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Socio-Economic And Public Health Perspective On Faith Healing Practices Among Tea Garden Community In Cachar District, Assam

Prerna Verma And Gangabhushan M. Molankal
Research Scholar, Department Of Social Work, Assam University, Silchar, Assam
Professor, Department Of Social Work, Assam University, Silchar, Assam

Abstract:
Tea tribes in Assam are a diverse and multi-ethnic community over 100 groups which were originally brought from central and eastern India by Britishers at the time of establishment of tea industry. They are the deprived section of the society who continue to experience socio-economic marginalization, inadequate healthcare services and infrastructure and limited access to education. Due to these issues, they choose traditional and faith healing practices to cure their health problems and other related issues. This paper explores the dual track health seeking behaviour of these population, where indigenous spiritual practices remain an important point of contact for illness with the availability of modern services as hospitals, doctors and government help. The study is mixed research study done in a tea garden situated near to the Silchar city in Cachar district. In-depth interview from 110 women workers and 5 FGDs with different stakeholders was conducted to carry the study. The paper investigates the different reasons for continued use of faith healing and its effects on people's health and well-being. It emphasizes the cultural resilience, healthcare access barriers and welfare implications. The findings of the study reveals that socio-economic condition of tea tribes are not good and for the health practices they are still dependable on jhad fuk. On the one hand they are reducing and forgetting the usage of home remedies and on other they directly go with the medicines available in the nearest health center. The study also highlights the challenges these practices create for public health outcomes and proposes an integrated policy framework in recommendation. The paper also suggests various implications and recommendations.

Keywords: *faith healing, health behaviour, tea tribe, home remedies*

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I. Introduction:

Assam state is globally famous for its tea industry. It has played a significant role in shaping the region's economy, society and culture. The tea tribes in state are predominantly comprised of tribal (*Adivasi*) people who were historically brought from central and eastern India by Britishers at the time of establishment of tea industry. Despite their crucial contribution to the industry, they continue to experience socio economic marginalization, inadequate healthcare infrastructure, limited access to education, poor living and working condition etc. (Bhowmik, 2009).

In many tea garden communities, different types of faith healing practices continue to play an important role in dealing with their illness and for other personal issues. As per World Health Organization, faith healing refers to the belief that diseases can be cured through divine interventions, spiritual rituals or the action of religious leaders or traditional healers (WHO, 2013). And in the tea community such practices are often deeply rooted in their cultural tradition and spiritual beliefs. It may involve rituals, prayers, offerings and involvement of spiritual healers or religious leaders who believe to possess some supernatural powers by which they can cure diseases or resolving life difficulties.

In modernization, the presence of formal healthcare institutions, extent of education and technological advancements all the people are often expected to reduce on traditional healing practices and use modern healthcare services. Similarly, the tea tribes should also move for the advancement in the health seeking behaviour. As a public health perspective, structural poverty, low literacy and cultural beliefs lead to heavy reliance on traditional practitioners and this faith healing practices (Medhi et al., 2006).

Anthropology has also shown that traditional healing and modern medicine are generally not alternatives, but both coexist together. It is very common for the tea community people to use a combination of ways to keep themselves healthy using both spiritual practices, plant medicines and treatments from the doctor simultaneously (Singh, 1998). However, reliance on the faith and traditional healing practices can sometimes create challenges for public health initiatives. Delays in seeking medical treatment may worsen disease or

situation of ill people and it can also hinder the effectiveness of healthcare programs in this marginalized communities (Basu, 2012).

Thus, this study examines how faith healing continues to be utilized by Tea Tribes in Assam and how it impacts their wellbeing and health. It also examines the problems of faith healing carriage for public health programs and welfare efforts. By looking not only at how old beliefs have mixed with modern medicine but also at how tea tribe community experience the different barriers to healthcare and welfare. The paper also indicates that we need culturally sensitive means to improve the quality of healthcare and welfare for communities among the tea tribe people.

An overview of Faith Healing Practices:

Faith healing is a method of treating any illness through the process of faith rather than biomedical practices. It typically involves rituals, prayers and activities directed to divine. Believers in faith healing argue that any disability or disease can be cured or treated through religious faith and divine interventions (Niranjan et al., 2024). It encompasses knowledge and practices rooted in indigenous cultures which are used to maintain health, prevent illness, diagnose and treat physical and mental illness.

The Faith Healing Practices in Assam are deeply rooted in their rich culture and socio-economic dynamics. These practices have a rich and diverse heritage also that address mental, physical and spiritual well-being. There are only few people or groups who have maintained the continuum of these faith and traditional healing practices. There are traditional healers in the same community who provide care and remedies through different rituals and practices. They are often respected members of the community who are believed to possess some supernatural abilities. These all are the facts which reflects that this is the belief system within the community where health is tied to the balance and natural world.

Faith healing generally refers to the belief that illness or misfortune to people can be cured or rectified through the spiritual intervention rather than using science and biomedical treatment. In many traditional societies including tea tribes' community it is associated with religious rituals, ancestral beliefs and some supernatural powers. There are different rituals or practices under the faith healing system. The most common are Herbal Medicine or home remedies, Ritual Healing (Purification Rituals, Spirit Appeasement, Collective Prayer etc.), Spiritual Diagnosis etc.

One important method of traditional healing practice is Plant based Healing or herbal medicine or home remedies. In this practice the tea tribes use locally available plants and herbs to treat their ailments. Several studies have been conducted related to this. A study has found that tea garden tribes used these herbs for conditions like jaundice, rheumatoid, arthritis and respiratory issues (Das & Dutta, 2025). Another study (Mahanta et al., 2018) also described how tribal communities created a hybrid ethno-medicinal system in which they use localized plants with other rituals.

The faith healing practices are also connected with the collective community participation. Its rituals involve family members, neighbors and community elders who support these processes. This proves that these practices are persistence of traditional medicinal and ritual healing knowledge among tea tribe. Structurally weak public health environment, lesser awareness, poor socio-economic conditions, strong faith on traditional healers are the main reasons for the higher prevalence of *Jhad-fuk* and decreasing believes in home remedies.

Studies conducted in Jorhat district and among ethnic communities of Darjeeling tea gardens, where herbal formulations continue to be used alongside the biomedical treatment for common infections (Chettri et al., 2024). Similarly, studies from Barpeta and Nalbari districts of western Assam have recorded local health traditions and general ailments among tribal populations (Bhattacharjya et al., 2023; Deka & Nath, 2014). Thus, it can be said that there are different trajectories of decline and persistence between herbal home remedies and faith healing within a single community.

Research Objective:

1. To analyze the traditional beliefs and cultural practices prevalent among tea tribe community.
2. To access the impact of faith healing practices on healthcare access within tea tribe community.
3. To evaluate the role of modernization, education and government welfare programs influencing health seeking behaviour among tea tribe.
4. To propose policy recommendations for improving healthcare awareness and welfare.

II. Research Methodology:

Study Area: The study area for the research is a tea garden situated in Silchar City, Cachar district in Barak Valley, Assam. The selected tea garden is situated very near and is well connected to the city and having size of 441.23 ha in area.

Research Design: This study adopted a mixed method to examine the persistence of faith healing practices among tea tribe community in Assam. The qualitative study included the socio-cultural, health seeking behaviour and barriers to healthcare for the tea community. The secondary data analysis includes the data and information from academic literatures, government reports, articles from national and international journals, studies related to the topic were taken.

Sampling and Sample Size: The selected tea garden has total 1024 number of workers. Out of which 110 women workers were selected for the in-depth interviews. Other respondents include *sardars, tilla babus* and people from management of tea estate. All the respondents were selected using random sampling.

Tools for Data Collection: For quantitative data, in depth interview were taken from the 110 women workers by using interview schedule, 5 FGDs and informal interactions were conducted with the other members of tea garden for qualitative data collection.

Data Analysis: The Quantitative data were analyzed by using SPSS Software and MS Excel. Qualitative data collected through interactions and observation were analyzed using thematic analysis.

Major Findings:

Socio-economic Status:

The socio-economic study is important to understand the level of marginalization of tea tribe community. This directly and indirectly impact in availing and seeking the healthcare services.

Age Group of Respondents:

Source: Primary Data

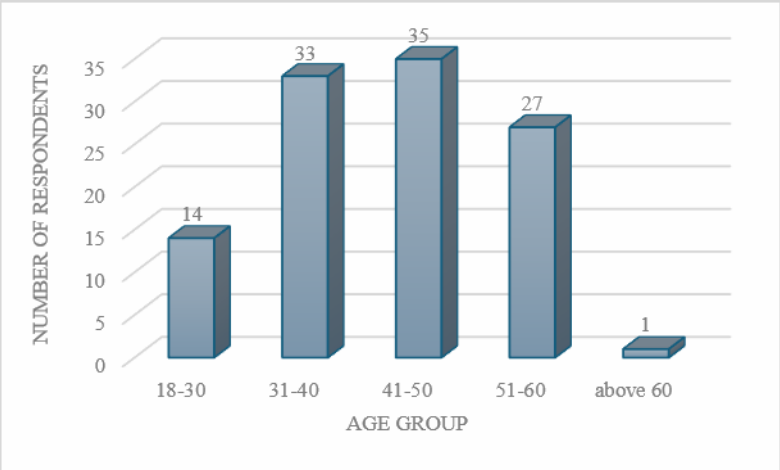


Chart 1: Age Group of Respondents

The above chart depicts that the 31.8% (35) respondents belonged to age group of 41-50 years followed with 30% (33) in 31-40 years and 12.7% (14) in 18-30 years group. Only 1 woman was above 60 years, which means after her retirement she is still working in the garden. The data also reveals that younger women are lesser engaged in the labour work of garden.

Marital Status of Respondents:

Source: Primary Data

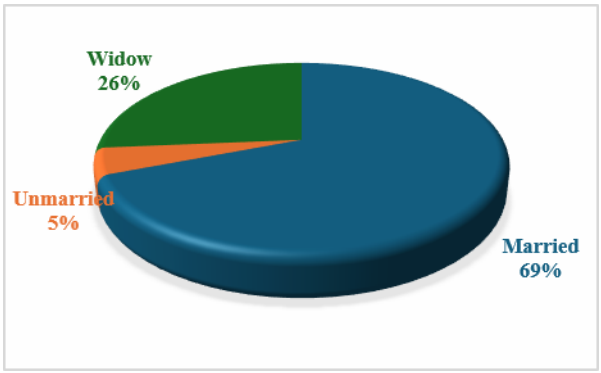


Chart 2: Marital Status of Respondents

Out of total 110 respondents, maximum number 76 women were married while 5 were unmarried and 29 were widow.

Educational Status of Respondents:

Source: Primary Data

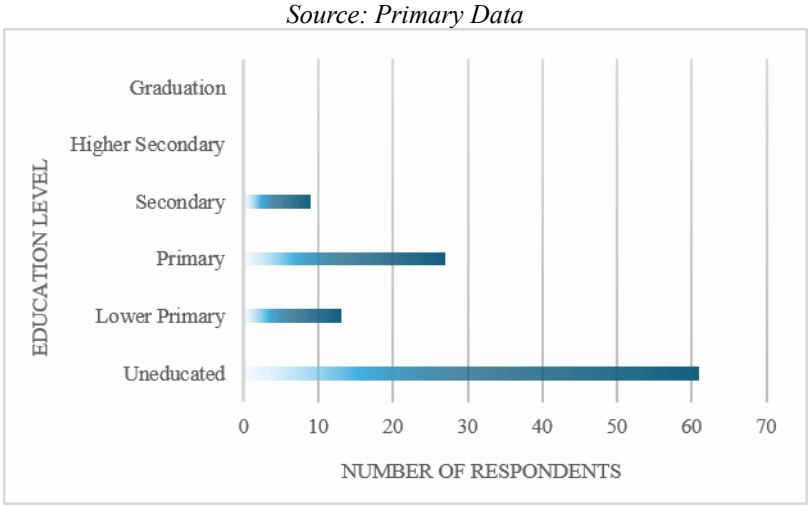


Chart 3: Educational Status of Respondents

Regarding educational qualification, 61 women were illiterate. They had never been to school. Only 13 respondents went to *pathsala* for their pre-primary education and 27 studied up to primary level. Till secondary level education only 9 women studied, and no women had studied further. Not a single woman had studied senior secondary level or higher. There could be many reasons for the current educational status of women workers like poverty, poor infrastructure, lack of teachers, language barrier etc. and this illiteracy makes women vulnerable for other social evils.

Religion and Caste distribution of Respondents:

Religion		
	Frequency	Percent
Hindu	105	95.5
Muslim	5	4.5
Christian	0	0.0
Sikh	0	0.0
Total	110	100.0
Caste Category		
	Frequency	Percent
OBC	90	81.8
General	20	18.2
ST	0	0.0
SC	0	0.0
Total	110	100.0

Source: Primary Data

Table 1: Religion and Caste Distribution of Respondents

The above table clearly says that most of respondents 105 (95.5%) belongs to the Hindu religion and only 5 (4.5%) belongs to Muslim religion. No respondents were found in any other religious category. And similarly, 81.8% (90) respondents were under OBC category and 18.2% (20) were under General category. No woman was found of any other caste category.

Family Income of Respondents:

Source: Primary Data

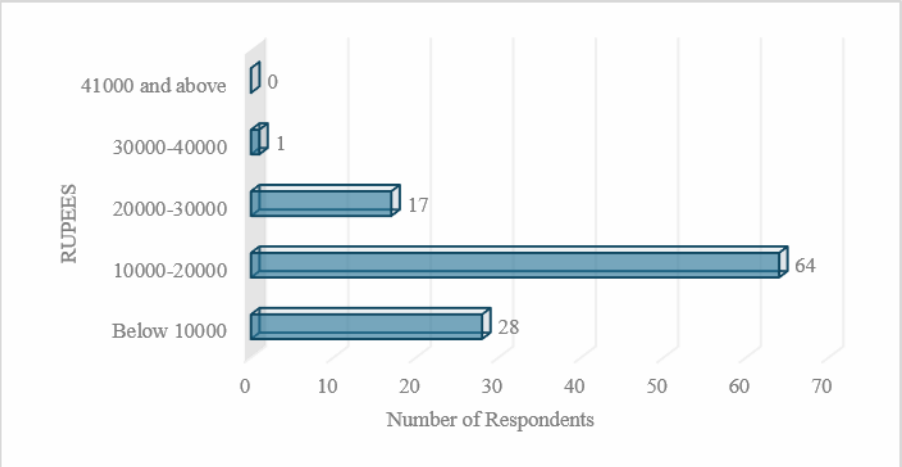
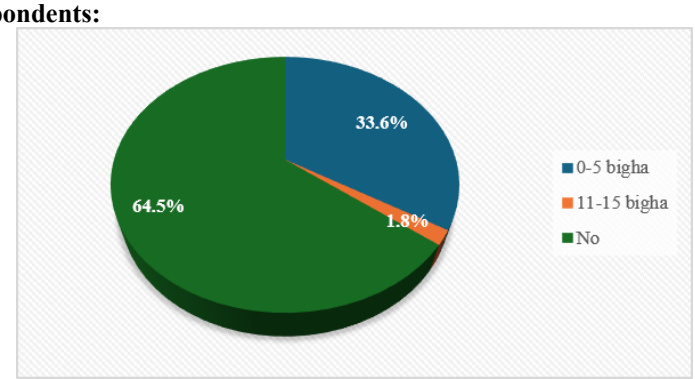


Chart 4: Family Income of Respondents

The income of the family plays an important role in understanding socio-economic background of any group or family. Family income includes the total earnings of all the family members of family. In the study it was found that most of respondents 64 (58.2%) had family income between Rs. 10000 to 20000. After that 17 respondents' family income was between Rs 20000 to 30000. Only 1 woman's family income was found between Rs 30000-40000. No respondent reported their income above Rs. 40000. Out of 110 respondents, 28 respondents also reported their income below Rs 10000. It also clarifies that they are the single earner of the family who gets their daily wages form tea estate.

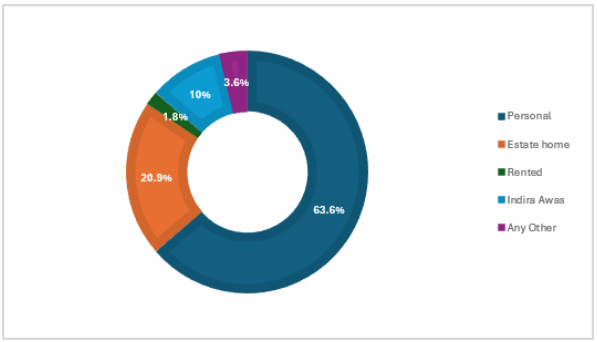
Landholdings of Respondents:



Source: Primary Data
Chart 5: Landholdings of Respondents

Out of total 110 respondents, maximum 64.5% (71) women were not having any land holdings. Then, 33.6% (37) women had only 0-5 *bigha* land and only 2 (1.8%) reported land 11-15 *bighas*.

Types of Houses:



Source: Primary Data

Chart 6: Types of Houses

Regarding type of house the respondents possess, 63.3% (70) women had their personal homes, 20.9% (23) had got houses from estate which is Assam type houses, 10% (11) got homes form *Indira Awas Yojna* and 2 were living in the rented house. Few respondents, 3.6% (4) also reported any other option which means they are living in their relatives' house. As per PLA 1951, it's a duty of every employer to provide and maintain the necessary housing accommodation to every worker and his family residing in the plantation. But the reality is very different.

Types of Toilets:

Source: Primary Data

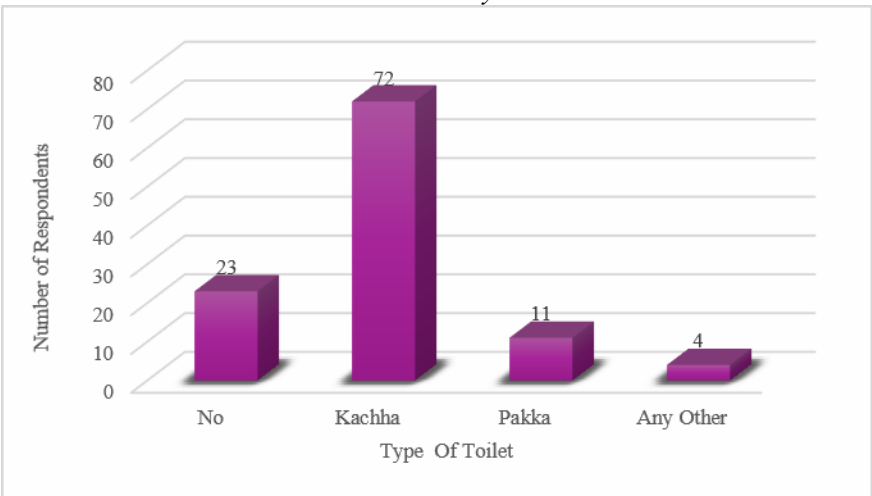


Chart 7: Types of Toilets

The above chart represents that 72 (65.5%) respondents reported that they had *kachha* toilets while 23 (20.9%) had no toilets. It clearly means they go for open defecation. Only 11 (10%) had *pakka* toilets and 4 (3.6%) respondents went with any other option because they were using toilets of their neighbors or relatives. A very devastating picture of this result is in the world if digitalization, many people don't have toilets at their homes and maximum are having *kachha* toilets at or outside their homes. This again questions the PLA 1951, estate management and governance. This shows the vulnerability of tea community.

Types of Cards:

Source: Primary Data

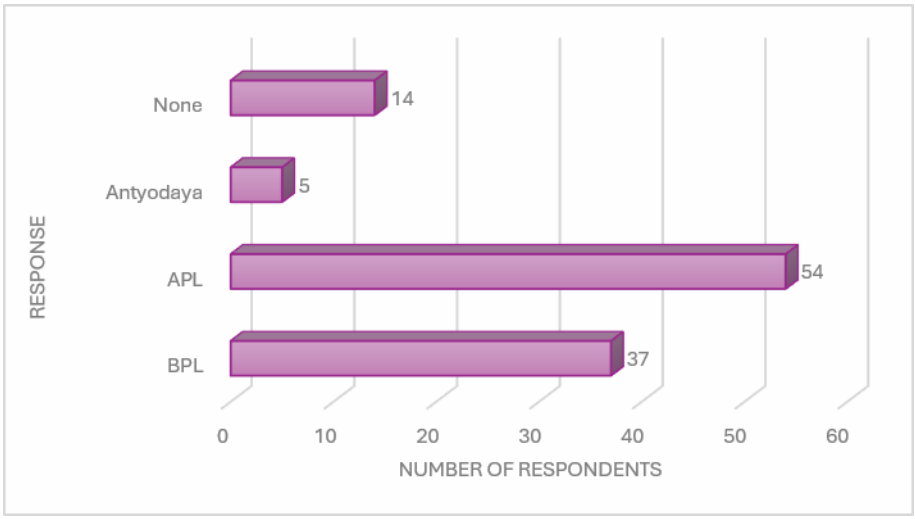


Chart 8: Type of Cards

It can be seen form the above chart that 54 (49.1%) had got APL card in which they got 5kgs rice/month. Then 37 (33.6%) women were getting 35 kgs/month rice as they had got BPL cards. The *Antodaya* card holders were only 5 (4.5%) who got 35 kgs rice at very minimal price and 14 (12.7%) were also there who had not got any type of card thus they were not getting any grain (rice) at reasonable price. The distribution of cards is very random. There are many people who got APL Card are not financially good condition. They must get BPL card to get ration for their family but due to undeserved card they must buy the ration from the market at higher prices.

Health Seeking Behaviour of Tea Community:

Health Seeking Behaviour (HSB) is the sequence of actions that an individual or a community undertake to promote health, prevent illness and to cure perceived health issue. It includes steps from recognizing early symptoms to navigating social networks and assessing healthcare options. It's all about the when, where and how to get any service.

Health Condition of Respondents:

Source: Primary Data

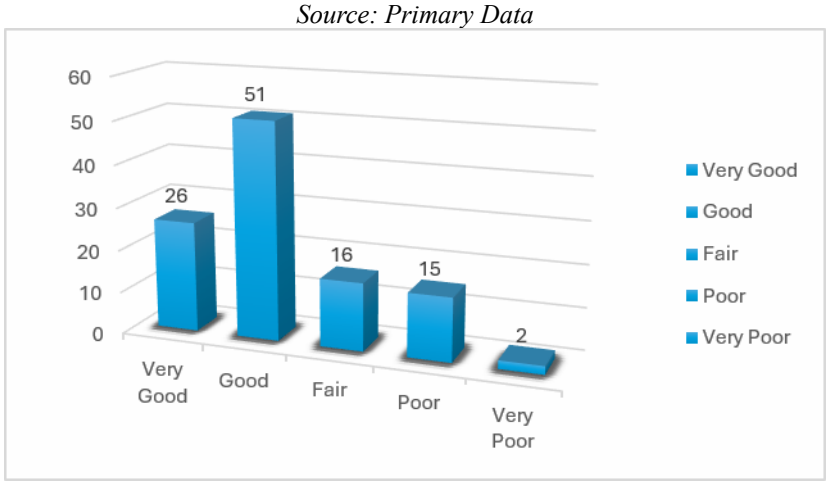
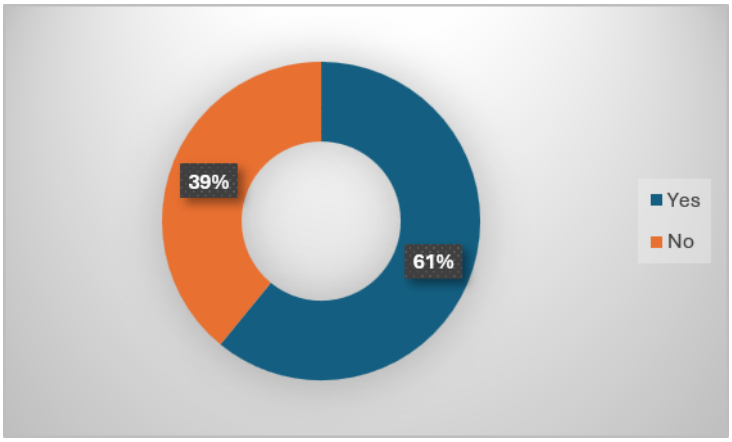


Chart 9: Health Condition of Respondents

Knowing own health status is also an important aspect of HSB. On asking about the health status of women workers in the study area, 46.4% (51) respondents agreed to a good health status. After that 23.6% (26) women admitted that their health is very good, while 14.5% (16) said fair, 13.6% (15) said poor and 1.8% (2) also said they had very poor health. It clearly shows that the basics about their own health whether they are good or not, they are very aware. Respondents who are healthy and can easily do their work think their health is good and very good, those having any health issue knows their health is poor or very poor.

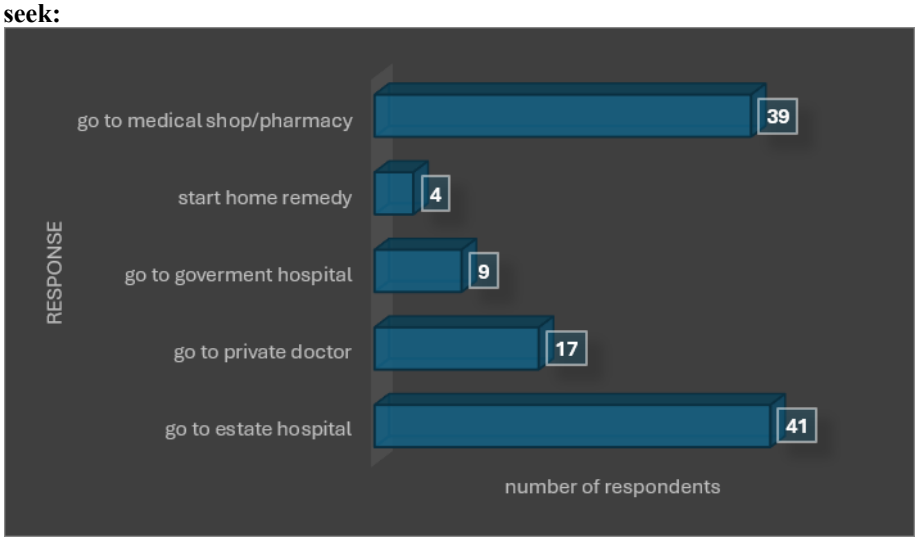
Work affects their Health:



Source: Primary Data
Chart 10: Work affects their Health

Upon asking whether their work affects their health or not majority 61% women agreed to the point that their affects their health adversely and 39% respondents had no issue with their work with their health. Women whose health is good find their job good. They don't find their work is harsh and may give health issues. Women who have any health issue or young women find their job is difficult in the harsh weather and poor working condition agreed that their work affects they health.

First Step to seek:



Source: Primary Data
Chart 11: First Step to seek

Regarding first step to seek while they find any health problem with their family members, maximum 37.3% (41) women reported that they directly go to estate hospital and go for check-ups and follow ups. After that 35.5% (39) women revealed that they go to the nearest medical shop and get the medicines. They find this option very easy, quick and cheap. Few women, 15.5% (17) were also there who opts private hospitals for their health issues and 8.2% (9) go with government hospital and only 3.6% (4) go with home remedies. The present data clearly says that nowadays women rarely go with the home remedies as it takes time to work. They directly go to estate hospital or nearest medical store to get medicine and get relief fast. Women who live near to the estate hospital prefer to go to the estate hospital otherwise they have medical stores nearby from where they get medicines without consulting doctors.

Symptoms of Illness:

Source: Primary Data

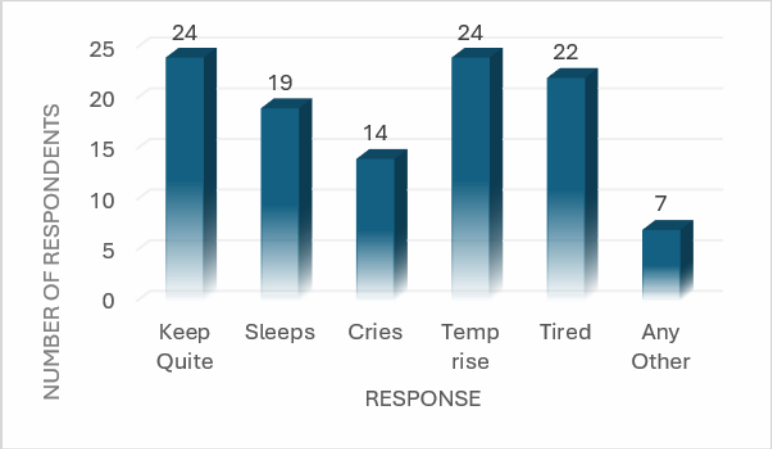


Chart 12: Symptoms of Illness

Noticing the symptoms of illness in their family members, women were very skeptical. Their responses were reflecting their family nature like 21.8% (24) women replied each keep quiet and temperature rise which means they have more elder members in the family and elders react like this in case of any health issue. Then 20% (22) also responded to tired, which again shows the same condition as former. While 17.3 % (19) and 12.7 % (14) agreed to cries, as they have younger family members, kids in their family. Few, 6.4% (7) also gave different answers to this question which was categorized under any other option.

Home Remedies:

Source: Primary Data

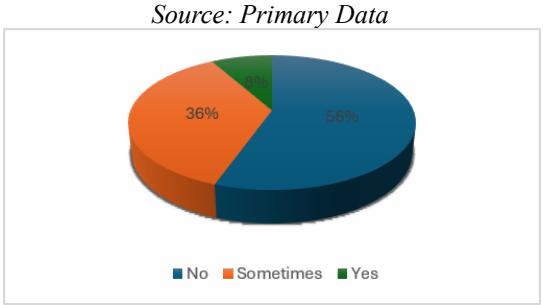


Chart 13: Home Remedies

The above chart shows that 55.5% (61) respondents don't follow the home remedies in their family while 36.4% (40) have reported they sometime use home remedies and only 8.2% (9) had full faith on the home remedies. The data depicts that the tea community is now becoming rely on the medicines and forgetting our ancient method of treatment i.e. home remedies. There are many corelated reasons for above like people want quick relief, they are not having enough knowledge and younger generation don't have faith on home remedies etc. a similar study was conducted among Tai-Ahom in upper assam which finds that due to urbanization and changing demographics the folk are gradually reducing the use of plant-based cures.

Other Faith Healing Practices:

Source: Primary Data

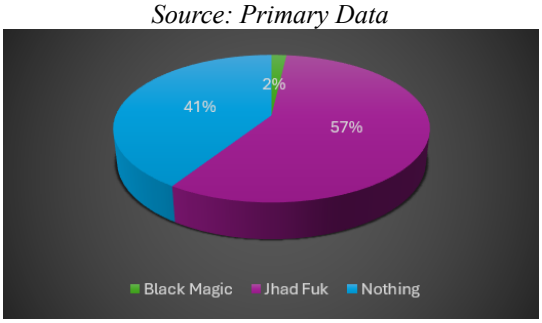


Chart 14: Other Faith healing Practices

Apart from the home remedies there are other traditional and faith healing processes in which people have faith, and they follow for their treatment of illness. Again, the replies were, 57.3(63) respondents agreed to faith on *jhad fuk*, 1.8% (2) on *kala jadu* and 40.9% (45) who don't have faith on any faith healing process. This data again questions that at one hand people are forgetting home remedies and on the other hand they easily go with the *jhad f*uk. During interaction the researcher found that this is because of the availability of traditional healers within the community respondents finds it easy to opt this solution. At the one hand they go with the medicines, other hand they also go for *jahd fuk*. It's their conception that together they work best. But the number for *jadu tona* and any other faith healing process is less or no acceptable among tea tribes. Sonowal & Barua (2011) in their study found the similar result that Khamyang people blends herbal medicine with magico-religious-spiritual practices.

First thing they do:

Source: Primary Data

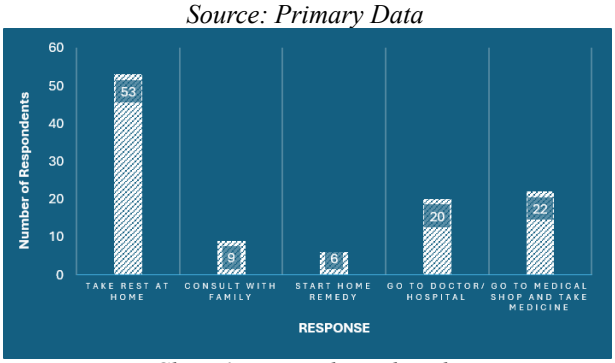


Chart 15: First thing they do

Regarding first thing they do after feeling some sickness in the body their reply was very different. Maximum 48.2% (53) of respondents replied that first they take some rest at home after having any health issue. Then, 22% (20) replied to go to nearest medical shop and take medicine, 18.2% (20) go to consult doctor, 8.2% (9) discuss their problem with family and rest 5.5% (6) start home remedies. Most of women think they are tired, so they are not feeling well so they prefer to rest first. For themselves their action to their sickness is quite different with the first step taken for the family member. The second option they choose is to go to nearest medical shop and get the medicine. For few women it is the easiest practice to get cure for themselves. Hardly 9 respondents agreed that they discuss their issue with their family, means they don't give such importance to their health so they must discuss with family or doctor.

Barriers to Healthcare:

Economic Barrier:

All the respondents, 100% agreed that they have financial problem. They get very less wage for a day i.e. Rs. 228/day. To get this Rs. 228, they must collect 23 kgs of leaves per day. If they get absent from their work they don't get their wage. So, in total they get very less money at the end of the month. This amount of money is not enough to fulfill their day today needs and any ailment or health issue increase they expense.

Structural Barrier:

Understanding barriers to healthcare can help in getting the reason why the tea community's behaviour to their health is in this way. It can also help in getting the idea of what and how the barriers can be reduced so that people don't suffer because of any barrier.

Source: Primary Data

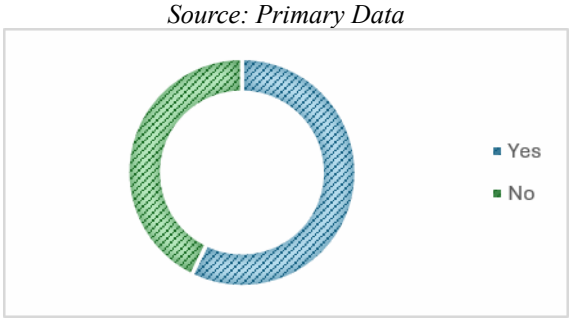


Chart 16: Transportation Problem

Out of 110 respondents, a maximum 57.3% (63) respondents reported that they have problem in getting the transportation to the health center. The estate hospital is situated near to the tea factory and the 3 divisions out of 4 are far from the estate hospital. Respondents who are leaving near the hospital can easily go to the hospital, as its in their walking distance but other divisions are far and remote. 42.7% (47) respondents don't find any problem related to transportation.

Social Barrier:
Free to go alone:

Source: Primary Data

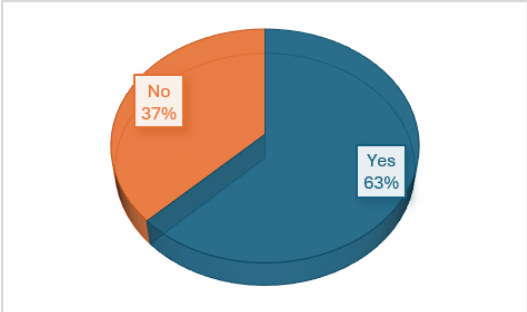


Chart 17: Free to go alone

Regarding freedom to go alone to the health centre, 62.7% (69) respondents agreed to the positive side i.e. they are free to go alone. It's in their local area and known to everyone they can go there easily. Rest respondents, 37.3% (41) found it not easy for them. Either they are young women, or they live far from the hospital. Some social stigmas also play a role here as women can't go out alone.

Permission for own treatment:

Source: Primary Data

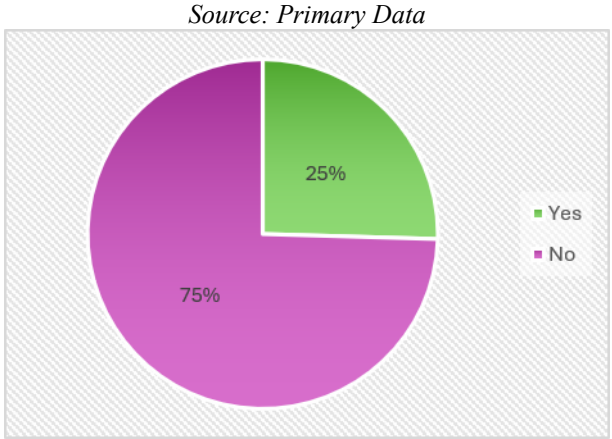


Chart 18: Permision for own treatment

Similarly, 74.5% (82) respondents informed that they don't have permission for their own treatment. In the patriarchal system, tea garden women workers must take permission of their family for their own treatment. Only 25.5% (28) respondents agreed to have permission of their own treatment. Mostly, these women are the elderly member of the family.

Can take Decision:

Source: Primary Data

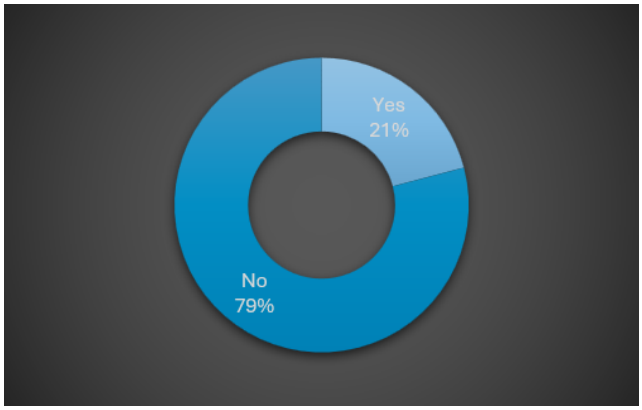


Chart 19: Can take Decision

Health and health related decisions also plays an important role in the health seeking behaviour. Among the sample study, 79.1% (87) women can't take any decision on their own. For any decisions they must depend on the male or other members of the family. Only 20.9% (23) women are free to take decision on their own.

III. Discussion:

The traditional healing practices are continued in the tea tribe community due to a combination of cultural traditions (historical), economic condition and modernization processes. The colonial or historical era practices and physical isolation preserved deep-rooted supernatural beliefs surrounding disease etiology (Bhadra, 1992). Another study which supports that the foundational historical text of tea plantation system, labour migration from one place to another and their social structure helped in the preservation of distinct identity and traditional practices (Sharma, 2011). Even though with modernity introduced new educational system, health services and welfare programs the old belief systems continue to influence the way people behave regarding health and life issues.

The key findings of the study proves that the traditional healing practices is a big part of tea tribes' identity. These are not only an alternate method of medical system but also connected to spiritual beliefs, social ties and community unity. These practices bring people together and increase their social bond. Tea estates were established in the remote areas thus the tea community is settled in an isolation. And this separation from other community helps them continue their own culture and practices. Poor income, low wages and limited health facilities force them to go with traditional practices. Absence or difficulty of modern facilities and availability of traditional healers also help them to use of old system more.

Education also plays an important role in the health seeking behaviour of people. Poor educational status of tea tribes has also made them unaware of access to health awareness services and programs. Increased literacy and exposure to scientific knowledge can influence them in shaping their attitudes towards healthcare.

Another issue to consider is the coexistence of traditional healing practices and modern medicines. Modernization should completely replace the traditional belief, but it often leads to the hybrid system where people combine both. Here comes the problem that delaying people from professional care in an urgent case. Similar study is done and found that magico-religious beliefs (*Jhad-fuk*) and indigenous plant remedies co-exist with public health initiatives (Saha & Dutta, 2025). Another study (Mahanta et al., 2018) also reveals that the tribal communities created a hybrid ethno-medical system and use locally available plants along with chants (*mantras*) to treat ailments attributed to evil eyes or their physical sickness.

The coexistence of biomedical, herbal and ritual healing practices within a single community is a concept called Medical Pluralism. It is a concept which describes how people navigate multiple, sometimes overlapping, sometimes contradictory, systems of healing depending on their perception of the illness, its perceived cause, cost and accessibility and the level of trust in each system (Kleinman et al., 1978). Through this lens it can be understood not as irrational behaviour but as a culturally and materially situated set of choices.

IV. Implications And Recommendation:

- **Health Literacy and awareness:** As the study findings says it clearly that majority of women are illiterate in the tea garden and are unaware of basic health issues. It's important to introduce them to the appropriate health literacy programs within tea garden schools, community level programs etc. It's also a responsibility of tea estate management to focus on the literacy part of their community so that the young children can get the

basic and higher education. Education and awareness can make them less reliable on the faith healing (*jhad-fuk*), which is just an untruthful faith.

- **Strengthening local health infrastructure:** The tea estate has its hospital, but the services provided there was very limited. Only the first aid facility and medicines for few regular ailments are available to them. The service providers are also not as per the NHM norms, no MBBS doctor is employed there. For any emergency and bigger health issues, the workers and their family must rush to the medical hospital which is situated in the Silchar city. Sometimes the transportation becomes the hurdle.
- **Increased role of Community health workers:** Community health workers like ASHA/ANM directly get in touch with the women workers and other female members of tea community. They can directly make women aware and make them understand the utilization of correct health practices. For the strengthening of these workers also, trainings and programs can be conducted.
- **Systematic Documentation:** Government should take structures and systematic documentation of the home remedies using locally available herbs and plants. As the tea garden community's fading home remedy knowledge is limited with very few elderly people. Younger generations are unaware of its importance, and they deny using of these slow and time taking processes. The proper knowledge of plant species, the preparation methods and its associated ailments must be recorded before this knowledge is lost with the passing of time.
- **Strict enforcement of labour and welfare laws:** Plantation labour Act (PLA), 1951 mandates should be implemented strongly for the safeguarding of workers' rights, safety, wages, housing, healthcare, education and sanitation. It also regulates the regular audits and different accountability mechanisms to prevent exploitation.
- **Governance Reforms:** Promoting women's leadership in village level committees, PRIs, Unions and policymaker reforms can create a safer and broader space for women to provide counselling, legal aid and support groups in collaboration with NGOs and SHGs.

V. Conclusion:

The study has examined the different aspects of the socio-economic and public health dimensions of faith healing practices among tea tribe community. The main finding clearly says that home remedies are gradually being forgotten while the *jhad fuk* remains intact with the easily available and use of medicines. The findings reflects that materially dependent practices which are slow in the nature is going to be neglected more readily. It could be the effect of modernization and generational change, which are easy and gives result fast as compared to the traditional methods. Effective mitigation of reliance on faith healing practices among tea tribe community requires culturally informed and multisectoral strategies which can bridge the traditional beliefs with biomedical practices. Strengthening healthcare system and its reach to isolated tea community make them accessible to avail these services easily. Awareness generation and promoting community engagement are some important steps to take for the improvement of the situation. Multistakeholder approach (PPP model) can also help in the improvisation of the scenario.

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