



# Dantha Bhagya Scheme-A Way Forward for People with Edentulism in India

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## ABSTRACT

Oral health problems are emerging as one of the major public health concerns. Elderly people have to face many difficulties in utilizing oral health services, especially the below the poverty line population. Taking into Consideration Dantha Bhagya Yojana was launched in Karnataka, for the Below poverty line population as dental services are highly priced. Databases, media articles and government official websites providing information regarding Dantha Bhagya Yojana was considered. The scheme aims to provide complete and partial dentures to the senior citizens of Karnataka, belonging to the below poverty line category. The program works under public-private partnership lines and is proving to be helpful to the beneficiaries in Karnataka province. These services are made available in public as well as private dental colleges of Karnataka. The community healthcare workers' role is to identify the edentulous patients and refer them to the nearby dental college for treatment.

**Keywords:** Edentulism, Elderly population, India, Oral healthcare, Oral health program

## INTRODUCTION

Oral health diseases are contributing to public health threats worldwide. Oral health cannot be neglected as it forms an integral part of the general health of a body. With increasing age, the oral healthcare need of an individual also increases<sup>1,2</sup>. Globally, the ageing population is growing at a faster rate; by 2050, the population aged 60 years will be doubled (WHO)<sup>2</sup>. One of the major oral problems faced by the elderly population in India is edentulism. Edentulism is an irreversible condition seen in the elderly population where a patient loses teeth completely and is correlated with the nutritional status of older people<sup>1</sup>. It is the end stage after dental caries and periodontal disease and is associated with ageing and severely affects the quality of life among the elderly population<sup>3</sup>. Globally, 21.9% of the population who are 74 years and above suffer from edentulism in the United States, 39.6% in New Zealand, 7% in Sweden<sup>2</sup>.

The prevalence of edentulism in India is 16.3% in 50 years and above individuals<sup>4</sup>. The burden of eden-

tulism between countries cannot be compared due to the difference in education and economic status, attitude, and awareness about oral health and lifestyle practices<sup>1</sup>. Currently, there is a disparity in the oral health status of the rural and urban population of India as well as worldwide<sup>4</sup>. In India, most people lack knowledge of oral health and less importance is given to the maintenance of oral health by the people. Primarily due to low socio-economic status and awareness about oral health. The Social and income status of an individual is always attached to his oral health conditions.

### Ageing and oral health of elderly individuals:

In India, individuals aged 60 years and above contribute to 103.9 million of the total population. The percentage of the elderly population in Karnataka state is 7.7% of the total state population<sup>5</sup>. There is a sudden growth in the elderly population for a decade in India<sup>6</sup>. So, the country needs to construct good so-

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cial and economic policies for the ageing population<sup>5</sup>. Special attention to health problems has to be given to the elderly aged above 65years<sup>6</sup>. Oral health is closely associated with general health<sup>4</sup>. Systemic diseases have an impact on the maintenance of oral health, causing the emergence of various oral diseases<sup>4</sup>. Oral conditions such as missing teeth, difficulty in eating, and dry mouth are found in older patients and are correlated with poor health-related quality of life<sup>2</sup>.

There is a pressing need to obtain information regarding oral health status among the older population to plan out oral services in advance<sup>7</sup>. Nevertheless, there is a rise in oral healthcare care needs among the elderly with advancing age. The elderly hesitates to visit the dentist for seeking dental care; reasons are improper transportation and dependency on others<sup>7,8</sup>. The elderly population faces specific barriers in the utilization of dental care services such as reduced confidence, fear related to painful past experiences with dentists, socio-economic status, accessibility to the services<sup>9</sup>.

#### **Accountability by oral healthcare program:**

The present oral health status in India calls for the need for "National Oral Health policy" to make dental care services accessible and affordable<sup>4</sup>. India has nearly 300 dental institutions, and 25000 dentists are graduated each year<sup>10</sup>. To this end, India has plenty of workforces; however, still, oral care services have not been utilized as they are slightly high priced<sup>4</sup>. At the 4<sup>th</sup> conference of the Central Council of Health and Family Welfare in 1995, the blueprint of the National Oral Health Policy was drafted but did not achieve the designated goals because of less promptness from various stakeholders<sup>4</sup>. To address the issues pertaining to clinical and socio-demography associated with the elderly population, the Government of Karnataka launched a scheme "Dantha Bhagya Yojne" an oral health program for the elderly below the poverty line population in the province. The program is a part of the National Oral Health Policy, which falls under the National Health Policy (NHP). A total of 45 public, as well as private dental hospitals all over Karnataka, were listed under this program<sup>11</sup>. The motive of the program is to improve the oral health status of the elderly population and to provide free dentures for edentulous conditions for those belonging to below poverty lines. Additionally, it aims to provide free dentures to at least 30,000 senior citizens. The program was started in the year 2016, has been implemented through the existing public healthcare facilities in collaboration with private dental colleges. A study was also conducted by Benjamin et al. 2018 in Bangalore to evaluate the process and the outcome in term of the effectiveness of Danta Bhagya Yojane<sup>12</sup>. The study found that the scheme has adequate potential to improve the oral health-related quality of life of older adults, especially those who belong to

the lower socio-economic status and are underserved. Furthermore, findings suggested a support strategy that is known to increase the awareness and motivation about the scheme and all the stakeholder should work in tandem to make this scheme more sustainable. The healthcare workers from the public sector are assigned the responsibility to distinguish the elderly patients, helping them consult a dentist at the nearest primary health centre and referring them to the nearby dental hospital<sup>12,13</sup>.

Oral health problems are emerging as one of the significant public health concerns in India. The elderly population requires an understanding of the management of the medical and dental problems occurring due to ageing. Provision of proper dental care services keeping the affordability factor as one of the essentialities. Loss of teeth occurs in old age, which causes functional disability, malnutrition, and changes in facial structure affecting the quality of life. Dental treatment is closely linked with socio-economic factors and the accessibility of free dental services. Elderly persons face several difficulties in availing proper oral care, especially those below the poverty line population. Demand for oral health services is needed as the age progresses. Considering these issues, the program was launched in Karnataka by the state government to cater the oral healthcare needs of people living below the poverty line. There are enough health care providers in India to deliver services.

The major problem in the utilization of this scheme is the lack of awareness among beneficiaries and health care workers about the program<sup>12</sup>. So, to fill this gap, screening camps should be conducted by the Government as awareness was low at the community level. Currently, funding to this program is regular, as far as dentures are concerned. Oral healthcare is a neglected sector in India, and the Dantha Bhagya scheme has provided a ray of hope for people living with edentulism. The need of the hour is to implement programs on similar lines in other regions of India. To this end, it also observed that the Government should take such initiatives in collaboration with the private sector to broaden the level of its reach and impact.

#### **CONCLUSION**

Dental services are not been utilized by the people mainly for two reasons low socio-economic status and lack of awareness about oral health. As oral health conditions are often neglected in the elderly population, GOK launched a scheme Dantha Bhagya Yojane for the elderly BPL population of the state. This program is a part of the National Oral Health Policy (NOHP) which comes under the National Health Policy (NHP). It was a useful initiative taken by the Government of Karnataka for the betterment of oral health status among the below poverty line geriatric population. As the program provides free dentures for edentulous conditions in the older pop-

ulation of Karnataka. The current paper provides important leads to design oral healthcare program for the elderly population with edentulous condition which can be incorporated at the local level in other states of India will help the elderly solve their issues with missing teeth associated with ageing.

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