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Fair

Good

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## **REVIEWER'S REPORT**

Manuscript No.: IJAR-52117

Date: 05/05/2025

Poor

Title: Comparative Assessment of Oral Health Status between Orphanage Raised and Family Raised Children of Lucknow City: A Cross-Sectional Study

Rating

Clarity

Originality Techn. Ouality

Significance

Excel.

V

Accept as it is
Accept after minor revision
Accept after major revision
Do not accept ( <i>Reasons below</i> )

Date: 07/05/2025

# **Reviewer's Comment for Publication:**

Reviewer Name: Dr. S. K. Nath

The study convincingly demonstrates that orphanage-raised children in Lucknow have poorer oral health status, higher caries prevalence, and lower BMI compared to children raised in family environments. These disparities are attributed mainly to lack of parental supervision, inadequate oral health awareness, nutritional deficiencies, and emotional neglect. The findings advocate for institution-based oral health programs, improved caregiver training, nutritional support, and regular dental screenings to bridge these gaps. Addressing these factors is vital to improving the overall health and well-being of vulnerable children in orphanages.

## **Reviewer's Comment / Report**

#### Strengths:

- 1. Clear Objectives: The study aims to compare oral health and BMI between orphanage-raised and familyraised children, providing focused research questions.
- 2. Adequate Sample Size: The inclusion of 870 children enhances the reliability of findings, with appropriate sample size calculations based on statistical formulas.
- 3. **Standardized Methodology:** Use of WHO criteria for oral examinations and standard recording formats ensures consistency and reproducibility.
- 4. Ethical Compliance: The study obtained institutional ethical approval and informed consent, demonstrating ethical research practices.
- 5. **Relevant Findings:** The evidence highlights significant disparities in oral health and BMI, emphasizing the need for targeted interventions in orphanage settings.

## Weaknesses:

- 1. Limited Psychological and Dietary Data: The study mentions a lack of detailed analysis of psychological status and diet, which are crucial factors influencing oral health.
- 2. Cross-Sectional Design: Cannot establish causality, only associations, which limits understanding of long-term effects.
- 3. Age Distribution Imbalance: More younger children in orphanages and more older children in family settings may introduce age-related bias.
- 4. No Longitudinal Follow-up: The study does not assess changes over time or the impact of potential interventions.
- 5. Lack of In-depth Behavioral Assessment: Limited information on oral hygiene practices, caregiver involvement, and nutritional habits.
- 6. **Potential Selection Bias:** Participants were selected from organized camps, which may not fully represent the entire population of orphaned and non-orphaned children.