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The Role of Mothers in the High Prevelance of Early Childhood Dental Caries: A Atudy Among Toddlers in the Peatland Areas of West Kalimantan

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Peatland environments often rely on groundwater with low mineral content, which may increase children's vulnerability to dental caries. This study examined whether family factors parental education, occupation, economic status, and parenting practices are associated with dental caries among young children. This descriptive cross-sectional study used a mixed-methods approach. The study was conducted at PAUD Dzafira, East Pontianak, West Kalimantan, and included 45 parent–child pairs selected through total sampling. Data on parental characteristics, parenting practices, and children's caries status were collected. Quantitative data were analyzed using Spearman's correlation, and qualitative data were analyzed using NVivo. The mean dental caries score was 3.91 ± 3.21, ranging from 0 to 14 decayed teeth. Significant correlations were observed between children's caries and maternal education ($r = -0.452$; $p = 0.002$), family economic status ($r = -0.300$; $p = 0.045$), and maternal occupation ($r = -0.535$; $p < 0.001$). Caries-free children were generally characterized by early habit formation, active parental supervision, and consistent motivation. In contrast, inconsistent routines, inappropriate toothbrushing times, and limited parental ability to teach toothbrushing behaviors were more common among children with caries. Higher maternal education, stable employment, and better economic conditions are associated with lower dental caries among children. Strengthening oral health education, especially for mothers as primary caregivers, and improving access to affordable dental care are essential to reduce caries risk in peatland communities.

Keywords: Early Childhood Caries, Family Economic Status, Peatland Areas

INTRODUCTION

West Kalimantan is dominated by extensive peatland areas, where groundwater contains very low fluoride levels (Rezki & et al, 2023) Low fluoride exposure may weaken tooth structure and increase susceptibility to dental caries. Early childhood caries (ECC) is among the most common oral diseases in young children. According to the 2018 National Basic Health Survey, 51.9% of five year-old children required dental treatment, 51.2% experienced toothache, 48.9% used medication for dental pain, 5.1% underwent tooth extraction, and only 7.2% received oral health counselling (Kesehatan, 2018). If untreated, ECC can cause pain, impaired chewing, reduced nutritional intake, and lower quality of life (Miftah et al., 2022).

Severe early childhood caries (S-ECC) affects 60–90% of children worldwide and has been associated with nutritional status and behavioral factors such as poor dietary habits. ECC is also linked to changes in the oral microbiome influenced by feeding practices, oral hygiene management, fluoride exposure, and dental manipulation (Zou et al., 2022). Prior studies reported associations between ECC and children's quality of life, including findings in Minahasa (Karamoy, 2017), and a high prevalence of preschool caries in Riyadh related to socioeconomic status, bottle-feeding habits, and oral hygiene (AlMarshad et al., 2021) The relationship between ECC and nutrition is well established. Nutritional deficiencies during pregnancy and early childhood can contribute to stunting, which has been associated with ECC and molar–incisor hypomineralization (Miftah et al., 2022).

Effective ECC prevention requires parental involvement, starting with adequate maternal nutrition during pregnancy and continuing through appropriate caregiving in early childhood. Maternal caregiving, including feeding and oral health practices, plays a central role in preventing stunting and ECC (Abdulaziz et al., 2024). Given that peatland drinking water in West Kalimantan contains approximately 0.06 mg/L fluoride and the region has a high caries prevalence (Rezki & et al, 2023), it is important to examine maternal caregiving behaviors related to ECC and to inform behavioral models for future mothers. This study contributes by describing

tooth-care behaviors in peatland communities, where social and environmental contexts may differ from non-peatland areas.

METHOD

This study used a mixed-methods, cross-sectional approach. As an exploratory study, qualitative methods were used to extend and contextualize quantitative findings through in-depth, semi structured interviews guided by a topic framework aligned with the research objectives. The study was conducted at PAUD Dzafira, East Pontianak, West Kalimantan. The population included 45 mothers with children under five years of age, selected through total sampling. Inclusion criteria were mothers and children who were physically and mentally healthy, present at the study location, and willing to participate. Semi-structured in-depth interviews were conducted with parents of children with ECC as well as those with caries-free teeth.

Inclusion criteria were mothers and children who were physically and mentally healthy, present at the study location, and willing to participate. Semi-structured in-depth interviews were conducted with parents of children with ECC as well as those with caries-free teeth. The interview guide focused on: (i) how mothers teach toothbrushing practices, and (ii) barriers to maintaining children's oral hygiene to prevent caries. All interviews were audio-recorded and transcribed verbatim. Thematic analysis was performed by coding and organizing data into themes and subthemes, supported by NVivo software.

Ethical approval was obtained from the Ethics Committee of Poltekkes Kemenkes Pontianak (Approval No. 127/KEPK-PKB/2025). Participants received an explanation of the study and provided written informed consent. Participant identities were kept confidential.

RESULTS AND DISCUSSION

This study was conducted at PAUD Dzafira, located on Jl. Pemda Gang 93 No. 01, East Pontianak District, Pontianak City, West Kalimantan. Data collection was carried out from 2 to 5 June with a total of 45 participating children. The study findings are presented in Table 1.

Table 1.
Characteristics of respondent

Variable	Sub-variable	Characteristic	N	%
Age (years)	Father	20-30	15	33.3
		31-40	19	42.2
		41-50	11	24.4
	Mother	20-30	19	42.2
		31-40	20	44.4
		41-50	5	11.1
		51-60	1	2.2
	Children	≤5	13	28.9
		>5	32	71.1
Child's Sex		Male	27	60.0
		Female	18	40.0
Level of education	Father	Primary school	5	11.1
		Secondary school	9	20.0
		High school	22	48.9
		Diploma	4	8.7
		Undergraduate	4	8.7
		Graduate	1	2.2
	Mother	Primary school	1	2.2
		Secondary school	4	8.9
		High school	7	15.6
		Diploma	22	48.9
		Undergraduate	3	6.7
		Graduate	7	15.6
		Primary school	1	2.2
Parents' income		< 2,000,000	1	2.2

Variable	Sub-variable	Characteristic	N	%
(IDR)		2,000,000 – 4,000,000	28	62.2
		5,000,000 – 6,000,000	10	22
		>6,000,000	7	15.5
Occupation	Father	Dependent workers	36	80
		Independent workers	9	20
	Mother	Housewives/ Unemployed	31	68.9
		Dependent workers	8	17.4
		Independent workers	6	13.3
Sum of identified caries (min-max)			45 (0-14)	
Mean caries ± SD			3.91±3.211	

Based on Table 1, most fathers were 20–40 years old (86.6%). Similarly, most mothers were 20–40 years old (86.6%). Among children, 71.1% were older than toddler age. The largest proportion of fathers and mothers had completed senior high school (each 48.9%). Most families (62.2%) reported monthly income of IDR 2,000,000–4,000,000, suggesting a lower–middle socioeconomic profile. Children's caries ranged from 0 to 14, with a mean of 3.91 ±3.21.

Table 2.
Association Between Parental Education, Occupation, and Economic Status and Early childhood caries (ECC)

Variable	Sub-variable	r	*p-value*
Level of education	Father	-0.275	0.068
	Mother	-.452**	0.002
Occupation	Father	0.065	0.673
	Mother	-.535**	0.000
Income	Parents	-.300*	0.045

Based on Spearman's correlation (Table 2), children's dental caries was significantly associated with maternal education ($\rho = -0.452$; $p = 0.002$), maternal occupation ($r = -0.535$; $p < 0.001$), and family economic status ($r = -0.300$; $p = 0.045$). These results suggest that higher maternal education, employment status, and better economic conditions are associated with lower caries levels in children. No significant association was found for fathers 'education or occupation.

This study was conducted in a peatland environment where low mineral content in drinking water may affect tooth structure from development onward and influence remineralization throughout life. When enamel integrity is compromised, demineralization may occur more readily. Environmental determinants including water supply play an important role in population oral health (Lambert et al., 2017). Fluoride is essential for inhibiting demineralization and enhancing remineralization. Long-term exposure to fluoridated drinking water is associated with lower caries prevalence in childrens (Foley et al., 2022). Adequate calcium intake also supports stronger teeth, whereas deficiency may weaken dental structure.

Dental caries results from ecological imbalance between tooth minerals and the oral biofilm. Microbial metabolism lowers plaque pH through acid production, while saliva buffering and tooth structure resilience determine whether demineralization progresses. Although caries is multifactorial, key determinants include the host (teeth), diet (substrate), and oral microflora (agent).

The findings support previous studies showing associations between sociodemographic factors and caries in West Kalimantan peatlands (Rezki et al., 2024) and in mountainous regions of Vietnam (Hoa et al., 2025). Caries risk factors include biological and environmental exposures, oral hygiene practices, infant feeding, and socioeconomic constraints (Sejdini, 2018). Indirect determinants include limited parental education and knowledge, unhealthy lifestyles, and low socioeconomic status(Puspa Dewi et al., 2019). Socioeconomic status can influence children's diet, behaviors, and health awareness (Lambert et al., 2017; Wang, 2017).

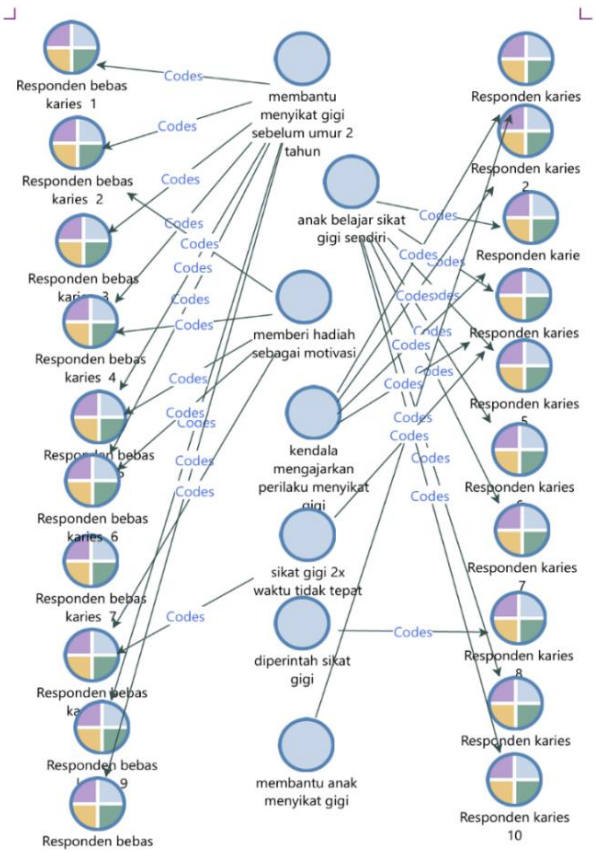
In this study, maternal education, maternal occupation, and family economic status were associated with children's caries levels. More educated mothers may better understand the importance of oral hygiene and diet, while stronger economic resources may improve access to dental services, nutritious foods, and oral hygiene products.

Economic status influences dental caries risk (Shaohong & Linmei, 2020; Wang, 2017). Poverty can limit the ability to meet basic needs, including dental care. Notably, mothers with home-based or independent occupations were associated with lower caries in children in this sample. Previous research has shown varying patterns: mothers working outside the home may predict higher caries risk in some contexts (Baiju et al., 2017), while professional occupations may be negatively associated with caries prevalence (Kato et al., 2017). In this study context, home-based employment may allow mothers to contribute economically while maintaining daily supervision of children's routines.

Qualitative findings indicated that caries-free children were more often associated with early supervised

toothbrushing, motivational reinforcement, and gradual independence training.

Figure 1. Map of Early Tooth-Brushing Teaching Behaviors



in Relation to Early childhood caries (ECC)
(Source: NVivo Data Analysis, 2025)

Caries-free respondents (selected quotes)
Respondent X: "My child likes colorful toothbrushes, so I buy brightly colored ones. My child began brushing independently at age 5; before that, I assisted from age 2. So far, my child has been consistently diligent."

Respondent Y: "We brush together every morning and evening. I assisted from age 1, and my child became independent at age 5. It has not been difficult because the habit was established early."

Respondent Z: "I chose a soft-bristled toothbrush so it would not hurt. I started brushing my child's teeth at 6 months, and my child began brushing independently at 1.5 years. I have not had problems; my child brushes willingly."

Respondents with children who have early childhood caries (selected quotes)
Mothers of children with caries frequently reported difficulty teaching proper brushing technique, resulting in children not understanding correct practices. Children with ECC were more often described as brushing at inappropriate times or brushing only when instructed.

Respondent A: "I do not use any special method; I usually tell my child to brush. I started assisting at age 2, and now at age 5 my child can brush independently. However, when I ask, my child often says they are tired or reluctant."

Respondent B: "I have never taught my child directly. My child only started brushing with assistance at age 4. I have tried many approaches, but my child still refuses."

Table 3.
Parenting Behaviors Related to Early childhood caries (ECC)

No	Behaviour	Free-dental caries children	Dental caries children
1	Parental assistance wit "toothbrushing before the age of <2 years	Generally assisted from an early age, helping establish positive habits	Less frequently assisted, with guidance often provided too late
2	Children learning toothbrushing independently	Initiated early with supervision to build independence	Insufficient supervision; the child may toothbrushing too quickly or be reluctant to toothbrushing independently
3	Provision of motivation or encouragement	Rewards or praise provided consistently within a positive context	Sometimes willing to brush only when promised a reward, with inconsistent motivation
4	Challenges in teaching proper toothbrushing techniques	Relatively minimal challenges, as the child is more cooperative	Frequent challenges, as the child is difficult to engage in toothbrushing
5	Frequency and timing of toothbrushing	Twice daily at appropriate times (morning after breakfast and at night before bed)	Twice daily but at inappropriate times (e.g., morning before eating, afternoon instead of night)
6	Need for reminders to brush	Rarely needs reminders, as the child is already accustomed to the routine	Frequent reminders needed; the child brushes only when instructed

No	Behaviour	Free-dental caries children	Dental caries children
7	Parental assistance in re-brushing to ensure cleanliness	Continues to receive parental re-brushing support through preschool age, in line with recommendations	Limited parental re-brushing; the child is sometimes left to brush independently despite not yet being able to clean effectively

Peatland communities may face heightened caries risk due to low mineral groundwater, including low fluoride exposure. Reduced fluoride availability can weaken resistance to demineralization and limit remineralization capacity. In this setting, environmental constraints may amplify the impact of behavioral and socioeconomic determinants.

This study supports evidence that ECC is patterned by socioeconomic conditions, particularly maternal education and household income (AlMarshad et al., 2021; Miftah et al., 2022). Higher educational attainment is generally associated with stronger oral-health literacy, earlier habit formation, and more consistent home routines. Economic resources also shape access to oral hygiene products, healthier food choices, and timely dental visits. In contrast, limited resources can restrict preventive behaviors and delay care, thereby increasing ECC risk.

Consistent with prior research, maternal factors appear more influential than paternal factors in early childhood oral health. The lack of significant associations for fathers' education or occupation observed in some studies may reflect caregiving roles, time allocation, and who primarily supervises daily routines in the household (Hidayati et al., 2024).

Behavioral pathways likely connect sociodemographic context to clinical outcomes. Diet and feeding practices remain central. ECC prevalence has been associated with prolonged breastfeeding beyond 12 months, especially night-time feeding, along with high sugar intake and suboptimal complementary feeding (Abdulaziz et al., 2023; Panchanadikar et al., 2022). These exposures increase the frequency and duration of cariogenic challenges. Future work should further examine day versus night breastfeeding patterns and enamel defects such as hypoplasia, which may increase susceptibility.

Oral hygiene behavior, particularly toothbrushing quality, emerges as a key mechanism. Caries free children in this study typically developed positive habits early. Parents supervised brushing before age two, used praise or small rewards, and gradually trained children toward independence. This approach supported consistent routines and appropriate brushing times, particularly after breakfast and before bedtime. In contrast, children with caries were more likely to brush only when instructed, brush at inappropriate times, and receive limited supervision. These patterns suggest that brushing quality—timing, technique, and supervision—may be more influential than brushing frequency alone.

Parental knowledge and modeling further reinforce these mechanisms. Prior studies reported that parents' knowledge of correct brushing techniques is associated with better brushing practices in children (Widiastuti et al., 2024). Caregiver education and skills training are therefore essential components of ECC prevention (Kristianto et al., 2022). Strong parental support is consistently linked to better oral hygiene among children (Wowor et al., 2023). Positive motivation, including extrinsic reinforcement, may improve adherence to routines, particularly when paired with clear instruction and supervision (Khalida Zia et al., 2023; Wanti et al., 2021; Wowor et al., 2023). Practical challenges remain, such as children's limited attention span, environmental influences, and dietary patterns that sustain cariogenic exposure.

Overall, ECC in this population reflects a multifactorial interaction between environmental constraints, sociodemographic conditions, and behavior. Preventive strategies should prioritize parent-focused interventions, especially for mothers as primary caregivers. Programs should emphasize correct toothbrushing technique, appropriate brushing times, supervision strategies, and dietary control of sugary foods. Improving oral-health literacy and reducing structural barriers to preventive care are both necessary to reduce ECC risk in peatland communities.

Limitations

This study is limited by a small sample size; therefore, findings may primarily represent the study setting.

CONCLUSION

Early childhood caries (ECC) in the peatland areas of West Kalimantan was associated with maternal education ($\rho = -0.452$; $p = 0.002$), maternal occupation ($r = -0.535$; $p < 0.001$), and family economic status ($r = -0.300$; $p = 0.045$). These results indicate that higher maternal education, occupational status, and better economic conditions were associated with lower caries levels in children. No significant associations were found for paternal education or occupation. Parental supervision and motivational strategies were more frequently observed in caries-free children. Conversely, inconsistent routines, inappropriate brushing schedules, and limited parental guidance were more frequently reported in children with caries.

SUGGESTIONS

Strengthening sociodemographic interventions and enhancing school-based oral health programs should be implemented in an integrated manner to effectively reduce the risk of dental caries in children. Targeted education for mothers plays a central role in establishing healthy dietary practices and appropriate oral hygiene behaviors from an early age, with emphasis on limiting cariogenic food consumption, applying correct toothbrushing techniques, and maintaining consistent daily routines.

These efforts need to be supported by improved access to oral hygiene supplies and regular dental check-ups at primary health facilities to reinforce preventive care. In parallel, schools provide a strategic environment to sustain and amplify these behaviors through supervised toothbrushing activities, routine oral health screening, continuous monitoring, and reward systems that encourage adherence. Parental engagement within school programs further strengthens behavior change, while the adoption of school policies that promote healthier, low-cariogenic snacks contributes to a supportive environment for long-term oral health promotion.

REFERENCES

Abdulaziz, R., Suryanti, N., & Setiawan, A. S. (2023). A Review on Maternal Parenting, Child's Growth Stunting, and Oral Health. *European Journal of Dentistry*. [Crossref] [Publisher]

Abdulaziz, R., Suryanti, N., & Setiawan, A. S. (2024). A Review on Maternal Parenting, Child's Growth Stunting, and Oral Health. In *European Journal of Dentistry* (Vol. 18, Issue 1, pp. 26–40). Georg Thieme Verlag. [Crossref] [Publisher]

AlMarshad, L. K., Wyne, A. H., & AlJobair, A. M. (2021). Early childhood caries prevalence and associated risk factors among Saudi preschool children in Riyadh. *Saudi Dental Journal*, *33*(8), 1084–1090. [Crossref] [Publisher]

Baiju, R. M., Peter, E., Narayan, V., Varughese, & Varghese, N. O. (2017). Do Children of Working Mothers Experience More Dental Caries? *Contemporary Clinical Dentistry*, *8*(September), 11–19. [Crossref] [Publisher]

Foley, M. A., Sexton, C., Spencer, A. J., Lalloo, R., & Do, L. G. (2022). Water fluoridation, dental caries and parental ratings of child oral health. *Community Dentistry and Oral Epidemiology*, *50*(6), 493–499. [Crossref] [Publisher]

Hidayati, R., Yulia, A., & Ario, E. F. (2024). Faktor - Faktor Yang Mempengaruhi Peran Orang Tua Dalam Perawatan Gigi Dan Mulut Dengan Kejadian Karies Gigi Pada Anak Usia Sekolah Dasar Di Rw 03 Kelurahan Sawahan Timur Kecamatan Padang Timur Wilayah Kerja Puskesmas Andalas Tahun 2023. *Menara Ilmu*, *18*(2), 1–12. [Crossref] [Publisher]

Hoa, L. T. T., Tue, P. X., Vinh, H. T., Duong, T. T. T., & Dung, L. T. K. (2025). Determinants of dental caries among primary schoolchildren in a mountainous region of Northern Vietnam. *Frontiers in Oral Health*, *6*(October), 1–9. [Crossref] [Publisher]

Karamoy, Y. (2017). Hubungan Penyakit Gigi dan Mulut deangan Kualitas Hidup Anak di Kecamatan Talawan Kabupaten Minahasa Utara. *Jurnal Kesehatan Masyarakat Andalas*, *11*, 1115–1119. [Publisher]

Kato, H., Tanaka, K., Shimizu, K., & Nagata, C. (2017). Parental occupations, educational levels, and income and prevalence of dental caries in 3-year-old Japanese children. *Environmental Health and Preventive Medicine*, *22*(80), 2–7. [Crossref] [Publisher]

Kesehatan, K. (2018). *Riskesdas 2018 Propinsi Kalimantan Barat*. 20–21. [Publisher]

Khalida Zia, H., Ferdina, R., & Nabila Evandi, S. (2023). Hubungan Tingkat Pengetahuan Anak Tentang Kesehatan Gigi Dan Mulut Dengan Perilaku Menyikat Gigi Pada Siswa Kelas 1-3 Di SDN 28 Rawang Timur. *Jurnal Penelitian Dan Kajian Ilmiah*, *01*(01), 46–53. [Crossref] [Publisher]

Kristianto, J., H, N. N., Dwiastuti, S. A. P., & Ratuela, J. (2022). The Efficiency Model Of Mentoring Through Ebook Keep Your Teeth & Oral Healthy, Based On Android To Improving The Degree Of Dental And Oral Hygiene And Knowledge In Student Of Elementry Class V Jakarta, In 2022. *Jurnal Health Sains*, *3*(10). [Crossref] [Publisher]

Lambert, M. J., Vanobbergen, J. S. N., Martens, L. C., & De Visschere, L. M. J. (2017). Socioeconomic inequalities in caries experience, care level and dental attendance in primary school children in Belgium: A cross-sectional survey. *BMJ Open*, *7*(7), 1–7. [Crossref] [Publisher]

Miftah, A., Patiwiri, S., Rafisa, A., & Suzy, A. (2022). *Kajian Status Gizi pada Anak dengan Penyakit Berat Karies Anak Usia Dini*. Journal of Pediatric Dentistry *8*(1). [Crossref] [Publisher]

Panchanadikar, N. T., Abirami, S., Muthu, M. S., Selvakumar, H., Jayakumar, P., & Agarwal, A. (2022). Breastfeeding and its Association with Early Childhood Caries - An Umbrella Review. *Journal of Clinical Pediatric Dentistry*, *46*(2), 75–85. [Crossref] [Publisher]

Puspa Dewi, S. R., Safitri, Y., Lany, L. E., & Dwi, R. S. (2019). Gambaran Kadar Fluorida Dalam Air Minum Dan Skor Dmf-T Anak 12 Tahun Di Sungai Pedado Palembang. *Jurnal Riset Kesehatan*, *8*(1), 68. [Crossref] [Publisher]

Rezki, S., & et al. (2023). Effect of Drinking Water Fluoride on Gingivitis and Caries: A Study in Peat and Non-Peat Land: A Comparative Cross-Sectional Study. *Journal of International Society of Preventive and Community Dentistry |*, *13*(6), 509–515. [Crossref] [Publisher]

Rezki, S., Sunardi, S., Aripin, D., Khayan, K., Pawarti, P., & Noeriman, A. R. (2024). Risk factors for dental caries: A case study in peatlands and non-peatlands of West Kalimantan, Indonesia. *Journal of Water and Health*, *22*(2), 321–328. [Crossref] [Publisher]

Sejdini, M. at al. (2018). The role and impact of salivary Zn levels on dental caries. In *International journal of …*. hindawi.com. [Crossref] [Publisher]

Shaohong, H., & Linmei, W. U. (2020). The prevalence of dental caries in urban areas is lower than that in rural areas--analysis of changes in the epi- demiological characteristics of caries in urban and rural areas. *Journal of Prevention and Treatment for Stomatological Diseases Vol.28*, *28*(5), 273. [Crossref] [Publisher]

Wang, L. et al. (2017). Association between socio-economic status and dental caries in elderly people in Sichuan Province, China: a cross-sectional study.

In *BMJ open*. bmjopen.bmj.com. [Crossref] [Publisher]

Wanti, M., Mintjelungan, C., & Wowor, V. (2021). Pengaruh Motivasi Ekstrinsik terhadap perilaku Menyikat gigi pada anak. *E-GIGI*, *9*, 15–20. [Crossref] [Publisher]

Widiastuti, S., Fajariyah, N., & Olivia, R. (2024). Hubungan Pengetahuan Dan Pola Asuh Orang Tua Dengan Teknik Menyikat Gigi Yang Benar Pada Anak Prasekolah Di Tk Negeri Bintaro Kota Jakarta Selatan. *MALAHAYATI NURSING JOURNAL*, *6*, 1027–1036. [Crossref] [Publisher]

Wowor, V. N. S., Mariati, N. W., & Kalalo, M. J. (2023). Hubungan Dukungan Orang Tua pada Kesehatan Gigi Mulut Anak dan Status Kebersihan Mulut. *E-GiGi*, *12*(1), 117–124. [Crossref] [Publisher]

Zou, J., Du, Q., Ge, L., Wang, J., Wang, X., Li, Y., Song, G., Zhao, W., Chen, X., Jiang, B., Mei, Y., Huang, Y., Deng, S., Zhang, H., Li, Y., & Zhou, X. (2022). Expert consensus on early childhood caries management. In *International Journal of Oral Science* (Vol. 14, Issue 1). Springer Nature. [Crossref] [Publisher]