

A Brief Note on of Dental Fluorosis Effect on Oral Health

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Method of sampling

The sample size was calculated using the results of a pilot study to determine the clinical difference in CPQ scores of one between two groups with and without dental fluorosis at a 5% statistical significance level, 80% power, and a pooled standard deviation of 5.65. 502 people were expected in the sample. In this cluster-based investigation, the authors' previous study's intra-cluster correlation coefficient of 0.025 was taken into account. The design effect was determined to be 1.925 using the average cluster size of 40. Thus, the final sample consisted of 970 individuals from each group. According to data from the central ground water board of Haryana, fourteen districts had elevated concentrations.

Cluster random selection was used to select three of the 14 districts that were used in the study. In each of the three districts, fluoride levels in the water ranged from 0.23 to 4.30 ppm¹⁸. Furthermore, two tehsils (nearby regions) from each locale were picked utilizing an essential irregular example method. Each tehsil was given six schools to choose from, two of which came from the city and four from the countryside. 30 to 50 students, with 40 being the typical cluster size, were selected from each school. Data were collected through a combination of questionnaire administration and clinical examination for the purpose of assessing dental fluorosis [9].

Development of the questionnaire

A Hindi-language structured CPQ11-14 questionnaire was created prior to distribution to the subjects. The 13 questions were divided into four broad domains: oral symptoms (6 items), functional limits (9