



A STUDY ON HEALTH AND HYGIENE PRACTICES AMONG THE TEA GARDEN COMMUNITY OF DIBRUGARH DISTRICT, ASSAM

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ABSTRACT For every human being clean drinking water, sanitation and healthy hygiene practices are important to maintain healthy life. In many countries around the world, especially underdeveloped and developing countries, access to safe drinking water and hygienic sanitation facilities are not satisfactory till now. Health and hygiene status of a population group is one important indicator of human development. It largely depends upon the physical quality of environment of a region. This paper is an attempt to analyze the status of water supply, sanitation and hygiene practices among the Tea garden community of Dibrugarh district, Assam. The data were collected from 68 households and one adult respondent was selected from each household randomly using observation, interview method.

KEYWORDS : Health, sanitation, hygiene, tea garden community, Dibrugarh, Assam.

INTRODUCTION

According to WHO (1948) defined Health as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. Health is the natural state of a living organism. It means if a person is not in the least affected by any disease, he is called healthy. In other words, a man is said to be healthy when he has got no bodily pain or disease (Deodhar, 1983).

Every year, due to diarrhoea, around 842,000 people are estimated to die. The main reasons of the diarrhoea are unsafe drinking water, sanitation and hand hygiene (WHO 2015). In 2015, 32% of the world's population (2.4 billion) lacked improved sanitation facilities and 663 million people used unimproved drinking water (UNICEF 2016). According to United Nations by the middle of this century between 2 billion to 7 billion people will be faced with water scarcity. So, there is little wonder that water has been described as “the oil of the twenty-first century” (Schumacher 2005).

Approximately 37% of the world population i.e., 2.5 billion people in the globe defecate in the open due to deficiency of adequate facilities for sanitation (WHO, 2014). To provide sanitation and hygiene to a growing population of more than 1.21 billion of India is a major challenge. Increase of population would further put pressure on sanitation, provision of potable water, solid and liquid waste management (SACOSAN-V, 2013).

MATERIAL AND METHODS

A total sample of 68 households was selected for the study from Lepetkatta Tea Estate of Dibrugarh district, Assam. One adult respondent was selected from each household randomly for the present study. The data were collected in the month of April, 2018. The statistical data was analyzed and represented by graphs and tables.

OBJECTIVES

- To know the status of water and sanitation practices of the tea garden community.

RESULTS

Status of water supply in tea garden community of studied area

The major source of drinking water of the tea garden workers is tube-well (100%). Basically it is observed that out of four to five families the management supplies only one tube-well for the sources of drinking water. It shows that mostly the water supply sources are self made (77.9%) followed by Tea company (17.6%), Government supply (1.5%) and 3.0% did not having water supply (Table1).

Table 1: Status of water supply in tea garden community of studied area

Source of drinking water	No.	%
Tube-well	68	100
Provision of water supply		
Self	53	77.9
Tea company	12	17.6
Government	1	1.5
Not having water supply	2	3.0

Sanitation condition in tea garden community of studied area

Sanitation practices of the tea garden community finds that the condition of toilet is in open defecation (47.1%) followed by pit (30.9%) and sanitary (22.1%) respectively (Fig.1) where majority of them has provided by the government (20.6%) followed by tea company (19.1%) and self (13.2%). Till now, 47.1% didn't have the provision of toilet facility (Fig.2). Majority of the children are not using toilets even if the household has own it. It is a major cause of various diseases of child. It is found that 63.2% are not using toilets (Fig 3). Regarding hygiene practices generally followed during toilet practices found that households using hygiene practices are 60.3% (Fig 4). Majority of them use water (68.3%) followed by soap (24.4%) and mud (7.3%) for materials used for hygiene practices (Fig 5). Diarrhoea(25.9%) is the most common and frequent disease among the tea garden community as they practice very unhygienic sanitation and drink unsafe water followed by dysentery (23.8%), typhoid(17.0%), scabies(14.3%), intestinal worms(10.2%) and cholera(8.8%) (Fig.6). Most of the tea garden community are taking the scientific medical treatment in the tea company provided hospitals or the govt. hospitals (79.6%) followed by traditional (8.8%) and 11.6% did not access any treatment for the diseases (Fig.7).

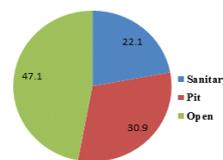


Fig. 1 Condition of toilet

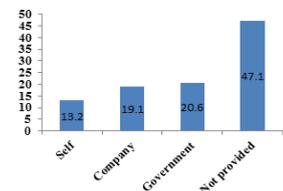


Fig. 2 Provision of toilet

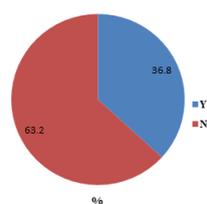


Fig.3 Children's habit of using toilets

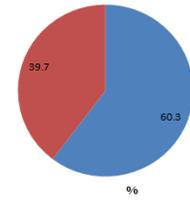


Fig.4 Hygiene practices before and after toilet practice

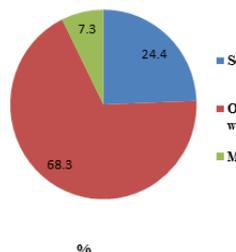


Fig.5 Materials used for hygiene practices

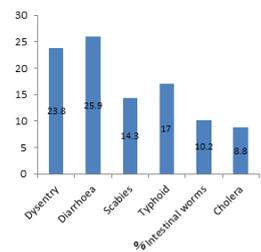


Fig.6 Prevalence of sanitation related/water borne diseases

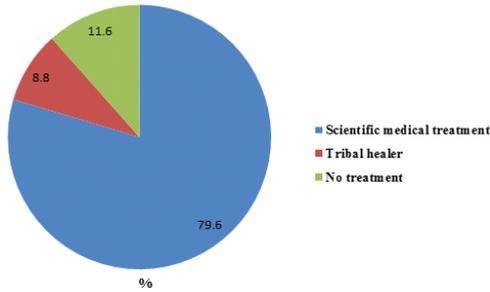


Fig.7 Preventive measures/treatment method of sanitation related diseases undertaken

Hygiene Practices in tea garden community of studied area

More than half used to through the garbage outside the house (63.2%) followed by drain (30.9%) for disposing of the household garbage and very few i.e. 5.9% are disposing in the dustbin. Proper drainage facility is lacking (82.4%) (Table 2). Majority of household clean once a week (45.6%) followed by 2/3 days a week (33.8%), daily (13.2%) and monthly (7.4%) (Fig.8). In case of consumption of water, water filtering process is absent in all the households. However, majority of the household reported that they use raw water for consumption purpose (64.7%) followed by boiled water (35.3%) (Fig.9). The frequency of cleaning the utensils on which they store their water is 2/3 days per week (54.4%) followed by once a week (29.4%) and daily (16.2%) (Fig.10). The study reveals that 67.6% is habituated to unhygienic sanitation practices followed by hygienic (20.6%) and open defecation (11.8%) (Fig.11)

Table 2: Place of disposing garbage and proper drainage facility

Place of disposing garbage	No.	%
Outside the house	43	63.2
Dustbin	4	5.9
Drain	21	30.9
Proper drainage facility		
Yes	12	17.6
No	56	82.4

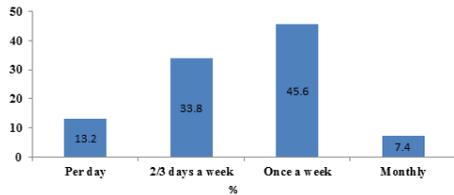


Fig.8 Household cleaning practice

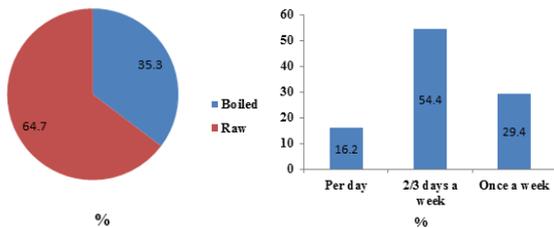


Fig.9 Condition of drinking water

Fig.10 Frequency of cleaning the water storing utensils

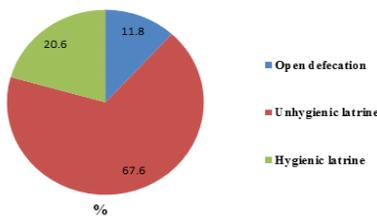


Fig.11 Sanitation practices

CONCLUSION

Tea garden communities are an essential part of our society and without their enhancement of sanitation and hygiene practices, the complete health status of the entire society will be vulnerable. It is

observed that adults are the user of sanitation practices whereas children frequently use open place near to their living space. It is important to bring out the immediate need of awareness in the community.

Though they avail the medical facilities but it was not quite satisfactory for them. Due to lack of proper sanitation facility air borne diseases like diarrhoea, dysentery etc is found frequently (Sharma, 2016).

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