**Title : Dental Healthcare needs of the tribal and marginalized sections of the society**

**A Very good morning to everyone listening to the podcast**

Indigenous people are group of people that live within or are associated with geographically different traditional habitats or ancestral areas and identify as belonging to a separate cultural group known as "Tribes." It is also well-known that they solely practice their ancestral customs very strictly. These tribes can be found in widely varying ecological and geo-climatic conditions as in forests, hills, desserts and places difficult to reach. They have a unique niche due of their unfriendly, secluded living environment, poor sanitation, low literacy, and lack of employment opportunities. Amongst them people designated as Schedules Caste (SC) and Scheduled Tribes (ST) are believed to be the most disadvantages socio-economic categories of India. Scheduled Castes include Adi Andhra, Adi Dravida, and Adi Karnataka, among others. Scheduled Tribes include Juang, Konda Reddy, Santhal, and Koya, among others.

In India, the tribal inhabitations are scattered across large areas with poor access to basic health necessities. Therefore, it is observed that tribal people have remained marginal, with poor health, unmet needs. Despite of the overall systemic health, they also have poor periodontal health status due to their isolation, awareness and less accessibility to dental resources. They also follow traditional methods of oral hygiene which are proven to be inadequate to maintain proper oral health of an individual.

Despite several attempts and developmental and welfare projects implemented by the Government of India for their upliftment and mainstreaming, these groups continue to be economically backward, socially weak, and more vulnerable to danger. We have certain tribes namely the Gypsies and the Irular communities who are residing in and around nearby localities.

The gypsy community, whose names are as obscure as their origins, is also known as the Roma or the Romani people. They belong to a very distinct cultural group in which dental caries prevalence is high and often neglected. Data on their dental health care necessities are relatively scarce to non-existent. Their chaotic lifestyle makes routine dental visits nearly impossible and failure in appointments. They are more prone to report with acute dental pain and gums, malodor, attrition, etc.

The Irulars, also known as the Negribo, are a tiny tribal tribe found throughout India. Across several parts of our nation, they make a living through hunting, particularly by capturing snakes. They also work as labourers (coolies) on the landlords' fields during the sowing and harvesting seasons, as well as in rice mills. Fishing and livestock farming are other important occupations for them.

Close study of this tribal people of Puducherry, namely the Narikuravars and Irulars, prompted me to believe that they were originally resistant to the services offered to them. However, they soon began to exhibit very little/no interest in improving their dental health. Education and encouragement of this community are considered essential so that they can benefit from it in some way.

Despite government attempts, the indigenous community has significant health and inequities, and the current socioeconomic profile of the population is low when compared to the mainstream population. Oral health is the most important predictor of overall health, happiness, and quality of life. Maintaining excellent oral hygiene should be prioritised in order to achieve optimal oral health.

However, the standard of living of India's Scheduled Castes and Tribes have significantly improved over the past few decades. They seem to be more open to diverse experiences and have always exhibited a desire to learn more things. Droupadi Murmu, the first person from India's indigenous recognised tribal people to be elected president, is one such inspiring example. With Droupadi Murmu becoming India's President, the tribal community and women's progress would undoubtedly reach new heights.

The determination of the health requirements of these indigenous communities through approaches and methods that correctly represent their situations and concerns while preserving their culture and identity is critical to the public health problem.

To serve tribal people at medical facilities, tribe members must improve their insensitive and discriminatory behaviour toward impoverished and disadvantaged groups. This behavioural shift is desired not only from paramedics and lower-level workers, but also from doctors.

Education and poverty status would have a significant impact on health-care usage.

Thus, the quality and access to health messages should be enhanced with a special focus on tribal groups, and effective communication methods should be used.

Finally, I'd like to say, "A HEALTHY ATTITUDE IS CONTAGIOUS, BUT DON'T WAIT TO CATCH IT FROM OTHERS." "BE A CARRIIER."