

DOSTUPNOST PREVENTIVNIH STOMATOLOŠKIH USLUGA PREDŠKOLSKOJ I ŠKOLSKOJ DECI U JAVNIM USTANOVAMA NA PODRUČJU KANTONA SARAJEVO

ORIGINALNI RAD

ORIGINAL ARTICLE

AVAILABILITY OF PREVENTIVE DENTAL SERVICES TO PRESCHOOL AND SCHOOL CHILDREN WITHIN THE PUBLIC HEALTH SECTOR IN THE CANTON OF SARAJEVO

Amela Brčkalija¹, Amer Ovčina², Aida Ramić-Čatak^{2,3}, Zarema Obradović²,
Šeila Cilović-Lagarija³, Adis Hrvačić⁴, Maja Pločo⁵

¹ Javna ustanova „Dom zdravlja Kantona Sarajevo“, Organizaciona jedinica „Dom zdravlja Stari grad Sarajevo“, Sarajevo, Bosna i Hercegovina

² Univerzitet u Sarajevu, Fakultet zdravstvenih studija, Sarajevo, Bosna i Hercegovina

³ Zavod za javno zdravstvo Federacije Bosne i Hercegovine, Sarajevo, Bosna i Hercegovina

⁴ Zavod za javno zdravstvo Srednje bosanskog Kantona, Travnik, Bosna i Hercegovina

⁵ Sveučilište „Vitez“, Vitez, Bosna i Hercegovina

¹ Public institution Primary Healthcare Center of the Canton of Sarajevo, Organizational unit Primary Healthcare Center Stari grad Sarajevo, Sarajevo, Bosnia and Herzegovina

² University of Sarajevo, Faculty of Health Studies, Sarajevo, Bosnia and Herzegovina

³ Institute for Public Health of the Federation of Bosnia and Herzegovina, Sarajevo, Bosnia and Herzegovina

⁴ Institute for Public Health of the Central Bosnian Canton, Travnik, Bosnia and Herzegovina

⁵ Vitez University, Vitez, Bosnia and Herzegovina

SAŽETAK

Uvod: Oralno zdravlje predstavlja segment opšteg zdravlja čoveka a čini ga stanje oralnih tkiva koje doprinosi celokupnom fizičkom, psihičkom i socijalnom blagostanju, omogućavajući osobama da jedu, komuniciraju i učestvuju u društvenom životu bez neprijatnosti, neugodnosti ili stresa. Ovo istraživanje ima za cilj da utvrdi učestalost sprovođenja sistematskih pregleda u ranom dečijem uzrastu, praksu roditelja/staratelja u procesu očuvanja oralnog zdravlja dece, kao i zadovoljstvo pruženim uslugama.

Materijali i metode: Istraživanje je sprovedeno kao deskriptivna i komparativna studija preseka u Javnoj zdravstvenoj ustanovi *Domovi zdravlja Kantona Sarajevo*. Ispitanici su bili odgovorna lica – šefovi stomatoloških službi, te korisnici preventivnih stomatoloških usluga. Istraživanje je obuhvatilo ukupno pet rukovodilaca i 209 roditelja, a sprovedeno je putem onlajn obrasca *Google forms*, a na osnovu originalnog autorskog upitnika.

Rezultati: Dostupnost stomatološke zdravstvene zaštite je na visokom nivou prema iskazu roditelja, te je utvrđeno da je dostupna u 139 ili 66,5% slučajeva. Samo 24 ili 11,7% ispitanika su navela da nemaju dostupnu stomatološku zdravstvenu zaštitu. Većina roditelja navodi da ne čekaju na pregled zuba, da su zadovoljni pristupačnošću osoblja, te su dali visoku ocenu od $4,14 \pm 1,21$ na skali od 1 do 5.

Zaključak: Na osnovu rezultata istraživanja, uspele smo da dokažemo da je na području Kantona Sarajevo osigurana kvalitetna i sigurna preventivna stomatološka zaštita za predškolsku i školsku decu u javnom zdravstvenom sektoru. Većina roditelja navode da su zadovoljni profesionalnim radom i pristupačnošću osoblja.

Ključne reči: preventivne stomatološke usluge, predškolska deca, školska deca, Kanton Sarajevo

ABSTRACT

Introduction: Oral health is a segment of general human health reflected in the condition of oral tissues, which contributes to overall physical, psychological and social well-being, enabling people to eat, communicate and participate in social life without discomfort, inconvenience or stress. This study aims to determine the frequency of conducting regular oral and dental examinations in early childhood, the practice of parents/guardians in the process of preserving children's oral health, as well as the satisfaction with the services provided.

Materials and methods: The study was conducted as a cross-sectional, descriptive and comparative study at the Primary Healthcare Center of the Canton of Sarajevo. Heads of dental services and service users were the respondents of the study. The study included five heads of dental services and 209 parents who participated via an online *Google forms* survey that was based on an original questionnaire designed by the study authors.

Results: The availability of dental health care is at a high level according to parents, and it was determined to be available in 139 or 66.5% of cases. Only 24 or 11.7% of respondents stated that they do not have access to dental health care. Most parents stated that they did not have to wait for a dental examination for their children and that they were satisfied with the accessibility of the staff, giving a high score of 4.14 ± 1.21 on a scale of 1 to 5.

Conclusion: Based on the results of the study, we were able to prove that quality and safe preventive dental care for preschool and school children in the public health sector is provided in the Canton of Sarajevo. Most parents stated that they were satisfied with the professionalism, work and accessibility of the staff.

Keywords: preventive dental services, preschool children, school children, Canton of Sarajevo

Autor za korespondenciju:

Amer Ovčina

Fakultet zdravstvenih studija, Univerzitet u Sarajevu

Bolnička 25, 71000 Sarajevo, Bosna i Hercegovina

Elektronska adresa: amerovcina@yahoo.com

Corresponding author:

Amer Ovčina

Faculty of Health Studies, University of Sarajevo

75 Bolnička Street, 71000 Sarajevo, Bosnia and Herzegovina

E-mail: amerovcina@yahoo.com

Primljeno • Received: July 8, 2024; **Revidirano • Revised:** December 26, 2024; **Prihvaćeno • Accepted:** December 27, 2024; **Online first:** December 31, 2024

DOI: 10.5937/smcl5-51982

UVOD

Oralno zdravlje predstavlja segment opšteg zdravlja čoveka a čini ga stanje oralnih tkiva koje doprinosi celokupnom fizičkom, psihičkom i socijalnom blagostanju, omogućavajući osobama da jedu, komuniciraju i učestvuju u društvenom životu bez neprijatnosti, neugodnosti ili stresa.

Cilj stomatološke zaštite na nivou primarne zdravstvene zaštite je održavanje dobrog oralnog zdravlja pre nego što se pojave problemi koji zahtevaju lečenje. Idealno bi bilo da se celokupna populacija podvrgava periodičnim pregledima na mestima gde se okuplja veliki broj ljudi, kao što su škole, preduzeća, mesne zajednice i domovi zdravlja. U oblastima gde se to ne može postići, potrebno je izabrati mesta koja najviše odgovaraju pripadnicima lokalne zajednice [1].

U većini zemalja u razvoju nije lako organizovati nezavisni sistem oralne zdravstvene zaštite u zajednici. Neke zemlje već imaju dobro organizovanu primarnu zdravstvenu zaštitu i za njih je imperativ da integrišu oralno zdravlje u postojeću infrastrukturu zdravstvene zaštite. Neke zemlje već imaju zdravstvenu i obrazovnu infrastrukturu, ali su im potrebna sredstva koja bi omogućila proširenje njihove delatnosti na oralnu zdravstvenu zaštitu [2,3].

Praćeno je stanje oralnog zdravlja stanovništva koje živi na području Federacije Bosne i Hercegovine. S tim u vezi, može se reći da je stanje oralnog zdravlja kako odrasle populacije tako i dece i omladine na veoma niskom nivou. Iz tog razloga, Federalno ministarstvo zdravstva pokrenulo je inicijativu za donošenje programa mera za poboljšanje oralnog zdravlja stanovništva u skladu sa *Zakonom o stomatološkoj djelatnosti* i u saradnji sa Zavodom za javno zdravstvo Federacije Bosne i Hercegovine. U okviru ovog programa poseban fokus biće stavljen na decu predškolskog uzrasta i na promociju prirodne ishrane za najmlađu populaciju sa akcentom na podsticanje dojenja, koje omogućava zdrav rast deteta, kao i razvoj facijalnih struktura. Takođe, fokus će biti na deci predškolskog uzrasta kako bi se sačuvali prvi stalni zubi [4].

Preventivne stomatološke usluge su tako označene zato što omogućavaju stomatologu da prati oralno zdravlje pacijenata, promoviše zdrave navike, sprečava nove bolesti kroz različite usluge lečenja i uoči rane znake problema oralnog zdravlja. Ovo daje pacijentu i stomatologu dovoljno vremena da identifikuju, leče i spreče problem.

Usluge kao što su plombiranje zuba, lečenje kanala korena zuba, lečenje paradontopatije, ortodonticija ili vađenje zuba, ne smatraju se preventivnom stomatologijom. Oni su usmereni na rešavanje već postojećeg problema i obično spadaju u manje (rutinske) ili veće procedure [5].

INTRODUCTION

Oral health is a segment of general human health reflected in the condition of oral tissues, which contributes to overall physical, psychological and social well-being, enabling people to eat, communicate and participate in social life without discomfort, inconvenience or stress.

The goal of dental care at the primary healthcare level is to maintain good oral health before problems requiring treatment arise. Ideally, the entire population should undergo periodic examinations in places with high concentrations of people, such as schools, companies, local community centers, and primary healthcare centers. In areas where this cannot be achieved, it is necessary to choose venues that are most suitable for the community members [1].

In most developing countries, it is not easy to organize an independent oral healthcare system in the community. Some countries already have well-organized primary healthcare and for them it is imperative to integrate oral health into the existing healthcare infrastructure. Some countries already have a healthcare and education infrastructure, but they need funds that would enable the expansion of their activities to include oral healthcare [2,3].

The state of oral health among the population residing in the territory of the Federation of Bosnia and Herzegovina was monitored. In this regard, it can be said that the state of oral health of both the adult population and children and adolescents is at a very low level. For this reason, the Federal Ministry of Health launched an initiative to adopt a program of measures aimed at improving the oral health of the population in accordance with the *Law on Dental Practice* and in cooperation with the Institute for Public Health of the Federation of Bosnia and Herzegovina. Within this program, special focus will be placed on preschool children and on promoting nature-based nutrition for the youngest population with an emphasis on encouraging breastfeeding, which enables healthy growth in a child as well as the development of the structures of the face and mouth. Also, the focus will be on preschool children so as to preserve the first permanent teeth [4].

Preventive dental services are designated as such because they enable the dentist to monitor the patient's oral health, promote healthy habits, prevent new diseases through various treatment services, and spot early signs of oral health problems. This gives the patient and the dentist enough time to identify, treat and prevent the problem.

Services such as fillings, root canal therapy, periodontal treatments, orthodontics or tooth extractions are not considered preventive dentistry. They are aimed at solving an existing problem and usually fall under basic or major procedures [5].

Tokom redovnog stomatološkog pregleda, stomatolog će obaviti oralni pregled kako bi proverio da li ima znakova karijesa ili bolesti desni, abnormalnog trošenja zuba, malokluzije ili mehaničkih problema, bolesti mekog tkiva (kao što je rak usne šupljine) i dr. Nakon ovog pregleda obično sledi profesionalno čišćenje, uz nanošenje fluora kada je to potrebno, kako bi se obezbedila čista, zdrava i zaštićena usna šupljina. Preventivne stomatološke usluge ne treba zanemariti. Redovne posete stomatologu i prevencija problema oralnog zdravlja mogu pomoći u održavanju opšteg zdravlja i blagostanja kako starite i uštedeti vreme, novac i potencijalnu nelagodnost izbegavanjem ozbiljnih zubnih bolesti [6].

Deca uzrasta od 4–5 godina se identifikuju sa svojim roditeljima, pa je odnos roditelja prema oralnom zdravlju i redovnom praćenju od presudnog značaja [7,8].

Ponašanje roditelja kao uzora po ovom pitanju je mnogo važnija metoda za postizanje željenog cilja u zdravstvenom vaspitanju od bilo koje druge poznate metode. Da li će dete kasnije imati zdrave zube ili će mu zubi biti izvor bola i problema zavisi od brige roditelja [9].

Osnovni cilj ove studije je da se utvrdi dostupnost preventivnih stomatoloških usluga u javnom zdravstvu, kao i efikasnost u pružanju usluga. Ova studija ima za cilj da utvrdi učestalost sprovođenja redovnih pregleda u ranom detinjstvu, praksu roditelja / staratelja u procesu očuvanja oralnog zdravlja dece, kao i zadovoljstvo pruženim uslugama.

MATERIJALI I METODE

Ovo je deskriptivna, uporedna studija preseka koja je rađena u okviru Javne zdravstvene ustanove, *Dom zdravlja Kantona Sarajevo*, u četiri stomatološke službe: Hadžići, Trnovo, Stari Grad, Novo Sarajevo i Dom zdravlja Novi Grad. U istraživanje su bili uključeni rukovodioci stomatoloških službi i korisnici usluga (roditelji dece). Učestvovali su putem onlajn ankete *Google forms* zasnovane na originalnom autorskom upitniku. Studija je obuhvatila ukupno pet rukovodilaca službi i 209 nasumično odabranih roditelja. Testiranje unutrašnje konzistentnosti studije sprovedeno je na uzorku od 20 roditelja, a Kronbahov koeficijent alfa za ovu veličinu uzorka bio je 0,854, što ukazuje na dobru unutrašnju konzistentnost i snagu upitnika.

U našoj studiji poštovani su svi etički principi koji se odnose na zaštitu identiteta ispitanika i podataka dobijenih putem upitnika / intervju. Poverljivost podataka garantuje istraživač. Ispitanici nisu imali finansijski ili bilo kakav drugi interes za učešće u njoj.

Nominalne i ordinalne varijable su predstavljene kroz broj slučajeva i procenat, dok su kontinuirane

During a regular dental exam, the dentist will perform an oral exam to check for signs of cavities or gum disease, abnormal tooth wear, abnormal alignment or mechanical problems, soft tissue disease (such as oral cancer), and more. This examination is usually followed by a professional cleaning, along with the application of fluoride when appropriate, to ensure a clean, healthy and protected oral cavity. Preventive dental services should not be neglected. Regular dental visits and prevention of oral health problems can help maintain overall health and well-being as you age and save time, money, and potential discomfort by avoiding serious dental disease [6].

Children at the age of 4–5 identify with their parents, so parental attitudes towards oral health and regular follow-ups is of crucial importance [7,8].

Basic role modeling by parents is a much more important method for achieving the desired goal in health education than any other known method. Whether the child will later have healthy teeth or whether their teeth will be a source of pain and problems depends on parental care [9].

The main objective of this study is to determine the availability of preventive dental services in the public health sector, as well as the efficiency in providing services. This study aims to determine the frequency of conducting regular examinations in early childhood, the practice of parents / guardians in the process of preserving children's oral health, as well as satisfaction with the services provided.

MATERIALS AND METHODS

This was a cross-sectional, descriptive, comparative study carried out within the Public Health Institution, *Primary Healthcare Centers of the Canton of Sarajevo*, at four dental care services: Hadžići, Trnovo, Stari Grad, Novo Sarajevo, and Novi Grad Primary Healthcare Center. Heads of dental services and service users (children's parents) were the respondents of the study. They participated via an online *Google forms* survey that was based on an original questionnaire designed by the study authors. The study included five heads of dental services and 209 randomly selected parents. Internal consistency testing of the study was carried out on a sample of 20 parents and Cronbach's alpha for this sample size was 0.854 indicating a good internal consistency and power of the questionnaire.

In this study, all ethical principles related to the protection of the identity of the respondents and the data obtained through questionnaires / interviews were respected. Data confidentiality is guaranteed by the researcher. Respondents had no financial or any other interest for participation.

varijable, aritmetička sredina i standardna devijacija, korišćene za prikaz srednjih vrednosti i mera disperzije. Rezultati testa su smatrani statistički značajnim na nivou statističke značajnosti $p < 0,05$. Za statističku analizu dobijenih podataka korišćen je softver SPSS for Windows (Version 13.0, SPSS Inc, Chicago, Illinois, USA) i Microsoft Excel (Version 11, Microsoft Corporation, Redmond, WA, USA).

REZULTATI

Upitnik za rukovodioce stomatoloških službi popunilo je ukupno pet ispitanika.

Samo jedan rukovodilac stomatoloških službi (20,0%) je naveo da imaju usvojenu dokumente o obezbeđivanju kvaliteta u skladu sa kojim pružaju usluge, da imaju strategiju za unapređenje kvaliteta stomatoloških usluga i da imaju uspostavljen informacioni sistem u svojoj ustanovi. Od ukupnog broja rukovodilaca stomatoloških službi, dva (40,0%) su izjavila da osoblje

Nominal and ordinal variables are presented as the number of cases and percentages, while continuous variables, the arithmetic mean and standard deviation, were used to display the mean values and measures of dispersion. The test results were considered statistically significant at the level of statistical significance $p < 0.05$. The SPSS for Windows software (Version 13.0, SPSS Inc, Chicago, Illinois, USA) and Microsoft Excel (Version 11, Microsoft Corporation, Redmond, WA, USA) were used for statistical analysis of the obtained data.

RESULTS

A total of five respondents completed the questionnaire for heads of dental services.

Only one head of dental services (20.0%) stated that they have adopted quality documents according to which they provide services, that they have a strategy for improving the quality of dental services, and that they have an established information system in their

Tabela 1. Analiza odgovora na pitanja iz upitnika za rukovodioce stomatoloških službi

Table 1. Analysis of answers to questions from the questionnaire for heads of dental services

	n	%
Ustanova ima strateški dokument/politiku za program prevencije karijesa i promocije oralnog zdravlja. / The institution has a strategic document/policy for a caries prevention and oral health promotion program.	2	40.0
Postoji dobra saradnja sa školama kada je u pitanju stomatološka zaštita. / There is a good relationship with schools when it comes to dental care.	5	100.0
Diplomirana medicinska sestra sa dodatnom edukacijom iz preventivne stomatologije mogla bi da obavlja prevenciju zubnih i oralnih bolesti kod dece predškolskog i školskog uzrasta. / A graduated nurse with additional education in preventive dentistry could perform prevention of dental and oral diseases in preschool and school children.	3	60.0
Postoje dokumenti o obezbeđivanju kvaliteta usluga u skladu sa kojima se pružaju usluge. / There are quality documents in place according to which services are provided.	1	20.0
Postoji strategija za unapređivanje kvaliteta stomatoloških usluga. / There is a strategy for improving the quality of dental services.	1	20.0
U ustanovi je uspostavljen informacioni sistem. / An information system has been established in the institution.	1	20.0
Zaposleni učestvuju u donošenju planova i programa za obezbeđivanje kvaliteta. / The staff participates in the adoption of plans and programs for quality assurance.	2	40.0
Da li ste zadovoljni profesionalnošću osoblja? / Are you satisfied with the professionalism of the staff?	4	80.0
Postoji plan za stručno usavršavanje kadrova zaposlenih u ustanovi. / There is a plan for the professional development of the personnel of the institution.	4	80.0
Da li vaši zaposleni dobijaju kontinuiranu obuku? / Do your employees receive continuous training?	5	100.0
Ustanova pruža stomatološke usluge deci i omladini sa smetnjama u razvoju, a arhitektonsko rešenje objekata omogućava pristup ovim pacijentima. / The institution provides dental services for children and adolescents with developmental disabilities the architectural design of the facilities enables access for these patients.	5	100.0
Postoje liste čekanja za preventivne stomatološke usluge. / There are waiting lists for preventive dental services.	2	40.0

Tabela 2. Sociodemografske karakteristike ispitanika

Table 2. Sociodemographic characteristics of respondents

		n	%
Pol / Gender	Muški / Male	36	17.2
	Ženski / Female	173	82.8
Starost / Age	18-34 godine / 18-34 years	33	15.8
	35-54 godine / 35-54 years	173	82.8
	Preko 54 godine / Over 54 years	3	1.4

njihove ustanove učestvuje u donošenju planova i programa za obezbeđivanje kvaliteta. Takođe, dva (40,0%) rukovodioca stomatoloških službi su izjavila da imaju strateški dokument (politiku) za program prevencije karijesa i unapređenja oralnog zdravlja u svojoj ustanovi. Svi rukovodioci stomatoloških službi (100%) su izjavili da imaju dobru saradnju sa školama po pitanju preventivnih usluga. Većina načelnika stomatoloških službi, odnosno njih četiri (80,0%), izjavilo je da u svojoj ustanovi imaju plan stručnog usavršavanja kadrova i da su zadovoljni stručnošću osoblja. Svi rukovodioci stomatoloških službi (100%) su naveli da zaposleni prolaze kontinuiranu edukaciju. Veći broj načelnika stomatoloških službi, odnosno njih troje (60,0%), izjavilo je da smatra da bi diplomirana medicinska sestra sa dodatnom edukacijom iz preventivne stomatologije mogla da sprovodi preventivne mere protiv bolesti zuba i usne šupljine kod dece predškolskog i školskog uzrasta. Svi rukovodioci stomatoloških službi (100%) su izjavili da njihova ustanova pruža stomatološke usluge deci i adolescentima sa smetnjama u razvoju i da arhitektonsko rešenje objekata omogućava ovim pacijentima pristup. Većina načelnika stomatoloških službi, njih troje (60,0%), izjavilo je da nemaju listu čekanja za preventivne stomatološke usluge. Institucije koje imaju liste čekanja navode da se čeka do 7 dana ili između 7 i 10 dana.

institution. Out of the total number of heads of dental services, two (40.0%) stated that the staff of their institution participates in the adoption of plans and programs for quality assurance. Also, two (40.0%) heads of dental services, stated that they have a strategic document (policy) for a program of caries prevention and promotion of oral health in their institution. All heads of dental services (100%) stated that they have good cooperation with schools regarding preventive services. The majority of heads of dental services, i.e., four (80.0%), stated that they have a staff development plan in their institution and that they are satisfied with the expertise of the staff. All heads of dental services (100%) stated that employees undergo continuous education. A greater number of heads of dental services, i.e., three (60.0%), stated that they believe that a graduate nurse with additional education in preventive dentistry could perform preventive measures against dental and oral diseases in preschool and school children. All heads of dental services (100%) stated that their institution provides dental services for children and adolescents with developmental disabilities and that the architectural design of the facilities enables access for these patients. Most heads of dental services, three (60.0%) stated that they do not have a waiting list for preventive dental services. Institutions that have waiting lists state that the wait is either up to 7 days or between 7 and 10 days.

A total of 209 respondents filled out the questionnaire for parents.

With respect to gender, 173 (82.8%) mothers and 36 (17.2%) fathers completed the questionnaire.

As to the age of the parents, the largest number was in the 35–54 years age group (173 or 82.8%), followed by the youngest age group, i.e., 18–34 years (33 or 15.8%), while the smallest number (3 or 1.4 %) of respondents were in the group aged over 54 years.

A majority of parents, 167 (79.9%), stated that their children regularly brush their teeth and maintain oral

Tabela 3. Pregled navika unosa šećera i gaziranih pića, pranja zuba i oralne higijene

Table 3. Overview of sugar and soda intake, tooth brushing, and oral hygiene habits

		n	%
Da li vaše dete ima naviku redovnog pranja zuba i održavanja oralne higijene? / Does your child have regular teeth brushing and oral hygiene habits?	Da / Yes	167	79.9
	Ne / No	42	20.1
Da li vi imate naviku redovnog pranja zuba i održavanja oralne higijene? / Do you regularly brush your teeth and maintain oral hygiene?	Da / Yes	194	92.8
	Delimično / Partially	14	6.7
	Ne / No	1	0.5
Često konzumira rafinisane šećere (bombone, čokolade, grickalice) / Often consumes refined sugars (candy, chocolate, snacks)	Da / Yes	148	70.8
Često konzumira gazirana pića / Often consumes carbonated drinks	Da / Yes	33	15.8

Tabela 4. Analiza prevalencije stomatoloških oboljenja i lečenja

Table 4. Analysis of the prevalence of dental diseases and treatment

		n	%
Da li je vašem detetu dijagnostikovana bilo kakvo stomatološko oboljenje? / <i>Has your child been diagnosed with any dental disease?</i>	Da / Yes	14	6.7
Ako je odgovor da, navedite koju bolest zuba dete ima? / <i>If the answer is yes, state which dental disease the child has?</i>	Hipomineralizacija stalnih zuba / Hypomineralization of permanent teeth	2	1.0
	Karijes / Caries	12	5.7
Da li se vaše dete plaši stomatološkog pregleda? / <i>Is your child afraid of a dental examination?</i>	Da / Yes	18	8.7
	Dete ima strah od belog mantila / The child has a fear of the white coat.	5	2.4
	Dete se plaši aparata i buke / The child is afraid of the equipment and noise	7	3.4
	Delimično / Partially	65	31.6
Da li vaše dete koristi neku vrstu ortodontskog aparata? / <i>Does your child use any type of orthodontic appliance?</i>	Da / Yes	26	12.4

Upitnik za roditelje popunilo je ukupno 209 ispitanika.

Kada je u pitanju pol roditelja koji su učestvovali u istraživanju, upitnik je popunilo 173 (82,8%) majki i 36 (17,2%) očeva. Što se tiče starosti roditelja, najveći broj je bio u starosnoj grupi 35–54 godine (173 ili 82,8%), zatim u najmlađoj starosnoj grupi, odnosno 18–34 godine (33 ili 15,8%), dok je najmanji broj (3 ili 1,4 %) ispitanika bio u grupi starijih od 54 godine.

Većina roditelja, njih 167 (79,9%), izjavila je da njihova deca redovno peru zube i održavaju higijenu usne duplje. Na isti način, većina roditelja, njih 194 (92,8%), navela je da oni sami redovno peru zube i održavaju higijenu usne duplje. Ukupno 14 (6,7%) roditelja izjavilo je da delimično ima ove navike, a samo jedan roditelj je izjavio da nema takve navike. Prema podacima roditelja, u 148 (70,8%) slučajeva deca često konzumiraju rafinirani šećer, dok u 33 (15,8%) slučajeva deca često piju gazirana pića.

hygiene. In the same way, most parents, 194 (92.8%) of them, stated that they regularly brush their teeth and maintain oral hygiene. A total of 14 (6.7%) parents stated that they partially had these habits, and only one parent stated that they did not have such habits. According to the parents, in 148 (70.8%) of cases, children often consume refined sugar, while in 33 (15.8%) of cases, children often drink carbonated drinks.

In 14 (6.7%) cases children have been diagnosed with a dental disease. Among the dental diseases, parents most often mentioned caries (in 12 or 5.7% of the cases) and hypomineralization of permanent teeth (in 2 or 1.0 % of cases). Slightly less than half of the parents (95 or 45.5% of the cases) stated that their child is afraid of the dental examination, either completely or partially. Of the total number of respondents, 26 (12.4%) stated that their children use some type of orthodontic appliance.

A majority of respondents (139 or 66.5%) stated that preventive dental services are available to them

Tabela 5. Dostupnost preventivnih stomatoloških usluga u domu zdravlja

Table 5. Availability of preventive dental services at the primary healthcare center

		n	%
Da li su preventivne stomatološke usluge dostupne u domu zdravlja? / <i>Are preventive dental services available at the primary healthcare center?</i>	Da / Yes	139	66.5
	Delimično / Partially	42	20.1
Koliko je vaš dom udaljen od zdravstvene ustanove koja pruža preventivne stomatološke usluge? / <i>How far is your home from a health facility that provides preventive dental services?</i>	500 m / 500 m	41	19.6
	1.000 m / 1,000 m	62	29.7
	2.000 m / 2,000 m	48	23.0
	Preko 2.000 m / More than 2,000 m	56	26.8
Koliko dugo čekate na stomatološki pregled deteta kod stomatologa u domu zdravlja? / <i>How long do you wait for your child's dental examination at the dentist in the primary healthcare center?</i>	1-3 dana / 1-3 days	39	18.7
	3-5 dana / 3-5 days	33	15.8
	10 i više dana / 10 days and more	32	15.3
	Nema čekanja / No waiting	76	36.4
	Bez odgovora / No answer	29	13.9

Tabela 6. Redovnost poseta preventivnom stomatologu

		n	%
Da li vaše dete redovno posećuje preventivnog stomatologa? / Does your child visit a preventive dentist regularly?	Da / Yes	124	59.3
	Delimično / Partially	70	33.5
	Ne / No	15	7.2
Ako je vaš odgovor da ili delimično, navedite koliko puta godišnje? / If your answer is yes or partially, state how many times a year?	Na svaka tri meseca / Every three months	63	30.1
	Na svakih šest meseci / Every six months	86	41.1
	Na svakih dvanaest meseci / Every twelve months	45	21.5
	Bez odgovora / No answer	15	7.2
Da li vi lično redovno obavljate preventivne stomatološke preglede? / Do you personally regularly have preventive dental examinations?	Da / Yes	123	58.9
	Delimično / Partially	68	32.5
	Ne / No	18	8.6
Ako je odgovor da, navedite koliko puta u godini? / If yes, please specify how often in a year?	Svakog meseca / Every month	10	4.8
	Na svaka tri meseca / Every three months	22	10.5
	Na svakih šest meseci / Every six months	77	36.8
	Na svakih dvanaest meseci / Every twelve months	59	28.2
	Bez odgovora / No answer	41	19.6
Da li vam je ikada naplaćena usluga preventivnog stomatološkog pregleda vašeg deteta u domu zdravlja? / Have you ever been charged for the service of a preventive dental examination for your child at the primary healthcare center?	Da / Yes	1	0.6

U 14 (6,7%) slučajeva je deci dijagnostikovana zubna bolest. Od stomatoloških oboljenja, roditelji najčešće navode karijes (u 12 ili 5,7% slučajeva) i hipomineralizaciju stalnih zuba (u 2 ili 1,0% slučajeva). Nešto manje od polovine roditelja (95 ili 45,5% slučajeva) izjavilo je da se njihovo dete plaši stomatološkog pregleda, u potpunosti ili delimično. Od ukupnog broja ispitanika, 26 (12,4%) je izjavilo da njihova deca koriste neku vrstu ortodontskog aparata.

Većina ispitanika (139 ili 66,5%) je izjavila da su im preventivne stomatološke usluge dostupne u domu zdravlja, dok je 42 (20,1%) ispitanika izjavilo da su dostupne delimično. Udaljenost od objekta u kome se pružaju preventivne stomatološke usluge je u većini slučajeva oko 1.000 metara (62 slučaja ili 29,7%), u 56 (26,8%) slučajeva udaljenost je veća od 2.000 metara, udaljenost iznosi 2.000 metara u 48 (23,0. %) slučajeva, dok je za 41 (19,6%) ispitanika ta udaljenost oko 500 metara. Većina roditelja je izjavila da ne moraju da čekaju stomatološki pregled u domu zdravlja (76 slučajeva ili 36,4%), što je u skladu sa odgovorima rukovodilaca stomatoloških službi. Međutim, u 32 (15,3%) slučaja ispitanici su izjavili da moraju da čekaju duže od 10 dana.

Većina dece redovno posećuje preventivnog stomatologa, odnosno potpuno u 124 (59,3%) slučajeva i delimično u 70 (33,5%) slučajeva, dok u 15 (7,2%) slučajeva deca ne posećuju redovno preventivnog stomatologa.

Table 6. Regularity of visits to the preventive dentist

at the primary healthcare center, while 42 (20.1%) of the respondents stated that they are available partially. The distance from the facility where preventive dental services are provided is around 1,000 meters in most cases (62 cases or 29.7%), in 56 (26.8%) cases the distance is more than 2,000 meters, it amounts to 2,000 meters in 48 (23.0%) cases, and in 41 (19.6%) cases it is around 500 meters. A majority of parents stated that they do not have to wait for a dental examination at the primary healthcare center (76 cases or 36.4%), which is in line with the answers given by the heads of dental services. However, in 32 (15.3%) cases respondents stated having to wait for more than 10 days.

Most children regularly visit a preventive dentist, i.e., fully in 124 (59.3%) cases and partially in 70 (33.5%) cases, while in 15 (7.2%) cases children do not visit a preventive dentist regularly.

The greatest number of children (86 or 41.1%) visit a preventive dentist every 6 months, 63 (30.1%) children visit a preventive dentist every three months, and the least number of children (45 or 21.5%) visit the dentist every 12 months. A total of 15 (7.2%) parents did not answer this question. A majority of parents stated that they also personally have preventive dental examinations: always (123 cases or 58.9%) and partially (68 cases 32.5%), while 18 (8.6%) respondents do not have these examinations.

Tabela 7. Značaj dobijanja informacija o zdravlju zuba u obdaništima/školama i predlozi za unapređenje preventivne stomatološke zaštite

		n	%
Da li ste upoznati sa tim da li vaše dete dobija informacije o važnosti zdravlja zuba u obdaništu/školi? / Are you aware whether your child receives information about the importance of dental health in kindergarten/school?	Da / Yes	89	42.6
	Delimično / Partially	68	32.5
	Ne / No	52	24.9
Predlozi za unapređenje obavljanja preventivnih stomatoloških pregleda / Suggestions for improving the performance of preventive dental examinations	Organizovanje redovnih sistematskih pregleda svakih 6 meseci za decu uzrasta 4-12 godina / Organizing regular check-ups every 6 months for children aged 4-12 years	115	55.0
	Obezbeđivanje mesečnih stomatoloških pregleda deci u obdaništima i školama od strane stomatoloških tehničara i medicinskih tehničara / Providing monthly dental examinations of children in kindergartens and schools by dental technicians and nurse-technicians	69	33.0
	Obezbeđivanje većeg broja stomatoloških timova u javnim ustanovama / Providing a greater number of dental teams in public institutions	64	30.6
	Pružanje više informacija roditeljima o značaju zdravlja zuba (mediji i sl.) / Providing more information to parents about the importance of dental health (media, etc.)	20	9.6

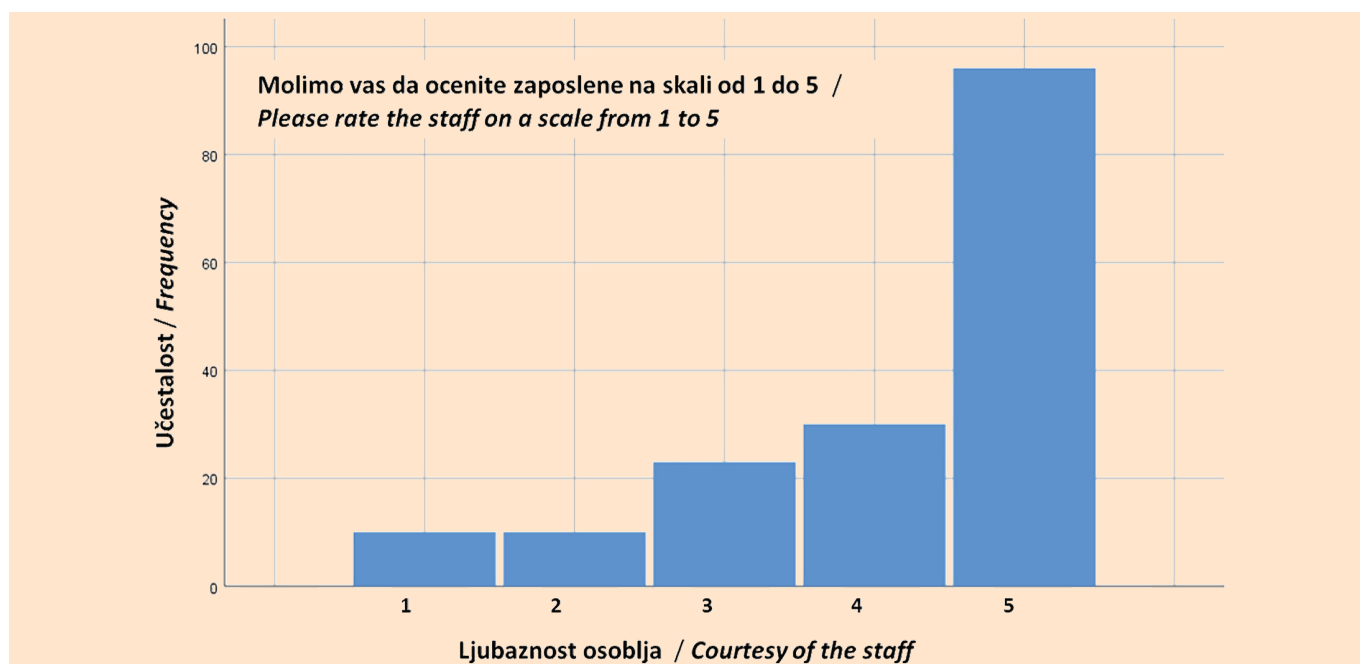
Najveći broj dece (86 ili 41,1%) posećuje preventivnog stomatologa svakih 6 meseci, 63 (30,1%) dece posećuje preventivnog stomatologa svaka tri meseca, a najmanje dece (45 ili 21,5%) posećuje stomatologa svakih 12 meseci. Na ovo pitanje nije odgovorilo ukupno 15 (7,2%) roditelja. Većina roditelja je izjavila da i lično obavlja preventivne stomatološke preglede: uvek (123 slučaja ili 58,9%) i delimično (68 slučajeva ili 32,5%), dok 18 (8,6%) ispitanika ne obavlja ove preglede.

Parents most often perform preventive dental examinations every 6 months (77 cases or 36.8%) or every 12 months (59 cases or 28.2%). Only one parent reported being charged for the preventive dental examination at the primary healthcare center.

About three quarters of the parents are fully (89 or 42.6%) or partially (68 or 32.5%) aware of whether their child receives information about the importance of dental health in kindergarten/school. The rest (52 or 24.9%) answered in the negative.

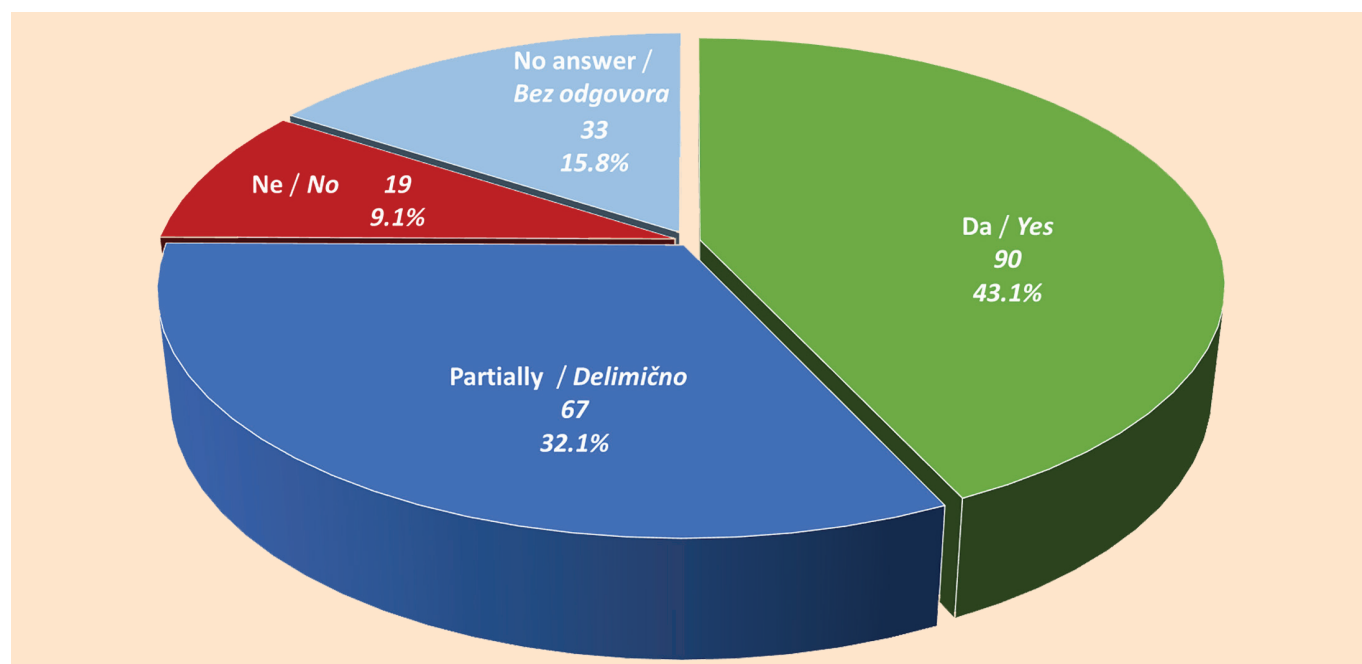
Grafikon 1. Analiza ljubaznosti osoblja stomatoloških službi u domovima zdravlja

Figure 1. Analysis of the friendliness of the staff of dental services at the primary healthcare centers



Grafikon 2. Analiza zadovoljstva profesionalnim radom osoblja u stomatološkim službama doma zdravlja

Figure 2. Analysis of satisfaction with the professionalism and work of the staff in the dental services of the primary healthcare center



Roditelji najčešće preventivne stomatološke preglede obavljaju svakih 6 meseci (77 slučajeva ili 36,8%) ili svakih 12 meseci (59 slučajeva ili 28,2%). Samo jedan roditelj prijavio je da mu je naplaćen preventivni stomatološki pregled u domu zdravlja.

Oko tri četvrtine roditelja je u potpunosti (89 ili 42,6%) ili delimično (68 ili 32,5%) upoznato sa tim da li njihovo dete dobija informacije o važnosti zdravlja zuba u vrtiću/školi. Preostali roditelji (52 ili 24,9%) su dali negativan odgovor.

Među predlozima za unapređenje preventivne stomatološke zaštite roditelji su najčešće navodili „Organizovanje redovnih sistematskih pregleda svakih 6 meseci za decu uzrasta 4-12 godina“ (115 slučajeva ili 55,0%), slede predlozi „Obezbeđivanje mesečnih stomatoloških pregleda deci u obdaništima i školama od strane stomatoloških tehničara i medicinskih tehničara“ (69 ispitanika ili 33,0%), „Obezbeđivanje većeg broja stomatoloških timova u javnim ustanovama“ (64 slučaja ili 30,6%), a najmanje ispitanika je predložilo „Pružanje više informacija roditeljima o značaju zdravlja zuba (mediji i sl.)“, (20 ispitanika ili 9,6%).

Ukupno 169 roditelja ocenilo je ljubaznost osoblja stomatološke službe doma zdravlja visokom prosečnom ocenom od $4,14 \pm 1,21$, na skali od 1 do 5.

Skoro 80% roditelja je izjavilo da je zadovoljno profesionalnim radom osoblja u stomatološkoj službi doma zdravlja: potpuno (90 ispitanika ili 43,1%) i delimično (67 slučajeva ili 32,1%). Od svih ispitanika, 33 (15,8%) nije odgovorilo na ovo pitanje.

Among the proposals for improvement, parents most often stated “Organizing regular check-ups every 6 months for children aged 4-12 years” (115 cases or 55.0%), followed by the suggestion “Providing monthly dental examinations of children in kindergartens and schools by dental technicians and nurse-technicians” (69 respondents or 33.0%), “Providing a greater number of dental teams in public institutions” (64 cases or 30.6%), and the least number of respondents suggested “Providing more information to parents about the importance of dental health (media, etc.)”, (20 respondents or 9.6 %).

A total of 169 parents rated the friendliness of the staff of the dental service of the primary healthcare center, on a scale of 1 to 5, with a high average rating of 4.14 ± 1.21 .

Almost 80% of parents stated that they are satisfied with the professionalism and work of the staff in the dental service of the primary healthcare center: fully (90 respondents or 43.1%) and partially (67 cases or 32.1%). Of all the respondents, 33 (15.8%) did not answer this question.

DISCUSSION

Two questionnaires were analyzed for the purpose of this study. One questionnaire was for heads of dental services, and the other was for children's parents. Five respondents completed the questionnaire for heads of dental services.

DISKUSIJA

Za potrebe ovog istraživanja analizirana su dva upitnika. Jedan upitnik je bio za rukovodioce stomatoloških službi, a drugi za roditelje dece. Pet ispitanika je popunilo upitnik za rukovodioce stomatoloških službi.

Što se tiče prevencije oralnih bolesti, manje od polovine ispitanika je izjavilo da imaju strateški dokument o programu prevencije karijesa i unapređenja oralnog zdravlja u svojoj ustanovi, dok su svi ispitanici izjavili da imaju dobru saradnju sa školama po pitanju preventivnih usluga.

Zanimljivo je da je većina ispitanika (60,0%) istakla da bi diplomirana medicinska sestra sa dodatnom edukacijom iz preventivne stomatologije mogla da sprovodi prevenciju oralnih bolesti kod dece predškolskog i školskog uzrasta.

Takođe, većina ispitanika je izjavila da je zadovoljna nivoom znanja i obrazovanja osoblja u njihovoj ustanovi. Važno je istaći da su svi ispitanici izjavili da njihova ustanova pruža stomatološke usluge deci i adolescentima sa smetnjama u razvoju, a da arhitektonsko rešenje objekata omogućava pristup ovim pacijentima.

Upitnik za roditelje popunilo je ukupno 209 ispitanika, od čega 36 muškaraca i 173 žene. Većina ispitanika je bila starosti 35–54 godine.

Važno je istaći da je većina roditelja (80,7%) izjavila da njihova deca imaju naviku redovnog pranja zuba i održavanja oralne higijene. Takođe, što se tiče redovnog pranja zuba i održavanja oralne higijene kod roditelja, većina roditelja ima naviku redovnog pranja zuba.

Većina roditelja je navela da njihova deca često konzumiraju rafinisane šećere, dok nešto manje njih konzumira i gazirana pića. Manji broj ispitanika (6,7%) je potvrdio da njihovo dete ima neko stomatološko oboljenje, te da neka od dece (12,7%) koriste neku vrstu ortodontskog aparata.

Dostupnost stomatološke zdravstvene zaštite je na visokom nivou prema iskazima roditelja (139 ispitanika ili 67,8%). Samo 24 (11,7%) ispitanika je izjavilo da nema pristup stomatološkoj zdravstvenoj zaštiti.

U svojim odgovorima o vremenu čekanja na stomatološki pregled, većina roditelja je izjavila da ne moraju da čekaju na stomatološki pregled.

Veoma je važno dobiti informacije o značaju oralnog zdravlja u obdaništima/školama, a 43,4% ispitanika je izjavilo da je u potpunosti upoznato da li njihovo dete dobija informacije o značaju oralnog zdravlja.

Takođe, važno je da većina roditelja osoblje stomatološke službe doma zdravlja smatra veoma ljubaznim, dajući zaposlenima u ustanovi visoku prosečnu ocenu na skali od 1 do 5. Većina roditelja (51,1%) je zadovoljna profesionalnim radom stomatoloških službi, sledi 38,1% delimično zadovoljnih i 10,8% nezadovoljnih

Regarding the prevention of oral diseases, less than half of the respondents stated that they have a strategic document in place for a program of caries prevention and promotion of oral health in their institution while all respondents stated that they have good cooperation with schools regarding preventive services.

It is interesting to note that a majority of respondents (60.0%) pointed out that a graduate nurse with additional education in preventive dentistry could carry out prevention of oral diseases in preschool and school children.

Also, a majority of respondents stated that they are satisfied with the level of knowledge and education of the staff at their institution. It is important to point out that all respondents stated that their institution provides dental services for children and adolescents with developmental disabilities, and that the architectural design of the facilities enables access for these patients.

A total of 209 respondents filled out the questionnaire for parents, of whom 36 men and 173 women. Most respondents were aged 35–54.

It is important to point out that a majority of parents (80.7%) stated that their children have regular habits of brushing their teeth and maintaining oral hygiene. Also, regarding regular tooth brushing and maintaining oral hygiene in parents, most parents have regular teeth brushing habits.

Most parents stated that their children often consume refined sugars, while slightly fewer of them also consume carbonated drinks. A smaller number of respondents (6.7%) confirmed that their child has some dental disease, and that some of them (12.7%) use some type of orthodontic appliance.

The availability of dental health care is at a high level according to the parents (139 respondents or 67.8%). Only 24 (11.7%) of respondents stated that they do not have access to dental health care.

In their answers regarding the waiting time for a dental examination a majority of the parents stated that they do not have to wait for a dental examination.

It is very important to get information about the importance of oral health at kindergartens/schools, and 43.4% of the respondents stated that they are fully aware of whether their child is getting information about the importance of oral health.

Also, it is important that a majority of parents consider the staff of the dental services of the primary healthcare center to be very friendly, giving them a high average rating on a scale of 1 to 5. Most parents (51.1%) are satisfied with the professionalism and work of the dental services, followed by 38.1% of partially satisfied respondents and 10.8% of unsatisfied respon-

ispitanika. Preventivne stomatološke usluge u Domu zdravlja su besplatne o čemu govori i podatak da je samo jedan roditelj naveo da su mu preventivne stomatološke usluge naplaćene.

Najčešći predlozi za poboljšanje obavljanja preventivnih stomatoloških pregleda su: organizovanje redovnih sistematskih pregleda na svakih 6 meseci za decu uzrasta 4–12 godina (55,0%), obezbeđivanje mesečnih stomatoloških pregleda dece predškolskog i školskog uzrasta od strane zubnih tehničara i medicinskih tehničara (33,0%), te obezbeđivanje većeg broja stomatoloških timova u javnim ustanovama (30,6%).

Brčić, u svojoj studiji sprovedenoj 2021. godine, ističe da stomatološka služba Doma zdravlja Opštine Livno obezbeđuje sve uslove za kvalitetnu preventivnu zaštitu dece predškolskog i školskog uzrasta i njihovih roditelja, te da zastarela medicinska oprema i činjenica da je osoblje starije i sa višegodišnjim stažom nemaju uticaja na kvalitet preventivnih stomatoloških usluga [9].

U svojoj studiji iz 2023. godine, Bajrić i saradnici su dokazali da je zadatak preventivnih programa prepoznavanje pacijenata sa visokim rizikom od razvoja karijesa i primena individualnog pristupa u dijagnostici i terapiji [5]. Preventivne procedure obuhvataju profesionalno čišćenje uz upotrebu fluorida i esencijalno savetovanje o ishrani i ishrani [10]. U kliničkom radu, različiti testovi, kao što su plak test, *CRT bacteria* i *CRT* pufer test, mogu dokazati postojanje povećanog rizika od karijesa. Na ovaj način je moguće uvesti odgovarajuće preventivne mere u ranoj fazi [11]. Cilj svih preventivnih mera oralne higijene je da se ukloni što više plaka i što duže odloži njegovo ponovno formiranje. Sredstva kojima se to postiže su četkica za zube, pasta za zube, interdentalne četkice, zubni konac i antiseptici.

Roditelji koji počnu da peru zube svojoj deci pre druge godine, kao i veštine koje roditelji percipiraju u pranju zuba kao deo svakodnevne rutine njihove dece, povezuju se sa manjom incidencijom karijesa kod dece uzrasta do četiri godine. U svojoj studiji iz 2015. godine, Hubner i saradnici su potvrdili da angažovanje roditelja u osmišljavanju programa koji podržavaju pranje zuba kod odojčadi i male dece dovodi do pozitivnih rezultata, odnosno do 30% povećanja broja roditelja koji peru zube svojoj maloj deci dva puta dnevno, uz povećanje samopouzdanja roditelja i efikasnosti pranja zuba. Pranje zuba dva puta dnevno je jeftina strategija za smanjenje rizika od karijesa u detinjstvu. Programi za decu najmlađeg uzrasta mogu pomoći u obezbeđivanju prednosti pranja zuba za svu decu, pomažući roditeljima da svojoj deci usade važnost lične higijene [12]. Da bi se očuvalo oralno zdravlje dece, potrebno je zdravstvenim i vaspitnim procedurama uticati na usvajanje zdravih oblika ponašanja, u pogledu oralne higijene,

dents. Preventive dental services at the primary health-care center are free of charge, which is supported by the fact that only one parent stated that they were charged for preventive dental services.

The most common suggestions for improving the performance of preventive dental examinations are as follows: organizing regular check-ups every 6 months for children aged 4–12 years (55.0%), providing monthly dental examinations for kindergarten and school children by dental technicians and nurse-technicians (33.0%), and providing a greater number of dental teams in public institutions (30.6%).

In her study, carried out in 2021, Brčić points out that the dental service of the Primary Healthcare Center of the Livno Municipality provides all conditions for quality preventive care of preschool and school children and their parents, and that the outdated medical equipment and the fact that the staff are older and with many years of service have no influence on the quality of preventive dental services [9].

In their study from 2023, Bajrić et al. proved that the task of preventive programs is to recognize patients at high risk of developing caries, and to apply an individual approach to diagnostics and therapy [5]. Preventive procedures include professional cleaning with the use of fluoride, and essential nutritional and dietary counseling [10]. In clinical work, various tests, such as the plaque test, *CRT bacteria*, and *CRT* buffer, can prove the existence of an increased risk for caries. In this way, it is possible to introduce appropriate preventive measures at an early stage [11]. The goal of all preventive oral hygiene measures is to remove as much plaque as possible and delay its re-formation for as long as possible. The means by which this is achieved are a toothbrush, toothpaste, interdental brushes, dental floss, and antiseptics.

Parents who start brushing their children's teeth before the age of two, as well as the parents' perceived skills in brushing teeth as part of their children's daily routine, are associated with a lower incidence of caries in children aged four and younger. In their study from 2015, Huebner et al. confirmed that engaging parents in the design of programs that support brushing teeth in infants and young children leads to positive results, i.e. a 30% increase in the number of parents who brush their young children's teeth twice a day accompanied with an increased self-confidence of parents and the efficiency of tooth brushing. Brushing teeth twice a day is a low-cost strategy to reduce the risk of caries in childhood. Early childhood programs can be helpful in ensuring all children receive the benefits of tooth brushing by helping parents instill in their children the importance of personal hygiene [12]. In order to

fluorisanja, zdrave ishrane, redovnih poseta stomatologu. Zdravstvenim vaspitanjem potrebno je uticati na sve članove porodice, sa ciljem razvijanja veština neophodnih za pravilnu oralnu i stomatološku negu i povećanja motivacije za prevenciju oralnih bolesti [13]. Programi i inicijative za unapređenje oralnog zdravlja i prevenciju karijesa koji počinju da se sprovode na nacionalnom nivou trebalo bi da omoguće promene, podignu svest o značaju preventivnog delovanja i podstaknu revitalizaciju preventivne stomatološke zdravstvene zaštite u predškolskom i školskom uzrastu [14].

Brojni autori su u svojim originalnim člancima i sistematskim prikazima ukazivali da se većina oralnih bolesti može sprečiti, ali da je sa edukacijom i prevencijom oralnih bolesti potrebno početi od najranijeg uzrasta. Zato je neophodno kontinuirano prikupljati epidemiološke podatke, vršiti preglede literature, vršiti naučne analize preventivnih metoda, kako bi se mogli kreirati programi zasnovani na dokazima i pristupiti pitanju prevencije na multidisciplinarni način [7,15,16].

U svojoj studiji iz 2020. godine, Dimitrova i saradnici su istraživali temu individualnih programa zdravstvenog vaspitanja i motivacije za oralnu higijenu i ishranu kod dece uzrasta od 7 do 10 godina. Atif i saradnici objavili su sistematski pregled literature 2023. Obe ove studije su dokazale da stomatolozi imaju na raspolaganju različite oblike, načine i sredstva da motivišu decu i roditelje da brinu o svom oralnom zdravlju, kao što su različiti medijski sadržaji, radionice i prezentacije, koji, osim što su edukativni, podstiču kreativnost i interesovanje. Motivacija za podizanje svesti o zdravim navikama je dugoročan psihološki proces i zahteva kontinuiranu strategiju [17,18].

ZAKLJUČAK

Na osnovu rezultata studije, uspeli smo da dokažemo da se u Kantonu Sarajevo pruža kvalitetna i sigurna preventivna stomatološka zaštita predškolske i školske dece u javnom zdravstvu.

Na osnovu upitnika za rukovodioce stomatoloških službi, može se zaključiti da većina ustanova ima plan razvoja kadrova, da se svi zaposleni kontinuirano edukuju, te da u ustanovama postoji plan stručnog usavršavanja kadrova. Ovo govori u prilog kvalitetne usluge od strane obrazovanog osoblja.

Samo dve od tri ustanove imaju strateški dokument (politiku) za program prevencije karijesa i unapređenja oralnog zdravlja, što govori u prilog činjenici da treba više raditi na strateškom planiranju prevencije.

Na osnovu analize upitnika za roditelje, može se zaključiti da je preventivna stomatološka usluga u javnom sektoru u domu zdravlja u potpunosti dostupna skoro svoj deci.

preserve the oral health of children, it is necessary to influence the adoption of healthy forms of behavior, in terms of oral hygiene, the use of fluoridation, healthy nutrition, and regular visits to the dentist, through health and education procedures. Through health education, it is necessary to influence all family members, with the aim of developing the skills necessary for proper oral and dental care and increasing the motivation for preventing oral diseases [13]. Programs and initiatives for promoting oral health and caries prevention that are starting to be implemented at the national level should enable changes, raise awareness about the importance of preventive action, and encourage the revitalization of preventive dental health care at the preschool and school age [14].

Numerous authors, in their original articles and systematic reviews, have pointed out that most oral diseases can be prevented, but it is necessary to start with education and prevention of oral diseases from an early age. That is why it is necessary to continuously collect epidemiological data, carry out literature reviews, and perform scientific analyses of preventive methods, in order to be able to create evidence-based programs and approach the issue of prevention in a multidisciplinary manner [7,15,16].

In their study from 2020, Dimitrova et al. researched the topic of individual programs for health education and motivation for oral hygiene and nutrition in children aged 7 to 10 years. Atif et al. published a systematic literature review in 2023. Both of these studies have proven that dentists have at their disposal various forms, ways, and means to motivate children and parents to take care of their oral health, such as various media content, workshops, and presentations, which, in addition to being educational, stimulate creativity and interest. Motivation to raise awareness of healthy habits is a long-term psychological process and requires a continuous strategy [17,18].

CONCLUSION

Based on the results of the study, we were able to prove that quality and safe preventive dental care for preschool and school children in the public health sector is provided in the Canton of Sarajevo.

Based on the questionnaire for heads of dental services, it can be concluded that a majority of the institutions have a staff development plan, that all employees are continuously educated, and that the institutions have a personnel professional development plan in place. This speaks in favor of providing quality service by educated staff.

Only two out of three institutions have a strategic document (policy) for a program of caries prevention

Većina ispitanika je izjavila da ne čeka stomatološki pregled kod stomatologa u domu zdravlja. Procena roditelja o ljubaznosti osoblja u domu zdravlja je visoka, što ukazuje da je većina roditelja zadovoljna profesionalnim radom osoblja u stomatološkoj službi doma zdravlja.

Sukob interesa: Nije prijavljen.

LITERATURA / REFERENCES

1. Ahmić, A. Uvod u stomatologiju s historijom i etikom. Univerzitet u Sarajevu. Sarajevo. 2018.
2. Ivanković A, Rebac Z. Financing of dental health care in the Federation of Bosnia and Herzegovina. *Croat Med J*. 1999 Jun;40(2):166-74.
3. Bajrić E, Kobašlija S, Huseinbegović A, Zukanović A, Marković N, Selimović-Dragaš M, et al. Predictors of dental fear and anxiety in 9-12-year-old children in Bosnia and Herzegovina. *Acta Stomatol Croat*. 2022 Sep;56(3):246-56. doi: 10.15644/asc56/3/3.
4. Muratbegović A, Marković N, Ganibegović Selimović M. Molar incisor hypomineralisation in Bosnia and Herzegovina: aetiology and clinical consequences in medium caries activity population. *Eur Arch Paediatr Dent*. 2007 Dec;8(4):189-94. doi: 10.1007/BF03262595.
5. Bajrić E, Arslanagić A, Zukanović A, Duratbegović D, Šaćić-Selmanović L, Katana E, et al. Dental caries experience in children in public kindergartens of Sarajevo, Bosnia and Herzegovina. *Acta Stomatol Croat*. 2023 Mar;57(1):32-42. doi: 10.15644/asc57/1/4.
6. Hraste J, Gržić R. Uvod u stomatologiju. Sveučilište u Rijeci. Medicinski fakultet. Rijeka. 2006.
7. Karamehmedović E, Bajrić E, Virtanen JI. Oral health behaviour of nine-year-old children and their parents in Sarajevo. *Int J Environ Res Public Health*. 2021 Mar 21;18(6):3235. doi: 10.3390/ijerph18063235.
8. Welbury RR, Duggal MS, Hosey MT. Paediatric Dentistry. Oxford: Oxford University Press. 2005.
9. Brčić LJ. Upravljanje kvalitetom u preventivnoj stomatološkoj djelatnosti na nivou Općine Livno. Završni rad. Sveučilište/Univerzitet „Vitez“ u Travniku. Vitez. 2021.
10. Vozza I, Capasso F, Calcagnile F, Anelli A, Corridore D, Ferrara C, et al. School-age dental screening: oral health and eating habits. *Clin Ter*. 2019 Jan-Feb;170(1):e36-40. doi: 10.7417/CT.2019.2105.
11. Khan MW, Cruz de Jesus V, Mittermuller BA, Sareen S, Lee V, Schroth RJ, et al. Role of socioeconomic factors and interkingdom crosstalk in the dental plaque microbiome in early childhood caries. *Cell Rep*. 2024 Aug 27;43(8):114635. doi: 10.1016/j.celrep.2024.114635.
12. Huebner CE, Milgrom P. Evaluation of a parent-designed programme to support tooth brushing of infants and young children. *Int J Dent Hyg*. 2015 Feb;13(1):65-73. doi: 10.1111/idh.12100.
13. Šaćić L, Marković N, Arslanagić Muratbegović A, Zukanović A, Kobašlija S. The prevalence and severity of early childhood caries in preschool children in the Federation of Bosnia and Herzegovina. *Acta Med Acad*. 2016 May;45(1):19-25. doi: 10.5644/ama2006-124.152.
14. Heller LS, Pithavadian R, Micheal S, Chandio N, Sanagavarapu P, Parmar J, et al. Parental perceptions of an oral health promotion program in early childhood education and care settings: A qualitative study. *J Public Health Dent*. 2024 Dec;84(4):407-19. doi: 10.1111/jphd.12641.
15. Elsadek YE, Baker SR. Oral health promotion through health-promoting schools in developing countries: A scoping review. *Community Dent Oral Epidemiol*. 2023 Dec;51(6):1197-208. doi: 10.1111/cdoe.12864.
16. Geetha Priya PR, Asokan S, Janani RG, Kandaswamy D. Effectiveness of school dental health education on the oral health status and knowledge of children: A systematic review. *Indian J Dent Res*. 2019 May-Jun;30(3):437-49. doi: 10.4103/ijdr.IJDR_805_18.
17. Dimitrova M, Tankova H, Rashkova M. Individual program for health education and motivation for oral hygiene and nutrition in children aged 7 to 10 years. *Problems of dental medicine*. 2020;46(2):28-36.
18. Atif M, Tewari N, Saji S, Srivastav S, Rahul M. Effectiveness of various methods of educating children and adolescents for the maintenance of oral health: A systematic review of randomized controlled trials. *Int J Paediatr Dent*. 2024 May;34(3):229-45. doi: 10.1111/ipd.13125.

and promotion of oral health, which speaks in favor of the fact that more work should be done on strategic prevention planning.

Based on the analysis of the questionnaire for parents, it can be concluded that the preventive dental service in the public sector at the primary healthcare center is fully available for almost all children.

Most respondents stated that they do not wait for a dental examination at the dentist in the primary healthcare center. The parents' assessment of the friendliness of the staff at the public primary healthcare center yielded a high score, indicating that a majority of parents were satisfied with the professionalism and work of the staff in the dental service of the primary healthcare center.

Conflict of interest: None declared.