



LETTER TO EDITOR

TRIBAL POPULATION IN INDIA: A PUBLIC DENTAL CHALLENGE AND ROAD TO FUTURE

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DOI: 10.37841/jidam_2022_V9_I4_07

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ABSTRACT

Tribal population inhabited lands for generations and developed culturally distinct ways of life that are intricately connected to their surroundings. Their geographical isolation, harsh living conditions, and lack of sanitation make them more prone to diseases. Oral diseases are some of the most prevalent health issues worldwide, affecting millions of people and contributing significantly to the global burden of disease. This is especially true among underprivileged groups, who often lack proper access to dental care and other essential health services. Raising awareness of the importance of oral health is crucial for improving health outcomes. Health needs of indigenous populations requires a complex and multifaceted approach.

KEYWORDS : Tribes, Disease, Oral Health

Received: 22.11.22

First Published: 21.12.22

Accepted: 12.12.22

Published: 27.12.22

INTRODUCTION

The Indigenous populations are communities they live within, or attached to, geographically distinct traditional habitats or ancestral territories and who identify themselves as being part of a distinct cultural group called "Tribes"¹ The tribal communities form a special niche, which are more prone to diseases because of their hostile, isolated living conditions, poor sanitation, poor literacy, and employability².

Among which the caste like Scheduled Castes (SCs) and Scheduled Tribes (STs) are officially designated groups of people and among the most disadvantaged socio-economic groups in India.

Even though plenty of initiatives and developmental and welfare schemes are being brought about by the Government of India for their upliftment and mainstreaming, somehow these groups continue to remain economically back, socially weak and more prone to risk³.

The Irulars, they are generally called as Negribo and are small tribal community are present in various parts of India. Narikuravars are indigenous tribal population mainly found in Tamil Nadu. They are specific cultural group who are vulnerable to Dental Caries. Their chaotic lifestyle prevents routine attendance and failure to keep appointments. From our experience on closely studying the tribal population of Puducherry namely Narikuravar and Irular, they were reluctant to the services provided. They showed limited interest to no interest towards the improvement of oral health.

The tribal population has considerable health and disparities despite government initiatives and the existing socioeconomic profile of the population is low compared to the mainstream population.

Oral diseases make significant contributions to the global burden of disease, which is particularly high in the underprivileged groups like tribals.

Oral health is the most crucial indicator of overall health, wellbeing, and quality of life. For attaining a good oral

health, maintenance of proper oral hygiene should be considered of utmost importance⁴.

Raising awareness of health issues is the first step towards improving health outcomes.

A key to public health challenge is to determine the health needs of indigenous populations using approaches that appropriately reflect their conditions and concerns with respecting their culture and identity⁵.

To help tribal people at medical facilities, the obligation is to change their insensitive and discriminatory behaviour towards poor and disadvantaged groups. This change in behaviour is desired not only from the paramedic and lower staff but also from the doctors.

Thus, the content and quality of health messages needs to be improved with specific target at tribal groups and it should to be approached with appropriate means of communication.

REFERENCES

- 1 Das D, Suresan V, Jnaneswar A, Khurana C, Bhadauria US, Saha D. Oral health status and treatment needs among the Juang tribe- a particularly vulnerable tribal group residing in Northern Odisha, India: A cross- sectional study. *Health Soc Care Community*. 2019;00:1-8. <http://doi.org/10.1111/hsc.12788>
- 2 Health Status of Primitive Tribes of Orissa. Available from: https://main.icmr.nic.in/sites/default/files/icmr_bulletin_s/BUOCT03.pdf
- 3 Kadir RA, Yassin AT. Oral health beliefs, practice and attitudes towards dental health among the aborigines (orang asli) of selangor, West Malaysia. *Odontostomatol Trop* 1989;12:7-12
- 4 Haque HZ, Pal D, Sadhukhan SK, Das S. A cross-sectional study on oral hygiene among Santhal tribal adults in a rural area of West Bengal. *J Family Med Prim Care* 2021;10:2859-64
- 5 Naik, 2005; Nakazono, Davidson & Anderson, 1997