

Article

Not peer-reviewed version

Adding the Psychological Perspective to Traditional Prevention in Pediatric Dentistry by PaFein+ Project: Trained Parents Can Help

[Aneta Munteanu](#) , [Arina Vinereanu](#) ^{*} , [Ruxandra Sfeatcu](#) , [Mihaela Tănase](#) , [Ilie-Andrei Condurache](#) , [Annelyse Garret-Bernardin](#) , [Alessandra Putrino](#) , [Özgür Önder Kuşçu](#) , Sertac Peker , [Betul Kargul](#) , [Angela Galeotti](#)

Posted Date: 3 March 2026

doi: 10.20944/preprints202512.2524.v2

Keywords: dental anxiety; pediatric dentistry; parent education; health behavior



Preprints.org is a free multidisciplinary platform providing preprint service that is dedicated to making early versions of research outputs permanently available and citable. Preprints posted at Preprints.org appear in Web of Science, Crossref, Google Scholar, Scilit, Europe PMC.

Copyright: This open access article is published under a [Creative Commons CC BY 4.0 license](#), which permit the free download, distribution, and reuse, provided that the author and preprint are cited in any reuse.

Disclaimer/Publisher's Note: The statements, opinions, and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions, or products referred to in the content.

Article

Adding the Psychological Perspective to Traditional Prevention in Pediatric Dentistry by PaFein+ Project: Trained Parents Can Help

Aneta Munteanu ¹, Arina Vinereanu ^{1,*}, Ruxandra Sfeatcu ², Mihaela Tănase ¹, Ilie-Andrei Condurache ³, Annelyse Garret-Bernardin ⁴, Alessandra Putrino ⁴, Özgür Önder Kuşçu ⁵, Sertac Peker ⁶, Betul Kargul ⁶ and Angela Galeotti ⁴

¹ Pedodontics Department, Faculty of Dentistry, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

² Oral Health and Community Dentistry Department, Faculty of Dentistry, Carol Davila University of Medicine and Pharmacy, Bucharest, Romania

³ Dr Victor Babeş Clinical Hospital of Infectious and Tropical Diseases, Bucharest, Romania

⁴ Dentistry Unit, Management Innovations, Diagnostics and Clinical Pathways, Bambino Gesù Children's Hospital, IRCCS, 00165 Rome, Italy

⁵ Pedodontics Department, Istanbul Kent University, Türkiye

⁶ Pedodontics Department, Marmara University, Istanbul, Türkiye

* Correspondence: arina.vinereanu@umfcd.ro

Abstract

Background: Emotional aspects of early dental experiences have long-lasting effects. This study aimed to assess parents' childhood dental memories and their impact on current attitudes toward dental treatment and to evaluate the perceived usefulness of educational material focused on psychological management of children's dental visits. **Methods:** An educational booklet was developed and distributed to parents, who were encouraged to read it and complete a short questionnaire. Responses were analyzed using IBM SPSS Statistics 25. **Results:** In the first month, 142 parents (88% mothers) participated. Negative childhood dental experiences were reported by 44.4% (more frequent among mothers, $p < 0.001$), and 18.3% had shared these experiences with their children. Emotional discomfort during dental visits was reported by 61.3% of respondents. Dental anxiety was significantly associated with negative childhood experiences ($p < 0.001$). Parents with higher education were more likely to choose a certified paedodontist for their child than a nearby general dentist ($p = 0.002$). Most parents (97.9%) found the provided material helpful for managing future dental visits, and 91.6% were willing to share it with others. **Conclusions:** Childhood dental fear may persist into adulthood. Educational resources for parents can promote positive dental experiences in children and reduce the risk of early dental anxiety.

Keywords: dental anxiety; pediatric dentistry; parent education; health behavior

1. Introduction

Dental fear and anxiety (DFA) are common conditions among children and adolescents worldwide, with the highest prevalence observed in preschoolers and school-aged children (Grisolia et al., 2021). However, DFA is often underestimated in terms of its occurrence, underlying causes, and—most importantly—its long-term consequences. When it develops early in life, DFA does not necessarily diminish with age. Negative perceptions of dental care may persist and significantly affect oral health throughout life, as individuals with DFA tend to postpone or even avoid dental visits altogether (Oliveira et al., 2017; (Dahlander et al., 2019). Consequently, children experiencing DFA often present with higher caries experience, a greater number of untreated carious lesions, and a

poorer oral health-related quality of life compared to their peers without dental anxiety (Raadal et al., 2002; Porritt et al., 2016; Marshman et al., 2023).

Two main groups influence children's perceptions and attitudes toward oral health through the ways they manage dental visits: the **family** and the **dental team**. Educating both parents and dental professionals is therefore essential to fostering future generations with healthy dentition and positive attitudes toward oral care.

Dental professionals may receive training in behavior guidance (BG) techniques during undergraduate and/or postgraduate education; however, BG training varies widely across countries and is influenced by cultural factors and local practices. In recent decades, as evidence-based practice has gained prominence in medicine and dentistry, BG has received increasing attention from researchers and international pediatric dentistry (PD) organizations. The International Association of Paediatric Dentistry (IAPD), the American Academy of Pediatric Dentistry (AAPD), and the European Academy of Paediatric Dentistry (EAPD) now provide scientifically grounded information and recommendations for practitioners on their respective websites (IAPD, 2022; American Academy of Pediatric Dentistry, 2025; Roberts et al., 2010). National professional bodies are progressively following this trend as well.

While a variety of BG resources are now available to dental practitioners, such information is not always easily accessible to families. Since parents serve as their children's first and most influential role models from an early age, their approaches and attitudes toward health-related behaviors inevitably shape their children's perceptions and habits, including those related to oral health.

Parenting styles have evolved considerably over time, continually adapting to societal changes. Public access to information—whether evidence-based or not—has expanded immensely. As dental professionals, it is our responsibility to guide families in identifying and properly applying accurate information to ensure the greatest long-term benefit for their children's health. Traditionally, this responsibility has been associated with the prevention of oral diseases; however, given the reasons previously discussed, dental fear and anxiety (DFA) should also be regarded as an essential component of preventive dentistry.

Parental engagement in establishing a positive, stress-free relationship between the child and the dental team plays a crucial role in the long term. Nevertheless, simply encouraging parental involvement may not be sufficient. Structuring and supporting parents' participation by educating them on how to effectively prepare for and manage their child's dental visit can be highly beneficial, and initiatives aimed at fostering such competence should be actively developed.

Pre-appointment parental counseling has been demonstrated to be highly effective. When parents are adequately informed about the procedures their child will undergo and about appropriate communication strategies—such as using clear explanations, demonstration videos, or illustrative drawings—pediatric dental patients tend to exhibit lower levels of fear and anxiety. This, in turn, results in greater cooperation during dental treatment (Bagattoni et al., 2022; Ramesh et al., 2024) [10,11].

The *Erasmus+ PaFein+* project seeks to cultivate generations of children with healthy dentition and positive attitudes toward oral health by promoting positive dental experiences, preventing the early development of dental fear and anxiety (DFA), and reducing the need for sedation or general anesthesia—thereby generating an additional positive environmental impact as a natural consequence. In line with these objectives, providing parents and families with appropriate, evidence-based information to help them prepare for and manage their child's dental visits in a supportive and stress-reducing manner was identified as a key strategy for enhancing long-term preventive dentistry.

To address this need, a dedicated Parents' Section was developed within the *PaFein+* project framework. The present study forms part of the research conducted under this section. The aim of the study was to evaluate parents' own childhood dental experiences and their potential influence on current perceptions and attitudes toward dental treatment, as well as to assess the perceived

effectiveness of educational materials designed within the project to support parents during their child’s dental care journey.

2. Materials and Methods

This research was designed as a cross-sectional, descriptive pilot study (Figure 1). In the initial phase of the initiative, an informational booklet offering guidance on how to effectively prepare for and manage a child’s dental visit was developed by an interdisciplinary team of pediatric dentists and trained psychologists. The booklet provides practical advice for supporting the child before, during, and after the dental appointment, aiming to help families integrate these experiences naturally into everyday life and thereby minimize potential stress for all parties involved—the child, the family, and the dental team. To enhance understanding and applicability, the material was written in clear, accessible language and included examples of recommended and non-recommended wording to promote more effective communication.

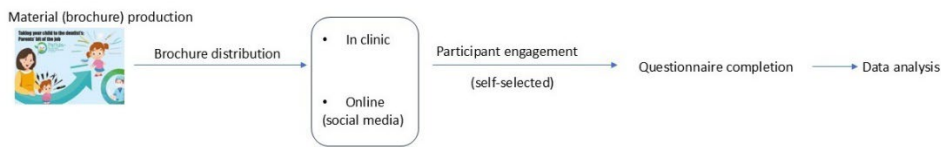


Figure 1. Project flowchart.

The educational material was distributed both digitally, via social media platforms, and in printed form (brochures) within the Pedodontics Clinic of the *Carol Davila University of Medicine and Pharmacy* in Bucharest, Romania. Parents who accessed the material were subsequently invited to complete a feedback questionnaire.

Eligibility criteria: participation was voluntary and based on self-selection. Completion of the questionnaire was considered to imply informed consent. All responses were collected anonymously. As no defined sampling frame was established, a conventional response rate could not be calculated.

The questionnaire (Figure 2) was divided into 4 sections. Average time for questionnaire completion was estimated to 4-5 minutes.

PaFein+ Dear Parents,

The informational material we propose is part of an international project - ERASMUS+ 2023-1-TR01-KA220-HED - 000155608 PaFein+. Thank you for taking a few minutes to answer this questionnaire. Answers are anonymous and confidential. No contact data is collected. Completing the questionnaire is implicit consent to taking part in this study.

Section 1. Demographics

1. I am a mom / dad
2. Age group: 18-25 / 26-35 / 36-45 / 46-55 / 56+
3. Number of children 1 / 2 / 3 / 4 / more
4. Age of child (if you have more than one child, please specify the age of the youngest)
5. Level of education gymnasium / high school / college / university

Section 2. Own dental experience

1. Have you had, as a child, dental experience(s) that you would describe as "negative"? Yes / No / Don't remember
2. If you answered "Yes" to the previous question, have you told your child about your negative experience(s)? Yes/No
3. How would you rate your present level of dental anxiety? None at all / a little / some / quite a lot / a great deal

Section 3. Children's dental treatment

1. Have you taken your child/children to the dentist before? Yes/No
If you answered "yes"-- What was his/her age at the time of the first dental visit? (age of the youngest child if you have more children)
2. What was the reason for your child's first dental visit? Pain/ caries/ routine check-up/ other (please specify)
3. Did your child have what you would call a "negative dental experience"? Yes /No
4. Do you prepare your child/children for the dental visit by telling him/her what is going to happen?
5. How do you choose your child's dentist?
 - a. Same as your own
 - b. A trained pediatric dentist
 - c. A dentist closer to home/school, regardless the specialty
 - d. Try a number of dentists, then let the child choose
6. Do you feel it is normal for a child to tolerate a little bit of pain during dental treatment? Yes/No
7. Should general anesthesia be considered as the "golden standard" for pain-free, stress-free pediatric dentistry? Totally disagree / partly disagree/ neutral /partly agree/ totally agree

Section 4. PaFein+ Info Brochure

1. Do you feel the provided material will help you manage your child/children's dental encounters in the future? Not at all / a little bit / neutral / pretty much / a lot
2. Would you recommend the brochure to other parents? Absolutely not / unlikely / possible / likely / almost certain

Figure 2. Questionnaire.

Section 1 collected demographic information. Section 2 included three questions addressing the parents’ own childhood dental experiences and their current attitudes toward dental care. Negative childhood dental experiences—defined as “dental experiences that you would describe as negative” —were recorded using a Yes/No/Don’t remember scale. The extent to which parents shared such negative experiences with their children was also assessed. The participant’s current self-perceived level of dental anxiety was rated on a five-point Lickert scale (“none at all / a little / some / quite a lot / a great deal”).

Section 3 comprised seven questions exploring parental attitudes toward their children’s dental treatment. This section evaluated the parents’ approach to managing pain during their child’s dental visit, their perceptions regarding dental general anesthesia, and their preferred criteria for selecting a dentist for their child.

Section 4 contained two questions assessing the subjectively perceived usefulness of the educational material provided.

Parents’ answers were collected. Data was analyzed using IBM SPSS Statistics 25 and illustrated using Microsoft Office Excel/Word 2024. Quantitative variables were tested for normal distribution using the Shapiro-Wilk Test and were written as averages with standard deviations or medians with interquartile ranges. Quantitative variables with non-parametric distribution were tested between groups using the Mann-Whitney U Test/Kruskal-Wallis H Test. Qualitative variables were written as counts or percentages and were tested between groups using Fisher’s Exact Test. Z-tests with Bonferroni correction were used to further detail the results obtained in the contingency tables. The threshold considered for the significance level for all tests was considered to be $\alpha = 0.05$.

Based on the results of this pilot study, the PaFein+ educational initiative for parents will be further expanded in terms of both contents and geography, not only to the other countries participating in the project, but also to any interested regions.

3. Results

During the first month following the launch of the pilot initiative, a total of 142 parents completed the feedback questionnaire. Table 1 presents the demographic characteristics of the participating parents (Section 1 of the questionnaire) together with their responses to Sections 2 and 3, which focused on childhood dental experiences and attitudes toward children’s dental care.

Table 1. Demographic characteristics of the analyzed participants, childhood dental experiences and attitudes toward children’s dental care.

Parameter	Value
<i>Section 1</i>	
<i>Parent – Gender (Female) (Nr., %)</i>	125 (88%)
<i>Parent – Age (Nr., %)</i>	
18-25 years	3 (2.1%)
26-35 years	20 (14.1%)
36-45 years	74 (52.1%)
46-55 years	42 (29.6%)
> 55 years	3 (2.1%)
<i>Number of children (Nr., %)</i>	
One	62 (43.7%)
Two	74 (52.1%)
Three	6 (4.2%)
<i>Child – Age (Mean ± SD, Median (IQR))</i>	8.4 ± 5.17, 8 (5-11)
<i>Parent education (Nr., %)</i>	
Lower secondary (gymnasium)	2 (1.4%)
Secondary (high school)	12 (8.5%)
Post-secondary (college)	10 (7%)

Tertiary (university)	118 (83.1%)
Section 2	
Negative childhood experiences (Nr., %)	
Absent	68 (47.9%)
Present	63 (44.4%)
Don't remember	11 (7.7%)
Narration to children (Nr., %)	
Absent	41 (65.1%)
Present	18 (28.6%)
Don't remember	4 (6.3%)
Dentist anxiety (Nr., %)	
Not at all	55 (38.7%)
Low	55 (38.7%)
Neutral	8 (5.6%)
High	19 (13.4%)
Very high	5 (3.5%)
Section 3	
Dental visit of children (Nr., %)	134 (94.4%)
Child – Age - Visit (Mean ± SD, Median (IQR))	4.45 ± 2.3, 4 (3-6)
Dental visit – Reason (Nr., %)	
Pain	8 (6.1%)
Check-up	72 (54.5%)
Cavity	32 (24.2%)
Other	20 (15.2%)
Child – Negative experiences (Nr., %)	12 (8.5%)
Informing children before visit (Nr., %)	121 (85.2%)
Preferred dentist (Nr., %)	
Pediatric dentist	104 (73.2%)
Same dentist as parents'	24 (16.9%)
Let children decide	8 (5.6%)
One closer to home	6 (4.2%)
Child pain tolerance during treatment – normal (Nr., %)	95 (66.9%)
General anesthesia – ideal for pain control (Nr., %)	
Highly disagree	56 (39.4%)
Disagree	29 (20.4%)
Neutral	34 (23.9%)
Agree	20 (14.1%)
Highly agree	3 (2.1%)

3.1. Demographic Data

Most participating parents (88%) were mothers. The respondents' ages ranged from 18 years to over 55 years, with 52.1% belonging to the 36–45-year age group. The age of their children at the time of their first dental visit varied between 5 and 11 years, with a mean age of 8.4 years (SD = 5.17). Most respondents had a university degree (83.1%).

3.2. Parents' Own Childhood Dental Experience and Current Level of Dental Anxiety

Negative childhood dental experiences were recalled and reported by 44.4% of parents. Z-tests with Bonferroni correction indicated that mothers were significantly more likely to recall negative experiences ($p < 0.001$), and 18.3% of participants reported having shared these experiences with their children.

A total of 38.7% of respondents stated that they experienced no unease related to dental visits, whereas 61.3% acknowledged varying degrees of emotional discomfort (38.7% a little, 5.6% some, 13.4% quite a lot, and 3.5% a great deal). The self-reported level of dental anxiety was significantly associated with negative childhood dental experiences (Fisher’s exact test, $p < 0.001$) (Figure 3).

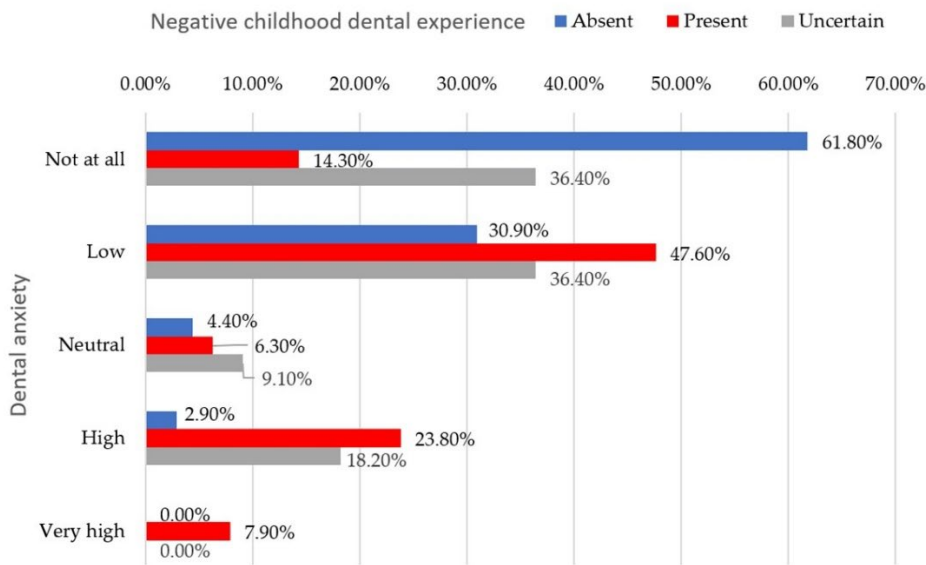


Figure 3. Distribution of participants based on the presence or absence of negative childhood dental experiences in relation to self-reported levels of dental anxiety ($p < 0.001$, Fisher’s exact test).

3.3. Attitudes Toward Children’s Dental Treatment

The most frequently reported reason for visiting the dentist was a routine check-up (54.5%), followed by the presence of a noticed cavity (24.2%).

Most parents (73.2%) preferred their children to be treated by a trained pediatric dentist. Differences in the selection criteria for a child’s dentist were significantly influenced by the parents’ level of education. Parents without academic qualifications were significantly more likely to base their choice on geographic proximity rather than professional specialization, preferring a dentist located closer to their home (20.8% vs. 0.8%; $p = 0.002$) (Figure 4).

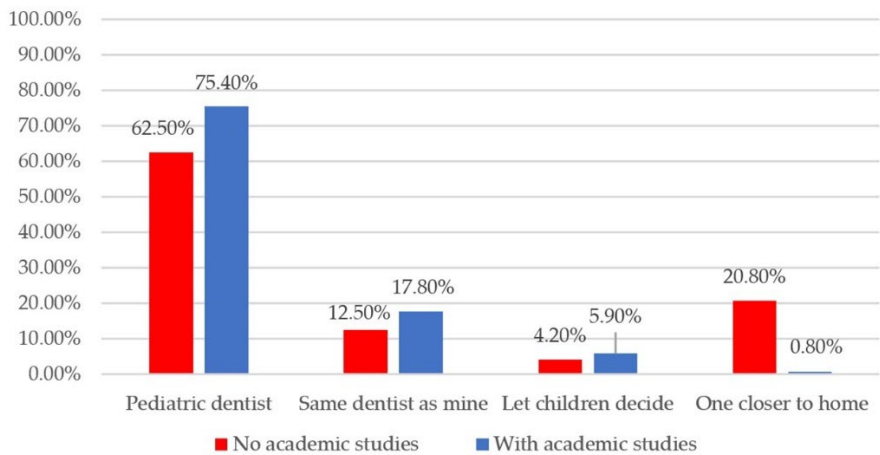


Figure 4. Distribution of participants according to their level of education and preferred criteria for choosing a dentist for their child. Parents with lower educational levels were significantly more likely to select a dentist based on proximity to home ($p = 0.002$).

A large majority of responding parents (85.2%) reported that they prepared their children for dental visits in advance. Most parents (66.9%) considered it normal for a child to experience some level of pain during dental treatment, with fathers significantly more likely to agree with this statement than mothers ($p = 0.001$). Additionally, 14.1% of parents believed that general anesthesia should represent the gold standard for ensuring stress- and pain-free pediatric dental care. However, this perception was not correlated with the parents' self-reported level of dental anxiety (Table 2). Similarly, parents' tendency to share stories about their own negative childhood dental experiences with their children was not significantly associated with their degree of dental anxiety (Table 2).

Table 2. Relationship between participants' self-reported level of dental anxiety and their tendency to share negative childhood dental experiences with their children or to prefer dental general anesthesia (non-significant, $p > 0.05$).

<i>Anxiety/Children</i>						
<i>narration (No., %)</i>	Very low	Low	Neutral	High	Very high	p*
Absent	8 (88.9)	19 (63.3)	4 (100)	7 (46.7)	3 (60)	0.307
Present	1 (11.1)	10 (33.3)	0 (0)	5 (33.3)	2 (40)	
Don't remember	0 (0)	1 (3.3)	0 (0)	3 (20)	0 (0)	
<i>Anxiety/General</i>						
<i>anesthesia – Ideal (No., %)</i>	Very low	Low	Neutral	High	Very high	p*
Highly disagree	23 (41.8)	25 (45.5)	4 (50)	4 (21.1)	0 (0)	0.124
Disagree	9 (16.4)	10 (18.2)	1 (12.5)	8 (42.1)	1 (20)	
Neutral	11 (20)	14 (25.5)	3 (37.5)	5 (26.3)	1 (20)	
Agree	9 (16.4)	6 (10.9)	0 (0)	2 (10.5)	3 (60)	
Highly agree	3 (5.5)	0 (0)	0 (0)	0 (0)	0 (0)	

*Fisher's Exact Test.

3.4. Perceived Usefulness of Provided Information

The vast majority of respondents (97.9%) felt that the provided educational material would help them, to varying degrees, better manage their children's future dental visits (44.4% "a lot," 28.2% "very much"). Additionally, 91.6% indicated that they would share the material with other parents or families (54.2% "very high level of agreement," 37.3% "high level of agreement") (Table 3).

Table 3. Perceived usefulness of information booklet.

		No.	%
Utility of information booklet	Not at all	3	2.1%
	Low	13	9.2%
	Neutral	23	16.2%
	High	63	44.4%
	Very high	40	28.2%
Recommendation to other parents	Highly disagree	0	0%
	Disagree	7	4.9%
	Neutral	5	3.5%
	Agree	53	37.3%
	Highly agree	77	54.2%

4. Discussion

The calculated mean age of the respondents' children at the time of their first dental visit (8.4 ± 5.17 years) is rather high from a preventive perspective. This finding aligns with previous

reports (Besiroglu-Turgut et al., 2024). Similar ages at the first dental visit have also been documented (Padung et al., 2022), despite international professional organizations recommending that children have their first dental visit by 12 months of age to establish a “Dental Home” (DH) as early as possible (American Academy of Pediatric Dentistry, 2014; Nowak & Casamassimo, 2002). The advantages of the DH system are well recognized and have been proven over time, both for healthy children and for those with special healthcare needs (Nowak & Casamassimo, 2002). Among its most important benefits is the absence of dental fear, which is a key characteristic of this care model.

A clear tendency to accept some degree of pain associated with their children’s dental treatment was observed in two-thirds of the respondents (66.9%). This rather surprising perception may stem from cultural traditions that associate dental treatment with suffering, as well as from parents’ own childhood experiences—particularly since many grew up during the communist regime in Romania, when access to advanced pain management was limited. The finding that fathers were significantly more likely than mothers to hold this view may reflect a greater tendency among fathers to adopt a stricter approach to child discipline. Contrary to our findings, a recent systematic review on parents’ perceptions of dental interventions for their children identified practitioners’ ability to manage pain and fear as key factors for treatment acceptance (Dalsochio et al., 2025). Previous studies have shown that children who are psychologically prepared for dental visits exhibit lower levels of anxiety (Bagattoni et al., 2022; Fox & Newton, 2006; Freeman, 2007). Such preparation may be directed at children themselves—in the waiting room (Fox & Newton, 2006; Freeman, 2007)—or indirectly, through parental guidance (Bagattoni et al., 2022; (Porritt et al., 2013). A controlled trial by Fox and Newton (2006) demonstrated that exposing children to positive images of dentistry before their appointment fosters a more positive relationship with the dentist by temporarily reducing anticipatory anxiety. In their study, anticipatory anxiety showed no correlation with age or gender (Fox & Newton, 2006).

Another potential approach is to train parents—through booklets, videos, smartphone applications, and similar tools—on effective strategies for preparing their children for dental visits (Bagattoni et al., 2022; Porritt et al., 2013). Bagattoni et al. (2022) evaluated the effectiveness of this intervention. Prior to their child’s first dental appointment, parents received an electronic booklet containing guidance on how to prepare the child for the upcoming visit, along with an explanation of the significance of the first dental encounter in fostering a positive attitude toward the dental team. During the appointment, a visual examination of the oral cavity was conducted using a dental mirror and probe, without operative or invasive procedures. The findings demonstrated that children whose parents implemented the recommendations from the booklet reported lower levels of pain and perceived the visit as more enjoyable compared to children whose parents had not received the material. It is essential that such psychological preparation takes place in a safe environment and is facilitated by an individual who is emotionally significant to the child (Bagattoni et al., 2022).

Mittal et al. (2025) conducted a randomized controlled trial to assess the impact of a specially developed dental modeling story on dental anxiety and behavior management among children aged 6–8 years. The investigators compared two groups: one received a booklet describing various aspects of the dental visit—such as the dental team, instruments, and procedures—intended to familiarize the children with the dental environment, while the other received a folk story. Both groups exhibited significant reductions in anxiety following storytelling, and the differences in anxiety and behavioral outcomes between the groups were not statistically significant. Nevertheless, parents expressed a preference for the dental modeling story (Mittal et al., 2025).

Interventions such as comic strips, booklets, and similar educational materials designed to inform children about dental treatment and visits are cost-effective, simple to administer, and capable of eliciting positive behavioral outcomes (Bagattoni et al., 2022; Deshpande et al., 2002; Murshid, 2017; Meshki et al., 2018). For optimal effectiveness, parental guidance regarding the preparation of children for dental visits should primarily target parents of young children with no prior dental experience. Previous studies have indicated that children who experience negative emotions during

their initial dental visit are at a greater risk of developing dental fear and anxiety (DFA) than those who encounter a painful stimulus only after several positive experiences (Bagattoni et al., 2022).

In the present study, the majority of participating parents (over 85%) from the PaFein+ project reported that they had prepared their children in advance for dental appointments. Nearly all respondents (97.9%) believed that the provided materials would enhance their ability to manage their children’s dental experiences in the future, and a considerable proportion (over 90%) indicated their willingness to share the information with peers.

These findings were regarded as encouraging by the project team. Consequently, the educational resources for families are being further diversified and refined in response to participant feedback. In line with prior research suggesting that parents perceive storytelling videos as relatable and reflective of authentic experiences (Dalsochio et al., 2025), an original educational video illustrating appropriate and inappropriate methods of supporting children before, during, and after dental visits was developed. The video depicts a real-life-inspired scenario of a five-year-old child’s first dental appointment, covering the sequence from entering the waiting room to the completion of treatment. It is organized into five distinct chapters, each highlighting specific “do’s” and “don’ts.” The video is currently freely available in English and Romanian on YouTube (English version: <https://www.youtube.com/watch?v=SBTjpmGo5k0>; Romanian version: <https://www.youtube.com/watch?v=QgCeQBw470M>).

Further activities are planned, and the involvement of new potential partners—such as national paediatric dentistry societies, universities, parent groups and associations, and technology providers—is being sought and encouraged to support continued development of project content and to enhance its overall impact.

This descriptive study presents certain limitations. Owing to its cross-sectional design, it cannot evaluate long-term effects on children’s behavior and cooperation in dental settings. Future longitudinal studies are required to assess the sustained efficacy of the educational materials provided to parents.

The participants in this study were self-selected, and the majority (88%) were mothers; therefore, generalization of the findings should be approached with caution. Feedback was obtained exclusively from parents, whereas the ultimate beneficiaries of these educational interventions are the children themselves. Objective measures are required in future research to evaluate the actual impact of parental involvement on children’s behavior. Moreover, the practical effectiveness of the provided materials could not be objectively verified, as the perceived usefulness of the booklet was based solely on parents’ subjective assessment.

Challenges were encountered in collecting feedback, particularly when parents accessed the materials through online or media channels. A larger number of respondents would allow for a more accurate and representative evaluation of the materials’ usefulness and perceived impact.

5. Conclusions

Childhood dental fear does not necessarily diminish with age. Parents value and benefit from initiatives that empower them to guide their children’s dental experiences in a positive and supportive way, thereby preventing the early onset of dental fear or anxiety and promoting long-term positive attitude toward dental visits and oral health. Targeted educational materials—such as booklets and videos offering psychological guidance for parents—are valuable tools that can be easily distributed online or through public and private dental sectors.

Author Contributions: Conceptualization, AV, AM, OOK, SP; Data Curation, IAC; Formal analysis, IAC; Funding acquisition, OOK; Investigation, AV, AM, MT; Methodology, AM, AV, AP, AGB; Project administration, BK; Resources, AM, RS, MT; Supervision, AG, BK; Validation, RS, MT, AG,AGB, OOK, SP; Visualization, AV; Writing-original draft: AV and AM; Writing-review & editing, AM, AV, AP . All authors have read and agreed to the published version of the manuscript.

Funding: This research was partially supported by Erasmus+ 2023-1-TR01-KA220-HED-000155608 PaFein+ Project.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Ethics Committee of Carol Deavila University Bucharest, Romania (approval no.11580/30.04.2024).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study is available on request from the corresponding authors.

Acknowledgments: The authors are grateful to parents participating in this study for agreeing to give their feedback and help PaFein+ Project progression.

Conflicts of Interest: The authors declare no conflicts of interest. The funder had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

Abbreviations

The following abbreviations are used in this manuscript:

MDPI	Multidisciplinary Digital Publishing Institute
DOAJ	Directory of open access journals
PD	Pediatric Dentistry
BG	Behavior Guidance

References

(American Academy of Pediatric Dentistry, 2014) American Academy of Pediatric Dentistry. (2014). *Guideline on infant oral health care. Pediatr Dent*, 36(6), 1141–1145.

(American Academy of Pediatric Dentistry, 2025) American Academy of Pediatric Dentistry. (2025). *Behavior guidance for the pediatric dental patient. The Reference Manual of Pediatric Dentistry* (pp. 379–399). Chicago, IL: American Academy of Pediatric Dentistry.

(Bagattoni et al., 2022) Bagattoni, S., Nascimben, F., Biondi, E., Fitzgibbon, R., Lardani, L., Gatto, M. R., Piana, G., & Mattarozzi, K. (2022). *Preparing children for their first dental visit: A guide for parents. Healthcare*, 10, 2321. <https://doi.org/10.3390/healthcare10112321>

(Besiroglu-Turgut et al., 2024) Besiroglu-Turgut, E., Kayaalti-Yukse, S., & Bulut, M. (2024). *Evaluation of the relationship between dental anxiety and oral health status of mothers and their children. BMC Oral Health*, 24, 749. <https://doi.org/10.1186/s12903-024-04530-0>

(Dahlander et al., 2019) Dahlander, A., Soares, F., Grindefjord, M., & Dahllöf, G. (2019). *Factors associated with dental fear and anxiety in children aged 7 to 9 years. Dent. J*, 7, 68. <https://doi.org/10.3390/dj7030068>

(Dalsochio et al., 2025) Dalsochio, L., Montagner, A. F., Tedesco, T. K., Maske, T. T., & van de Sande, F. H. (2025). Experiences and parents’ perceptions regarding dental interventions performed on their children: A qualitative systematic review. *Int J Paediatr Dent*, 35, 1029–1045. <https://doi.org/10.1111/ipd.13318>

(Deshpande et al., 2002) Deshpande, A., Jain, A., Shah, Y., Jaiswal, V., & Wadhwa, M. (2002). Effectiveness of self-designed dental storybook as behaviour modification technique in 5–7 year-old children: A randomized controlled study. *J Indian Soc Pedod Prev Dent*, 40, 253–259.

(Fox & Newton, 2006) Fox, C., & Newton, J. T. (2006). A controlled trial of the impact of exposure to positive images of dentistry on anticipatory dental fear in children. *Community Dent Oral Epidemiol*, 34, 455–459. <https://doi.org/10.1111/j.1600-0528.2006.00303>

(Freeman, 2007) Freeman, R. (2007). Viewing positive images of dentistry reduces anticipatory anxiety in children. *Evid Based Dent*, 8, 47.

- (Grisolia et al., 2021) Grisolia, B. M., Dos Santos, A. P. P., Dhyppolito, I. M., Buchanan, H., Hill, K., & Oliveira, B. H. (2021). *Prevalence of dental anxiety in children and adolescents globally: A systematic review with meta-analyses*. *Int J Paediatr Dent*, 31, 168–183.
- (IAPD, 2022) IAPD Foundational Articles and Consensus Recommendations: *Behaviour guidance in paediatric dental patients*. (2022). Retrieved from http://www.iapdworld.org/2022_06_behaviour-guidance-in-paediatric-dental-patients [Accessed 18 December 2025].
- (Marshman et al., 2023) Marshman, Z., Rodd, H., Fairhurst, C., Porritt, J., Dawett, B., Day, P., Innes, N., Vernazza, C., Newton, T., Ronaldson, S., Cross, L., Ross, J., Baker, S. R., Hewitt, C., Torgerson, D., & Ainsworth, H. (2023). *The CALM trial protocol: A randomised controlled trial of a guided self-help cognitive behavioural therapy intervention to reduce dental anxiety in children*. *Trials*, 24, 15. <https://doi.org/10.1186/s13063-022-07046-6>
- (Meshki et al., 2018) Meshki, R., Basir, L., Alidadi, F., Behbudi, A., & Rakhshan, V. (2018). Effects of pretreatment exposure to dental practice using a smartphone dental simulation game on children's dental anxiety: A preliminary double-blind randomized clinical trial. *J Dental*, 15, 251–258.
- (Mittal et al., 2025) Mittal, M., Chopra, R., Malhotra, D., Dharmasya, T., Gupta, N., Lokade, A., & Atri, M. (2025). Impact of dentistry modeling story on dental anxiety in 6–8-year-old children of industrial workers: A randomized controlled trial. *J Indian Soc Pedod Prev Dent*, 43, 95–103. https://doi.org/10.4103/jisppd.jisppd_469_24
- (Murshid, 2017) Murshid, E. Z. (2017). Effectiveness of a preparatory aid in facilitating oral assessment in a group of Saudi children with autism spectrum disorders in Central Saudi Arabia. *Saudi Med J*, 38, 533–540.
- (Nowak & Casamassimo, 2002) Nowak, A. J., & Casamassimo, P. S. (2002). *The dental home: A primary care oral health concept*. *J Am Dent Assoc*, 133, 93–98. <https://doi.org/10.14219/jada.archive.2002.0027>
- (Oliveira et al., 2017) Oliveira, M. A., Vale, M. P., Bendo, C. B., Paiva, S. M., & Serra-Negra, J. M. (2017). Influence of negative dental experiences in childhood on the development of dental fear in adulthood: A case-control study. *J Oral Rehabil*, 44, 434–441. <https://doi.org/10.1111/joor.12513>
- (Padung et al., 2022) Padung, N., Singh, S., & Awasthi, N. (2022). First dental visit: Age, reasons, oral health status, and dental treatment needs among children aged 1 month to 14 years. *Int J Clin Pediatr Dent*, 15, 394–397. <https://doi.org/10.5005/jp-journals-10005-2406>
- (Porritt et al., 2013) Porritt, J., Buchanan, H., Hall, M., Gilchrist, F., & Marshman, Z. (2013). Assessing children's dental anxiety: A systematic review of current measures. *Community Dent Oral Epidemiol*, 41, 130–142.
- (Porritt et al., 2016) Porritt, J., Rodd, H., Morgan, A., Williams, C., Gupta, E., Kirby, J., Creswell, C., Newton, T., Stevens, K., & Baker, S. (2016). *Development and testing of a cognitive behavioral therapy resource for children's dental anxiety*. *JDR Clin Transl Res*, 2, 23–37.
- (Raadal et al., 2002) Raadal, M., Strand, G. V., Amarante, E. C., & Kvale, G. (2002). Relationship between caries prevalence at 5 years of age and dental anxiety at 10. *Eur J Paediatr Dent*, 3, 22–26.
- (Ramesh et al., 2024) Ramesh, R., Sathyaprasad, S., Nandan, S., Havaladar, K. S., & Antony, A. (2024). Assessment of preappointment parental counseling on dental fear and anxiety in children in pedodontic dental operator: A randomized controlled trial. *Int J Clin Pediatr Dent*, 17, 346–351. <https://doi.org/10.5005/jp-journals-10005-2785>
- (Roberts et al., 2010) Roberts, J. F., Curzon, M. E. J., Koch, G., & Martens, L. C. (2010). *Behavior management techniques in pediatric dentistry*. *Eur Arch Paediatr Dent*, 11, 166–174.

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.