Family counseling of dental and oral care for preventing caries of dental during preschool age: a literature review

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Author contributions
Amalia Dwi Wardani was Responsible for conceptualization, methodology, validation, formal analysis, investigation, resources, data curation, writing the original draft of manuscript. Tantut Susanto was Responsible for validation, formal analysis, investigation, resources, data curation, writing of final review and editing, supervision, project administration, and funding acquisition. Latifa Aini Susumaningrum was Responsible for validation, formal analysis, investigation, data curation, and writing of original draft manuscript.

Competing interests
The authors declare no conflicts of interest.

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Abbreviations
ECC, Early Childhood Caries; PRISMA, Preferred Reporting Items for Systematic reviews and Meta-Analyses; MICRA, Motivational Interviewing in conjunction with Caries Risk Assessment.

Citation

Abstract
Incorrect family behavior in caring for the dental and oral health of preschool-aged children can affect the incidence of dental caries in these children and can cause more serious health problems in the future if not treated immediately, so it is important to find the right solution. This study aims to determine the effect of family counseling on dental and oral care for preschoolers. This study uses a narrative literature review method. Search articles using 5 databases (PubMed, ScienceDirect, SpringerLink, ProQuest, and Google Scholar) to search for articles with the keywords family counseling AND Oral health AND Early Childhood Caries AND Behavior Change AND Family and the article selection process refers to the Flow diagram of the PRISMA Statement 2020. The results showed that there were 7 articles analyzed in this study. The implementation of family counseling has a significant effect in increasing self-efficacy, knowledge, ability, and motivation of the family, as well as the behavior of the child, to reduce the risk of dental caries in preschool-age children, taking into account several conditions. It was determined that family counseling is effective in reducing the incidence of dental caries in preschool children.

Keywords: dental caries; family counseling; oral health care; preschool children
Background

Dental caries is a condition where the tooth layer is damaged starting from the outermost part of the tooth (enamel) and can extend to the pulp area [1]. The incidence of dental caries is often found in preschool-aged children [2]. Data from Risikadas 2018 shows that the prevalence of dental caries among Indonesian children aged 5 to 6 years reaches 93% [3]. The incidence of dental caries in preschool-aged children or known as Early Childhood Caries (ECC) can cause premature loss, which is a condition when deciduous teeth fall out prematurely [4]. Premature loss has a major influence on the success of tooth eruption, slowing the growth of permanent teeth, disturbances in the shape and structure of teeth such as changes in the length of the dental arch and antagonistic tooth migration which causes rotation, crowding and impaction of permanent teeth [2, 4, 5]. Other health problems that can be experienced by preschoolers are pain, hard to chew, hard to sleep, gastrointestinal disorders, malnutrition, infection and abscesses, low self-esteem and self-esteem and decreased quality of life of children [4, 6].

Oral health care is needed for preschool-age children because at the age of three, children already have complete teeth, so food will be more easily stuck between the teeth [7]. Furthermore, Deciduous teeth will begin to fall out when the child is 6 years old, so preschool age is an important time to prevent dental caries because if the Deciduous teeth experience caries, it will affect the growth of permanent teeth [7]. In addition, it is known that age affects hand movements in the ability to brush teeth, a child may have good visual and motor development but cannot coordinate the two properly so preschool age is the right and the ideal time to train children’s motor skills such as brushing teeth by doing simple toothbrush technique [7]. The role of the family is needed by preschoolers because of the limited skills they have to make children need some help in brushing their teeth until they are 7 years old [8].

Dental caries in preschoolers can be caused by genetic, biochemical, microorganism, physical and social environmental factors, and behavioral factors that affect health [9]. The bad behavior of parents in caring for their oral health affects the incidence of dental caries in preschool-aged children [10]. Parents play a very important role in caring for their children’s dental and oral health, especially at the age of 4 to 5 years, because this is the golden age that influences the quality of children in the future so that optimal support from the environment family is needed by children so that they can avoid developmental disorders [11].

The function of the family in the field of health care or maintenance explains that the family functions to maintain and ensure that each family member has a health condition, including dental and oral health [10]. However, not all parents can play a good role in shaping the attitudes and behavior of children in caring for the health and hygiene of their children’s oral [12]. From this explanation, it can be seen that children alone are not enough in implementing dental and oral care strategies, parents must be involved in the process. Previous study explains that family counseling is effectively used to overcome problems in children related to the attitudes and behavior of parents during interactions with children [13].

Based on the above explanation, the researcher wishes to examine more deeply related to family counseling about dental and oral care in the prevention of dental caries in preschool children through a literature study.

Methods

The research design used is a narrative literature review. The articles were searched using several search engines like Pubmed, ScienceDirect, SpringerLink, ProQuest, and Google Scholar databases using the keywords family counseling AND Oral health AND Early Childhood Caries AND Behavior Change AND Family. Article searches were restricted in the last 5 years (2017–2022). The criteria for the selected articles are the family population with preschool-aged children, family counseling interventions regarding oral health care, outcomes of the effectiveness of counseling in preventing dental caries for preschool-aged children, experimental and quasi-experimental design types, written in Indonesian and English, full text, as the article discusses the prevalence of dental caries in preschool-aged children, methods of dental and oral care for preschool-aged children, and the use of family counseling on dental and oral health in the prevention of dental caries in preschool-aged children.

The search results by setting the year range from 2017–2022 and setting the language for English and Indonesian obtained a total of 18,787 journals, with details, 3 on PubMed, 99 on SpringerLink, 33 on ScienceDirect, 207 on ProQuest, and 18,445 on Google Scholar. The next step is to exclude articles that appear in more than 1 database, it was found that 400 duplicate articles were excluded.

The screening stage is continued by reading the title and abstract which are adjusted to the inclusion criteria. The number of excluded articles was 18,320 because they did not fit the population, intervention, and type of research design. The next stage is to exclude articles that do not have the full text, a total of 6 articles were found not to have the full text. The next stage was to read the entire text of the article that presented the research objectives and adjust it to the eligibility criteria. 15 articles were found with the wrong population, and 30 articles with the wrong intervention. The final results found a total of 7 articles that matched the eligibility criteria. The data identification is described in Figure 1. The articles were analyzed using PRISMA approached for analyzing and extracting the data in this study.

Result

The findings of a number of 7 articles describe family counseling on oral care in the prevention of dental caries in preschool children. Based on study design, 5 experimental design articles, and 2 quasi-experimental design articles. Based on the research location, 1 in Hong Kong, 1 in Vietnam, 1 in the United States, 1 in England, 1 in Thailand, 1 in Canada, and 1 in Brazil. The summary of the research results can be seen in Table 1.

The results of research from Jiang et al. showed that the average preschool-age child had a plaque score of 1.96 and 33.2% of the children had dental caries with an average Decay, Missing and Filled Surfaces score of 1.53 (in the severity level low) [14]. The results of research by Van Hung et al. found that children with obesity had a higher severity of tooth decay than children with normal weight, namely the severity of D3 was 73.35% and 68.6%, respectively [15]. Research from Henshaw et al. found that children aged 5 years and under had a prevalence of dental caries of 21.4% and had an average Decay, Missing and Filled Surfaces of 3.1 which indicates a moderate category, and indicates the presence of a carious cavity lesion [16, 17]. Research from Pine et al. found that children aged 5–7 years had an average Decayed, Missing and Filled Teeth score in the range of 6.3 to 6.8 which indicated the high to very high category, or conditions when the cavity The enamel/dentin can be seen with the naked eye [17, 18].

Jiang et al. found that 41% of parents could not control their children to consume snacks so it was found that 35% of children consumed snacks 3 times or more in a day, 48% of parents were in the low category in supporting children to brush their teeth so that found only 23.1% of children who brush their teeth 2 times a day [14].

Research from Soussou et al. found that only 24% of parents know that dental caries is mostly caused by sugary food and lack of knowledge about the use of fluoridated toothpaste, only 12% of parents brush their children’s teeth, and more than 90% of parents reported that their children often consume foods or drinks that contain sugar [19]. Research conducted by Pine et al. showed that 55% of parents reported that their children consumed sugary foods.
every day and 41% consumed sugary drinks every day, and 16% children only brushed their teeth less than 2 times a day [17].

Based on the findings of the article, 6 out of 7 articles explained that providing intervention with family counseling was effectively used to change the inappropriate behavior of parents in carrying out dental and oral health care for preschool-aged children, so as to reduce the risk of dental caries in children [14, 17, 18, 20, 21]. Regarding the timing of counseling, the counseling time span is in the range of 2 months to 3 years of follow-up, with a visit frequency of 1–2 months with a duration of 10–40 min [12–19]. However, according to the results of research from Henshaw et al. the provision of counseling to families becomes ineffective in reducing the incidence of dental caries if given to a high risk of experiencing dental caries. Research from Saengtipbovorn also adds that the lack of instructions given by counselors to families regarding dental and oral health care makes counseling interventions ineffective [21].

**Discussion**

The incidence of dental caries in preschool children is associated with low parental self-efficacy in controlling children to consume snacks, and support for brushing children’s teeth [18]. Decreased parental self-efficacy is associated with high parenting dysfunction, such as the occurrence of parental neglect when caring for children [22]. Self-efficacy is an important part that parents must have when raising children, especially mothers because they have a very constructive role [23]. This affects the behavior of children in caring for oral health, namely children often consume snacks and rarely brush their teeth, thus causing poor results on the dental and oral hygiene status of children such as high dental plaque index which can increase the risk of 3.3 times greater to suffer from more severe caries than children with a low plaque index [18–20]. Family is the main influence in determining health status as well as on the health behavior of family members and family support is an important element in carrying out and maintaining new health behaviors [9]. Modeling theory or observational learning explains that behavior can be formed through a learning process by observing the behavior or behavior of other people around them [24]. The family is the closest environment for children, especially parents who play a role in guiding them to adopt healthy behavior, and according to modeling theory or observational learning, the behavior formed in children is identical to the behavior displayed by parents. So it can be said that the bad behavior of parents in carrying out dental and oral care can cause a high risk of dental caries in their children.

Research from Jiang et al. shows that parents are less able to control their children in consuming snacks and do not get their children to brush their teeth at least 2 times a day, causing a high risk of dental caries in children [18]. Research from Soussou et al. found that no more than 24% of parents have knowledge about the causes of dental caries and how to prevent dental caries properly, so the level of knowledge and skills is still relatively low Whereas the knowledge and skills of parents or mothers will be translated into their oral health behavior [19]. This condition will affect the process of forming children’s behavior. In the other hands, the level of education is included as one of the important indicators of the incidence of ECC. The higher of the level of education is effect on the

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<td>1</td>
<td>Motivational interviewing to prevent early childhood caries: a randomized controlled trial</td>
<td>Jiang S, McGrath C, Lo EC, Ho SM, Gao X</td>
<td>Randomized controlled trial</td>
<td>Parents with children aged 3–4 years as many as 692 samples. Research location in Hong Kong.</td>
<td>The questionnaire instrument was about children’s demographics, parents’ socioeconomic background, children’s oral and dental health behavior, and parents’ self-efficacy in controlling children’s snacks and supporting tooth brushing. Children’s dental status was measured using the Community Periodontal Index Probe. Children’s oral hygiene status was measured using the Silness-Löe Plaque Index.</td>
<td>The integration of Motivational Interviewing counseling has an effect on increasing the effectiveness of providing health education regarding efforts to prevent dental caries in early childhood, increasing parents’ self-efficacy, and increasing children’s oral health behavior.</td>
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<td>2</td>
<td>The effectiveness of early childhood caries treatment with MI Varnish Fluor in obese subjects: a study from Vietnam</td>
<td>Van Hung H, Ngoc VTN, Chu DT</td>
<td>Clinical trial</td>
<td>There were 300 samples of parents with children aged 36–71 months. The research location is in Vietnam.</td>
<td>The degree of dental caries in children is classified or measured according to The International Caries Detection and Assessment System II.</td>
<td>The combination of Varnish Fluor treatment with counseling for children, families, and children’s teachers to change eating habits is more effective and beneficial in dealing with dental caries in children.</td>
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<td>3</td>
<td>Randomized trial of motivational interviewing to prevent early childhood caries in public housing</td>
<td>Henshaw MM, Borrelli B, Gregorich SE, et al.</td>
<td>Randomized clinical trial</td>
<td>There were 1,065 samples of parents or caregivers with preschool-aged children. Research location in Boston, Massachusetts, USA.</td>
<td>The counselor records the counseling session and uses a checklist on the Motivational Interviewing counseling component. The prevalence of dental caries was measured based on criteria adapted from the Iowa Fluoride Study. Questionnaire on sociodemography, knowledge of oral health, and motivation and importance and self-efficacy related to behavior.</td>
<td>The Motivational Interviewing intervention did not affect reducing caries incidence in young children living in public housing during the 24-month follow-up.</td>
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<td>4</td>
<td>Dental recur randomized trial to prevent caries recurrence in children</td>
<td>Pine CM, Adair PM, Burnside G, et al.</td>
<td>2-arm multicenter randomized controlled trial</td>
<td>Parents with children aged 5–7 years as many as 241 samples. The research location is in the UK.</td>
<td>Oral health behavior questionnaire. Instruments from Prochaska et al., (2008) regarding the general self-efficacy scale of parents. Instrument from Coolidge et al., (2011) is the contemplation ladder to measure readiness to change behavior. Single examination (the instrument was developed by C. M. Pain) on a child’s teeth to assess dental caries, untreated teeth, and teeth that need fillings. It was found that there was an increase in the incidence of dental caries in the control group, namely 62% of the sample, compared to the intervention group which experienced a decrease in the incidence of dental caries by 44% (P = 0.021). In the intervention group, the chance of developing dental caries in children was reduced by 51%.</td>
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<td>5</td>
<td>Efficacy of Motivational Interviewing in conjunction with Caries Risk Assessment (MICRA) programs in improving the dental health status of preschool children: A randomized controlled trial</td>
<td>Saengtipovorn S</td>
<td>Randomized controlled trial</td>
<td>There were 214 samples of parents with children under 5 years old. Research location in Bangkok, Thailand.</td>
<td>A questionnaire on general characteristics of participants, including the relationship with children, age, education level, family income, number of children, age of children, and sex of children. Measurement of the dental plaque index score, and determining the type of dental caries, namely teeth with non-cavitated plus cavitated carious lesions and teeth with cavitated cavitiation lesions. After 6 months of follow-up, it was found that the intervention group, namely children, had a lower Plaque Index than the control group (P &lt; 0.001). And the intervention group, namely children who had teeth with carious lesions without cavitation, and teeth with cavitation lesions were lower than the control group (P &lt; 0.001). This shows that the MICRA program (a combination of Motivational Interviewing counseling and dental Caries Risk Assessment) is effective in reducing the incidence of dental caries. It was found that there were behavioral changes in parents after the intervention. The most significant change was an increase in the number of parents brushing their children’s teeth, from 12% to 79%. The percentage of children who brush their teeth before bed (according to reports from caregivers) increased after the intervention, from 54% to 85%. There was a change in behavior related to diet in children, namely before the intervention the majority of children (&gt; 90%) consumed snacks or drinks containing sugar, and after the intervention the proportion decreased to 31% for consuming snacks and 69% for consuming drinks containing sugar. The evaluation results show that there is an increase in children’s dietary behavior and caregiver behavior in caring for their children’s dental health.</td>
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<td>6</td>
<td>Waiting room time: an opportunity for parental oral health education</td>
<td>Soussou R, Aleksejuniene J, Harrison R</td>
<td>Quantitative research</td>
<td>For parents with children with a mean age of fewer than 6 years, the number of samples is 97. The research location is in British Columbia, Canada.</td>
<td>Using structured interview instruments and open-ended questions to caregivers/parents to collect information about dental knowledge, children’s dental behavior, and caregivers/parents’ preferences regarding preventive education programs that have been delivered.</td>
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better of the mother's attitude and intention to behave, for example, controlling children's sugar intake, compared to parents with low education [25]. The lack of parental role in caring for children's oral and dental health causes the child to not know how to properly care for dental health, as evidenced by data from the study of Pine et al. [17].

55% of children consume snacks 3 or more times a day, 41% of children consume sweet drinks every day, and as many as 39 children only brush their teeth once a day. Research from Van Hung et al. found that preschool-aged children are so fond of foods and drinks that contain sugar (thus becoming obese) but are not balanced with good and correct dental care will lead to cases with high rates of tooth decay [13].

From some of the explanations above, it can be concluded that the family or parents have an important role in guiding and monitoring children when carrying out oral hygiene care because preschoolers still have limitations in coordinating visual and motor development and it is also still the responsibility of parents to facilitate dental and oral health care for children until they are 7 years old, so that children still need help from their family or parents. Training children to be independent is also included in the developmental tasks of parents with preschoolers [9].

Behavioral problems are often shown in cases of dental caries in preschool-aged children associated with the bad behavior of parents in caring for the dental and oral hygiene of preschool-aged children. According to Glick and Kessler the purpose of family counseling is a means to facilitate communication of thoughts and feelings between family members, and correct any disturbances or inflexibility in roles and conditions, as well as to provide services as a model and specific role education aimed at children and family members [14]. This statement is in line with the results of research from Van Hung et al. who found that providing counseling to children, families of children, and teachers of children and combined with the administration of Varnish Fluor therapy can reduce the incidence of dental caries in preschool age children. In counseling, there are several techniques, one of which is the Motivational Interviewing technique [14].

Motivational interviewing is a form of client-centered collaborative counseling to obtain behavior change by helping clients explore and resolve ambivalence [26]. Motivational Interviewing Counseling is an intervention that successfully influences parents to adopt and maintain preventive behaviors in caring for their children's oral health [17]. This statement is in accordance with the results of research from Saengtipbovorn, Colvara et al., Pine et al., and Jiang et al. who found that Motivational Interviewing counseling was effective in improving health education regarding ECC in preventing dental caries, increasing parental self-efficacy, increasing children's healthy behavior in carrying out dental and oral hygiene care, and reducing plaque and caries scores on children's teeth [17, 18, 20, 21].

Research from Jiang et al. explains that Motivational Interviewing counseling to prevent dental caries for preschoolers has 4 stages, namely engaging, focusing, evoking, and planning. Counselors use several communication techniques in communicating with clients, namely reflection, open questions, affirmation, and summary [18]. Research Jiang et al. also explained that in conducting Motivational Interviewing counseling, he applied four aspects of spirit (collaboration, acceptance, evocation, and compassion) [18]. The motivational interviewing counseling intervention was combined with the provision of health education and each parent received 3 pamphlets (titled “Cleaning Teeth – I can do it”, “Eat Appropriately”, and “Early Childhood Caries”)

Previous research found that the combined intervention of motivational interviewing and caries risk assessment counseling showed positive results in reducing dental plaque and dental caries. There are several stages in the implementation of the MICRA program, namely at the beginning of the dental hygienist meeting, conducting a caries risk assessment and examining the child’s teeth and mouth, then applying fluoride varnish to children with moderate to high risk of caries [20]. Meanwhile, the counselor together with parents carried out Motivational Interviewing counseling and dental and oral hygiene care instructions and parents were asked to set self-management goals [20].
Meanwhile, the previous research created a program called DR-BNI which is a structured conversation for 30 min about adopting healthier behaviors in parents to prevent caries in their children by increasing parental self-efficacy related to children’s behavior in taking care of oral health, namely brushing teeth at least 2 times a day using fluoride toothpaste, controlling sugar intake (especially at bedtime), and visiting the dentist for preventive care efforts. The program was delivered using the Motivational Interviewing counseling technique delivered by nurses [17]. There are 6 stages in the program, as building a relationship, ask about pros and cons, feedback, action plan, dental appointment and make an appointment to meet with a doctor and nurses together with parents determine management goals that can be done with their children [17].

Previous research created a program called “waiting room based” Dental Education Program or dental education program that aims to improve the behavior of parents in caring for their children’s dental health and hygiene [19]. The program consists of 3 stages, namely preparation, intervention, and evaluation. The preparation phase or the preparation phase aims to analyze the situation [19]. The implementation phase is the stage of delivering dental education programs delivered using a one-on-one counseling technique which in the process also involves educational media, namely power points and “setting goals” cards [19]. Parents or caregivers are encouraged to ask questions (aimed at facilitating each caregiver’s intrinsic motivation) and the couns-elor asks each caregiver to create personalized goals related to changing their child’s behavior according to the “setting goals” card and the card to take home for storage and follow-up. [19]. The evaluation phase or evaluation phase aims to follow-up on the program, namely parents or caregivers get at least 3 calls, with the same 4 questions, namely whether the caregiver brushes his child’s teeth, does the child brush their teeth in the morning and at night, does the child brush their teeth in the morning and at night? Consume foods containing sugar, whether the child drinks containing sugar [19].

The research of Henshaw et al. explains that the implementation of counseling is carried out by individuals called Oral Health Advocates who have been trained by clinical psychologists for 4 weeks, namely trained by educating, demonstrating, role-playing, written exercises, and videos, and if after completing the training they do not meet the requirements then they will continue to be trained until they meet the requirements [15]. Meanwhile, the previous study [17] involved dental nurses as implementers of counseling interventions. The role of the dental nurse in implementing this counseling is to be able to develop a change plan and consolidate commitments, support families in deciding how they can improve their children’s dental health, and support the development or healthier routines for the family. Previous study explained that the important role of family nurses is to work together with families to plan lifestyle modifications so that health goals can be achieved [9]. Family nurses can also provide education to families about dental health and hygiene, can recommend oral examinations to identify the presence of plaque, and emphasize that tooth brushing should be done at least 2 times a day after eating to prevent sugar from being in the mouth, brushing teeth is intended to remove plaque. and food particles in the teeth, the benefits of using dental floss once a day [9]. Family health nursing, as a primary form of family service in the community, can facilitate healthy family development through the preservation of healthy values in family institutions and family dynamics based on the family structure and function [27]. The implementation of family nursing care is one form of nurse performance that plays an important role in the success of health development [28]. According to previous study, several factors cause the ineffectiveness of counseling, namely the provision of ineffective interventions given to populations at high risk of dental caries, and the possibility that individuals who are at high risk of experiencing ECC tend to have other problems such as lack of food, unemployment, being in poverty [15]. In an unsafe environment, so they are less able to prioritize changes in oral health behavior. In addition, the lack of instructions given to parents regarding dental and oral hygiene care is also the cause of the ineffectiveness of these interventions [20]. Lack of instructions related to the ability of counselors to conduct counseling, counseling is a professional activity carried out by counselors who have been prepared, trained, and educated within a certain time by an accredited higher education institution.

It can be concluded from this explanation that family nurses have an important role in changing lifestyles or maladaptive behaviors that are not following dental and oral hygiene care for preschool-aged children or parents, one of which is by using family counseling interventions. And so that families can carry out family development tasks with preschool-aged children well and preschool-aged children can carry out psychosocial development tasks well too, nurses can help these goals be achieved by providing health education combined with family counseling so that health education can be delivered and received by the family.

Conclusion
The results of the literature review showed that providing counseling to families is proven to be effective in improving health education regarding ECC in preventing dental caries, increasing parental self-efficacy, increasing children’s healthy behavior in carrying out dental and oral hygiene care, and reducing plaque and caries scores on children’s teeth, taking into account several conditions. In this case, family nurses play a role in facilitating change by working with families to plan lifestyle modifications that are not following dental and oral hygiene care for preschool-aged children, so that health goals can be achieved, by conducting family counseling.

References
10. Widianty N. Faktor yang berhubungan dengan karies gigi


