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Author(s): Dilip Gogoi and Ksenia Glebova

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--- Dilip Gogoi and Ksenia Glebova

Abstract

In India, 2.348 million people were suffering from HIV and AIDS in 2019 as the global AIDS epidemic continued to grow, especially affecting the poor and the marginalised. Certain geographic areas and business sectors are worst hit and the tea industry in the northeast state of Assam is a case in point. Tea sector is a labour-intensive agricultural industry, and to sustain its operations, it depends on the tea garden workers who make the world-famous brew, despite the working conditions that render them susceptible to a wide range of communicable diseases including HIV and AIDS. The study examines the risk of HIV and AIDS among tea estate workers in Assam and the potential of addressing the issue through the channel of corporate social responsibility (CSR) initiative. HIV and AIDS prevention in the workplace is especially urgent in labour-intensive markets where public resources are constrained. This paper intends to assess the risks posed by HIV and AIDS to tea sector workers and to assess the feasibility of incorporating HIV and AIDS into core social responsibility policies of the tea companies to ultimately establish the business case for a policy on HIV and AIDS prevention for the Assam tea sector. Toward the end, the paper explores on how the tea companies in Assam can incorporate HIV and AIDS into their core activities of CSR by encouraging workplace prevention programmes for HIV and AIDS and extending appropriate care as well as support wherever needed.

Key words: Assam, Corporate Social Responsibility, HIV/AIDS, Tea Garden

Introduction

The Indian state of Assam is world famous for its tea but the industry responsible for producing the renowned brew is increasingly under the looming shadow of HIV and AIDS. Tea is an agro-based industry directly dependent on manpower resources to sustain its operations and it is essential to assess the future impact of HIV and AIDS on the indispensable human resources at an early stage. Assam is
the largest single tea growing region of the world where it contributes nearly one sixth of the total global tea production (Economic Survey, Assam, 2015; Tea Board India, 2016). Nearly half of the total Indian tea production comes from Assam’s 750 estates and 100,000 smallholder plots (Tocklai Tea Research Institute, 2016). The tea sector employs approximately 1.2 million workers in Assam (Trustlaw, 2015). They have different ethnic, linguistic and religious backgrounds as they originally migrated to Assam from different parts of the country. The workers’ literacy rate is lower than average in Assam and school dropout rate is high in the tea garden areas of Assam. According to Assam State HIV Prevention Society, about 17 per cent of the labours are temporary, and they migrate seasonally to the neighbouring high HIV prevalent statesiv.

Moreover, tea is the backbone of Assam’s economy, its only organised industry and the largest employer in the statev. Ever since the introduction of the tea plant in Assam 1823, the impact of the tea industry on the state could hardly be overestimated. It was the remarkable growth of the tea industry under the British rule that proved the foremost factor in the increasing prosperity and significance of Assam. Mr. Robert Bruce discovered the local tea plant in the upper part of the Brahmaputra valley in the early 19th century. After initial doubts about the authenticity of the Assamese tea plant, it was eventually acknowledged to be a variety of the true tea plant marking the rapid rise of the local tea industry. Despite several setbacks on the way, today Assam is a leading tea producing region globally as a considerable percentage of the world’s tea comes from Assam’s numerous tea gardens. In the Indian context, Assam is considered the heartland of the Indian tea industry as the state’s tea production accounts for about 55 per cent of the country’s total tea output.

The rise and the success of the tea industry in Assam would not have been possible without the tea estate labourers. It was clear from the very beginning of tea cultivation in the state that the local labour force was not adequate to cater to the growing need for tea garden labourers. Assam had very few landless labourers and, after introducing a series of facilitating legislation, the Assam Company started hiring labour force from Bengal. The legislation introduced between 1863 and 1901 had a two-fold aim – ensuring that the employer could use the services of the imported labourers for long enough periods to recover the costs of recruiting and transport to the tea garden, while the labourer would be protected against fraudulent recruitment and provided adequate remuneration for the duration of the labour contractvi.
In Assam tea industry, three categories of labour are commonly found. Permanent worker category denotes those who reside inside the tea estate and whose names are entered in the estate roll of workers; outside worker resides outside the estate, but whose name is entered on the estate roll of workers; seasonal or temporary worker, who has been engaged for work in the tea estate which is of an essentially temporary nature likely to be finished within a limited period. The majority of workers in the Assam tea sector reside in the tea garden together with their dependents. The outside workers generally come from the nearby places to work in the tea garden. The key issue today in most of the tea gardens is managing surplus labour. The main reasons for surplus labour are seasonal surplus due to an increase in non-working dependents; surplus as a result of a high birth rate; and surplus as a result of settlement of a portion of recruited emigrants in villages near the plantations in Assam.

**Locating HIV and AIDS in the Indian Tea Industry**

As per the UNAIDS Country Assessment record for India, the first HIV infection case was documented in Chennai in 1986. In 2019, almost 23.48 lakh cases have been reported to the National AIDS Control Organisation (India HIV Estimates 2019). In the Indian context, HIV is transmitted predominantly via heterosexual route, followed by injecting drug use. According to the National AIDS Control Organisation HIV Status Report 2019, HIV prevalence among adult males (15-49 years) was estimated at 0.24 per cent (0.18-0.32%) and among adult females at 0.20 per cent (0.15–0.26%). However, the National AIDS Control Organisation highlights the wide gap between the reported and estimated figures because of the absence of epidemiological data in major parts of the country. The epidemic is concentrated in few states out of twenty-eight Indian states, including three Northeastern states of Mizoram, Manipur and Nagaland, neighbouring states to present Assam. As per the India HIV Estimates Report (2019), the states with the highest adult HIV prevalence from the Northeastern region are Mizoram (2.32%), Nagaland (1.45%), Manipur (1.18%), Meghalaya (0.54%) and Assam (0.09%). In the Northeastern states, the dominant mode of transmission is injecting drug use as opposed to heterosexual route in southern states.

As the AIDS epidemics is rapidly spreading across international boundaries, the social and economic impact of this grave public health disaster can be felt in Northeast India, one of the less economically developed parts of the country. Northeast India has been subject to growing concerns about spreading HIV and
AIDS and its leading state of Assam is no exception. The National AIDS Control Organisation of India (NACO) characterises Northeast India as a high threat area for HIV and AIDS and tea industry as one of the most vulnerable sectors to HIV and AIDS. Of the estimated workforce of approximately 12 lakhs in the Assam tea sector, almost half is made up of temporary labour. Women constitute nearly 51 per cent of the total workforce of Assam tea industry. Studies on the state of health of the tea workers have revealed that malnutrition and disease are only too common among the tea workers and a large number of man-days are lost because of sickness (Misra, 2002). This implies that tea industry in Assam would be an especially sensitive zone to the spread of the fatal epidemic.

The incidence rate and destructive impact of HIV and AIDS on the tea industry has been previously explored in several tea producing countries other than India. A study done by Boston University’s Centre for International Health shows that, in Kenya, the daily difference in tea leaves plucked by a healthy worker and a tea plucker with AIDS in the last three months of his/her life. The study quantifies the cost of AIDS in terms of lost productivity and gives employers involved in similar labour intensive agricultural ventures an idea of how the epidemic could affect them economically. The cost of AIDS included both direct costs, such as benefit payments, medical treatment and recruitment, and indirect costs, such as reduced productivity and increased absenteeism. The study confirmed that HIV and AIDS is having a serious and debilitating effect on the tea industry, with compound AIDS-related costs which were as high as 9 per cent of some firm’s profits. This is also the case in other business sectors – for example, a South African sugar mill found that its HIV-positive employees took, on average, fifty-five additional sick days during the last two years of their lives.

For instance, the tea industry in Malawi, one of the countries at the core of sub-Saharan Africa’s HIV and AIDS epidemic, is losing millions of US dollars because of AIDS. The government of Malawi, Africa’s second largest tea producer behind Kenya, has estimated that about one million Malawians have already been infected with the HIV virus. Tea garden owners say worker absenteeism has grown because of AIDS-related illnesses. Thus a combination of factors, including AIDS, prevents Malawi from achieving its goal of harvesting more than 80,000 tonnes of tea annually.

Some large tea companies in India have already expressed their awareness of the impact of HIV and AIDS on the human resource of the tea industry and adopted a
policy to combat the disease. For example, TATA Tea Ltd. was one of the first companies in India to develop its own workplace policy on HIV and AIDS following the 5th International Congress on AIDS in the Asia and the Pacific in 1999 in Malaysia. The Congress declaration, signed by TATA Tea, called for developing partnerships with private and public sector, non-governmental organisations and communities in order to foster better social responsibility. TATA Tea policy on HIV and AIDS and the workplace commits the company to a number of measures designed for effective HIV and AIDS prevention and dealing with HIV and AIDS in the workplace. The policy complies with the state, company and local legislation on HIV and AIDS but goes beyond the minimalist approach. The policy specifies a number of non-discriminatory measures such as a ban on pre-employment HIV screening, ordinary workplace contact and employee protection from stigmatisation and discrimination by co-workers, condom distribution, STD care and, importantly, continuation of employment and up-to-date education on HIV.

At state level, action to introduce HIV prevention activities in the tea gardens in Assam has been undertaken by the Assam State AIDS Control Society (ASACS). The ASACS believes that HIV prevention through peer intervention is most appropriate and most effective for the sector due to the low literacy rates of the workers and their dependants. In 2002, the ASACS held advocacy meetings with management, tea association, trade unions and NGOs working in the tea gardens. The meetings were followed by training peer educators from sixty tea gardens on the topic of HIV prevention. The main initial constraint, the ASACS reported, came from the indifference of the management and the tea workers themselves. So far there has been no authentic survey as admitted by ASACS on status of HIV and AIDS conducted among the tea garden population.

Corporate Social Responsibility

Corporate Social Responsibility (CSR) is a nom de jour today globally and it has now been catching up in India too. CSR is a comparatively new study field in Asia, whereas a great deal of research has already been conducted on CSR in Western countries (Chapple & Moon, 2005). Chapple and Moon (ibid) argue that although the concept of CSR has existed in business and business research and education for many decades, it has recently enjoyed something of a revival as noted even by those sceptical of the concept. There is no single universally accepted definition of CSR and to date many global companies differ in their
understanding and, consequently, implementation of corporate social responsibility activities. CSR was initially defined as the social involvement, responsiveness, and accountability of companies besides their core profit activities and beyond the requirements of the law and what is otherwise required by government. However, this definition is becoming more and more problematic; as various business cases for CSR are being made, governments began deploying incentives for CSR, and compliance with the law in a variety of global jurisdictions is emerging as a CSR issue (ibid). In general terms, CSR refers to business decision-making that takes into account ethical values, respect for people, communities and the environment. CSR is more than pure philanthropy or a collection of one-off handouts motivated by marketing and public relations but, rather, a comprehensive set of policies and practices integrated into daily business operation. Thus, CSR is a constant commitment by the corporates to integrate social and environmental concerns in their business strategy.

In India, the understanding of CSR reflects a dichotomy of extreme views. Either CSR is viewed as the bare minimum of operating business within the legal boundaries or as purely one-sided philanthropy with no returns on the company’s investment. Despite long tradition of philanthropy in India, Indian companies practice corporate social responsibility that is mostly ad hoc and driven by top management. The general picture is that of emphasis on philanthropy as opposed to making it an integral part of the business. However, with the implementation of Section 135 in the Companies Act 2013, India became the first country of the world to have statutory obligations of CSR for specified companiesxii. There is a lot of evidence that CSR is gradually gaining ground as an essential component of the business-society relations. The development of a range of business coalitions to advance CSR such as the Global Business Coalition on HIV/AIDS is another illustration, to report on CSR such as the Global Reporting Index also testify to the growing awareness of the key role of CSR in the business world.

However, as this study shows, most of the medium-size tea garden companies operating in Assam do not have a specified CSR policy and hence there is need for action, considering the future impact of HIV/AIDS.

**Initiatives: Global and Local**

There have been a number of initiatives, both at state and international levels, tackling socio-economic conditions of tea garden labourers and some specifically
targeting HIV and AIDS. The government of India has occasionally taken special measures for improvement of the socio-economic conditions of tea garden labourers, but with little success. The following problems have been commonly identified – wages are inadequate for sustainable livelihood; housing conditions are unsatisfactory; inadequate medical and welfare services and required substantial improvement and expansion; lack of education, etc. The last two factors are especially crucial with regard to HIV and AIDS situation in the Assam tea industry, as will be discussed later.

After the independence, the Plantation Labour Act, 1951 was a significant step toward ensuring socio-economic development of the tea garden labourers. This Act had provided extensive provisions for overall welfare of the labourers. Under this Act, the government of Assam passed a series of rules to regulate the working conditions of the tea garden labourers including the Assam Factory Rules, the Assam Industrial Disputes Rules, the Assam Minimum Wages Rules, 1952; the Assam Plantation Labour Rules, 1956; the Assam Plantation Provident Fund Scheme, 1959; and the Assam Maternity Benefit Rules, 1965.

Today the practice differs from garden to garden but, in general terms, the workers are provided with the following facilities and benefits. The long list of benefits includes free housing, free medical facilities, education for children up to the age of fourteen, free fuel to be collected and cereals at subsidised rates, land to cultivate on a very nominal rent, free grazing land for the workers’ cattle, free water supply, free sanitary arrangements, equipped crèches for workers’ children with attendants, canteens on ‘no-profit’ basis, recreation centres, free liquid tea while on duty, free dry tea in some estates after realisation of excise duty, benefit of fishing in various gardens drains, ponds, maternity benefit allowance, sickness allowance, bonus to workers, leave with wages, repatriation where labourers are recruited from outside state.

However, health was one sector that did not perform satisfactorily. The Assam Plantation Rules of 1956 provide for two types of hospitals, garden hospitals and group hospital. Every employer is required to provide a garden hospital in his plantation according to the standard laid down in the rules. A minimum of fifteen beds is to be provided in every garden hospital per 1000 workers. Each hospital should have permanent infrastructure including a general ward for males, females, maternity, family planning, T.V. & V.D. Clinics, out-patient department, consulting room, minor operation and dressing room, dispensary and drug store.
Group hospitals are to be established wherever necessary only after consultation with the Medical Advisory Board. The group hospitals are required to have a minimum 100 beds and at least three beds per 700 workers.

In addition to the government schemes, the Tea Board also has a unit responsible for welfare activities of tea garden labourers under the Tea Act. The unit carries out various welfare programmes and provides financial assistance to a range of schemes including financial assistance for extension of existing facilities in hospital; financial assistance for setting up of welfare centres; assistance in procurement of milk powder, butter, and oil; and assistance in finding employment.

Initiatives tackling specifically HIV and AIDS have also come from international organisations such as the United Nations. The United Nations believes that multiform approach constitutes the best response to the global challenge of AIDS. UN agencies are increasingly teaming up with other stakeholders as businesses globally are also coming together in their joint realisation of the scale and destructive impact of HIV/AIDS on their operations.

In January 2006, UNESCO and the Global Business Coalition (GBC) on HIV and AIDS signed a partnership agreement to reinforce mobilisation against HIV and AIDS. The Global Business Coalition against HIV and AIDS is an alliance of 200 international companies, employing more than 54 million people worldwide. Founded in 1997, GBC encourages its members to commit themselves to the fight against the AIDS pandemic and helps them develop HIV and AIDS policies adapted to their specific needs, globally and locally, for the benefit of employees, families, and, in some cases, communities. The agreement, in effect from 2006 to 2010, aimed at rallying the entire spectrum of corporate stakeholders to integrate HIV and AIDS prevention education into the global development agenda, adapt preventive education to the diversity of needs and contexts, encourage responsible behaviour, and stimulate public-private partnerships at the local level between GBC member companies and UNESCO partners.

One of the aims of the study to be discussed in full below is to map the awareness of tea garden managers of the available global initiative to tackle the issue of HIV and AIDS at local level. The following global initiatives were included into the survey: Millennium Development Goals (MDG) which ended in 2015 and Sustainable Development Goals (2015-2030); the ILO Code of Practice on HIV
and AIDS and the world of work; International Guidelines on HIV and AIDS and Human Rights (UN); Global Reporting Initiative (GRI) – a framework for sustainability reporting on economic, environmental, and social performance by all organisations; UN Guiding Principles on Business and Human Rights.

**Rationale and Aim of the Study**

This study examines the risk of HIV and AIDS among tea estate workers in Assam and the potential of addressing the issue through the channel of corporate social responsibility initiative. HIV and AIDS prevention in the workplace is especially urgent in labour-intensive markets where public resources are constrained. The study seeks to address on how the tea companies in Assam can incorporate HIV and AIDS into their core activities of CSR by encouraging workplace prevention programmes for HIV and AIDS. This study examines the risks posed by HIV and AIDS to tea sector workers and to assess the feasibility of incorporating HIV and AIDS into core social responsibility activities of the tea companies to ultimately establish the business case for a policy on HIV and AIDS prevention for the Assam tea sector.

Moreover, most of the documented evidence on CSR as a component of business-society relations refers to North America, Western Europe, Australasia, and Japan. There has been relatively little research on the rest of Asia including Northeast India (Chapple & Moon, 2005). The same can be said of the tea sector as a whole. However, there has been growing interest in establishing the business case for HIV and AIDS prevention through CSR channels and several pioneering studies were conducted in the tea sector in Kenya and Malawi. In this backdrop, the study develops the following hypotheses for conducting the research as – Assam tea sector is particularly sensitive to HIV and AIDS due to the nature of the industry, in particular its labour-intensive character; partial reliance on migrant workforce and low literacy rates among the workers; research proves the links between HIV and other communicable diseases such as malaria and TB in labour intensive industries.

**The Survey Methods**

The survey instrument, consisting of five sections with an intent to collect information covering largely the time period between 2010-2020, was developed for the said research purpose. Section A addressed general information on the tea estate in question including the number of permanent tea workers and their
distribution into age groups. Section B addressed the essence of the study mapping the company’s understanding and practice of CSR. In the third section C, the survey turned to probe the company’s view of and strategy towards HIV and AIDS. Section D, correspondingly, mapped existent activities on HIV and AIDS and welfare schemes run by the tea companies. The final section E covers the business strategy of the tea gardens.

The primary criteria for selecting tea estates for the study have been their membership in the Tea Association of India (TAI). Of twenty-five tea gardens selected for the study, only three were not members of the TAI – Margherita Tea Estate, Greenwood and Dewan Tea Estates. Thus, the majority of tea gardens were randomly selected from the medium-size members of TAI, deliberately excluding large companies. The required information was gathered through contracting the selected tea gardens with the help of the TAI office in Jorhat, Assam. The fieldwork was conducted through visiting some of the tea gardens in person, interacting with tea garden managers/officials and administering questionnaire through postal services.

Map of Assam by District

The tea gardens participants in the study are located in the districts of Jorhat, Dibrugarh, Golaghat, Sibsagar, Sonitpur, Nagaon, Lakhimpur, Darrang, Cachar, Tinsukia (see map below).
Data Analysis and Explanations

Section A: General Information

The information on CSR policies and HIV and AIDS from the twenty-five tea gardens of Assam has been gathered through interviews based on the questionnaire. The majority of the tea gardens were members of the Tea Association of India (TAI) with the exception of Margherita Tea Estate, Greenwood and Dewan Tea Estates. The surveyed tea gardens are all located in the state of Assam with the number of permanent employees ranging from 342 to 1736. Of twenty-five surveyed tea gardens, eight failed to provide the number of their permanent employees.

As per the India HIV Estimates Report (2019), the high risk group for HIV
infection is the young sexually active adults between the ages of 15-49. In a majority of the surveyed tea gardens, majority of the workers belonged to the 30-39 age group, while in a minority of the tea estates, workers belonged to the 40-49 age group. Only two gardens – Namdang and Dewan – had majority of its workers between the ages of 20-29. Thus, one may conclude that the overwhelming majority of the tea garden employees are in the risk group for the spread of HIV and AIDS. According to NACO statistics, fewer women are infected with HIV and AIDS in India than men. All tea gardens had a substantial proportion of female workers. This characteristic of the labour forces goes back to the establishment of the tea industry in Assam, when women were perceived as particularly well suited to the delicate business of plucking tea leaves with their fingers.

**Section B: Corporate Social Responsibility (CSR)**

As for a formulated CSR policy, eleven tea gardens out of twenty-five did not have a policy document. Those which had a CSR policy in place had introduced over a long span of time ranging from 1969 at the earliest and as later as 2019. Nevertheless, some of the tea gardens that did not have a CSR policy had at their disposal a number of policy instruments tailored for individual issues such as, for example, health and safety, tuberculosis and malaria. The employers have various options for communicating their policies to the employees. Most commonly, the tea garden managers communicated their policies through a representative of the workers, while displaying policy texts on the notice board was the second most popular option. However, other alternatives such as written communication and workshops were also used by some tea gardens.

It clearly emerges from the replies to the questionnaire that absolute majority of tea garden managers view the workers and their families as the key stakeholders. Strikingly, none of the tea estates identified any non-governmental or civil society organisations as their key stakeholders.

**TABLE 1: PERCEPTION ON KEY STAKEHOLDERS IN TEA GARDENS**

<table>
<thead>
<tr>
<th>KEY STAKEHOLDERS</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Workers</td>
<td>10</td>
</tr>
<tr>
<td>b) workers and their families</td>
<td>18</td>
</tr>
</tbody>
</table>
The majority of the surveyed tea gardens did not cover their supply chains or value chains in implementing their CSR activities or extending their existing welfare schemes. Still, eight tea companies out of twenty-five did extend their CSR policies to supply/value chains. One potential explanation for why very few tea gardens considered their supply or value chains as their stakeholders may well lie in the fact that the responding managers did not fully understand the concept of stakeholders and supply chains.

**Section C: Risk Management**

Risk management is essential for running industries such as the tea sector which are highly labour intensive and, according to research, also due to the nature of
the work and working conditions prone to various health risks such as malaria and, notably, HIV and AIDS. Most companies surveyed in this research had a risk management policy in place, which reflects the need for risk management strategy in the field. However, four tea gardens out of twenty-five did not have a risk management policy.

Most of those tea gardens that did have a risk management policy included multiple factors in their business risk assessment procedures. Social risks were most often mentioned as risk factors included in the business risks, followed by the environmental risks. Several tea gardens also noted the risk to their reputation and supply chain.

The perceptions on what constituted major risks to the workforce and to the business were then investigated in more detail.

### TABLE 2: PERCEPTION ON MAJOR RISKS TO THE WORKFORCE

<table>
<thead>
<tr>
<th>HEALTH ISSUES</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaria</td>
<td>10</td>
</tr>
<tr>
<td>TB</td>
<td>8</td>
</tr>
<tr>
<td>Cholera</td>
<td>0</td>
</tr>
<tr>
<td>Typhoid</td>
<td>0</td>
</tr>
</tbody>
</table>

It is alarming to see that six tea garden managers/officials did not consider any of the above diseases as a risk to their workforce or business. The remaining nineteen tea gardens considered either malaria or tuberculosis or a combination of the two as major risks to the employees. Six tea garden managers viewed both malaria and tuberculosis as eminent risks to their work force. However, cholera and typhoid were not named by any of the respondents. These findings raise the following questions: Do these results point in the direction of lacking awareness of the tea garden management of the health status of their workers? Are the results indicative of the actual state of affairs or, rather, illustrative of the manager’s perception of the state of affairs?

Most interestingly for the purposes of this study, the response concerning the
perception of HIV and AIDS as a potential threat to the labour force has been almost evenly divided: while twelve tea garden managers did not consider HIV and AIDS as a potential risk, thirteen managers did. In comparison to the other diseases discussed earlier, this clearly demonstrates that HIV and AIDS is viewed as by far most potent threat to the work force in contrast to ten tea garden managers considering malaria the major risk in the previous category of other diseases excluding HIV and AIDS. All of the surveyed tea gardens had a health care centre, according to the questionnaire responses provided by the managers.

Section D: Activities on HIV/AIDS and Welfare Schemes

Once again, the surveyed tea gardens were divided into two almost equal groups on the basis of whether they ran any HIV and AIDS awareness raising activities: while thirteen tea gardens did not practice such activities, twelve tea gardens did run activities with the intention of raising awareness of the epidemic. Most curiously, some of the tea gardens which did not consider HIV and AIDS a potential threat to their work force or to the tea industry as a whole still chose to run awareness activities on their premises. Most of the tea gardens running such activities targeted them specifically at the employees and their family members. However, individual tea gardens also mentioned targeting the whole supply chain, the community as a whole or all of the listed options.

The surveyed tea gardens employed a wide array of methods to carry out the HIV and AIDS awareness work and many of the responsible managers indicated that they used several methods. Only one tea estate – Muttrapore – mentioned using peer education as a method of awareness-raising; three tea gardens – Rungagoga, Radhabari and Margherita – run their awareness raising activities through an NGO, and in the case of the Margherita tea estate, the NGO in question was the only method of awareness-raising. A considerable proportion of the twelve tea gardens that were involved in HIV and AIDS work were using a combination of two or more methods.

However, the picture changes drastically once we turn to formal training on HIV/AIDS and/or STDs. Only four of the surveyed twenty-five tea gardens had implemented a formal training programme on HIV and AIDS for their employees. Hence, there is a striking gap between informal awareness raising activities and formal training with the emphasis on the former. This is not surprising considering formal training not only requires resources but also expertise and
trained personnel. All four companies that offered formal training to employees also extended it to the other stakeholders.

**Section E: Business Strategy**

It emerges from the study that the tea sector companies in Assam are slowly awakening to the looming threat of HIV and AIDS to their workers and, ultimately, to their business. Of the twenty-five tea gardens surveyed, five have already completed an assessment of the financial impact of HIV and AIDS on their business, while three tea estates were in the process of undertaking such a study. This clearly indicates some awareness and interest on behalf of the tea garden management of the potential impact of HIV and AIDS. Again, paradoxically, a few tea gardens have undertaken a study of the financial impact of HIV and AIDS while not considering it a risk to the labour force or the tea sector as such.

Similar results were revealed in terms of evaluating business opportunities and benefits of engaging into HIV and AIDS awareness-raising and prevention activities. While four tea gardens were in the process of evaluating business opportunities and benefits of fighting HIV and AIDS, only three tea estates have already undertaken such an evaluation, leaving the majority of tea gardens as not considering HIV and AIDS in these terms.

Many of the surveyed tea companies were either involved in philanthropic activities or were making community investments: eleven tea garden managers/officials indicated such involvement, but that still leaves us with the majority of fourteen tea estates not involved in any philanthropic activities. In terms of collaborating with any governmental, non-governmental or multilateral agencies on the issue, five of the surveyed tea gardens were involved in such partnerships.

The areas of cooperation were multiple ranging from at least two to the maximum of five areas of cooperation. A very few tea gardens are at present working on issues of HIV and AIDS in cooperation with an external partner, National Rural Health Mission (NRHM). However, even the leading tea garden did not follow any of the available global initiatives such as Millennium Development Goals (2000-2015), the ILO Code of Practice on HIV and AIDS, etc. Not surprisingly, none of the surveyed tea gardens used any of the available global initiatives as
reference framework.

However, thirteen tea garden managers/officials considered incorporating sustainable HIV and AIDS prevention activities into their core business strategy as a competitive business advantage – clearly indicated the scope for work in this area. The study shows that while the initiatives are currently lacking, especially in terms of formal training for HIV and AIDS prevention and awareness raising as well as usage of existent global guidelines on HIV and AIDS, there is a potential demand and understanding on the part of the managers that incorporating HIV and AIDS may be good for their business and even necessary in the long run.

The study has concentrated on small and medium-sized members of the Tea Association of India. For example, TATA Tea, one of the largest players in the Indian tea sector, has implemented a variety of welfare projects for its employees and their families, who – according to TATA – are drawn from ‘the weaker section of society’. In Assam, the range of programmes includes a referral hospital and research centre, providing free care not only to the workers and their families but also to the poorer sections of the community; special health camps for eradication of malaria in the tea estates of Assam; mobile health clinics and other ‘community upliftment’ initiatives. For example, TATA Tea has also been pioneering HIV and AIDS workplace programmes in cooperation with other partners such as the Indian Medical Association and other allied agencies of the state. Last but not the least, we must remind ourselves that the survey results reflect the opinions of the tea estate management, not the workers. The viewpoint of the tea garden workers may be different considering the unequal relationship between the management and the workers.

According to Assam Branch Indian Tea Association (ABITA) database of tea garden medical facilities, not a single case of HIV infection has been found among the tea workers, but the association was not confirmed about the testing procedure. Also, TAI did not perceive HIV and AIDS as an immediate risk to the garden workers, but acknowledged it as a potential risk to the workers and to the community in near future. On the other hand, for example, TATA Tea recognised HIV and AIDS as a major risk to the employees and has been implementing various measures towards preventive actions. TATA Tea has developed an action plan to address the issue related to HIV and AIDS among the employees but the company was more interested on developing an action plan towards prevention of HIV and AIDS than conducting any intervention study to evaluate the
vulnerability of workers.

It has been suggested that tea estates are especially vulnerable to the impact of AIDS as they employ large numbers of people. Apart from the statutory benefits like bonus, provident fund, gratuity, etc., the tea worker is supposed to be provided with free housing, medical facilities, education for the children, adequate arrangement for sanitation, etc. With a few exceptions, most of the gardens have no proper medical facilities, sanitation, and housing facilities. Every year water-borne diseases take a heavy toll of life in Assam’s tea gardens due to the bad sanitation and the lack of drinking water in the gardens. Only a few years ago, hundreds of tea labours of Assam’s tea gardens died due to gastroenteritis epidemic, inviting organised protest from the trade unions to highlight the shocking state of sanitation and medical facilities in most of the gardens affected by the epidemic. Of late, the Covid-19 infections have spread across almost all the tea estates of upper Assam. This epidemic has badly affected the health of several thousands of tea workers including death of more than 20 labours.

**Conclusion and Policy Recommendations**

India is the largest producer and consumer of tea in the world, but in recent years both the production and export of tea has shown a declining trend, and the Assam tea industry is no exception. While reasons for the decline are multiple, the state of health of the tea workers emerges as a key factor for the productivity and long-term viability of this labour-intensive and risk-prone industry. The vulnerability of the tea garden labour force to HIV and AIDS as well as other communicable diseases is, however, unmatched by measures designed to tackle this vulnerability with very few exceptions among the surveyed medium-sized companies. At the same time, some individual companies and large companies such as TATA Tea have shown their awareness of the detrimental potential of HIV and AIDS and chose to incorporate prevention and awareness-raising activities into their already existent CSR schemes.

This study aimed to provide an overview of selected tea company characteristics in Assam. Ignoring HIV and AIDS, and not analysing the risks that it presents to a business or taking no action may prove to be the biggest risk. It is, therefore, important to identify where risks are highest to the business. Having information on the company’s processes and their potential vulnerabilities is important in focusing on company prevention efforts.
The survey results clearly show that there is an alarming lack of awareness and, consequently, concern among tea estate managers of the potential health threat to their workforce. While all surveyed tea gardens had health care arrangements, only a couple were running programmes specially tailored to tackle HIV and AIDS. The Economic and Political Weekly commented on the piecemeal nature of corporate social responsibility activities by saying that, ‘Surely, a sense of involvement cannot be brought about by an occasional dole for a sports complex or a literary prize. What is needed is the participation of the industry in the effort to bring about an overall improvement in the quality of life of the common people. This does not necessarily call for huge amounts of money but it does call for some degree of sensitivity to the plight both of the tea worker as well as of the villagers living next door’ (Misra, 2002, p. 3031).

On the basis of the survey findings, several policy recommendations can be made. However, ultimately, due to vast differences between existent practices in the surveyed tea gardens it can be concluded that, for any HIV and AIDS prevention to be effective, it will need to be specifically tailored for the needs of each individual company on the basis of its existent capabilities and preparedness for action.

Firstly, as all tea gardens have health care facilities, HIV and AIDS prevention and awareness-raising programmes must be integrated into the already existent schemes in order to achieve cost effectiveness as well as long-term sustainability.

Secondly, HIV and AIDS education has an absolutely crucial role and it has to be extended to the local community in addition to targeting the tea labourers and their families. As emerges from the survey, a large proportion of tea garden labourers are of the age group most vulnerable to HIV infection in India. Research shows that the impact of health education has distinct advantages and potentially powerful impact in terms of its relatively low cost and great effectiveness. In addition to incorporating health education for tea garden workers, the questionnaire responses of the tea garden managers demonstrate the lack of awareness of HIV and AIDS threat, and thus, call for specifically designed education programme for managerial staff as well as key people among the labour force, such as workers’ representatives, trade union leaders and welfare officers.

Thirdly, as the survey has revealed vast differences between the tea gardens in terms of awareness and existent CSR schemes as well as HIV and AIDS
prevention activities. Therefore, it is essential to assess the needs base of each tea estate individually before designing a suitable intervention programme. The assessment must focus on the target population of tea garden labour force, their families and local communities. The impact of introduced prevention and awareness programmes has to be regularly reviewed in order to fine-tune and frame future strategies for intervention.

Integrating HIV and AIDS into corporate social responsibility in the Assam tea sector is clearly a challenge for the medium-sized companies as their CSR activities are yet to take developed shape. However, the looming threat of HIV and AIDS to the tea garden workforce is a development that needs to be arrested in its course in order to allow sustainable growth of the industry. There is a clear business case for integrating HIV prevention into the CSR framework of the Assam tea sector. Two issues must be addressed in order to facilitate such incorporation and build a convincing business case – raising awareness of the management of the costs and benefits and development of corporate social responsibility as a whole.

Notes:

i As per Report on India HIV Estimates (2019), approximately 23.48 lakh/2.348 million people have been affected with HIV at national level. However, a declining trend of HIV infection since 2010 has been recorded in India HIV Estimates (2019).

ii 37.7 million people globally were living with HIV in 2020 estimates by UNAIDS 2021.

iii The terminology has moved on in the past years to using ‘HIV and AIDS’ as standard. See p.8 in the UNAIDS Guidelines UNAIDS Terminology Guidelines - 2015


vi This historical fact can be ascertained from *A History of Assam* by E. Gait, E. (2004, p. 341).


For TATA Tea policy on HIV/AIDS, see Rafique (2002).

As per the Act, Companies with a net worth of Rs 500 crore or more, or turnover of Rs 1,000 crore or more, or a net profit of Rs 5 crore or more during a financial year need to spend 2 per cent of the average net profits for the subsequent three years on CSR activities.

For detailed impact of epidemic, see Misra (2002).

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**Web sources:**


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*Dilip Gogoi* is Associate Professor in the Department of Political Science, Cotton University, Guwahati, Assam.

Email id: cottondg@gmail.com

*Ksenia Glebova* is an External Relations Officer, Office of the United Nations High Commissioner for Human Rights, Geneva, Switzerland.

Email id: ksenia.glebova@gmail.com