

Supplementary Table 6: Socio demographic factors

Socio demographic factors									
Article Number	Article			Study year	Social Class	Parents education	SES of parents	Single Caregivers	Occupation of caregivers
1	Caries prevalence and severity in the primary dentition and Streptococcus mutans levels in the saliva of preschool children in South Africa.	Chosack		1988	cross-sectional				Rural
2	Social class, parent's education and dental caries in 3 to 5 year old children	Chosack		1990	cross-sectional	higher prevalence if tech college or university; higher dmft score and higher dmfs score if secondary school, OR=1.86			
3	Nutritional status and dental caries in a large sample of 4- and 5- year olds south african children	Cleaton Jones		2000	cross-sectional				
4	Dental caries and sucrose intake in five south african preschool groups	Cleaton Jones		1984	cross-sectional				higher caries prevalence compared to urban children (2 y.o. (SS) and 4 y.o. (NSS)); higher dmft in 2 y.o. rural kids (SS); rural black lower mean dmft compared to urban kids (5 y.o.) (SS)
5	Prevalence of dental caries, patterns of sugar consumption and oral hygiene practices in infancy in S. Africa.	Gordon		1985	cross-sectional		more semi skilled and unskilled parents in the population		
6	Oral health care for children attending a malnutrition clinic in SA	Gordon, N		2007	cross-sectional			55% were single mothers	38% were employed
7	Correlations between caries prevalence and potential etiologic factors in large samples of 4-5-yr-old children.	Granath		1991	cross-sectional				Rural children had: a higher plaque index; higher Gingival bleeding; higher salivary glow; higher salivary buffering capacity but lower lactobacillus culture and lower SM concentrations and lower dmfs levels
8	Prevalence of dental caries in 4- to 5-year-old children partly explained by presence of salivary mutans streptococci	Granath		1993	cross-sectional				dmfs score was higher in urban [5.9-12.4] than rural [3.6] children.

9	Dental caries in African preschool children: Social factors as disease markers	Khan	1998	cross-sectional	No association. 1.42 [0.89 to 2.27]	higher education showed a higher odds of caries prevalence compared to middle level education, p < 0.05. 1.68 [1.00 to 2.83]	no association between various income groups; no association between home crowded or not; no association between piped water absence or presence; no association between garbage collection or not	No association between unemployment of both parents, 1.03 [0.52 to 2.04]; both unemployed to employment of only one parent, 1.04 [0.54 to 2.02];	
10	Caries and micronutrient intake among urban South African children: a cohort study.	Mackeown	2003	cohort					
11	Dental caries incidence in relation to nutrient intake in urban preschool children	Mackeown	2001	cohort					
12	Energy and macronutrient intake in relation to dental caries incidence in urban black south African preschool children in 1991 and 1995: the Birth to ten study	Mackeown	2000	cohort					
13	Prevalence and causes of ECC in children less than 6 years old at Tembisa Hospital, SA	Mndzebele	2014	cross-sectional					
14	Characteristics of Children Under 6 Years of Age Treated for Early Childhood Caries in South Africa.	Mohamed	2018	cross-sectional		Very few parents had jobs that required a tertiary qualification. M	39.2% (n=55). N=140	n=86,45.5% unemployed; 36% employed; 33% unavailable data. Most occupations listed were those of blue-collar workers including jobs such as drivers, general workers and builders among the fathers. Four of the fathers were self-employed. The majority of the employed mothers listed jobs such as assistants, packers and cleaners.	Urban
15	ECC experience of children accessing selected immunization facilities in JHB	Molete	2018	cross-sectional		n=321 had a high school education; 84 had a tertiary education and 40 had a primary school education	majority parents were unemployed (n=310,69.5%)	310 (69.5%) were unemployed; 131 were employed and 5 were still at school	Urban
16	Parents influence on Early childhood caries among their children at a community health centre in Gauteng Province	Ntombela	2015	cross-sectional		91% had a primary education	73% were single; 27% were married	63% were unemployed and 37% were employed	
17	Socio-demographic correlates of early childhood caries prevalence and severity in a developing country--South Africa.	Postma	2008	cross-sectional	Children of high income, 8.29(3.1), 7.77 (3.09) had more sugar expenditure than children of unemployed or middle income, 7.63 (1.75). children of middle-income parents, had the highest dmft score, 3.10 (3.91) compared to children of high-income parents, 2.37 (3.38) and children of Unemployed parents, 2.56 (3.65). children of middle-income parents had the highest caries prevalence, 1533/2610 (58.57%), followed by children of high-income parents, 603/1179 (51.17%), followed by children of parents who were unemployed, 764/1511(50.57%) and			Children in urban, 8.06 (2.78), had higher sugar expenditure compared to non-urban, 7.35 (1.94) children. DMFT was higher in urban, 3.07 (3.88) compared to non-urban, 2.39 (3.46). caries prevalence was higher on urban, 1891/2528 (59.63%) compared to non-urban, 1550/3171 (48.87%)	
18	Sweets, snacks, and dental caries: South African interracial patterns.	Richardson	1981	cross-sectional					Urban (64+/-15.9) children consuming more sugar than rural children (54+/- 33.6)

19	The bearing of dietary sucrose on the deciduous dentition of pre-school children in Transvaal	Richardson	1979	cross-sectional					higher total sucrose intake per day in urban (686, 53.1338 (35.1)) compared to rural (427, 38.4 (31.5)).
20	Total sucrose intake and dental caries in Black and in White South African Children of 1-6 years: Part II	Richardson	1978	cross-sectional			Children in average SE groups had a lower total sugar intake, n=581, 76.07 (39.05) compared to the lower SE group, n=557, 60.28 (43.5).		Urban children consumed more sugar compared to rural children
21	Patterns of breast and bottle feeding and their association with dental caries in 1- to 4-year-old South African children. I. dental caries prevalence and experience. Community Dent Health 1993 10: 405-413	Roberts GJ, Cleaton-Jones PE, Fatti LP <i>et al.</i> Patterns of breast and bottle feeding and their association with dental caries in 1- to 4-year-old South African children. Community Dent Health 1993 10: 405-413			The odds of caries prevalence og babies in high (IIIm,IV, V) income to low income parents is (IIIIIN) 0.92 [0.72 to 1.19]				
22	Mutans Streptococci and other caries-associated acidogenic bacteria in five-year old children in SA	Toi	1998	cross-sectional					
23	Dental caries and dental treatment in the primary dentition in an industrialized dentition in an industrialized South African community.	Williams	1985	cohort					

