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HEALTH AND OCCUPATIONAL HAZARDS AMONG WOMEN IN ASSAM'S TEA INDUSTRY

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Keywords	Abstract
<i>Women, Health, Tea, Hazard, Gender</i>	This article explores the health and occupational hazards faced by women workers in Assam's tea industry, where women form almost half the workforce. Despite their central role, they face demanding labor, chronic health issues and significant gender disparities. Drawing on recent literature, the study highlights that most women tea workers come from disadvantaged backgrounds, have low education and face economic hardship. They are exposed to health risks like musculoskeletal disorders, respiratory illnesses, reproductive problems and malnutrition—mainly due to repetitive labor, chemical exposure and poor living conditions. Long hours, harsh weather and minimal safety measures worsen these challenges. Gender inequalities, such as wage gaps, job segregation and limited access to benefits, further restrict women's well-being. Although women use coping strategies like support networks and self-help groups, these are not enough. The article emphasizes the need for gender-sensitive policy reforms, such as stronger



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	labor laws, better workplace safety, expanded welfare and women's empowerment through education and leadership. Addressing these complex risks requires coordinated action from all stakeholders to ensure reforms improve the health, dignity and opportunities of women tea workers, supporting broader social justice and sustainable development.
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INTRODUCTION

The tea industry is a considerable contributor to the economy and employment in Assam, India, with a long history dating back to the British colonial period. The region is globally recognized for its tea production, and the industry supports millions of livelihoods, both directly and indirectly. (Biggs et al., 2018, pp. 9-18) Women constitute a substantial portion of the workforce in tea plantations, engaging in labor-intensive tasks such as plucking, pruning and processing tea leaves. (Saikia & Parida, 2026, pp. 256-261) Their daily routines often begin before sunrise and extend late into the evening, showing a demanding work environment that rarely affords rest days or adequate breaks. (Gogoi, 2023) Despite their key role, women workers regularly experience unique health challenges and occupational hazards. Many of these problems are compounded because of factors for example limited access to education, poor living conditions and deficient healthcare facilities within plantation communities. (Gogoi & T, 2024) This article examines the numerous health problems and workplace risks encountered by women in Assam's tea plantations, exploring the socio-economic and environmental aspects that contribute to their vulnerability. It also highlights the vital need for policy actions and cooperative efforts to protect the well-being of these essential workers.

LITERATURE REVIEW

The health and occupational vulnerabilities of women in Assam's tea plantations have been widely acknowledged in scholarly discussion. Das (2015), in his work titled *Health Risks and Social Status of Women Workers in Assam's Tea Gardens*, delivers a foundational analysis of the historical and present-day challenges faced by female tea workers. Das highlights that, since the colonial era, women have been integral to Assam's tea industry; however, their social status and health outcomes continue to lag behind those of their male counterparts, largely due to persistent socio-economic deprivation and inadequate access to healthcare.

Building on this, Baruah (2016), in the article *Women Workers in Assam Tea Industry: Issues and Challenges*, stresses the double burden borne by women who balance labor-intensive plantation work with domestic responsibilities. Baruah's findings show that this dual aspect exacerbates both physical and mental health problems, making women more susceptible to a range of occupational hazards. The specific health outcomes experienced by women tea workers are further examined by Dutta and Saikia (2018) in *Health Status of Female Workers in Tea Gardens of Assam*. Their research documents a high prevalence of musculoskeletal disorders, respiratory ailments and



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reproductive health issues among women, ascribing these problems to repetitive physical tasks, exposure to agrochemicals and scarce access to sanitation facilities.

In the article Occupational Health Hazards of Tea Garden Workers in Assam, Choudhury (2020) draws attention to the risks arising from inadequate protective gear and unsafe working conditions. Choudhury notes that women are particularly vulnerable to the harmful effects of pesticides and extreme weather, compounded by a lack of workplace safety training. Sharma (2019), in *Gender and Labour in Assam's Tea Plantations*, investigates how gendered labour dynamics additionally disadvantage women. Sharma's analysis shows that women's contributions are systematically undervalued, despite their significant presence in the workforce and argues for gender-responsive workplace reforms and improved access to health services.

Collectively, these studies establish a complete understanding of the multi-layered challenges encountered by women in Assam's tea plantations. The literature consistently stresses the need for focused interventions, policy reforms and joint approaches to address the occupational health risks and gender inequities embedded within the industry.

MATERIALS AND METHODS

This study uses a qualitative research design based exclusively on secondary sources to examine the health problems and occupational hazards encountered by women in Assam's tea plantations. The research draws on a comprehensive assessment of existing literature, including peer-reviewed journal articles, books, reports from public and private organizations and reputable online databases. Relevant studies were identified via systematic searches using scientific databases such as JSTOR, Google Scholar and PubMed, as well as institutional repositories and official reports from the Government of Assam and international labor organizations. Selection criteria included studies published within the last fifteen years, with an emphasis on those that specifically addressed women's health, working conditions and socio-economic status in the context of Assam's tea industry. Both qualitative and quantitative research findings were taken into account to guarantee a multidimensional understanding of the topic.

Data from the selected sources were systematically reviewed, compared and synthesized to identify common themes, patterns and research gaps. This approach permitted for a critical analysis of the prevailing issues, as well as an evaluation of policy recommendations and interventions proposed in previous studies.

RESULTS AND DISCUSSION

Demographic Profile of Women Tea Workers in Assam

The demographic profile of women tea workers in Assam reveals a population defined by social, economic and cultural complexity. These women constitute nearly half of the workforce in Assam's tea plantations, showing their central part in the industry's operations. (Duara & Mallick,



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2019, pp. 15-26) Most are between 18 and 50 years old, with many entering the workforce as young grown-ups due to family financial needs and continuing to work for decades. (Gogoi, 2023) This early and prolonged engagement in physically demanding labor increases their susceptibility to chronic health problems. Educational attainment among women tea workers is generally low. Many are either illiterate or have completed only primary school, a situation mainly attributed to economic hardship, customary gender expectations and the need for children to support household income. (Saikia, 2018) Limited education restricts their awareness of occupational rights, health care options and opportunities beyond plantation work.

Socio-economically, most women tea workers belong to disadvantaged communities, often descending from tribal groups brought to Assam during the colonial era. (Behal, 2006, pp. 143-172) Their families have typically worked in the tea industry for generations, resulting in persistent patterns of poverty and social exclusion. Wages remain low and there is heavy reliance on plantation jobs as the primary source of income. Living conditions are modest, with many families residing in basic quarters provided by the tea estates, often lacking adequate sanitation and access to clean water. (Saikia & Parida, 2026, pp. 256-261) In addition to their paid labor, these women bear the brunt of domestic responsibilities such as cooking, cleaning and caring for children and elderly family members. This double burden of wage work and unpaid household duties frequently leads to fatigue and contributes to their overall vulnerability.

Many women tea workers are either native to Assam or are descendants of migrant laborers from other states. This background sometimes results in weaker social networks and less access to communal support, further compounding the challenges they face. Their cultural identities, while developing a sense of feeling of belonging in their communities, can also lead to social isolation from mainstream Assamese society and may limit their access to government welfare schemes and public health services. Overall, the demographic profile of women tea workers in Assam is characterized by early entry into the labor force, limited education, economic marginalization, and a heavy double burden of work. These factors intersect to shape their daily experiences and play a major role in to the health and occupational risks explored in following sections of this study.

Prevalence of Health Problems Among Women Workers

Health problems among women workers in Assam's tea gardens are alarmingly high, reflecting demanding work and socio-economic challenges. (Saikia & Parida, 2026) These women face many risk factors leading to various acute and chronic health issues. Musculoskeletal disorders are most common, as repetitive plucking—often six to eight hours a day—causes chronic back, joint, and muscle pain. (Kouhnavard et al., 2025) Many experience ongoing discomfort in shoulders, neck and lower back, lowering productivity and quality of life.

Respiratory problems are also common. Regular exposure to dust, pesticides and fertilizers leads to chronic cough, bronchitis and other respiratory infections. (Venugopal et al., 2021) Without proper protective gear, women are especially vulnerable to these risks. Reproductive health issues are also



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significant. Women tea workers have more menstrual disorders, anemia and pregnancy complications than the general population. (Saikia & Parida, 2026) These are linked to poor nutrition, hard labor and limited maternal healthcare. Lack of privacy and sanitation in gardens makes managing reproductive health difficult. Malnutrition is common due to low wages and poor diets, weakening immunity and causing anemia, which reduces energy and work capacity. (Saikia & Parida, 2026) Skin and digestive problems are frequent, caused by hot, humid conditions, agrochemicals and unsafe water. (Ahmed et al., 2023) Bad living and sanitation conditions increase infectious disease risk. Mental health issues like anxiety and depression are rising due to physical strain and financial stress, but stigma prevents many from seeking help. Overall, these health problems are rooted in the difficult work, economic hardship and social environment of the plantations. Solutions require workplace reforms, better healthcare and broader steps to empower women and improve their lives.

Occupational Hazards in Tea Plantations

Women in Assam's tea plantations face numerous occupational hazards that impact their health. (Saikia & Parida, 2026) The labor is intensive, requiring long hours in tough conditions. A major hazard is exposure to agrochemicals like pesticides and fertilizers, often without protective gear. This leads to skin irritation, respiratory issues and sometimes chronic and reproductive health problems. (Venugopal et al., 2021) The work is also monotonous and physically demanding—plucking, lifting, pruning and weeding require constant bending and standing, causing musculoskeletal disorders and chronic pain. (Kouhnavard et al., 2025) Harsh weather, like heat and heavy rains, increases the risk of dehydration, heat exhaustion and weather-related illnesses. (Saikia & Parida, 2026) Poor workplace infrastructure—such as lack of clean water, sanitation and rest areas—adds to these risks, making daily hardships worse. (Saikia & Parida, 2026) Safety training is minimal and women often lack knowledge on safe practices. Injuries like cuts and insect bites are common and lack of first-aid can make them serious. (Bhattacharyya, 2011) The double burden of plantation work and domestic duties leaves little time for rest, increasing fatigue and injury risk. Assam's tea plantations expose women to persistent hazards, including chemicals, physical strain, harsh weather and poor facilities. Addressing these issues needs better safety measures, protective equipment, health check-ups and worker education.

Gender-Based Disparities in the Workplace

Gender-based disparities are deeply rooted in Assam's tea plantations, shaping women's experiences, opportunities and health. Despite making up nearly half the workforce, women are often relegated to the lowest positions and face persistent wage, job security and recognition inequalities. A major issue is the wage gap: women are usually paid less than men for similar work. (Saikia & Parida, 2026) Employers often justify this based on traditional gender roles, leading to women's economic dependence and limited bargaining power. Job segregation is also common—women are



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assigned to labor-intensive tasks like plucking and sorting, while men get supervisory or skilled roles. (Sharma, n.d.) This restricts women's advancement and reinforces gender stereotypes. Gender also affects access to benefits; women are less likely to have formal contracts, which limits maternity leave, healthcare and social security. (Rajbangshi & Nambiar, 2020) Where benefits exist, bureaucracy and lack of awareness make access difficult. The absence of gender-sensitive policies means women's needs—adequate sanitation, breaks during menstruation or pregnancy, protection from harassment—are often ignored. Harassment and discrimination are further challenges. Women face verbal abuse, exploitation and sometimes sexual harassment at work. (Borthakur, 2023) Fear of retaliation and lack of grievance systems often prevent reporting. Social norms also play a role, discouraging women from leadership or union participation, which limits their influence. The dual burden of plantation work and unpaid domestic duties leaves women with little time to rest, causing chronic fatigue and health issues. (Saikia & Parida, 2026) Gender-based disparities appear in wage inequality, job segregation, restricted benefits, harassment and lack of representation. Addressing them requires equal pay, gender-sensitive policies, strong grievance mechanisms and empowering women through education and leadership. Resolving these inequalities is key to a fair environment for women workers.

Coping Mechanisms and Support Systems

Coping mechanisms and support systems are essential for women tea workers in Assam as they deal with the demands of work, health issues and socio-economic hardship. Women rely on informal support networks—built on kinship, friendship, or neighborhood ties—to share experiences and offer emotional and practical help. This solidarity fosters belonging and mutual aid. Participation in self-help groups (SHGs), often supported by NGOs or government, provides financial support and opportunities for small businesses outside plantation work. SHGs also raise awareness about health, hygiene and rights, empowering women to make better decisions.

Trade unions, once male-dominated, now increasingly represent women's interests by advocating for better wages, working conditions and health benefits. They support collective bargaining and help address workplace grievances. However, women's limited leadership in unions can reduce their effectiveness on gender-specific issues. Family support is also important. Extended families within plantation communities share childcare and chores, helping women manage both paid and unpaid work, especially during illness or busy periods.

Religious and cultural practices, such as festivals and rituals, offer relief from hardships and promote social ties. Government and NGO welfare programs—like subsidized healthcare and education—help, but access is uneven. Despite these supports, many gaps remain due to poverty and gender inequality. Strengthening women's leadership, expanding SHGs, and improving welfare delivery can enhance resilience and well-being. Despite their resilience and resourcefulness, women tea workers need more systemic and gender-sensitive interventions to support their health, economic security and empowerment.



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Policy Implications and Recommendations

Policy recommendations are essential for tackling the health and occupational challenges faced by women tea workers in Assam. Research highlights the need for comprehensive, gender-sensitive and long-term policy interventions. Stronger and updated labor laws are needed—current ones like the Plantation Labour Act often fail to ensure safe conditions, fair pay and social security for women. Laws should mandate equal pay, regular health check-ups and maternity benefits, with strict enforcement to ensure compliance. Improving workplace safety and health infrastructure is also critical. Policies should require protective gear, clean water, sanitation and safe rest areas. Regular training in safety, chemical handling and first aid must focus on women's needs. On-site healthcare facilities with trained staff would ensure timely care. To tackle gender disparities, policies must promote women's participation in unions and decision-making and encourage gender-sensitization and anti-harassment measures. Awareness campaigns in local languages can boost participation in welfare schemes. Social welfare policies should improve living conditions through better housing, clean water, sanitation and education. Nutrition programs and subsidized food can address malnutrition and anemia. Childcare centers and support for working mothers can help balance work and home responsibilities.

Economic empowerment should be central to policy. Access to microfinance, skills training and alternative livelihoods can reduce women's dependence on plantation work and boost resilience. Supporting self-help groups (SHGs) enables resource pooling and small business opportunities. Collaboration among government, industry, NGOs and workers ensures effective policies and that women's voices are included. Regular assessments should track progress and guide improvements. A holistic approach—combining legal reform, workplace safety, gender equity, social welfare and empowerment—can greatly improve women's health, dignity, and livelihoods in Assam's tea sector.

Conclusion

Women workers are the backbone of Assam's tea plantations, yet they remain highly vulnerable to a range of health problems and occupational hazards. Effective interventions must prioritize occupational safety, healthcare facilities and gender equity to enhance the well-being and productivity of women in this crucial sector. The conclusion of the article "Health and Occupational Hazards among Women in Assam's Tea Industry" encapsulates the profound and persistent challenges faced by women workers in this sector, while also emphasizing the urgent need for systemic change. The evidence presented throughout the article makes it abundantly clear that women in Assam's tea plantations are subjected to a unique combination of health risks, occupational hazards and socio-economic disadvantages. These issues are deeply interconnected—rooted not only in the physical demands and environmental exposures inherent to plantation work, but also in long-standing gender inequalities, inadequate labor protections, and chronic poverty. Women tea workers endure physically taxing labor, often for long hours and under harsh environmental conditions, which contributes to a high prevalence of musculoskeletal disorders,



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respiratory illnesses, reproductive health issues and malnutrition. Compounding these health risks are occupational hazards such as exposure to pesticides and chemicals, lack of adequate protective equipment and insufficient workplace safety measures. Social factors—including low wages, poor living conditions, limited access to quality healthcare and restricted educational opportunities—further exacerbate their vulnerability and hinder their ability to seek timely medical care or advocate for their rights. The article also highlights how gender-based disparities permeate every aspect of life and work in the tea plantations, from wage inequality and occupational segregation to limited participation in decision-making and vulnerability to harassment. Despite these numerous challenges, women workers have demonstrated resilience by building informal support networks, participating in self-help groups, and relying on family and community bonds. However, these coping mechanisms, while essential, are not substitutes for structural change. Addressing the health and occupational hazards faced by women in Assam's tea industry requires a holistic and sustained policy response. There is a critical need for stronger enforcement of labor laws, gender-sensitive workplace reforms, improved access to healthcare and social welfare, and empowerment initiatives that enable women to become active participants in decisions affecting their lives. Collaboration among government agencies, industry stakeholders, NGOs and workers' organizations is vital to ensure that interventions are effective, inclusive and sustainable.

In conclusion, the well-being and dignity of women tea workers in Assam should be at the center of all reform efforts. By recognizing and addressing the multifaceted nature of the challenges they face, stakeholders can not only improve the lives of these essential workers but also contribute to the broader goals of gender equality, social justice and sustainable development within the tea industry and beyond.

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