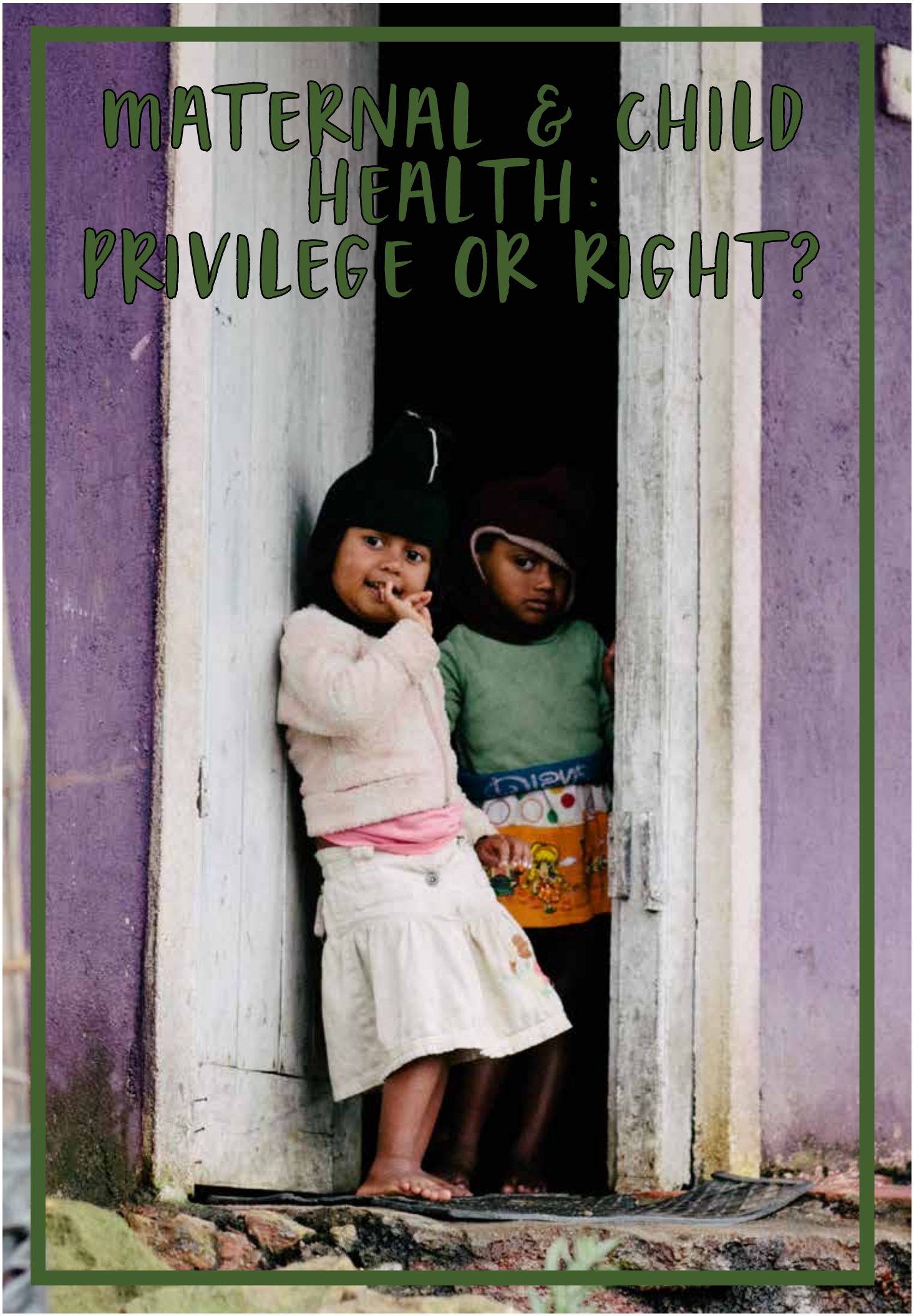
MATERNAL & CHILD HEALTH: PRIVILEGE OR RIGHT?



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IF WE WERE TO ASK YOU WHAT MALNUTRITION MEANT TO YOU, WHAT WOULD YOU SAY? WHAT IMAGES DO YOU SEE?

[Watch here: https://youtu.be/qMxFDzxL-_Y]

CHAPTER 1: MCH & THE SUCCESSFUL CASE

27-year-old M. Yogeswary's eyes flicker open at the sound of a 5am alarm to prepare breakfast for the household. At work, she must collect the minimum 18 kilograms of tea leaves to make the standard daily wage. A day of plucking is interrupted by the midday meal, she rushes to pick up her daughter from the Childcare Development Centre to give her lunch. Back to plucking, leaf by leaf, till the late afternoon when she heads home to once again prepare a meal for her family before an early nightcap, till the cycle resumes the next day.

Tucked away in the hilly Ceylon tea plantations of Newara-Eliya, Yogeswary's day is defined by her two most important duties - tea plucking and feeding her family.

While one activity provides her with a relative income, the other helps ensure that the family is sufficiently nourished to go about their daily routines as well as work towards the future. The monthly food expenditure takes up over half the entire income of a tea plucker's family, supplemented with free vitamins and food supplements provided by the Sri Lankan government.

However, despite the priority placed on health, statistics show that up till 2014, malnutrition was found in at least 30% of mothers and children under 5-years old in tea plantation. The numbers recorded in these areas was much higher than the national and rural average of 15-20%, depicting a glum picture of health for plantation communities. Severe consequences of malnutrition include poor mental development and increasing frequency of diseases like fever and diarrhea. But more deadly to tea plucking mothers and their children are internal complications, invisible to the naked eye, such as anaemia, mostly caused by an iron deficiency, and vitamin A deficiency.

The dynamics contributing to the detrimental situation regarding women's health and well-being till now could also be linked back to the limited power held by women on a management level. At present, there are no female tea superintendents and only a handful of female welfare officers on estate sites. Both these roles are key in establishing better maternal healthcare amongst the plantation communities and creating systemic advancements.

Current Maternal Health Situation

In order to offset this pervading health risk, there have been additional campaigns targeting good nutrition and healthcare practices for mothers and children on tea plantations. The government-initiated policy regarding maternal, child healthcare, which has been further supported by NGOs, saw the setting up of standardized clinics and the provision of basic medical facilities and personnel in every division in all of the region's tea estates. The introduction of a new "Maternal and Child Health (MCH)-focused" tea certification, pioneered by Save the Children Sri Lanka, will ensure that all certified tea produced in the Nuwara Eliya district guarantees that the tea plucking mothers who contribute to this billion-dollar industry are granted an acceptable standard of general healthcare, maternity care and benefits, and for their children, early child development, education, necessary supplements, good nutrition and water facilities.

These introduced measures are aligned with general MCH policies established by international organizations such as the Partnership for Maternal, Newborn and Child Health (PMNCH), a joint initiative with the World Health Organization, which emphasizes the need for universal access to healthcare in support of MCH programming, the availability and quality of MCH services, the establishment of essential health infrastructure, and medicines and commodities, all of which correlate with the MCH tea certification standards that are to be introduced.

A Nourished Tea Plucker's Life

Yogeswary is fortunate to escape the fate of many of her tea plucking community members. Living with her mother and husband in the upper division of the Tea Research Institute, she and her 5-year-old daughter, Priyanthani, have never been declared clinically malnourished. Having learnt about nutrition in her upper secondary education,

Yogeswary is well-aware of the importance of a balanced diet. It is important for her that her family eat nutritiously, starting the day with a breakfast of green grams, which are high in protein. Their daily meals comprise of the staple roti and rice, along with vegetables, eggs, fruit, cheese and meat, which the family buys weekly. They spend approximately 20,000 Sri Lankan Rupees (137 USD) monthly on groceries, which amounts to 87% of their total family income. While her husband is left in charge of buying groceries, Yogeswary

cooks together with her mother, and they often prepare a separate, less spicy meal for Priyanthani.

Different Roles on Tea Plantations

Priyanthani's daytime meals are prepared in accordance with the food schedule provided by the Child Development Centre (CDC) she attends. These schedules, curated by the Child Development Officer (CDO), are meant to fulfil the necessary nutrient and calorie requirement for a child's daily intake.

Furthermore, Yogeshwary has attended the "cooking days" held by the CDC which focus on teaching mothers about cooking nutritious food for their families, especially their children. Her knowledge on nutrition and health practices had expanded once her child began attending the CDC, which provides help and advice through the resident CDO and through the distribution of materials such as nutritious food cards and posters on good health practices. Prior to that, she relied on wisdom from her own mother, Visalatchi.

The CDC, the CDO as well as Public Health Midwife (PHM) all play an integral role in ensuring the standard of health and nourishment amongst a tea plantation population. Having the most intimate access to tea pluckers, their children and their families, the CDO is often the predominant source of health and food advice, which is facilitated by visits to households, the Monthly Weighing Day, during which CDC children have their weight and height measured and recorded by the CDO and the PHM, as well as habitual conversations with parents about health, food and their child's progress.

"During the weighing days, if the weight of the child goes down, the CDO would question why. They would try and help solve the problem and give advice to the families," says Yogeswary.

Within the CDCs, there has been effort made to incorporate health education into the children's early education, including weekly classes on health practices such as brushing teeth, keeping clean etc. This measure has led to a greater awareness of good healthcare practices within households as children now prompt their families to live more hygienic lives, refrain from bad habits like smoking and form good habits like daily washing.

G. Nirmali, a CDO in the upper division of Tea Research Institute says, "What I teach the children, they will follow, like washing their hands and praying to God before meals. Sometimes the parents make the children wear the same clothes every day. I try to advise the children to not wear the same clothes every day. Once a month, I train the kids how to brush alone, shower alone and dress alone."

The CDO's significance in a tea plucker's life would ordinarily begin after the plucker has given birth to a child and sends them to attend a CDC. Before that, the plucker relies on advice and check-ups carried out by the PHM. In charge of antenatal and postnatal check-ups and care, and overseeing specifically the health of the pregnant mothers, mothers and children, and in general, the health and healthcare practices of the entire estate, the resident PHM serves the role as the primary medical professional accessible to tea pluckers and their families.

During Yogeswary's pregnancy, she recalls being advised by her PHM to eat more rice, green vegetables and fruit, and avoid flour-based products like roti (Sri Lankan flat bread) and string hoppers (Sri Lankan traditional noodles) as they were considered to be heavy foods. Apart from nutritional tips, her PHM also gave her physical and psychological advice, encouraging her to walk slowly, listen to good things and avoid high volumes.

Once giving birth to Priyanthani, the clinic emphasized that breastfeeding was the best option for her child and talked about the importance of keeping clean, and avoiding the cold as much as possible. As per instructions, Yogeswary practiced exclusive breastfeeding for 6 months and continued to breastfeed Priyanthani along with complementary feeding till she reached the age of 2, the ideal practice to ensure a child's good health and development.

The cultural practice of listening to one's elders for health and nutrition advice, though still prevalent in the tea estate communities, is now supplemented by or even, in certain more successful cases, exceeded by advice given by qualified actors such as the CDO and PHM.

Families like Yogeswary's, whose health and nourishment records are relatively positive, have a greater awareness of these expert sources and are able to clearly identify what advice they have been given and where it comes from. They are also more capable than their less nourished counterparts of explaining why such advice was given and describing the changes experienced from following such advice. This could also account for why nourished mothers are more inclined to make changes in their pregnancy compared to less nourished mothers.

Yogeswary's awareness of the role of the PHM in her life is evident through her active seeking of advice in times of need. She had approached her PHM a month ago after feeling sudden bouts of weakness even though her diet and routines remained the same. She was given a prescription of multivitamins (folic acid and iron supplements), calcium and vitamin E which she takes regularly. She also shares a friendly relationship with those living in her community, and uses her neighbours' refrigerator to store the meat they buy. This is a notable difference from other tea plucker households who either consume less meat, or are forced to cook it on the day of purchase due to the lack of storage facilities.

Being Nourished, Looking Forward

Without having to bear the heavy burden of malnourishment, Yogeswary and her family can focus their time, energy and income on other aspects of well-being and development. These goals often involve seeking greater economic activities to provide better for the family, household expansions, cultivation planning etc. They indicate a movement amongst the heathier members of the tea estate population towards greater independence and self-reliance.

R. Chandra Kumar, Yogeswary's husband, talks about their plans on building a new section to their house. The family currently lives in a one-bedroom home and Chandra Kumar worries that as his daughter grows older, she will not be able to study without disturbance caused by the close quarters. Priyanthani's education is important to the whole family.

This shift in family focus and the establishment of goals beyond the spectrum of health, after having already achieved a good standard of nourishment, shows the positive effects derived from successful MCH. The maintenance of good health and food practices is much easier to accomplish than starting from scratch, as good health is a product of healthy routines, knowledge and mind-sets.

What happens to a family when they find themselves lacking in any of these aspects? Continue on to the next chapter to explore the other side of the coin, the unsuccessful MCH side.

VIDEO: FULFILLING DREAMS

[Watch here: https://youtu.be/78oo67lKjqU]

FOOD TAKES UP OVER 50% OF THE INCOME. YET, THEIR CHILDREN FALL SICK ALMOST REGULARLY.

CHAPTER 2: THE UNSUCCESSFUL CASE AND GAPS IDENTIFIED

A few streets down from where Yogeswary's family lives, 33-year-old Vanitha, too faces the stress of a being a tea plucker while juggling the tasks of a mother and wife. In addition to the daily calls of housework and meal preparation, she struggles to keep herself and children nourished. The question remains, why the difference in nutrition levels if they are only living a few streets apart?

Vanitha lives in a two-room line house in the Tea Research Institute with her husband Pathmasiri, 4-year-old son Dilshan and 2-year-old daughter Kavishani, as well as her mother-in-law. Vanitha is a tea plucker and Pathmasiri works as an evening security guard at the manager's bungalow. Caretaking of the children in the day is mainly done by the mother-in-law and father when the children are not in the Child Development Centre (CDC).

When asked why her children are malnourished, Vanitha in desperation says "I also don't know why is that but maximum I am giving them everything".

Their food diet includes roti, rice, green grams, egg and dried fish. However, the amount that they spend on food is only 25%-41% of their income, less than half of what Yogeswary's family spends. The cost of food is not a concern for Vanitha's family. They said that they were willing to pay whatever, at whatever cost. After finding out that her children were malnourished, the advice that she got from the Child Development Officer (CDO) was to feed them a mixture of rice and water regularly. This advice was given roughly 6 months ago, but Vanitha has not been able to see any weight gain in her children.

Vanitha herself is not doing so well. After giving birth to her second child, her Public Health Midwife (PHM) explained to her that she was malnourished. She was advised to take vitamins on a daily basis. Her condition had become more stable until a month ago, when she had stopped taking her vitamin tablets as the clinic ran out of stock. She feels much more tired now. Vanitha says she understands the importance of her health to the well-being of her family.

"When I become healthy or something, I can work…I can look after kids, husband and family," she says.

Despite this, her own health remains a lower priority.

Family decisions are made together according to Vanitha. Education remains a high, if not the biggest priority as their recent family decision was to send their son to a nursery out of their division in order to provide him with better educational prospects. However, with regards to meal plans, it is the mother who makes almost all the decisions and does the cooking. There is a lack of collaboration between her and the mother-in-law, even though it is the latter who takes charge of the majority of the childcare during the day.

Malnourished vs Nourished Families

The question remains, why the difference between malnourished families and nourished families within the same tea plantation? After interviewing a few more families and drawing a few comparisons, several contrasts can be found.

When talking about dreams and aspirations, nourished families' dreams have been often related to housing. With good health checked off their list, as mentioned earlier, Yogeswary and her husband are hoping to enlarge their home to provide a better living environment for their daughter. Nonetheless, such dreams are sunk deep for Vanitha as her primary focus remains on providing her children with good nutrition and education.

Mr Nimal Fernando, Operations Manager at World Vision, says, "They shouldn't feel that they are under obligation [to their employers]. Being in the estate sector, the thinking of the community is very narrow-minded. That's why they...don't look for the future." Though nourished families do have dreams and aspirations, most of them remain confined to their tea plantation life.

In more successful Maternal and Child Health (MCH) cases, both parents often hold a higher level of education and are able to narrate their knowledge of nutrition dating back to their upper secondary level schooling. Nourished mothers' education level usually ranges between grade 9 and 11 whereas malnourished mothers' range from being illiterate to grade 8. Nourished mothers are in a better position to decide on meals to cook for the household.

According to findings of Jayawardena from the Institute of Policy Studies in Sri Lanka, "poor educational conditions affect women's ability to utilize available resources". Nourished mothers' higher level of awareness and education on health and nutrition simultaneously empowers them with the ability and mindfulness to actively seek out help.

Vanitha did not make any changes to her diet during her pregnancy. Normally for pregnant mothers, they require a higher content of iron, folate and calcium than the average mother. Hence, the lack of change in her diet suggests that she would be at a higher risk of anemia and malnutrition. Yet, when looking at nourished mothers, most of them made an effort to eat a larger quantity of fruit and protein-rich foods such as eggs during their pregnancy.

A lack of communication among family members also contributes to malnourishment. In some cases of nourished families, mothers live with their own mothers, and hence are likely to have better communication with them. They are able to consistently provide good health practices and nutritious food to their children.

Malnourished mothers, on the other hand, sometimes face two extremes, either they are the main force behind the meal plan and cooking, or their mother-in-law does all of it. There is a lack of communication cohesiveness between the two in both cases, leading to a loss of vital heath information concerning the family and the children. In addition, families with fathers who are more involved in their children's health are usually found in nourished families.

Bridging the Gaps

After identifying gaps and possible causes of malnourishment, the problem seems easy to solve. Simply increasing education levels and building better family relationships ought to do the trick. However, even within nourished and malnourished families, children get sick once a week on average. The most common sicknesses faced by children in the tea estates are colds and fevers. All mothers attribute the monthly colds and fevers to the rainy and cold climate.

Dr. Ravi Warmmah, Programme Manager at Save the Children Sri Lanka, explained that though weather conditions do affect these families and the children's health, their housing conditions and daily cooking

methods also play a significant role, once again echoing the importance of healthcare practices in the prevalence of diseases. This suggests that even the aforementioned nourished family may be unknowingly suffering from malnourishment, as hinted by their frequent illnesses.

A common nutrition supplement that both malnourished and nourished children take regularly is Thriposha, a powder substance often mixed with milk and sugar. For children living in tea estates under the age of 5 as well as pregnant mothers, they are given two 750g packs per month. It "contains energy, proteins and all required micronutrients to the most nutritionally vulnerable segments of the population" as stated in the Government Assisted Thriposha Programme.

According to the CDO in Glassaugh, who serves 50g of Thriposha to all children under 5 in her CDC on a daily basis, Thriposha is used more so as a safety net to maintain the weight and health of the children, due to its high nutrition content. In both nourished and malnourished families, it is often shared among all members of the family, and is eaten regularly.

The dependence on Thriposha while the child is young leads to families experiencing difficulties when required to prepare meals of high nutrition content, from vegetables, meat, beans etc., without the help of Thriposha's nutrition boost. The lack of dietary variety and change often only ensures weight gain in a child while they are still young. As Thriposha is not distributed to children over the age of 5, there is a notable increase in cases of malnourishment amongst children from that age onwards. For example, stunting has increased in the past seven years for 5 to 9-year-old children according to a UNICEF report published in 2011.

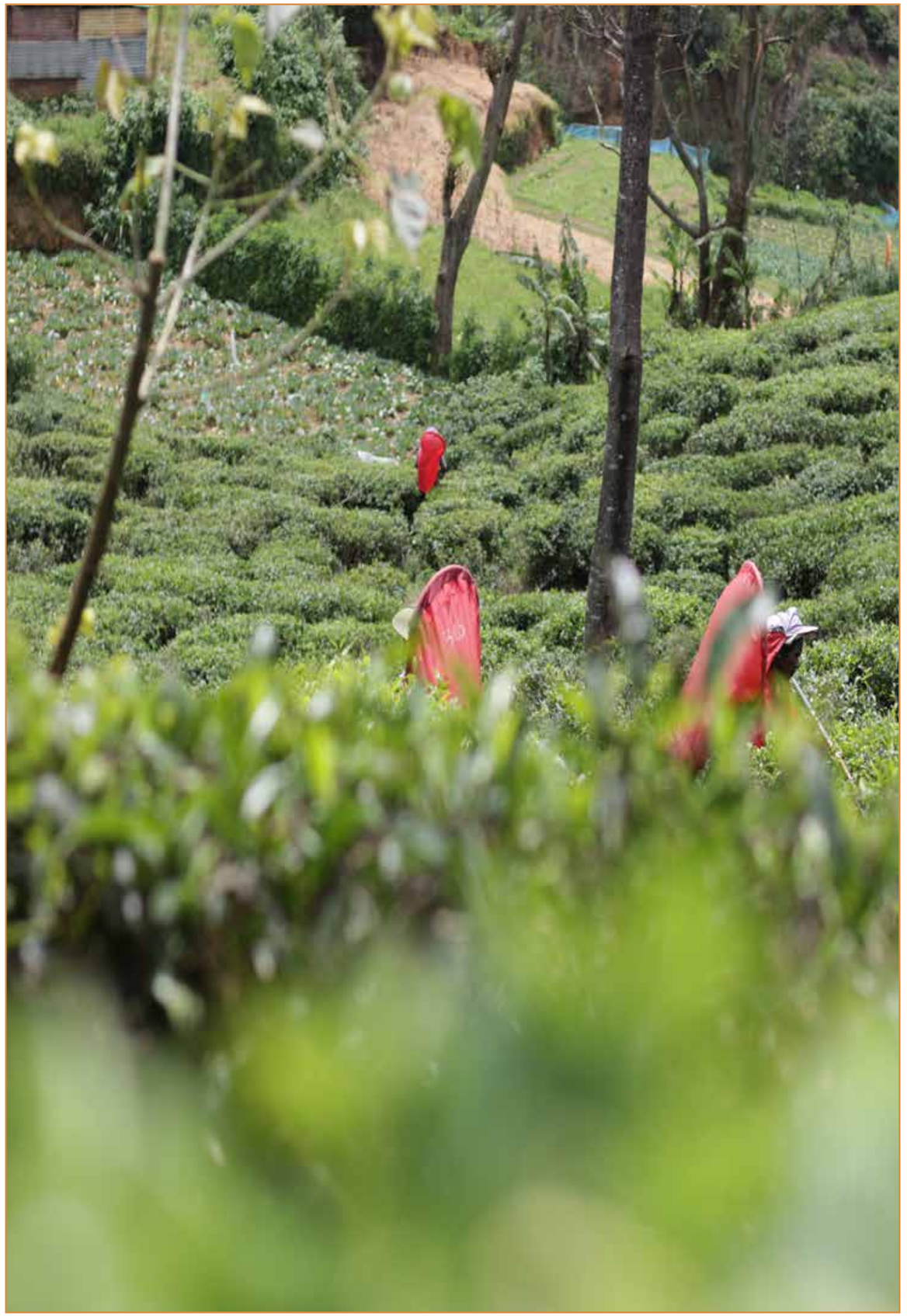
The lack of dietary change and variety is seen in both nourished and malnourished families. Many mothers have mentioned giving their children biscuits. Selvamalar mentioned that she gives her malnourished daughter biscuits most of the time as that is the only food she willingly eats.

Dr. Ravi mentioned that many young families, when starting complementary feeding after their child turns 6 months, directly give infants food that they themselves eat. This does not provide the child with enough nutrients needed to grow and develop. It possibly leads to the child's desire for biscuits and milk instead of proper meals. There is no smooth transition between a diet of exclusive breastfeeding to one of breastfeeding with complementary food intake.

There is a strong sense of community amongst tea estate populations. A number of mothers like Krishman acquire nutrition advice from the community. When her children fall sick, she is advised by other mothers not to give them milk. She also avoids giving them green grams as she has been told that it can trigger asthma. She says that she too circulates health information with other mothers. This highlights the community's influence on the healthcare practices of mothers.

At the end of the day, both nourished and malnourished mothers put a relatively greater emphasis on their child's education more than any other factors in their development. While food is important, it does not take first priority.

How can more emphasis be placed on Maternal Child Healthcare? What more needs to be done? Read the final chapter to find the answers.



IN SOME ESTATES THE NUMBER OF ANAEMIC MOTHERS GOES UP TO 60%.

MALNOURISHED MOTHERS HAVE A HIGHER CHANCE OF GIVING BIRTH TO MALNOURISHED BABIES.

THE DREADFUL CYCLE THUS CONTINUES.

CHAPTER 3: SUSTAINABILITY, SOLUTIONS AND LOOKING AHEAD

To solve the problem of malnutrition in tea estates is no easy task. In fact, over the years, multiple stakeholders ranging from the government to Non-profit Government Organizations have attempted to break this ongoing cycle.

There has been considerable improvement made over the last few years, but Vanitha and Yogeswary and their families lives' remain at risk. Ultimately, it is only through involving all stakeholders can we put a permanent end to this deep-rooted phenomenon.

In attempt to break the vicious cycle of poverty and poor health, a number of maternal healthcare policies have been implemented by multiple stakeholders including Sri Lankan government, tea plantation companies, medical staffs and Non-profit Government Organizations (NGO).

At present, the government provides a series of medical services to tea estate families free-of-charge. Each estate has a Public Health Midwife (PHM) who provides monthly check-ups for pregnant mothers and children under the age of 5 with the provision of free medicine and supplements. The tea management provides free transport for birth delivery. Gradually, mothers build trust with the PHM and Child Development Officer (CDO) and correspondingly adopt the health advice given by them. Health programmes have also been conducted to raise greater health awareness. Ms. Kanchana, PHM at Glassaugh Estate stated that the number of home delivery in recent years dropped to 0 and neonatal mortality rate remained very low as a result of this.

With greater healthcare facilities, families have also responded positively. There have been an increasing number of parents who have been more interested in their child's health, especially for children under the age of 5. The CDO in Glassaugh Estate has remarked that more fathers have been attending the monthly Weighing Day of children.

Dr. Ravi Warmmah, Programme Manager of Save the Children Sri Lanka, sees positive progress as mothers attend clinics and take tablets more regularly and are more committed to exclusive breastfeeding. Children under 5 are sent to Early Childcare Development Centers while their parents go to work. CDOs are committed to safeguarding children's health and instilling values of nutritious food and hygienic daily habits.

Using Sustainability to Eliminate the Gaps

Despite this, there remains notable gaps to fill. Throughout our interviews we have seen miscommunications among mothers and medical staff owning to language barriers, poor financial management within families, ill-advised health information going around in communities and passed down by grandparents, families unwilling to bring about behavioral changes and a lack of health knowledge have all significantly lowered the effectiveness of health policies.

Permanently eliminating the problem of malnourishment brings sustainability to the forefront. Amartya Sen, a Nobel prize winner for Economic Sciences, explains in his 2002 paper *Why Health Equity* that "health equity cannot be concerned only with health, seen in isolation".

Rather it must come to grips with the larger issue of fairness and justice in social arrangements, including economic allocations, paying appropriate attention to the role of health in human life and freedom. Health equity is most certainly not just about the distribution of health, not to mention the even narrower focus on the distribution of health care."

Precisely because malnutrition cannot be looked at in isolation, it is vital to engage all stakeholders as well as rely on all developmental aspects to solve the problem. But who are the stakeholders that need to be involved? What steps needs to be taken to create a more sustainable future?

Tea management

Conduct regular money management programmes for families

The Superintendent in the Tea Research Institute reveals that many estate workers lack money management skills and hence are often in large amounts of debt. Estate workers lack daily entertainment and hence turn to gadgets such as TVs and radios. However, their income is unable to cover such a large investment and often resort to money lenders who charge up to 20% interest on loans.

This would explain a possible reason for the lower expenditure of income on food particularly in malnourished families. Through prioritizing expenditures and creating financial plans, not only can debt be avoided, but more emphasis will be put on purchasing nutritious food.

Distribute more printed health materials

Though there are printed health materials circulated, but mothers rarely refer to that information. Instead, there is a heavier reliance on health information circulated by the community, which gets lost over time, like a game of Chinese Whispers.

By printing out and circulating community based materials targeting current misconceptions such as what to do with children who have a cold as well as cost effective means of cooking healthy food etc. in Tamil, tea estate families will receive and practice health advice that is applicable to them, as well as refer to consistent and accurate health advice.

Public Health Midwife

Language programmes

Language barriers exist as most PHMs speak Sinhalese while tea plucker mothers speak Tamil. Currently, Ms. Kanchana acknowledges this as the most challenging part of her work. In order to communicate with mothers, the PHM goes through either the CDO or the husband who speaks both languages. Language barriers lower mothers' willingness to visit the PHM as well as increases the chances of miscommunication through mistranslation.

Hence, by providing language training for PHMs, in the long term, PHMs will be able to learn the language and directly communicate in Tamil. On top of that, like the welfare officer having field officers, it is recommended that PHMs have an assistant who comprehends both languages, who can serve as a translator between the PHM and the tea plantation families. It can also create another job opportunity.

More consultations and health programmes addressing misconceptions and bad habits regarding health

As previously stated, estate families' have misconceptions regarding health such as attributing colds and fevers to purely the rainy and cool weather. In addition, bad habits such as drinking tea an hour before or after meals, reduces iron absorption and hence increases the chances of anemia, which approximately 60% of mothers in the Glassaugh Estate have, according to the PHM.

Both misconceptions and bad habits can be addressed through an increase in health programmes that target

these problems directly and by including them in private consultations with estate families.

Similarly, by initiating health programmes regarding the purpose and correct usage of Thriposia in addition to teaching parents how to better introduce complementary feeding, will allow nourished families to gradually wean off Thriposia and instead rely on substantial nutritious food. Gradually, the PHM can begin to reduce the amount of Thriposia distributed to nourished families from two packs per month to one, and ultimately, from one pack per month to zero.

For malnourished family, this initiative will in time eliminate the "Thriposia for everyone" mentality and instead, Thriposia will only be given to the malnourished children.

PHMs also need to encourage grandparents and fathers to attend these health programmes, so they themselves are aware of nutrition and are willing to support the mother and share her burden. Fathers need to be strongly encouraged to attend check-ups for both wife and children so he can play a bigger role in rearing children.

Initiating Health Programmes Targeted at Adolescents

The strong prevalence of a conservative and rigid mindset amongst estate families emphasizes the importance to start educating the young generation at an early age.

According to Dr Ravi, topics such as girls' menstruation are often skipped over in school and hence many young girls still believe that the blood they bleed out is "bad" as taught by their mothers and grandmothers.

Not only is there a need to target specifically adolescents with health programmes regarding nutrition, puberty and family planning, but the PHM needs to be open-minded and be willing to explain sensitive subjects openly and correctly. Through educating adolescent girls and boys, they will become young adults understanding not only the causes of malnutrition, but also a better understanding of family planning, ultimately becoming open minded healthy adults who will be willing to instill this knowledge to their children. This will ultimately break the cycle of malnutrition and miscommunication, leading to sustainability.

CDOs

Initiating a Specific Meal Plan for Families to Follow

Mothers' health advice often comes from the CDOs. Ms. Parimalakanthi, CDO at Glassaugh Estate, provides a specific meal timetable from Monday to Saturday in the Child Development Centers(CDC). Parents are to prepare a meal for the child to bring to the CDC according to the meal time table. For example, on Monday, it is rice, green leaves, dahl and additional vegetables. During meal time, she explains to the child why this food is nutritious. By doing so, not only does the child understand what is nutritious food but he/she will also convey this message to their parents. Her rationale behind this is to ensure that both the children and the mothers are receiving nutritious food, as while preparing the child's food, mothers' will prepare the same food for themselves, hitting two birds with one stone. This is currently done in the Glassaugh estate that can be also taken into consideration for other tea estates.

When Ms. Parimalakanthi started this, she said that not all parents were completely supportive, but over time, through constant encouragement, parents began to follow this timetable. Persistence and patience in initiating health changes are vital.

Inviting fathers to attend meetings

Often, meetings regarding child's progression only involve CDOs and mothers. However, by having CDOs invite fathers to attend these meetings will allow fathers to see their importance in the child's development and motivate them to be actively engaged with their spouses to better provide for his children.

Father and grandparents

Health education for grandparents

Education for grandparents is essential in order to remove outdated traditional practices and beliefs that have passed from generation to generation. Grandparents often take up the responsibility of taking care of the grandchildren when their parents go for work and play a role in meal preparation. Their increase in participation in health programmes will not only increase their educational knowledge, but also generate greater consensus in the home regarding health.

Increase male participation

Raising a child is a long journey, from pregnancy to giving birth, to raising them to be healthy and happy. As mentioned earlier, some fathers have taken a more active role such as attending their children's weighing day. However, more fathers need to be involved by attending health programmes, health check-ups for his mother and children as well as the weighing day if they are not currently attending. Only by having both parents work equally in the home can a harmonious and healthy environment be built.

So how about the mothers? Do they merely adopt a wait-and-see attitude for their own health as well as their family's? Definitely not.

With all of the above stakeholders doing their part, mothers themselves need to actively follow the correct health information given. Only by choosing to change their behaviors will they change their mindsets, and be willing to adopt permanent change- replacing their traditional understanding of health with scientifically proven health practices. This can only be achieved as greater trust is developed between the CDO, PHM and the estate families. There needs to be an attitude change, estate families need to feel at ease with the PHM, instead of feeling the fear of being wrong and criticized.

As this is achieved, not only will mothers change, but mothers and other members of the family with circulate correct health information, creating a domino effect in the tea plantation. Ultimately, strong and intelligent workers and children will become the new face of tea plantations.

WOMEN MUST WORK FOR AT LEAST 7 HOURS DAILY AND COLLECT UP TO 18KG OF TEA LEAVES.

WOMEN MUST ALSO CARE AND COOK FOR THEIR FAMILY TO MAKE SURE EVERYONE STAYS HEALTHY.

VIDEO: WOMEN ON THE ESTATE

THEIR ROLES?
THEIR RESPONSIBILITIES?
THEIR SACRIFICE?

[Watch here: https://youtu.be/wQeeYO6wJw0]

I AM A TEAPLUCKER

Wake up, tea pluck, sleep,
Repeat.
You ask me about malnutrition,
I ask about my child's education.

Wake up, tea pluck, sleep,
Repeat.
You are in search for a sappy third world story,
I tell you I have dignity.

Wake up, tea pluck, sleep
Dream?
I haul 18 kilos of tea,
Like a wanderer wanting to flee.
I want my children to be everything but me.
They can be a teacher, lawyer, driver,
Just not a teaplucker.

Wake up, tea pluck, sleep,
STOP!
I want I doubt I need I think I lead I speak
I am a human being

Can you see?