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Antonio Carlos Mendes
Sá. Email: mendessa@gmail.com

AFFILIATED INSTITUTION

1- Federal University of Roraima.

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EDUCATION IN ORAL HEALTH: A Reflective Approach for Quality of Life.

Authors: Antonio Carlos Mendes Sá (1)

REVIEW ARTICLE

ABSTRACT

This work aims at critical reflection on the actions that determine a good level of oral health. Health promotion is a process that can positively affect the quality of life of a population. Dental problems have a low priority compared to diseases considered to be of social relevance. Prevention of oral diseases must be developed at three levels: primary, secondary and tertiary. Self-diagnosis is extremely important, because the sooner the problem is detected and prevention services are activated, the greater the chances of an effective treatment. Among oral health problems, dental caries is considered a damage that deserves higher priority due to its high prevalence. Oral cancer gained the second degree of priority, due to its severity, followed by periodontal diseases. Education in oral health has been increasingly required, taking into account the low cost and the possibilities of dental impact on public health. Therefore, the role of educating should not be the exclusive responsibility of the professional conventionally called teacher, but of any citizen.



EDUCAÇÃO EM SAÚDE ORAL: Uma Abordagem Reflexiva para Qualidade de Vida.

Este trabalho visa reflexão crítica, sobre as ações que determinam um bom nível de saúde bucal. A promoção da saúde é um processo que pode afetar positivamente a qualidade de vida de uma população. Os problemas dentários apresentam uma baixa prioridade frente às doenças consideradas de relevância social. A prevenção das doenças bucais deve ser desenvolvida, em três níveis: primários, secundários e terciários. O auto-diagnóstico é de extrema importância, pois quanto mais cedo for detectado o problema e acionados os serviços de prevenção, maiores são as possibilidades de um tratamento eficaz. Entre os problemas de saúde bucal, a cárie dentária é considerada como um dano a merecer maior prioridade por sua grande prevalência. O câncer bucal ganhou o segundo grau de prioridade, devido a sua gravidade, vindo a seguir as doenças periodontais. A educação em saúde bucal tem sido cada vez mais requisitada, levando-se em conta o baixo custo e as possibilidades de impacto odontológico para a saúde coletiva. Portanto, o papel de educar não deve ser atribuição exclusiva do profissional convencionalmente denominado professor, mas de qualquer cidadão.

Keywords: Saúde bucal; Campanhas educativas; Qualidade de vida

INTRODUÇÃO

Health promotion at any stage of life is a process that can positively affect the quality of life of a population. Integrated community work, public health policies, with activities from all areas, plays an important role in establishing the community's socio-economic standard.

According to Chaves (1986), health is the fullness and harmony of physical functions, the balance of mental processes and the efficient performance of social activities. The same author also reports that the first two aspects (physical and mental), are admittedly under the aegis of medicine, while social well-being also involves other areas, such as education, recreation, social security, among others.

In the early days of humanity, individuals did not have processed foods, which required great muscle strength from them to perform the chewing process (MONTENEGRO 2007).

Oral health is an essential component for the individual's state of health, this conduct has been relegated to forgetfulness by many people, led by the most diverse issues, from the question of lack of information, through the economic factor and the neglect with the oral health, in the case of Brazilians, when discussing the health conditions of the population.

Despite all the development of technology dentistry, it still does not meet the demand of the population at satisfactory levels, for various reasons, including investments in public health.

SUS (Unified Health System) still faces multiple obstacles to its effectiveness today. We find "us" in the macro-health policy, ranging from the lack of financial resources to the lack of intersectoriality, to the lack of professionals able to work with the expanded concept of health. These difficulties imply a low virtue of producing effects on public health actions and services (PESSANHA 2009).

In recent decades, oral health has not been highly valued by people in general. Prevention in dentistry in Brazil only began to arouse interest from the end of the 1970s. In developing countries such as Brazil, there is still no defined oral health practice, so there are significant portions of the population without access to clinical and preventive care on a regular basis. Data from the National Survey by Household Sampling (PNAD), 1998, carried out by IBGE, reveal that oral health in Brazil has received a scarce share of resources in relation to the total investments of SUS. From the point of view of access to dental services, SUS is an agent of great importance, but with a proportionately small role: In 1998, the research reveals, only 5.24% of investments in health were destined to dental procedures (PAULETO et al. 2004).

Rosa (1992) reports that oral health problems in the majority of the population are neglected in Brazil, becoming a factor in accelerating the natural problems of old age, making it more uncomfortable than it should be. It is extremely important to implement dental services in the workplace, especially in companies where a large number of workers are concentrated, given that, according to Pinto (2000), 60% of the life span of economically active people is spent on employment in the workplace. When it comes to oral health, the epidemiological issue in Brazil is still serious due to the socioeconomic issue of the population,

the deficient investments by public agencies and the lack of information on basic health care.

The success of a program designed to raise the level of oral health, however good its planning, however efficient the methods proposed, however favorable the environment and however clear the definition of its objectives may be, it fundamentally depends on properly prepared human resources. When we talk about proper preparation, we must keep in mind not only the use of the oral health professional to solve immediate problems, but also their capacity to feel and gradually adjust their behavior to technological, socio-economic and cultural changes. , whose interaction requires a constant review of the role to be played by dentistry as a social institution.

McDonald (2001) reports that the integration of oral health activities in the community, plays an important role in the establishment of coalitions, which can be useful when dentistry needs allies to support public health policies or to create investment funds. for oral health initiatives. Education in oral health has been increasingly required, taking into account the low cost and the possibilities of dental impact on public health (PAULETO et al. 2003).

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In this context, the emphasis on incorporating educational sciences into the human resources training process is one of the aspects to be considered, not only from the point of view of the public health dentist, but mainly from the point of view of the dental class as a whole. , since dentistry is an eminently social profession.

We believe that the role of educating should not be the exclusive responsibility of the professional conventionally called teacher, but of any citizen, because at all times we are educating and being educated through our contacts with other human beings and the environment. The dental surgeon is no exception to this rule, which is why we consider the content of this work useful.

Education must aim at the full development of the human personality and the strengthening of respect for human rights and fundamental freedoms (CHAVES 1986). The self-diagnosis of oral problems is extremely important, since the sooner any type of problem is detected, once primary prevention services are activated, the greater the possibilities of treatment, faster, more economically and with greater possibilities for success.

According to Kiyak (apud Pinto 2000), those who are accustomed to being more careful with their personal appearance are the ones who are most likely to value their oral health. There is a need to intensify educational health actions in order to equip the population with the knowledge and techniques of self-examination; thus making it possible to have a population with better health and better quality of life.

Abegg (1997) states that oral hygiene practices play an important role in the prevention of oral diseases, especially periodontal disease. It aims to provide a reflection on the actions that determine a good level of oral health and consequently a better quality of life for the population, aiming to develop a critical reflection on the theme; awaken to the importance of information as a means of achieving good oral health; to disseminate simple preventive practical measures that can be applied by low-income communities, in order to guarantee the preservation of teeth and contribute to the development of new educational programs in the field of dentistry.

This work is justified, due to the importance of preventive and educational practices in oral health and its direct relationship with people's quality of life. Therefore, it is necessary to discuss the dental reality of the populations in order to wake up to oral health care from a young age.

DESENVOLVIMENTO

A profession must be assessed by the effective achievement of the objectives for which it was created, and not by the status in society and the financial success of its professionals, or even by the beauty and grandeur of the headquarters of the class representative entities.

The primary objective of a dentist's job is to provide good oral health to his patients. For dentistry as a whole, this corresponds to the achievement of adequate levels or standards of oral health for the population of a country, region or locality. Personal success in the practice of dentistry is not and should not be incompatible with the achievement of these ideals (PINTO 2000).

Health promotion in its broadest sense, perhaps the most appropriate, is a global action aimed at improving people's quality of life. Oral health is only a small part of the whole. Health promotion involves a paradigm shift, in which it is suggested that, for a person to be

healthy, the absence of disease is not enough and neither is it necessary. In fact, a healthy state is not guaranteed by the absence of disease, and may even be compatible with a number of diseases.

Health and illness are determined by social, economic and psychological factors. According to Rocha (2008), oral health is recognized as a component of a person's quality of life, but a considerable portion of the Brazilian population does not have access to dental actions and services. Both in Brazil and in more developed countries, technological advances and advances in studies in the field of health lead to an increase in man's life expectancy.

According to Colussi (2002), the decrease in mortality rates, associated with the improvement in basic sanitation conditions, are also factors that result in an increasingly significant participation of the populations. Dental practice, based on a model, which often ends up concentrating its offer of services to middle and high income groups, resulting in the narrowing of the reach of technological advances that end up benefiting only the most economically favored sectors of the population. Economic crises, social maladjustments and an inadequacy of the system of clinical and preventive care to the population are among the most notorious reasons that explain the contrasts observed in the Brazilian reality, in addition to the limited access of the population to services that work in this area.

For Pinto (2000), dental problems have a low priority, compared to diseases considered to be of social relevance. Among oral health problems (without comparison with health damage in general), dental caries is considered a damage that deserves higher priority due to its prevalence combined with the knowledge that people have about it and that lead them to seek care. Oral cancer has gained the second degree of priority, due to its extreme severity. It is important to remember that the scale can vary according to the community or grouping of individuals, and must be plotted according to each social group. Adults, especially middle-aged and elderly, face the attack predominantly of periodontal diseases. The order of presentation of oral damage in this study was random, not following any priority scale.

The prevention of oral diseases must be developed at three levels:

- Primary - when the disease is in its early stages.
- Secondary - when it comes to preventing the spread of the disease and its recurrence.
- Tertiary - when working to prevent loss of function.

Education and information on oral health have been highlighted by several researchers as factors that have a direct effect on the health of a population, although in recent years through the services of the ESF (Family Health Strategies) they have developed educational programs on oral health, it is also known that these programs do not reach all sections of the population.

The use of dental floss is a more recent oral hygiene practice than brushing, it is believed that a large part of the population makes daily use of this instrument. According to Abegg (1997), women floss and brush more frequently than men, in the adult population of Porto Alegre.

DENTAL CAVITY

Process by virtue of which bacteria develop on dental surfaces, which when acting on carbohydrates produce acids capable of gradually destroying enamel and dentin. This can result in local infection and permanent destruction of the attacked tooth.

Biological factors are essential for the appearance of various diseases in the population, many of them with endemic behavior, it appears that there are other factors capable of favoring the appearance and influencing the pace of its expansion. To maintain healthy teeth, preventive and corrective measures must be taken.

Caries prevention starts with diet. A balanced diet, which includes meat, milk, eggs, fruits and vegetables, is essential for a healthy mouth. You should limit the use of sweets, starches and carbohydrates, such as caramels, bread and potatoes that favor the formation of acids. Regular cleaning of the teeth with toothpaste brush is important. The dentist will be able to indicate the best way to perform this cleaning, which will be most effective after meals. The experimental addition of fluoride to the water of the supplying stations has led to a significant decrease in cavities. Another breakthrough was the discovery of the relationship between tooth decay and vitamin C deficiency.

Dental caries, oral cancer and periodontal disease are the diseases that most affect the oral cavity, with caries being the most common in children. According to Pinto (2000) in Western countries, sugar consumption favored the increase in cases of dental caries, especially in children and adolescents, until reaching standards never seen before. Dental caries remains the main problem in dentistry and should receive a lot of attention in daily practice, not only in relation to restorative procedures, but also in terms of preventive techniques, adopted to reduce the problem.

Pauleto (2004) reports that in Brazil, the prevalence of dental caries, around 12 years of age, has been decreasing since the 1970s, despite having already been one of the biggest problems for dentistry. It also reports that in an epidemiological survey carried out in 1986 in 16 cities in the urban area, the worst situation occurred among people of lower income, for the group aged 6 to 9 years. Periodic epidemiological studies when carried out carefully at any level (local, regional or national) in homogeneous conditions, allow to identify the prevalence and distribution of diseases.

According to Baldani et al. (2002) basic surveys must produce reliable data, enabling the development of oral health programs and personnel for their execution. For Schou 1993, (apud Pinto, 2000): Numerous justifications can be found in favor of the implantation of dental services for the economically active urban population and in a special way for the workers segment:

- very high prevalence of problems related to dental caries and periodontium;
- possibility of early detection of lesions related to oral cancer and oral manifestations of AIDS and other diseases of vital importance;
- about 60% of working life is spent in employment or the workplace;
- increased chances of developing a participatory program;

- potential reduction in absenteeism, the number of hours lost in production and business and personal expenses due to health issues;
- increased productivity and workforce satisfaction;
- favorable position of union representatives and workers in general, who consider the work environment to be appropriate for the development of health promotion actions.

In the treatment of caries, primary prevention is understood to be mainly fluoridation; secondary prevention; early diagnosis and intervention in injuries and tertiary prevention, prostheses. Although few people know that the use of fluoride is a measure for the control of caries, the use of fluoride is recognized as the most recommended method, when referring to the prevention of dental caries, and recommended by dental professionals UNFER (2000).

In mouth care, regular visits to the dentist for examination (including X-rays), cleaning and treatment should become a habit. Children should be taken to the dentist early for a first exam and then every six months thereafter. The best way to stop cavities in one cavity and prevent the formation of others is to fill them, which can be made based on special cements and amalgams and inlay or gold lining.

The caries process is mastered by removing the decayed part of the tooth and treating it to receive the filling. The patient must, of course, follow all the treatment recommended by the dentist. Practical caries control measures have been used by professionals in the field with varying degrees of success, but only one measure will not be entirely satisfactory, all possible technical measures should be considered in the hope of successfully combating tooth decay pointed out with frequency as the most widespread human disease (PARAGUASSU et al., 2020).

ORAL CANCER

In recent years, there has been a progressive increase in mortality from chronic degenerative diseases, with emphasis on malignant neoplasms, corresponding to the second cause of death in Brazil, when external causes are excluded (SANTOS 2009).

Oral cancer is a priority public health problem, despite the lack of adequate means for its prevention; due to its lethality. Oral cancer includes any malignant alteration, located on the lip, tongue, salivary glands, gums, floor of the mouth, cheek mucosa, vestibule of the mouth and uvula (DA SILVA, 2020).

Oral cancer can be easily detected through relatively simple tests, and the prognosis of the disease is linked to the stage in which it is detected (PINHEIRO 2010). Santos (2009) also states that the majority of patients with oral cancer are only diagnosed in the advanced stage of the disease, perhaps because in the initial stage the malignant lesion is asymptomatic and has a harmless appearance. According to Carvalho (2001), squamous cell carcinoma of the oral cavity, like other tumors of the upper digestive airways, is known to be a neoplasm that preferentially affects male patients.

Oral cancer is one of the most common oral diseases after tooth decay. Leite (apud

Matos -2003) refers to the predominant profile of patients with Oral Cancer as follows: men aged between 45 and 55 years, alcoholics and smokers. One of the possible explanations for this profile is due to the fact that women are more careful than men with questions related to health care on all aspects.

Oral cancer is one of the most important diseases of this organ, due to its severity, recognized urgency of diagnosis and susceptibility to treatment, when treated early. Kiyak (apud Pinto - 2000) suggests a systematic educational campaign with content related to oral health, especially involving teaching self-examination techniques for early detection of signs and symptoms linked to oral cancer and other problems. Research has shown that oral cancer is rarely diagnosed in its initial stage of the disease, the vast majority of cases are diagnosed in the more advanced stages, which reduces the chance of survival of the carrier.

This disease is one of the few diseases of this organ in which the dentist has a secondary participation, in the vast majority of times. According to data from the (INCA) National Cancer Institute (apud Pinto 2000), they show that 60% of the admitted patients arrive with advanced oral cancer and no chance of effective curative treatment.

Pinto (2000), also states that in the last 10 years the situation has not changed, showing the lack of access to health services on the part of people and the unpreparedness of some dental professionals in detecting mouth cancer in early stages. According to Matos (2003), despite the great majority of dental surgeons considering themselves in conditions to diagnose cancerous lesions, in reality only half usually do so.

According to Pinto (2000), the external factors most associated with the development of oral cancer are: smoking, alcohol and exposure to solar radiation. Among patients from several countries with oral cancer, 1/3 of them are smokers. It is believed that 60% of the substances contained in tobacco and its smoke have a carcinogenic action. Tumors of the oral floor and tongue are the ones that are most related to alcohol intake.

The consumption of ethyl alcohol, especially cachaça and poor quality wine, is harmful to oral health, having a harmful action especially with regard to tongue cancer. People who continually expose themselves to the sun are at risk of cancer of the lower lip, especially people with fair skin, with little melanin pigmentation. Inadequate oral hygiene poses an additional risk for the development of oral cancer.

Ill-fitting dental prostheses, suction chambers for greater denture fixation, fractured teeth and remains of teeth not removed; they are, in the long run, causes of injuries due to constant and prolonged irritation of the oral mucosa. Lesions of the oral cavity occur more frequently on the tongue and on the floor, however women have a lower incidence of these injuries when compared to men CARVALHO, et al, (2001).

People who are at risk for developing oral cancer are at risk in the following cases: •

Male (predominant),

- Age over 40,
- Chronic smokers,
- Chroniclers,
- With poor oral hygiene,

- Malnourished.
- Immune-depressed,
- Patients with poorly adjusted prostheses,
- People with chronic irritation in the oral mucosa and
- Exposed to the sun continuously.

DISCUSSION

Working with diversity is a fundamental element for growth, both for the apprentice and the learning advisor, therefore, exchange is the basis of this educational relationship, which means considering differences as something that is a reason for exchanges, conducive to the growth of students. individuals involved. (VAZ et al. 2005).

At the Municipal Food Security Conference, held in Volta Redonda (RJ) in 2007, it was concluded that the lack of information is one of the factors, which considerably compromise the health of a population. According to Abreu (2006), more important is not the information itself, but the act of transforming it into knowledge. Information is the building blocks and knowledge is the building we build. Education is an essential factor in recognizing citizens' rights. Today the need for continuing education has become an integral part of life.

Continuing education can contribute to a complex task, it implies creating new meanings and senses for oral hygiene. Focusing on theory and practice is a key factor for oral health education programs to achieve the desired objectives. It is suggested that traditional methods of health education be replaced by participatory pedagogy and developed based on social representations, that the content of oral health be included in the curriculum of schools and that health promotion actions be a priority in health services. Cheers.

In light of the above, it is believed that significant measures for health promotion and disease prevention, with regard to facilitating the individual's discernment in a general context of life, should be taken.

Educating in oral health, through the verification of the needs of the community, through surveys in schools, daycare centers, neighborhood associations and other assistance entities, is extremely necessary. Strategies should be adopted that to minimize problems, preventive actions and health promotion, such as:

- educational lectures, for the different age groups, as well as for pregnant women and people with special needs,
- preparation and distribution of folder,
- practical brushing workshops (brush brush),
- brushing kit distribution and
- Topical application of fluoride in schools

CONCLUSION

In the media, much is said that we are in the “age of communication”, without a doubt communication has had a considerable evolution in recent years in recent years, considering, recently, high definition (HD) transmissions. Two aspects are of paramount importance to consider: the media is focused on financial interests, it does not interest projects that will not “fatten” the bank accounts of its shareholders and the media does not reach all points of this immense country, maybe it is there the most needy population, who probably do not know the most rudimentary oral hygiene process.

Dental education programs should consider aspects related to knowledge and practices in oral health, in order to make the population's training process feasible and promote collective accountability and health promotion at all levels of society.

There is a need to create informal education groups on basic oral hygiene care, where the presence of the dentist, the oral health technician, as well as dental assistants are contemplated, in order to take health clinics to schools , residents' association and other institutions that bring together groups of people, especially in companies, preferably during the working day, at breaks for rest, thus ensuring the effective participation of employees. We believe that the role of educating should not be the exclusive responsibility of the professional conventionally called my teacher, but of any citizen, because at all times we are educating and being educated through our contacts with other human beings and the environment. The dental surgeon is no exception to this rule, which is why we consider the content of this work useful.

We cannot belittle the brilliant work done by the Family Health Strategy (ESF) teams, but we must not forget that this service does not cover the entire Brazilian population. Therefore educational measures on oral health need to be taken, taking the entire population, especially the less favored, through lectures and practical measures (informal education) the basic knowledge for oral hygiene, thus contributing to health and consequently the quality of life.

INTEREST CONFLICTS

The authors declare no conflicts of interest

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