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Assessment of oral hygiene knowledge among users of a primary health care unit

Avaliação do conhecimento dos usuários de uma unidade básica de saúde sobre higiene bucal

Evaluación de los conocimientos sobre higiene bucal de los usuarios de una unidad básica de salud

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Abstract: Dental caries is a multifactorial chronic disease and remains an important public health problem, with oral health education in primary care being a fundamental strategy for its prevention. This quantitative, cross-sectional, observational study analyzed the knowledge of users of the USF Horácio Nóbrega, in the municipality of Patos (PB), Brazil, regarding the importance of oral hygiene. Data were collected between May and August 2026 through a semi-structured questionnaire addressing sociodemographic variables, oral hygiene knowledge, and habits, and were analyzed using descriptive statistics in Excel. The study was approved by the Research Ethics Committee (CAAE no. 00711626.3.0000.5181). A total of 64 users participated, predominantly female (82.8%) and aged 25 to 30 years (48.4%). Of these, 78.1% had previously participated in oral health education programs, and all reported knowing what caries is, although 20% were unaware of its consequences. Candy and chocolate were the foods most associated with caries, while yogurt and fruits were rarely mentioned. There was a high rate of correct answers regarding toothbrushing frequency (95.3%), its purpose (98.4%), the use of fluoride toothpaste (93.8%), and the function of dental floss (92.2%). However, only 46.9% used dental floss daily and 70.3% always brushed their teeth before bed. Regarding self-perception, 51.6% considered their knowledge only partial. It is concluded that users showed good knowledge of oral hygiene, but with gaps regarding the consequences of caries, the cariogenic potential of some foods, and the adoption of preventive habits, which reinforces the need for continuous and practical educational actions in primary care.

Keywords:
Dental caries; Oral hygiene; Oral health education; Primary health care.

Resumo: A cárie dentária é uma doença crônica multifatorial e permanece como importante problema de saúde pública, sendo a educação em saúde bucal na atenção primária uma estratégia fundamental para sua prevenção. Este estudo quantitativo, transversal e observacional analisou o conhecimento dos usuários da USF Horácio Nóbrega, no município de Patos (PB), sobre a importância da higiene bucal. Os dados foram coletados entre maio e agosto de 2026, por meio de questionário semiestruturado com questões sociodemográficas e sobre conhecimento e hábitos de higiene bucal, e analisados por estatística descritiva no programa Excel. O estudo foi aprovado pelo Comitê de Ética em Pesquisa (CAAE nº 00711626.3.0000.5181). Participaram 64 usuários, predominantemente do sexo feminino (82,8%) e com idade de 25 a 30 anos (48,4%). Do total, 78,1% já haviam participado de programas de educação em saúde bucal, e todos afirmaram saber o que é cárie, embora 20% desconhecessem suas consequências. As balas e o chocolate foram os alimentos mais associados à cárie, enquanto o iogurte e as frutas foram pouco citados. Houve elevado índice de acertos sobre a frequência da escovação (95,3%), sua finalidade (98,4%), o uso de creme

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dental com flúor (93,8%) e a função do fio dental (92,2%). Contudo, apenas 46,9% utilizavam o fio dental diariamente e 70,3% escovavam os dentes sempre antes de dormir. Quanto à autopercepção, 51,6% consideraram ter conhecimento apenas parcial. Conclui-se que os usuários apresentaram bom conhecimento sobre higiene bucal, mas com lacunas quanto às consequências da cárie, ao potencial cariogênico de alguns alimentos e à adoção de hábitos preventivos, o que reforça a necessidade de ações educativas contínuas e práticas na atenção primária.

Palavras-chave:
Cárie dentária; Higiene bucal; Educação em saúde bucal; Atenção primária à saúde.

Resumen: La caries dental, enfermedad crónica multifactorial, sigue siendo un problema importante de salud pública. La educación en salud bucal en atención primaria es fundamental para prevenirla. Este estudio cuantitativo, transversal y observacional analizó los conocimientos de los usuarios de la USF Horácio Nóbrega, en Patos (PB), sobre la importancia de la higiene bucal. Entre mayo y agosto de 2026 se aplicó un cuestionario semiestructurado sobre características sociodemográficas, conocimientos y hábitos de higiene bucal. Se usó estadística descriptiva en Excel. El Comité de Ética en Investigación aprobó el estudio (CAAE n.º 00711626.3.0000.5181). Participaron 64 usuarios, principalmente mujeres (82,8%) y personas de 25 a 30 años (48,4%). El 78,1% había participado en programas de educación en salud bucal y todos afirmaron saber qué es la caries, aunque el 20% desconocía sus consecuencias. Los caramelos y el chocolate fueron los alimentos más asociados con la caries, mientras que el yogur y las frutas se mencionaron poco. Hubo altas proporciones de aciertos sobre la frecuencia (95,3%) y finalidad del cepillado (98,4%), el uso de pasta dental fluorada (93,8%) y la función del hilo dental (92,2%). Sin embargo, solo el 46,9% usaba hilo dental a diario y el 70,3% se cepillaba siempre antes de dormir. El 51,6% consideró que tenía conocimientos parciales. Los usuarios demostraron buenos conocimientos de higiene bucal, con lagunas sobre las consecuencias de la caries, el potencial cariogénico de algunos alimentos y la adopción de hábitos preventivos. Esto refuerza la necesidad de educación continua y práctica en atención primaria.

Palabras clave:
Caries dental; Higiene bucal; Educación en salud bucal; Atención primaria de salud.

1. Introduction

Dental caries is a multifactorial chronic disease characterized by the progressive destruction of mineralized tooth tissues through the interaction of dental biofilm, a diet rich in fermentable carbohydrates, host factors, and time. The process occurs when microorganisms in the biofilm metabolize sugars and produce acids, which demineralize enamel and dentin and promote the development of carious lesions (CRUZ et al., 2020).

This oral condition remains a major global public health problem, affecting millions of people across age groups. Recent studies indicate that the disease can affect oral health and quality of life, interfering with eating, well-being, and general health (SANTOS et al., 2025).

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Oral infections and inflammatory processes can contribute to the development or worsening of systemic diseases, highlighting the need for preventive care and regular dental follow-up. In this context, preventive dentistry plays an important role in promoting health and reducing risks to general health (GONZALEZ et al., 2023).

As part of the educational activities and public policies that promote oral health, primary care professionals carry out educational and preventive activities to raise awareness of oral hygiene habits and disease prevention. These initiatives are essential to reducing inequalities in access to dental services and improving population health (LUCENA et al., 2024).

Recent evidence also confirms that dental caries remains strongly associated with social inequalities in health and is more prevalent in vulnerable populations. Brazilian studies indicate that low income, lower educational attainment, and limited access to dental services directly influence the incidence and severity of the disease. Approaches to caries should therefore consider both biological factors and social determinants so that more effective and equitable oral health promotion strategies can be developed (PERES et al., 2020).

The objective of this study was therefore to assess what patients at the Horácio Nóbrega Family Health Unit (USF) knew about the importance of oral hygiene.

2 Theoretical framework

2.1 Etiology and risk factors for dental caries

Dental caries is a highly prevalent chronic noncommunicable disease worldwide, characterized by a dynamic process of demineralization and remineralization of dental tissues. This process is mediated by the metabolic activity of microorganisms in dental biofilm, which ferment dietary carbohydrates and produce acids, leading to mineral loss from enamel and dentin. Disease progression is directly related to the frequency of sugar intake, the quality of oral hygiene, and biological host factors such as salivary flow and tooth resistance (FEJERSKOV; KIDD, 2015; PITTS et al., 2017).

Frequent consumption of ultra-processed foods high in fermentable sugars has also been identified as a major risk factor, especially when combined with inadequate oral hygiene. Recent studies show that these changes in eating habits contribute to persistently high rates of caries among children and adolescents (LOURENÇO NETO et al., 2022).

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2.2 Social determinants of oral health

The occurrence of dental caries is also closely linked to the social determinants of health. Income, education, housing conditions, and access to health services directly influence the distribution and severity of the disease. In Brazil, socially vulnerable individuals have greater caries experience, reflecting persistent inequalities in oral health. This underscores the need for equitable public policies and health promotion strategies that take people's social circumstances into account (PERES et al., 2020; RONCALLI et al., 2021).

2.3 Primary health care and oral health education

In this context, primary health care plays a central role in oral health promotion, particularly through the Family Health Strategy (ESF). Oral health teams work with communities to provide education, prevention, and treatment. Health education is essential to building knowledge and adopting preventive practices. Recent studies indicate that ongoing educational interventions help improve oral hygiene habits and reduce the incidence of dental diseases (SCHERER; SCHERER, 2021; CHAVES et al., 2022).

2.4 Evidence-based preventive measures

Among preventive strategies, fluoride stands out for its effectiveness in strengthening enamel and controlling bacterial activity. Fluoride is used in toothpastes and mouthwashes and in the fluoridation of public water supplies. Its use is an established public health policy in Brazil. Recent studies indicate that these measures help reduce the prevalence of caries, particularly in more vulnerable populations (ANTUNES; NARVAI, 2010; CURY et al., 2020).

3. Materials and methods

This quantitative, cross-sectional, observational study examined oral hygiene knowledge among users of the Horácio Nóbrega Family Health Unit (USF) in Patos, an inland municipality in the state of Paraíba with a population of 103,165 (IBGE, 2022).

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The sample comprised users of the Horácio Nóbrega USF in Patos, Paraíba, who had received dental treatment or were waiting in the reception area to see other health professionals.

Data were collected using a semi-structured questionnaire with closed-ended questions on sociodemographic characteristics (age, sex, and educational attainment) and users' knowledge of basic oral health and hygiene topics at the Horácio Nóbrega Family Health Program (PSF).

Users were eligible if they received care at the dental clinic or waited in the reception area to see other professionals between May and August 2026 and agreed to participate by signing the informed consent form (TCLE). Children, adolescents, older adults, adults over 45 years of age, and users from outside the unit's catchment area were excluded.

The results were analyzed in Excel using descriptive statistics, including absolute and relative frequencies.

The study was submitted to the Research Ethics Committee of the Centro Universitário de Ensino Superior de Patos (UNIFIP) and approved under Certificate of Submission for Ethical Review (CAAE) No. 00711626.3.0000.5181. The research was conducted with prior authorization from the Municipal Health Department of Patos, Paraíba, in accordance with the ethical principles set out in National Health Council Resolutions No. 510/2016 and No. 580/2018. All participants were informed of the study's objectives, risks, and benefits and signed the consent form after voluntarily agreeing to participate. Anonymity, confidentiality, and use of the data solely for scientific purposes were guaranteed, as was the right to withdraw at any time without penalty.

This study posed minimal risk to participants because it was observational and assessed oral hygiene knowledge among Horácio Nóbrega PSF users by means of an interview. Possible risks included discomfort, such as embarrassment or uncertainty when answering questions, especially if participants felt unfamiliar with the topic. A potential benefit is that the results can inform educational activities aimed at improving users' oral health.

4. Results and discussion

The study included 64 users of the Horácio Nóbrega USF, most of whom were female (82.8%; n=53). The most common age group was 25 to 30 years (48.4%), followed by 41 to 45 years (26.6%) and 31 to 40 years (25.0%). In terms of education, 42.2% had completed secondary education, 29.7% had completed higher education, and 12.5% had postgraduate

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education (Table 1). The predominance of women and young adults with intermediate to high educational attainment may reflect the profile of people who most often use primary care services. This profile is relevant to interpreting the findings because education is one of the social determinants that directly influence caries experience and access to health information (PERES et al., 2020; RONCALLI et al., 2021).

Table 1 – Sociodemographic characteristics of participants (n=64)

Variable	n	%
Sex		
Male	11	17.2%
Female	53	82.8%
Age group		
25 to 30 years	31	48.4%
31 to 40 years	16	25.0%
41 to 45 years	17	26.6%
Educational attainment		
Completed secondary education	27	42.2%
Completed higher education	19	29.7%
Postgraduate education	8	12.5%
Other educational levels	10	15.6%

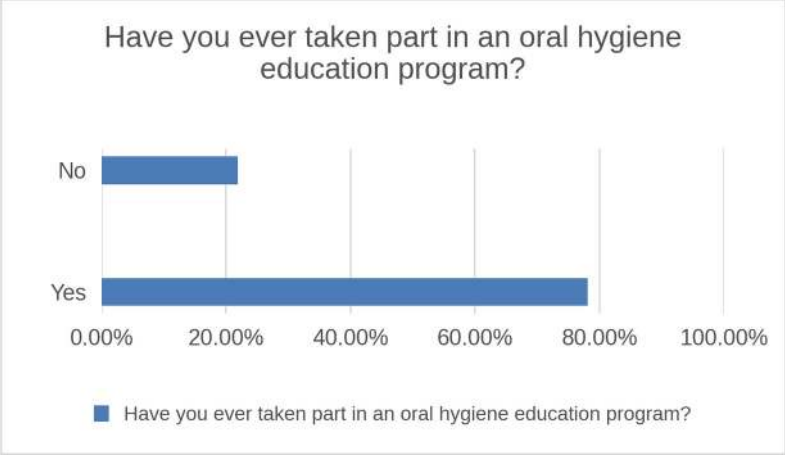
Source: Study data

Regarding prior participation in oral hygiene education programs, 78.1% (n=50) of participants had taken part and 21.9% (n=14) had never done so (Figure 1). This finding indicates good coverage of educational activities in the study population and is consistent with the central role of primary care, particularly the Family Health Strategy, in promoting oral health through education and prevention (LUCENA et al., 2024; SCHERER; SCHERER, 2021). As health education is essential to building knowledge and adopting preventive practices, previous exposure to these activities may have contributed to the level of knowledge observed for the other variables. Nevertheless, almost a quarter of participants had never taken part, revealing a gap that oral health teams need to address, particularly to reduce inequalities in access to information and services (LUCENA et al., 2024).

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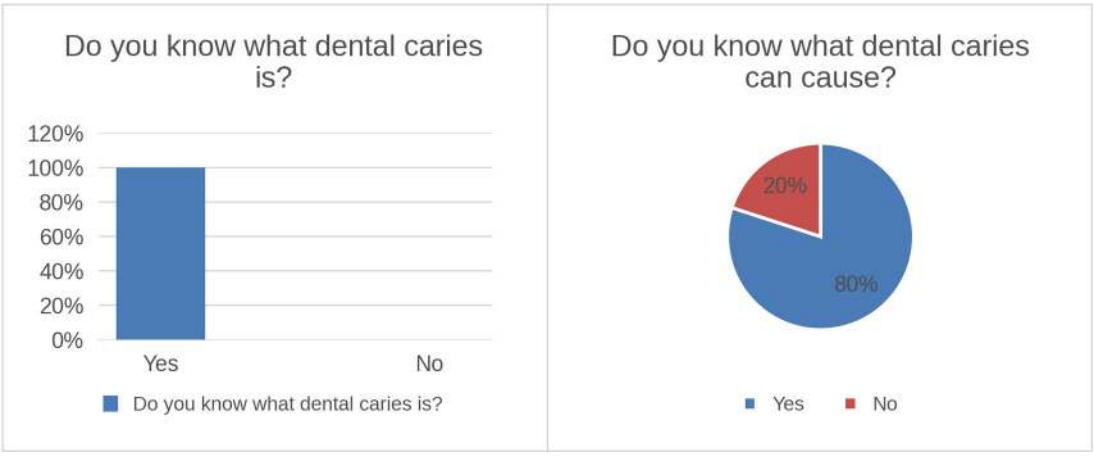
Figure 1 – Participants' prior participation in oral hygiene education programs (n=64).



Source: Study data

All participants (n=64) said they knew what dental caries was (Figure 2). This positive finding supports the view that caries, given its high prevalence worldwide, is widely recognized by the public (CRUZ et al., 2020). Recognizing caries, however, does not necessarily mean understanding its mechanisms or consequences. When asked what caries could cause, 80% said they knew and 20% said they did not (Figure 3). The gap between recognizing the disease and knowing its effects matters because caries can interfere with eating, well-being, and quality of life, and oral infections can contribute to the onset or worsening of systemic diseases (SANTOS et al., 2025; GONZALEZ et al., 2023). The 20% who did not know suggest that educational activities still need to emphasize the consequences of caries as well as its definition.

Figures 2 and 3



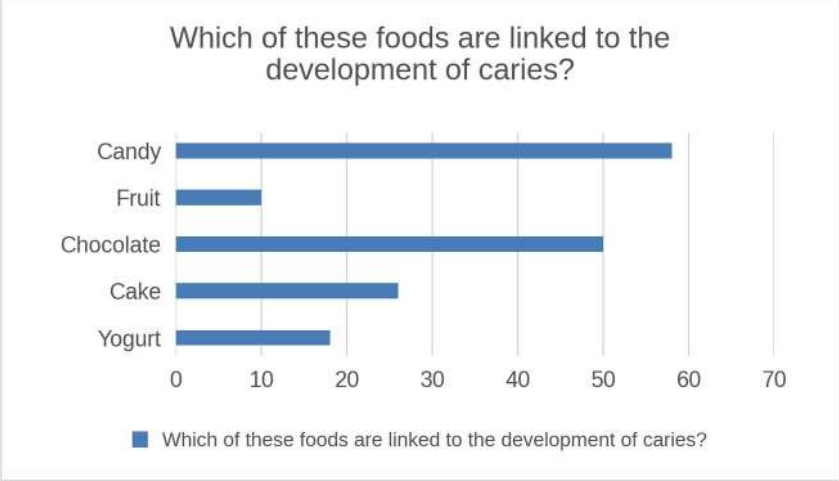
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Candy was the food most often linked to the development of caries (n=58), followed by chocolate (n=50) and cake (n=26). Yogurt and fruit were mentioned less often, by 18 and 10 participants, respectively (Figure 4). Participants mainly associated caries with foods that are obviously high in sugar, showing that they understood diet to be a key factor in the disease. Caries results from the metabolism of fermentable carbohydrates by microorganisms in the biofilm, and its progression is directly related to the frequency of sugar intake (FEJERSKOV; KIDD, 2015; PITTS et al., 2017). However, the lower frequency of mentions of yogurt, which may contain added sugar, and other processed products suggests that participants may not fully recognize the cariogenic potential of ultra-processed foods. Frequent consumption of such foods is considered a major risk factor for caries, particularly when combined with inadequate oral hygiene (LOURENÇO NETO et al., 2022). This highlights the importance of dietary guidance that covers both traditional sweets and ultra-processed products in educational activities.

Figure 4 – Foods identified by participants as associated with the development of dental caries



Source: Study data

There was a high proportion of correct answers to the questions about oral hygiene (Table 2). Most participants (95.3%) indicated that teeth should be brushed three or more times a day, and 98.4% identified removal of dental plaque and food debris as the purpose of toothbrushing. These findings are relevant because the quality of oral hygiene and biofilm control are determinants of caries progression (FEJERSKOV; KIDD, 2015; PITTS et al., 2017). In addition, 93.8% identified fluoride toothpaste as the most suitable product to help prevent caries. This finding is particularly important because fluoride is one of the most effective preventive measures, strengthening enamel and controlling bacterial activity. Its use in

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toothpaste is part of an established public health policy in Brazil (ANTUNES; NARVAI, 2010; CURY et al., 2020).

Table 2 – Oral hygiene knowledge (n=64)

Variable	N	%
How many times a day is it recommended to clean your teeth?		
Once	1	1.6%
Twice	1	1.6%
Three times or more	61	95.3%
Only after eating sweets	1	1.6%
What is the purpose of brushing your teeth?		
To make teeth whiter	1	1.6%
Only to prevent bad breath	0	0.0%
To remove dental plaque and food debris	63	98.4%
I don't know	0	0.0%
Which product is best for helping prevent caries?		
Fluoride toothpaste	60	93.8%
Fluoride-free toothpaste	3	4.7%
Activated charcoal toothpaste	0	0.0%
Baking soda	1	1.6%
Flossing is important because:		
It replaces brushing	0	0.0%
It removes debris and biofilm	59	92.2%
It only prevents bad breath	0	0.0%
It only removes trapped food	5	7.8%
Do you think mouthwash can replace brushing and flossing?		
Yes	1	1.6%
No	63	98.4%
I don't know	0	0.0%
Did you know bacteria can also accumulate on the tongue?		
Yes	61	95.3%
No	2	3.1%
I don't know	1	1.6%

Source: Study data

Knowledge of complementary oral hygiene methods was also satisfactory. About 92.2% recognized that dental floss removes debris and biofilm, 98.4% said mouthwash does not replace brushing and flossing, and 95.3% knew that bacteria can accumulate on the tongue. These findings indicate that participants understand oral hygiene as a set of complementary practices. This is consistent with the previous participation in education programs reported by most respondents, since ongoing educational interventions contribute to better hygiene habits

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and a lower incidence of dental disease (SCHERER; SCHERER, 2021; CHAVES et al., 2022). It is also possible that the educational attainment of the sample, with more than 40% having higher or postgraduate education, contributed to the strong performance, in line with the association between education and oral health described in the literature (PERES et al., 2020).

Regarding hygiene habits (Table 3), 68.8% reported replacing their toothbrush every three months or sooner, and 70.3% said they always brushed their teeth before bed. Brushing before bed is particularly important because salivary flow decreases during sleep, weakening one of the host's main defenses against demineralization (FEJERSKOV; KIDD, 2015). Although most participants reported this practice, nearly 30% brushed before bed only sometimes or rarely, which represents a risk factor. Daily tongue cleaning was reported by 76.6% of participants, another positive finding given the accumulation of bacteria in this area.

Table 3 – Oral hygiene habits reported by participants (n=64)

Variable	n	%
How often do you replace your toothbrush?		
Every 3 months or sooner	44	68.8%
Between 4 and 6 months	12	18.8%
After more than 6 months	8	12.5%
Only once a year	0	0.0%
Do you usually brush your teeth before bed?		
Always	45	70.3%
Sometimes	17	26.6%
Rarely	2	3.1%
Never	0	0.0%
Do you floss?		
Every day	30	46.9%
A few times a week	15	23.4%
Rarely	13	20.3%
Never	6	9.4%
Do you use any type of mouthwash?		
Daily	13	20.3%
A few times a week	16	25.0%
Rarely	25	39.1%
Never	10	15.6%
Do you usually clean your tongue during oral hygiene?		
Every day	49	76.6%
Sometimes	9	14.1%
Rarely	5	7.8%
Never	1	1.6%

Source: Study data

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Flossing showed the greatest gap between knowledge and practice. Although 92.2% knew what dental floss does, only 46.9% used it daily and 9.4% never used it. Daily mouthwash use was reported by 20.3%, and rare use was the most frequent response (39.1%). This discrepancy shows that knowledge alone does not guarantee adoption of preventive behavior. The finding highlights the need for ongoing, practical educational activities, such as demonstrations of techniques and individualized follow-up, instead of one-off activities that only provide information (CHAVES et al., 2022; LUCENA et al., 2024). Because biological, behavioral, and social factors interact in the development of caries, approaches to the disease should also account for social determinants and people's living circumstances to make health promotion strategies more effective and equitable (PERES et al., 2020; RONCALLI et al., 2021).

Regarding self-perceived knowledge (Table 4), 42.2% felt that they knew enough to care for their oral health, 51.6% felt that they had partial knowledge, and 6.3% felt that they did not know enough. This contrasts with the high rate of correct answers to the closed-ended questions and suggests that participants recognize gaps in their knowledge despite performing well. This may indicate openness to further educational activities and improved self-care. Because preventive dentistry plays an important role in promoting health and reducing risks to general health, primary care teams can build on this interest (GONZALEZ et al., 2023).

Table 4 – Self-perceived knowledge about oral health care (n=64)

Variable	n	%
Do you think you know enough to take proper care of your oral health?		
Yes	27	42.2%
Partly	33	51.6%
No	4	6.3%
I don’t know how to answer	0	0.0%

Source: Study data

Overall, the findings show that users of the Horácio Nóbrega USF have good oral hygiene knowledge, although gaps remain regarding the consequences of caries, the cariogenic potential of certain foods, and the adoption of habits such as regular flossing. This highlights the importance of maintaining and expanding oral health education in primary care to help users put their knowledge into practice.

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5. Final considerations

The results showed that users of the Horácio Nóbrega USF in Patos, Paraíba, had good oral hygiene knowledge. Correct responses were common on the frequency and purpose of toothbrushing, the use of fluoride toothpaste, the function of dental floss, the limitations of mouthwash, and the accumulation of bacteria on the tongue. All participants said that they knew what dental caries was, and most had previously taken part in oral health education programs, underscoring the role of primary care in building this knowledge.

However, important gaps were identified. Some participants did not know the consequences of dental caries, and they mainly linked the disease to foods with an obvious sugar content, such as candy and chocolate, with less awareness of the cariogenic potential of other products, such as yogurt and ultra-processed foods. A gap between knowledge and practice was also observed. Although most participants understood the importance of dental floss, fewer than half used it daily, and some did not brush before bed regularly. In addition, more than half felt that their knowledge of how to care for their oral health was only partial, indicating openness to further educational activities.

The findings indicate that knowledge alone does not ensure the adoption of adequate preventive habits. The unit's oral health teams should maintain and expand ongoing, practical educational activities, including demonstrations of oral hygiene techniques, dietary guidance that addresses ultra-processed foods, and emphasis on the consequences of caries for general health. Reaching users who have never participated in such activities is also important to reduce inequalities in access to information.

Study limitations include the small sample, the predominance of women, the intermediate to high educational attainment of participants, and recruitment at a single health unit, which preclude generalization of the findings. Further studies with larger and more diverse samples should assess how effectively educational interventions change behavior.

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