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A STUDY ON THE EDUCATIONAL AND HEALTH STATUS OF THE TEA TRIBE COMMUNITY CHILDREN IN TINSUKIA, ASSAM

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Abstract

Education is a powerful component for social change and shaping a nation as a whole. The different umbrella schemes and initiatives are adopted by the union Govt. of India to achieve a 100 percent literacy rate and eradicate the issues related to health conditions. Despite this, a considerable number of children of different communities leave school without even completing their primary or secondary education. The interview, questionnaire, observation, and household survey methods are applied for the collection of primary data. The secondary data was collected from the different sources. The results found through the study reveals the problems in improvising the educational, and health status of children from the tea tribe community.

Key Words - Tea garden community, Educational, Health.

Introduction

A well-developed educational status along with proper physical health conditions strengthens the future nation. Educating a child today is making a strong nation for tomorrow. The tea tribe community people spread in different areas throughout the state of Assam. According to Article 21-A of the Indian Constitution, both the Union as well as State Government is responsible for providing free and compulsory education to the children of age group of 6 to 14 years. Despite many governmental initiatives some community people especially the tea tribe community of Assam still lagging and the governmental policies are unable to reach the desired goal. Their literacy rate and health status are still in pathetic conditions due to many factors which are at some particular level and community level. Therefore it is very much needed to investigate and identified the problems they are facing at the grass root level and alleviate the problems to build up a healthy community.

Review of Literature

Sahu and Bhuyan (2022), in their study on the educational status of the tea tribe community in Assam, stated some factors that cause low educational status. These factors are family duty, early death of their parents, parental support, and child marriage. Borgohain (2020) stated issues on Tea Garden Women, Issues of Socio-Economic: A Study on Tea Garden of Sivasagar District, Asam. Gogoi and Handique (2014), in their study on Girl Child Education among Tea Tribes in the Rajgarh Tea Estate of Dibrugarh District of Assam, stated some factors that cause low educational rates among the girl child belonging to the Tea- Tribe community. These factors as stated by them were household work, parents' unfavorable attitude, financial

problems, engagement in tea gardens as tea laborers, and lack of facilities. Begum and Islam (2022) highlight the various government organizations, schemes, and provisions and the challenges in attaining the benefits from these. Bora (2017), in his study Education of Tea Tribe Children: A case study of Udalguri District of Assam surveyed tea gardens and found that the enrolment of girl children is lower than boys due to early marriage. He also stated that schools in the tea garden area fail to create a motivating environment to attract students. Kalita (2018), in his study 'Socio-Cultural Life of Tea Plantation Workers in Assam: A Study from Historical Perspective,' mentioned that alcoholism is one of the shortcomings of their society which hampers their overall development, including their education. Hazarika and Shanta (2019), their study of Human Development in the Tea-Garden Community in the Dibrugarh District of Assam categorized-major disease and minor disease. Regarding major disease 8.45% of the respondent"s family members suffered from T.B.; 1.4% from cancer; 4.22% from high BP; 5.63% from respiratory problems; 7.04% from heart disease; 5.63% from Malaria and 4.22% from Encephalitis. On the other hand, regarding minor diseases, almost all the households family members in the sample household suffer from some minor diseases like fever, cough, etc. On the other hand, some other minor diseases experienced by the family members of the sample households are stomach pain (38.8% of the sample households), Diarrhea (26.3% of the sample households), Joint pain (36.1% of the sample households) and Jaundice (37.5% of the sample households).

The review of related literature reveals that different causes create hindrances towards improving the educational and health conditions of the tea tribe community. A little research has been done by considering both the parameter i.e. education and health together. Therefore we intended to study the educational and health problems of both boys and girls from the tea garden community.

Objectives of Study

i. To study the educational and health status of the tea-tribe community in Hansara village, Tinisukia, Assam.
ii. To study the problems in education and physical health of the children of the Tea-tribe community.
iii. To suggest measures for improving their educational and health status.

Significance of the study

The present study is significant because the majorities of the village people are from the tea garden community and engaged in the tea industry on a daily wage basis. Moreover, the Govt. of India along with the state government is committed to provide free and compulsory education to the children from 6 to 14 years of age. Therefore it is very much important to know the problems of facing to improvised educational and health conditions of the children.

Methodology of the Study

The present study is conducted through the collection of both primary and secondary data. For collecting primary data a self-made interview schedule and a home survey has been conducted among the children of primary and secondary schools. Therefore the method used for the present study is the descriptive survey method. The secondary data is collected from community health centers, ASHA workers, and a free medical health camp organized in secondary schools by the Ministry of Health & Family Welfare, Government of India, under the National Health Mission, Rashtriya Bal Swasthya Karyakram (RBSK) envisages Screening Tool and Referral Card For Children (6-18 years of age).

The Population of the Study

The population of the study consists of 100 respondents out of which 56 and 44 are girls and boys respectively.

Limitations of the Study

1. The study consists of data collected from 100 respondents from governmental primary and secondary schools in the respective area.
2. The children as well as their parents are hesitating to answer the questions and for some particular question, they don't want to respond and cooperate.

Analysis of Data

Table-1: nature of the respondents

Nature of Sample	No. of respondents	Percentage
Age(In years)		
10-13	66	66%
14-16	21	21%
Above 16	13	13%

We can interpret from the above table that the majority of the respondents were lies between the age group of 10-13 years and the minority of the respondents lies on above 16 years.

Table-2: religion of respondents

Religion	No. of respondents	Percentage
Hindu	92	92%
Christian	8	7%
Islam	0	0%
Others	0	0%

The above data clearly shows that the majority of the respondents i.e. 93% belong to the Hindu religion and 7% belong to the Christian religion.

Table-3: caste of respondents

Category of Caste	No. of respondents	Percentage
OBC	100	100%
ST	0	0%
SC	0	0%
Others	0	0%

It is clear from the above-mentioned table that all the respondents belong to Other Backward Classes.

Table -.4: educational status of respondents

Level of Education	No. of respondents	Percentage
Upper Primary	56	56%
Secondary	20	20%
Drop-outs	24	24%

From this table, we can say that 56% of respondents receiving primary education, 20% are receiving secondary education, and 24% of 100 population of my research left school before completing their school education.

Table-5: causes of drop-outs

Causes	No. of respondents	percentage
Teachers' attitude	0	0
Medium of instruction	2	2%
Parents' negative attitude	7	7%
Financial problem	8	8%
Health issue	3	3%
Family confliction	5	5%

Table-5 represents the 24% drop-outs of children of 100 respondents. The majority of the children left school because of their financial problems, 7% of them for parents' negative attitude, 5% for their family issues, 3% of them for their health issues, and 2% because of the medium of academic curriculum transaction.

Table-6: drinking water, sanitary and house facilities of respondents

Household Facilities	No. of Households	Percentage
Drinking Water(Hand Pump)	73	73%
Concrete Sanitary	54	54%
Concrete House	61	61%

It is clear that 73% have a drinking water facility but hand pumps are not in good condition mostly among the 100 population of my research, 54% have concrete sanitary and 61% has concrete houses. Despite this, most of their sanitary system is not maintained in good and hygienic conditions..

Table-7: common, communicable, deficiency diseases and disability

Diseases	No. of respondents		Percentage
	Mild	Severe	
Cough	22	2	24%
Skin diseases	19	4	23%
Anaemia	7	5	12%
Vitamin A deficiency	12		12%
Leucoderma	1		1%
Learning disability	2		2%

Table-7 shows the common diseases, communicable diseases, deficiency diseases, and disability disorders among the respondents. 24% of them suffering common cough, 23% of skin diseases out of which 4% have severe symptoms like ringworm in the different parts of the body, 12% of both Anaemia and Vit.A deficiency of which 5% were severely suffering (Anaemia+). Leucoderma (Loss of Skin pigmentation) shows by 1% of respondents and 2% have a learning disability.

Findings and Discussion

1. As a part of the greater Assamese society tea garden community children are still lagging in terms of educational status which may be due to their unawareness or unavailability of required facilities.
2. Consulting with some girls students and their class fellow it is found that girls children have to look after their siblings, cooking for their parents as the mothers are out plucking tea leaves for the day regularly.
3. Some of both boys and girls are temporarily performed in working worked as daily wage basis as financial instability is the major problem in their family.
4. Some respondents left school because of their shifting from one place to another within the district, inter-district or interstate, and parental separation as well.
5. They are vulnerable to some common diseases as well as communicable diseases like colds, coughs, and ringworm-like symptoms, Vit.A deficiency and anemia respectively.
6. By discussing with primary teachers from different schools and some parents it is identified that the language problem is one of the barriers while transacting the academic curriculum in both primary and secondary schools.
7. Liquor consumption by their parent is identified as another major cause of their family conflict which may be considered one of the major reasons for drop-outs children.
8. By visiting their homes it is found that some of the houses, sanitary systems are not in good condition and not maintained well.
9. Majority of the respondents and their parents are found unaware of basic health tips, cleanliness, and hygienic conditions.
10. It is found that some of their parents and teachers as well were unaware of children's disability and needs of Children with Complex Needs (CWCN). The required facilities or well-setting classrooms needed for CWCN are not available in schools..

Suggestions

1. Educational awareness campaigns and motivational programs should be driven in the areas of the Tea Garden community to bring positive attitudes of parents towards education.
2. Special emphasis should be given to them on skill-based programs or vocational subjects through the school curriculum.
3. Some tea management, plantation programs, or short-term training courses should be rendered by community people or experts.
4. At least one community educator or bilingual expert should be appointed in both primary and secondary schools where the majority of the community children are..
5. Scholarships or financial aid should be provided to all the children as most of the children leave school due to their poor financial conditions and support their families by earning money.
6. Family planning, health, and hygiene awareness program should be driven among the community people.
7. Severely suffering from anemia and skin diseases respondents were to be suggested and diagnosed by medical professionals in community health centers available in their locality.
8. Community hospitals or Community Health centers (CHCs) should be modernized with adequate facilities and medical professionals, technicians, and pharmacists as they are preferred to go to

Community Hospital (Assisted by Tea Management Company) first rather than any other governmental or private hospital.

Conclusion

It may be concluded from my above study there are considerable numbers of children drop-outs from primary and secondary schools. Their physical health conditions are not in a good state as they are suffering from different communicable and deficiency diseases. The governmental initiatives or schemes cannot work alone until or unless mass awareness should be created among the community people. Therefore teamwork should be delivered in collaboration with governmental programs or NGOs to bring social change among them.

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