

## PECULIARITIES OF DENTAL EDUCATION DEPENDING ON AGE AND PRIORITY TYPE OF INFORMATION PERCEPTION

Education is one of the variants of communication, in the process of which under the influence of external and internal factors change the properties of personality, in particular - its motivation and social behavior.

Educational measures can be direct or indirect. Direct (personal) education is based on personal example and is carried out with such methods of influence as suggestion, persuasion, imitation. Direct upbringing is the main at the early stages of the child's life and is of great importance for the correction of adult behavior. Direct education is effective if a person can fully and correctly perceive the example given to him. Another necessary condition for the success of personal education is sympathy between the parties; otherwise, the greater the diligence and persistence of the educator, the higher the barrier of rejection will be raised. The physician must sincerely believe in what he preaches, have (and demonstrate) a burning desire to convince the patient of the benefits and necessity of the proposed changes. It is very important that the physician's behavior be consistent with his appeals, for actions are more important arguments than words.

Indirect education is free from the costs of the physician's personality because it uses truly worthy examples of the right behavior from the vast bank of media, literature, and public memory, which can be reproduced at any time with an unlimited number of repetitions. However, indirect education has less emotional impact and therefore achieves its goals either when repeated many times, penetrating the subconscious level of motivation (for example, advertising toothpaste spontaneously forms the prestigious status of healthy teeth), or when the patient is highly interested and prepared to perceive it, i.e. when educating older children and adults.

The institutions of education on which the doctor relies for planning and implementing health education projects are the family, the school, the media, and society as a whole.

The family is the circle of people who love and care for the child more than anyone else. The family is where the deepest and strongest relationships between people exist. This multifaceted relationship makes the family the primary nurturing environment that shapes the values and needs of the child and determines the way he or she lives for many years to come. Parents, respected by the child, serve as models for him, and their praise is the most important stimulus for shaping the child's needs and values, i.e., for controlling his behavior. Harsh relationships in the family make the child cruel, embittered, he/she learns badly what parents and other educators try to instill in him/her, the motivational sphere of the child develops one-sidedly, the main method of influence on his/her behavior is coercion. Thus, the quality of upbringing in the family,

including sanitary upbringing, is limited by the personal qualities of family members, primarily of parents.

Teaching children individual oral hygiene should begin at the age of 2 - 4 years. At the same time it is necessary to take into account the psychological features of this group of children. Tendency to imitation and tendency to collective activities. At this age, the child's suggestibility is high and should be used. For children of this age group, 7 sessions of 15 to 20 minutes each are recommended.

- 1) First session - examination of children's mouths using a dental mirror and spatula.
- 2) Teaching the child to rinse the mouth, followed by consolidation of skills, controlling the skill after meals.
- 3) Talking about a toothbrush, its purpose, demonstration of its use on the model.
- 4) Teaching children how to use a toothbrush on jaw models and control skills.
- 5) Brushing teeth without toothpaste followed by skill control.
- 6) Brushing without toothpaste in the morning and evening under parental supervision.
- 7) Brushing teeth with paste in the morning and in the evening under the control of parents.

It is recommended to work with children of 3-4 years of age using play elements, using drawings, posters, toys, dolls, toothbrushes, toothpaste, etc. Such a game-talk should be short and continue for several sessions. Children should learn through the fairy tale characters that it is necessary to eat fruits and vegetables so their teeth do not hurt, that it is necessary to rinse their mouth after eating, eat less sweets and brush their teeth. It is recommended to show children how to brush their teeth correctly in the form of a game. When teaching children the rules of brushing teeth, it is important to repeat and reinforce the skill and encourage those children who have successfully mastered it.

The psychological characteristics of an individual, determined by age and type of information perception, have a major impact on the development of skills that promote oral health.

Early childhood is best suited to use the ability to imitate: the child tries to copy the behavior of the parents, listens and perceives advice from adults. Therefore, it is recommended that from as early as 2 years of age a child is taught to brush his or her teeth not just under supervision, but together with his or her parents. Thus, through constant repetition and training, it is possible to form an awareness of the child's need to constantly take care of the health of their teeth.

It is advisable to start dental education with the parents, as they are responsible for the child's health. The main topics of education are how to take care of the child's mouth, limiting sugar content in the baby's diet and the need for preventive visits to the dentist.

Pre-school is a period that contributes greatly to a child's mental development. Children are among the first to learn the rules of domestic behaviour and cultural and hygienic norms. However, while in infancy and early childhood the family plays the main role in the child's personal development, in preschool age children are influenced by other adults who are important to them, for example, pre-school teachers. Play is the main type of activity for pre-school children. Role-playing has a positive effect on learning the rules of oral health care. Initially the children follow the learned rules and regulations by imitation, then they start to become more aware of their essence.

In the early years of primary school, play remains relevant, but it is no longer the main focus and is subordinate to learning activities. The organisation of hygiene lessons in a group setting, reminiscent of the role-playing games to which children have become accustomed since pre-school age, produces good results in teaching younger children. In the early years of schooling, the knowledge and skills acquired in pre-school are broadened and deepened.

The next stage of childhood development is adolescence. By the age of 12, peer relationships become very important for schoolchildren, which opens up additional opportunities to actively use this age-specific characteristic for educational purposes. At this age, an effective form of dental education is hands-on group training in oral hygiene.

Older school age is characterised by a higher level of self-awareness and the need to correctly assess and make use of the opportunities available. In adolescence, intellectual maturity and the ability to work and think independently emerge. Dental education should be provided in the form of lectures, seminars and discussions, and the teaching of practical tooth cleaning skills to boys and girls should be carried out separately.

The forms of dental education depending on the type of the leading activity are shown in Table 1.

Table 1. FORMS OF DENTAL EDUCATION FOR CHILDREN ACCORDING TO AGE AND TYPE OF LEADING ACTIVITY

Periods of childhood	Age, years	Main activity	Form of dental education	Programme participants
Early years	0-3	Game	Individual and group sessions with parents. Teach your	Parents, dentist, pediatrician

			child to brush their teeth under parental supervision	
Preschool age	3-7	Game	Role-playing games to teach oral care	Parents, dentist, preschool teacher
Lower secondary school age	7-12	Educational and cognitive	Hygiene lessons with games	Parents, dentist, teacher
Adolescence	12-15	Communication with peers	Talks and practical hygiene training	Dentist, teacher
Older school age	15-17	Educational and vocational	Lectures, seminars and practical exercises, popular science literature and the media	Dentist, teacher

The effectiveness of teaching oral hygiene skills is increased if classes are conducted taking into account the priority type of psychological perception of information: visual, auditory or kinesthetic. The priority of the way of cognition does not depend on age and remains dominant throughout life.

The main way of cognition of visually oriented children ("visuals") is visual sensations. They are good at remembering visual characteristics of objects (color, shape, size), have good visual-tactile coordination, and easily perform tasks related to the development of micro-motor functions. Such children are assiduous, draw well, and write beautifully.

Auditory-oriented children ("audialists") better perceive information through auditory sensations. They like to sing, listen to music, tell stories, read, easily memorize teacher's instructions, are attentive and active in the classroom. Representatives of this group have sufficiently developed micromotor functions, providing the acquisition of manual oral care skills.

Kinesthetic-oriented children ("kinestheticians") learn about the world around them in a tactile way, by touch or movement. They have a developed large musculature, good coordination and spatial orientation, but are emotionally unstable and cannot remain in a calm state for long and concentrate attention on one object. Insufficient development of micro-motor movements is often noted in them.

Peculiarities of teaching oral care skills to children with different types of perception are presented in Table 2.

Table 2 PECULIARITIES OF TEACHING ORAL HYGIENE, TAKING INTO ACCOUNT THE PRIORITY TYPE OF PSYCHOLOGICAL PERCEPTION OF INFORMATION

Type of perception	Characteristic features	Teaching methods	Forms of training
Visual-oriented children	Good development of micromotor skills. Manual skills are learned quickly and easily	Demonstration of the brushing technique using a model or illustrations	Individual training
Auditory-oriented children	Satisfactory development of micromotor skills. Acquire manual skills slowly, need detailed verbal instructions and verbal encouragement	Detailed explanation of the brushing technique, demonstration on a model or illustrations	Group training
Kinesthetic-oriented children	Insufficient development of micromotor skills. Emotionally unstable, cannot concentrate on one thing for a long time, need constant encouragement of their activity	Brushing technique practice on models and in the mouth. Training requires the assistance of a dentist, teachers, and parents	Group training

The type of psychological perception of information directly affects the child's ability to master manual skills and indirectly, through methods and means of instruction, on his or her knowledge.

Continuous dental education for children is most effective when it begins at preschool age and continues throughout the entire school years. Otherwise, children lose many useful oral care skills.