

Factors Associated with Deleterious Sucking Habits in Childhood: Integrative Literature Review

Fatores Associados aos Hábitos de Sucção Deletérios na Infância: Revisão Integrativa da Literatura

Factores Asociados a los Hábitos Deletéreos de Succión en la Infancia: Revisión Integrativa de la Literatura

RESUMO

Objetivo: Compreender os fatores associados aos hábitos de sucção deletérios na infância. **Método:** Revisão integrativa identificou, em sete estudos recentes, os principais fatores associados à instalação e manutenção de hábitos de sucção deletérios infantis. **Resultados:** Os hábitos de sucção não nutritiva, como chupeta e sucção digital, foram influenciados por fatores biológicos e infantis, maternos, familiares/culturais e emocionais. O tempo reduzido de aleitamento materno destacou-se como determinante central. A mamadeira, embora seja um meio de sucção nutritiva, foi considerada pelos autores como fator associado, pois contribui para o desmame precoce e aumenta a probabilidade de introdução e manutenção de hábitos não nutritivos. **Conclusão:** Os hábitos de sucção deletérios em crianças resultam de um conjunto de fatores interligados, envolvendo condições biológicas e infantis, maternas e familiares, além de aspectos culturais, emocionais e contextuais. Entre todos, o tempo reduzido de aleitamento materno destaca-se como determinante central.

DESCRIPTORES: Criança; Qualidade de Vida; Sucção.

ABSTRACT

Objective: To understand the factors associated with deleterious sucking habits in childhood. **Method:** An integrative review identified, across seven recent studies, the main factors associated with the onset and persistence of harmful sucking habits in children. **Results:** Non-nutritive sucking habits, such as pacifier use and finger sucking, were influenced by biological and child-related factors, as well as maternal, family/cultural, and emotional aspects. Shorter duration of breastfeeding emerged as a central determinant. Although the feeding bottle represents a form of nutritive sucking, it was considered by the authors as an associated factor because it contributes to early weaning and increases the likelihood of introducing and maintaining non-nutritive habits. **Conclusion:** Harmful sucking habits in children result from an interconnected set of factors involving biological and child-related conditions, maternal and family influences, and cultural, emotional, and contextual aspects. Among all factors, shorter breastfeeding duration stands out as the main determinant.

DESCRIPTORS: Child; Quality of Life; Suction.

RESUMEN

Objetivo: Comprender los factores asociados a los hábitos de succión deletéreos en la infancia. **Método:** Una revisión integrativa identificó, en siete estudios recientes, los principales factores relacionados con la aparición y el mantenimiento de hábitos de succión perjudiciales en niños. **Resultados:** Los hábitos de succión no nutritiva, como el uso de chupete y la succión digital, estuvieron influenciados por factores biológicos y propios del niño, así como por aspectos maternos, familiares/culturales y emocionales. El tiempo reducido de lactancia materna se destacó como un determinante central. Aunque el biberón representa un medio de succión nutritiva, fue considerado por los autores como un factor asociado, ya que contribuye al destete precoz y aumenta la probabilidad de introducción y mantenimiento de hábitos no nutritivos. **Conclusión:** Los hábitos de succión deletéreos en los niños resultan de un conjunto interrelacionado de factores que incluyen condiciones biológicas y propias del niño, influencias maternas y familiares, además de aspectos culturales, emocionales y contextuales. Entre todos los factores, el tiempo reducido de lactancia materna se destaca como el determinante principal.

DESCRIPTORES: Niño; Calidad de Vida; Succión.

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INTRODUCTION

The habit of sucking is a natural reflex in the first years of life, playing a central role in the feeding process, in the search for comfort, and in emotional interaction. During early childhood, it is recognized as a physiological practice linked to the oral phase of psychosexual development, as described by Freud¹.

Non-nutritive sucking, in turn, is also considered an expected behavior in the first months of life, bringing benefits when it occurs within an appropriate period, as it contributes to the strengthening of the orofacial musculature and the functional maturation of the stomatognathic system².

However, its persistence for 36 months or more characterizes a prolonged habit, which can lead to dental changes, phonoarticulatory disorders, and deviations in craniofacial growth, compromising the functional and structural harmony of the oral cavity³. Among the most commonly related changes are anterior open bite and posterior crossbite, which compro-

mise the functional and aesthetic balance of the stomatognathic system⁴.

A population-based study of 1,463 Brazilian children aged 7 to 11 years compared the prevalence of prolonged non-nutritive sucking habits between two cohorts: one from Ribeirão Preto (47.6%) and another from São Luís (20.2%), demonstrating an association between prolonged bottle use and the maintenance of these habits, while breastfeeding for 12 months or more showed a protective effect. Contextual variables, such as female gender, maternal employment, and type of marital union, also influenced the occurrence of these behaviors, according to the territory analyzed⁵.

International and national organizations also emphasize the importance of exclusive breastfeeding and limiting non-nutritive sucking habits. The *World Health Organization* (WHO) recommends avoiding the early introduction of pacifiers and baby bottles until breastfeeding is well established, as part of the "10 steps to successful breastfeeding"⁶.

The *American Academy of Pediatric Dentistry* (AAPD) advises that

prolonged pacifier use can cause orofacial changes, recommending discontinuation by age three⁷. Similarly, the Brazilian Society of Pediatrics (SBP) warns of the risks associated with routine pacifier use, reinforcing the need to advise families on non-nutritive sucking practices⁸.

The Brazilian Association of Pediatric Dentistry (ABOPED) is against the routine use of pacifiers, in line with the SBP, the Ministry of Health, and the WHO, due to the risk of early weaning caused by nipple confusion. ABOPED recommends that, when used, pacifiers be removed by the age of 3, respecting the child's psycho-emotional maturation. It also emphasizes that prolonged use is associated with orofacial changes, such as anterior open bite, posterior crossbite, atypical swallowing, and mouth breathing⁹.

Despite the extensive documentation of the effects of non-nutritive sucking habits, the factors associated with their occurrence and maintenance are still addressed in a fragmented manner in the literature. Thus, it is important to synthesize

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the available evidence to offer a more integrated view and contribute to clinical practice and the formulation of public health policies. Given the above, this study aimed to understand the factors associated with harmful sucking habits in childhood.

METHOD

This is an integrative review of the literature, guided by the following guiding question: "What are the factors associated with harmful sucking habits in children?" According to Botelho, Cunha, and Macedo¹⁰, this type of review is a methodological resource that enables the systematization of scientific knowledge, whether developed theoretically or empirical-

ly, in addition to allowing the visualization of new perspectives for future research. Unlike more restrictive reviews, this type of study allows the inclusion of articles that adopt different methodologies, covering qualitative and quantitative approaches, based on an interpretative view of scientific evidence.

The selection of articles was carried out in August 2025 in the *PubMed/MEDLINE*, Latin American and Caribbean Health Sciences Literature (LILACS), *Scientific Electronic Library Online* (SciELO), and Virtual Health Library (VHL) databases. Scientific articles published in English and Spanish over the last ten years were included.

Controlled and uncontrolled de-

scriptors extracted from the Health Sciences Descriptors (DeCS) and *Medical Subject Headings* (MeSH) were used, such as: ("Sucking Behavior"[MeSH] OR "Non-nutritive sucking" OR "Pacifier use" OR "Thumb sucking" OR "Finger sucking" OR "Oral habits") AND ("Child"[MeSH] OR "Children" OR "Infant" OR "Pediatric" OR "Toddler") AND ("Risk Factors"[MeSH] OR "Associated factors" OR "Contributing factors" OR "Correlates" OR "Determinants"), "Sucking Habits," "Non-nutritive Sucking," "Children," and "Associated Factors." The descriptors were combined with the Boolean operators "AND" and "OR," according to the search logic of each database shown below (Table 1).

Table 1 - Search strategy for studies included in the integrative literature review (2015 to 2025), Vitória, Espírito Santo, Brazil (2025).	
PubMed/MEDLINE	("Sucking Behavior"[MeSH] OR "Non-nutritive sucking" OR "Pacifier use" OR "Thumb sucking" OR "Finger sucking" OR "Oral habits") AND ("Child"[MeSH] OR "Children" OR "Infant" OR "Pediatric" OR "Toddler") AND ("Risk Factors"[MeSH] OR "Associated factors" OR "Contributing factors" OR "Correlates" OR "Determinants")
LILACS	("Hábitos de Sucção" OR "Sucção Não Nutritiva" OR "Uso de Chupeta" OR "Sucção Digital" OR "Sucção de Dedo") AND ("Crianças" OR "Infantil" OR "Pré-escolar") AND ("Fatores Associados" OR "Determinantes" OR "Fatores de risco")
SciELO	("Non-nutritive sucking" OR "Pacifier use" OR "Thumb sucking" OR "Finger sucking" OR "Hábitos de Sucção") AND ("Children" OR "Infant" OR "Crianças") AND ("Associated factors" OR "Risk factors" OR "Fatores Associados")
BVS	("Hábitos de Sucção" OR "Sucção Não Nutritiva" OR "Chupeta" OR "Sucção Digital") AND ("Crianças" OR "Infantil") AND ("Fatores Associados" OR "Determinantes")

Source: Own elaboration (2025).

The inclusion criteria adopted followed the recommendations of *the Preferred Reporting Items for Systematic Reviews and Meta-Analyses* PRISMA 2020¹¹ and were: primary studies, with a quantitative, qualitative, or mixed approach, published in scientific journals, that addressed, in whole or in part, the factors associated with the presen-

ce of harmful oral habits in children, such as thumb sucking, prolonged use of pacifiers, and bottle feeding. The following types of studies were considered eligible: observational cross-sectional, case-control, cohort, clinical trials, and qualitative studies.

The following were excluded: systematic and non-systematic literature review articles, editorials, course comple-

tion papers, monographs, dissertations, theses, letters to the editor, abstracts of scientific events, and studies that dealt exclusively with the clinical consequences or orthodontic treatment, without discussing the factors associated with sucking habits. Studies that included populations with specific clinical, neurological, or syndromic conditions, such as neurodevelopmental disorders

or genetic syndromes, were also excluded because they presented potentially confounding factors in the analysis of deleterious oral habits, ensuring greater comparability between the included studies.

Data extraction was performed using a standardized instrument containing the following information: author, year of publication, country, objective, design, population involved, factors investigated, and main findings. The analysis was conducted in a descriptive and in-

terpretative manner, enabling the categorization of the most recurrent factors related to the onset and maintenance of harmful sucking habits in childhood.

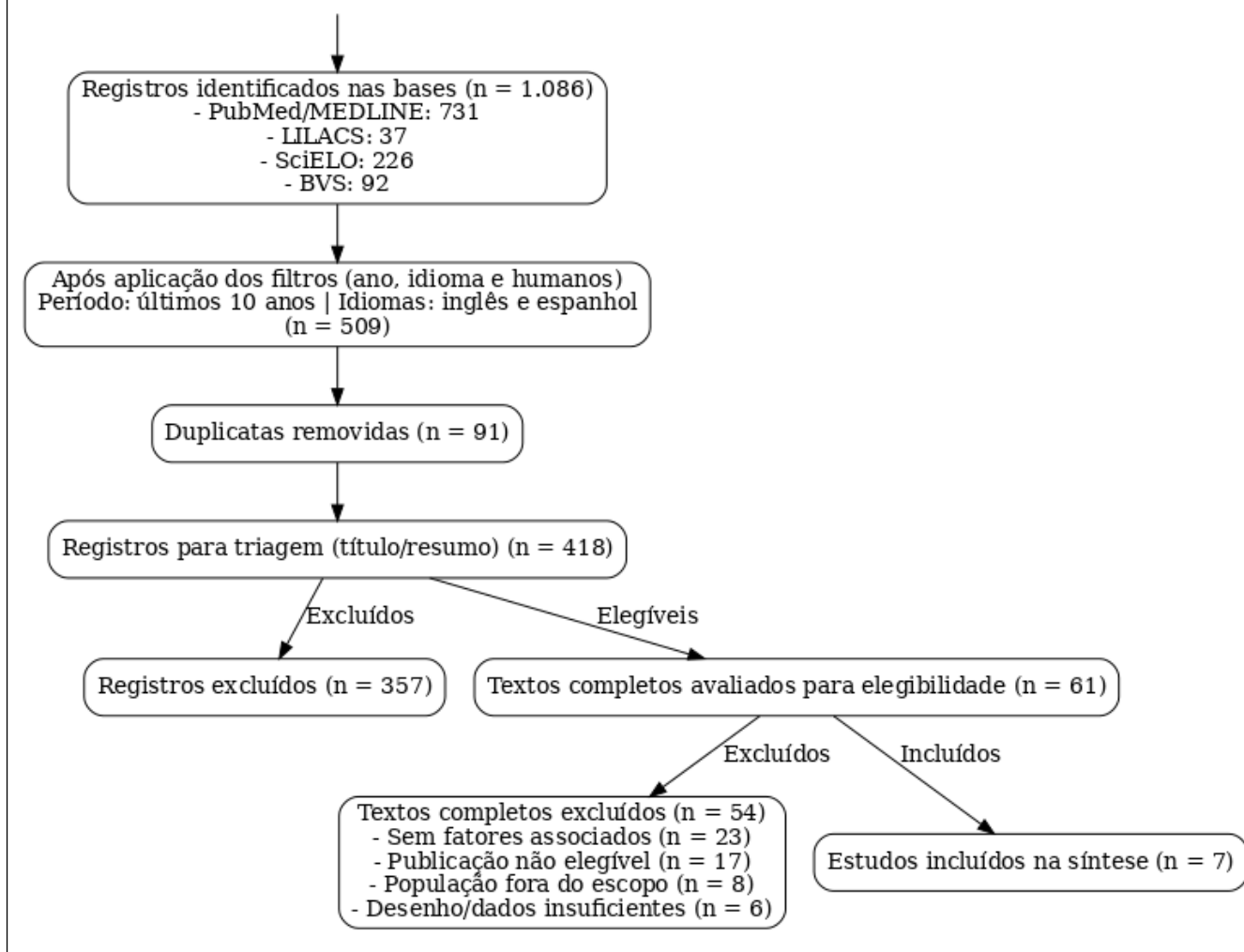
RESULTS

In the literature search, 1,086 scientific articles were identified. After applying filters for year, language, and studies in humans, 509 records remained for evaluation. The removal of 91 duplicates resulted in 418 records for

screening of titles and abstracts, of which 357 were excluded because they did not meet the eligibility criteria. Sixty-one full texts were evaluated, and 54 were excluded, mainly because they did not discuss factors associated with sucking habits ($n = 23$), because they were ineligible types of publication ($n = 17$), because the population was outside the scope ($n = 8$), or because of insufficient design/data ($n = 6$). In the end, 7 studies were included in the analysis (Figure 1).

Figure 1 - Flowchart of the selection of studies included in the integrative literature review (2015 to 2025), Vitória, Espírito Santo, Brazil (2025).

Figura 1 - Fluxograma PRISMA de seleção dos estudos



Source: Adapted from the PRISMA model (2025)¹¹.

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The analysis of the studies included in this integrative review revealed a balanced temporal distribution of publications over the last decade. Each of the seven studies was published in different years: 2015, 2016, 2017, 2018, 2019, 2020, and 2024, representing 14.3% of the total. This homogeneous distribution shows continuous and consistent scientific interest in non-nutritive sucking habits between 2015 and 2025, indicating that the topic remains current and relevant in the national literature.

Regarding the methodological design, cross-sectional studies pre-

dominated, accounting for 57.1% of the publications analyzed. This type of study has been widely used due to its feasibility and ability to identify associations in specific populations. The remaining studies were classified as cohort (28.6%) and case-control (14.3%), evidencing a diversity of methodological approaches that contribute to a multifactorial understanding of non-nutritive sucking habits in childhood.

It should be noted that, although the baby bottle is considered a means of nutritive sucking, studies identify it as a variable associated with re-

duced breastfeeding and a higher risk of introducing non-nutritive habits, which is why it was included in this table as a factor associated with harmful non-nutritive sucking habits.

Table 2 presents the results with a summary of the main data extracted from the studies included in the integrative review. It organizes information regarding the authors, title, year of publication, country, type of study, factors associated with harmful non-nutritive sucking habits, and the main findings of each investigation.

Quadro 2 - Instrumento de extração de dados dos estudos incluídos na revisão de literatura integrativa (2015 a 2025), Vitória, Espírito Santo, Brasil (2025)				
Authors/year	Title	Country and Design	Associated factors	Main findings
Fernandes <i>et al.</i> , 2015 ¹²	Non-nutritive sucking habits after three years of age: a case-control study	Brazil: Case-control study with 638 children in the cross-sectional phase and 330 in the case-control phase.	Biological: prematurity Maternal: maternal education Oral practices: prolonged use of baby bottles	Deleterious sucking habits after age 3 were associated with prematurity and prolonged bottle use, while low maternal education acted as a protective factor.
Buccini; Pérez-Escamilla; Venancio, 2016 ¹³	Pacifier Use and Exclusive Breastfeeding in Brazil	Brazil: Cross-sectional study with 42,395 infants under 6 months of age.	Infants: age and sex of the child. Maternal: adolescent age, low educational attainment, working outside the home. Contextual: type of delivery, historical period.	Pacifier use was associated with the interruption of exclusive breastfeeding. There was a higher risk in boys, children of adolescent mothers, with low educational attainment or who worked outside the home; association with cesarean section in 1999; trend toward reduced use in 2008
Melo <i>et al.</i> , 2017 ¹⁴	Análise dos hábitos de amamentação e sucção não-nutritiva em crianças de 0 a 12 anos	Brazil: Cross-sectional study with 353 children aged 0 to 12 years.	Maternal: causes of weaning (return to work, pain, illness, new pregnancy, baby's refusal), lack of maternal information. Oral practices: reduced breastfeeding time, use of bottles. Cultural/family: early introduction of pacifiers. Emotional: thumb sucking linked to insecurity and anxiety.	Breastfeeding for less than 3 months was associated with greater pacifier use; bottle feeding contributed to the maintenance of habits. Early introduction of pacifiers reflects cultural influence, and many mothers were unaware of the importance of breastfeeding for facial development. Thumb sucking associated with emotional factors.
Pereira <i>et al.</i> , 2018 ¹⁵	Associação entre tempo de aleitamento materno, hábitos de sucção não nutritiva e deglutição em pré-escolares	Brazil: Cross-sectional study with 150 preschoolers aged 4 and 5 years.	Oral practices: shorter breastfeeding duration, bottle feeding.	Children breastfed for less than 6 months had a higher prevalence of pacifier and digital sucking. Bottle feeding was also associated, but the strongest variable was shorter breastfeeding duration. The study also links a higher prevalence of atypical swallowing (60.4% of children) with non-nutritive sucking habits.

Bezerra <i>et al.</i> , 2019 ¹⁶	Prevalência e determinantes do uso de chupeta e mamadeira: um estudo no Sudoeste da Bahia	Brazil: Cross-sectional study with 354 children under 12 years of age.	Maternal: low education level, age ≥ 35 years, absence of a partner, lack of previous breastfeeding experience, working outside the home, difficulty breastfeeding, lack of encouragement to breastfeed in childcare. Oral practices: combined or exclusive use of pacifiers and baby bottles.	High prevalence of artificial nipple use at 94.4%. Pacifiers: 63.8%; baby bottles: 91.2%; combined use (pacifiers + baby bottles): 60.7%. Pacifier use was associated with low maternal education, inexperience in breastfeeding, difficulties in breastfeeding, and lack of encouragement in childcare. Exclusive bottle feeding was linked to older mothers without a partner. The combined use of pacifiers and bottles was related to maternal work and breastfeeding difficulties.
Braga <i>et al.</i> , 2020 ¹⁷	Breastfeeding in the First Hours of Life Protects Against Pacifier Use: A Birth Cohort Study	Brazil: Cohort study with 532 children followed from birth to 12 months of age.	Infants: male. Maternal: maternal age < 18 years. Behavioral at birth: time to first feeding (breastfeeding within < 30 min, 30 min–6h, or > 6h/did not breastfeed).	The incidence of pacifier use in the first year was 60%, always starting in the first 6 months of life. The risk was 33% higher among children of adolescent mothers and 16% higher in boys. On the other hand, breastfeeding initiated within the first 30 minutes after birth reduced the risk of pacifier use by 25%, and initiation between 30 min and 6 h reduced it by 18%.
Pastro <i>et al.</i> , 2024 ¹⁸	Continued Breastfeeding in a Birth Cohort in the Western Amazon of Brazil: Risk of Interruption and Associated Factors	Brazil: Cohort study with 1,136 children followed from birth to 2 years of age.	Children: child's gender, pacifier use. Maternal: young maternal age, low educational attainment, multiparity, working outside the home. Contextual: insufficient prenatal care, unfavorable socioeconomic conditions.	The prevalence of continued breastfeeding was 74% at 12 months and 45% at 24 months. Pacifier use stood out as one of the factors most strongly associated with early weaning, as did male sex. Low maternal education, multiparity, and maternal work outside the home were also associated with weaning.

Source: Own elaboration (2025).

DISCUSSION

The studies analyzed provide an understanding of the main factors associated with harmful sucking habits from different perspectives, which can be grouped into three broad dimensions: biological/childhood; maternal/family; and cultural/contextual. This categorization shows that such habits do not stem from a single determinant, but derive from a set of interrelated conditions that influence both the establishment of the habit and its persistence.

In the biological and childhood

dimension, Fernandes *et al.*¹² pointed to prematurity as a factor associated with the maintenance of harmful sucking habits after the age of three, while Braga *et al.*¹⁷ and Pastro *et al.*¹⁸ identified male gender as a variable that increases the risk of introducing or maintaining pacifier use. These findings highlight that characteristics inherent to the child may contribute to greater vulnerability to the development of harmful oral habits and should be considered in clinical follow-up.

In the field of maternal and family factors, there was convergence among the studies in identifying low mater-

nal education^{12,13,16,18} and working outside the home^{13,16,18} as conditions that favor early interruption of breastfeeding and the adoption of pacifiers or bottles. Other elements such as adolescent maternal age^{13,17}, advanced age¹⁶, multiparity⁽¹⁸⁾ and single-parent family arrangements¹⁶ also had an impact on the greater likelihood of establishing harmful sucking habits, which reinforces the influence of maternal living conditions on the dynamics of childcare.

In the category of cultural and contextual factors, Melo *et al.*¹⁴ highlighted the early introduction of pacifiers as a common practice often linked

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to family traditions, in addition to revealing that thumb sucking may be associated with emotional issues such as insecurity and anxiety, a dimension that has been little explored in other studies. Bezerra et al.¹⁶ reinforced the weight of breastfeeding difficulties and lack of childcare support as risk factors, while Braga et al.¹⁷ made an innovative contribution by showing that early breastfeeding, within the first half hour after birth, has a protective effect against pacifier use, indicating a relevant preventive approach.

Taken together, the evidence shows that reduced breastfeeding time is the most recurrent factor, appearing directly or indirectly associated with pacifier, bottle, and thumb sucking use in several studies^{14,15,18}. Therefore, the use of artificial nipples is not only confirmed as a harmful sucking habit, but also as a determinant of the interruption of breastfeeding, reinforcing the need for policies to support exclusive breastfeeding.

It appears that harmful sucking habits are not the result of isolated choices, but rather a combination of biological, social, and cultural vul-

nerabilities that affect the initiation and maintenance of breastfeeding. Factors such as prematurity, maternal age, education, working outside the home, and the sex of the child emerge as consistent determinants, while the early introduction of pacifiers and bottles plays a central role in maintaining these habits. Furthermore, the protective nature of exclusive and prolonged breastfeeding deserves to be highlighted, especially when started early after delivery.

Among the limitations of this literature review are the methodological heterogeneity of the studies, the predominance of Brazilian studies on the topic, and the small number of investigations of the psychosocial dimension, especially thumb sucking. These limitations were minimized by the adoption of comprehensive inclusion criteria, controlled and uncontrolled descriptors, and searches in multiple databases, which ensured the consistency and representativeness of the findings.

As future perspectives, we recommend expanding research that explores psychosocial and cultural mechanisms related to sucking habits,

as well as evaluating educational interventions and public policies aimed at promoting breastfeeding. Such investigations may deepen the understanding of the determinants of these habits and support more effective preventive strategies in childhood, as well as assist health professionals and managers in formulating preventive strategies and promoting children's oral health.

CONCLUSION

Deleterious sucking habits in childhood result from a set of inter-related factors, involving biological and child, maternal, and family conditions, as well as cultural, emotional, and contextual aspects. Among all these factors, reduced breastfeeding time stands out as a central determinant. Understanding the factors associated with the onset and maintenance of harmful sucking habits is essential for encouraging breastfeeding, providing early guidance to families and primary health care professionals, and enabling proper orofacial development in children.

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