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**SOCIAL ASPECTS OF PROVIDING DENTAL CARE IN UZHGOROD CHILDREN**  
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**Actuality:** The provision of free, affordable and quality dental care need especially to vulnerable segments of the population such as children with disabilities, families in which the parents are themselves disabled, orphans.

**The aim** to study the availability and people's satisfaction in receiving timely, quality, effective dental care to children in Uzhgorod.

**Materials and methods:** With the aim of exploring and comparing views of patients with children, their satisfaction with the organization, availability and quality of dental services conducted a survey of 156 respondents. Developed a questionnaire, which included questions about gender, age of parents; questions that indicated the social status of the respondents evaluated the level of social protection of families who sought medical dental care (the number of children in the families of children with disabilities, family members).

**Results:** In state of the dental clinic turned the vast number of female parents of 88.8%, male – parents 11.2% and private clinics – women – parents 86%, while the percentage of parents-men was 14%. In public dental clinics among

visitors there were more persons over the age of 36 years is 52.5 %, from 26 to 35 years of age and 36.2%. Rarely, the patients with children were people aged 18 to 25 years are 11.2%. Private clinics also prevailed parents aged 36 years and above is 56% and from 26 to 35 years – 42% of 18 to 25 years – 2%. It is obvious that for young parents aged 18 to 25 years old, seeking dental care in private clinics is not available due to a lower level of welfare.

The survey results allowed us to obtain information about marital status and family composition of respondents. Found that among parents who attend public clinics and 46% has a complete family. Full families with children with disabilities make up 6%, full large families – 9%, full families with children with disabilities – 2%, single-parent families make up 20%, single-parent families with disabled children – 9%, part of a large family – 3%, incomplete families with disabled children – 5%. In private clinics the number of complete families was 44%. Full families with disabled children – 11%, full families with many children – 4%, full families with disabled children – 0%.



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In addition, studying the composition of the family, we can highlight the socially unprotected group of the population, which includes families with low-income, single-parent families, large families, and families with children with a disability. 2.5% of respondents who applied to public clinics evaluated the material wealth of his family as high, at 78.8% consider material wealth as the average, and 18.8% are low. Of those respondents who had accessed private clinics 2% of the assessed wealth of their family as high, 96% average, 2% of respondents believe that they have a low affluence. It can

be noted that at public dental clinics have a higher percentage of visits of the respondents with low income was 18.8%, while private clinics account for only 2% of visits to low-income citizens.

**Conclusions:** 54% of the families participating in the survey belong to socially vulnerable groups of the population. 42.5% of respondents could not afford to use paid medical services, as this will seriously affect their family budget. Out of 156 respondents, only 23.8% of the children are treated entirely free, others have to pay for dental treatment.