Volume 2, Issue 2, 2025

Intuitions & Insights

An Interdisciplinary Research Journal

ISSN: 3048-6793

An Assessment of Health-Related Information-Seeking Behavior among Tea Plantation Workers in North Bengal of West Bengal

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Abstract: Tea plantation workers in North Bengal of West Bengal face many problems due to their socio-economic conditions and living in remote areas. It is important to understand their health information needs for their livelihood. This study focuses on the types of health information need in their daily lives, the sources from which they obtain this information and the problems they face while searching and using it. To conduct this research work, a survey method through questionnaire and an interview schedule were taken as a data-collection tool to identify their need for health-related information. The main sources of information for these workers are Government health sub-centers, Doctors and health workers of tea garden hospitals, Rural Medical Practitioners (RMP) and Pharmacists. However, limited literacy, lack of awareness, hesitant to ask questions and lack of proper information make it difficult for them to find the information they need. The study highlights the importance of bridging this information-gap and improving health awareness among tea plantation workers. The study also suggests that government and NGOs efforts should focus on providing formal education, health awareness program and set-up libraries and communities information centers in tea plantation areas to support these workers.

Keywords: Information needs, Information seeking behavior, Health information needs, Tea plantation workers, Socio-economic condition.

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Received: 22.04.2025; **Accepted**: 25.07.2025; **Published**: 30.07.2025

1. Introduction

Tea is an important economic commodity in North Bengal and has expanded significantly over the past 150 years, shaping the region's economy and environment (Pasha et al., 2024). The geographical conditions of this region are ideal for tea cultivation. Bangladesh, Bhutan and Nepal are the neighbors of North Bengal, which is a region in northern West Bengal. However, the region faces several economic problems. There are over 450 tea estates in North Bengal, most of which are spread across the Darjeeling Hills, Terai and Dooars regions (Sonar, 2024). Over three lakh workers in North Bengal are employed in the tea sector. This figure includes both permanent and casual workers who depend on the tea plantations for their livelihood (Rai, 2020).

A large part of the tea plantation workforce consists of women, who play an important role in tea production. The living conditions of tea plantation workers are very poor. They face various social problems, such as illiteracy, prejudice, child marriage, lack of clean drinking water, electricity, proper sanitation, health care, nutrition and access to modern science and technology (Yadav, 2017). Tea plantation workers remain marginalized and vulnerable due to exploitative working conditions and inadequate social support (Ghosh, 2024).

Tea garden workers face many health problems, such as skin diseases, musculoskeletal disorders and respiratory problems, due to exposure to dust, pesticides and other harmful chemicals (Chakraborty & Mandal, 2024). In North Bengal, a lot of tea gardens are found in rural and remote areas with limited access to healthcare services. In many cases, tea plantations do not have their medical facilities. (Golay & Hannan, 2025). As a result, workers often face health problems, and the lack of proper healthcare infrastructure makes it difficult for them to solve these issues (Ghosh, 2024). The health information seeking behavior of tea garden workers can be affected by different socio-economic, cultural and geographical factors (Rai, 2024). It is important for these workers to understand how to identify the symptoms of illness and seek professional medical help. Factors such as financial difficulties, irregular daily routines, lack of awareness and cultural norms create barriers for workers to seek the healthcare they need (Sundas & Saha, 2023).

Most tea estates in North Bengal lack proper health facilities. With the help from the Health and Family Welfare Department of the Government of West Bengal, Health sub-centres, Primary Health Care Centres or Community Health Centres have been set-up in almost all tea estates in the region. These centres provide basic health services to workers and their families. Some tea gardens also

engage doctors or pharmacists, while others take services on rural medical practitioners for healthcare (Mahapatra, Mukherjee & Bhattacharya, 2024).

2. Objectives of the Study

The objectives of the study are:

- To identify the health-related information needs of tea plantation workers in North Bengal of West Bengal,
- To understand the sources of health information commonly used by the tea plantation workers, and
- To examine the barriers faced by tea plantation workers in accessing health-related information.

3. Need of the Study

This study focuses on the health information requirements and seeking behavior of tea plantation workers in the North Bengal region of West Bengal to explore how they access such information and the difficulties they face when retrieving this information. This research work is important because tea plantation workers are a disadvantaged group in India who often lack access to proper health services and information. Understanding their health information can help reduce the gap in awareness about health information and improve their health. The study will provide useful information for Government, NGOs and health professionals to design special programs for them. Access to this information can help them make better health-related decisions about their health and lead better lives.

4. Scope of the Study

Out of the eight districts in North Bengal, this study conducted on four districts: Darjeeling, Kalimpong, Jalpaiguri and Alipurduar. These districts were chosen because most of the tea gardens are located there, and the tea plantation workers have a similar socio-economic background.

5. Methodology of the Study

This study used a mixed-method survey technique, using both structured and unstructured questionnaires to gather data through stratified random sampling. A total of 400 respondents were selected using the stratified random sampling method. Workers were stratified based on gender and age groups to ensure a representative sample. All participants were between the ages of 18 and 58 (minimum joining age and retirement age) and they were all permanent workers of the tea estates in North Bengal. A structured questionnaire was designed to collect data on demographic details, health information needs, sources of health information, problems faced while accessing health

information, preferred channels for accessing health information and suggestions for improving access to health information. After informing the workers in advance, questionnaires were distributed and latter collected. Personal interviews with workers were conducted during visits to the tea gardens. The data collected were analyzed using spreadsheets and presented tables and charts. The interviews were followed with a specific schedule to ensure that responses were consistent and relevant. This approach has helped to collect clear and accurate information about the information needs and behaviors of the tea plantation workers regarding their health.

6. Review of Related Literature

Several studies have highlighted the diverse information needs and social and economic problems of tea plantation communities. Tang, Luo and Su (2024) examined how middle-aged and adults in China shared health misinformation and found that social media played a significant role in health information seeking, misconceptions and information processing tendencies that lead to misinformation. Brewer (2024) explored how voice assistants contribute to health information uncertainty, revealing that users often meet misinterpretations and incomplete information, leading to confusion in decision-making. Pasha, Dadhwal, Kumari and Ali (2024) focused on the expansion of tea plantations in North Bengal over 150 years, emphasizing the socio-economic conditions of tea plantation workers. Rai (2024) focused on the socio-economic crisis of the North Bengal tea industry, pointing to growing inequality, unemployment and social conflict. Bhattacharya (2024) discussed the problems of women tea plantation workers in the Dooars of North Bengal. They face "time poverty" due to long working hours, low wages and lack of education and health care. As a result, they were isolated from social activities. Mallick and Roy (2022) studied the harsh working conditions of indigenous tea workers and their dependence on community support. These studies highlight systemic issues of worker, gender and socio-economic development in the region. Sarkar, Dasgupta and Bhattacherjee (2024) explored the health problems of tea estate residents in Darjeeling. Common problems include respiratory infections, high blood pressure and joint pain, mostly occurring between the ages of 20-60. This study emphasizes the need to improve health awareness and address the health information needs of tea plantation workers.

7. Overview of the Geographical Area

In India, North Bengal is located in the northern region of West Bengal, is a beautiful and diverse region. It is known for its beautiful landscapes, fertile plains and hilly areas. The region has eight

districts: Darjeeling, Kalimpong, Jalpaiguri, Alipurduar, Cooch Behar, North Dinajpur, South Dinajpur and Malda. This region, known for its diverse topography ranging from the Himalayan foothills to riverine plains, produces some of the world's finest teas, including the globally acclaimed Darjeeling Tea (Pasha et al., 2024). The Teesta River and its tributaries flow through North Bengal, making the plains fertile and perfect for farming and tea cultivation. Darjeeling and Kalimpong located in the Himalayan foothills are famous for their stunning views, cool weather and world-famous tea gardens. The Dooars area, covering parts of Jalpaiguri and Alipurduar, is well-known for its fertile greenery, wildlife sanctuaries and tea production. Tea gardens are not only vital to the economy but also central to the socio-cultural fabric of the region, providing livelihoods to thousands of workers, mainly from tribal and marginalized communities. The geographical isolation of these tea gardens, coupled with inadequate infrastructure, creates significant problems for workers in accessing socio-economic as well as health information and services (Nandi and Bhattacharya, 2024)

8. Data Analysis

The collected data were analyzed using statistical tools, including frequency distribution and percentage analysis.

Age Group	Male	Female	Total
18 - 28	33(8.25%)	69(17.25%)	102(25.50%)
29 - 38	31(7.75%)	53(13.25%)	84(21.00%)
39 - 48	36(9.00%)	82(20.50%)	118(29.50%)
49 - 58	37(9.25%)	59(14.75%)	96(24.00%)
Total	137(34.25%)	263(65.75%)	400(100.00%)

Table 1: Distribution of Respondents by Age and Sex

Table 1 shows the age and gender distribution of the 400 respondents. Among them, 34.25% were male, while 65.75% were female. Among the age groups, the major group of respondents 29.5% was in the 39–48 age range, followed by 25.5% in the 18–28 age range. The 29–38 age group included 21% of respondents and 24% were in the 49–58 age range. Most respondents were females, and they primarily worked in tea plucking.

Age group	Illiterate	Below class V	V to X	XI to Graduate and above
18 - 28	41(10.25%)	22(5.50%)	27(6.75%)	12(3.00%)
29 - 38	50 (12.50%)	14(3.50%)	11(2.75%)	9(2.25%)
39 - 48	82 (20.50%)	18(4.50%)	12(3.00%)	6(1.50%)
49 - 58	59 (14.75%)	19(4.75%)	14(3.50%)	4(1.00%)
Total	232(58.00%)	73(18.25%)	64(16.00%)	31(7.75%)

Table 2: Distribution of respondents based on Educational Qualification

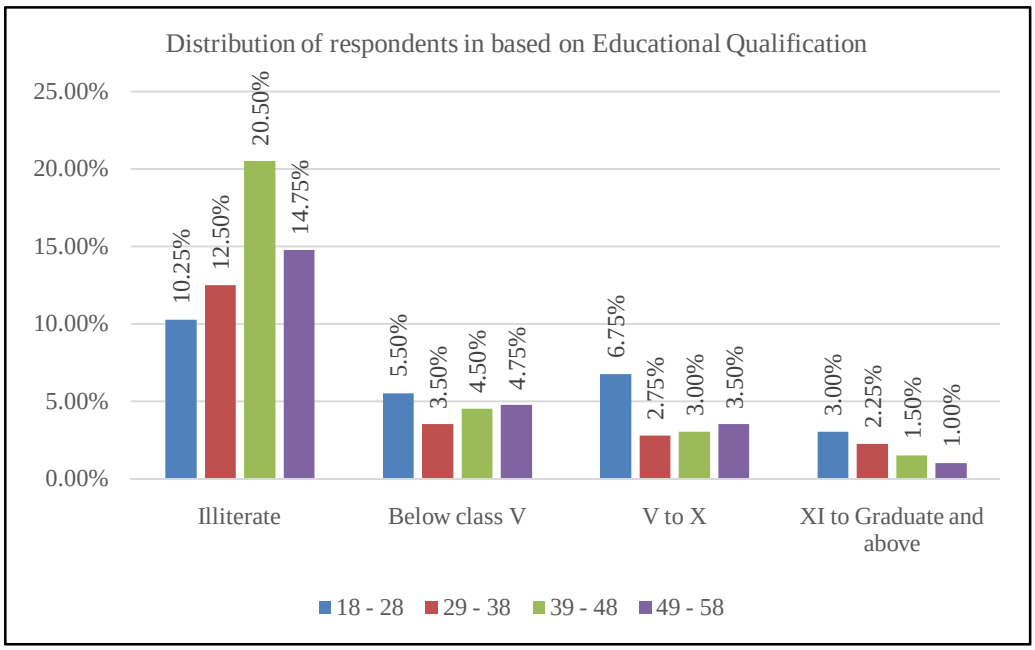

Figure 1: Distribution of respondents based on Educational Qualification

Table 2 and Figure 1 show the educational qualifications of the respondents. Among them, 58% are illiterate. About 18.25% had education below Class V, while 16% had studied between Class V to Class X. Only 7.75% had education up to Class XI or higher. This data clearly highlights a significant lack of education among the respondents.

Age Group	General Health	Women's Health	Child Health	Occupational Health	Disease Specific Information	Not Answer
18 - 28	96(24.00%)	62(15.50%)	41(10.25%)	46(11.5%)	72(18.00%)	6(1.50%)
29 - 38	77(19.25%)	56(14.00%)	37(9.25%)	35(8.75%)	41(10.25%)	9(2.25%)
39 - 48	106(26.50%)	68(17.00%)	35(8.75%)	41(10.25%)	62(15.50%)	5(1.25%)
49 - 58	92(23.00%)	45(11.25%)	24(6.00%)	32(8.00%)	43(10.75%)	7(1.75%)
Total	371(92.75%)	231(57.75%)	137(34.25%)	154(38.50%)	218(54.50%)	27(6.75%)

Table 3: Distribution of respondents according to types of health-related information needs

Table 3 and Figure 2 describe the respondents according to the types of health-related information they need. The majority of respondents (92.75%) required general health information, such as details about nutritional deficiencies, respiratory issues, infectious diseases, sanitation and hygiene. Moreover 57.75% of respondents needed information about women's health, 54.50% sought disease-specific information and 34.25% needed child health information. However, 6.75% of respondents did not provide any answer. This data highlights the common health issues faced in rural and economically disadvantaged areas.

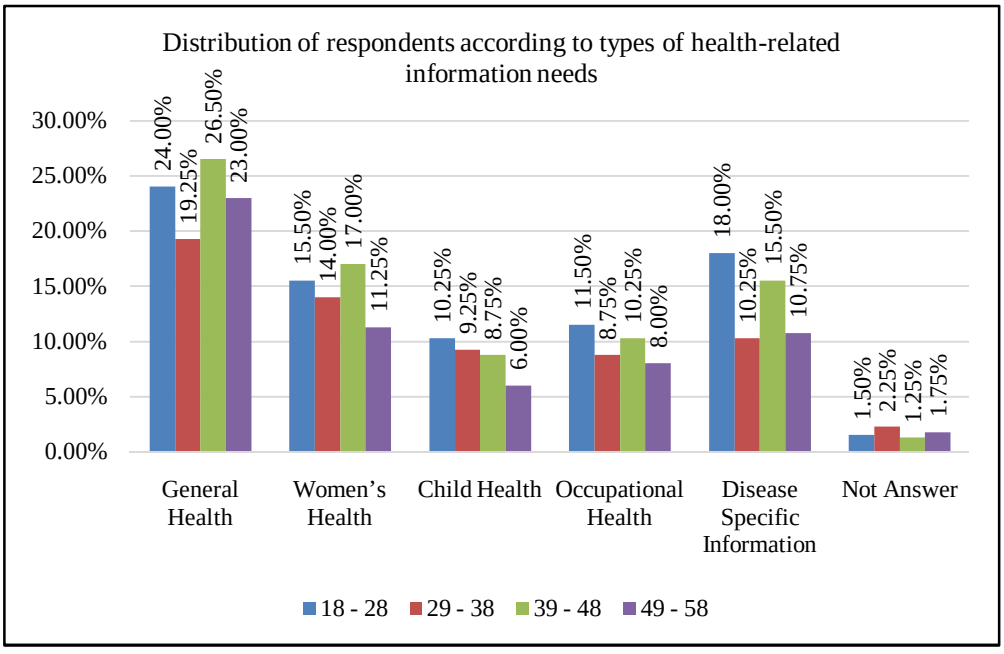

Figure 2: Distribution of respondents according to types of health-related information needs

Age Group	Health Care Professionals (Govt. Sub-Centers)	ICDS Centers	Dr. / RMP/ Pharmacist	Tea Garden Hospitals	Block Health Centers	Friends /Relatives	NGO's	Library and Community information centers
18 - 28	85 (21.25%)	60 (15.00%)	56 (14.00%)	65 (16.25%)	60 (15.00%)	45 (11.25%)	35 (8.75%)	11 (2.75%)
29 - 38	72 (18.00%)	45 (11.25%)	42 (10.50%)	68 (17.00%)	62 (15.50%)	51 (12.75%)	43 (10.75%)	6 (1.5%)
39 - 48	109 (27.25%)	65 (16.25%)	54 (13.50%)	86 (21.50%)	49 (12.25%)	58 (14.50%)	47 (11.75%)	5 (1.25%)
49 - 58	89 (22.25%)	61 (15.25%)	44 (11.00%)	51 (12.75%)	37 (9.25%)	34 (8.50%)	42 (10.50%)	7 (1.75%)
Total	355 (88.75%)	231 (57.75%)	196 (49.00%)	270 (67.50%)	208 (52.00%)	188 (47.00%)	167 (41.75%)	29 (7.25%)

Table 4: Distribution of respondents in terms of preferred sources of health-related information

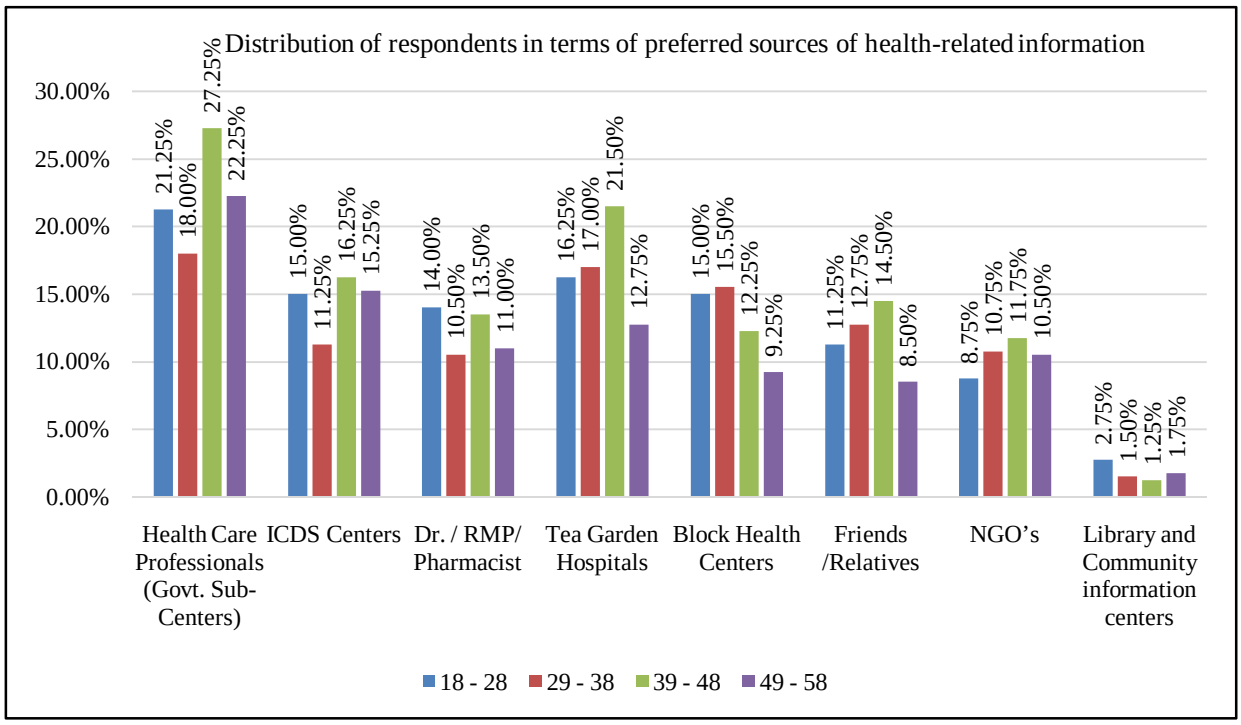

Figure 3: Distribution of respondents in terms of preferred sources of health-related information

Table 4 and Figure 3 describe the respondents based on their preferred sources of health-related information across different age groups. The most preferred source was health care professionals at government sub-centers (88.75%), followed by tea garden hospitals (67.50%), ICDS centers (57.75%), block health centers (52.00%) and Doctors, Rural Medical Practitioners (RMP) or pharmacists (49.00%). Friends and relatives were preferred by 47.00% of respondents, while NGOs were chosen by 11.75%. Libraries and community information centers were the least used sources, with only 7.25% of respondents opting for them. This is highlighted that tea plantation workers had limited awareness of libraries and community information centers.

Age Group	Weekly	Monthly	Occasionally
18 - 28	34(8.50%)	49(12.25%)	19(4.75%)
29 - 38	20(5.00%)	52(13.00%)	12(3.00%)
39 - 48	31(7.75%)	65(16.25%)	22(5.50%)
49 - 58	27(6.75%)	56(14.00%)	13(3.25%)
Total	112(28.00%)	222(55.50%)	66(16.50%)

Table 5: Distribution of respondents based on frequency of seeking health-related information

Table 5 describes the respondents based on frequency of seeking health-related information. Most respondents were seeking health information monthly (55.50%), followed by weekly (28.00%) and occasionally (16.50%). Seeking health information occasionally was the least common habit among all age groups.

Age Group	Illiteracy	Lack of resources	Lack of awareness	Time limitations	Language barrier	Hesitation to ask questions	Less interest
18 - 28	52 (13.00%)	54 (13.50%)	64 (16.00%)	35 (8.75%)	10 (2.50%)	24 (6.00%)	22 (5.50%)
29 - 38	44 (11.00%)	46 (11.50%)	56 (14.00%)	42 (10.50%)	8 (2.00%)	32 (8.00%)	18 (4.50%)
39 - 48	61	58	63	31	12 (3.00%)	37 (9.25%)	25

	(15.25%)	(14.50%)	(15.75%)	(7.75%)			(6.25%)
49 - 58	49 (12.25%)	45 (11.25%)	51 (12.75%)	46 (11.50%)	6 (1.50%)	42 (10.50%)	23 (5.75%)
Total	206 (51.50%)	203 (50.75%)	234 (58.50%)	154 (38.50%)	36 (9.00%)	135 (33.75%)	88 (22.00%)

Table 6: Distribution of respondents regarding barriers to accessing health-related information

Table 6 shows the barriers faced by respondents in accessing health information among various age groups. The table shows that 58.50% of the respondents found the most common barrier which was “Lack of Awareness”. This was followed by “illiteracy” (51.5%) and “lack of resources” (50.75%). "Time limitations” (38.5%), “hesitation to ask questions” (33.75%) and “less interest” (22%) were also significant barriers. It also shows that “language barrier” (9%) was less often reported but still present. This data highlights the various obstacles different age groups face in accessing health information.

Age group	Very satisfied	Satisfied	Neutral	Not Satisfied	Very dissatisfied
18 - 28	2 (0.50%)	13 (3.25%)	28 (7.00%)	49 (12.25%)	10 (2.50%)
29 - 38	3 (0.75%)	11 (2.75%)	30 (7.50%)	34 (8.50%)	6 (1.50%)
39 - 48	3 (0.75%)	16 (4.00%)	55 (13.75%)	32 (8.00%)	12 (3.00%)
49 - 58	2 (0.50%)	12 (3.00%)	48 (12.00%)	29 (7.25%)	5 (1.25%)
Total	10 (2.50%)	52 (13.00%)	161 (40.25%)	144 (36.00%)	33 (8.25%)

Table 7: Distribution of respondents based on satisfaction with information sources usage

Table 7 shows the level of satisfaction among different age groups in using information sources. Among all respondents, 40.25% were neutral, followed by 36% who were not satisfied. It was seen

that 13% of respondents were satisfied, 8.25% were very dissatisfied and only 2.50% were very satisfied. Neutrality was the most common response across all age groups.

Age group	Health Camps	Training Programs	Awareness program	Others
18 - 28	54(13.50%)	21(5.25%)	17(4.25%)	10(2.50%)
29 - 38	48(12.00%)	16(4.00%)	12(3.00%)	8(2.00%)
39 - 48	67(16.75%)	22(5.50%)	18(4.50%)	11(2.75%)
49 - 58	57(14.25%)	9(2.25%)	14(3.50%)	16(4.00%)
Total	226(56.50%)	68(17.00%)	61(15.25%)	45(11.75%)

Table 8: Distribution of respondents according to their opinion of the most helpful community-based health initiative

Table 8.8 shows that 56.50% of respondents selected health camps as the priority initiative. 17% of respondents supported training programs and 15.25% favored awareness programs. "Others," such as nutrition assistance and sanitation improvement had the lowest support at 11.75%. This has shown that health camps had the maximum impact across all age groups, highlighting the immediate need for medical assistance.

9. Findings

- Age and gender indicate an increase in female participation among the respondents, It is explained by the fact that a significant proportion of respondents were engaged in tea plucking an occupation largely occupied by women in the region.
- Educational qualification highlights the educational problems faced by the respondents, which were probably influenced by socio-economic factors and limited access to educational facilities. High illiteracy rates in rural and economically backward areas might be due to a lack of educational development and neglect in their daily life.
- According to the pattern of health-relatrd information needs, reflect general health awareness in rural areas, where access to general health care and information was limited. Women's health and child health issues were particularly important in these communities due to their neglected lifestyles and health-related ignorance.
- Among preferred sources of health-related information, the trend indicated dependence on local and easily available health care facilities. The choice of government sub-centres and tea garden

hospitals indicated confidence in these places, probably due to their closeness and affordability. Limited use of libraries and community information centers indicated a lack of awareness or resources to access these facilities.

- According to the frequency of health information seeking, the monthly seeking behavior could be influenced by regular health check-ups or follow-ups scheduled at healthcare facilities. The lower percentage of weekly seekers might indicate limited time or resources to seek information more frequently.
- Workers faced several problems in accessing the health information they need, such as lack of awareness, limited education and insufficient resources. There were also language barriers, hesitated to ask questions and less interest in seeking information making the situation more problematic. A significant number of respondents highlighted lack of awareness and limited education as key issues, reflecting unprivileged background.
- A high number of neutral or unsatisfied responses from tea plantation workers about their satisfaction with information sources suggested that health information might not be effective or of good quality. This highlights the need to make health information more accessible, relevant and reliable.
- The respondent's views were focused on community-based health initiative; the choice of health camps focused the immediate need for direct medical support. Training and awareness programs were also valuable, indicating recognition of the significance of education and preventive measures.

10. Discussions

The study provided important focuses into the health-related information needs of tea plantation workers in North Bengal. Most of the workers were women engaged in tea plucking and many were aged between 39 and 48 years. The study highlighted a significant educational gap, with 58% of the workers being uneducated. The workers lived in poor socio-economic conditions and belonged to disadvantaged communities, making their livelihood difficult. Health information needs were high, especially about general and women's health. Government sub-centers and their health professionals were the most preferred sources of health information. However, the workers faced many problems, including lack of awareness, illiteracy and limited resources. Health camps were the most popular community health initiative, showing the importance of immediate medical help and the need for regular health programs. To improve their situation, government and NGOs should

work together and introduce Public-Private Partnership (PPP) models to provide better healthcare and livelihood opportunities. Health awareness programs were essential to educate workers and improve their access to health services. Co-operation with political leaders could also play a significant role in resolving their problems and ensuring proper support.

11. Suggestions

Based on the above discussion, the following issues are suggested as solutions to overcome the problems.

- Implementation of adult education programs to reduce illiteracy and enhance the ability of workers to access and understand health information.
- Increase of the frequency and coverage of health camps to provide immediate and accessible medical assistance.
- Development of comprehensive training programs, particularly focused on younger age groups, to provide them with essential health knowledge and skills.
- Conducting the regular awareness campaigns to educate workers on preventive health measures and common diseases.
- Creation of strategies to overcome barriers like lack of awareness, illiteracy and resource limitations. This could include mobile health units, community health workers and improved health communication strategies.
- Promotion of the use of various health-related information sources, including digital platforms, to ensure wider access.
- Regularly assessment of the satisfaction levels of information sources and make necessary improvements to meet the needs of the respondents effectively.
- The government can introduce a Public-Private Partnership (PPP) model for libraries to improve their services and make them more community-focused. This model would involve collaboration between the government and private organizations. The government can provide basic infrastructure and funding, while private partners can contribute expertise, technology and innovative ideas to modernize libraries.

12. Conclusion

The research was conducted on tea plantation workers in North Bengal highlighted their health-related information needs, sources of information and barriers they faced. Most workers

require general health information, with significant demands for women's health, disease-specific and child health information. Government sub-centers, tea garden hospitals and ICDS centers are the preferred sources, indicating a dependence on local healthcare facilities. However, the frequency of information seeking was primarily monthly, suggesting potential gaps in regular access to information. Barriers such as lack of awareness, illiteracy and limited resources highlight the problems in accessing health information. These findings highlight the need for health education programs in particular, improved accessibility to consistent information sources and initiatives to enhance literacy and awareness. Solving these issues can significantly improve the health issues of tea plantation workers in North Bengal.

Acknowledgment: The author is thankful to the editor and the referee for their valuable suggestions and comments.

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