

Oral Health Disparities in Early Childhood and Intergenerational Gaps among Non-Citizen Migrants, Arabs, and Jews in South Tel Aviv

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Background, Objectives, and Methods:

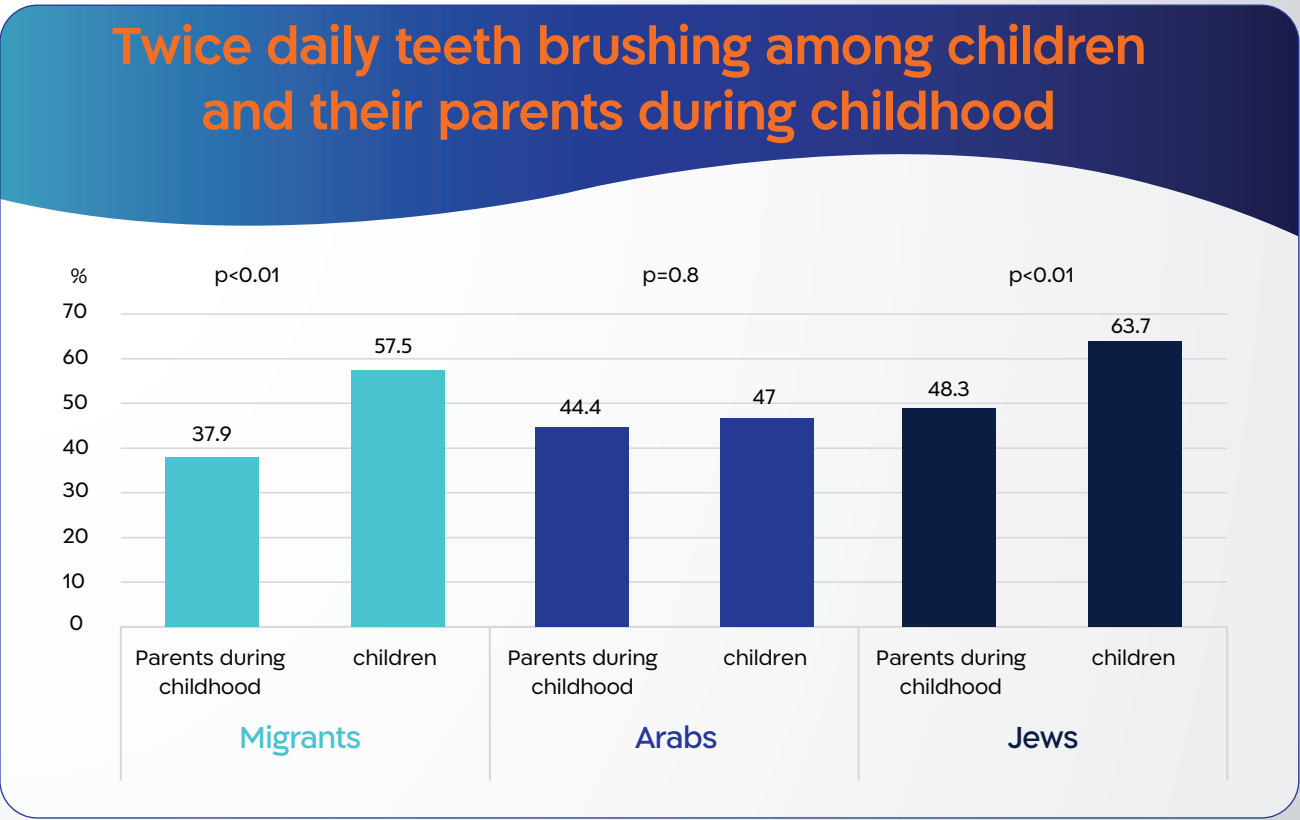
Migration poses challenges in public health, particularly in dental care. Early childhood caries is prevalent among low socio-economic groups, with migrants experiencing higher rates but lower access to care. This study compares oral hygiene and dental care among migrant, Arab, and Jewish families in South Tel Aviv. Data were collected in 2023–2024 from parents of children aged 3–6 in 50 kindergartens via anonymous questionnaires about current and childhood dental health and hygiene, as well as their children’s experiences

Key findings:

The study comprised 504 parent-child pairs, including 153 (30.4%) migrants, 117 (23.2%) Arabs, and 234 (46.4%) Jews, with children averaging 4.9 years old; most were born in Israel and had medical insurance, while migrant and Arab parents were more likely to be unemployed and have lower education levels compared to Jewish parents

Baseline Demographic Characteristics of Children				
Variable	Migrants N=153 (30.4%)	Arabs N=117 (23.2%)	Jews N=234 (46.4%)	P-value
Gender (male)	51	47.9	49.1	0.8
Age (years); mean±SD	4.9±0.8	4.8±0.8	4.9±0.9	0.4
Number of children in the family; mean±SD	2.7±1.2	2.6±1.3	2.4±0.9	0.01
Israeli-born	93.5	96.6	98.7	0.02
Medically insured	94.8	98.3	99.6	<0.001
Muslim religion	15	84.6	0	<0.001

Baseline Demographic Characteristics of Parents				
Variable	Migrants N=153 (30.4%)	Arabs N=117 (23.2%)	Jews N=234 (46.4%)	P-value
Gender (male)	36.6	17.9	6.8	<0.001
Age (years); mean±SD	36.6±5.7	34.1±5.9	37.2±6.1	<0.001
Single	19.6	12.8	16.7	0.3
Israeli-born	0	86.3	79.5	<0.001
Unemployed	27.6	25.6	8.1	<0.001
Higher education	32.7	32.5	71.8	<0.001
Medically insured	85.6	98.3	99.6	<0.001
Smoker (current or past)	13.1	24.8	47.9	<0.001



Conclusion:

The interplay between parents’ behavior, socio-economic factors, and children’s dental health habits underscores the need for comprehensive interventions that are culturally tailored and family-focused. It also highlights the importance of ensuring access to both preventive and maintenance dental care

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