



A pregnant mother plucking tea leaves. She has to work standing for eight hours or more.

PHOTOS: PHILIP GAIN

“I have a question. Would you need permission from the owners to read this?” Sreemongol’s deputy director of family planning held up a slim manual on maternal health towards a room full of tea garden workers and asked the question. The book contained basic facts about diet and safety during pregnancy and outlined some do’s and don’ts.

ZYMA ISLAM AND MINTU DESHWARA, back from Sreemongol

“We can read it ourselves inside our homes but we can’t organise a reading circle to share the contents of the manual, without permission from the owners,” replied a male tea worker from the crowd. The rest murmured in agreement.

This small exchange, in a nutshell, explains the social quandary of the tea-workers. As communities who were brought in centuries ago to till the colonial tea-gardens, their bodies and lives—not just their labour—are surrendered to the tea garden owners. The rules of the management still control how much information a tea-garden worker has access to, how far mothers are from hospitals, how much they earn and what they eat. The unwitting casualties of this colonial legacy are mothers and their babies. For tea-garden workers, engaging with issues as nonpartisan as maternal health is not just political, but radically so because they involve challenging the centuries-old capitalist system.

Let’s get back to the manual on maternal health, for example. That the dissemination of knowledge is a controlled process in the tea gardens is a huge problem because illiteracy runs high among women there. An NGO called Society for Environment and Human Development (SEHD) recently interviewed 60 expecting mothers, and found 65 percent to be illiterate. A step as small as requiring the permission of tea garden management

to access important information about maternal health has far-reaching consequences for these women.

It certainly would, for Anika Munda, a tea worker from Finley Tea’s Balishira tea garden, who is illiterate, and has already suffered three late-term miscarriages by the age of 29. The first and third miscarriages happened at seven months, while the second one was at five months. What’s worse is that she had not gone to the hospital for any of them—neither during the pregnancy, nor during delivery.

“I realised that the babies had died when I started bleeding heavily in each case. I pushed them out at home with the help of my aunt-in-law. The babies were dead, so there was no pressure from inside, and I had to do all the pushing. The pain was indescribable. I can’t describe the pain of pushing out a dead baby,” says Anika. Her last miscarriage happened in November last year, while she was returning home after a long day of picking tea-leaves.

It is difficult to state whether Anika’s miscarriages happened due to medical complications, or because of her work and living conditions, or because there are no medical records—but she did also have three healthy pregnancies. Her oldest child, a daughter, is now 13 years old, and her youngest is a five-year-old boy.

Her work and living conditions—in fact her entire existence as a tea-garden worker, however, can be correlated to the miscarriages. The tea garden is four kilometres away from her home in the labour lines, and there is no bathroom in miles. “I was picking 40-50 kilogrammes

“The tea garden hospitals do not even have the most minimum of facilities and the dispensary only carries basic medication like paracetamol. They are not equipped for complicated situations,”

of tea leaves every day during the times of my miscarriage. After picking the leaves, I had to carry the load on my head at the end of the day, and take it to the weighing areas. I think the hard labour led to my miscarriages,” describes Anika.

30-year-old Sabita Goala too blames the extended hours of standing for her three miscarriages. One of those miscarriages happened at six months, one happened at five months, and the other at three months. “I miscarried because I had to carry heavy loads for hours on end. I informed the *sardar* several times that I was pregnant and that I get tired easily, but he did not listen. He used his boss—the manager—as an excuse to make me work even when I felt unwell,” says Sabita. She is currently three months pregnant again.

The workers who tend to the plants and pick tea-leaves have traditionally always been women, and it is easy to find multiple miscarriage survivors

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among them, opine field researchers.

“I have seen an eight-month pregnant woman carrying two water pots on her head and another in the hook of her arm, walking up and down those hills. They work until the very last stage of pregnancy,” says Binoy Singh Rautia, health assistant at Khaichhora Community Hospital.

“When we interviewed 60 mothers from the tea gardens, we found eight who had multiple miscarriages and stillbirths in the past,” says Philip Gain, executive director of SEHD, “but bear in mind that the mothers we surveyed were from areas that were close to the upazila health complex. The rate might be higher in remote areas.”

Eight women out of the sample size chosen comes down



Mithila Nayek survived three miscarriages. Photo taken a month after the birth of her first healthy baby.



Mithila Nayek, waiting for a transport to go to Moulbivbazar Hospital because her baby did not cry after birth. Photo taken an hour after the baby was born.

women had uncontrollable bleeding and conditions severe enough for them to need referrals to upazila hospitals. That is why they sought medical help in the first place,” he says. According to statistics provided by the Sreemongol Upazila Health Complex, out of the 11 women who died during delivery in 2018 (upto September), seven were tea garden workers.

Sabrina Akhter, an assistant midwife at Shatgaon Union Health Complex, adds to the topic by saying, “I even had a mother who sought medical help from us during her ninth miscarriage!”

“Most of the miscarriages happen at home. The situation inside the homes is often completely unsanitary. For both live births and stillbirths, I have seen mothers rolling up their mattresses, because they will get spoiled during labour, and delivering babies on old gunny sacks that may have been used for other purposes before. Umbilical cords are cut using razor



Anika Munda survived three stillbirths. She delivered each of those at home without any medical help.

blades that are reused several times over,” says Sabrina. As proof she showed a photo she took of one such recent case—in the photo, a mother sat on an old jute sack. A baby just born, still white and pink from having been inside a human body for nine months, lay bundled in her lap. The baby, thankfully, was alive—but the conditions in which it was born were appalling.

Sabrina showed another photo where a mother and a newborn baby lay on the floor, next to an open fire spewing copious amounts of smoke. “The mothers of that community think smoke purifies the air. They do not realise smoking out a room can cause respiratory distress in a baby whose lungs have not developed yet.”

SEHD’s survey found out that while 91.66 percent of the pregnant women sought medical help for pregnancy-related complications, they only went as far as the tea garden’s medical unit and the dispensary. Only three pregnant women went to the upazila health complex.

“The tea garden hospitals do not even have the most minimum of facilities and the dispensary only carries basic medication like paracetamol. They are not equipped for complicated situations,” says Rambhojon Kairi, general secretary of the Bangladesh Tea Workers’ Union.

The government laments that they are unable to supervise the tea-garden hospitals to maintain standards. “The

government is unable to oversee the tea garden hospitals. If we could set up government health complexes inside the gardens, then we would have had access to the tea garden workers as well,” says Sreemongol’s deputy director of family planning, Abdur Razzak.

Bangladesh Tea Association’s chairman M Shah Alam points out that tea garden owners do more for their workers than other corporate companies. “We are not non-profit organisations. We are businesses. In other companies, workers come to work and leave at the end of the day. We are not like that—we think about their health and provide medical services,” says Alam who is also a director at Duncan Brothers (Bangladesh) Ltd, which established the 50-bed Camellia Duncan Hospital.

“We provide vaccinations, health screening camps and even health cards for workers,” he adds. Health-related services vary from garden to garden, however.

Access to knowledge, awareness campaigns, and services is definitely one reason why the situation is so critical in the tea gardens, but maternal health cannot be dissociated from more politicised movements like the tea garden workers’ struggle for fair wages.

Anika Munda, for example, earns Tk 600 per week from picking leaves, which comes to Tk 2,400 per month.

Believe it or not, Anika is earning Tk 2,400 *after* a raise in wages last year. In August 2018, the daily rate of tea workers was increased from Tk 85 to Tk 102. This Tk 17 increase came after five years of struggle. During the movement for fair wages, the tea-garden workers calculated that a minimum living wage for them would be Tk 230 per day, but the owners agreed to give them less than half of that.

Anika’s lunch consists of plain bread and rice with salt-infused tea, or dry-roasted potatoes and tea-leaves mashed with chilies. “This is what I ate during pregnancy as well,” says Anika. The diet is a far cry from the iron-rich meat, fish, liver,

THE FETAL CASUALTIES OF TEA



Women carry up to 50 kilogrammes of tea leaves on their heads even during pregnancy.

PHOTO: RONALD HALDER