



Methods of Introduction of Primary Dental Prevention in Preschool Children

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ABSTRACT

The major oral diseases (dental caries and inflammatory periodontal disease) are considered manageable and often preventable. However, these diseases are among the most common in children in our country [2, 3, 6]. It is also known that children's health is highly dependent on parental involvement in the teaching of reasonable hygiene skills. Thus, the study of parents' preventive knowledge and oral hygiene habits is a relevant issue. Since public attitudes may change over time, it is reasonable to assume that both the level of hygiene culture and the degree of parental responsibility with regard to the prevention and treatment of major dental diseases in children will change [4]. Current organizational approaches and treatments cannot curb the increasing prevalence and intensity of oral diseases. Therefore, dentists need to assist in this task by primary prevention of dental diseases, the implementation of which will reduce the likelihood of the occurrence of these diseases, reduce the need for their treatment, and allow dentists to devote more time to disease prevention. Parents can play a major role in introducing primary prevention of dental disease to their children.

Keywords:

Purpose of study: The goal of health education for parents is to make children aware of the need for a healthy lifestyle based on scientific knowledge about the causes of disease and modern methods to prevent disease and keep the body healthy.

Materials and methods: Therefore, health education for parents should precede and accompany instruction in basic oral hygiene for preschool children.

- Disseminate medical knowledge about healthy lifestyles, ways and means of maintaining good health and preventing disease,

- To help parents develop healthy lifestyles and prevent illness in their children through education and persuasion. In order to increase health awareness among parents, it is recommended that a meeting with a dental hygienist be scheduled prior to the preschool

parent-teacher conference. Lectures and discussions with multiple parents are not recommended, as they are less likely to be understood. However, parents should be aware of their children's dental and oral health and should be interested in implementing and maintaining the dental disease prevention measures planned for their group of children. Parental involvement is a prerequisite for preventive programs to be effective, and parents must be trained in effective ways to manage their children's daily tooth brushing and to develop healthy habits. Parent hygiene education courses should be planned and implemented as part of the training of medical staff and teachers in child care facilities. This phase must always precede the introduction of means and methods of prevention. This is because only those staff members and parents who are convinced of its necessity can become

trusted colleagues of the dentist and hygienist in this important task. At the same time, none of the above groups should be neglected. Parents need to pay special attention to their children's oral hygiene from the time of teething. The health of the child depends on the parents' sense of responsibility. Only through close cooperation between parents, pediatricians, and dentists can a healthy child's oral hygiene be maintained. Dentists should organize sessions with parents at least twice a year and advise them to begin brushing their children's teeth as soon as the first baby tooth erupts. Parent training in hygiene education should be minimal. This is most often done after lectures or talks in the hygiene office. Parents should also be able to monitor the time, frequency, and appropriateness of their children's oral care at home by showing them how to brush their teeth correctly. Again, parental responsibility for the child's carbohydrate intake culture is emphasized, i.e., combining education with dental education. Parents who bring their children to the outpatient clinic are educated at the same eye level as their children at a sink with a mirror in the hygiene or treatment room. If parents do not brush their children's teeth, the children will not get a positive role model. If parents do not emphasize hygiene, do not teach their children to brush their teeth, and do not have toothbrushes and toothpaste in the family, it means that the child has no visual or auditory motivation as well as no understanding of the need to observe and regularly perform hygiene rituals. Parents know nothing about preventive measures against dental anomalies and may even be cautious about them. At the same time, maxillofacial anomalies are widespread in preschool children and account for the first place among dental diseases (up to 80%). Prevention of alveolar bone abnormalities is a series of measures aimed at the timely prevention and elimination of the etiologic factors that contribute to their development. From the many risk factors, it is important to identify groups of controllable factors, i.e., those that can be eliminated or weakened, and to refer the child to an orthodontist for treatment at the appropriate time. Etiological factors can affect a child's health. Types of Dental Education for

Parents Types of Dental Education for Parents Creating a Favorable Psychological Climate Motivating Children to Teach and Educate on Hygiene Skills Introducing Racially Sensitive Diets Guidelines and Precautions for Parents and Children of Different Ages All stages of growth and development of the alveolar system according to the child's physical development. Preventive measures should be taken at all times. Many parents believe that their children's misaligned teeth are due to heredity. However, 70% of the causes of misaligned teeth are due to bad habits. Because the formation of bad habits occurs at an early age, education provides useful skills, especially accuracy, order, the ability to finish problems, and the ability to resist bad habits. When bad habit formation does occur, parents should not fight the child. It is to be patiently eliminated and overcome just as long as it took to become established. Bad habits often occur in children who are prone to depression, so anything that improves mood will contribute to eliminating the bad habit. If parents are not successful, if the child does not get rid of the bad habit, and if the finger-sucking habit continues for up to three years, these children will have severely deformed dentition. The result of dummy, doll, finger, and tongue sucking usually results in an open bite at the front of the maxilla. It is best to hold a parent-teacher conference prior to the meeting. It is undesirable to attract a large audience at this stage, so one should keep in mind not to bring several classes or groups of parents together. Presentations and talks on prevention have two objectives: a) to interest parents in their children's dental and oral health, and b) to directly interest them in the implementation and maintenance of preventive measures in their groups of children. Discussion time should not exceed 15-25 minutes, as approximately the same amount of time is needed to answer questions. The first task, "getting parents interested in their children's dental health," requires emphasizing the difficult and unpleasant consequences of teeth, jaws, periodontal disease, and bite problems. This aspect should be somewhat exaggerated. Against this background, information about possible preventive measures is taken more

seriously and parents are encouraged to take more responsibility for their children's health. At the end of the discussion, the physician should invite the parents to cooperate in this important task and emphasize that the success of preventive measures depends on a joint effort. Particular emphasis should be placed on controlling carbohydrate intake and maintaining proper oral hygiene at home. It is strongly recommended that a printable leaflet be given to each parent to reinforce the knowledge gained. Discussions should be lively and interesting, with many examples, illustrations, and slides. The use of movies (at parent-teacher conferences), the creation of health-related wall newspapers on the prevention of dental disease, and the distribution to parents and students of leaflets with basic hygiene information on the issue should also be used. It must be remembered that the form and content of the recommendations must be appropriate to the cultural level of the population and the local living conditions.. Systematic pedagogical education of parents begins in the preschool years, and the level of pedagogical culture of parents depends largely on the professional and pedagogical competence of teachers and kindergarten professionals, including their ability to find forms, techniques, and methods of working with parents. The forms of dental education used are individual (when parents visit the dental clinic with their children) or collective (parent associations) and must be included in the child's health record.. openness of the kindergarten to the family (all parents have the opportunity to know and see their child's life and development) Principle of creating an active developmental environment that provides a common approach to character development in the home and in the child's group Principle of teacher-parent cooperation in child care General and Diagnosis of special problems Typical examples of conversations with parents Conversations with parents are one of the main activities.

- Maternal health, nutrition, and fetal oral health
- Oral diseases and child health
- Importance of general health to oral health
- Role of good nutrition in the prevention of oral diseases.

- The preventive value of personal hygiene
- Oral hygiene prevention and maternal and infant health
- Hygiene Education for School Children It is recommended that parents of preschool children plan a basic "It is possible to prevent dental caries disease" discussion, conducted once in each school by a dentist with parents, as an example for medical staff and kindergarten teachers to emulate in all groups and classes. a) Oral hygiene, b) sugar is harmful to teeth, c) the usefulness of local prevention of dental caries, and d) the need for early treatment of dental and periodontal disease are some of the topics presented to actively provide dental education to parents. The World Health Organization (WHO) recommends the following hygiene education and training with parents of children under 5 years of age
 - Parents should brush their children's teeth;
 - Parents should brush their children's teeth at their side;
 - limiting the intake of refined carbohydrates; - eliminating the practice of offering sweets to children.

The wall should contain a summary of the main arguments. The most flexible and popular form is the parents' corner, whose materials should be monotonously planned. Parents should be invited individually to participate in demonstrations and ongoing oral hygiene sessions with their children. These topics can also be presented artistically through a series of films, diaphragms, phonograms, games, theater meetings, press, radio, and television appearances. According to the latest developments by the world's leading dentists, education on rational oral hygiene and tooth brushing should be phased in beginning at age 3. 3-year-old children are too young to understand the need for oral care, so parents should be involved [5]. Skills acquired at this age have been shown to be particularly strong, and lifelong learning. Forms of collaboration with parents Advice to parents Guidelines for writing leaflets Importance of oral health to the child's general health Importance of good nutrition and correct eating habits to oral health Role of general health measures in the development and condition of oral organs and tissues

Identification and correction of bad habits Oral hygiene Oral Prevention of Diseases 5 minutes 15 minutes 5 minutes 10 minutes 15 minutes Leaflets by Groups Tips should be written one at a time Up to the age of 3, carious teeth are more likely to form on the lips and chewing surfaces of the teeth, where the enamel formed during fetal life, and after 4, if the teeth have not learned to brush and remove food from between teeth, carious teeth form on the sides of teeth The fact that the formation and retention of fillings is not well done explains the stage at which the child is reasonably taught teeth, gums, and tongue. Therefore, prevention of such localized caries should begin before the age of 4 years. Our clinical experience shows that parents, who are the main actors of socialization of their children, do not have a sufficient level of knowledge and appropriate motivation to prevent major diseases of the oral organs and tissues of their children, and therefore, the knowledge in preventive dentistry It is believed that they cannot be the main actors and bearers of knowledge in preventive dentistry. There is a need to implement special dental education programs for parents of children of different ages and to expand school education programs that should target not only students but also their parents. It is necessary to note the growing trust of parents in television advertising and to use this resource to motivate parents to prevent dental disease in their children. It is known that the family has the greatest influence on children, as parental habits model children's behavior. Therefore, it is recommended that the child's teachers and health care providers first motivate the child by explaining the purpose and goals of dental prophylaxis, how it can be implemented in the facility, and the support that health care providers can offer. Only after that, it is necessary to meet with the child's parents and explain the possibility and importance of preventing dental diseases and periodontal disease, and talk about the rules and peculiarities of brushing the child's teeth. Unfortunately, parents do not always pay enough attention to their children's oral hygiene. The experience of many researchers has shown that it is necessary to involve parents in programs aimed at improving their children's

health. This is because the most important thing is the operation that people perform themselves. This improves dental health not only for the child but also for the parents.

In Conclusion: From the above is that it is important to work with parents to motivate them to teach hygiene skills to their children. For many years, our dental services have paid little attention to this issue and have approached it formally, which is one of the reasons for the ineffectiveness in preventing and strengthening dental diseases. In order to convince the public to brush their teeth regularly and correctly, efforts must be made not only by dentists, but also by doctors in other specialties, as well as by nursing staff, teachers, and kindergarten teachers. However, dentists are the main players in dental education, and they must develop educational materials and train other specialists. It is recommended that this work begin early in the prenatal period and should be carried out by dental hygienists and non-medical personnel (educators, caretakers), whose training should include not only dentists from municipal dental clinics, but also professionals from municipal health and epidemiological services. general recommended stages for educating teeth, gums, and tongue brushing habits [7] stages for educating teeth, gums, and tongue brushing habits. Any effort to motivate parents to teach their children how to clean should be long-term, and this should be kept in mind when planning programs for the prevention of dental disease.

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