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Effect of Society and Social Media on the Need to Improve Smiles in Population in and Around Nashik District: A Cross-Sectional Survey Study

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Abstract

Aim: This survey-based study explores how society and social media are shaping people's attitudes toward smile enhancement, aiming to understand what motivates individuals to seek dental or cosmetic changes to their smiles.

Materials and Methods: Researchers surveyed 384 social media users around Nashik to understand how platforms like Instagram affect smile perceptions. Using a detailed questionnaire, they collected data on self-esteem and barriers to dental care, which was then analyzed to uncover significant social influences on the desire for a perfect smile.

Results: A study of 384 people around Nashik found social media heavily influences smile ideals. Most participants, often on Instagram and WhatsApp, reported feeling pressured by unrealistic standards, which affected their self-esteem. While many desired a better smile, cost and lack of information were common barriers to getting treatment.

Conclusion: This study highlights the profound psychological and behavioral effects of social media on smile perceptions in and around the Nashik district. High social media engagement correlates with increased exposure to smile idealization and later the desire for improvement and seeking for various aesthetic dental procedures, mainly bleaching and veneers. Worth and longevity and durability doubts remain major barriers to seeking professional dental care.

Clinical significance: Social media exposure significantly drives patient motivation for smile enhancement, with 63.8% reporting urge to improve their smile after viewing online content. Notably, only 11.7% cited affordability as a barrier to treatment, while 25% felt it was "not worthy enough" and 19.3% doubted treatment longevity. Since common concerns like tooth discoloration (33.9%), gaps (25.0%), and misalignment (16.4%) are readily treatable, clinicians should address these perceptual and informational gaps during consultations to help patients make informed decisions.

Keywords: *Cross-sectional study; Survey study; Dental esthetics; Dental self-confidence; Social media impact; Treatment concerns; perception of smile.*

INTRODUCTION

In today's world, the way we look and especially our smile has become more important than ever. With the increasing influence of social media and societal trends, people are constantly exposed to images of perfection and flawlessness.

This has created a strong desire among many people to improve their own appearance[1], often driven by the need to feel confident, accepted, or even just to fit in. Good dental appearances are thought to be a requirement of prestigious occupations among some professional groups[2]. Oral health is not only the absence of oral disease and dysfunction but it include its influence on the subject's social life and dento-facial self confidence. This is in accordance with WHO's definition of quality of life[3].

Social media along with being a source of communication and entertainment has become a source for information. Almost everyone uses social media. Lot of people are influenced by these online platforms about their appearance, style of dressing and so about their dental esthetics. Social media has also become a stage for marketing, we see many ads on variety of products which include toothpaste, teeth whitening kits, tooth brushes, mouthwash, braces, veneers and much more[4]. Along with ads we see many dental professionals boosting confidence of people by correcting their smiles. Exposure to visual content on social networks like Instagram can significantly influence individuals' perception of smile aesthetics and self-perception of their own smiles, which may affect their motivation to pursue treatment[5]. This survey-based study explores how society and social media are shaping people's attitudes toward smile enhancement, aiming to understand what motivates individuals to seek dental or cosmetic changes to their smiles. This study is based on such expectations or opinions of people about their dental esthetics, which might have been influenced by society and social media or might not. Heavy percentage of people may be influenced and are interested to receive treatment at affordable rates but are concerned about outcomes and afraid of treatment procedures. By knowing people's concerns and fears about dental treatment, awareness can be created about their misconceptions related to the procedures and outcome, and it will be beneficial for the dental operator to handle the patient accordingly. In this study a questionnaire is employed with 28 questions which will aid to achieve the aim of the study to evaluate the effect of society and social media on the need to improve smiles in individuals.

MATERIALS AND METHODS

This study employed a cross-sectional, questionnaire-based survey to gauge the influence of society and social media on the wish for smile improvement among individuals in and around Nashik district. The research focused on collecting quantitative data through a questionnaire.

1. Study Setting and Population

After ethical approval from Institutional Ethical Committee [544/SMBT/04/UG/IEC/183/2023], the study was conducted in Nashik district and its surrounding regions, including individuals aged 18 years and beyond, including adolescents and adults who are active users of social media. The inclusion criteria comprised a readiness to participate in the study, active social media usage (at least occasional use), and no reasonable or language barriers that can hamper questionnaire understanding. Exclusion criteria included individuals not using social media and people not willing to provide consent.

2. Sample Size and Sampling Technique

Sample size was determined using the estimates from the parent article using a single proportion formula as below

$n = Z^2p(1-p)(DEFF)/d^2$,

where Z = 1.96, p = 0.05(estimate of the expected proportion) and d = 50% (desired level of absolute precision). This calculation yielded a minimum required sample size of 384 participants.

3. Data Collection Tool

A questionnaire was employed, consisting of five sections: Socio-demographic details (age, sex, locality, social status, education, occupation, income); Social media activity (frequency of use, preferred platforms, exposure to smile-related content); Social influence (impact on self-esteem, comparisons with celebrities, desire for smile improvement); Behavioral responses (use of filters, adjustments in smile posture); and Treatment-related questions (willingness to undergo dental procedures, barriers to treatment).

4. Data Collection Procedure

Ethical approval was obtained from the institutional ethics committee before the study. Participants were recruited from SMBT campus with written informed consent secured before handing over the questionnaire. The survey was distributed in offline (paper-based) format, allowing participants 10–15 minutes to complete it. Clarifications were provided if any question was unclear.

The questionnaire underwent content validation by two subject experts with over 15 years of experience in Conservative Dentistry and Endodontics. They assessed it for relevance, clarity, comprehensiveness, and appropriateness concerning the study objectives. Modifications were made based on their feedback to improve question clarity and ensure adequate coverage of all five domains. Reliability testing (such as test-retest or internal consistency) was not performed, which is acknowledged as a limitation.

5. Data Analysis Plan

The data obtained was subjected to statistical analysis with the consult of a statistician. Statistical procedures were carried out in 2 steps.

A] Data compilation and presentation

The data obtained was compiled systematically. A master table was prepared and the total data was subdivided and

distributed meaningfully and presented as individual tables along with graphs. The response rate was determined using descriptive statistics.

B] Statistical analysis
Statistical analysis was performed using SPSS Version 20 (Chicago Inc., USA). The analysis was primarily descriptive, as the study aimed to explore patterns and perceptions rather than test causal relationships. Descriptive statistics included frequencies and percentages for categorical variables (e.g., gender, social media usage patterns) and mean ± SD for continuous variables (e.g., age, self-rated smile confidence). No inferential statistical tests (such as chi-square or t-tests) or p-values were calculated, as group comparisons were not the focus of this study.

RESULTS
The study employed 384 participants, with average age of 32.33 years. All the people were provided with questionnaire and consent form in their language. The responses were recorded and compiled in MS Excel. And statistical analysis was done using Statistical Package of Social Science (SPSS Version 20; Chicago Inc., USA).

The study aimed to survey the influence of society and social media on the desire to improve smiles in individuals in and around Nashik district. The findings reveal significant understanding how social media platforms shape perceptions of ideal smiles and the willingness to undergo esthetic dental treatments (Table 1). A majority of participants reported using social media "often", with 93.2% predominantly engaging on platforms like Instagram and WhatsApp. Exposure to smile-related content was seen, with 27.8% run into posts about smile improvement "often" or "very often" (Table 2).

A significant section of people 56%, acknowledged that social media influenced their perception of what comprises as an ideal smile. Moreover, 60.7% believed that social media promotes unrealistic standards for a "perfect" smile. The data revealed that 63.8% felt the urge to improve their smile after watching smile-related content on social media. On top of that, 57.6% reported that their self-esteem or self-confidence was affected by these comparisons. On a scale of 1–10, the average self-rated smile confidence was 7.23, which indicates moderate confidence among respondents. Significantly, 39.3% of participants admitted comparing their smiles to those seen on social media, while 52.9% used filters or editing apps to enhance their smiles before posting on social media. These findings suggest a strong tie-in between social media exposure and self-perception. (Table 3) Behavioral responses to social media influence were visible, with 35.9% adjusting their smile posture at times for photos and 67.6% frequently thinking about their smile's appearance during social interactions. Social pressure also played a role, as 33.3% felt pressure to match up to societal standards of what is considered as a perfect smile. When asked about the primary instigator for smile improvement, 60.2% attributed it to personal reasons, while 39.8% cited social influence. Despite the desire for smile enhancement, practical barriers retard action. 42.7% had considered or undergone dental treatments, while the remaining 57.3% cited that treatment was not worthy enough (25%), affordability (11.7%), lack of information (16.9%), or doubts about treatment longevity (19.3%) as lead hurdles. These findings emphasize the need for affordable dental care solutions and public education awareness on esthetic dentistry options (Table 4).

A remarkable 36.7% compared their smiles to those of celebrities or influencers. When gauging comfort in smiling openly at any given situation, the average rating was 4.0. The most common dental dissatisfactions included yellow teeth (33.9%), crooked/misaligned teeth (16.4%), gum problems (14.3%), and tooth gaps (25%), pointing to specific areas where cosmetic interventions could be of use (Table 5).

Tables:

Table 1: Demographic Distribution of study subjects.

Demographic	Number	Percentage
Gender		
Male	242	63.0
Female	142	37.0
Total	384	100.0
Age Range	18-66 year	
Mean Age	32.33 Year	
Income range	0- 8,00,000 Rupees/month	
Mean income	28,538.67 Rupees/month	
Income distribution	Income group	Frequency
	Rs. 0-1,00,000	364
	Rs. 1,00,001-2,00,000	9
	Rs. 2,00,001-4,00,000	0
	Rs. 4,00,001-6,00,000	1

	Rs. 6,00,001-8,00,000	1	
Education range	10th standard – postgraduate		
Mean education	12th standard		
Occupation	Occupation status	Frequency	Percentage (%)
	Employed	262	68.23
	Unemployed	72	18.75
	Student	50	13.02
Social status	Married	Unmarried	
	223 (59.95%)	149 (40.05%)	

Mean education was calculated by converting educational qualifications to years of formal schooling (10th standard = 10 years, 12th standard = 12 years, undergraduate degree = 15 years, postgraduate degree = 17 years). The mean of these values was calculated and rounded to the nearest whole number, which corresponded to 12th standard.

Table 2: Social Media Activity of study subjects

Survey Questions	Respond/option	Number	Percentage
How often do you use social media platforms?	Rarely	123	32.0
	Often	192	50.0
	Very Often	69	18.0
Which social media platform do you use most frequently	Instagram	80	20.8
	Facebook	21	5.5
	Twitter	5	1.3
	WhatsApp	278	72.4
Do you follow individuals or pages related to Dental Care or smile improvement on social media?	Yes	100	26.0
	No	284	74.0
How often do you come across images or posts related to smile improvement on social media platforms?	Rarely	277	72.1
	Often	98	25.5
	Very often	9	2.3

Table 3: The Influence of social media on the study subjects

Survey Questions	Respond/option	Number	Percentage
Has social media influenced your perception of what constitutes the ideal smile?	Yes	215	56.0
	No	169	44.1
Have you ever felt the desire to improve your smile after seeing posts or content related to smile improvement on social media?	Yes	245	63.8
	No	139	36.2
Do you think social media has influenced your self-esteem or self-confidence related to your smile?	Yes	221	57.6
	No	163	42.4
Do you believe that having an attractive smile is important for social acceptance?	Yes	265	69.0
	No	68	17.7
	May Be	51	13.3
Have you ever felt pressure by social standards to have a perfect smile?	Yes	128	33.3
	No	256	66.7
Do you think that social media portrays an unrealistic standard for what a "perfect" smile looks like?	Yes	233	60.7
	No	151	39.3
Have you ever compared your smile to images you have seen on social media?	Yes	151	39.3
	No	233	60.7
Have you ever used smartphone apps or filters to enhance your smile in photos before posting them online?	Yes	203	52.9
	No	181	47.1

Table 4: Subject's view about their own smile

Survey Questions	Respond/option	Number	Percentage
On scale of 1 to 10 how confident do you feel about	1	1	.3
	2	3	.8
	3	8	2.1
	4	21	5.5
	5	43	11.2

your smile's appearance	6	55	14.3
	7	67	17.4
	8	77	20.1
	9	57	14.8
	10	52	13.5
How often do you think about your smile's appearance during conversations or interactions?	Always	31	8.1
	often	102	26.6
	Sometime	130	33.9
	Rarely	75	19.5
	Never	46	12.0
Have you ever practiced or adjusted your smile posture to make it more attractive in photos?	Yes	138	35.9
	No	176	45.8
	May be	70	18.2
Do you think the desire to improve one's smile is more driven by personal reasons or social media?	Personal reasons	231	60.2
	Social influence	153	39.8
Have you ever compared your smile to the smiles of celebrities or influencers on social media?	Yes	141	36.7
	No	243	63.3
How comfortable are you with smiling openly in front of others regardless of the situation?	1	8	2.1
	2	30	7.8
	3	77	20.1
	4	107	27.9
	5	162	42.2
Which aspect of your teeth did not give you satisfaction?	Yellow Teeth	130	33.9
	Crooked or Misaligned teeth	63	16.4
	Tooth gaps or spacing issues	96	25.0
	Gum problems	55	14.3
	Missing tooth	21	5.5
	Malocclusions	19	4.9

Table 5: Treatment consideration by the study subjects

Survey Questions	Respond/option	Number	Percentage
Have you ever considered or undergone dental treatments or procedures to improve your smile?	Yes	164	42.7
	No	220	57.3
If not, why?	Affordability	45	11.7
	Not worthy enough	96	25.0
	Longevity and durability doubts	74	19.3
	Lack of knowledge or information	65	16.9
	Other concerns	104	27.1

Other concerns- fear of dental procedures, time constraints, previous negative dental experience

DISCUSSION

The findings of this study underline the keen influence of social media factors on individuals' perceptions of their own smiles. A striking 56% of respondents acknowledged that social media have shaped their perception of an ideal smile, supporting the belief that digital platforms serves as a powerful channel for putting forward aesthetic standards. This fact lines up with existing literature demonstrating how curated and digitally altered images often propagate unrealistic beauty ideals[4]. Above all, 60.7% of participants recognized these standards as unattainable, 63.8% still reported an increased desire to modify their own smiles after exposure to such content (Table 3). As the study was conducted using a convenience sample from a limited geographic area, the findings may not be fully representative of the broader population. Differences in sociocultural and socioeconomic factors across regions may influence perceptions of smile esthetics and social media engagement. This discrepancy highlights a severe stress between awareness and internalization—individuals may judiciously recognize the artificiality of online portrayals, yet remain emotionally influenced by them. It should be noted that the present findings are based on a cross-sectional assessment of participants' perceptions. While the results highlight meaningful associations between social media exposure and smile-related

concerns, causal relationships cannot be established from the current study design. Additionally, while our study included a wide age range (18-66 years) to capture diverse perspectives, we did not perform age-stratified analysis. Age may influence how individuals perceive and are affected by social media regarding smile aesthetics, with younger generations potentially being more susceptible. Future studies should examine these generational differences through subgroup analyses.

The psychological effect of these comparisons are evident. A substantial proportion of respondents (57.6%) shows that their self-esteem or self-confidence was affected by seeing idealized smiles on social media. This is further reflected in behavioral adjustments, such as the 52.9% who reported using filters or editing apps to enhance their smiles before posting Images (Table 3). The assessment of psychological impact in this study was based on self-reported perceptions rather than standardized psychological instruments. Although this approach provides practical insight into participants' experiences, the use of validated psychological scales in future studies may allow a more detailed understanding of underlying emotional and cognitive responses. Such behaviors suggest a growing discomfort with unalloyed self-presentation, as individuals increasingly follow digitally fortified norms. The average self-rated smile confidence of 7.23 (on a 10-point scale) may appear moderately high, yet the fact that 67.6% frequently thought about their smile's appearance during social interactions indicates underlying self-consciousness (Table 4). This creates concerns about the wearing down of unprompted self-expression, as even a natural gesture like smiling becomes subject to scrutiny.

Societal expectations further aggravate these pressures. Approximately one-third of participants (33.3%) reported feeling pushed to obey to prevailing standards of an ideal smile, while 39.8% refer social influence rather than personal desire as a primary motivator for seeking smile enhancement procedures. It is also important to acknowledge that factors such as peer influence, cultural norms, family opinions, and exposure to media other than social media may contribute to smile perception. These potential confounders were not assessed in the present study and should be considered in future research. The prevalent impact of media figures is particularly notable, with 36.7% of individuals comparing their smiles to those of celebrities or social media influencers (Table 4). These findings suggest that aesthetic aspirations are increasingly shaped by external norms rather than individual preference, negatively impact on person's independence in their decisions about their own image.

Despite the obvious desire for smile improvement, structural barriers hinder many people from pursuing dental treatments. In addition, the analysis in the present study was largely descriptive, and inferential statistical methods such as correlation or regression analyses were not employed. Future research incorporating analytical models and longitudinal designs may further clarify these relationships. While 42.7% of respondents had considered or undergone some cosmetic dental treatments, the majority (57.3%) cited obstacles such as financial constraints (11.7%), lack of information (16.9%), or concerns about treatment longevity (19.3%). Most strikingly, 25% reported inaction due to feeling "not worthy enough" as a response that underlines the psychological toll or emotional burden of internalized aesthetic standards (Table 5). These barriers highlight the need for greater accessibility in cosmetic dentistry, as well as public education to get rid of misconceptions. These findings should be interpreted considering the self-reported nature of the data, which may be influenced by recall bias or social desirability bias. Nevertheless, the responses reflect concerns commonly encountered in routine dental practice.

The most common dental concerns—discoloration of teeth (33.9%), spacing issues (25%), misalignment (16.4%), and gum-related problems (14.3%)—reflect areas where targeted interventions could significantly improve both oral health and self-perception (Table 4). The major goal of dental treatment should be to restore esthetics as well as enable patients to feel confident about smiling[6]. However, the broader hint of these findings extends beyond clinical solutions. They call for a social change in how smiles are perceived, one that acknowledges diversity in dental aesthetics and resists the standardization of beauty standards kept alive by society and social media.

Despite these limitations, the study provides meaningful insight into the influence of social media on dental esthetic perceptions among the study population.

CONCLUSION

This study highlights the profound psychological and behavioral effects of social media on smile perceptions in and around the Nashik district. High social media engagement correlates with increased exposure to smile idealization and later the desire for improvement and seeking for various aesthetic dental procedures, mainly bleaching and veneers[7]. Worth and longevity and durability doubts remain major barriers to seeking professional dental care.

Interventions should address the sociocultural dimensions of this issue. Public health initiatives can promote media literacy to help individuals to evaluate social media content, while policy measures can focus on expanding affordable dental care options. Moreover, psychological support can assist individuals in negotiating self-image concerns without confusing self-worth with appearance. Ultimately, the objective should be to foster an environment where smiles are

celebrated as expressions of individuality rather than measured against unreachable ideals. Previous research has demonstrated that dental esthetics have a significant impact on psychosocial well-being and dental self-confidence among young adults.[8]

In addition, the growing influence of digitally enhanced imagery on social media platforms may contribute to unrealistic expectations regarding dental appearance, reinforcing dissatisfaction even in individuals with clinically acceptable smiles[9],[10]. Dental professionals therefore have an important role in providing balanced counseling and setting realistic esthetic expectations through effective patient communication[11]. A greater emphasis on conservative and preventive approaches may help patients make informed choices while minimizing unnecessary cosmetic interventions[12]. Addressing these concerns at both individual and community levels may contribute to improved self-perception, patient satisfaction, and long-term oral health outcomes[13],[6].

Clinical significance

From a clinical perspective, the findings of this study offer several practical takeaways for dental practitioners. When a patient expresses a desire for smile enhancement, it may be worthwhile to explore the role social media has played in shaping that desire. In our study, 63.8% of participants reported feeling an urge to improve their smile after viewing smile-related content online, and 57.6% acknowledged that social media had affected their self-esteem related to their smile. Additionally, 39.3% admitted to comparing their own smiles with those seen on social media, and over half (52.9%) had used filters or editing apps to enhance their smiles before posting. These numbers suggest that many patients are not simply evaluating their teeth in isolation; they are comparing themselves to digitally altered or curated images. As clinicians, we should consider incorporating a brief conversation about these influences during cosmetic consultations. Asking patients where their expectations come from can help align their desires with clinically realistic outcomes and reduce the risk of dissatisfaction.

Another important insight from this study relates to why many individuals avoid seeking dental treatment despite wanting a better smile. Among those who had not pursued any cosmetic dental procedure, only 11.7% cited affordability as the primary barrier. In contrast, a larger proportion—25%—felt that treatment was simply "not worthy enough," 19.3% had doubts about the longevity of results, and 16.9% lacked adequate information. These findings shift the focus from purely financial barriers to perceptual and informational ones. The most commonly reported dental dissatisfactions—yellow teeth (33.9%), tooth gaps (25.0%), and crooked or misaligned teeth (16.4%)—are conditions that can be effectively addressed with minimally invasive, evidence-based interventions such as vital bleaching, composite bonding, or clear aligner therapy. What this tells us is that the gap between desire and action is not primarily clinical or financial; it is educational. By taking the time to clearly communicate the durability, value, and realistic outcomes of esthetic dental procedures, we can help patients move past hesitation and make informed decisions about their care.

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Patient consent form

Participant consent form

Participants name: Date:

Address

Title of the project: Effect of society and social media on the need to improve smiles in population in and around Nasik district: a survey study

The details of the study have been explained to me orally in my own language. I confirmed that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from the study provided such a use is only for scientific purposes. I fully consent to participate in the above study.

Name and signature of the participant Date:

Name and signature of the witness Date:

Name and signature of the investigator Date:

REFERENCES

1. Morley J, Eubank J. Macroesthetic elements of smile design. J Am Dent Assoc. 2001;132(1):39-45.
2. Jenny J, Proshek JM. Visibility and prestige of occupations and the importance of dental appearance. J Can Dent Assoc. 1986;52(12):987-9.
3. The WHOQOL Group. The World Health Organization Quality of Life assessment (WHOQOL): position paper from the World Health Organization. Soc Sci Med. 1995;41(10):1403-9.
4. Baik KM, Anbar G, Alshaikh A, Banjar A. Effect of social media on patients' perception of dental aesthetics in Saudi Arabia. Int J Dent. 2022;2022:4794497.
5. Influence of social media and corrected smile photographs in patients with malocclusion. Am J Orthod Dentofacial Orthop. 2023;164(5):712–727.
6. Samorodnitzky-Naveh GR, Geiger SB, Levin L. Patients' satisfaction with dental esthetics. J Am Dent Assoc. 2007;138(6):805-8.
7. Theobald AH, Wong BK, Quick AN, Thomson WM. The impact of the popular media on cosmetic dentistry. N Z Dent J. 2006;102(3):58-63.
8. Afroz S, Rathi S, Rajput G, Rahman SA. Dental esthetics and its impact on psycho-social well-being and dental self-confidence: a campus-based survey of north Indian university students. J Indian Prosthodont Soc. 2013;13(4):455-60.
9. Tiggemann M, Slater A. NetGirls: The Internet, Facebook, and body image concern in adolescent girls. Int J Eat Disord. 2013;46(6):630–633.
10. Fardouly J, Vartanian LR. Social media and body image concerns: Current research and future directions. Curr Opin Psychol. 2016;9:1–5.
11. Carlsson GE, Wagner IV, Odman P, Ekstrand K, MacEntee M, Marinello C, et al. An international study of dental appearance and patient perception. Int J Prosthodont. 1998;11(3):246–254.
12. Pithon MM, Nascimento CC, Barbosa GCG, Coqueiro RS. Do dental esthetics influence social judgments? Am J Orthod Dentofacial Orthop. 2014;146(4):423–429.
13. Newton JT, Prabhu N, Robinson PG. The impact of dental appearance on the appraisal of personal characteristics. Int J Prosthodont. 2003;16(4):429–434.