

Perception on veneers in relation to Islamic perspective in Kuantan community

Liyana Shafiqah Ahmad Muzamir¹, Husna Mohamad Kamil¹, Mohd Haikal Muhamad Halil^{2*}, Norlela Yacob³

¹Klinik Pergigian Gambang & Klinik Pergigian Kuala Kubu Bahru, Ministry of Health, Malaysia.

²Department of Restorative Dentistry, Kulliyah of Dentistry, International Islamic University Malaysia, Kuantan, Pahang, Malaysia.

³Department of Prosthodontics & Conservative Dentistry, Faculty of Dentistry, Universiti Sains Islam Malaysia, Negeri Sembilan, Malaysia.

Abstract

In aesthetic dentistry, veneer has widely performed cosmetic treatments in dentistry. It has gained increasing popularity due to rising social and psychological demands for improved dental appearance to get the 'idealized smile' or 'Hollywood smile'. This has raised ethical concern on dental treatment of overtreatment. Within Muslim communities, however, these procedures raise important concerns from the perspective of Islamic jurisprudence (*fiqh*). This study aimed to assess the Kuantan community's knowledge, perceptions, and understanding of veneer treatment within both dental and religious contexts based on clinical photographic given. A cross-sectional online survey was conducted through online platforms. A total of 250 respondents with mean age was 32.8 years (SD = 12.18), with 30% male and 70% female participants. Findings showed that overall knowledge of aesthetic dentistry and veneers was at a moderate level (52%). While 78.8% of respondents agreed that treatment decisions should be guided by intention (*niyyah*), only 24% correctly identified the *hukm* of veneers, and 43% remained unsure. No significant associations were found between knowledge and demographic or social variables. Although a significant difference was observed between knowledge and perception, their correlation was weak, suggesting that awareness does not necessarily translate into accurate understanding. These findings highlight limited comprehension of Islamic legal maxims concerning aesthetic dental procedures. While veneers may be permissible when addressing medical or psychological needs, their use solely for beautification remains prohibited. Therefore, a recommendation to broader the educational initiatives needed to enhance understanding of both the clinical and religious aspects of cosmetic dentistry.

Keywords: *aesthetic, cosmetic dentistry, ethic, fiqh*

Introduction

The primary aim of restorative dentistry has traditionally been to reduce pain and prevent tooth decay. However, with rapid advancements in technology and the influence of social media, the focus of restorative treatment has evolved beyond

function to include cosmetic enhancement (Alharkan, 2024). Facial attractiveness significantly influences social relationships and self-perception (Afroz *et al.*, 2013), and cosmetic dental treatments are increasingly sought to improve one's overall appearance and confidence (Ghorbani *et al.*, 2025).

Received:

1 November 2024

Revised:

18 September 2025

Accepted:

18 September 2025

Published Online:

28 February 2026

How to cite this article:

Ahmad Muzamir, L. S., Mohamad Kamil, H., Muhamad Halil, M. H., & Yacob, N. (2026). Perception on veneers in relation to Islamic perspective in Kuantan community. *IIUM Journal of Orofacial and Health Sciences*, 7(1), 6–16. <https://doi.org/10.31436/ijoh.v7i1.364>

Article DOI:

<https://doi.org/10.31436/ijoh.v7i1.364>

*Corresponding author

Address:

Department of Restorative Dentistry, Kulliyah of Dentistry, International Islamic University Malaysia, 25200 Kuantan, Pahang, Malaysia.

Telephone: +60192816007

Email address:

drhaikal@iium.edu.my

In Malaysia, the National Survey of Adults 2010 (Ministry of Health Malaysia, 2020) reported that dental awareness has grown, largely driven by the belief that a smile and appearance can be enhanced through dental treatment, ultimately improving quality of life and psychological well-being (van Sambeek *et al.*, 2023). With the rise of platforms such as Instagram and TikTok, aesthetic standards in dentistry are being reshaped, as individuals are constantly exposed to digitally perfected smiles and beauty ideals (Rostamzadeh & Rahimi, 2025). This exposure has intensified the demand for cosmetic interventions, particularly among younger generations who view dental aesthetics as integral to personal branding and social identity (Alsurayyi *et al.*, 2022)

The utilization of artificial intelligent (AI)-powered simulations could predict the final restorative treatment. In parallel, technological innovations such as Digital Smile Design (DSD) have revolutionized treatment planning by allowing patients to visualize potential outcomes before undergoing procedures. This has shifted restorative priorities from purely clinical needs to patient-driven cosmetic desires, fostering a collaborative approach between dentists and patients (Jreige, *et al.*, 2022). The trends showed that minimally invasive treatment such as veneer that is ultra-thin shells that cover imperfections like stains, chips, or gaps is one of the most popular requested cosmetic treatments (AlJehani *et al.*, 2014; Villalobos-Tinoco *et al.*, 2025). Veneer needs systematic treatment planning and clinical care to design a smile that is symmetrical and in harmonious arrangement with teeth and facial elements. It corrects a wide range of dental issues; discoloured teeth, fractured and worn teeth, abnormal tooth morphology, correction of minor malposition, as well as uneven space and gap on the front teeth (Allothman & Bamasoud, 2018; Pini *et al.*, 2012). Increasingly, individuals dissatisfied with their dental appearance whether due to malocclusion, anterior traumatic injury, tooth loss, discolouration, or untreated decay are motivated not only by health concerns but also by the pursuit of an

idealized smile shaped by online trends (Afroz *et al.*, 2013; Kaur *et al.*, 2017). However, in some cases, patients without any dental problem asked for veneers just to get a “killer smile or Hollywood smile”. This notion has changed the practice of dentistry.

Recent review has raised concern on the cosmetic dental treatment. Dentists face pressure to perform procedures that may not be clinically necessary, raising concerns about overtreatment and informed consent (Rostamzadeh & Rahimi, 2025) as well as Islamic concern (Fatah *et al.*, 2017). According to the main Islamic jurisprudence (*fiqh*), having an illness is the reason for one to oblige in seeking treatment and medication as stated in the hadith narrated by Usamah bin Sharik which reads:

"Take medication. Indeed, Allah does not cause illness except he brings medicine; or he said: illness except for a disease (which cannot be cured) they said: O Messenger of Allah, what is that he said: that is oldness" (Al-Tirmidhi, 1996)

From this hadith, the *hukm* (Shariah ruling) resorting to veneer as to correct dental disorders that affect their function is permissible. However, resorting to veneers mere for beautification is not allowed as it is a mutilation of Allah creation as stated in the hadith narrated from Abdullah ibn Mas'ud which reads:

"Allah has cursed the women who make tattoos and the women who have this done, the women who pluck facial hair and the women who have this done, and women who widen the gap between their own or others' teeth for the sake of beauty, changing what Allah has created." (Muslim bin Hajaj, 2006)

Thus, the aim of this paper was to assess the knowledge on aesthetic dentistry and dental veneers in Kuantan community. In addition, it aimed was to determine factors toward knowledge on veneers and correlation on perception and knowledge on veneer in relation to *fiqh*.

Materials and Methods

Sample size was calculated with consideration of dropout was calculated using GPower software. The inclusion criteria include those who are Kuantan resident, Muslim, age 18 years and above, able to comprehend Malay language and does not have cognitive disturbances. The exclusion criteria include those people who did not complete the online survey given. Prior to data collection, ethical approval was obtained from IIUM Research Ethics Committee (IREC) ID NO: 2021-030. Data collection was done using a self-administered structured survey-questionnaire using convenience sampling through various online platforms such as Whatsapp Messenger, Telegram Messenger, Instagram, Facebook in 3 months duration.

The questionnaire was divided into 4 sections (i) Demographic background, (ii) Knowledge on aesthetic dentistry and veneer treatment, (iii) Perception on veneers and *fiqh* (iv) Knowledge on veneers in relation to *fiqh*. An adaptation from two previous studies, a questionnaire was reconstructed to assess knowledge and perception on dental veneers and assessment on *fiqh* (Alfouzan et al. 2018; Fatah et al. 2017). In section (iv), a set of clinical photos of real cases were provided. These photographs had been validated by *fiqh* experts for their *hukms*. Respondents were asked to select the *hukm* of wearing veneers in those situations according to their understanding of Islamic principles. Questions on knowledge of aesthetic dentistry and veneers were validated by a dental expert. The questionnaire was in Malay language and underwent linguistic validation by a language expert. The questionnaire was pretested among IIUM students in a pilot study. An infographic poster was also provided at the beginning of the questionnaire to acquaint the respondents with the topic of veneers.

Data were analysed using Statistical Package for the Social Sciences (SPSS) version 23. To evaluate the knowledge on aesthetic dentistry, the knowledge was determined by

their score. It was categorized into three groups which are low (score 2 and below), moderate (score 3-4) and high (score 5-6). For knowledge on dental veneers, it was categorized as poor knowledge (score 3 and below), moderately knowledgeable (score 4-6) and High knowledge (scores 7-10). The assessment of knowledge on veneers in relation to *fiqh* was also categorized by 3 groups: high (score > 5), moderate (score 3-4) and score 2 or less was considered as poor knowledge. The knowledge and perception of the respondents was assessed by using a 5-point and 7-point Likert scale. The association was assessed using Man-Whitney and Kruskal Wallis at set at $p < 0.05$. The relation of perception and knowledge on veneer was analysed using Spearman Correlation.

Results

The total number of respondents was N=250. The mean age of the respondents was 32.8 (SD 12.2) years that comprised with 30% (n=75), male and 70% (n=175) female. 69.2% of the respondents have a tertiary level of education and 40.4% (n=101) have attended Islamic school or studied Islamic subject. Only 6% (n=15) of the respondents have received veneer treatment. The sociodemographic characteristics of the respondents were summarized in Table 1.

Table 2 exhibits the results of correct responses by respondents on questions relating to knowledge on aesthetic dentistry (AD) and dental veneers (DV). The majority of respondents answered correctly for all questions except for question item (d) only 32.8% (n=32) of respondents answered correctly on the side effect of tooth whitening. Table 3 summarized respondents' perception on veneers and *fiqh*. 39.6% of respondents agree with the statement '*Veneers treatments for aesthetic purposes are forbidden in Islam*'. About 35.6% (n=89) remain neutral and 78.8% (n=182) agreed that veneer treatment must be performed based on the patient's intention. The overall knowledge assessment was in Figure 1.

The results for knowledge on the Islamic jurisprudence of veneer treatment were summarized in Table 4. More than 50% of respondents are able to answer the *hukm* correctly as permissible in the clinical photos provided at a percentage of 57.6% (n=144), 66.0% (n=165), 65.6% (n=164), 67.6% (n=169) and 67.2% (n=168) respectively. However, less than 50% of respondents are able to answer correctly for the sixth photograph (perfect smile). There was no statistically significant association of the knowledge on veneer and *fiqh* with

demographic background ($p>0.05$) and social background ($p>0.05$) as summarized as in Table 5. There was a significant difference between perception and knowledge towards veneers and *fiqh* ($p<0.05$). However, the correlation coefficient ($r_s=0.235$; $p=0.000$) indicates a statistically significant difference between perception and knowledge towards veneers and *fiqh*. However, it was poorly correlation between these knowledge and perception in Table 6.

Table 1. Respondents' demographic data.

Demographic Background	Frequency (%)
Age	
18-25	110 (44.0)
26-33	32 (12.8)
34-41	43 (17.2)
42-49	31 (12.4)
≥50	34 (13.9)
Gender	
Male	75 (30.0)
Female	175 (70.0)
Education level	
Secondary Level	43 (17.2)
Tertiary Level	173 (69.2)
Advanced Level	34 (13.6)
Social background	
Never attended Islamic school	149 (59.5)
Attended Islamic School	29 (11.7)
Studied Islamic Subject	72 (28.8)
Have received veneer treatment	15 (6)

Note: N= 250 respondents

Table 2. Knowledge on aesthetic dentistry and dental veneers.

Questions	Correct Response n (%)	Incorrect Response n (%)
Knowledge on Aesthetic Dentistry		
Indication		
a. Aesthetic dentistry focuses on improving appearances only	143 (57.2)	107 (42.8)
b. Whitening and bridging are some examples of aesthetic dentistry	218 (87.2)	32 (12.8)
Benefits		
c. Orthodontic treatment is among treatments in aesthetic dentistry	201 (80.4)	49 (16.6)
Disadvantages		
d. Tooth whitening will cause tooth hypersensitivity	82 (32.8)	168 (67.2)
e. Aesthetic treatment is expensive	196 (78.4)	54 (21.6)
f. The whiter the teeth, the healthier it is	168 (67.2)	82 (32.8)
Knowledge on Dental Veneers		
Indication		
g. Replace missing teeth	108 (43.2)	142 (56.8)
h. Anterior fractured teeth	170 (68.0)	80 (32.0)
i. Multiple stained anterior restorations	176 (70.4)	74 (29.6)
Benefit		
j. Change tooth colour	194(77.6)	56(22.4)
k. Change tooth shape	175(70.0)	75(30.0)
l. Closure of slight spaces between teeth	166(66.4)	84(33.6)
Disadvantage		
m. Require removal of tooth structure	170(68.0)	80(32.0)
n. May negatively affect the gums (over contoured)	28(11.2)	222(88.8)
o. May fracture due to specific way of eating	122(48.8)	128(51.2)
p. After removal of veneer, teeth can be originally as before treatment	103 (41.2)	147 (58.8)

Table 3. The perception on veneers and *fiqh*.

Variable	Strongly Disagree (%)	Neutral (%)	Strongly Agree (%)
1. Veneer treatments for aesthetic purposes is forbidden in Islam	62 (24.8)	89 (35.6)	99 (39.6)
2. Treatments to protect one's dignity is allowed in Islam	15 (6.0)	39 (15.6)	196 (78.4)
3. Treatments to increase working efficiency of teeth is allowed in Islam	16 (6.4)	35 (14.0)	199 (79.6)
4. Each treatment should be done based on the intentions (niat)	21 (8.4)	47 (18.8)	182 (78.8)
5. Veneer treatment done to increase self-confidence is allowed in Islam	27 (10.8)	73 (29.2)	150 (60.0)
6. Veneer treatments that bring more harm to patient is forbidden in Islam	25 (10.0)	42 (16.8)	183 (73.2)

Table 4. The knowledge on veneers in relation to *fiqh*.

Cases	Islamic Jurisprudence					
	Frequency (%)					
	Not sure	Mandatory Wajib	Prohibited Haram	Voluntary Sunat	Disliked Makruh	Permissible Harus
1. Median Diastema	69(27.6)	6(2.4)	6(2.4)	12(4.8)	13(5.2)	144(57.6)*
2. Multiple caries lesion	22(8.8)	45(18.0)	2(0.8)	13(5.2)	3(1.2)	165(66.0)*
3. Tetracycline stain	34(13.6)	30(12.0)	2(0.8)	17(6.8)	3(1.2)	164(65.6)*
4. Defective Anterior Composite Restoration	19(7.6)	42(16.8)	2(0.8)	16(6.4)	2(0.8)	169(67.6)*
5. Peg Shaped Lateral Incisors	40(16.0)	23(9.2)	2(0.8)	11(4.4)	6(2.4)	168(67.2)*
6. Perfect Smile	65(26.0)	17(6.8)	60(24.0)*	18(7.2)	35(14.0)	55(22.0)

Note. *Reflects the number of respondents that answered correctly for each question

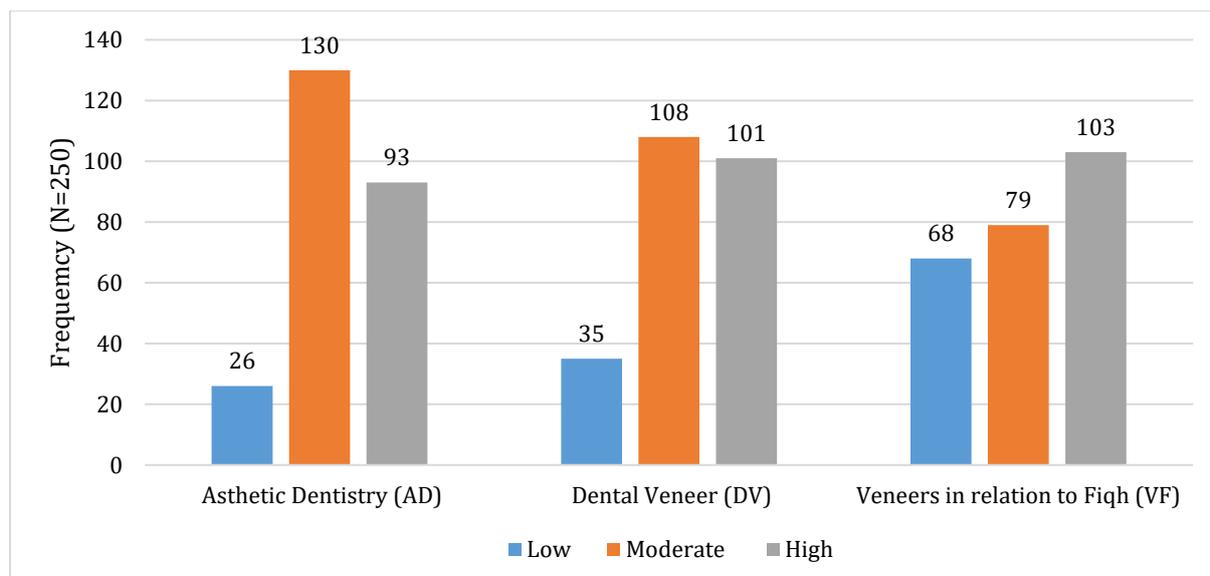


Figure 1. Assessment of knowledge on aesthetic dentistry, dental veneer and veneers in relation to fiqh in Kuantan community, Pahang, Malaysia

Table 5. The association of demographic & social background towards knowledge on veneer and fiqh.

Demographic Background	Knowledge on Veneers and <i>Fiqh</i>			p Value
	Frequency (%)			
	Low	Moderate	High	
*Gender				
Male	18 (24.0)	24 (32.0)	33 (44.0)	0.454
Female	50 (28.6)	55 (31.4)	70 (40.0)	
**Education Level				
Secondary Level	11(25.6)	15(34.9)	17(39.5)	0.986
Tertiary Level	47(27.2)	54(31.2)	72(41.6)	
Advanced Level	10(29.4)	10(29.4)	14(41.2)	
*Social Background				
Attended Islamic School	6 (20.7)	9 (31.0)	14 (48.3)	0.343
Studied Islamic Subject	15 (20.8)	26 (36.1)	31 (43.1)	0.345

*Man Whitney, **Kruskal-Wallis

Table 6. Association of knowledge and perception on veneers and fiqh.

		Knowledge on Veneers and <i>Fiqh</i>			Correlation Coefficient*
		Low	Moderate	High	
Perception on Veneers and <i>Fiqh</i>	Least Agree	19 (42.2)	10 (22.2)	16 (35.6)	0.235**
	Neutral	24 (35.8)	26 (38.8)	17 (25.4)	
	Mostly Agree	25 (18.1)	43 (31.2)	70 (50.7)	
	Agree				

*Spearman Correlation Test ** p value= 0.000

Discussion

One of the objectives of this study was to assess the Kuantan community's knowledge on aesthetic dentistry and veneer treatments. This study explored the relationship between demographic and social factors, knowledge of dental veneers, and Islamic jurisprudential understanding (*fiqh*), alongside perceptions of their acceptability. The findings offer valuable insights into how educational background and religious exposure shape attitudes toward aesthetic dental interventions within an Islamic framework.

Our result showed that respondents' knowledge on aesthetic dentistry and dental veneers is currently at moderate level, with a value of 52% of respondents having moderate knowledge. Similar findings were found for community in Jedda and Riyadh (Alghamdi et al. 2020; Alshammery et al. 2020). However, on average, low level of knowledge was found in Middle Eastern society (Alfouzan et al 2018). On social demographic, there was no significant associations seen between gender, education level, or Islamic schooling and knowledge levels on veneers and *fiqh*. This suggests that awareness of religious implications in aesthetic dentistry may not be inherently linked to formal education or gender-based differences. Interestingly, respondents with tertiary and advanced education showed slightly higher proportions of high knowledge, though not at a significant level. This may reflect broader access to health information rather than targeted religious instruction.

The findings indicate that 60.4% of respondents may lack a comprehensive understanding of the *hukm* related to undergoing veneer treatment solely for aesthetic purposes. Moreover, only 6% (n = 15) reported prior experience with such treatment, a trend consistent with the observations of Fatah (2017). Notably, only 24% of respondents were able to correctly identify the *hukm* concerning veneers. In contrast, a substantial proportion (78.8%) agreed that treatment decisions should be

guided by intention (*niyyah*). Taken together, these results suggest that the Kuantan community demonstrates limited knowledge of Islamic legal maxims in relation to dental aesthetic procedures. Furthermore, although a significant difference was observed between perception and knowledge, the correlation between these two variables was weak, possibly reflecting the respondents' limited understanding of both veneers and *fiqh*. As perception may create a pathway toward knowledge, but it does not necessarily translate into a deep or accurate understanding (Radecki & Jaccard 1995). This highlights the need for broader educational initiatives to enhance community understanding of the religious and ethical considerations surrounding cosmetic dental treatments.

Several factors must be considered when determining the *hukm* of veneer treatment in each patient's case. The degree of necessity for a particular procedure can be classified according to the principles of Maqasid al-Shariah, which recognize three levels of needs: essential (*darurah*), necessary (*hajiyyah*), and complementary (*tahsiniah*) (Hamdan et al.,2021). In addition, Islamic legal maxims (*qawa'id fihiyyah*) provide general rules that guide the determination of *hukm*. These maxims include five major principles: acts are judged by their goals and purposes, custom is the basis of judgment, hardship begets facility, certainty is not overruled by doubt, and harm must be eliminated. Within the context of cosmetic dentistry, treatments aimed at medical purposes, such as addressing pathological conditions, functional impairments, or sources of physical and psychological distress, may be permissible, as these circumstances elevate the treatment to the level of necessity (*hajiyyah*). However, procedures undertaken solely for beautification or aesthetic enhancement, without an underlying medical or psychological justification, are generally prohibited (*haram*) in Islamic jurisprudence (Hamdan et al.,2021; Yacob et al., 2018). This ruling is consistent with the maxim that "acts are judged by their goals and purposes," as altering one's appearance for the sole aim of

beautification is regarded as a modification of God's creation without justifiable necessity.

The results indicated that 43% of patients were unsure of the *hukm* regarding veneer treatment, a finding consistent with the observations of Fatah (2017). While veneers are permissible in Islam, their indication should not be limited to beautification alone. Previous studies have shown that individuals who are frequently dissatisfied with their appearance are more likely to seek cosmetic dental treatment (De Jongh *et al.*, 2010). This raises concerns not only from a medical ethics perspective but also in relation to religious considerations. For Muslim practitioners, it is essential to ensure that treatment options offered to patients are aligned with Islamic jurisprudence (Sabarudin *et al.*, 2023). Careful assessment is therefore required to determine whether the procedure is intended to improve oral health or to alleviate emotional distress, rather than being motivated purely by aesthetic enhancement (Yacob *et al.*, 2018).

A solid foundation in Islamic *fiqh* is essential, as existing guidelines are broad in nature and often require interpretation on a case-by-case basis. In dentistry, certain treatments are guided by established indices that serve as concise and standardized tools for clinical decision-making. For instance, the Index of Orthodontic Treatment Need (IOTN) is used to assess the severity of malocclusion, while the DMFT index provides an objective measure of a patient's dental caries status (Faharani & Eslamipour, 2010; Becker *et al.* 2007). By comparison, no such structured framework currently exists for veneer treatment in the context of Islamic jurisprudence. To minimize ambiguity and reduce confusion among both dental practitioners and patients, the development of concise, standardized guidelines grounded in Islamic principles is recommended for future implementation.

Several limitations were identified in this study, with gender and age group imbalance being the most prominent. The gender imbalance among respondents may have been influenced by the uneven distribution

of questionnaires through online platforms, coupled with the use of convenience sampling during the movement restrictions imposed by the pandemic. Furthermore, the reliance on online distribution likely favoured younger adults, who are generally more proficient with and engaged in digital technologies compared to older adults. This discrepancy may have resulted in greater accessibility and higher response rates from the younger demographic (Olson *et al.*, 2010).

Conclusion

This study highlights that while the Kuantan community demonstrates moderate knowledge of aesthetic dentistry and veneers, significant gaps remain in understanding their Islamic jurisprudential implications. Although many respondents recognized the role of intention (*niyyah*), misconceptions persisted regarding the *hukm* of veneers performed solely for beautification. The weak correlation between knowledge and perception suggests that awareness does not necessarily translate into accurate understanding.

Recommendation

To address these gaps, targeted educational initiatives should be integrated into community health programs, emphasizing both dental and religious perspectives. Dental schools are encouraged to incorporate modules on Islamic bioethics in clinical decision-making. Collaboration between dental practitioners, policymakers, and Islamic authorities is also recommended to develop concise, standardized guidelines that align with Maqasid al-Shariah, thereby supporting practitioners and patients in making ethically and religiously sound treatment decisions.

Acknowledgement

The authors would like to acknowledge Asst. Prof. Dr. Mohamad Shafiq Ibrahim for assisting with statistical analysis.

References

- Afroz, S., Rathi, S., Rajput, G., & Rahman, S. (2013). Dental esthetics and its impact on psycho-social well-being and dental self-confidence: a campus-based survey of North Indian university students. *The Journal of Indian Prosthodontic Society*, 13(4), 455–460.
- Alfouzan, A., Al-Sanie, A. A., & Al-Dhafiri, R. A. (2018). Arab societal awareness of dental veneers. *Journal of Contemporary Dental Practice*, 19(3), 257–261.
- Alghamdi, D., Aboalshamat, K., Salem, A., Binmahfouz, S., Alghamdi, A., Hassan, S., et al. (2020). Level of awareness of the population about dental veneers in Jeddah, Saudi Arabia. *Journal of Research in Medical and Dental Sciences*, 8(3), 253–260.
- Aljehani, W. A., Alharbi, A. A., Alharbi, A. T., Alharbi, A. A., Alharbi, M. A., AlAnazi, A. O., et al. (2022). Measuring the awareness, knowledge, and practice of the patients using veneer and lumineers and its effect on periodontium: a cross sectional study in Al-Qassim region. *International Journal of Medicine in Developing Countries*, 4(2), 347–347.
- Alharkan, H. M. (2024). Integrating digital smile design into restorative dentistry: a narrative review of the applications and benefits. *The Saudi Dental Journal*, 36(4), 561–567.
- Aljehani, Y. A., Baskaradoss, J. K., Geevarghese, A., & AlShehry, M. A. (2014). Current trends in aesthetic dentistry. *Health*, 6(15), 1941–1949.
- Allothman, Y., & Bamasoud, M. S. (2018). The success of dental veneers according to preparation design and material type. *Open Access Macedonian Journal of Medical Sciences*, 6(12), 2402–2408.
- Alshammery, F., Alkanhal, N. A., Alabdulkarim, A. S., Alfaqeeh, S. A., Alshammery, D. A., Alotaibi, A. A., et al. (2020). Awareness among a convenient sample of Riyadh city population toward dental veneers. *Journal of Applied Dental and Medical Sciences*, 6(1), 6–12.
- Alsurrayi, M. A., Almutairi, W., Binsaeed, A. I., Aldhuwayhi, S., Shaikh, S. A., & Mustafa, M. Z. (2022). A cross-sectional online survey on knowledge, awareness, and perceptions of Hollywood smile among the Saudi Arabia population. *Open Dentistry Journal*, 16(1).
- Al-Tirmidhi, M. bin I. (1996). Sunan al-Tirmidhi (al-Jami' al-Kabir) (No. 1877). *Dar al-Gharb al-Arabi*.
- Becker, T., Levin, L., Shochat, T., & Einy, S. (2007). How much does the DMFT index underestimate the need for restorative care? *Journal of Dental Education*, 71(5), 677–681.
- De Jongh, A., Oosterink, F. M. D., Van Rood, Y. R., & Aartman, I. H. A. (2008). Preoccupation with one's appearance: a motivating factor for cosmetic dental treatment? *British Dental Journal*, 204(12), 691–695.
- Department of Statistics Malaysia. (2021). State of Pahang population year 2021 [Internet]. Department of Statistics Malaysia Official Portal. https://www.dosm.gov.my/v1/index.php?r=colu_mn%2Fcone&menu_id=b2lJlM0IwRGdGSjVnV1d0ZktWVGYZdz09
- Farahani, A. B., & Eslamipour, F. (2010). The relationship between ICON index and Dental and Aesthetic components of IOTN index. *World Journal of Orthodontics*, 11(1), 43–8.
- Fatah, F. A., Yacob, N., Ramli, H., Mohammad, N., Zahid, D., Salleh, A. Z., et al. (2017). Patient's perception towards cosmetic dentistry in relation to Islamic principle. *Advances in Science Letters*, 23(5), 4925–4928
- Ghorbani, Z., Esmaeili, S., Shahbazi, S., Jarrahzadeh, M., & Madihi, S. (2025). Self-esteem and its influence on the inclination toward esthetic dental treatments: a cross-sectional study. *BMC Psychology*, 13(1), 140.
- Hamdan, N. M., Anuar, M. R., Aminudin, H., Ar, N. N. H., Ms, M. F., & Azizul, S. M. (2021). The application of maqasid-oriented approach in Islamic bioethics: A case study on fatwa related to cosmetic, plastic and reconstructive surgery. *IIUM Medical Journal Malaysia*, 20(1), 71–81.
- Johnson, J. (2014). ADA patient smart: Dental veneers. ADA Patient Smart. Retrieved from https://www.mouthhealthy.org/~media/ADA/Publications/Files/ADA_PatientSmart_Veneers.pdf
- Kaur, P., Singh, S., Mathur, A., Makkar, D. K., Aggarwal, V. P., Batra, M., et al. (2017). Impact of dental disorders and its influence on self-esteem levels among adolescents. *Journal of Clinical and Diagnostic Research*, 11(4), ZC05–ZC08.
- Ministry of Health Malaysia, Oral Health Division. (20132020). Annual report 20132020. Ministry of Health Malaysia. Retrieved from http://ohd.moh.gov.my/v3/images/pdf/annual_rpt2013.pdf
- Muslim bin Hajaj. (2006). *Sahih Muslim* (No. 2125). Dar Tayyibah.
- Olson, K. E., O'Brien, M. A., Rogers, W. A., & Charness, N. (2010). Diffusion of technology: frequency of use for younger and older adults. *Ageing International*, 36(1), 123–145.
- Pini, N. P., Aguiar, F. H. B., Leite Lima, D. A. N., Lovadino, J. R., Suga Terada, R. S., & Pascotto, R. C. (2012). Advances in dental veneers: materials, applications, and techniques. *Clinical, Cosmetic and Investigational Dentistry*, 4, 9–16.
- Radecki, C. M., & Jaccard, J. (1995). Perceptions of knowledge, actual knowledge, and information search behavior. *Journal of Experimental Social Psychology*, 31(2), 107–138.
- Rostamzadeh, M., & Rahimi, F. (2025). Aesthetic dentistry and ethics: a systematic review of marketing practices and overtreatment in cosmetic dental procedures. *BMC Medical Ethics*, 26(1), 12.
- Sabarudin, M. A., Fatah, F. A., Ramli, H., Yacob, N., Salleh, M. A. M. A., & Majid, M. N. A. (2023). patient-centred care dentistry and its relation with maqasid shari'ah: a narrative review. *Journal of Fatwa Management and Research*, 28(1), 1–15.

- van Sambeek, R. M., de Vos, R., Crins, L. A., Bronkhorst, E., Mehta, S. B., Pereira-Cenci, T., *et al.* (2023). Perception of oral health related quality of life and orofacial aesthetics following restorative treatment of tooth wear: a five-year follow-up. *Journal of Dentistry*, *136*, 104626.
- Villalobos-Tinoco, J., Floriani, F., Rojas-Rueda, S., Mekled, S., Conner, C., Colvert, S., *et al.* (2025). Enhancing smile aesthetics and function with lithium disilicate veneers: a brief review and case study. *Clinics and Practice*, *15*(3), 66.
- Yacob, N., Ramli, H., Majid, M. N. A., & Fatah, F. A. (2018). Crown lengthening for aesthetic purposes from the islamic perspective: a case discussion. *Journal of Fatwa Management and Research*, *13*(1), 44-51.