

ORIGINAL RESEARCH

Relationship Between the Educational Level and the Self-Perception of Dental Caries in Adults Aged 18 to 64 Years in Sucre Parish in 2025

Relación entre el grado de instrucción y la autopercepción de caries dental en adultos entre los 18 a 64 años en la parroquia Sucre del 2025

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ABSTRACT

Introduction: Critical epidemiology posits that an individual's social position within the productive process determines their way of life, which in turn conditions the health-disease process, building a profile of either deterioration or protection; the educational attainment of adults is a precursor to this insertion. Objective: To analyze the relationship between educational level and the self-perception of dental caries in adults aged 18 to 64 years during 2025. Materials and Methods: A descriptive study was conducted with a sample of 433 adults from Sucre Parish. A structured survey was applied to collect sociodemographic information and evaluate the self-perception of dental caries. Data were analyzed through descriptive statistics and association tests to determine the relationship between educational level and the self-perception of dental caries. Results: Twenty-eight point four percent (28.4%) of the participants reported perceiving dental caries, while 71.6% indicated that they did not consider it present. The most affected activities were eating (18.0%) and smiling or showing the teeth (11.8%), with mild and moderate levels of impact prevailing. A statistically significant association was found between educational level and the self-perception of dental caries ($p = 0.039$), with higher self-perception observed among individuals with lower educational levels. Conclusion: The self-perception of dental caries in adults does not depend only on the presence of the disease, but also on educational level. Educational level influences how individuals recognize and value their oral health, which highlights the importance of considering social factors in prevention and health promotion strategies.

Keywords: Dental caries. Self-perception. Oral health. Educational level

RESUMEN

Introducción: La epidemiología crítica, plantea que la posición social de la persona dentro del proceso productivo, determina su modo de vida y este condiciona el proceso de salud-enfermedad construyendo un perfil de deterioro o de protección, el grado de instrucción de personas adultas es un precursor de esta inserción. Objetivo: Analizar la relación entre el grado de instrucción y la autopercepción de caries dental en adultos de 18 a 64 años durante el año 2025. Materiales y Métodos: Se realizó un estudio de tipo descriptivo correlacional en una muestra de 433 adultos pertenecientes a la parroquia Sucre. Se aplicó una encuesta estructurada que permitió recopilar información sociodemográfica y evaluar la autopercepción de caries dental. Los datos fueron analizados mediante estadística descriptiva y pruebas de asociación para determinar la relación entre el nivel educativo y la autopercepción de caries. Resultados: El 28,4% de los participantes manifestó auto percibir caries dental, mientras que el 71,6% indicó no considerarla presente. Las actividades diarias más afectadas fueron comer alimentos (18,0%) y sonreír o mostrar los dientes (11,8%), predominando niveles de afectación leve y moderada. Se encontró una asociación estadísticamente significativa entre el grado de instrucción y la autopercepción de caries dental ($p = 0,039$), observándose mayor

autopercepción en personas con menor nivel educativo. Conclusión: La autopercepción de caries dental en adultos no depende únicamente de la presencia de la enfermedad, sino también del nivel educativo. El grado de instrucción influye en la forma en que las personas reconocen y valoran su salud bucal, lo que resalta la importancia de considerar factores sociales en las estrategias de promoción y prevención.

Palabras clave: Caries dental. Autopercepción. Salud oral. Grado de instrucción

INTRODUCTION

Dental caries is one of the most prevalent oral diseases worldwide and represents a major public health problem due to its high frequency and its functional, aesthetic, and social consequences ⁽¹⁻²⁾. This condition affects individuals of all ages; however, its impact in adulthood is particularly relevant because it develops progressively during its initial stages, which may delay timely diagnosis and treatment. Dental caries develops through the demineralization of the hard tissues of the tooth caused by acids produced by the bacterial metabolism of carbohydrates ⁽³⁻⁵⁾. Despite advances in dentistry, this disease continues to be one of the leading causes of tooth loss, particularly among populations with limited access to healthcare services and education ⁽⁶⁻⁸⁾.

Oral health depends not only on biological factors but also on social, economic, and cultural determinants, among which educational level plays a fundamental role ⁽⁹⁻¹⁰⁾. The level of education influences knowledge, attitudes, and practices related to oral care, as well as the ability to recognize signs and symptoms ⁽¹¹⁻¹⁴⁾.

Self-perception refers to the subjective assessment that each person makes of their oral health status. It is based on personal experience and the ability to identify signs such as pain, sensitivity, discoloration, or cavities. Although it does not replace professional diagnosis, it influences the decision to seek timely dental care. Adequate self-perception allows problems to be detected early and appropriate treatment to be received in a timely manner ⁽¹⁵⁻¹⁹⁾.

Different studies have shown that educational level is associated with oral health self-perception. Individuals with higher educational attainment have greater knowledge and awareness regarding oral care. In contrast, those with lower educational levels tend to have an inadequate perception of their oral health, which may contribute to the development of dental caries. This situation is more evident in communities with limited access to education and healthcare services ⁽²⁰⁻²³⁾.

In the Sucre parish of Cuenca canton, there is an adult population in which educational level may influence the self-perception of dental caries. However, few studies have analyzed this relationship in this context. Therefore, this study aimed to analyze the relationship between educational level and self-perception of dental caries among adults aged 18 to 64 years during 2025. The results may contribute to the development of preventive strategies aimed at improving oral health.

MATERIALS AND METHODS

The study design was non-experimental, cross-sectional, and correlational, as it allowed the variables to be described and their relationship to be analyzed. The study was conducted in the field, as the data were collected directly from the population of the Sucre parish. The technique used was a structured survey. The research was cross-sectional because the data were collected during a single period in 2025 using a door-to-door survey strategy.

The study population consisted of individuals aged 18 to 64 years residing in the Sucre parish of Cuenca canton, according to the following selection criteria:

Inclusion criteria

All adults of both sexes within the specified age range (18 to 64 years) who resided in the Sucre parish and voluntarily agreed to participate were included. Individuals of both sexes who were residents of the area and had been surveyed within the previous five years were also included.

Exclusion criteria

Individuals with disabilities and healthcare professionals were excluded.

Sample size

Non-probability convenience sampling was used for this study. The sample size was calculated using the sampling formula for an unknown population. Assuming maximum sample variability, $p = 0.5$ was considered; the margin of error was set at 5%, and the confidence level at 95%, using the constant $Z = 1.96$. The sample size calculation yielded 384 study units; however, given the accessibility of participants, the sample was increased to 433 individuals, equivalent to an additional 12%, in order to prevent potential losses.

Data collection instruments

A structured survey was used as the primary data collection instrument. The first section assessed the respondents' educational level and other demographic variables. The second section consisted of a survey assessing self-perception of dental caries and the main discomforts associated with it. This instrument was validated by Rosales and Encalada in Cuenca, Ecuador (24).

Data collection procedure

This research was conducted in the Sucre parish, Cuenca canton, Azuay Province, Ecuador. This area was selected because it is a growing urban area with a heterogeneous population and access to healthcare services. Therefore, coordination was established with the Directorate of the Dentistry Program at Universidad Católica de Cuenca to carry out a larger project analyzing barriers to access to oral healthcare services in the institution's area of influence, with the subsequent purpose of assessing the relevance of the Dentistry Program and its specialties. Following this expression of interest, approval was requested from the Bioethics Committee of the same university, and authorization was granted under code CEISH-UCACUE-2025-078.

For data collection, the surveyors underwent calibration, and only those who achieved agreement greater than 80% with an expert were authorized to conduct the surveys. During the community survey, the surveyor introduced themselves and explained the nature of the study to the residents, informing them that the survey was anonymous and that the content of their responses would be handled confidentially. Subsequently, participants were asked to read and sign the informed consent form. The survey addressed several aspects of the participants' health; for this study, only responses related to dental caries and

This project was conducted from July 1, 2025, to August 30, 2025. Data were collected using paper-based surveys, which were subsequently digitized using the EPI INFO software. The data were then exported to IBM SPSS Statistics version 30 for organization, processing, and analysis. A univariate analysis was performed to describe all population characteristics and the main study variable. Subsequently, a bivariate analysis was conducted to assess the statistical relationship between educational level and self-perception of dental caries using the chi-square test of independence.

RESULTS

Among the 433 inhabitants surveyed, a higher proportion of men (54.5%) than women (45.5%) participated in the study. Most participants were in the 18–44-year age group, accounting for 75.5% of the sample, indicating that the study population consisted predominantly of young adults.

Regarding educational level, 51.0% of the sample had university-level education, followed by participants with secondary education, who represented 34.4%. Lower educational levels, such as primary education (3.0%) and no formal education (0.2%), had minimal representation. This indicates that the study population predominantly had a medium to high educational level (Table 1).

Table 1. Sociodemographic Variables

Characteristic	N	%
Sex		
Female	197	45.5
Male	236	54.5
Total	433	100.0
Age		
18 to 44 years	327	75.5
45 to 64 years	106	24.5
Total	433	100.0
Educational level		
No formal education	1	0.2
Primary education	13	3.0
Secondary education	149	34.4
Technical higher education	49	11.3
University education	221	51.0
Total	433	100.0

Regarding self-perception of dental caries, 71.6% of the inhabitants of the Sucre parish reported not perceiving dental caries. This indicates that fewer than one-third of the participants recognized the presence of this condition (Table 2).

Table 2. Self-Perception of Dental Caries

Self-Perception of Dental Caries	N	%
Perceives dental caries	123	28.4
Does not perceive dental caries	310	71.6
Total	433	100.0

When analyzing daily activities affected by the presence of dental caries, the most affected activity was eating food, at 18.0%. Other activities were also affected, including smiling or showing one's teeth (11.8%) and brushing one's teeth (11.5%). In contrast, activities such as interacting with other people (6.0%) and speaking clearly (6.7%) were the least affected (Table 3).

Table 3. Impact on Daily Activities

Activity	Yes n	No %	Total n
Eating food	78	18.0	355
Speaking clearly	29	6.7	404
Brushing one's teeth	50	11.5	383
Resting	42	9.7	391
Maintaining a good mood	36	8.3	397
Smiling, laughing, and showing one's teeth	51	11.8	382
Doing schoolwork	29	6.7	404
Interacting with other people	26	6.0	407

Regarding the severity of the impact, most participants reported no problems. When an impact was present, mild or moderate severity predominated. The activity of eating food showed moderate impairment in 7.6% of participants and mild impairment in 7.2%. Severe levels were low across all activities, with the highest proportion observed for smiling and laughing, at 3.5% (Table 4).

Table 4. Severity of the Impact on Daily Activities in Relation to Self-Perception

Activity	Mild n	Moderate %	Severe n	Does not perceive %	Total n
Eating food	31	7.2	33	7.6	14
Speaking clearly	10	2.3	13	3.0	6
Brushing one's teeth	26	6.0	19	4.4	5
Resting	20	4.6	15	3.5	7
Maintaining a good mood	16	3.7	14	3.2	6
Smiling, laughing, and showing one's teeth	14	3.2	22	5.1	15
Doing schoolwork	13	3.0	8	1.8	8
Interacting with other people	8	1.8	11	2.5	7

When analyzing the bivariate association (Table 5), an inverse gradient was observed between educational level and self-perception of dental caries ($p = 0.039$). Participants with lower educational attainment (primary education) reported the highest proportion of self-perceived dental caries (61.54%). In contrast, among participants with secondary, technical higher, and university education, the percentages of self-perceived dental caries decreased to 28.19%, 24.49%, and 27.15%, respectively, indicating a higher proportion of individuals who did not perceive the presence of the condition.

Table 5. Association Between Educational Level and Self-Perception of Dental Caries

Educational level	Self-Perception of Dental Caries				Total		p
	Perceives dental caries		Does not perceive dental caries		n	%	
	n	%	n	%			
Primary education	8	61,54	5	38,46	13	3,00	0,039
Secondary education	42	28,19	107	71,81	149	34,41	
No formal education	1	100,00	0	0,00	1	0,23	
Technical higher education	12	24,49	37	75,51	49	11,32	
University education	60	27,15	161	72,85	221	51,04	
Total	123	28,41	310	71,59	433	100,00	

DISCUSSION

The present study aimed to analyze the self-perception of dental caries and its relationship with educational level among inhabitants of the Sucre parish. It was found that 28.4% of participants reported perceiving dental caries, whereas 71.6% indicated that they did not perceive its presence.

Regarding daily activities, the activity most affected in the present study was eating food (18.0%), followed by smiling or showing one's teeth (11.8%) and brushing one's teeth (11.5%). These results are consistent with those reported by Salvador and Toassi ⁽²⁶⁾. Conversely, activities such as speaking clearly (6.7%) and interacting with other people (6.0%) were the least affected. In this regard, Goettems et al. ⁽²⁷⁾ demonstrated that the negative impact on oral health perception increased significantly in the presence of dental pain and fear of dental treatment, reaching prevalence ratios of up to 2.95 among patients experiencing both pain and fear.

Regarding severity, mild or moderate levels predominated, and most participants reported no perceived impairment. Sánchez and Villavicencio ⁽²⁸⁾, meanwhile, reported that adults in the Ecuadorian highlands tend to prioritize other economic and family needs over oral health, which reduces the expression of discomfort. This behavior could explain why, although discomfort was reported in certain daily activities, severe impact was low.

One of the most relevant findings of this study was the statistically significant association between educational level and self-perception of dental caries ($p = 0.039$). It was observed that 61.54% of participants with primary education perceived themselves as having dental caries, whereas this percentage decreased to 27.15% among those with university education. This finding indicates that educational level influenced the way individuals recognized their oral health condition.

In this context, Abreu et al. ⁽²⁹⁾ explain that oral diseases are deeply influenced by social determinants such as education, income, and social environment. They point out that educational level not only influences the presence of disease but also the perception of health status and the use of dental services. This supports the findings of the present study, in which educational level showed a significant influence on self-perception.

Similarly, Ortega et al. ⁽³⁰⁾ reported statistically significant associations between dental caries and low self-perception of oral health, with p -values < 0.01 . Therefore, these findings suggest that the perception of disease depends not only on its clinical presence but also on social conditions such as education. Thus, both the disease itself and the educational context influence how individuals recognize their oral health status.

The finding of greater self-perception of dental caries among individuals with primary education (61.54%) compared with those with university education (27.15%) may be explained by the accumulation of oral health inequalities. Among individuals with lower educational attainment, limited access to primary preventive measures and timely restorative dental care often leads to advanced stages of the disease, such as severe cavitation, pain, or difficulty chewing, which facilitates symptomatic recognition by the individual. Conversely, among individuals with higher educational levels, lower self-perception may reflect both a lower actual prevalence of disease and the presence of incipient, non-cavitated lesions that go unnoticed without specialized clinical examination.

In the adult population of the Sucre parish, self-perception of dental caries was unevenly distributed and was significantly associated with educational level ($p = 0.039$). Adults with lower educational attainment (primary education) reported substantially higher self-perception of dental caries (61.54%) compared with those with higher education (27.15%). This demonstrates that educational attainment acts as a fundamental social determinant that influences not only exposure to risk factors but also the symptomatic experience and recognition of

oral health deterioration. Although most participants did not perceive severe impairment, the functional impact on key daily activities—particularly chewing and the aesthetic and social dimensions of smiling—demonstrates that dental caries generates cumulative limitations in adults' quality of life.

These findings reinforce the need to move beyond strictly biological approaches and promote public oral health policies focused on social equity. It is recommended that participatory assessment and self-perception be integrated into primary healthcare strategies, while future studies should also incorporate objective clinical assessments, such as the DMFT index or ICDAS, to reduce the gap between perceived and clinically diagnosed disease.

Among the limitations of this study were its cross-sectional design and the use of non-probability sampling, which restrict causal inference and the generalizability of the findings to the entire population of the canton. Furthermore, the assessment of dental caries was based on self-report through a structured survey without concomitant clinical validation, such as the DMFT index or ICDAS. Nevertheless, the achieved sample size ($n = 433$) and the calibration of the surveyors provide robustness to the data for understanding oral health perception from a community perspective.

CONCLUSIONS

After analyzing the study variables, it was found that fewer than one-third of the adults evaluated perceived themselves as having dental caries and that the impact on their daily activities was mostly mild or moderate. The activities most affected were eating and smiling, demonstrating that dental caries continues to influence basic and social aspects of everyday life.

Furthermore, educational level was found to be associated with self-perception of dental caries, confirming that the way individuals understand and recognize their oral health is influenced by social factors. Therefore, the disease depended not only on its clinical presence but also on how each individual interpreted it according to their experience, context, and educational level. Overall, these findings highlight the importance of considering population perceptions when designing oral health promotion and prevention strategies, integrating not only clinical diagnosis but also sociodemographic characteristics.

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AUTHOR CONTRIBUTION STATEMENT

Conceptualization and study design: Ebingen Villavicencio-Caparó; Literature review: All authors; Methodology and validation: All authors; Formal analysis: All authors; Research and data collection: Marco Aguirre Zavala; Data analysis and interpretation: All authors; Writing—original draft preparation: All authors; Writing: All authors; Supervision: Diana Alvarez Alvarez; Project administration: Ebingen Villavicencio-Caparó; Funding acquisition: Not applicable.

CONFLICTS OF INTEREST

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