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The Issue of the Children's Jaw and Facial Disability in Ukraine
Проблема дитячої інвалідності щелепно-лицевої ділянки в Україні

Summery *Disability together with the physical growth indices, the group of the medico demographical indices is an important indicator of the child's state of health in Ukraine. According to WHO "health is not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being".*

Key-words *Jaw-facial area, nonunion, handicapped children, rehabilitation.*

Анотація. *Інвалідність разом з показниками фізичного розвитку, групою медико-демографічних показників являється важливим індикатором стану здоров'я дитячого населення в Україні. Згідно з визначенням ВООЗ, здоров'я – «це не тільки відсутність захворювань і фізичних дефектів, а стан повного фізичного, духовного і соціального благополуччя».*

Ключові слова. *Щелепно-лицева ділянка, незрощення, діти-інваліди, реабілітація.*

All over the world there are lots of people with functional limitations and their number constantly grows. At least every tenth world inhabitant has physical, mental or sensor defects. Therefore every country should solve the complex issues, to promote the full value integration of people with functional limitations in the physical and social environment. These issues include many other aspects, like cultural, economical, scientific and technical, technological, medical and educational. That's why the modern approach to understanding the phenomenon of disability is not limited by satisfying the needs of the people with functional disabilities, but also deals with other people, many

aspects of social and economical life. It's well-known that providing with the favorable conditions for the full value rehabilitation and social adaptation of the disabled people corresponds not only with their own and their family members' interests but also with the socio-economic interests of the country and the society.

Thus, the disability issue, among the social, economical and political problems of the modern world, is the issue of interest for many countries at this time. Its importance encourages international institutions, national governments, the community of different countries to pay much attention to searching, developing, implementing of the social support models, that satisfy the disabled people's needs.

While investigating the individual social aspects of the people with functional limitations, we have to be aware of how significant the "disability" phenomenon is among the other social phenomena in Ukrainian society [6, p.39].

At present health dynamics of the children's society shows a negative tendency in the frequent rise of the inborn and acquired diseases of the jaw-facial area, which on the experts' opinion will result into the more than twice child's disability growth [1, p.120].

The children's number with the inborn and acquired diseases of the jaw-facial area forms one-third of the same adult diseases. According to the statistical data, the children's society of Ukraine decreases, but the permissibility of the correlation of the inborn defects, tumors, injuries, inflammatory processes and other diseases still remain on the same level. Children with the inborn defects of the jaw-facial area are born with the frequency – 1:600 - 1:700 of the childbirth. Thus, every year 800 patients need specialized surgical aid. These children are operated from 3 to 4 times; about 35 times they consult the orthodontist. They need constant help of the speech therapist and long, intensive and well-timed treatment [2, p.215].

Having analyzed the Ukrainian children's diseases, like inflammation, tumor processes of the jaw-facial area, it's noted that they are 25% - 40% more frequent than the adults'. It is caused by the rules of the child's anatomico-physiological development. The disease effects are dangerous for the human organism development, which demands to minimize the secondary defects and deformations, relapses [5, p.71].

The defects of the jaw-facial area take the third place among the other inborn defects. 70% of them are the inborn nonunion of the labrum and the palate, and 30% are different forms of the cranosynostosis and the cranio-facial dysostosis. Etiology of these diseases has the multi-factor nature. The clinico-genealogical researches showed that 85% of the patients have the jaw-facial defects of sporadically nature, and the 15% - of the genetic nature [3, p.88].

The most frequent human injuries, which form 30 % of all the inborn defects of the jaw-facial area, are the nonunion of the labrum and the palate. Causes of the permanent injuries had been studied ages ago, though up to present times the etiological issues of the nonunion of the labrum and the palate are not completely clarified. There existed a

prevailing theory of the origins of the nonunion of the labrum and the palate caused by the heritable factor.

The inborn facial nonunion maintains a serious defect of the development which causes serious effects: since childbirth the labrum and the palate dysfunction is distinctively expressed (sucking, swallowing, and later chewing), which causes the defects in the child's development. Sometimes it causes lethal effects during the first weeks of life as a result of the aspiration of the mouth contents. Due to the nonunion of the palate there may be dysfunctions of the right phonation, the speaking defect is brought out with age: the speech becomes inapprehensible, containing nasal sounds [4, p.68].

According to the constant growth of the children's disability and the disability of the jaw-facial area in Ukraine and the whole world medical doctors and investigators pay more and more attention to the factor determination of the formation of the given phenomenon, the main of which are: 1) socio-hygienic (unsatisfactory moral and material conditions, harmful working conditions of the parents, down level of their material security), 2) medico-demographical (large family, absence of one parent), 3) socio-psychological (injurious habits or parents' mental affections, uncomfortable psychological climate in the family, down level of the general and sanitary management) [4, p.69].

Among the medico-social problems of the family with a disabled child the main are:

1. Medical are connected with the insufficient informing parents with etiology, the course and prognosis of the child's disease, selection of choices, methods and medical institutions, psychological and pedagogical rehabilitation of the child; with the level of the parents' readiness to carry out the recovering therapy in the domestic conditions;

2. Psychological, which are caused by the family's worrying about the treatment results and the child's future, arguments between parents, connected with searching for the "guilty" one in the child's disability; the absent or not enough child care; avoiding communication with friends, neighbors, etc.;

3. Economical are caused by the down level of the material security of the most families; employment difficulties of the disabled children's mothers, extra medical expenses, children's consulting and rehabilitation, purchasing the permits for a place in the health resorts, etc;

4. Social are connected with absent or insufficient support of the government.

5. Pedagogical include upbringing problems, educational problems and those which are connected with professional orientation.

6. Legal: caused by not knowing or using the rights and benefits, provided by the government, as a result of the insufficient number and the down level of the legal services with the given contingent.

These are the following distinguished factors, which have negative impact on the children's health: biological, demographical, socio-hygienic and medico-organizational. Each of the mentioned groups has multifactor nature, with different extent of the separate components' impact. The most significant among the biological factors are accompanying and heritable diseases of parents, existent in mother's anamnesis long lasting infertility or miscarriages, pathological presentation, delivery complications, etc. One of the main risk-factors is mother's age – older than 30. The socio-hygienic factor is the influence exogenous toxics (alcohol, narcotics, negative professional influence). The group of the medico-organizational factors should include the following: the use of the stimulants in the childbirth, general anesthesia, surgical operations in the childbirth, wrong examining of the newborn child [1, p.90].

It is well-known that the child's state of health depends on the nature of the course of the prenatal development. Under the influence of different factors on the given stage there is retention in development, the child is born with the signs of immaturity and hypotrophy. These premature children need special care and sometimes reanimation. Immaturity and prematurity are not the main reasons for disability, though under the complex influence with other negative factors, for example in the case of infection, untimely or low-quality medical aid, with the existing accompanying pathology, these factors can develop disability [3, p.87]

Preventive measures of the child's disability begin with the family health care and the health care of the women of the childbearing age as in most cases the inborn defects in the child's development depend on the heredity, the inborn and perinatal pathology, but the factors connected with impregnation, child-bearing and childbirth.

Preventive measures include three interconnected levels: 1) the frequency decrease of the medical disorders (primary preventive measures); 2) limiting the extent of the disability development caused by medical disorders (secondary preventive measures); preventing developing physical defects as a result of disability (tertiary preventive measures) [1, p.76].

Recently, due to the difficult socio-economical situation in the country, not enough financing of the health care service, the treatment quality is worse; there exist disorders in the patients' treatment staging and keeping the treatment terms. Absence of the complex rehabilitation caused more complications after the surgical corrections of the jaw-facial defects in the development, which requires high professionalism and work experience [5, p.72].

Analyzing the work results of the jaw-facial section, we can state that diagnostic mistakes tend to increase, especially in the children's tumor processes. Besides, there increased number of the secondary deformations after treatment of the inborn and acquired jaw-facial diseases. Doctors do not always direct patients with severe diseases to the specialized departments, try to treat them on their own, which due to their insufficient competence causes the new defects' formation, the patient's recrudescence. Special

attention should be paid to treatment and rehabilitation of the children staying in the children's houses and asylums and having inborn defects of the jaw-facial area.

Scientific data regarding the prevalence of children's disability phenomenon and its structure in general form the basis for efficient and valid functioning of medico-social care system for disabled children and their families [5, p.71].

Due to the fact that complex socio-hygienic research of different groups of disabled children and families raising them only gains popularity in our country, the unified methodology for conducting the aforementioned research has not yet been introduced.

Restorative and rehabilitative medical care for disabled children should not be limited to surgical intervention, medical and physical therapy, but to be supported by reasonable long-term and multistage medical, pedagogical and social correction, however according to recent scientific data, a large number of families, who bring up a disabled child struggle financially [1, p.96].

The attitude towards the disability of a child greatly influences the applied means of upbringing, which leads to the formation of certain characterological peculiarities, different levels of socialization, as the phases of rehabilitation after the surgery pass.

Having analyzed the system of medico-social and educational care for disabled children, we can draw such conclusions: the medical system reform should not only be aimed at improving the medico-rehabilitative framework, but also at the development for new approaches and work optimization techniques, development of new organizational forms for segment of country's population, which is especially important, when the health care system is being underfunded.

The development of a comprehensive integrated approach aimed at increasing the effectiveness of medical therapy and rehabilitation of the specified contingent is considered to be a necessary condition, furthermore, this approach is to incorporate these principles:

1. Early diagnosis of the underlying disease, prediction of its consequences and issuing disability in a timely manner.
2. Timely consultative and diagnostic medical examination and formation of a rehabilitative program.
3. Phasing the process of providing medico-social and psychologico-pedagogical assistance from the moment the underlying disease was diagnosed.
4. Differentiation of restorative and rehabilitative treatment methods depending on the specific features of existing disability.
5. Using principles of persuasion during family counselling sessions to ensure active participation of all family members in the rehabilitation process.

The study of the problems of children with disabilities in Ukraine is important and urgent, especially in the present crisis period, when socially vulnerable people, including disabled children, suffer the most.

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