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EDUCATION AND UPBRINGING OF CHILDREN IS A PREREQUISITE FOR THE FORMATION OF A HEALTHY LIFESTYLE OF THE INDIVIDUAL AND THE KEY TO THE FORMATION OF A HEALTHY SOCIETY

ABSTRACT:
Teaching a child normal behavior in society and a healthy lifestyle is an important job that requires efforts at all stages of the development of the child - the authority of parents in the family, the teacher in kindergartens, school teachers. One of the striking examples of such relationships is the socials educational and methodological project on teaching the child oral hygiene, which is one of the important aspects of the general health of the body. There are various components in this work: - the child, as the center and object of activity; parents - as the main link controlling hygiene procedures; kindergarten teachers and school teachers - as an organizational link in preventive activities at the collective level (in a group, in a class); specialist - dentist - as a carrier of information about the methods and means of primary prevention of major dental diseases and an executor of the main stages of preventive measures at the level of the population, team and individuals. The purpose of the study was to analyze the methodology of hygienic education of the child population of Ukraine at the group level. Department of Pediatric and Preventive Dentistry of Bogomolets National Medical University has many years of experience (1989-2019) in the implementation of preventive measures for the prevention of primary dental caries at a group level with the involvement of volunteer students for hygiene lessons in educational institutions, including preschool. Hygiene training of the Kiev child population was carried out in different age groups of the children's contingent: primary, secondary and senior groups in preschool educational institutions, primary, secondary and high schools in secondary schools in different areas of Kiev.

INTRODUCTION.
Deterioration of the ecological situation in Ukraine due to man-made disasters, reduction of socio-economic standard of living of the population has led to a deterioration of the basic health indicators both among the adult
population of Ukraine and the child population. In recent years, the prevalence and intensity of major dental diseases among children has been increasing in different regions of Ukraine [1, 2].

One of the leading, most effective and economically justified methods of preventing dental diseases in children is oral hygiene. Therefore, the most important place in dental prevention should be occupied by the hygienic education of children [3].

There are three important areas in shaping a healthy lifestyle: - hygienic education of the population - as the main way of maintaining health; - rational nutrition - as a factor that ensures the healthy development of the body; and - the elimination of bad habits and adverse environmental factors that can negatively interfere with the physiological course of the development of the child's body.

Hygienic education, which forms the skills of hygienic care of the body as a whole and its individual organs, form the basis not only for the physiological (healthy) development of the organism, but also promotes the harmonious formation of the child as a person who must take care of his health. The health of the child and the oral cavity also has significant social and economic effects. Keeping oral hygiene contributes not only to maintaining the health of the individual child, but also to the nation as a whole. This has a powerful economic effect on the state by saving the cost of expensive dental treatment. The healthy smile of the mother and her baby is the basis for the harmonious aesthetic development of the child as a person.

THE MAIN DIRECTIONS OF HYGIENIC EDUCATION OF THE PEDIATRIC POPULATION FOR THE PREVENTION OF MAJOR DENTAL DISEASES.

Hygiene education of the population is based on two main components:
1. Sanitary and educational work;
2. Training oral hygiene methods.

Extension of dental knowledge (dental education) is the provision to the population of any cognitive capacity for self-esteem and the development of behaviors and habits that maximally exclude risk factors for disease and maintain health (Leus P. A, 2010) [4].
Sanitary and educational work aims to create a conviction for a healthy lifestyle among the population. There are active and passive forms of sanitary and educational work.

Active forms include conversations, speeches, lectures, reports, hygiene lessons. They provide a direct link to health professionals, as the main carriers of information, with the general public for whom this information is provided.

Passive forms of sanitary and educational activity are publications of popular science literature, articles, leaflets, posters, sanitary bulletins, exhibitions, screening of films.

The advantage of active forms of work is the direct communication and interaction of lecturers with the audience. Passive forms do not require the presence of health professionals, have a long exposure time for an unlimited audience. The disadvantage of this form is the lack of feedback between listeners and speakers. According to the breadth of influences on the audience, the sanitary and educational work is divided into mass, collective, individual.

Mass sanitary and educational work is the publication of books, posters, leaflets, films, television appearances, radio.

Collective - reports, lectures, talks, issue of sanitary bulletins.

Individual - conducting individual conversations.

**METHODOLOGY OF IMPLEMENTATION OF ACTIVE FORMS OF SANITARY-EDUCATIONAL WORK.**

The path that information goes through to its implementation in specific actions has the following sequence:

Information - knowledge - beliefs - skills - regularly habits.

Working with children is related to their social status and psychological characteristics. Therefore, hygiene training should begin as early as the experiences, skills acquired at an early age are usually fixed throughout life at the form regularly habits.

Also, health care workers in schools and pre-school education, preschool teachers and parents have should be involved in hygienic education. Healthcare providers are involved in all stages of prevention, so they should be active assistants to the dentist conducting the primary prevention. The teaching staff is involved in the organization of preventive measures and should be aware of the importance of preventive measure and active helping to the dentist.
Parents should monitor the oral hygiene at home and regulate the child's diet. Children are a direct object of prevention. Conversations and seminars with teachers and medical staff at a child care institution are the first stage of active forms of sanitary and educational work. These lessons should explain the purpose and objectives of prevention, outline the scope of hygienic activities, the role of teachers and health professionals in this work. It is also necessary to answer the all questions of the listeners.

The second stage of sanitary and educational work is to hold talks and speak to parents. The conversation should solve two problems:

1. To draw parents' attention to the importance of controlling to the condition of child teeth and oral mucosa.
2. To convince parents that preventative measures are necessary for their children. The conversation should not exceed 30 - 40 min. You also need some time to answer the questions.

The third stage of active forms of health education is conversations and health lessons. They should differ in content depending on the age of the children. Conversations can be conducted with the class or with a group of children.

At the age of 2-4 years the optimal form of sanitary and educational work is a fairy tale performance. The fairy tale performance events should form a primary understanding of the benefits of healthy teeth and healthy eating. Fairy-tale characters have significant influences on the emotional sphere of the child and are a motivator in further hygienic procedures.

At the age of 5-7 years, conversations are of a different nature. The health lesson should explain how to keep your teeth healthy, provide information in a child-friendly manner about teethes brush and paste and how to comply oral hygiene.

In schools, the health lesson lasts 45 minutes and includes elements of the second section of hygiene education - oral hygiene training.

In the first lesson, it is necessary to talk about the structure, functions of the teeth, to state the causes that cause dental disease, it is necessary to say about foods that carry out to the destruction of tooth tissues.

The second lesson should be dedicated to oral care products and hygiene supplies. It is necessary to tell about the structure and methods of care of a toothbrush. Carry out a demonstration of toothbrushes and toothpastes, and techniques for brushing teeth on models.
In the third lesson, they study oral care. Children are introduced to methods of controlling oral hygiene.

In the middle, and especially in the upper grades, lectures should have elements of scientific knowledge and influences not so much in the emotional sphere as the understanding of the audience.

Both active and passive forms of sanitation education work should be carried out both among organized groups of the pediatric population and among unorganized children attending dental clinics. There is less efficiency among the unorganized population because only two units (parents and children) are involved in the work.

The second section of hygiene education is teaching oral hygiene. Four major population groups are also involved in this work: educators preschool, teacher, healthcare providers, parents and children.

Educators preschool and teachers need to demonstrate rational methods of oral hygiene, to teach carry out hygiene measures, to speak about with modern means of prevention. Teachers should acquire knowledge of oral hygiene control methods.

Healthcare workers have to carry out of preventive procedure. Therefore, they should be able to apply various preventive products, be familiar with the methods of monitoring the degree of teeth cleaning, trained to keep record of received oral hygiene results.

Dentists carry out of training in the offices of hygiene and prevention. Models, slides, manuals are used for these purposes.

Training of parents is minimal. They need to be trained to properly clean their teeth so that they can monitor their children at home (duration, frequency and correctness of oral hygiene procedures).

Training of parents attending the clinic with their children is carried out in the hygiene room in parallel with the education of the children.

Hygienic training of children is the most important stage of hygienic education. It is imperative at this stage to use models of jaws, drawings, posters which equipped the hygiene office. Pediatric groups are differentiated by age. Therefore, training of children 2-4 years should resemble the game, (a bunny who cleans his teeth, uses carrots and doesn't like candy).

Skills training is a regular, consistent processes with constant repetition and consolidation of skills from group to group. The child’s room has should be decorated in accordion with the game which carry out. For children 5-7 years
of study may include elements of competition. After performing hygiene procedures, hygiene indices can be determined. Then the children will clearly see the quality of the procedures performed.

At school, hygienic training is spent in a hygiene room in the front of a mirror, in a group of 7-8 children. Usually training carry out on the second lesson and consolidate on the third.

Children who visit to polyclinic are training to oral hygiene in the clinic office before the treatment. In the second visit child come to dentist with his teeth brush and paste. Hygienist checks the quality of the toothbrush and its compliance with the age parameters of the child's oral cavity. then dentist carries out oral hygiene training of child before the mirror.

**STAGES OF HYGIENIC TRAINING AND EDUCATION IN PRESCHOOL INSTITUTIONS.**

The first stage: conversation of the pediatric dentist with the caregivers and the care health worker of the preschool institution. Issues to be discussed:

1. Dental health status in preschool age children of Ukraine.
2. Purpose and tasks of dental prophylaxis.
3. Methods and means of dental prophylaxis.
4. Content of the started program, planned amount of work.
5. Acquaintance with methodical materials for conducting of classes.

The second stage. Conversation of pediatric dentist with parents. Issues to be discussed:

1. General information about the oral organs, their diseases and the significance of these diseases for the body.
2. The role of nutrition in the prevention of dental diseases
3. Oral hygiene as a method of dental prophylaxis
4. The role of active chewing, absent of bad habits in the prophylaxis of dental diseases.
5. Training to control the oral hygiene of the child.

The third stage. Classes are held in the younger, middle and senior groups of a preschool. In each group, two bases lessons are held per year, and subsequently two lesson to consolidate the oral hygiene education material.

Lessons in the younger group should last 10-15 minutes. Issues to be discussed:
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1. Role of teeth in human life.
2. Causes of tooth decay.
3. What to do to save teeth.
4. When and how do children brush the teeth?

The lessons are held in a playful way where the heroes of performance (on behalf of the characters and toys) talk with children. In the future the educator preschool must control to child carry’s out hygiene procedures.

The first hygiene lessons:
- elementary knowledge about teeth and their importance to humans;
- the role of proper care for the teeth to the health;
- initial knowledge about on the rules of the dental brushing (visual demonstration of - stages brushing); of the hygiene preventive stuffs.

The second hygiene lessons:
- consolidation of children's knowledge about the role of teeth in human life;
- demonstration of teeth brushing at toys;
- consolidation of practical brushing skills (wash your hands, rinse your mouth, wash your brush, apply the paste, brush your teeth, rinse your mouth, wash your brush).

Lessons' in the middle group last 15-20 minutes. Issues to be discussed:
1. Initial information on the group of the teeth, their names and purpose.
2. Initial information about dental disease.
3. Information about various dental hygiene care stuffs.
4. The sequence of actions when brushing your teeth.

Classes are conducted in the form of games, fairy tales by constantly talking with children. First lesson:
1. Deepening knowledge about teeth, their diseases and the causes of these diseases;
2. Providing information about various dental hygiene care stuffs;
3. Demonstration of teeth brushing by standard method on models;
4. Brushing himself teeth by toothpaste with the correct sequence of actions.

Second lesson:
- consolidating the knowledge of the children about preventive the teeth;
- consolidating of practical skills of oral hygiene.
Classes in the senior group last 15-20 minutes. Issues to be discussed:
1. Consolidating the knowledge of the children about preventive the teeth.
2. Emphasizing the role of proper nutrition, rules for eating sweets.
3. The role of bad habits in the development of oral diseases
4. Initial information about a healthy lifestyle.
5. The standard method of cleaning teeth.

Classes are conducted in the form of conversation games, possibly in the form of an educational tale. There is an active dialogue with children that encourages language development and thinking with the inclusion of aspects of dental prevention. The elements of competition, self-control and mutual control are must included. First lesson:
- consolidating the knowledge of the children about preventive the teeth;
- the idea of eating right, healthy living, preventiv bad habits,
- demonstratig by children of the sequence of oral hygiene (on phantoms and myself);
- possible appeal to children's creativity (drawings, applications, poems, etc.).

Second lesson:
- consolidating of the skills of cleaning teeth by the standard method,
- consideration of drawings, stories of children about oral hygiene, award of winners.

STAGE OF HYGIENIC EDUCATION IN GENERAL EDUCATIONAL SCHOOL. CARRYING OUT HYGIENIC EDUCATION IN GRADES 1-3.

The first stage. Conversation of the pediatric dentist with the teachers and the care health worker of the initial school institution. Issues to be discussed:
1. Dental status in young school age children of Ukraine.
2. General information about preventive dental diseases: purpose and tasks, methods and means of dental prophylaxis.
3. Content of the started program, planned amount of work.
4. Acquaintance with methodical materials for conducting of classes.

The second stage. Conversation of the pediatric dentist with the parents of children in the school on the parents committee. Issues to be discussed:
1. General information about the organs of the oral cavity, their diseases and the significance of these diseases for the body depending on the age of the child.
2. The role of nutrition in the prevention of dental diseases.

3. Formation of cultural and hygiene skills in oral care of children.

4. The role of healthy lifestyles in maintaining health, in particular oral health.

The third stage. Carrying out hygienic education in the lower grades. Hygiene education classes are taught in the valeology classes by the teacher. It is planned to hold three classes in the school year. It is desirable to organize a hygiene room, equipped with washbasins, shelves, cabinet with hygiene products, stands, posters. The cabinet should be mainly involved in the second and third lessons.

The first lesson. Duration - 45 min. Issues to be discussed:
1. The structure of teeth, jaws, the concept about the oral mucous.
2. The role of dental health in human life.
3. Causes of dental diseases, their treatment by a dentist.
4. The concept of dental prevention.

Classes are held in the form of a dialogue with the schools children, with particular importance given to the formation of motivation for maintaining dental health. The second lesson. Duration - 45 min.

Issues to be discussed:
1. Oral hygiene as the main way to prevent dental diseases.
2. Toothpastes, their importance for prevention, initial data on their composition and mechanism of action.
3. Toothbrushes, requirements for them, storage rules, period of use.
4. The standard method of brushing teeth is a demonstration this manipulations on jaws models and brushing teeth.
5. The rules of hygienic dental care, hygiene stuffs.

The third lesson. Duration - 45 min. Issues to be discussed:
1. Practical working on the oral hygiene.
2. Carry out myself-control and control ourselves of the correctness of teeth cleaning.

**CARRYING OUT HYGIENIC EDUCATION IN THE 5-8 GRADES.**

There is one lesson in the academic year in the form of a lecture-talk with the control of practical skills in oral hygiene on the jaws phantom. Issues to be discussed:

1. General information about oral health.
2. Rules for cleaning teeth (repetition and consolidation).
3. Rules of rational nutrition.
4. The importance of a healthy lifestyle for oral health.
5. General idea of dental diseases: caries and dental injuries, periodontal tissue and oral mucosa diseases, changes in the oral cavity by influence comorbid pathology, malformations of the dental-jaw system.

It is advisable to consider the first four questions and ideas about tooth decay and tooth trauma in grade 5th, add information about periodontal tissue diseases in grade 6, oral mucosa diseases in the 7th, and changes in the oral cavity by general diseases and defects of the development of tooth-jaw system in grade 8th.

**CARRYING OUT HYGIENIC EDUCATION IN THE 9-11 GRADES.**

The basic hygienic information for school students is provided on the lessons "Fundamentals of life safety". It is advisable to conduct one class individually in the form of a lecture-talk, provided that the high school students are interested in receiving such information. It is advisable to involve dentists and volunteers (students of dental faculty) in high school performances.

Duration 45 min. Issues to be discussed:
1. Current knowledge about oral health.
2. Generalization of knowledge and skills in oral hygiene (various methods of cleaning teeth, controlling the time of cleaning, gum massage, selection of hygiene products, use of interdental hygiene stuffs).
3. Bad habits and other factors that can lead to dental disease.
4. A healthy lifestyle as an indicator of a person's overall culture.

Hygienic education of the population is an important and necessary link in the complex of primary prevention of dental caries. It is effective only when interacting with a pediatric dentist with educators preschool and teachers, parents and children.

**CONCLUSION.**

1. Hygienic training in children's teams is a major link in the prevention of major dental diseases.
2. The highest effect of hygiene training is achieved as a result of the constant interaction of all parts of the process: child, parents, health care workers in schools and pre-school education, dentist.
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3. When choosing a topic for lessons in hygiene training, it is necessary to take into account the average age of children in the team and the features of regional prevention programs in order to determine the major dental diseases that are prevalent among the population in the region (caries, fluorosis, periodontal tissue diseases).

4. Bringing in the process of hygienic training of specialists - volunteers from among the students of the dental faculty is an effective and promising direction of development of hygienic training in the prevention of dental diseases.

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