



Social and medical factors' importance in the development of children's oral problems in Bukhara

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ABSTRACT

In comparison to other illnesses found in the human body, dental diseases are the most prevalent, and caries, which affects the hard tissue of the teeth, is the most frequent type of dental disease. Epidemiological studies have shown that caries can spread anywhere between 70% and 90% of the time and there is now no downward trend. The goal of scientific study is: The use of contemporary testing determinants to assess the importance of parental socio-economic circumstances, maternal health, and child health in the genesis of carious and non-carious damage to hard dental tissue in children and adolescents. On the basis of the Information Letter card approved by order of the Ministry of Health of the Republic of Uzbekistan No. 0461 of February 01, 2018 "On improving the methods of early diagnosis and prevention of dental caries in children," we conducted surveys among students of secondary school No. 16 of Bukhara town and parents residing in the Kuksaroy block, Shark-1, between 2016 and 2018. Conclusions: The family's medical and social environment, maternal health, particularly in the context of a healthy lifestyle during pregnancy, medical supervision, different somatic disorders, and a number of factors during childbirth all play a significant role in the future health of the child, including the development of healthy tooth tissue. Of course, anemia, hepatitis, diseases of the ear, nose, and throat, disorders of the internal secretory glands, and acute respiratory illnesses in the mother during pregnancy and after delivery are key contributors to toothache, severe tissue injury, non-carious, and caries.

KEYWORDS: children's, oral problems, Bukhara, prognosis

INTRODUCTION

In comparison to other illnesses found in the human body, dental diseases are the most prevalent, and caries, which affects the hard tissue of the teeth, is the most frequent type of dental disease. Epidemiological studies have shown that caries can spread anywhere between 70% and 90% of the time [1] and there is now no downward trend. Nevertheless, according to certain writers. Despite current active preventative and therapeutic operations in progress, it has been seen that illness rates are increasing day by day. Caries' prevalence and severity are influenced by a number of variables, including the environment's ecological and biogeochemical characteristics, the socioeconomic circumstances in which people live, the quality of their diets, their parents' levels of health and medical knowledge, and the region's primary prevention programs [2, 4, 6, 9, 11].

Numerous scientific studies have revealed that various elements, including the environment, production factors, climatic conditions, the microelement composition of the soil, water, and air, the composition of food, and living conditions, significantly influence the occurrence and progression of dental diseases, including carious and non-carious damage to solid dental tissue, diseases of the oral mucosa, and inflammation of periodontal tissues [1, 5, 7, 10].

Studying the distinctions between the state and causes of dental illnesses in the human population is crucial because of the current state's prevalence of numerous diseases. Contemporary social epidemiology shifts from a single-stage prospective to a multi-stage focus on individual risk. It is feasible to overcome the obstacles that stand in the way of considering

the biological determinant of caries as a social determinant by using the treatment of patients who complain of disorders of the oral cavity as a model of social epidemiology.

The lack of objective data on the prevalence, structure, and uniqueness of clinical symptoms of dental diseases makes it difficult to develop scientifically-based needs for special dental care, plan prevention of dental diseases in various age groups, and implement preventive measures in cases of parent health neglect [3, 12, 14].

The quantity of medical care required for the population may be calculated using the data on the socioeconomic determinants of caries, together with the need for treatment and preventative measures for children. Given the foregoing, it is crucial to examine the current facts.

The goal of scientific study is: The use of contemporary testing determinants to assess the importance of parental socio-economic circumstances, maternal health, and child health in the genesis of carious and non-carious damage to hard dental tissue in children and adolescents.

MATERIALS AND METHODS

On the basis of the Information Letter card approved by order of the Ministry of Health of the Republic of Uzbekistan No. 0461 of February 01, 2018 "On improving the methods of early diagnosis and prevention of dental caries in children," we conducted surveys among students of secondary school No. 16 of Bukhara town and parents residing in the Kuksaroy block, Shark-1, between 2016 and 2018. This information letter contains a 13-item questionnaire, the Oral Health leaflet - Related Quality of Life (OHRQoL), which provides that children cannot clearly answer health questions, provides an opportunity to clarify the pathology on the body, including the oral cavity, to determine medical and social factors during and after the period of pregnancy of the mother, as well as to assess their standard of living [8].

616 kids took part in the survey: 162 from 2 to 6 years old, 252 from 7 to 11 years old, and 202 from 12 to 16 years old. They were identified based on commonly known objective and subjective tests for the presence of dental disorders, carious and non-carious damage to the hard tissue of the teeth, and other conditions during the medical examination.

RESULTS AND DISCUSSION

Anemia is present in 136 children at a rate of 22,07%; varicella (chicken pox) is present in 35 children at a rate of 5,7%; measles is present in 24 children at a rate of 3,9%; various injuries to the body are present in 34 children at a rate of 5,5%; ear, nose, and throat conditions are present in 117 children at a rate of 19%; nervous system disorders are present in 24 children at a rate of 4,0 (in 225 children) and other ailments are reported to affect 3-5% of the youngsters assessed. If we look at children aged 7 to 11, we can see that anemia is 25.8% (35), varicella (chicken pox) is 6.7% (17), ear, nose, and throat diseases are 22.4% (56), allergic symptoms of drug and food products are 13.9% (35), and acute respiratory diseases are 36.9% (93). Among children aged 12 to 16, we can see that hepatitis is 8.9% (18), measles is 7.9% (16), ear, nose, and throat diseases 12,3% (76%) of pregnant mothers with children who were surveyed during pregnancy had anemia, 7,9% (49%) had acute respiratory illnesses, and 2,9% (18) had other disorders. During the same time, moms of children aged 2 to 6 years who were polled were on average 27,6 years old, mothers of children aged 7 to 11 months were 30,6 years old, and mothers of children aged 12 to 16 were 33,6 years old.

The frequency of caries was 82,5%, the degree of caries development was 1,2, and the rate of eradication of caries pulpitis was 8,5. The prevalence in the 2–6 age group was 78%, growth intensity was 1,0, and caries pulpitis removal plus kp was 1,8%. The spread in the 7–11 age group was 82%, growth intensity was 1,1, and caries pulpitis removal plus kp was 1,4, and in the 12–16 age group it was 87%, growth intensity was 1,4, and caries pulpitis removal was 1,3. These indicators are moderate. The following indicators were, in order, 84.5%, 1,3, 9.2 for males and 80.1%, 1,1, 7.8 for girls when compared to the sex differentiation among youngsters. Non-carious damage to the tooth tissue: their average prevalence was 22.4%, with hypoplasia accounting for 11.2% and fluorosis for 9.2%. Among the age groups of 7 to 11 and 12 to 16,

hypoplasia grew to 14.7% and fluorosis to 11.8%. Among somatic disorders in children aged 7 to 11, anemia had a high frequency of 83.5%, hepatitis of 84.2%, and ear, nose, and throat (ENT) diseases of 84.8%, internal gland diseases of 89%, and acute respiratory diseases of 85%. Children with allergic disorders had non-carious damage to the tooth tissue (28%), as did those with inner secretion gland diseases (29.4%), which were more common in the 12 to 16 age range. Also, it was shown that up to 17.8% of children with anemia, hepatitis, and non-carious injuries had teeth that were dark blue or brown in color. Additionally, we can see that there is a connection between somatic illnesses, paroxysmal illnesses, social life styles, and dental illnesses if we pay attention to the results of the Oral Health-Related Quality of Life (OHRQoL) list in (Table 1), which evaluated the social life of 616 parents of children.

The survey determined that: parents who drink alcohol - 23, smoke - 62, married with close relatives - 19, have experienced toxicosis in the first half of the fetal period - 230, in the second half - 64, and parents who regularly took various vitamins during pregnancy - 151; including yodomin - 28, magniy B6 - 15, antibiotics - 9, in the survey, the first pregnancy - 152, the second pregnancy - 241, the third pregnancy - 169, the fourth pregnancy - 40, from the surveyed children - 269 were first, 215 were second, the rest were 3-4 children, during pregnancy - 316 cases were completed fast, premature birth was in 125 cases, delayed in 79 cases, in 401 cases born on time, in 67 cases used the surgical procedure, breastfeeding after birth, continued in 54 children, 12 months in 43 children and 499 children over 12 months, 62 children were transferred to artificial feeding after birth, 252 children - 12 month after birth, and 67 children were inadequate in their weight compared to their age.

Analysis of the findings The diagnosis of anemia, varicella (chicken pox), measles, various body injuries, ear, nose, and throat diseases, diseases of the nervous system, internal secretory gland diseases, allergic symptoms of drug and food products, acute respiratory diseases, listed in the survey, which indicate a higher incidence of other types of pathologies, as well as the aforementioned diseases with the younger age group, are compared as we analyze the results, children between the ages of 7 and 11 and 12 and 16 had a high rate of diagnoses for anemia, varicella (chicken pox), ear, nose, and throat illnesses, allergic reactions to drugs and food products, acute respiratory illnesses, hepatitis, measles, internal secretory gland illnesses, and acute respiratory illnesses.

The survey's findings also indicate that anemia, severe respiratory infections, and other conditions of similar nature have been documented in pregnant women.

Children aged 7 to 11 and 12 to 16 years old, as well as girls and boys, all had higher than normal rates of fluorosis and hypoplasia, according to data on the prevalence of caries disease, its growing severity, and non-carious wounds.

Traumatic tissue injury and dental disorders In the category of somatic disorders, such as anemia, hepatitis, ear, nose, and throat diseases, internal secretory gland diseases, and acute respiratory diseases, non-carious and carious are seen in great numbers.

Also, it is possible to notice the association between indicators of medical and social variables, the somatic diseases of observed children, the mother's sickness, and the observation of dental disorders based on the findings of the Oral Health-Related Quality of Life (OHRQoL) list.

CONCLUSION

The family's medical and social environment, maternal health, particularly in the context of a healthy lifestyle during pregnancy, medical supervision, different somatic disorders, and a number of factors during childbirth all play a significant role in the future health of the child, including the development of healthy tooth tissue.

Of course, anemia, hepatitis, diseases of the ear, nose, and throat, disorders of the internal secretory glands, and acute respiratory illnesses in the mother during pregnancy and after delivery are key contributors to toothache, severe tissue injury, non-carious, and carious.

The high prevalence of carious and non-carious wounds in kid dental tissue suggests a link between the onset of different somatic illnesses and the age range of 7 to 16 years.

Regular medical examinations through dental clinics, including medical and social survey cards (Oral Health - Related Quality of Life (OHRQoL)), provide the opportunity to identify and prevent somatic diseases as well as to prevent early diagnosis of somatic diseases, prevent its etiologic factors, and predict about the origin and duration of somatic diseases.

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