



RESEARCH ARTICLE

HYGIENE PRACTICES AND HEALTH: A STUDY ON THE TEA GARDEN WORKERS IN  
MOULVIBAZAR DISTRICT, BANGLADESH

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ABSTRACT

The importance of hygiene practices cannot be denied for a healthy life. Using hygienic latrine, washing hands, drinking safe water, household waste disposal, regular bathing are some of the most important hygiene practices that are needed for a sound life. In many countries around the world, especially undeveloped and developing countries, hygiene practices are not satisfactory. The present paper tries to find out the hygienic practices and their health-related impacts on the tea garden workers. This study focused on the two areas of Moulvibazar District, Alinagar and Madhabpur, two of the most tea gardens brimming areas of Bangladesh. The data were collected from 60 tea garden workers (30 from each area), 30 male and 30 female. The study observes: in both areas, hygienic practices among the tea garden workers are not satisfactory and they are suffering from different diseases due to this. This study also finds that due to unhygienic practices in daily lives, tea garden workers are also suffering from the socioeconomic aspect.

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INTRODUCTION

Hygienic practices are important for public health. Safe water for drinking and daily activities and hygienic sanitation are two of the basic and most important needs of the people for their well being. From an economic point of view, improved water supply and water resources management in addition to improved sanitation system can drive the economy of a country. But billions of people around the world, mostly in underdeveloped and developing countries, are deprived of safe drinking water and hygienic sanitation, and also used to in many unhygienic behaviors, for example, not washing hands with soap when necessary or poor household waste management system. Over the last two decades, globally the water and sanitation practices have improved significantly as 2.3 billion and 2.5 billion people respectively gained access to safe drinking water and improved sanitation. But yet 1 billion people are used to open defecation and 748 million people lack access to safe drinking water and hundreds of millions of people have no access to soap and water to wash their hands (WHO 2016).

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Besides, sanitation condition is more severe in rural areas around the world where 7 out of 10 people live without improved sanitation and 9 out of 10 people have to go out for open defecation (UNICEF 2016). Regarding safe drinking water, according to the 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). Access to safe water and improved hygienic sanitation also has significant roles in poverty alleviation and economic development across countries (Coles and Wallace 2005). According to World Health Organization (WHO), every dollar spent on sanitation brings a return of \$ 5.50, in the form of lower health costs and improved productivity (Economist 2014). Besides, people living without access to toilet also face indignity for defecating the open place, with the risks of different chronic diseases and even abuses, mostly for women and girls (Barbara 2007). For any hygienic practice, safe water is a must and for this, there is an urgent need for management to be apprised of scientific work and the uncertainties associated with it (Trudgill 1999). In Bangladesh, practices of improved sanitation and hygiene are not satisfactory, and when it comes to rural areas, the overall situation is much more severe (Shammi and Morshed 2013). In

addition to the lack of access to safe water and sanitation, a lot of people are also not habituated with washing hands with soap and that make them vulnerable from both health and economic aspect (Hoque 2003). The tea garden workers are one of the most marginalized and deprived groups in Bangladesh and their water and sanitation condition and hygiene practices are among the worst in the world (Das and Islam 2006). There are 358,550 workers are now working in around 164 tea gardens in Bangladesh (Chowdhury *et al.* 2011). Moulvibazar district of Sylhet division is one of most tea producing areas in Bangladesh. According to Bangladesh Tea Board, there are 90 tea gardens in Moulvibazar district where thousands of people are working. This paper tries to find out the hygiene practices and their health-related impacts on the tea garden workers of Alinagar and Madhabpur union of Moulvibazar district, Bangladesh. It also focuses on to finding the impacts of the hygiene practices on the tea garden workers' socioeconomic lives.

### Methodology of the study

The data were collected through using questionnaire from 60 tea garden workers (30 from each area), 30 male and 30 female, of Alinagar and Madhabpur Union of Moulvibazar district. All of the respondents are tea garden workers and dwellers.

**Objectives of the Study:** The objectives of the study are:

- To explore the personal hygiene practices among the tea garden workers.
- To find out the impact of existing personal hygiene practices on health among the tea garden workers.
- To explore the impact of personal hygiene practices on the socioeconomic life of the tea garden workers.

### Major findings of the study

**Personal hygiene practices among the tea garden workers:** Hygiene practices among the tea garden workers are not satisfactory and very low, though for a healthy and safe life that are important. One of the very important hygienic practices is using the hygienic latrine. This study finds that only 13 percent tea garden workers use the hygienic latrine for their natural needs, while the majority (87%) goes outside in open places or use unhygienic latrines. In addition to that, 93 percent respondents inform that they do not use sandal while going for defecation (Table 1). Washing hands properly with soap after defecation is extremely important to maintain hygiene and to resist diseases, as unclean hands can cause many diseases (Table 2). Only 15 percent tea garden workers inform that they wash their hands with soap after defecation, while the majority expresses the opposite habit. Washing hands before preparing food and before eating is very important, very few of the respondents answer that they do this regularly in their daily lives. 95 percent of the female tea garden workers do not wash their hands before preparing food while 97 percent of the tea garden workers do not wash their hands before eating (Table 1). The tea gardens in Moulvibazar are typically situated in hilly areas where the geology is not fully suitable to install safe water options like tube-well. As a consequence, not all tea garden workers have access to safe drinking water. Besides, the poor economic ability of the tea garden workers, difficult geology is also a big constraint for them to install safe water option. This study finds that 32

percent respondents do not have access to safe drinking water and depends unsafe water sources, such as water reservoir.

Managing household waste is also an important provision to maintain household hygiene. 82 percent respondents inform that they do not have the household waste management system and cast away the daily wastes near their house. Except wearing clean clothes, the other hygienic practices, for instance, taking bath, washing hair, cleaning teeth and drying clothes in the sun are satisfactory (Table 1).

**Table 1. Hygiene practices**

Types of hygiene practice	Answer of the respondents (%)	
	Yes	No
Using hygienic latrine	13	87
Using sandals while going for defecation	7	93
Washing hands after defecation	15	85
Washing hands before preparing food	5	95
Washing hands before eating	3	97
Drinking safe water	68	32
Household waste disposal system	18	82
Taking bath everyday	88	12
Cleaning teeth everyday	81	19
Washing hair once in a week	100	0
Wearing clean clothes	58	42
Hanging clothes in sun	96	4

N=60

**Impact of existing hygiene practices on health among the tea garden workers:** The unhygienic practices among the tea garden workers make them vulnerable to different preventable and avoidable diseases (Table 2). This study finds that as the tea garden workers practice many unhealthy ways to live, for example, going in open place outside for defecation (Locally known as *Chara Bari*), not washing hands properly after that and drinking unsafe water causes many diseases in their daily lives. Highest 81 percent of the tea garden workers suffer from diarrhoea due to their unhygienic practices, such as, not washing hands with soap after going to the toilet or before eating. Scabies has been reported by 73 percent tea garden workers as they frequently suffer from it. The other diseases reported by the significant number of tea garden workers are malaria, intestinal worms, and dengue. For not brushing teeth every day properly, they also suffer from gum and this has been reported by 26 percent respondents. Yellow fever, trachoma, typhoid, cholera and arsenicosis were also reported by the tea garden workers (Table 2).

**Table 2. Impact of existing personal hygiene practices on health**

Types of Disease	Answer of the respondents (%)
Diarrhoea	81
Scabies	73
Dysentery	68
Malaria	43
Intestinal worms	43
Dengue	33
Gum	26
Yellow fever	20
Trachoma	18
Typhoid	15
Cholera	12
Arsenicosis	10

N=60

**Impact of personal hygiene practices on the socioeconomic life of the tea garden workers:** Both different unhygienic practices (Table 1) and their impacts on health (Table 2) make the tea garden workers vulnerable in their socioeconomic life

too (Table 3). Among the study population, 95 percent informs that for them the greatest problem while getting sick is the loss of working hour. As the tea garden workers are very poor and marginalized community in Bangladesh and earn only BDT 69 a day, it has very hard for them survive in their daily lives if they cannot work or work less. In addition to that, if they don't go to work or work less their earning also gets affected as they lose their income (90%). Another problem mentioned by the tea garden workers is the expenditure for the treatment of the diseases. 83 percent respondents inform that continuous cost for the treatment also makes them vulnerable economically. Because on one side, if anyone in the family gets sick, they cannot go to work, hence they lose their earning and on the other side, they have to spend extra money for the treatment. In addition to that one of the major social impacts on the tea garden workers is indignity, 80 percent worker inform this. As this study finds 87 percent of the tea garden workers do not use the hygienic latrines (Table 1), all of them and their family members have to go outside in open places for their natural needs all the time.

**Table 3. Impact of personal hygiene practices on the socioeconomic life**

Impacts on socioeconomic life	Answer of the respondents (%)
Continuous loss of working hour	95
Loss of income	90
Expenditure for treatment	83
Indignity	80
Security of women and girl	70
Abuse	63

N=60

It happens to see that the tea garden workers are habituated to many unhygienic practices and vulnerable in many ways of life. But the most vulnerable among them are women and girls. 80 percent respondents inform not having a hygienic latrine of their own is a security concern for the women and girl. As they have to outside during the day and night for their natural needs without any security. So this is an unsafe practice for them. In addition to that, they are the continuous victims of physical and verbal abuse for the same reason and this has been reported by 63 percent respondents.

## Conclusion

This paper studied the hygiene practices and their impacts on the health of the tea garden workers of the Moulvibazar district of Bangladesh. This study found that the hygiene practices among the tea garden workers are not satisfactory. For example, the majority of the tea garden workers does not have the hygienic latrines and are used to go outside for open defecation.

Most of the people are not habituated to wash their hands with soap when needed. Besides, the household waste management system for most of the families is also not satisfactory and causing many diseases. Diseases causing from unsafe hygiene practices also make the tea garden workers vulnerable in economic perspective too, as they cannot go to work and also compelled to spend money for the treatment. In addition to the unhygienic practices like open defecation also a matter of social opprobrium for the workers. It also causes security problems for the women and girls too. Overall, this study explored that the hygienic practices among the tea garden workers are very limited and insufficient. To live a better and healthy life, these conditions should be improved to a significant extent.

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