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Original Research

Oral health practices and determinants among university students – A cross-sectional study

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ABSTRACT

Objectives: A knowledge gap exists concerning how university students—a diverse and transitioning demographic—manage their oral health. This study aims to characterise the oral health practices of university students.

Methods: This cross-sectional study aimed to evaluate oral health behaviors and perceptions among students at the University of Porto, through an online survey.

Results: The findings indicate that while there are positive changes in some areas, such as a slight reduction in sugary drink consumption and increased awareness of oral health, significant areas of concern remain, particularly regarding the frequency of dental floss use and the consumption of sugary foods.

Conclusions: While university students demonstrate some positive oral health behaviors, important gaps remain that must be addressed. By implementing targeted educational and support programs that integrate mental health, dietary habits, and stress management, institutions can enhance their students' oral health and overall well-being, as underscored by this study's comprehensive approach to oral health promotion strategies. (Rev Port Estomatol Med Dent Cir Maxilofac. 2025;66(x):xxx-xxx)

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Introduction

Oral health is a critical component of both physical and psychological well-being, influenced by various social determinants such as education, socioeconomic status, and personal beliefs.[1] Despite extensive research on these influences, a knowledge gap remains concerning how university students — a diverse and transitioning demographic — manage their oral health.

The transition to university life often introduces students to a culture where nightlife, alcohol, and tobacco use are normalized.[2] For many, this period marks the first experience of significant independence, which can lead to behavioral changes associated with this newfound freedom. This exposure frequently results in neglecting areas such as sleep[3] and diet.[4] In particular, displaced students tend to rely on cheaper, less nutritious food options because of financial constraints and ease of preparation.[4] These lifestyle changes and stressors associated with higher education can lead to detrimental oral health practices.[1,5-7] Such behaviors are risk factors for oral diseases, which can adversely affect students' systemic health and academic performance.[8,9]

This study aims to characterize the oral health practices of university students. By gaining a deeper understanding of these determinants, we can develop targeted strategies to promote better oral health within this population, ultimately enhancing their overall well-being and academic success.

Material and methods

The eligible population for this cross-sectional study was 36,982 undergraduate and postgraduate students enrolled in the 2022/2023 academic year. A required sample size of 381 participants was calculated using a 95% confidence interval and a 5% margin of error.

Data were collected from January 23 to March 4, using an online questionnaire via Google Forms. The questionnaire was distributed through the university's email system and social media platforms (WhatsApp, Facebook Messenger, Instagram) in two rounds spaced 14 days apart. However, we established that we would use all the answers obtained and not limit the number of participants to the required sample size.

The questionnaire consisted of 33 questions divided into four sections:

1. **Demographic information:** Age, gender , residence, displacement status, faculty, field of study, study cycle, and parents' educational qualifications.
2. **Oral health behaviors:** Dietary habits (frequency and timing of sugary food/drink consumption), smoking habits (tobacco use, quantity, perceived increase), alcohol habits (frequency, perceived increase), oral hygiene practices (tooth brushing frequency and timing, use of dental floss, tongue brushing habits).
3. **Oral healthcare visits:** Dental visit history (last visit, regularity, barriers), impact of displacement on seeking care, awareness of oral health initiatives and services.
4. **Self-perception of oral health:** Signs and symptoms in the past year, attitudes toward oral health, self-assessment, importance of healthy teeth, concern for teeth vs. other body parts, influence of university attendance on self-perception.

Data were stored in Microsoft® Excel and analyzed using IBM® SPSS® Statistics 29. Descriptive statistics summarized all variables. Nominal and ordinal variables were reported as absolute and relative frequencies, while continuous variables were described using central tendency and dispersion measures. The McNemar-Bowker test assessed changes in oral

Table 1. Sociodemographic data characterization of participants (n = 616)

	% (N)		% (N)
Gender		**Father's education**	
Male	29.1 (179)	Not applicable	1.5 (9)
Female	70.0 (431)	<4th grade	8.4 (52)
Other	0.6 (4)	5th-6th grade	10.9 (67)
No response	0.3 (2)	7th-9th grade	13.0 (80)
		10th-12th grade	28.1 (173)
		High education	37.8 (161)
Place of birth		**Mother's education**	
Village	12.5 (77)	Not applicable	0.5 (3)
Town	17.2 (106)	<4th grade	5.5 (34)
City	70.3 (433)	5th-6th grade	8.9 (55)
		7th-9th grade	11.0 (68)
Displaced student		10th-12th grade	26.5 (163)
No	52.4 (323)	Higher education	47.5 (293)
Yes	47.6 (293)		
Course			
Non-health related	62.3 (384)		
Health related	37.7 (232)		
Study cycle			
Undergraduate	33.6 (207)		
Integrated Master's	38.3 (236)		
Other	28.1 (173)		

health behaviors before and after university entry, with a significance level of 0.05.

The study received approval from the Ethics Committee for Health of the Faculty of Dental Medicine (23/2023) and the Data Protection Unit of the University of Porto (A-10/2024). Participants provided informed consent in accordance with the Declaration of Helsinki guidelines. Participation was voluntary, confidential, and without cost or risk.

Results

The sample of 616 students consisted predominantly of females (70.0%), with ages ranging from 17 to 74 years (Table 1). Most participants (70.3%) were born in urban areas, and 47.6% reported displacement from their usual residence. Regarding education, 62.3% were enrolled in non-health-related courses. Most were in the early stages of higher education, with 33.6% in undergraduate programs and 38.3% in integrated master's programs. Parental education levels were generally low, especially among fathers.

The study assessed soft drink and sugary food consumption, as well as brushing habits, before and after participants entered the university (Table 2). No significant changes were observed in soft drink consumption frequency ($p > 0.05$). The proportion of students who never consumed soft drinks increased from 6.7% to 10.1%, those who rarely consumed them rose from 40.1% to 48.1%, while those consuming them sometimes decreased from 47.4% to 36.4%. The timing of soft drink consumption also remained unchanged ($p > 0.05$), with 65.1% consuming them during meals before university and 62.2% after. Similarly, no significant changes were noted in sugary food consumption frequency ($p > 0.05$), with stable percentages across all categories. The timing of sugary food consumption remained consistent ($p > 0.05$).

Table 2. Characterization of oral health-related habits of participants before and after entering the university (n = 616)

	Before % (n)	After % (n)	p
Frequency of soft drink consumption			
Never	6.7 (41)	10.1 (62)	
Rarely	40.1 (247)	48.1 (296)	p > 0.05
Sometimes	47.4 (292)	36.4 (224)	
Every day	5.8 (36)	5.5 (34)	
Moment of soft drink consumption			
Not applicable	15.9 (98)	19.5 (120)	
During meals	65.1 (401)	62.2 (383)	p > 0.05
Between meals	6.3 (39)	6.5 (40)	
Both	12.7 (78)	11.9 (73)	
Frequency of sugary food consumption			
Never	1.6 (10)	1.8 (11)	
Rarely	18.2 (112)	18.3 (113)	p > 0.05
Sometimes	56.5 (348)	56.5 (348)	
Every day	23.7 (146)	23.4 (144)	
Moment of sugary food consumption			
Not applicable	4.7 (29)	4.9 (30)	
During meals	9.1 (56)	10.1 (62)	p > 0.05
Between meals	67.4 (415)	66.2 (408)	
Both	18.8 (116)	18.8 (116)	
Frequency of brushing			
Never	0.3 (2)	0.3 (2)	
Once a day	15.4 (95)	11.5 (71)	p > 0.05
Twice a day	58.0 (357)	59.4 (366)	
Three or more times a day	26.3 (162)	28.7 (177)	
Moment of brushing			
Not applicable	0.2 (1)	0.2 (1)	
Breakfast	87.8 (541)	89.3 (550)	p > 0.05
Lunch	29.7 (183)	33.1 (204)	
Dinner	29.1 (179)	29.5 (182)	
At night before bed	73.4 (452)	75.5 (465)	
Frequency of use of dental floss/interdental brush			
Never	43 (265)	29.1 (179)	p < 0.001
Not daily	46.8 (288)	50.3 (310)	
Daily	10.2 (63)	20.6 (127)	
Daily frequency of tongue brushing			
Never	26.1 (161)	17.5 (108)	p < 0.001
Not daily	37.7 (232)	35.9 (221)	
Daily	36.2 (223)	46.6 (287)	

Statistical test: McNemar-Bowker. Significance level: $p < 0.05$.

Brushing frequency showed a slight increase in twice-daily brushing from 58.0% to 59.4% and in brushing three or more times a day from 26.3% to 28.7%. Brushing at breakfast and before bed increased slightly, from 87.8% to 89.3% and 73.4% to 75.5%, respectively, with no significant overall changes. Furthermore, there were significant improvements in both the use of dental floss/brushes and tongue brushing. Before entering university, 43.0% of individuals never used dental floss/brushes, but this dropped to 29.1% after entering university ($p < 0.001$). The percentage of individuals who always used dental floss/brushes increased from 10.2% to 20.6%. Similarly, those who never brushed their tongue decreased from 26.1% to 17.5% ($p < 0.001$).

Our study revealed diverse addictive behaviors (Table 3). In terms of tobacco habits, 82.6% of the students were non-smokers, 7.1% were ex-smokers, and 10.2% were smokers. Regarding changes in tobacco consumption during higher education, only 12.7% had increased their usage. Concerning alcohol habits, 38.8% did not consume alcohol, while 61.2% did. Changes in alcohol consumption during higher education indicated that 39.3% had increased their intake.

Participants reported various oral health conditions over the previous 12 months (Table 4). The most common issues included gum bleeding (39.1%), toothache (27.9%), TMJ pain (18.0%), bad breath (25.0%), tartar build-up (30.5%), and bruxism (18.2%). While 97.9% of students acknowledged the importance of good aesthetics and oral health, only 69.6% considered oral health equally important as the rest of the body. After entering higher education, 64.1% of students reported no change in their self-perception of oral health, while 35.9% noted an improvement.

The study also assessed the frequency of dentist visits, obstacles to seeking oral health care, changes in seeking oral health care among displaced students, and awareness of access to oral healthcare at FMDUP by University of Porto Social Services (SASUP) (Table 5). Economic reasons were cited as the most significant barrier by 32.8% of participants, followed by the perception of not needing care (23.1%).

Table 3. Characterization of addictive behaviors of the participants (n = 616)

	% (n)
Tobacco habits	
Non-smoker	82.6 (509)
Ex-smoker	7.1 (44)
Smoker	10.2 (63)
Change in tobacco consumption after entering the university	
Not applicable	70.9 (437)
Decreased/maintained	16.4 (101)
Increased	12.7 (78)
Alcohol habits	
Does not consume	38.8 (239)
Consumes	61.2 (377)
Change in alcohol consumption after entering the university	
Not applicable	29.9 (184)
Decreased/maintained	30.8 (190)
Increased	39.3 (242)

Table 4. Participants' self-perception regarding oral health (n = 616)

	% (N)
Oral health problems in the previous 12 months	
No problems	33.4 (206)
Gum bleeding	39.1 (241)
Dry mouth	16.9 (104)
Toothache	27.9 (172)
TMJ pain	18.0 (111)
Halitosis	25.0 (154)
Cavities	16.4 (101)
Tartar	30.5 (188)
Dental trauma	1.5 (9)
Bruxism	18.2 (112)
Self-assessment of oral health	
Very bad	0.6 (4)
Bad	4.1 (25)
Reasonable	23.2 (143)
Good	53.6 (330)
Very good	18.5 (114)
Importance of aesthetics regarding oral health	
Not important	2.1 (13)
Important	97.9 (603)
Degree of concern regarding oral health versus systemic health	
No difference	0.3 (2)
Less concerned	12.2 (75)
Equally concerned	69.6 (429)
Self-perception in oral health after entering the university	
No increase	64.1 (395)
Increase	35.9 (221)

TMJ – Temporomandibular joint

Table 5. Characterization of the demand for oral healthcare (n = 616)

	% (n)
Frequency of dentist visits	
Never	1.3 (8)
Rarely	15.7 (97)
Annually	41.6 (256)
Bi-annually	32.3 (199)
Less than 6 months intervals	9.1 (56)
Barriers to oral healthcare	
Disliking oral care	8.6 (53)
Not needing	23.1 (142)
Economic reasons	32.8 (202)
Lack of time	13.0 (80)
Scheduling incompatibility	11.4 (70)
Distance to the usual dentist	11.2 (69)
Change in seeking oral healthcare in displaced students	
Not applicable	53.6 (318)
No change	25.0 (154)
Change	23.4 (144)
Awareness of access to oral healthcare at FMDUP by SASUP	
Unaware	66.1 (407)
Aware	33.9 (209)

SASUP – Social Action Porto University Services; FMDUP – Faculty of Dental Medicine of the University of Porto

Discussion

This study investigates the impact of transitioning to higher education on the oral health habits of university students. While there have been positive changes, such as reduced sugary drink consumption and increased oral health awareness, areas of concern persist.

Our results show that 88.1% of students brush their teeth at least twice daily, aligning with findings from Dias et al.[10] and Almeida et al..[11] However, only 20.6% of students use dental floss daily, a crucial practice for preventing oral health diseases.[5] Regarding the frequency of cleaning interproximal spaces, despite the statistically significant increase in the transition from secondary to higher education, 29.1% of students reported never using dental floss, compared to 39.7% in the general Portuguese population.[12] The same phenomenon was observed regarding tongue cleaning: tongue brushing frequency increased significantly compared to the pre-university period, but still, 17.5% of higher education students reported never doing it. Our findings suggest neglected behavioral aspects in comprehensive oral hygiene practices. Additionally, there was lower adherence to brushing after lunch, possibly due to the inconvenience of carrying dental supplies. Institutions could address this by offering hygiene kits in vending machines and placing reminders in cafeterias and restrooms.

Even though the results indicate no significant changes in the frequency of soft drink and sugary food consumption, 62.2% of students consumed sugary foods between meals, which significantly increases the risk of dental caries.[13] These findings are similar to those of Almeida et al.[11] and Fortes et al.[5] The consistency of these habits from secondary to higher education, despite efforts to reduce sugary intake, highlights the difficulty in altering behaviors established during childhood and adolescence.[14] To address this, dietary education interventions are needed to reduce sugar intake and promote healthier eating habits, such as providing healthier food options on campus and educational workshops on nutrition.

The transition to university often brings increased stress and peer influence for some addictive behaviors, which negatively impact oral health.[15,16] Studies have linked stress to higher rates of smoking and alcohol consumption,[17] a finding supported by our study, where 12.7% of students reported increased tobacco use after entering university. Additionally, 61.2% of students reported alcohol consumption, with 39.3% noting an increase since starting university.

Risk factors for dental caries and periodontal disease, such as smoking, alcohol consumption, and a diet rich in sugars, also increase the risk of other leading non-communicable diseases like diabetes, heart disease, cancer, and stroke.[18] Therefore, effective mental health support, stress management programs, awareness campaigns on addictive behaviors, and a healthy lifestyle are crucial for comprehensive oral health improvement.

Only 69.6% of the participants were equally concerned about the importance of oral health as the rest of the body, and 23.1% did not see the need to visit a dentist, showing a lack of literacy. However, there is a bidirectional relationship between oral and general health, impacting one's quality of life.[19-21] A study by Ying et al.[22] found that only 19.1% of healthy students regularly visited the dentist every 6-12 months, while 51.1% only sought dental care when in pain. Health literacy has a big impact on one's health decisions, so universities should enhance educational programs.

A third of the participants (32.8%) mentioned economic barriers to accessing oral healthcare. In Portugal, dental care is primarily provided by the private sector and paid for through direct payments or a voluntary social insurance scheme. However, the government-funded "Cheque Dentista" initiative does not cover young adults over 18 years. To address this barrier, the Faculty of Dental Medicine of the University of Porto (FMDUP) and its Social Action Services provide dental care at reduced rates to university students. Still, more than half of the participants (66.1%) were unaware. Universities often have health-promoting support structures, but community awareness may be hindered by poor communication and inefficient promotion.[23] A possible solution is to invest in digital marketing on student community websites and to implement awareness campaigns and screenings at the faculties at the beginning and throughout the academic year.

The findings of this study have implications for public health initiatives targeting university students. Institutions should implement comprehensive oral health education programs that include stress management and dietary advice. Additionally, providing resources such as hygiene kits and educational materials on the importance of flossing could significantly improve oral health outcomes among students.

This study has limitations. The cross-sectional design limits our ability to establish causality between university life and changes in oral health behaviors. Future research should aim to include a more balanced gender distribution and employ longitudinal designs to understand the causal relationships better. Future studies should also explore the long-term impacts of university life on oral health, focusing on identifying effective interventions to promote healthy behaviors, particularly among students from diverse cultural and socioeconomic backgrounds. Investigating the role of mental health support in maintaining good oral hygiene practices would also be valuable. Moreover, research should consider the specific needs of different student populations, including those from various cultural and socioeconomic backgrounds.

Conclusions

Although university students exhibit some positive oral health behaviors, such as increased use of dental floss and brushing their tongues, notable behavior gaps still exist. They frequently consume sugary foods and often lack thorough oral hygiene routines. Economic obstacles and a lack of knowledge about available services hinder access to oral healthcare. To effectively tackle these issues, institutions should develop comprehensive educational strategies that combine mental health resources, dietary guidance, and enhancements in accessibility.

Conflict of interest

The authors have no conflicts of interest to declare.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that they have followed their work center protocols on access to patient data and for its publication.

Right to privacy and informed consent. The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

CRediT authorship contribution statement

João Henrique Ferreira: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft. **Maria Lurdes Pereira:** Data curation, Investigation, Supervision, Validation, Writing – original draft. **Maeva Fonseca:** Writing – review & editing. **Leonor Frey-Furtado:** Data curation, Writing – original draft, Writing – review & editing.

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Práticas e determinantes de saúde oral entre estudantes universitários – um estudo transversal

RESUMO

Objetivos: Existe uma lacuna de conhecimento sobre como os estudantes universitários – um grupo demográfico diversificado e em transição – gerem a sua saúde oral. Este estudo tem como objetivo caracterizar as práticas de saúde oral dos estudantes universitários.

Métodos: Este estudo transversal teve como objetivo avaliar os comportamentos e perceções de saúde oral entre estudantes da Universidade do Porto, através de um inquérito online.

Resultados: Os resultados indicam que embora existam mudanças positivas em algumas áreas, como uma ligeira redução no consumo de bebidas açucaradas e uma maior sensibilização para a saúde oral, continuam a existir áreas significativas de preocupação, particularmente no que diz respeito à frequência do uso do fio dentário e ao consumo de alimentos açucarados.

Conclusões: Embora os estudantes universitários demonstrem alguns comportamentos positivos em matéria de saúde oral, permanecem lacunas importantes que precisam de ser abordadas. Ao implementar programas educativos e de apoio direcionados que integram a saúde mental, os hábitos alimentares e a gestão do stress, as instituições podem melhorar a saúde oral e o bem-estar geral dos seus alunos, conforme sublinhado pela abordagem abrangente deste estudo às estratégias de promoção da saúde oral. (Rev Port Estomatol Med Dent Cir Maxilofac. 2025;66(x):xxx-xxx)

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