (2020).conduct a study on 'The situation of the Assam tea garden hospitals and delivery of reproductive and child health services: A study of Dhekiajuli block, Sonitpur, Assam'. investigates the condition of tea garden hospitals and the delivery of reproductive and child health (RCH) services in the Dhekiajuli block of Sonitpur district, Assam. The research highlights systemic challenges such as poor infrastructure, shortage of medical staff, and weak integration with public health schemes, all of which contribute to inadequate healthcare access for tea garden workers and their families. Relying on qualitative data through interviews and field observations, Topno captures the lived experiences of marginalized communities who often turn to traditional healthcare due to distrust in formal systems. The study underscores the role of socio-economic and geographic marginalization in shaping health outcomes and calls for greater state accountability and policy interventions. Although limited in quantitative scope, the research offers significant insights into public health disparities in Assam and emphasizes the urgent need for equitable healthcare delivery in underserved regions.

Deb and Jubaer (n.d.) (2021) conduct a study on 'THE STATUS, SOCIOLOGICAL, AND MEDICAL STANDARD OF THE FEMALE TEA GARDEN WORKERS UNDER THE LEGAL STRUCTURE OF BANGLADESH' provide a comprehensive documentation of the unsafe working conditions and insufficient healthcare provisions experienced by women laboring in Bangladesh's tea gardens. Despite the protections ostensibly offered under the Bangladesh Labour Act (2006), the study reveals that many female workers continue to endure excessively long working hours, inadequate sanitation facilities, and minimal or non-existent maternity care, highlighting a significant gap between legislation and ground realities. The authors emphasize that the persistence of such conditions is rooted in weak enforcement of labor laws, limited awareness among workers about their rights, and insufficient oversight by regulatory bodies. Women workers frequently face occupational hazards, compounded by poor living environments and a lack of access to essential health services, which negatively impact their physical and mental well-being. The study further explores the social and economic vulnerabilities of these women, including their limited bargaining power and marginalization within both the workplace and their communities. To address these critical issues, Deb and Jubaer recommend a multifaceted approach involving strengthened enforcement of existing labor laws, ensuring that legal protections translate into tangible improvements in working conditions. They advocate for the introduction of flexible leave

policies, especially maternity leave provisions that accommodate the unique needs of female tea garden workers. Moreover, the study calls for enhanced collaboration among stakeholders, including government agencies, plantation management, labor unions, and civil society organizations, to develop and implement effective interventions that safeguard women's health and labor rights. Ultimately, the study stresses the urgent need for systemic reforms and inclusive policies that not only protect female workers from exploitation but also promote their empowerment and social inclusion, thereby contributing to more equitable and humane labor practices in Bangladesh's tea plantation sector.

Sattar et al. (2021) conducted a study on 'DEPRESSION AND ASSOCIATED FACTORS AMONG TEA GARDEN WORKERS OF SELECTED TEA GARDEN IN SYLHET' to assess the prevalence of depression and its associated factors among tea garden workers in Jaflong Tea Garden, Goainghat, Sylhet, Bangladesh. The study involved 192 participants, predominantly female (63%), with a significant portion (80%) being illiterate. The researchers utilized the General Health Questionnaire-12 (GHQ-12) for initial screening, followed by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) for clinical assessment, and the Hamilton Rating Scale for Depression (HRSD) to measure the severity of depression. The findings revealed that approximately 21% of the workers were diagnosed with depression, with higher prevalence among ever-married women aged 35 years or younger, those with 16–21 years of work experience, and those working 8 or more hours daily. The study highlights the significant mental health challenges faced by tea garden workers, emphasizing the need for targeted interventions to address depression and improve overall well-being in this vulnerable population.

Taniya Basu Majumder's (2022) article 'Health Care Practices among the Tea Plantation Labourers: A Sociological Study in the Tea Gardens of North Bengal', examines the intersection of health, labor, and social inequality among tea plantation workers in North Bengal. Using a sociological lens, the study explores how socio-economic conditions, limited access to health care, and systemic neglect shape the health behaviors and outcomes of this marginalized workforce. Majumder highlights the inadequacy of medical infrastructure in tea gardens, the reliance on traditional healing methods, and the socio-political dynamics that hinder effective health interventions. The research is notable for its regional focus and qualitative depth, though it could be strengthened by comparative data or policy evaluation. Overall, the article contributes valuable

insights into the structural determinants of health in plantation economies and underscores the need for inclusive, policy-driven health reforms.

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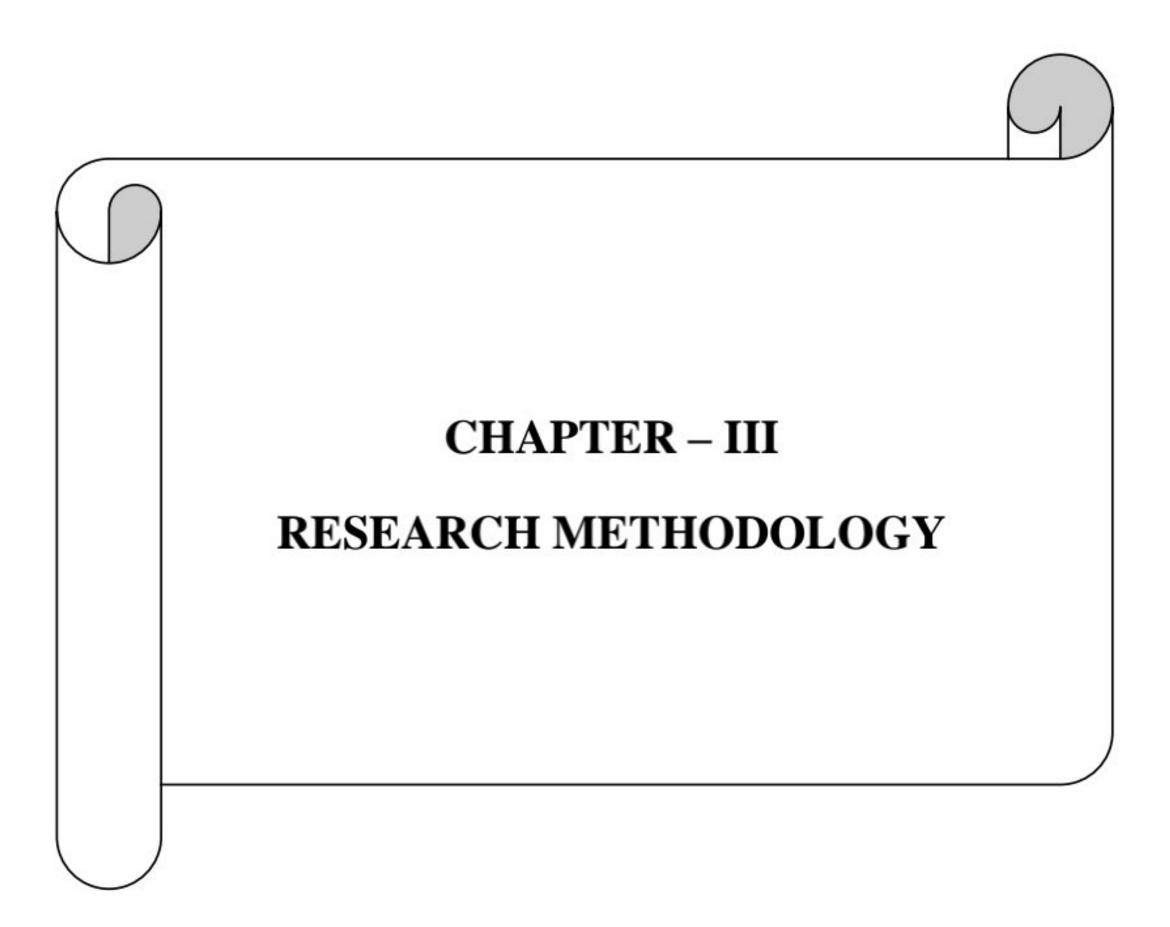
Das (2022) conducts a study on 'An Analytical Study on the Medical Facilities provided by Tea-Estates Management to the Workers' evaluate the healthcare services across 14 tea estates in Dibrugarh, Assam, focusing on the extent to which these estates comply with the health and safety standards mandated by the Plantation Labour Act (PLA). Utilizing comprehensive statistical analysis and field surveys, the study reveals significant inconsistencies and gaps in the implementation of PLA provisions related to medical facilities, sanitation, and worker welfare. Many estates were found to lack proper medical infrastructure, including absence or inadequacy of estate hospitals or clinics, shortage of qualified healthcare staff, and insufficient availability of essential medicines and emergency care services. The study also highlights systemic issues such as poor monitoring mechanisms, weak administrative oversight, and insufficient record-keeping, which contribute to the ineffective delivery of healthcare to tea plantation workers. These deficiencies result in compromised health outcomes, with workers frequently unable to access timely and adequate medical treatment for common illnesses, occupational hazards, and maternal health needs. Das recommends a multi-pronged approach to address these challenges, emphasizing the need for regular and stringent government audits of estate healthcare facilities to ensure compliance with legal standards. The study also calls for enhanced data collection and reporting systems to track health indicators and service utilization, enabling more informed policymaking

and resource allocation. Furthermore, Das advocates for stronger policy enforcement and accountability mechanisms, including penalties for non-compliance and incentives for estates that demonstrate improvements in healthcare provision. Overall, the study underscores the critical importance of strengthening the healthcare infrastructure and governance in Assam's tea plantations to safeguard the well-being and welfare of workers, thereby promoting a healthier, more productive labor force and contributing to the sustainable development of the plantation sector.

Helanjanani (2022) conduct a study on 'Health Affliction and Medical Service of Tea Plantation Women Workers in Sri Lanka: An Anthropological Study Based on Alton Estate-2021' offers an insightful exploration into the health conditions faced by female workers in Sri Lanka's Alton **Estate**, highlighting the unique vulnerabilities and health challenges experienced by women in this plantation community. The study documents a range of common afflictions among these workers, including frequent episodes of fever, chronic respiratory illnesses such as asthma, musculoskeletal problems due to strenuous labor, and a variety of pregnancy-related complications. These health issues are exacerbated by poor living conditions, inadequate nutrition, and prolonged exposure to hazardous working environments. Significantly, the study emphasizes that despite their substantial contributions to the plantation economy, these women remain largely excluded from the reach of national healthcare systems and public health initiatives. Barriers such as geographic isolation, lack of transportation, limited awareness about available services, and socio-economic constraints prevent many from accessing timely and appropriate medical care. The absence of targeted healthcare infrastructure within the estates further compounds their health risks. Helanjanani calls for urgent and targeted investment in health infrastructure within plantation areas, including the establishment of accessible clinics staffed with trained medical personnel equipped to address the specific needs of female workers. The study also advocates for improved access to comprehensive medical services, encompassing maternal health care, chronic disease management, and preventive health programs tailored to the plantation context. Furthermore, the author stresses the importance of recognizing the economic and social contributions of plantation workers, particularly women, in national policy frameworks, urging for their inclusion in social protection schemes and labor rights initiatives. By shedding light on these critical health disparities, the study contributes to a

broader understanding of gendered vulnerabilities in plantation labor and calls for a more equitable and inclusive approach to healthcare provision in Sri Lanka's tea estates.

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RESEARCH METHODOLOGY

3.1 THEOREITICAL FRAMEWORK

Occupational Health and Safety (OHS) theory, a multidisciplinary field, focuses on protecting workers' safety, health, and well-being by anticipating, recognizing, evaluating, and controlling workplace hazards.

The Occupational Health and Safety (OHS) Theory is directly related to the provision of health facilities for contract workers in tea estates, as it emphasizes the need for a safe and healthy working environment. Tea plantation workers, particularly contract labour, face numerous occupational hazards, including exposure to pesticides, prolonged physical exertion, extreme weather conditions, and inadequate sanitation. According to OHS principles, employers are responsible for minimizing workplace health risks by ensuring access to medical care, protective equipment, and preventive health programs. However, contract workers often experience limited access to employer-provided healthcare facilities, as they are not entitled to the same benefits as permanent employees. This creates health disparities, leading to untreated illnesses, higher rates of workplace injuries, and overall poor well-being. By applying OHS theory, your study can assess whether the health facilities provided to contract workers in Jallan Golaghat Tea Estate meet occupational health standards and identify gaps that need to be addressed for better worker protection.

3.2 Research Design:

The study adopted a qualitative research design to explore the healthcare experiences of contract workers in a tea estate. This design was chosen to gain an in-depth understanding of the challenges faced and the availability of health facilities from the workers' perspectives. Qualitative methods are suitable for exploring lived experiences, perceptions, and social realities that cannot be captured through numerical data alone.

3.3 Universe of the Study:

The research was conducted at Jallan Golaghat Tea Co. Pvt. Ltd., located in Golaghat district, Assam. The estate employs a considerable number of contract workers and maintains its own

health centre, making it a relevant site for studying healthcare access and provision in the plantation sector.

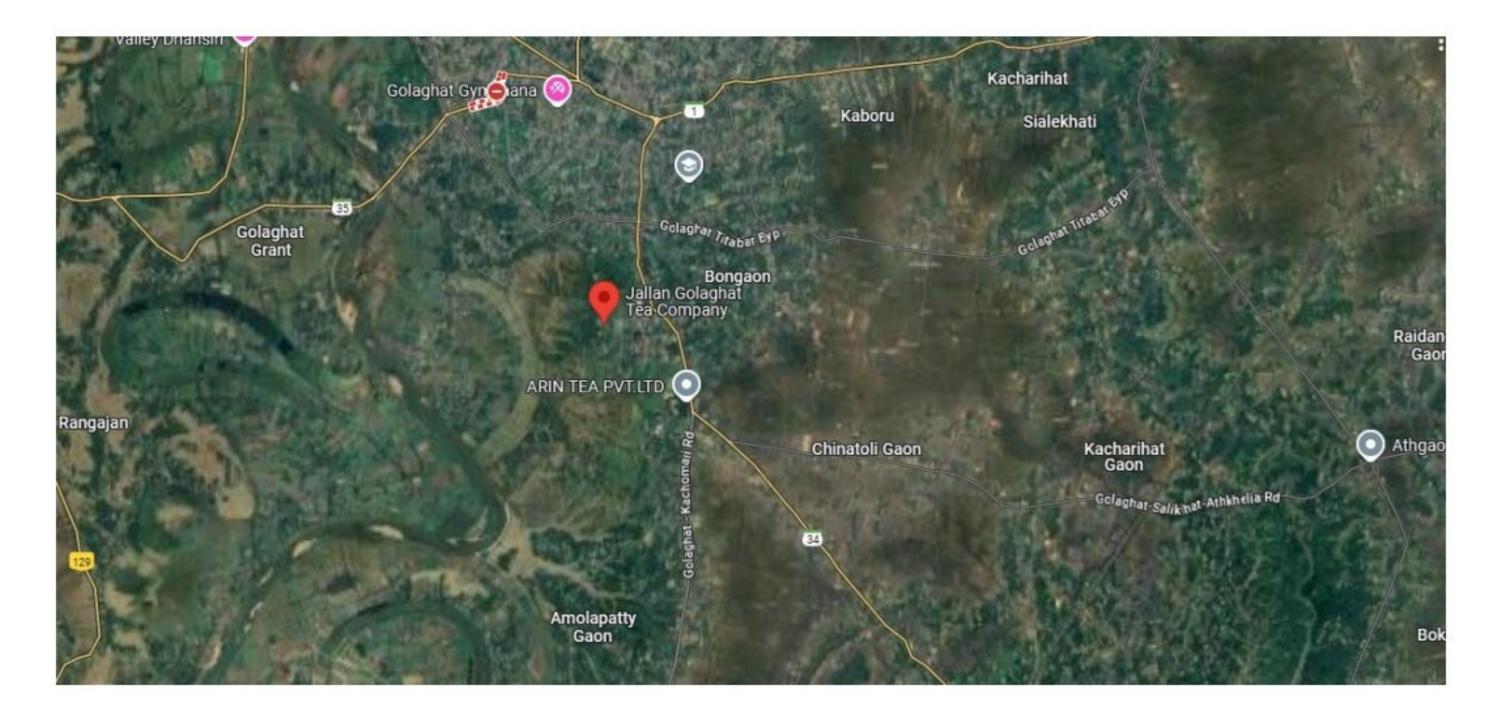


Photo :- Jallan Golaghat Tea Estate

Photo source :- Google Earth

3.4 Sampling Technique:

The study employs a purposive sampling technique, selecting participants who are directly relevant to the research objectives.

3.5 Sample Size:

A total of 16 contract workers were selected for in-depth interviews. This number was sufficient to reach data saturation, where no new themes emerged.

3.6 Methods for Data Collection:

The study will collect data through primary sources:

The primary method of data collection was semi-structured interviews. An interview guide was used with open-ended questions that allowed participants to express their thoughts freely

3.7 Ethical Considerations:

Informed consent will be obtained from all participants. Confidentiality and anonymity of respondents will be strictly maintained. The study will be conducted with cultural sensitivity and respect for community norms.

3.8 Limitations of the Study:

The research is confined to a single tea estate in Golaghat, Assam. As a result, the findings may not be generalizable to other estates with different management practices, healthcare setups, or regional policies.

3.9 Tool for data analysis:

For this study, the primary tool used for data collection was a semi-structured interview schedule. This tool was designed to guide the conversation while allowing flexibility for respondents to share their personal experiences in depth.

The interview schedule included open-ended questions focused on:

- Awareness and accessibility of health services
- Type and frequency of health problems experienced
- Availability and affordability of medicines
- Experiences with health centre staff
- Perceptions of equality in service delivery
- Suggestions for improvement

The semi-structured format allowed the researcher to probe deeper into specific issues raised by respondents, while also ensuring that all key research areas were covered.

3.10 Inclusion and Exclusion Criteria

Inclusion Criteria

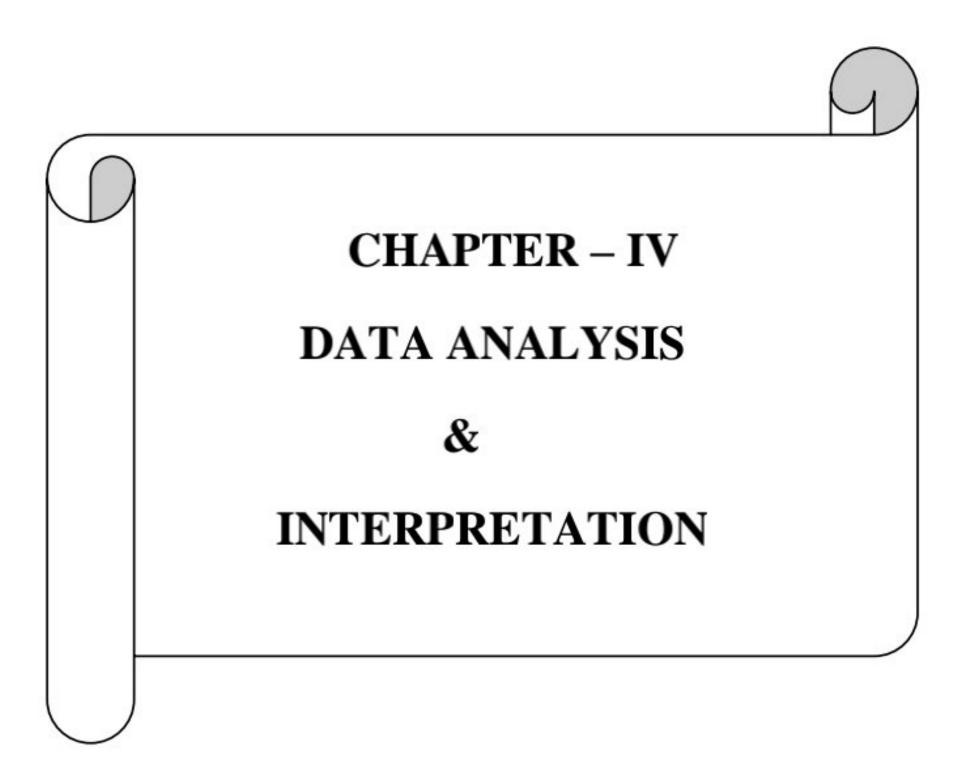
The following criteria were used to select participants for the study:

- Individuals who are currently working or have recently worked as contract workers in Jallan Golaghat Tea Co. Pvt. Ltd.
- Workers who have accessed or attempted to access the health facilities provided by the tea estate or the nearby government hospital.
- Participants who were willing to voluntarily participate in the study and provide informed consent.
- Workers aged 18 years and above, capable of expressing their views and understanding the nature of the study.

Exclusion Criteria

The following individuals were excluded from the study:

- Permanent employees of the tea estate, as the focus was specifically on contract workers.
- Contract workers who had never used or attempted to use the health services, as they
 could not provide relevant data on healthcare access and service delivery.
- Individuals who were unwilling or unable to provide informed consent.
- Participants who were under the age of 18.



4.1: Accessibility and Awareness of Health Facilities

This theme looks at how well contract workers know about the health services available to them and how easily they can reach those services. Most workers were aware of the tea estate's health centre and the nearby government hospital. However, even though the services were physically nearby, certain challenges like transportation and limited use of the ambulance affected how easily workers could actually get medical help.

4.1.1: Awareness of Estate Health Centre and Government Hospital

Many contract workers said they knew about the tea estate's health centre and the government hospital. This shows that information about health services is reaching them. However, not everyone made use of these services. Some only used the estate centre and never went to the government hospital. This means that even when workers are aware, other issues like cost, comfort, or uncertainty may stop them from using all the available services.

4.1.2: Proximity to Health Centre

Most workers said the health centre was close to where they lived or worked. They usually went there by walking or using a bicycle. This shows that the centre is physically easy to reach. But the fact that they had to walk or cycle also shows that there is no regular or easy transport, which could be a problem during emergencies or for workers who are sick or elderly.

4.1.3: Limited Use or Access to Ambulance Service

Even though the tea estate provided an ambulance, many contract workers did not use it. Some said they felt the ambulance was only for permanent staff or very serious cases. This shows that contract workers may feel unsure or hesitant about using certain services, even when they are available. It may be because of poor communication or because they think these services are not meant for them.

Respondent 10 said that she had never used the ambulance service, believing it was mostly reserved for permanent workers or emergencies. In terms of affordability

4.2: Availability and Affordability of Medicines

This theme focuses on whether the contract workers are able to get the medicines they need from the tea estate's health centre, and if they can afford the ones that are not available there. While some basic medicines are given for free, important ones are often missing. This forces workers to buy medicines from outside pharmacies, which creates a financial burden for many.

4.2.1: Basic Medicines Provided for Free

Many respondents said that the tea estate's health centre gives out some common medicines free of cost, such as paracetamol, iron tablets, and painkillers. These basic supplies help workers with minor health issues. This support is useful, but it is not enough when workers face more serious health problems that require specific or stronger medicines.

Respondent 5 said that some important medications had to be purchased outside, like allergy medicine, eye drops which were not always affordable.

4.2.2: Essential Medicines Often Unavailable at Health Centre

Several workers mentioned that important medicines are often out of stock at the health centre. These include items like eye drops, allergy medicines, and other needed drugs for more serious or recurring health conditions. Because of this, many workers cannot rely fully on the estate's health centre and are left to manage on their own when these medicines are not available.

4.2.3: Financial Burden of Purchasing Medicines from Outside

When medicines are not available at the health centre, workers are forced to buy them from private medical shops. This creates a financial burden, especially for contract workers who have low and irregular incomes. Many respondents said that buying medicine from outside was difficult, particularly during off-seasons when their earnings were low. This issue makes it harder for them to maintain their health.

4.3: Discrimination and Unequal Treatment

This theme focuses on how contract workers often feel they are not treated equally when using health facilities, especially when compared to permanent workers. Many shared experiences of being made to wait longer, receiving less attention, and feeling disrespected. These differences in treatment create a sense of inequality and discourage contract workers from seeking timely medical help.

4.3.1: Preferential Treatment of Permanent Workers

Several respondents said that permanent workers were given better or faster service at the health centre. In many cases, contract workers were asked to wait while permanent employees were treated first. This led to the feeling that permanent workers are more valued, even though both groups often suffer from the same health issues and need equal care.

4.3.2: Longer Waiting Times for Contract Workers

Many contract workers shared that they had to wait for long periods before receiving care, even for minor illnesses. They noticed that their treatment was delayed, especially when the health centre was busy. This caused frustration and made some workers feel ignored or unimportant compared to permanent staff.

4.3.3: Lack of Respect or Urgency in Treatment

Some workers described being treated with less respect or seriousness by the medical staff. They felt that their health problems were not always taken seriously, and at times, they were spoken to in a dismissive or careless manner. This lack of respectful communication and urgency affected their trust in the healthcare system and discouraged them from returning for future treatment.

4.4: Staff Shortages and Infrastructure Gaps

This theme highlights the problems contract workers face due to inadequate staffing and poor health centre facilities. The lack of available medical staff, especially during crucial hours, and the absence of infrastructure that addresses the specific needs of female workers, create significant barriers to effective healthcare delivery.

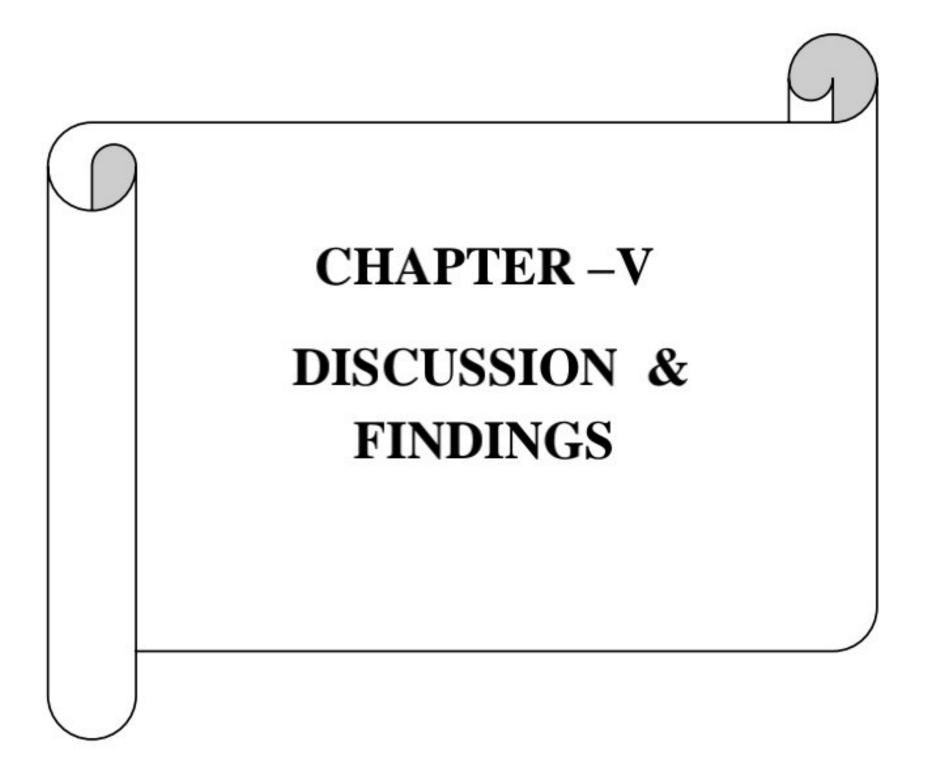
4.4.1: Unavailability of Medical Staff

Many respondents reported that nurses and doctors were not always available, especially during the evening or in urgent situations. In some cases, patients were told to wait or return later because no medical staff was present. This caused delays in treatment and reduced the workers' trust in the reliability of the health services. The shortage of staff often led to long waiting times and even forced some workers to seek care elsewhere.

4.4.2: Need for Female-Specific Infrastructure

Several female contract worker expressed the need for separate consultation rooms or wards for women. They felt uncomfortable discussing personal health issues, especially related to menstruation or reproductive health, in the current setup. The lack of private or gender sensitive spaces limited their ability to seek proper care. This shows that the existing infrastructure does not fully support the need of female workers, making the system less inclusive and effective for all.

Respondent 3 suggested that the garden's healthcare infrastructure be improved including the establishment of a separate female ward for better and more comfortable care.



This chapter presents and interprets the major findings from the qualitative interviews conducted with contract workers at Jallan Golaghat Tea Co. Pvt. Ltd. The analysis is structured around key themes that emerged from the narratives, aligning with the study's objectives. These themes highlight both the provisions available and the challenges encountered by contract workers in accessing healthcare.

5.1 Accessibility and Awareness of Health Facilities

The findings reveal that most contract workers are aware of the health facilities available within the tea estate and the nearby government hospital. The estate health centre is generally within walking or cycling distance, allowing workers to access it without much difficulty. However, the absence of organized transportation particularly for those who are unwell or elderly limits convenience and reliability of access.

Furthermore, the estate does offer an ambulance service, but its use among contract workers is low. Many respondents expressed hesitation, perceiving that the ambulance was mainly reserved for permanent employees or emergency cases. This suggests that lack of clarity and communication regarding entitlements may act as a barrier to access.

5.2 Availability and Affordability of Medicines

While the tea estate's health centre provides some basic medicines (such as paracetamol, iron supplements, and painkillers) free of cost, the supply is often inconsistent. Essential medications, including allergy medicines, antibiotics, and eye drops, are frequently out of stock. As a result, workers are forced to purchase these from private pharmacies, placing financial stress on already low and irregular incomes.

This financial burden is particularly acute during the off-season, when wages are inconsistent. The inadequate supply of medicines not only limits treatment effectiveness but also discourages workers from returning to the estate health centre in the future.

5.3 Discrimination and Unequal Treatment

A significant number of respondents reported perceived inequality in how contract workers are treated compared to permanent staff. Contract workers experienced longer waiting times, were sometimes asked to return later, and felt that their health concerns were not taken seriously. Some workers also reported receiving less respectful communication from health staff.

These experiences suggest a systemic issue of informal hierarchies within the healthcare system at the estate, where permanent workers are given priority. Such treatment discourages contract workers from seeking help and undermines the inclusiveness of health services.

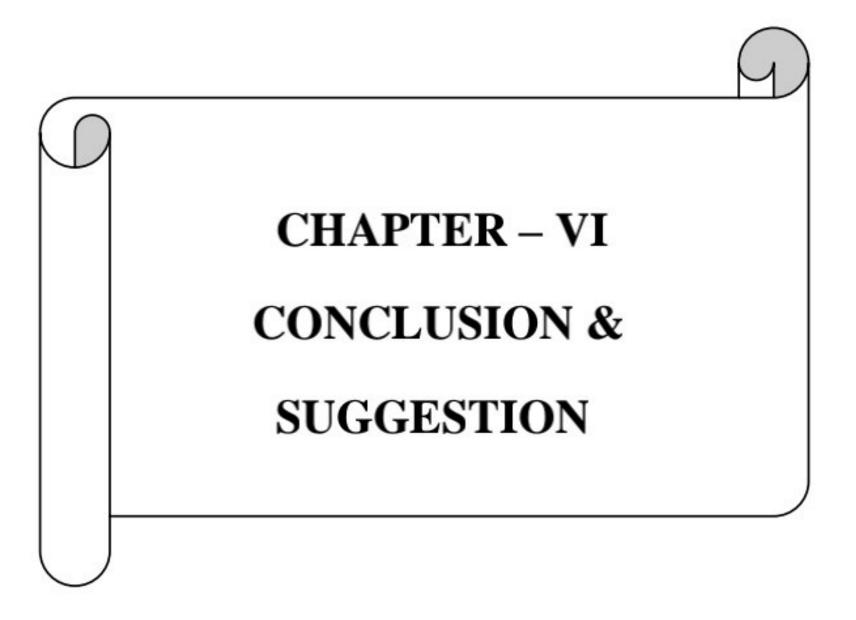
5.4 Staff Shortages and Infrastructure Gaps

The study also found that health centre staffing is inconsistent, with many workers reporting that nurses or doctors were unavailable during critical hours, especially in the evenings. This shortage often resulted in delays, missed care, or referrals to external hospitals.

In addition, female respondents pointed out the lack of gender sensitive infrastructure, such as separate consultation spaces or wards for women. This lack of privacy makes it difficult for women to discuss personal or reproductive health concerns, further limiting access to appropriate care..

5.6 Lack of Health Insurance and Long-term Support

None of the respondents reported having access to any form of health insurance. Support was generally limited to basic check-ups and occasional distribution of medicines. There was no system of structured or long-term medical support for contract workers. This lack of coverage leaves workers vulnerable, particularly those suffering from chronic conditions resulting from prolonged physical labour or exposure to chemicals.



This study set out to examine the health facilities available to contract workers and identify the challenges they face in accessing healthcare services in the Jallan Golaghat Tea Co. Pvt. Ltd. The findings, based on qualitative interviews with 16 contract workers, revealed that although basic healthcare infrastructure is present, multiple barriers hinder the effective and equitable delivery of services to contract workers.

Most workers are aware of both the estate's health centre and the nearby government hospital. However, limited transportation, particularly underutilized ambulance services, often restricts access. While basic medicines are offered, essential drugs are frequently out of stock, placing a financial burden on low wage workers who must purchase them from private pharmacies.

A major concern raised by the respondents is unequal treatment, with many contract workers feeling sidelined in favor of permanent employees. Additionally, shortages of medical staff, especially during critical hours, and the absence of gender-sensitive infrastructure further weaken healthcare access particularly for women workers. Moreover, no insurance or structured long term health support is provided, leaving workers vulnerable to financial and medical risks.

In essence, the existing healthcare system, while functional on a surface level, lacks depth, inclusiveness, and consistency, and falls short of meeting the comprehensive health needs of contract workers.

Based on the findings of this study, it is evident that while basic health services are available at Jallan Golaghat Tea Co. Pvt. Ltd., several gaps and challenges continue to affect the accessibility, quality, and fairness of these services for contract workers. The voices of the respondents highlighted important areas where improvements are urgently needed, especially in terms of medical staff availability, medicine supply, treatment equality, and health-related support.

The following suggestions are proposed with the aim of strengthening healthcare delivery, reducing disparities between contract and permanent workers, and making health services more inclusive, responsive, and effective for all workers in the tea estate.

1. Ensure Equal Treatment for All Workers

Many contract workers feel they are treated unfairly compared to permanent workers. This can lead to distrust and reluctance to use health services. To solve this:

The tea estate should train healthcare staff to treat all workers equally, regardless of their job status.

Monitoring and feedback systems should be introduced to ensure respectful behavior by medical staff.

This will help create a fair and inclusive healthcare environment, where all workers feel valued and safe.

2. Improve Availability of Medicines

Contract workers often struggle because essential medicines are frequently unavailable at the estate's health centre. This forces them to spend money they cannot afford on medicines from outside shops.

The estate must ensure timely restocking of essential medicines, including allergy medicine, antibiotics, and chronic illness medication.

A basic medicine kit should also be kept at the worksite for immediate use.

This will reduce out-of-pocket spending and help workers get timely treatment.

3. Address Staffing Shortages

Many workers shared that nurses and doctors are often unavailable, especially during the evening. This delays treatment and discourages workers from seeking help.

The estate should hire more full-time medical staff, including a female health worker to help with women's health concerns.

Medical staff should be present during all working hours to ensure no patient is turned away.

This will increase trust in the system and reduce delays in care.

4. Strengthen Transport Facilities

Even though an ambulance is available, contract workers hesitate to use it, thinking it is only for permanent staff or serious cases.

Clear information should be given to workers that ambulance services are for everyone in need, including contract workers.

A transport arrangement (like a shared vehicle or cycle van) can be made for minor health visits.

This will make it easier for sick or elderly workers to access care without physical strain.

5. Introduce Health Insurance or Support Schemes

None of the workers interviewed had any form of health insurance. This puts them at serious risk if they face a major illness or accident.

The estate can partner with government schemes or NGOs to offer basic health insurance.

Emergency medical support funds can also be created for low-income contract workers.

Insurance coverage will give workers financial protection during medical emergencies.

6. Upgrade Infrastructure

Female workers often feel uncomfortable discussing personal health issues in public spaces. The health centre also lacks proper sanitation and waiting areas.

Separate consultation rooms or wards for women should be established.

The centre should be upgraded with clean toilets, waiting chairs, and better ventilation.

This will improve the comfort and dignity of the healthcare experience, especially for women.

7. Promote Health Awareness

Many contract workers are not fully informed about the services they can access, or about common health risks at the workplace.

The estate should organize regular health awareness sessions covering topics like hygiene, first aid, women's health, and occupational diseases.

Information should be given in local languages, using posters, talks, or mobile health campaigns.

This will help workers make better health decisions and use services more confidently.

8. Implement Follow-up and Record-Keeping Systems

There is no system to track patients or follow up with those who have long-term or recurring health problems.

The health centre should maintain basic health records for each worker.

Staff should follow up with patients who have chronic conditions to check if treatment is helping.

This will improve the continuity and quality of care for contract workers who often go untreated beyond initial visits.

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APPENDIX

Informed Consent

I Drishti Chetia, a student of the Social Work Department, Mahapurusha Srimanta Sankaradeva

Vishwavidyalaya, Guwahati unit, promise that this interview schedule will only be used for my

dissertation titled "Provision for health facilities available to contract worker in tea communities

of Jallan Golaghat Tea CO.PVT.LTD.", under the supervision of Dr. Deepshikha Carpenter,

HOD(i/c), of Social Work, MSSV, Guwahati Unit. I assure that your answers will be kept

confidential and used only for educational purposes. Therefore, I kindly request your valuable

input in responding to the following set of questions.

Drishti Chetia

MSW 4th Semester

Roll No: MSW-01/23

Department of Social Work

MSSV, Guwahati Unit.

Personal Details

ama	
anne	
	ame

Gender:

Age:

Questions

- 1. Are you a contract worker?
- 2. How long have you been working in this area?
- 3. What common health issues do you face?
- 4. Are you aware of any health services provided by the tea estate or government?
- 5. Where do you usually go for treatment when you fall sick?
- 6. Is there a health center or hospital nearby?
- 7. How do you usually reach there?
- 8. Are the services affordable and available when needed?
- 9. Have you ever used the health services provided by the tea estate?
- 10. How was your experience?
- 11. Do you feel treated equally compared to permanent workers?
- 12. What difficulties do you face in accessing healthcare?
- 13. Do you receive any health-related support (medicines, check-ups, insurance)?
- 14. What improvements would you suggest for better healthcare?