

Psychological Analysis and Principles of Ensuring Child Participation and Parental Responsibility in Pediatric Dentistry

Kazakova Nozima Nodirovna, Hamrayeva Shaxinabonu Farxod Qizi

Bukhara State Medical Institute Named After Abu Ali Ibn Test. Bukhara, Uzbekistan

The research relevance. The content and features of dental education in women's clinics, healthy child rooms, kindergartens, schools, dental clinics. The staff involved in the work. Dental education of the population is one of the main components of any prevention program and should precede and accompany oral hygiene education. Dental education includes the motivation of the population in general and the individual in particular to maintain health, as well as training in oral hygiene. Providing the public with any cognitive opportunities for self-assessment and the development of rules of behavior and habits that maximize the risk factors for diseases and maintain an acceptable level of dental health. Personal responsibility of the patient plays an important role in maintaining dental health, since his own efforts can be effectively implemented and 80% allow to keep the oral cavity healthy. Dental health depends on the general condition of the body, human behavior and habits, as well as environmental characteristics. Specialists should develop public awareness of the need for regular oral care in order to prevent the occurrence of dental caries and periodontal diseases. Methods of dental education: conversations; lectures; seminars; health lessons; games. Means of education: • books, brochures; • memos; • posters; • newspapers, magazines; • videos; • Advertising on radio and TV. Methods for evaluating education can be: • subjective (survey of the population); • objective (changes in dental status indicators).

Questionnaires are widespread in different countries, and based on the answers to the questionnaire questions, it is possible to judge how the knowledge of the population about the possibility of preventing dental diseases is changing. Convincing a patient to change their habits or acquire new ones is a very difficult and lengthy process associated with an innate fear of change, which is inherent in humans. This process proceeds in slow, repetitive steps and is reversible at the first stages. At first, there are theoretical stages – the acquisition of knowledge, understanding it, and developing a belief in the need to apply it. This is followed by practical steps, when the skill of performing any manipulation is developed, and only then, through repeated exercises, the skill turns into a habit. Only in this case, the person begins to do it automatically. Dental education should involve, in addition to dentists, specialists, in particular dental hygienists, as well as psychologists and educators. The main task of dental education is to explain to the population the importance of dental and oral health for the body, the role of hygiene and nutrition in the prevention of dental diseases. In order to convince the population to brush their teeth regularly and correctly, the efforts of doctors of many specialties, as well as secondary medical staff, teachers, and kindergarten teachers are necessary. However, dentists have the primary responsibility for dental education, as they must develop all information materials and train other professionals. The form of classes with patients depends on their age, educational and cultural level. It is advisable to start motivation with teachers, medical staff of children's institutions and parents of children. Parents should pay special attention to the hygienic oral care of their children from the moment of teething. The child's health depends on parents' understanding of their responsibility in dealing with this problem. For the effective prevention of dental caries in young children, a pediatrician should refer parents with a child at the age of two months to consult a dentist. The dentist should conduct classes with parents at least twice a year, motivating them to start brushing their teeth immediately after the children's first temporary teeth erupt. An important stage is the motivation of children. Classes with children should be strictly differentiated, depending on their age: if it is better to conduct classes with young children in the form of a game, then you should talk to older children in the same way as with adults. The motivation of the adult population is especially difficult, as many people believe that they do not need to study, that they are sufficiently familiar with

the causes of caries and gum diseases and methods of their prevention. Therefore, they need to be convinced of the need to change their habits to improve their oral health.

To maintain dental health and control dental diseases, the following are necessary: • Effective oral hygiene; • restriction of consumption of sugar-containing products; • use of fluorides; • Regular visits to the dentist. These provisions should be considered as a habit when they are performed regularly, automatically, throughout life, and people consciously try to maintain and improve their health with their help. Visiting a dentist is not a habit, as it does not happen automatically, but depends on many reasons and traditions of the country. The efforts of society as a whole aimed at motivating the preservation of dental health should be long-term, and this should be borne in mind when planning programs for the prevention of dental diseases. Nutrition recommendations are an integral part of dental education for the population, as their role in maintaining oral health is well known. Nutrition can affect dental tissue.: • during tooth formation; • after eruption. One of the main conditions for the formation of caries-resistant teeth in children is a high-quality and quantitative nutrition of a pregnant woman, including dairy products, minerals, vitamins, vegetables, fruits. Nutrition in the first year of a child's life, when permanent teeth are being laid and developed, is of no less importance in the formation of dental tissue resistance. The ideal nutritious product for a newborn is mother's milk. The disadvantages of artificial feeding of children should be eliminated as much as possible by additional introduction of fruit juices, vegetable purees and other products into the child's body. For the development and maintenance of healthy mineralized tissues (not only teeth, but also the alveolar bone), calcium, phosphorus, and vitamins of group B. If these substances do not enter the child's body in sufficient quantities, hypomineralization of teeth during their formation may occur, as well as a delay in their eruption. Nutritional factors play an important role in maintaining the health of not only teeth, but also periodontal tissues, as well as the oral mucosa. Protein is necessary for the normal renewal of the epithelium in the oral cavity. In addition, proteins are substances that form protective mechanisms in saliva (lysozyme, salivary peroxidase, lactoferrin, macrophages, etc.).

Conclusion. Nutrients must be supplied constantly, especially in case of inflammation, when the need for them increases both to protect against damage factors and to repair tissues. One of the ways to increase the self-cleaning of the oral cavity is to eat solid food. A good workout of the maxillary system occurs when eating solid, dry food that requires copious salivation and prolonged chewing. Its use can be recommended to children to foster their chewing habits, to intensify the growth and development of the dental system. It is advisable to eat vegetables and fruits after eating sweet, sticky, soft foods, as well as in between main meals. Thus, reducing the adverse effects of nutrition on the tissues of the oral cavity is essential to prevent dental caries and periodontal diseases. In order to become familiar with the rules and nutrition regime, it is necessary to conduct sanitary and educational work among the population. It should be remembered that eating habits and traditions are an integral part of all habits that can preserve a person's dental health.

LITERATURE

1. Анализ основной стоматологической заболеваемости детского населения г. Екатеринбурга / Е. С. Иощенко, Е. В. Брусницына, Т. В. Закиров, Н. В. Ожгихина, Л. И. Ворожцова // Проблемы стоматологии. - 2017. - № 1. - С. 110-113.
doihttps://doi.org/10.18481/2077-7566-2017-13-1-110-113
2. Кисельникова, Л. П. Использование современных средств гигиены рта в целях повышения мотивации детей на стоматологическое здоровье / Л. П. Кисельникова, Н. А. Сирота, Т. Е. Зуева // Стоматология детского возраста и профилактика. - 2018. - № 3. - С. 70-74.
3. Розакова, Л. Ш. Стоматологический статус и осведомленность в вопросах профилактики основных стоматологических заболеваний студентов педагогического вуза, как потенциальных источников информации о формировании стоматологического здоровья для детей дошкольного и младшего школьного возраста / Л. Ш. Розакова, А. М. Хамадеева, Г. В. Степанов // Вестник медицинского института «РЕАВИЗ». - 2019. - № 1. - С. 79-83.

4. Albino, J. Preventing Childhood Caries: A Review of Recent Behavioral Research / J. Albino, T. Tiwari // *Journal of Dental Research*. - 2016. - Vol. 95 (1). - P. 35-42.
doi:<https://doi.org/10.1177/0022034515609034>.
5. World Health Organization. Oral Health Surveys Basic Methods. - 5th Ed. - WHO Geneva, 2013. - 125 p.
6. Современный подход к профилактике кариеса на популяционном уровне / А. С. Родионова, Т. Н. Каменнова, И. В. Афонина, Т. Г. Хмызова, В. Р. Огонян // *Проблемы стоматологии*. - 2015. - № 3-4. - С. 25-31.
7. Дрегалкина, А. А. Структура заболеваний челюстно-лицевой области среди жителей Свердловской области / А. А. Дрегалкина, И. Н. Костина // *Проблемы стоматологии*. - 2018. - Т. 14, № 2. - С. 68-73.
8. The dynamics of the dental incidence of the child population of Yekaterinburg / N. Nasretdinova, L. Vorozhcova, Yu. Mandra, D. Sorokoumova, N. Gegalina, A. Yepishova // *Actual problems in dentistry*. - 2019. - Vol. 15, № 2. - P. 74-78.