Primljen/ Received on 18.11.2013.
Revidiran/ Revised on 29.11.2013.
Prihvaćen/ Accepted on 16.12.2013.

KLINIČKI RAD
CLINICAL ARTICLE
doi: 10.5937/asn1368298M

ORALNA HIGIJENA KAO DOMINANTNA DETERMINANTA ZDRAVLJA

ORAL HYGIENE AS THE DOMINANT DETERMINANT OF HEALTH

Snežana Matijević

UNIVERZITET CRNE GORE, MEDICINSKI FAKULTET PODGORICA,
STUDIJSKI PROGRAM STOMATOLOGIJA

UNIVERSITY OF MONTENEGRO, FACULTY OF MEDICINE PODGORICA,
STUDY PROGRAM OF DENTISTRY

Sažetak

Uvod/Cilj Naučni i zdravstveni temelji u prevenciji karijesa zasnivaju se na stavu da je prepoznavanje karijesa na nivou kavitacije prekasno da bi se zadovoljila savremena načela struke. Međutim, kod nas još ne postoji dovoljno razvijena svijest o važnosti oralnog zdravlja za cjelokupno zdravlje pojedinca, a još manje o važnosti sprovođenja oralne higijene.

Materijal i metod Istraživanje je sprovedeno po tipu studije presjeka, od maja do septembra 2009. godine u stomatološkim ordinacijama Doma zdravlja Tivat. Istraživanje su radili stomatološki timovi sa pacijentima starosti do petanaest godina. Instrument istraživanja bio je upitnik i stomatološki pregled usta i zuba. Pregled je izvršen prema metodologiji i kriterijima SZO. Odgovori dobijeni tokom intervjua upoređivani su sa podacima kliničkog pregleda.

Rezultati Analizirajući dobijene odgovore ustanovljeno je da najviše ispitanika pere zube dva puta dnevno, a stomatologa najčešće posjećuju jednom u šest mjeseci. Istraživanje je pokazalo da je kod 57% ispitanika pregledom uočeno postojanje karioznih mliječnih zuba. Kod više od 63% ispitanika nađeni su stalni kariozni zubi. Kod 14% ispitanika nađen je gingivitis, a kod 44,7% ispitanika uočena je ortodontska anomalija. Polovina ispitanika koja rijetko pere zube ima problema sa gingivitisom. Postoji statistički visoko značajna razlika u pojavi gingivitisa u vezi sa učestalošću pranja zuba.

Zaključak Postoji značajna razlika u održavanju higijene usta i zuba prema polu, kao i prema nekim drugim socio-demografskim karakteristikama ispitanika. Studija je pokazala povezanost karijesa i gingivitisa sa učestalošću pranja zuba i frekvencije posjeta stomatologu.

Ključne riječi: oralna higijena, preventivna stomatološka zaštita, prevencija karijesa, oralno zdravlje, kontrola plaka, pranje zuba, zdravstveno vaspitanje

Abstract

Background: Scientific and health foundations in caries prevention are based on the view that in order to meet modern principles that already exist within the profession it is too late if the caries is detected in the cavitation stage. However, there is not enough awareness of the importance of oral health to the overall health of an individual and even less about the importance of practicing oral hygiene.

Material and Methods: The research was carried out as a cross-sectional study from May to September 2009 in dentist offices at the Medical Center Tivat. It was conducted with patients under the age of 15 by dental teams. The research instruments were the questionnaire and dental examination of the mouth and teeth. The examination was done in accordance with the WHO methodology and criteria. The answers obtained from the questionnaire were correlated with the clinical data. Results: The obtained results showed that the most respondents brushed their teeth twice a day and that they usually visited a dentist once in six months. Clinical data also showed that 57% of respondents had carious deciduous teeth, more than 63% of respondents had carious permanent teeth, 14% had gingivitis and 44.7% of them had orthodontic anomalies. Half of the respondents who rarely brushed their teeth suffered from gingivitis. There was a high statistically significant difference between the occurrence of gingivitis and the frequency of tooth brushing.

Conclusion: There is a significant difference in the maintenance of oral hygiene according to gender as well as other socio-demographic characteristics of respondents. The study showed that there was a correlation between the occurrence of caries and gingivitis and the frequency of tooth brushing and visits to a dentist.

Key words: oral hygiene, preventive dental care, prevention of caries, oral health, plaque control, tooth brushing, health education

Address for correspondence:

Snežana Matijević DDS, MSc, PhD
Specialist in Children and Preventive Dentistry
21. Novembra 4A, 85320 Tivat, Montenegro
Mob: + 382 67 646 558
e-mail: domzdravljatv@yahoo.com
dmatijevic@t-com.me

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Uvod

Naučni i zdravstveni temelji u prevenciji karijesa zasnivaju se na stavu da je prepoznavanje karijesa na nivou kavitacije prekasno da bi se zadovoljila savremena načela struke. Sprovođenje mjera i aktivnosti prije pojave kavitacije bazični su principi moderne preventivne terapije karijesa, kako bi se osigurala pravilna i adekvatna prevencija bolesti i iskoristile sve mogućnosti modernih preventivnih zahvata¹. Međutim, kod nas još ne postoji dovoljno razvijena svijest o važnosti oralnog zdravlja za cjelokupno zdravlje pojedinca, a još manje o važnosti sprovođenja oralne higijene². Edukacija roditelja i djece o pravilnom održavanju oralne higijene trebalo bi da bude osnova masovne prevencije karijesa. Tako se, prvenstveno kroz vrtić, školu i pedijatrijske ambulante, roditeljima, ali i djetetu, daju osnovne informacije i smjernice za očuvanje zdravlja zuba i važnost odlaska stomatologu na kontrolne preglede. Školsko doba je vrijeme kada se trajno stiču navike i kada je zdravstveno-vaspitna informacija pravovremeno pružena. Zdravstveno vaspitanje je mjera preventivne zaštite kojom se, razvijanjem zdravog i mijenjanjem štetnog zdravstvenog ponašanja, te poučavanjem i širenjem informacija o zdravstvenim postupcima, postiže unaprijeđenje zdravlja, sprječavanje, liječenje i ublažavanje posljedica bolesti³.

Glavni etiološki činitelj za nastanak karijesa i bolesti parodontata je zubni plak. Mikrobiološki, dentalni plak, koji predstavlja nemineralizovanu organizovanu nakupinu mikroorganizama u organskom matriksu mukopolisaharida, odnosno naslage na zubima, primarni je uzrok gingivitisa⁴. Higijena usta važan je činitelj u borbi protiv dentalnog karijesa, posebno kod urbanog i civilizovanog čovjeka, zbog konzumiranja rafinirane hrane. Uočeno je da se dentalno-bakterijski plak mnogo brže formira kod djece nego kod odraslih. Step oralne higijene mijenja mikrobnu akumulaciju na zubnim pločama, a kontrola naslaga temelj je prevencije karijesa i parodontalnih bolesti. Kod epidemioloških oralnih istraživanja važno je utvrditi step oralne higijene i step upalnih promjena gingive. Step oralne higijene utvrđujemo pomoću OHI-indeksa¹.

Stomatološko-zdravstveno vaspitanje trebalo bi da bude dio opšteg vaspitanja. Suštinski cilj

Introduction

Scientific and health foundations in caries prevention are based on the view that in order to meet modern principles that already exist within the profession it is too late if the caries is detected in the cavitation stage. Measures and activities that are implemented prior to the onset of cavitation are basic principles of modern preventive treatment of caries in order to ensure proper and adequate disease prevention and to use all features of modern preventive treatment¹. However, there is not enough awareness of the importance of oral health to overall health of an individual and even less about the importance of practicing oral hygiene. Health education of parents and children about proper oral hygiene should be the basis of extensive prevention of caries. Basic information and guidelines regarding oral health protection and the importance of dental check-ups are given not only to parents but also to their children primarily through pre-school institutions, schools and pediatric clinics. School age is the period when long-lasting habits are acquired and information regarding health education is timely provided. Health education is a measure of preventive care which through development of proper health behavior and changes of harmful health behavior, education and dissemination of information regarding medical treatment can achieve health improvement, prevention and also treatment and mitigation of diseases².

The main etiological factor for caries and periodontal disease is dental plaque. Microbial dental plaque, which is non-mineralized layers of microorganisms in organic matrix of polysaccharides i.e. deposits on teeth, is the primary cause of gingivitis⁴. Oral hygiene is an important factor in the fight against dental caries especially in urban population due to consumption of refined food. It is known that microbial dental plaque accumulates faster in children than in adults. The level of oral hygiene changes microbial accumulation on dental plates and the plaque control is the basis for prevention of dental caries and periodontal diseases. In epidemiologic oral research it is important to determine the level of oral hygiene and degree of inflammatory changes of the gingiva. The level of oral hygiene is determined by OHI-index¹.

Dental health education should be a part of the general health education. The key objective

sprovedenja zdravstveno-vaspitnih programa je smanjenje incidencije, u prvom redu karijesa i parodontalnih bolesti, ali i ostalih bolesti usne duplje⁵. Osim toga, vrlo je bitno obezbijediti preventivne stomatološke preglede, čime se ističe značaj prevencije oboljenja usta i zuba. Suštinska preporuka je da je preventiva najisplativiji oblik zaštite oralnog zdravlja⁶.

Cilj

Osnovni ciljevi istraživanja su procjena oralno-higijenske navike među učenicima osnovne škole, kao i uticaj postojećeg ponašanja u oblasti higijene usta i zuba na evidentirane poremećaje zdravlja usta i zuba.

Metod rada

Istraživanje je sprovedeno po tipu studije presjeka, od maja do septembra 2009. godine u stomatološkim ordinacijama Doma zdravlja Tivat. Istraživanje su radili stomatološki timovi sa pacijentima starosti od 11 do 15 godina, a koji u reformisanom sistemu zdravstva Crne Gore imaju prava na besplatnu stomatološku zdravstvenu zaštitu.

Instrument istraživanja bio je upitnik. Pitanja u upitniku odnosila su se na navike održavanja higijene usta i zuba. Upitnik se sastojao od ukupno 16 pitanja, od kojih su 15 bila pitanja zatvorenog tipa, a koja su se odnosila na navike u oblasti oralne higijene, kao i na navike kontrole kod stomatologa. Ovaj dio upitnika ispunjavala je medicinska sestra, koja radi sa stomatologom u ordinaciji, gdje je ispitanik zadovoljavao svoju potrebu iz oblasti oralnog zdravlja, nakon odgovora na postavljeno pitanje. Poslednje, 16. pitanje, koje je, takođe, ispunjavala ista medicinska sestra prema nalogu stomatologa, odnosilo se na objektivni nalaz oralnog zdravlja. Ovaj nalaz se odnosio na utvrđeno stanje oralnog zdravlja i obuhvatao ukupan broj prisutnih zuba na pregledu i to posebno mliječnih i stalnih, zatim ukupan broj karijesnih zuba i to posebno mliječnih i stalnih, prisustvo gingivitisa i prisustvo ortodontskih anomalija.

Pored toga, kao instrument istraživanja poslužio je stomatološki pregled usta i zuba za dobijanje podataka o oralnom zdravlju ispiti-

of the implementation of health education programs is to reduce primarily the incidence of caries and periodontal diseases, but also other oral cavity diseases⁵. In addition, it is essential to provide preventive dental check-ups so that the importance of oral disease prevention could be emphasized. The key recommendation is that prevention is the most cost-effective form of oral health care⁶.

Aim

The main objectives of this study were assessment of oral hygiene habits among primary school children as well as the impact of current behavior in the field of oral hygiene on identified oral health disorders.

Materials and methods

The research was carried out as a cross-sectional study from May to September 2009 in dentist offices at the Medical Center Tivat. It was conducted with patients under the age of 15 who were provided with free dental care in the reformed health care system in Montenegro by dental teams.

The research instrument was a questionnaire. The questions included in the questionnaire were related to the oral hygiene habits. The questionnaire consisted of 16 questions of which 15 were closed questions about oral hygiene habits and dental check-ups. This section of the questionnaire was filled in, after the respondents gave their answers, by the nurse who worked in the dental office where the oral health services were provided to respondents. The last question number 16 was also filled in by the nurse according to dentist examination that is an objective finding of oral health. These findings determined the condition of oral health and they included the total number of present teeth during examination, both deciduous and permanent teeth, total number of carious teeth, both deciduous and permanent ones and presence of gingivitis and orthodontic anomalies.

In addition, dental examination was used as a research instrument in order to obtain information on the condition of oral health in examined children. The examination was done in accordance with WHO methodology and criteria

vane djece. Pregled je izvršen prema metodologiji i kriterijima SZO-a, služeći se stomatološkim ogledalima, standardnim parodontnim sonda-ma CPITN i osvjetljenjem prigodnim za ovu vrstu pregleda. Parametri korišteni za procjenu statusa oralnog zdravlja bili su indeksi: DMFT i SiC, mjesni parodontni indeks i indeks razvo-jnih defekata u caklini (RDC).

Odgovori dobijeni tokom intervjua upoređivani su sa podacima dobijenim ispitivanjem zdravlja usta i zuba po protokolu dobre medicinske prakse za ove vrste pregleda.

Za statističku obradu korišćene su metode deskriptivne statistike i statističke metode za ispitivanje značajnosti razlika putem Hi-kvad-rat testa za kategorijska obilježja i jednofaktor-ska analiza varijanse (ANOVA) za ispitivanje uticaja pojedinih faktora na objektivno stanje zdravlja zuba kod djece.

Rezultati

Istraživanjem su obuhvaćeni svi ispitanici koji su tokom tri mjeseca ljeta 2009. godine posjetili stomatološku ordinaciju Doma zdrav-lja Tivat. Analiza strukture ispitanika po polu pokazuje da je pola ispitanika bilo muškog, dok je druga polovina bila ženskog pola. Starost ispitanika iznosila je od 11 do 15 godina.

Istraživanje je pokazalo da postoji visoko statistički značajna razlika među ispitanicima u učestalosti pranja zuba, zavisno od njihovog materijalnog stanja (X^2 test = 23,132, $p < 0,001$). Među ispitanicima koji rijetko peru zube, pre-ma ukupnoj zastupljenosti, najbrojniji su oni koji su svoje materijalno stanje ocijenili kao loše (40%), a zatim slijede oni koji svoje ma-terijalno dobro procjenjuju kao osrednje. Često peru zube, najviše, ispitanici koji imaju dobro materijalno stanje (Tabela 1).

Frekvencija pranja zuba kod ispitanika značajno je različita zavisno od školske spre-majke (X^2 test = 18,664; $p < 0,05$). Dva i više puta dnevno zube peru najčešće ispitanici koji su naveli da su njihove majke završile visoku školu. Ispitanici čije su majke završile samo os-novnu školu ili rijetko ili jednom dnevno peru zube (Tabela 2).

Na tabeli 3 se može uočiti da se gingivitis javlja najčešće kod ispitanika koji su naveli da rijetko peru zube ($X^2 = 20,44$, $p < 0,05$). Polovina ispitanika koja rijetko pere zube ima problema sa gingivitisom. Gotovo jedan od deset ispi-tanika koji su naveli da samo jednom tokom dana peru zube ima probleme sa gingivitisom (Tabela 3).

by using dental mirror, standard CPITN peri-odontal probe and lighting appropriate for this type of examination.

The parameters used to assess the condition of oral health were indices: DMFT I SiC, com-munity periodontal index and index of develop-mental defects of enamel (DDE).

The answers obtained from the question-naire were correlated with the data obtained by examination of oral health according to proto-col of good medical practice for this type of ex-amination.

Methods of descriptive statistics and sta-tistical methods for determining significance of difference, using the chi-square test for cat-egorical characteristics, and one factor analysis of variance (ANOVA) for determining impact of individual factors on the objective condition of oral health in children, were used for statisti-cal data analysis.

Results

The study included all patients who visited dental offices at the Medical center Tivat during three summer months in 2009. Analysis of re-spondents according to gender showed that half of the respondents were male i.e. female. The age of respondents ranged from 11 to 15 years.

The research showed that there was a highly significant statistical difference among respon-dents in frequency of tooth brushing in relation to their financial position (X^2 test = 23.132, $p < 0.001$). Among respondents who rarely brushed their teeth, most numerous were those who assessed their financial situation as bad (40%), followed by those who assessed their financial situation as satisfactory. Respondents who had good financial position most frequent-ly brushed their teeth (Table 1).

Frequency of tooth brushing was signifi-cantly different with regard to the respondents' mother's education level (X^2 test = 18,664, $p < 0,05$). Respondents whose mothers had high-er education most frequently brushed their teeth twice a day or more often than that. Respon-dents whose mothers had completed only pri-mary school either rarely or once a day brushed their teeth (Table 2).

From Table 3 it can be concluded that gingi-vitis occurs most frequently in respondents who rarely brushed their teeth ($X^2 = 20,44$, $p < 0,05$). Half of the respondents who rarely brushed their teeth had problems with gingivitis. Almost one in ten respondents who brushed their teeth only once a day had problems with gingivitis (Table 3).

Tabela 1. Odnos frekvencije pranja zuba i materijalnog stanja ispitanika
Table 1. Relationship between frequency of tooth brushing and financial position of respondents

OCJENA MATERIJALNOG STATUSA / ASSESSMENT OF FINANCIAL POSITION	UČESTALOST PRANJA ZUBA FREQUENCY OF TOOTH BRUSHING				UKUPNO TOTAL
	Rijetko/ Rarely	Jednom dnevno / Once a day	Dva puta dnevno / Twice a day	Tri puta dnevno / Three times a day	
DOBRO / GOOD Broj / Number %	0 0,0%	1 11,1%	4 44,4%	4 44,4%	6 100,0%
OSREDNJE / SATISFACTORY Broj / Number %	18 13,2%	31 22,8%	80 58,8%	7 5,1%	136 100,0%
LOŠE / BAD Broj / Number %	2 40,0%	1 20,0%	2 40,0%	0 0,0%	5 100,0%
UKUPNO / TOTAL Broj / Number %	20 13,3%	33 22,0%	86 57,3%	11 7,3%	147 100,0%

Tabela 2. Odnos frekvencije pranja zuba i školske sprege majke
Table 2. Relationship between frequency of tooth brushing and mother's education level

STEPEN OBRAZOVANJA MAJKE / MOTHER'S EDUCATION LEVEL	UČESTALOST PRANJA ZUBA / FREQUENCY OF TOOTH BRUSHING				UKUPNO TOTAL
	Rijetko/ Rarely	Jednom dnevno/ Once a day	Dva puta dnevno/ Twice a day	Tri puta dnevno/ Three times a day	
OSNOVNA ŠKOLA / ELEMENTARY SCHOOL Broj / Number %	1 50,0%	1 50,0%	0 0,0%	0 0,0%	2 100,0%
SREDNJA ŠKOLA SECONDARY SCHOOL Broj / Number %	18 13,2%	31 22,8%	79 58,8%	7 5,1%	135 100,0%
VISOKA ŠKOLA HIGHER EDUCATION Broj / Number %	0 0,0%	1 8,3%	7 58,3%	4 33,3%	12 100,0%
UKUPNO TOTAL Broj / Number %	19 12,8%	33 22,1%	86 57,7%	11 7,4%	149 100,0%

Tabela 3. Učestalost pojave gingivitisa kod ispitanika u odnosu na frekvenciju pranja zuba
Table 3. Frequency of occurrence of gingivitis in respondents with regard to frequency of tooth brushing

UČESTALOST PRANJA ZUBA / FREQUENCY OF TOOTH BRUSHING		Prisutan gingivitis / Occurrence of gingivitis		UKUPNO TOTAL
		da / yes	ne / no	
RIJETKO / RARELY	broj / number	10	10	20
	% učestalost pranja zuba / % frequency of tooth brushing	50.0%	50.0%	100.0%
	% prisutan gingivitis / % occurrence of gingivitis	47.6%	7.8%	13.3%
JEDNOM DNEVNO / ONCE A DAY	broj / number	3	30	33
	% učestalost pranja zuba / % frequency of tooth brushing	9.1%	90.9%	100.0%
	% prisutan gingivitis / % occurrence of gingivitis	14.3%	23.3%	22.0%
DVA PUTA DNEVNO / TWICE A DAY	broj / number	7	79	86
	% učestalost pranja zuba / % frequency of tooth brushing	8.1%	91.9%	100.0%
	% prisutan gingivitis / % occurrence of gingivitis	33.3%	61.2%	57.3%
TRI PUTA DNEVNO / THREE TIMES A DAY	broj / number	1	10	11
	% učestalost pranja zuba / % frequency of tooth brushing	9.1%	90.9%	100.0%
	% prisutan gingivitis / % occurrence of gingivitis	4.8%	7.8%	7.3%

Učestalost posjeta stomatologu statistički značajno je povezana sa pojavom gingivitisa ($X^2 = 24,5$, $p < 0.05$). Najređe se gingivitis javlja kod ispitanika koji stomatologa posjećuju kada god je potrebno, odnosno kada god primjete ili osjete neke promjene. Više od polovine ispitanika koji se stomatologu javljaju samo kada ih zaboli zub imaju probleme sa gingivitisom (Tabela 4).

The frequency of visits to dentist is statistically significantly correlated with development of gingivitis. Gingivitis the least frequently occurred in patients who visited dentist whenever it was necessary, that is when they noticed or felt any change. More than a half of respondents visited dentist only when they had toothache or had problems with gingivitis (Table 4).

Tabela 4. Povezanost posjeta stomatologu i pojava gingivitisa
Table 4. Relationship between visits to a dentist and occurrence of gingivitis

UČESTALOST POSJETA STOMATOLOGA / FREQUENCY OF VISITS TO A DENTIST		Prisutan gingivit / Occurrence of gingivitis		UKUPNO TOTAL
		da / yes	ne / no	
RIJETKO / RARELY	broj / number	2	49	51
	% učestalost posjete stomatologu / % frequency of visits to a dentist	3,9%	96,1%	100,0%
	% prisutan gingivit / % occurrence of gingivitis	10,5%	40,8%	36,7%
NA TRI MJESECA / EVERY THREE MONTHS	broj / number	4	44	48
	% učestalost posjete stomatologu / % frequency of visits to a dentist	8,3%	91,7%	100,0%
	% prisutan gingivit / % occurrence of gingivitis	21,1%	36,7%	34,5%
NA ŠEST MJESECI / EVERY SIX MONTHS	broj / number	6	12	18
	% učestalost posjete stomatologu / % frequency of visits to a dentist	33,3%	66,7%	100,0%
	% prisutan gingivit / % occurrence of gingivitis	31,6%	10,0%	12,9%
KADA GOD TREBA / WHEN IT IS NEEDED	broj / number	2	11	13
	% učestalost posjete stomatologu / % frequency of visits to a dentist	15,4%	84,6%	100,0%
	% prisutan gingivit / % occurrence of gingivitis	10,5%	9,2%	9,4%
KADA ZABOLI ZUB/ TOOTHACHE	broj / number	5	4	9
	% učestalost posjete stomatologu / % frequency of visits to a dentist	55,6%	44,4%	100,0%
	% prisutan gingivit / % occurrence of gingivitis	25,3%	3,3%	6,5%
UKUPNO / TOTAL	broj / number	19	120	139
	% učestalost posjete stomatologu / % frequency of visits to a dentist	13,7%	86,3%	100,0%
	% prisutan gingivit / % occurrence of gingivitis	100,0%	100,0%	100,0%

Diskusija

Istraživanje je pokazalo da postoji značajna povezanost materijalne situacije u porodicama ispitivane djece i obrazovanja njihovih majki sa frekvencijom pranja zuba, kao i sa urednošću posjećivanja stomatologa. Posjete stomatologu i frekvencija pranja zuba značajno su povezane

Discussion

The research showed that there was a significant correlation between financial position of respondents' family and their mother's education level and the frequency of tooth brushing and visits to a dentist. Visits to a dentist and frequency of tooth brushing were significantly

sa oboljenjima usta i zuba ispitanika, procenjeno na osnovu relevantnih pokazatelja zdravlja.

Veliki broj istraživanja potvrđuje da postoji razlika u stavu djece u vezi sa redovnom kontrolom zdravlja usta i zuba, što je u odnosu sa socijalno-obrazovnom strukturom njihovih porodica. Iako se s oralnom higijenom djeca vrlo rano susreću i roditelji sve više svjesni važnosti oralnog zdravlja za cjelokupnu dobrobit svoje djece, uloga roditelja i djece u održavanju zdravlja usne šupljine često nije dovoljna, pa je nužno potražiti pomoć stomatologa. Kako bi se izbjegli ozbiljniji kvarovi i teže posljedice, stomatologa je najbolje posjećivati preventivno, čak i onda kada je sa zubima sve u redu⁷.

Ponašanje djece direktno je povezano sa procesom socijalizacije, koja se ostavlja, primarno, u sopstvenoj kući. Stoga je neophodno adekvatne mjere u cilju modifikacije ponašanja⁸ sprovesti od strane roditelja. Podaci pokazuju da postoji razlika u stavu djece u vezi sa redovnom kontrolom zdravlja usta i zuba, što je u odnosu sa socijalno-obrazovnom strukturom njihovih roditelja⁹. Stav da se redovitom preventivnom kontrolom mogu spriječiti oralna oboljenja očigledno nije prisutan kao životna praksa u porodicama iz kojih dolaze ispitivana djeca. U cilju izbjegavanja posljedica, stomatologa je najbolje posjećivati preventivno, čak i onda kada je sa zubima sve u redu.

Determinate koje su prepoznate kao značajni prediktori oboljenja usta i zuba od strane najvećeg broja autora bile su sljedeće: visina prihoda porodice, nivo obrazovanja, dodatno uzimanja kalcijuma - konzumacija mlijeka tokom trudnoće, navike u smislu održavanja oralne higijene i brige o zdravlju zuba i usta, kao i navike u pogledu ishrane uopšteno¹⁰. Ovim istraživanjem potvrđene su pomenute determinante kao značajni prediktori zdravlja usta i zuba.

Zaključak

Frekvencija pranja zuba i posjeta stomatologa značajno je povezana sa zdravljem usta i zuba djece starosti od 11 do 15 godina u Crnoj Gori.

Ponašanje djece u oblasti pranja zuba značajno je uslovljeno materijalnim stanjem porodica iz kojih potiču djeca i obrazovanim statusom majki ispitivane djece.

correlated with oral diseases assessed by relevant health indicators.

Numerous studies have confirmed that there is a difference in children's attitudes towards regular dental checkups with regard to social and educational background of their families. Although children become familiar with oral hygiene very early and their parents are more and more aware of the importance of oral health to overall well-being of their children, the role of parents and their children in maintaining oral health is often not enough, so it is necessary to visit a dentist. In order to avoid caries and serious complications, a dentist should be visited regularly even if one has healthy teeth⁷.

The behavior of children is directly related to the process of socialization which is primarily taken place at their homes. Therefore, appropriate measures are needed in order to modify the behavior and they should be taken by parents⁸. The data showed that there was a difference in children's attitudes towards regular dental checkups with regard to social and educational background of their parents⁹. Obviously, the attitude that regular preventive checkups can prevent oral diseases is not present as a current practice in respondents' families. In order to avoid caries and serious complications, a dentist should be visited regularly even if one has healthy teeth.

Determinates which are recognized as significant predictors of oral diseases by most authors are as follows: family income level, education level, taking extra calcium - milk consumption during pregnancy, oral hygiene habits, and oral healthcare as well as general nutrition habits¹⁰. This study has confirmed the abovementioned determinants as significant predictors of oral health.

Conclusion

Frequency of tooth brushing and visits to a dentist are significantly correlated with oral health of children aged 11 to 15 in Montenegro.

Tooth brushing behavior of children is significantly conditioned by financial position of respondents' families as well as with education level of their mothers.

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