

NEWSLETTER

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Women from Dantral Village in Poshina Block during community mapping exercise

MEET THE POSHINA COMMUNITY

By Dr. Starry John Dcruz - SEWA

Nestled amidst the ancient Aravalli hills, one of the oldest mountain ranges in the world, lie the villages of Poshina, located in Sabarkantha district, Gujarat, India. With its vibrant cultural traditions and natural beauty, Poshina offers a captivating glimpse into traditional, rural Gujarat. It is home to Bhil tribals or 'Adivasis', the Indigenous inhabitants of the sub-continent, with their own languages, culture, and traditions. Adivasis are about nine per cent of the Indian population and are protected with special laws under the constitution of India. They are amongst the poorest and most vulnerable communities in India. Most of the population of Poshina belong to Indigenous tribal communities such as the Bhil (majority) and Garasia. There is also a significant presence of other communities, including the upper caste Rajputs and the Muslim minority.

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CORE is a four-year research programme funded by the UK National Institute for Health and Care Research (NIHR) to address the neglect of oral diseases in four middle-income countries - Colombia, Kenya, India, and Brazil.

In addition to the planned research, community engagement and involvement (CEI) and training and capacity building activities are also planned in each country.

In this second Newsletter we focus attention on India and present some insights gained from our recent community mapping work with local communities. We also present a summary of a recent seminar held in New Delhi.



Visiting the house of a woman from Dantral Village in Poshina Block

The Adivasis remain deeply connected to their agrarian roots, with agriculture as the primary source of livelihood for many families.

One of the most striking aspects of Poshina's cultural landscape is its vibrant folk music and dance forms like Timli. The rhythmic beats of the dhol (drum) and the melodious tunes of traditional instruments fill the air during festive occasions and community celebrations.

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Women's group in Dantral Village in the Poshina Block

There is an urgent need for comprehensive primary health care in the villages of this area. In addition to low levels of health literacy, people often face difficulties in accessing essential healthcare facilities and services, leading to delays in diagnosis, treatment, and prevention. Being a remote area, health care workers are reluctant to serve in these villages and absenteeism is common. Oral health care is scarce, with few dentists serving this area. In fact, in our discussions with local women, most said they had never seen a dentist in their lives and instead used home remedies or had their teeth extracted locally, if the pain was unbearable.

Access to public health services is limited in this remote, hilly terrain, posing a considerable obstacle to the well-being of its residents. Furthermore, there is lack of awareness regarding government services and schemes, including the various documents required to access these, exacerbating the healthcare disparities in the region.

Health literacy levels are extremely low which affect health-seeking behaviour, especially among women.

Finally, poverty together with patriarchy perpetuate the low status of women. This is demonstrated in the fact that although they work both inside and outside the home, and are primarily responsible for care work, household work, farming and animal husbandry, women's voices are seldom heard in their homes and their Adivasi communities. One of the issues we observe frequently is large families with multiple children and little birth spacing, resulting in low birth-weight babies.



Hilly Terrain of Dantral Village in the Poshina Block

The reach of public services has been low, such as government childcare centres or 'anganwadis' for young children, women availing institutional delivery and benefits under maternal and child welfare schemes and even school attendance. The various village-level committees for health and education are non-functional and there is no demand for service delivery. There is high migration to cities in search of employment, especially among men, which places further burden on local women who work within the informal economy.



Poster in the Dental Clinic Located in the Community Health Centre of Dantral Village, Poshina Block

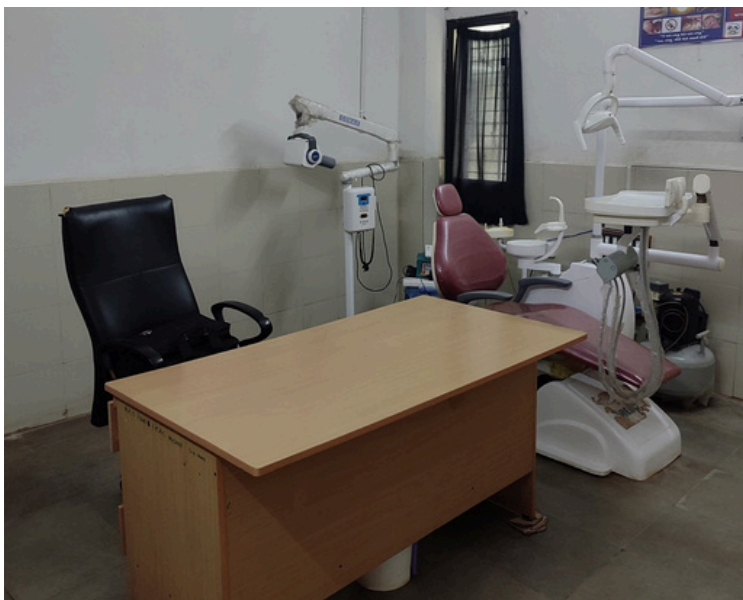


Visiting the Anganwadi Centre (Day care centre for children) in Dantral Village, Poshina Block - Dr. Starry John Dcruz (in yellow) and Dr. Rajeev Basapathy standing at the back of the classroom

Girls' education is an issue, with many girls dropping out from formal schooling. This is because early marriage is prevalent and because girls are required to help with household chores and on family farms. Patriarchal norms also have a major impact on the life choices of girls.

The Self-Employed Women's Association, SEWA, a national union, began organising informal women workers in the villages of Poshina just before the COVID-19 pandemic. We trained local women leaders called 'aagewans' to provide health education and help refer people for care when needed. SEWA has fostered trust with the women of Poshina through our health team- Lok Swasthya SEWA.

We have also been collaborating with the local authorities to provide extended hours of childcare through the government's anganwadis. Through local health action, aagewans now feel empowered to speak out in their communities, and also raise issues with local authorities, enabling access to services for local people for the first time. Aagewans are not only bringing health services to women and their families, but also are challenging stereotypes and norms in their families and in the outside world. Over time, this will further promote their empowerment and also will reduce health disparities. Promoting health awareness will help the Adivasis community to move out of poverty and towards self-reliance.



Dental Clinic Located in the Community Health Centre of Dantral Village, Poshina Block

Dr. Starry John Dcruz is a dentist and public health professional and is currently working as a Program Coordinator with Lok Swasthya SEWA.

ORAL HEALTH INEQUALITIES SEMINAR

By Prof. Abhishek Mehta - Jamia Millia Islamia University, New Delhi, India

A national seminar titled "Oral health inequalities in India: learning from the past and paving the way for the future" was organised on Tuesday 27th February 2024 by Professor Abhishek Mehta, Indian lead for the CORE programme. Financial support for the event was provided by the Indian Council of Social Sciences Research (ICSSR).

This was the first event in India to introduce the CORE programme to relevant stakeholders. More than seventy-five dental public health professionals affiliated to seventeen dental colleges in India participated.

Professor Mehta commenced the seminar with a presentation explaining the major objectives of the CORE programme and the research work packages to be delivered over the next few years. A collated video of the collaborators from Colombia, Brazil, Kenya, and the United Kingdom was played to introduce the programme and showcase the ongoing research activities.



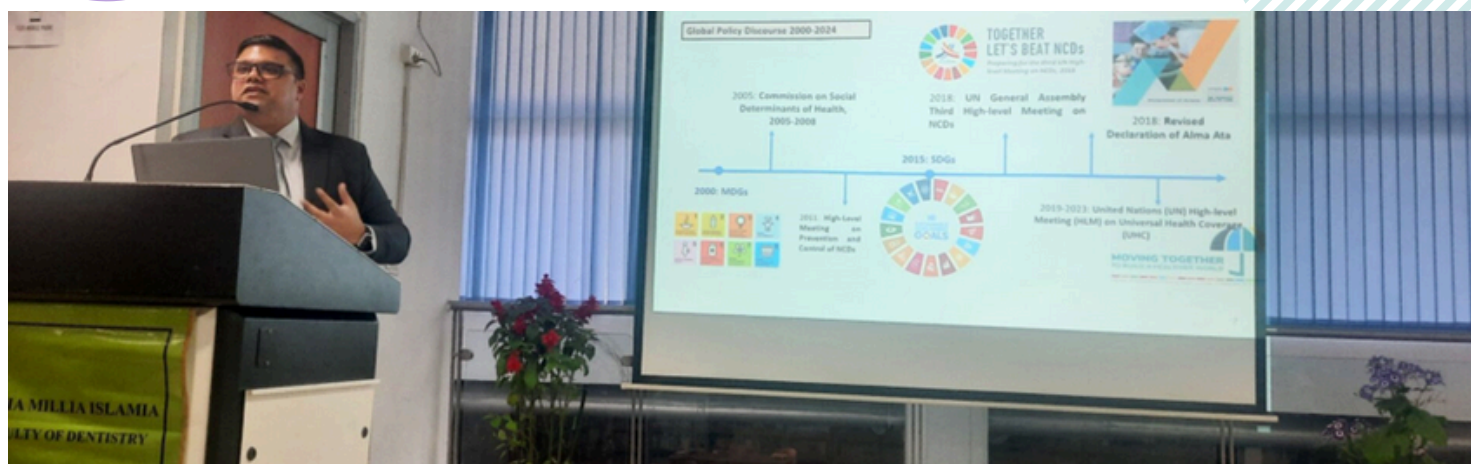
Professor Abhishek Mehta Speaking at the Seminar

Professor Richard Watt (UCL, London) presented on "Contemporary Research Priorities for Reducing Oral Health Inequalities." He stated that current oral health systems have largely failed to combat the global challenge of oral diseases, and are unable to address the unjust and stark inequalities that exist between and within countries. Professor Watt outlined the training and capacity building activities to be implemented in each country as part of the CORE programme; the scholarship opportunities to study for a MSc in Dental Public Health at University College London and the University of Glasgow, and the funding opportunities available under the responsive research fund component of the programme.

Ms Mirai Chatterjee's (SEWA, Ahmedabad) lecture was on the "Role of Community Engagement in Reducing Oral Health Inequalities." She emphasised the need to gain the trust of community members before conducting research. Ms Chatterjee explained the basic steps required for community mapping and showcased the community mapping exercise completed by her organisation in Gujarat for the CORE programme.



Mirai Chatterjee Director of SEWA Speaking at the Seminar



Professor Manu Mathur Speaking at the Seminar

Professor Manu Mathur (Queen Mary University, London) presented on “The Global Priorities for Reducing Oral Health Inequalities” from the context of the Indian population. He outlined that oral diseases are the most prevalent diseases for humankind and a major public health challenge for ours and future generations. He explained that if the status quo remains, the oral disease burden will continue to rise in low and middle-income countries. He emphasised that oral disorders are known to disproportionately affect poor, disadvantaged, and marginalised populations, leading to oral health inequalities. Professor Mathur ended his presentation by referring to the UN Sustainable Development Goals: SDG3 (Ensure healthy lives and promote well-being) and SDG-10 (Reducing Inequalities) and their alignment with the theme of the seminar.

The seminar received excellent feedback from the audience. Attendees were especially impressed by the content of the lectures and the way speakers explained the concept of oral health inequalities in detail to them for the first time in a face-to-face seminar. This seminar can be seen as a first step towards ambitious training and capacity building activities proposed under the CORE programme.



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