

T&F INDIA

Class of 2024

Race, Colourism and Health

New projects at

T&F India

Mental Health Disparities, Lived

Ex

EDITORIAL

PARTH SHARMA



Israeli soldiers set fire Aqsa University [@AqsaUniversity]'s library in Gaza City and took pictures of themselves in front of the flames.



class of 2024, Gaza

Hi Everyone







Recommended Readings

Every fortnight, T&F India aims to put out a flyer with a few recommended readings from an open access journal that speak about a current socio-political concern.

This list is aimed at providing young students a chance to take a multisectoral lens and learn outside the classroom model.

<u>Data Feminism</u> by **D'Ignazio and Klein** (Rec by Juno A)

Who is Data Science for? Whose interests does it serve? Read this
poignant piece on gender, power and data feminism.

<u>Decolonizing Data</u> by Dr Blackdeer

• Read how Indigenous data sovereignty is a vital framework to decolonize data.

War on healthcare services in Gaza by Thalia Arawi

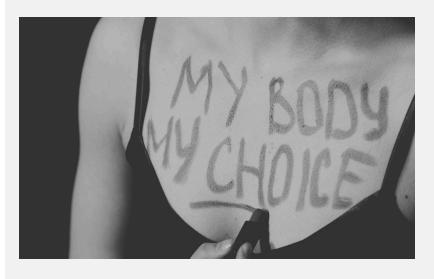
 This commentary piece lays a foundation on the necropolitics of war and genocide. It is a gut wrenching read on the destruction of healthcare services in Gaza.

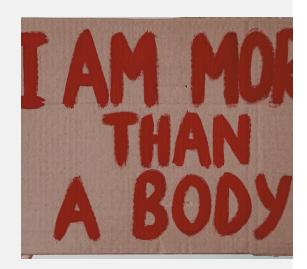
Power, policy, and transgender identities: by Harikeerthan Raghuram

 From this article, take into account how the broader power of gender operates within the health sector.



New Project Launch at T&F India





Fatphobia and the experience of being trans and queer within India

Team head: Juno Michael Alphonse

Team: Anjani, Mihikaa, Smriti, Priyanka, Udisha, Roy





Reasonable Accommodations in the classroom

Team head: Parth





LOOKING BACK

Deepali Pandit

Are you aware of the "Tuskegee Syphilis Study"? Let me shed some light on this for you, readers. This infamous study conducted by the U.S. Public Health Service between 1932 and 1972 is a stark example of the intersection of race, medical exploitation, and mental health consequences. African American men with syphilis were left untreated, even after effective treatment became available, leading to severe health complications. They suffered from anxiety, trauma and depression due to social stigma, and discrimination associated with the disease. The betrayal and adversity experienced by them were passed down through generations, contributing to mistrust of the medical system and persistent health disparities within African American communities.

Well, India's history of colonialism is a true example of how British colonizers, ingrained a racial hierarchy that favoured white superiority over the Indian indigenous populations. This colorism based on skin colour became deeply perpetuated in Indian society wherein we uphold lighter-skinned individuals with status and privilege, while the darker-skinned get associated with inferiority, leading to intergenerational trauma of body image issues, low self-esteem, substance abuse and other psychological distresses. For instance, when it comes to the intersection of caste and colourism people with darker skin tones, exacerbating feelings of marginalisation, feelings of inadequacy, shame and inferiority, contributing to heightened levels of stress, anxiety, trauma and depression among Dalits.

Then the unsaid pressure to conform to Western-like Eurocentric or Eastern-like Korean beauty standards only perpetuates harmful internalized racism and hatred among the Indian society.

I believe it's the lack of culturally competent services and structural racism that results in higher rates of untreated mental illness among people of colour compared to other cultural(white) counterparts. By addressing the root causes of mental health disparities and promoting social justice, India can work towards creating a more inclusive and equitable society for all its citizens.

RACE, COLOURISM, HEALTH Gulnar Mishra

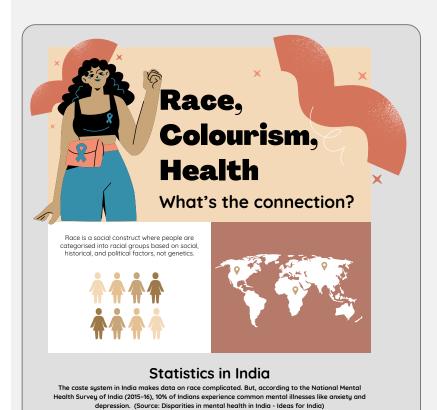
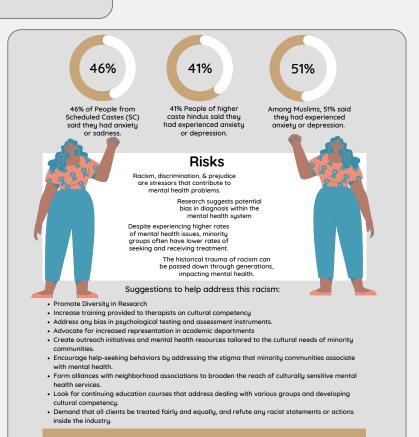


IMAGE 1

Statistics from India:
Connections between race, colourism and health

IMAGE 2

Suggestions to help address systemic racism



LIVED EX. NARRATIVE RACE AND MENTAL

HEALTH

Akin Dayo



The conversation on mental health in Africa is growing, but important obstacles remain, particularly on the chain of race and mental health. Across the continent, different racial and ethnic groups face distinct socio-cultural and economic factors that influence mental health.

One major issue is the persistent stigma surrounding mental health in many African societies.

Misconceptions and cultural taboos frequently keep people from seeking help or discussing their

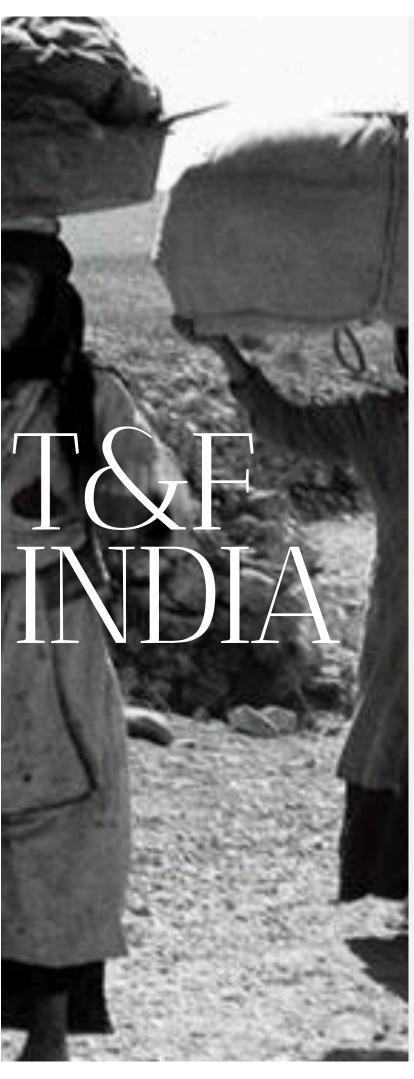
problems openly. This stigma is exacerbated by institutional impediments such as limited access to mental health treatments, a scarcity of educated specialists, and insufficient funding for mental health facilities.

Moreover, historical and continuing experiences of colonization, enslavement, and structural oppression have contributed to intergenerational trauma and psychological distress among African people.

Addressing these deep-rooted difficulties demands a holistic strategy that embraces the cultural

diversity and resilience of African communities.

We can help to reduce gaps and promote mental well-being for all Africans by supporting culturally appropriate mental health education, improving access to community-based services, and fighting for policies that prioritize mental health treatment. Let us work together to remove barriers to mental health care and promote a culture of compassion, understanding, and healing across the continent.



POEM OF THE MONTH

If I Must Die

If I must die, you must live to tell my story to sell my things to buy a piece of cloth and some strings, (make it white with a long tail) so that a child, somewhere in Gaza while looking heaven in the eye awaiting his dad who left in a blaze and bid no one farewell not even to his flesh not even to himself sees the kite, my kite you made, flying up above, and thinks for a moment an angel is there bringing back love. If I must die let it bring hope, let it be a story.

Refaat Alareer

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