

Healthtea

Transforming lives, one cup at a time

We strive to create a future where tea workers have improved living conditions, access to essential healthcare, and increased awareness, fostering a positive and sustainable community.



An initiative by Krishay Sutodia

Healthtea: Project Report

India is the second largest producer of tea globally. The northern part of India is the largest producer of the country's annual tea with the majority of production coming from Assam. Yet the plantation workers of this industry usually live in houses with one room, no sanitation and a lack of basic necessities like drinking water. There are sparse medical facilities available and many workers develop health issues as a result of exposure to chemicals used in the plantation tea estates. Healthtea is a community impact project that aims to bring positive change through a targeted approach that focuses on health aid and awareness to positively impact the wellbeing of the men, women and children who are an integral part of the tea plantation community.

Personal Context:

At the age of nine, I discovered my family history and learned about my late elder brother. He tragically succumbed to dehydration, struggling to breathe and feeling dizzy. Despite my parents' efforts to cool him down, provide water, and offer light food, he suddenly collapsed. Our family doctor, whom my father regularly called, dismissed the severity of the situation, making excuses and neglecting to help.

This incident shocked and deeply affected me. Growing up in Kolkata, I witnessed the stark contrast between the quality of medical facilities there and the lack thereof in Assam. Despite advancements and modernization, Assam still lacked adequate medical resources, awareness, and supportive doctors. Due to these deficiencies, my brother's condition went undetected and undiagnosed until it was too late. A lack of medical facilities was particularly evident when my brother fell ill during a wedding in a remote area, with no access to help. By the time my parents rushed him home, it was already too late.

Overview

This tragedy compelled me to take action. During my visits to the tea garden, the town, and medical centres in Jorhat, I was appalled by the significant disparity in facilities and awareness compared to Kolkata. Many people in Jorhat lacked knowledge about basic sanitation and treating common illnesses like colds. When I questioned my father about the same, he exclaimed that even in the tea garden, workers continued to toil while sick, unaware that their actions could spread diseases. The overcrowded medical centre witnessed the same people seeking treatment repeatedly.

The locals, initially hesitant, eventually opened up about their struggles with alcoholism addiction, difficulty with proper vision which affected their productivity, and their lack of awareness regarding healthcare measures to take when falling sick or ill abruptly. When I inquired about their personal efforts to tackle these problems, they had no answers.

Utilizing my free time, I researched first aid, medical treatments, and hygiene awareness. I delved into treating common problems such as fever, coughs, breathing difficulties, and identified essential medicines, dosages, and duration of treatment. Additionally, I explored methods to combat alcoholism and improve eyesight.

With a plan in mind, I divided my initiative into three areas: spreading awareness about first aid, fighting alcoholism addiction, and organising eye camps in collaboration with VisionSpring.

Phase 1: dealing with alcoholism addiction

Once I had thoroughly researched and familiarised myself with the issue at hand, I began organising informative sessions not only in my own garden but also in neighbouring gardens such as Hunwal, Nagajanka, Barpathar, Nahorjan and more. To gain insights, I interviewed the diligent labourers either by keeping them after their work or by visiting their homes directly. The work in tea gardens is physically demanding and mentally draining. At the end of their arduous day, they voiced that alcohol offered a temporary respite from the burdens of stress and fatigue, granting them a chance to unwind and relax. These labourers formed tight-knit communities, and alcohol became a social lubricant facilitating their connections with others. For some labourers, alcohol served as a coping mechanism, providing a fleeting solace from personal challenges and emotional distress such as depression and anxiety.

In addition, I conducted interviews with family members to gather their perspective on their loved ones' alcohol addiction. They shared how they had made multiple attempts and taken proactive measures to address their relatives' alcoholism. Unfortunately, their endeavours proved futile as their efforts to curb their relatives' drinking only resulted in frustration, irritability, and escalated to violent outbursts, theft, and acts of vandalism. These accounts left me deeply astonished and profoundly shaken.



I conducted de-addiction programs in the tea garden, enlightening the labourers about the detrimental consequences of alcoholism. I elucidated the various health issues associated with alcohol abuse, including liver damage, digestive problems, cardiovascular diseases, and weakened immune system. I emphasised how this addiction could exacerbate their physical challenges, perpetuating a cycle of problems. Furthermore, I highlighted how alcoholism could impair their concentration, work longevity, and coordination with fellow labourers, ultimately diminishing their ability to perform demanding tasks and leading to decreased productivity. This, in turn, would lower their income and perpetuate the cycle of poverty. Additionally, during interviews with family members, I discovered strained relationships, which only heightened feelings of loneliness and alienation, contributing to a destructive cycle of dependency and deteriorating mental health.



To address these issues, I suggested alternative activities to tea gardeners, serving as distractions from alcohol. I advised them to spend quality time with their families and children, immersing themselves in the beauty of nature during leisurely walks in the lush and verdant environment. Engaging in board games or card games with their loved ones would keep them happily occupied. Furthermore, I proposed forming groups for sports such as football, cricket, and other local games, utilising the gardens' fields, fostering excitement and enthusiasm. These activities would promote good health, active lifestyles, and a zestful approach, diverting their attention from alcoholism. Over time, I observed a positive impact resulting from the dissemination of this information, with an increase in organised football and cricket matches among tea gardeners. The competitive atmosphere discouraged alcohol consumption, leading to improved attendance during plucking sessions, indicating a decrease in alcohol consumption among the labourers.



Lastly, I conveyed to the tea gardeners the potential consequences of their alcohol consumption on their children's lives. I emphasised the incredible education opportunities provided by the garden, free of cost, and urged them to prioritise saving money for their children's education rather than wasting it on a product that detrimentally affects everyone's lives. I explained how such choices could lead to improved family and living conditions, breaking the cycle of addiction and fostering brighter futures for their children.

Phase 2: Eye camps

While analysing the yearly tea crop yield in our garden, a concerning trend emerged—there had been a consistent decline over the years, adversely impacting productivity and profits. Surprisingly, the factory production ran smoothly with efficient machinery and diligent labourers. The underlying issue lay in the garden itself, where insufficient plucking was taking place. This problem arose from the labourers' poor eyesight, as they struggled to discern which tea leaves to pluck and where precisely to do so. This issue deeply troubled me, and I resolved to find a swift solution.

During my online search, I discovered VisionSpring, a remarkable non-profit organisation founded in 2001, based in New York. Their noble mission involves providing affordable eyewear to individuals with lower incomes, empowering them to perform better and elevate their quality of life. Their objectives aligned perfectly with our needs, prompting me to seek their assistance. VisionSpring organised an eye camp in our garden, conducting comprehensive vision tests for the labourers to identify their specific visual impairments. Based on their diagnoses, suitable eyeglasses were provided to enhance their vision.



We encouraged the tea gardeners to wear the eyeglasses consistently, and the results were astounding. They expressed that their vision had significantly improved, experiencing less strain during plucking activities. Consequently, their productivity increased, leading to a noticeable improvement in their incomes over an extended period.

The intervention from VisionSpring proved to be a transformative solution, positively impacting the lives of the labourers and rejuvenating the productivity of our tea garden.

Phase 3: First Aid Awareness

During my holiday visits to the tea garden, I couldn't help but notice the long queues of labourers outside the hospital, waiting to get their injuries attended to. Curious about this recurring issue, I asked my father, who frustratingly explained that it was a daily occurrence, with labourers constantly facing various problems. I realized that empowering them with basic first aid knowledge could make a significant difference, allowing them to address minor injuries on their own without relying solely on hospital visits.

Drawing upon my recent school education in first aid, I organised several masterclasses within the garden, targeting different groups of labourers. In these sessions, I emphasised that their demanding work in the garden, coupled with complex machinery, increased the likelihood of bruises or injuries. Instead of panicking, I advised them to apply pressure to the wound using their hand to stem rapid bleeding. They should then cleanse the wound with saline or clean running water, followed by the application of an antiseptic ointment like polysporin, and finally wrapping the wound with a clean bandage for several hours to facilitate healing. The labourers were given live demonstrations to ensure comprehension of the techniques, particularly useful in the case of burns.



The laborers shared that they often experienced exhaustion due to the extreme temperatures in the fields. When I inquired about their daily water intake, they revealed they hardly consumed more than a litre per day. I stressed the importance of proper hydration, highlighting how fluids were essential for maintaining body hydration and supplying vital nutrients such as sodium, potassium, magnesium, and calcium, collectively known as electrolytes. To address this, the labourers were provided with ORS (Oral Rehydration Solution) sachets to keep them hydrated and energised during

plucking sessions. They were encouraged to increase their water intake to at least 4 litres per day.

Furthermore, the labourers frequently suffered sprains and fractures due to the heavy machinery involved in their work. I introduced them to the RICE method: Rest, Ice, Compression, and Elevation. They were educated on the importance of immediate rest following a sprain or fracture, followed by the application of an ice pack wrapped in a cloth to the affected area. The next step involved compressing the painful region with a cloth, ensuring a snug but not overly tight fit. Lastly, they were instructed to elevate the affected area above the level of their heart using cushions or pillows, facilitating reduced swelling and inflammation.



To provide further support, first aid kits were distributed, containing adhesive bandages, sterile gauze pads, adhesive tape, antiseptic wipes, tweezers, scissors, cold packs, pain relievers like paracetamol and aspirin, and masks. Recognizing that understanding the manual could be challenging for some, we conducted a briefing at the end of the sessions, reinforcing the functionality and usage of each item.

Through these comprehensive efforts, we aimed to equip the tea garden labourers with the knowledge and resources necessary to address minor injuries promptly and effectively, ultimately improving their well-being and reducing the strain on healthcare facilities.

Conclusion

In conclusion, the significant efforts put by me and my family members to provide the tea garden employees with the knowledge and resources of the aforementioned phases have resulted in considerable gains for their health and the healthcare systems. We have enabled these workers to respond quickly and efficiently to injuries and addictions by providing them with the essential skills, alleviating the pressure on healthcare institutions.

This initiative has not only enhanced the workers' overall well-being, but it has also contributed to a more sustainable and efficient healthcare system. We look forward to future gains in tea garden labourers' access to healthcare and general improvement in their quality of life as we continue to prioritise their health and welfare. We can create a healthier, safer, and more resilient society by continued collaboration and effort.