

Propositions accompanying the thesis:

### **Children's oral health related quality of life**

Determinants related to subjective and objective orthodontic measures

1. Oral health related quality of life is determined by more than clinical oral health variables only. (This thesis)
2. Oral health related quality of life is related to current oral health experiences as well as oral health experiences from the past. (This thesis)
3. Unfavorable financial resources of the family are related to poor oral health related quality of life in children. (This thesis)
4. Orthodontic treatment will not improve children's self-esteem. (This thesis)
5. Subjective and objective oral health measures do not represent the same qualities, thus they need to complement one another in oral health care decisions. (This thesis)
6. Malocclusion is not a disease but rather a set of dental deviations. (Petersen PE, Bull World Health Organ 2005)
7. One should not be surprised about the ineffectiveness of single-component intervention to promote (oral) health. (van Sluijs, BMJ 2007)
8. Although in dentistry emphasis is more and more placed on evidence-based care, postgraduate orthodontic students still show unsatisfactory knowledge on study design, biostatistics and correct interpretation of data. (Polychronopoulou A, Eur J Orthod 2011)
9. There is good scientific evidence that formerly competent speakers can undergo language attrition in their first language when this is deprived of linguistic input while the amount of input in the second language steadily increases. (Ribbert A, Bilingualism: Language and Cognition 2010)
10. Work environment is an important predictor of healthy births. (Bell JF, Matern Child Health J 2008)
11. There is a crack in everything, that is how the light comes in. (Leonhard Cohen 1992)