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The Role of Hygienic Education in the System Primary Prevention of Dental Diseases

Rahimberdiyev Rustam

Samarkand State Medical University

Turavi Dilnozai Jurabek

Samarkand State Medical University

Burxonova Zarafuz
Qobilovna

Samarkand State Medical University

ABSTRACT

The review presents an analysis of data on the prevalence, the intensity of dental caries and the level of oral hygiene in children and adolescents in various countries of the world, as well as modern methodological approaches to hygienic education in organized general educational children's groups and individually.

Keywords:

Hygiene education, prevention, dental caries

Introduction: According to epidemiological surveys of recent decades, prevalence and intensity of dental caries in children Uzbekistan remains very high and does not tend to decrease. So, according to WHO in Uzbekistan, already at the age one year, 15% of children are diagnosed with dental caries, by the age of three the prevalence of pathology of hard tissues of teeth reaches 54%, and by six years 98%. The authors note a stable dynamics of growth in the prevalence of pathology of hard tissues of teeth with the age of the child. High prevalence and increasing the intensity of dental diseases in childhood indicates on the need to strengthen the role of preventive work in the activities doctor of any specialty, reorientation of medical activity to maintenance of human health and includes the prevention of dental diseases among the most pressing issues of modern medicine. Therefore, in a basic way that allows you to simultaneously prevent or reduce dental morbidity are methods and means of primary prevention.

Methods and materials: The main methods of primary prevention of dental caries are health

education of the population In the health education work is divided into three areas: the dissemination of information about healthy lifestyle, ways and methods of maintaining health, prevention diseases; promotion of adherence to the rules and methods of a healthy lifestyle life and prevention through education and persuasion; hygienic training and education. In modern foreign and Russian methodological and scientific literature there are quite a lot of conflicting publications on the methods of primary prevention of dental diseases, the age of children when it is necessary to start preventive measures. Foreign researchers consider it necessary to start carrying out preventive programs for children at an early age.

M.C. Figueiredo et al. (2008) developed and implemented a dental caries prevention program for children of the first years of life, based on raising parents' awareness of healthy nutrition, hygiene education, the need and correctness of preventive measures in young children. 12 months after the start of preventive measures, the authors noted an improvement in oral hygiene to a good level in 77.28% of

children and a significant reduction in the growth of dental caries from 82% to 32% [36]. G.D. Slade et al. (2011) developed a dental disease prevention program for children aged 18-47 months living in Northern Australia. The examined children visited the dentist once every 6 months for two years for preventive purposes. The methods of health education used by the authors, in combination with the coating of teeth with fluoride varnish, have reduced the increase in caries of the surfaces of the teeth by an average of 3.0 [40]. There is an opinion that the tasks of hygienic education are obtaining basic knowledge about the anatomy of teeth and the causes of caries; about the rules of rational nutrition and dental care; about preventive dental products and their proper use, the formation of healthy habits and proper oral care skills in a preschool educational institution personality. The authors point out that at this age, children are already capable of perceiving such knowledge in the form of an interesting and entertaining game composition. Classes on teaching brushing teeth are recommended to be carried out by medical workers who demonstrate all the stages on large models jaws with a mandatory explanation of the meaning and procedure for hygienic manipulations.

V.V. Alyamovsky et al. (2001) point out the need to conduct hygiene education classes for preschoolers in a playful way, with alternating conversations and games, reading thematic fairy tales, drawing competitions, acting out theatrical scenes. The authors call for special attention in hygiene lessons to teaching children the rules of the standard method of brushing teeth on models, demonstrating items and care products oral cavity, conducting controlled brushing of teeth. [2,3]. V.G. Suntsov et al. (1992) distinguish the following stages of hygienic education in a form acceptable to children: wash your hands; rinse your mouth with water; wash your toothbrush with soap and water; apply toothpaste to the entire length of the working part of the brush; brush your teeth properly rinse your mouth with water; rinse the toothbrush, lather it and leave it to store in a glass. Teaching oral hygiene to preschool children is recommended to be

carried out in an organized children's institution in the form of seven classes lasting 15 minutes in the following sequence: examination of the oral cavity using a dental mirror and a spatula; learning to rinse the mouth with subsequent consolidation of the skill and its control after eating; a story about a toothbrush, its purpose, a demonstration of its use on dummies; training in the use of a brush using dental models and control of this skill; teaching direct brushing of teeth without paste, followed by washing the brush with water, drying and storing in a glass, consolidating this skill; brushing teeth by the children themselves without the use of paste 2 times a day under the supervision and correction of skills by educators, health workers, parents; brushing children's teeth in the morning and evening using toothpaste, toothbrush care, mouthwash. According to the results of the implementation of the above methodology, the authors noted a reduction in the growth of dental caries by 25%, in the case of its addition to professional medical preventive measures - by 67%. It should be noted the positive aspect of this approach to learning

individual oral hygiene in the form of work not only with children, but also health education of parents, teachers, health workers of children's institutions.

EM. Kuzmina et al. (2001) proposed a program for the prevention of major dental diseases for children three and six years old, including dental education, fluoride prophylaxis, individual oral hygiene with the use of fluoride-containing toothpastes. As a result of a two-year program conducted in the city of Nizhny Novgorod, the reduction in the growth of surface caries in children of six years was 62.5%, in children of three years it corresponded to 48%, the hygiene index was 1.20 ±0.06.

B.J. You et al. (2002) developed a prevention program of dental diseases for preschool children in China based on health education, supervised brushing and after three years observed a reduction in the growth of dental caries in children in 39.9% in Miyun provinces, 6.8% in Huairou [43]. Currently, there is an opinion that health education

work must also be carried out on the basis of secondary general education institutions [2,3,4,26,33,35]. I.A. Khoshchevskaya (2009) proved that monthly monitoring of oral hygiene in middle and senior schoolchildren in the city of St. Petersburg made it possible to reduce the intensity of the carious process by 57-64%, improve the hygienic condition of the oral cavity by 27.78% in 12-year-old children and by 52.17% in 17-year-olds, as well as to reduce the intensity of periodontal tissue diseases by 40.85% and 68.47%, respectively. The author proposes to use the following methods when conducting training sessions for adolescents aged 12-17: dental education, sanitary and hygienic education, professional oral hygiene and topical application of fluorides twice a year. EM. Kuzmina et al. (2009) studying the effectiveness of the complex preventive measures for children aged 7-8 and 12-13 years, including dental education, demonstration on models and practical mastering of methods of brushing teeth, sealing fissures, repeated dental examinations after 3, 6, 12 months, with registration of data on the safety of sealant in fissures, dynamics hygienic condition of the oral cavity. It was determined that the activities carried out contribute to improving the quality of oral hygiene in children of different ages. Thus, the average values of the hygiene index (PHP) after 6 months decreased in 7-year-old children with 2.92 ± 0.07 to 2.03 ± 0.05 points, in 8-year-olds - from 2.79 ± 0.09 to 1.92 ± 0.06 points, in 13-year-olds - from 2.40 ± 0.09 to 1.71 ± 0.05 points. It should be noted the advantages of the proposed methodology in the form of a wide range of preventive measures, however, there was no stage consolidation of acquired knowledge and manual skills [16].

There is an opinion that an integral part of hygienic education of the school-age child population are lectures on a healthy lifestyle, training in individual oral hygiene, as well as taking vitamin and mineral complexes 2 times a year for at least 30 days.

M.V. Morgan et al. (1997) carried out preventive measures to reduce the incidence of dental caries during the period of enamel maturation. Studies have shown that a caries prevention program of teeth among adolescents aged 12-13

living in Victoria, Australia, including health education, dental fissure sealing with annual control, mouthwash with 0.2% sodium fluoride one once a week for three years allowed to significantly reduce the increase in the intensity of surface caries to 0.93 [39]. A. Topaloglu Ak. et al. (2009) propose a program to improve oral hygiene in children aged 5-15 living in Turkey, based on increasing the motivation of the population to improve the awareness of the child population in the prevention of dental caries, including sanitary education, training in individual oral hygiene. In the course of the ongoing program, the authors noted that the prevalence and intensity of dental caries in 5-6-year-old children in 1988 corresponded to 84% and 4.4, and in 2004 in the same age group 70% and 3.7. For 12-year-old children, these figures were 84% and 2.7 in 1988, 61% and 1.9 in 2004

Conclusion: Therefore, hygiene education is important and an effective element of comprehensive programs for the prevention of major dental diseases. When conducting hygiene education in children's groups in the form of health lessons, the authors widely use game techniques illustrated teaching aids staging theatrical performances preliminary pro which allows you to maximally set up children to conduct dental manipulations, increase the motivation to learn individual oral hygiene. However, when organizing hygiene education according to the proposed schemes, there is no individual approach, pedagogical methods of presenting material, taking into account the specifics of the age and personality of the student, which undoubtedly reduces the quality of the survival of knowledge and dictates the need to introduce an individual approach into the practice of a dentist, taking into account the personality of the child.

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