
**EUROPEAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY
RESEARCH AND MANAGEMENT STUDIES****VOLUME03 ISSUE11**DOI: <https://doi.org/10.55640/eijmrms-03-11-29>

Pages: 157-163



**MAIN ROLE OF HYGIENIC EDUCATION IN THE SYSTEM PRIMARY PREVENTION OF
DENTAL DISEASES OF PATIENT*****Jabbarova Zarnigor****Samarkand State Medical University, Uzbekistan*

ABOUT ARTICLE**Key words:** WHO, human health, healthy lifestyles, methods and means of health maintenance.**Received:** 15.11.2023**Accepted:** 20.11.2023**Published:** 25.11.2023**Abstract:** This review article presents an analysis of data on the prevalence, intensity, and oral hygiene levels of dental caries in children and adolescents worldwide, as well as contemporary methodological approaches to hygiene education in organized and general pediatric education groups and individuals.

INTRODUCTION

Epidemiological studies in recent decades show that the prevalence and intensity of dental caries in children in Uzbekistan remain very high and do not tend to decrease: according to WHO, 15% of children in Uzbekistan are already diagnosed with dental caries at age 1, 54% at age 3, and 98% at age 6. The authors note that the prevalence of dental hard tissue lesions in children increases steadily with age. The high prevalence and increasing trend of dental disease in childhood indicates the need to strengthen the role of prevention in the activities of physicians of all specialties, to direct medical activity toward the maintenance of human health, and to include the prevention of dental disease as one of the most pressing problems of modern medicine.

METHODS AND MATERIALS

The main method of primary prevention of dental caries is health education of the population. Health education can be divided into three areas: dissemination of information on healthy lifestyles, methods and means of health maintenance, and disease prevention; promotion of adherence to healthy lifestyles and rules and methods of prevention through education and persuasion; and hygiene education and

training. There are quite a number of contradictory publications in the contemporary foreign and Russian methodological and scientific literature on the methods of primary prevention of dental diseases and the age of children at which preventive measures should be initiated. Foreign researchers believe that prevention programs for children need to be implemented at an early age.

M.C. Figueiredo et al. (2008) developed and implemented a caries prevention program for children in the first year of life, based on healthy nutrition, hygiene education, and increased parental awareness of the need for and correctness of preventive measures in young children. After 12 months of preventive treatment, the authors found that 77.28% of children's oral After 12 months of prophylaxis, the authors noted that 77.28% of the children had improved to a good level of oral hygiene and the increase in caries was significantly reduced from 82% to 32% [36]. Disease prevention program for children aged 18-47 months living in northern Australia. Children who were seen visited a dental clinic every 6 months for 2 years for preventive purposes. The health education methods used by the authors were combined with the coating of teeth with fluoride varnish.

It reduced the increase in dental caries by an average of 3.0 [40]. Some argue that the challenge of health education is to provide preschoolers with basic knowledge of dental anatomy and the causes of dental caries, reasonable nutrition and dental care regulations, preventive dental supplies and their proper use, healthy habit formation, and proper oral care skills. The authors point out that children of this age already have the ability to recognize such knowledge in the form of interesting and fun game structures. It is recommended that lessons on teaching tooth brushing be conducted by a health care professional who demonstrates all the stages using a large jaw model and always explains the meaning and procedures of hygienic manipulation.

V.V. Alyamovsky et al. (2001) pointed out the need to conduct hygiene education classes for preschool children in a playful way, alternating between conversations and games, reading thematic fairy tales, drawing pictures, and acting out dramatic scenes. The authors point out that hygiene education classes should pay particular attention to teaching children the rules of standard toothbrushing methods using models, demonstrating oral and care products, and supervised tooth brushing V.G. Suntsov et al. (1992) distinguishes the following stages of hygiene education in a form acceptable to children: wash hands; rinse mouth with water; wash toothbrush with soap and water; apply toothpaste to the entire length of the area where the toothbrush is used; brush teeth and rinse mouth properly with water; rinse toothbrush, foam and store in a cup. In organized child care facilities, it is recommended that oral hygiene education for preschool children be conducted in seven 15-minute lessons in the following sequence: examination of the mouth using a dental mirror and spatula; learning how to rinse the mouth

and subsequent skill consolidation and postprandial control; toothbrush and its purpose talk, demonstration of its use with a dummy, training in brush use and skill control using a dental model, brushing twice a day by the children themselves without paste, morning and evening brushing with toothpaste, toothbrush care, and mouthwash under the guidance of educators, health workers, and parents. Implementation of the above methods resulted in a 25% reduction in the increase in dental caries and a 67% reduction when specialized medical preventive measures were added. The positive aspects of this research methodology are as follows

Personal oral hygiene takes the form of health education not only for children, but also for parents, teachers, and health workers in children's institutions.

EM. Kuzmina et al. (2001) proposed a program including dental education, fluoride prophylaxis, and personal oral hygiene with fluoride-containing toothpaste for the prevention of major dental diseases in 3- and 6-year-old children. The results of a 2-year program implemented in Nizhny Novgorod showed a 62.5% reduction in the increase of surface caries among 6-year-olds and a 48% reduction among 3-year-olds, with a hygiene index of 1.20 ± 0.06 .

B.J. You et al. (2002) developed a dental disease prevention program for Chinese preschool children based on health education and brushing instruction and observed a 39.9% and 6.8% reduction in the increase of pediatric caries in Meiyun and Huizhou, respectively, after 3 years [43]. Currently, health education is

I.A. Khoshchevskaya (2009), based on monthly monitoring of oral hygiene of middle and high school students in St. Petersburg, found that the intensity of caries progression was improved by 57-64%, oral hygiene by 27.78% at age 12 and 52.17% at age 17, and the intensity of periodontal tissue disease progression by 40.85%, respectively and 68.47%, respectively. The authors suggest using the following methods when conducting training sessions with adolescents aged 12-17: dental education, hygiene education, professional oral hygiene, and topical fluoride application twice a year. EM. Kuzmina et al. (2009) in children aged 7-8 years and 12-13 years, They studied the effectiveness of a complex of preventive measures including dental education, demonstration with models, practical learning of toothbrushing methods, periorbital fissure sealing, repeated dental examinations at 3, 6, and 12 months, registration of data on the safety of periorbital fissure sealants, and dynamic oral hygiene. The activities implemented were found to contribute to an improvement in the quality of oral hygiene in children of different ages: after 6 months, the mean value of the hygiene index (PHP) went from 2.92 ± 0.07 points to 2.03 ± 0.05 points in 7-year-olds, from 2.79 ± 0.09 points to 1.92 ± 0.06 in 8-year-olds

points, and in 13-year-olds from 2.40 ± 0.09 points to 1.71 ± 0.05 points, while the number of cases decreased from 2.40 ± 0.09 points to 1.71 ± 0.05 points. Although the benefits of the proposed methodology in the form of extensive preventive measures should be noted, there was no gradual retention of acquired knowledge and skills [16].

Some argue that hygiene education for school-aged child populations must include lectures on healthy lifestyles, individual oral hygiene training, and the consumption of vitamin-mineral complexes twice a year for at least 30 days.

M.V. Morgan et al. (1997) implemented a preventive method to reduce the incidence of dental caries during enamel maturation. In a study of 12- to 13-year-old adolescents in Victoria, Australia, a 3-year caries prevention program that included health education, annual administration of periorbital fissure sealing, and weekly use of a mouthwash containing 0.2% sodium fluoride significantly reduced the increase in surface caries intensity to 0.93A The increase in surface caries intensity was significantly reduced to 0.93A. Topaloglu Ak. et al. (2009) proposed a program to improve the oral hygiene of children aged 5-15 years living in Turkey. The program is based on hygiene education, individual oral hygiene training, and motivating the population to improve their awareness of caries prevention among children. In the ongoing program, the authors noted that the prevalence and intensity of dental caries among 5- and 6-year-olds in 1988 corresponded to 84% and 4.4, respectively, and among the same age group in 2004 to 70% and 3.7. and 1.9 in 2004, corresponding to 61% and 1.9, respectively, for the same age group in 2004.

CONCLUSION

Therefore, hygiene education is important and an effective component of a comprehensive program for the prevention of major dental diseases. When conducting hygiene education in groups of children in the form of health lessons, the authors use play material game techniques that widely motivate the individual to learn oral hygiene, staging preliminary professionals, and allow you to set the children to perform dental surgery to the fullest. However, when organizing hygiene education according to the proposed scheme, there is no pedagogical way to present the material, taking into account the individual approach to dental practice, the age and personality specifications of the student, this undoubtedly decreases the quality of survival of knowledge and the individuality of the child introduce direct the need.

REFERENCES

1. N. I., Akhmedov A. A. Disturbances in the system of lipid peroxidation in periodontal disease //European journal of modern medicine and practice. – Abdullaeva 2023. – T. 3. – №. 9. – C. 57-61.
2. Abdullaeva N. I., Akhmedov A. A. Immunological Aspects of the Pathogenesis of Gingivitis and Periodontitis //Central Asian Journal of Medical and Natural Science. – 2023. – T. 4. – №. 5. – C. 17-21
3. Abdullaeva N. I., Akhmedov A. A. The role of the microbial factor in the etiopathogenesis of inflammatory periodontal diseases //Best Journal of Innovation in Science, Research and Development. – 2023. – T. 2. – №. 9. – C. 27-33.
4. Abdullaeva N. I., Akhmedov A. A. Osteoporosis as a Cause of Inflammatory Periodontal Diseases.
5. N. I., A. ., & A. A., A. . (2023). Modern Methods of Early Diagnosis of Inflammatory Periodontal Diseases. Scholastic: Journal of Natural and Medical Education, 2(9), 1–6. Retrieved from <https://univerpubl.com/index.php/scholastic/article/view/2528>
6. N. I., A. ., & A. A., A. . (2023). Changes in Hemodynamics in the Gums of Adolescents and Young Persons With Increased Risk of Inflammatory Periodontal Diseases. Procedia of Engineering and Medical Sciences, 5, 1–8. Retrieved from <https://procedia.online/index.php/engineering/article/view/960>
7. Astanovich A. D. A. et al. The State of Periodontal Tissues in Athletes Engaged in Cyclic Sports //Annals of the Romanian Society for Cell Biology. – 2021. – C. 235-241. <http://annalsofrscb.ro/index.php/journal/article/view/102>.
8. Axmedov A. A. et al. The State of Periodontal Tissues in Athletes Engaged in Cyclic Sports //Annals of the Romanian Society for Cell Biology. – 2021. – pp. 235-241. <http://annalsofrscb.ro/index.php/journal/article/view/102>.
9. Jalalova D. et al. Combined dental and ocular pathology //Science and innovation. – 2022. – Vol. 1. – no. D8. – PP. 91-100. <http://scientists.uz/view.php?id=2544>.
10. Axmedov A., Rizayev J., Hasanova L. The evaluation of the functional condition of thrombocytes in athletes of a cyclic sport //International Journal of Advanced Science and Technology. – 2020. – Vol. 29. – No. 5. – pp. 1945-1947.
11. Jalilov R. B. et al. Key directions of development of measures to improve the reliability of electrical power systems //E3S Web of Conferences. – EDP Sciences, 2019. – Vol. 139. – p. 01001.
12. Axmedov A. A., Holbekov Sh. T., July T. E. Orphan diseases as a medical and social problem //Tver Medical Journal. – 2020. – №. 2. – Pp. 59-64.

13. Ortikova N., Rizayev J., Kubaev A. Psychoemotional stress in children at an outpatient dental appointment //Journal of Dentistry and craniofacial research. – 2021. – Vol. 2. – No. 3. - pp. 59-63.
14. Ortikova N., Rizayev J., Norbutaev A. Prevalence and causes of stomatophobia in children //Society and innovation. – 2020. – Vol. 1. – No. 1/S. – pp. 706-709.
15. Ortikova N. Political elite as a scientific problem //international journal consensus. – 2021. – Vol. 2. – No. 1.
16. Абдуллаева Н. Искривление шпее при зубоальвеолярном удлинение у детей с вторичными деформациями зубного ряда //Collection of scientific papers «ΛΟΓΟΣ». – 2023. – №. May 26, 2023; Boston, USA. – С. 344-348.
17. Абдуллаева Н. Аспекты воздействия скученности зубов на развитие рецессии десен //Grail of Science. – 2023. – №. 26. – С. 474-477.
18. Абдуллаева Н., Ибрагимов Ш. Особенности и аспекты диагностики детей с открытым прикусом //Grail of Science. – 2023. – №. 26. – С. 483-486.
19. Абдуллаева Н., Ибрагимов Ш., Ахмедов Д. Основные этические принципы и клинический подход в ортодонтической стоматологии //Grail of Science. – 2023. – №. 25. – С. 450-456.
20. Абдуллаева Н. Профилактика и лечения сужения верхней челюсти с помощью использования микроимплантов //Grail of Science. – 2023. – №. 24. – С. 708-713.
21. Maxzuna U., Zarafruz B. IMPROVING THE PROVISION OF THERAPEUTIC DENTAL CARE TO PREGNANT WOMEN //Web of Scientist: International Scientific Research Journal. – 2022. – Т. 3. – №. 11. – С. 618-623.
22. Zarafruz B., Hekmat K. H. A. S. MANIFESTATION OF HERPETIC INFECTION IN THE ORAL CAVITY AND THEIR TIMELY ELIMINATION //Spectrum Journal of Innovation, Reforms and Development. – 2022. – Т. 10. – С. 47-52.
23. Qobilovna B. Z., Nodirovich E. A. EVALUATION OF ORTHOPEDIC TREATMENT WITH REMOVABLE DENTAL PROSTHESES FOR PATIENTS WITH PAIR PATHOLOGY //Spectrum Journal of Innovation, Reforms and Development. – 2023. – Т. 11. – С. 95-101.
24. Ruziyeva K. A., Burhonova Z. K. K. Complex Application Of Magnetic Laser Therapy And Propolis Tincture For The Prevention And Treatment Of Chronic Recurrent Aphthous Stomatitis //The American Journal of Medical Sciences and Pharmaceutical Research. – 2021. – Т. 3. – №. 06. – С. 127-130.

- 25.** Fakhriddin C., Shokhruh S., Nilufar I. ENDOKANAL PIN-KONSTRUKSIYALARNI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2022. – T. 7. – №. 1.
- 26.** Fakhriddin C., Shokhruh S., Nilufar I. ENDOKANAL PIN-KONSTRUKSIYALARNI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2022. – T. 7. – №. 1.