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Knowledge And Awareness About Myopia Among Different School Going Children Of Selected Schools In Chittagong Metropolitan Area, Bangladesh.

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Abstract
Introduction: *Globally, refractive error remains one of the primary causes of visual impairment in children. Among them, myopia is a major public health problem. Myopia prevalence was reported to be increasing, with up to 80% of the junior school students with myopia in East Asia. However, the common challenges in implementing the myopia control strategies on a national level included lack of primary care and school screening programmes and the paucity of accurate prevalence data.*
Objective: *To determine the knowledge and awareness about Refractive Error among different school going children of selected schools in Chittagong Metropolitan Area, Bangladesh.*
Methodology: *The study was determined to assess the knowledge and awareness about Refractive Error (myopia) among different school going children of selected schools in Chittagong Metropolitan Area, Bangladesh. A total of 200 samples have been taken through descriptive type of cross sectional study. A pre-tested, structured and modified interview administered questionnaire had been followed to collect data properly.*
Result: *68% of the participants have heard about myopia before and 82.67% of them knows about where to seek help if they are diagnosed with myopia. 96% of the population gets their eyes checked on regular basis and 87.33% have positive attitude towards those who wear glasses. Among the participants, around half of them (48%) have used eyeglasses and 90% of them have felt better after using it.*
Discussion: *In this study, participants are found having adequate knowledge and a positive attitude about myopia. The majority of students have already heard the word "myopia" and were aware that myopes have trouble seeing distant objects clearly. While assessing the practice level of the participants regarding myopia, it is found that the majority of the students visit their eye care professional's clinic on a regular basis which is a good practice.*
Conclusion: *It is further important to emphasize the key recommendations, such as increasing the outdoor time for school children to reduce myopia prevalence.*
Key words: *Refractive Error, Myopia, Retina, Genetic Factors*

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I. Introduction:

Refractive error occurs when the optical system of the non-accommodating eye fails to bring parallel rays of light to focus on the retina.[1] They have been identified as a cause of public health and economic concern.[2] This is evidenced by its inclusion in the priority areas of Vision 2020: The Right to Sight, a global initiative spearheaded by a conglomerate of non-governmental organizations and the World Health Organization.[3] Globally, refractive error remains one of the primary causes of visual impairment in children.[4,5] In children with significant uncorrected refractive errors, there is consistently poorer performance on a range of visio-cognitive and visio-motor tests compared with children without significant refractive errors, with attendant implications for general development and educational performance.[6]

Reliable data on population-based surveys on prevalence and pattern of distribution of refractive errors are needed to plan cost-effective systematic vision screening programs for reduction of visual impairment and blindness in children. Several investigators[7–9] have reported a prevalence of refractive error among school children ranging from 5.2% to 8.9%. Two local surveys,[10,11] identified refractive error as the leading cause of visual impairment in school children accounting for 70.7% and 61.1% of cases. Although these studies amongst others provide evidence-based data in understanding the magnitude of refractive error and visual impairment,

comparisons across study reports are generally difficult. This is largely due to the different measurement methods and non-uniform definitions used.

In 1998, the Refractive Error Study in Children (RESC) protocol was developed to assess the prevalence of visual impairment and refractive error in children of different ethnic origins and cultural settings by using consistent definitions and methods.[12] This directly makes it possible to provide comparable data from entirely different parts of the world. From 1998 to 2003, surveys using the RESC protocol were carried out in Nepal,[13] China,[4] Chile,[14] India,[15] South Africa,[16] and Malaysia.[17] These were population-based studies largely among children not attending schools. More recently, it has been found that in communities where there is high school attendance RESC survey protocols carried out in schools give comparable results as population-based surveys.[18,19] The main purpose of the Nigeria school eye health guideline[20] launched in 2020 is to provide direction for those planning and implementing school eye health programmes within the health and education sector.

This guideline is intended for policy makers, educational and health care authorities, health planners, eye care delivery organizations and professionals, including teachers, parents and children. This guideline also takes an integrated approach to school eye health, in which there is an active collaboration between the Federal and State Ministries of Education and Health for joint ownership to ensure effective and efficient delivery of identified initiatives. [20, 21] This document has also noted that only 50% of children needing glasses actually obtained them with cost of procurement being identified as a major contributing factor. Currently in Nigeria, there are no government incentives in form of price subsidy or outright free dispensing of glasses to children as parents pay out of pocket in a background of weak health insurance framework.

To the best of our knowledge, this study represents the only refractive error survey among school children using the RESC protocol in Nigeria.[20, 21] The objective of this study is to generate data using standardized protocol that allows for comparison with that elsewhere and forms the basis for evidence-based policy formulation for efficient resource mobilization and utilization towards a cost-effective, cross-cultural acceptable intervention in reducing the burden of childhood refractive error and visual impairment in Nigeria, and elsewhere in Africa.[20, 21] Eyes are the reflection of the spirit and the body's window to the rest of the world. The target of learning starts in youth and the exactness of a kid's vision can massively influence or adjust his/her learning limit.

School going years are considered as miracle years in an individual's life just as the early stages that decide one's physical, scholarly, and personal conduct standard. Any issue in vision during early stages can hamper the scholarly turn of events, development, and execution of an individual in future life.[21] Refractive error (RE) is an important component of the priority disease "childhood blindness" (CB) within the vision 2020' initiative to eliminate avoidable blindness.[22] The World Health Organization (WHO) has internationally assessed that there are roughly 314 million individuals living with vision hindrance. The aim of the study is to determine the knowledge and awareness about Refractive Error among different school going children of selected schools in Chittagong Metropolitan Area, Bangladesh.

II. Research Methodology:

Study Design: It was a descriptive type of cross sectional study.

Study Population & Area: Different school going children both male and female of selected schools at Chittagong Metropolitan Area was the target population and area of the study.

Study Period: This study was started from September, 2023 to till February, 2024 (Tentative).

Sample Size Calculation: Due to financial constraint and time limitation 150 samples were considered according to the guide's decision.

Inclusion Criteria: School going children (Class 5 - Class 10) with given consent who willingly joined or participated in the study.

Exclusion Criteria: School going children who felt unwilling to participate and who were unable to provide information due to physical and mental illness or handicapped.

Data Collection Tools: A pre-tested, structured and modified interview administered questionnaire was followed to collect data properly.

Sampling Technique: Non - randomized, non probability and purposive sampling methods were followed.

Data Collection Technique: By following a face to face interview of the patient participants.

Data Analysis & Management Plan: The data was analyzed by using Statistical Package Social Science Software (SPSS).

Ethical Consideration: For conducting the study, Ethical approval will be obtained from the ethical board of University. The personal identification, information of the subjects involved in the research were replaced by codes in the protected archived computer data files. The paper forms with the personal identification information were stored in a high security procedure.

III. Result:

Table 1: Socio demographic characteristics:

In this study, the majority (35.33%) of the participants were from 15 years of age. the gender proportion was merely equal (Male-58%, Female-42%). Most of them belong to nuclear families (82%) and have monthly family income within 20k-30k (63.33%).

Sl. No.	Variables	Categories	Frequency	Percentage (%)
1.	Age in years	a) <11 years b) 11 years c) 12 years d) 13 years e) 14 years f) 15 years g) 16 years h) >16 years	a) 6 b) 5 c) 12 d) 19 e) 3 f) 53 g) 27 h) 25	a) 4 b) 3.33 c) 8 d) 12.67 e) 2 f) 35.33 g) 18 h) 16.67
2.	Gender	a) Male b) Female	a) 87 b) 63	a) 58 b) 42
3.	Educational Status	a) Class 5 b) Class 6 c) Class 7 d) Class 8 e) Class 9 f) Class 10	a) 6 b) 8 c) 12 d) 18 e) 29 f) 70	a) 4 b) 5.33 c) 8.67 d) 12 e) 19.33 f) 46.67
4.	Father's Education	a) Illiterate b) Primary c) SSC d) HSC e) Graduate f) Post graduate	a) 22 b) 16 c) 27 d) 35 e) 29 f) 21	a) 14.67 b) 10.67 c) 18 d) 23.33 e) 19.33 f) 14
5.	Mother's Education	a) Illiterate b) Primary c) SSC d) HSC e) Graduate f) Post graduate	a) 19 b) 63 c) 30 d) 16 e) 22	a) 12.67 b) 42 c) 20 d) 10.67 e) 14.66
6.	Monthly family income in BDT	a) <20k b) 20k-30k c) 30k-40k d) > 40k	a) 25 b) 95 c) 20 d) 10	a) 16.67 b) 63.33 c) 13.33 d) 6.67
7.	Religion	a) Muslim b) Hindu c) Christian d) Buddha	a) 139 b) 7 c) 0 d) 4	a) 92.67 b) 4.67 c) 0 d) 2.33
8.	Types of Family	a) Nuclear b) Joint	a) 123 b) 27	a) 82 b) 18
9.	Marital Status	a) Single b) Married c) Divorced d) Widow/widower	a) 150 b) 0 c) 0 d) 0	a) 100 b) 0 c) 0 d) 0
10.	Number of Family Members	a) 2-4 b) 5-7 c) 8-10	a) 18 b) 119 c) 13	a) 12 b) 79.33 c) 8.67
11.	Housing Condition	a) Kacca b) Tin shed c) Semi building d) Building	a) 0 b) 27 c) 59 d) 64	a) 0 b) 18 c) 39.33 d) 42.67

Knowledge level of the participants about Myopia:

48% of the participants have not heard about Myopia ever. Majority (57.33%) do not have any family history of Myopia. Participants have knowledge (82.67%) about where to seek help if they have myopia. Majority (76%) use spectacles as a method of correcting Myopia.

Sl no.	Variables	Categories	Frequency	Frequency
1.	Have You Ever Heard About Myopia?	a) Yes b) No c) Don't know	a) 77 b) 72 c) 1	a) 51.33 b) 48 c) 0.67
2.	Is Your Family History of myopia?	a) Yes b) No c) Don't know	a) 57 b) 86 c) 7	a) 38 b) 57.33 c) 4.67
3.	Do you know where to seek help if have myopia	a) Yes b) No c) Don't know	a) 124 b) 26 c) 0	a) 82.67 b) 17.33 c) 0
4.	Do you know your optic patient has difficulty seeing distant objects clearly?	a) Yes b) No c) Don't know	a) 102 b) 48 c) 0	a) 68 b) 32 c) 0
5.	What methods of correcting Myopia do you know?	a) Spectacles b) Medicine c) Contact Lenses d) Surgery	a) 114 b) 17 c) 8 d) 11	a) 76 b) 11.33 c) 5.34 d) 7.33

Attitude level of the participants about Myopia:

Majority (96%) of the participants get their eyes checked on a regular basis. Maximum (87.33%) have a positive attitude towards those who wear glasses. As a cause of myopia, 48.67% think it's because of frequent use of electronic devices and 28% think it's because of frequent reading. Majority (78%) have marked "wearing of eyeglasses" as a treatment of myopia.

Sl no.	Variables	Categories	Frequency	Percentage
1.	Do You Get Your Eyes Checked on a Regular basis?	a) Yes b) No	a) 96 b) 54	a) 64 b) 36
2.	Do you have a positive attitude toward someone who wears glasses?	a) Yes b) No c) Do not know	a) 13 b) 19	a) 87.33 b) 12.67
3.	In Your Opinion,what are the causes of myopia?	a) Frequent reading b) Frequent Use Of Electronic Devices c) Genetic d) Malnutrition e) Do not know	a) 42 b) 73 c) 15 d) 14 e) 6	a) 28 b) 48.67 c) 10 d) 9.33 e) 4
4.	In your opinion, how will myopia be treated?	a) Wearing of eyeglasses b) Avoiding excess use of electronic devices c) Nutrition d) Surgery e) Don't know	a) 117 b) 21 c) 5 d) 7 e) 0 f) 0	a) 78 b) 14 c) 3.33 d) 4.67 e) 0 f) 0
5.	Have you ever taken Vit-A supplements?	a) Yes b) No c) Don't know	a) 144 b) 0 c) 6	a) 96 b) 0 c) 4

Practice level of the participants about Myopia

Among the participants, around half of them (48%) have used eyeglasses and 90% of them have felt better after using it. Majority (68.67%) use electronic devices for 2-4 hours per day. 78% participants visit their eye care professional on a regular basis. Majority (72.67%) of them think that they are aware enough about myopia. 76.67% participants go to a private doctor's chamber for their eye-checkup.

Sl no.	Variables	Categories	Frequency	Percentage
1.	Have you ever used eyeglasses?	a) Yes b) No need	a) 72 b) 78	a) 48 b) 52
2.	Causes Of Not Wearing Eye-glasses?	a) Uncomfortable b) Feel Shy c) Cost d) no need	a) 9 b) 11 c) 7 d) 12	a) 12.33 b) 15.27 c) 9.73 d) 16.67
3.	Have You Feel Better Vision After Wearing Eye- glasses?	a) Yes b) No c) Do not know	a) 135 b) 15 c) 0	a) 90 b) 10 c) 0
4.	How Many hours per day are you using electronic devices?	a) <2 hours b) 2-4 hours c) >4 hours	a) 18 b) 103 c) 29	a) 12 b) 68.67 c) 19.33
5.	Have you visited an eye care professional's clinic regularly?	a) Yes b) No c) Do not know	a) 117 b) 33 c) 0	a) 78 b) 22 c) 0
6.	Do you think you are aware enough of Myopia?	a) Yes b) No c) Do not know	a) 109 b) 36 c) 5	a) 72.67 b) 24 c) 3.33
7.	Where do you consult first after being sick?	a) Govt. Hospitals b) Private Doctor's Chamber/hospital c) Homeo Doctor d) Kabiraj e) Local pharmacy shop f) Others (specify)	a) 23 b) 115 c) 0 d) 4 e) 8 f) 0	a) 15.33 b) 76.67 c) 0 d) 2.67 e) 5.33 f) 0

IV. Discussion:

Myopia is a major public health problem. Myopia prevalence was reported to be increasing, with up to 80% of the junior school students with myopia in East Asia. However, the common challenges in implementing the myopia control strategies on a national level included lack of primary care and school screening programmes and the paucity of accurate prevalence data. There continues to be broad public misconception about myopia and myopia control, including the lack of parental awareness and resistance to wearing spectacles.

In this study, participants are found having adequate knowledge about myopia. The majority of them know where to seek help when they have myopia. Maximum participants have said that they do not have any family history of myopia which contradicts with other similar articles where the majority have family history of this refractive error [23].

The results of the study shows that students show a positive attitude toward the patients who have myopia and wear eyeglasses. Such attitudes can be crucial for delivering personalized and effective care and could help improve outcomes for myopia-related fundus lesions. This findings is opposite to another article related to myopia where the majority of the student's attitude is not positive towards those who wear eyeglasses [24]. In a study in Saudi Arabia, a large proportion of school children aged 7–14 were aware of myopia but showed negative attitudes towards eyeglass users, and consequently, this led to many of the children with myopia not wearing their glasses [23].

While assessing the practice level of the participants regarding myopia, it is found that the majority of the students visit their eye care professional's clinic on a regular basis which is a good practice. Preventive practices for myopia, especially in children, are crucial in slowing its progression [25] and research has shown that early onset myopia in children, if left unchecked, is more likely (than late-onset myopia) to progress to high myopia in adulthood [26, 27].

This preventing practice refers to limiting screen time, restricting studying/reading and encouraging the performance of outdoor tasks, and orthokeratology [28, 29, 30]. Other less conventional preventative methods reported were ocular exercises and Acupuncture [31, 32]. Therefore, it may be necessary to provide detailed information regarding the adoption of myopia preventive practices while educating people on myopia.

V. Conclusion:

Myopia is the state of refraction in which parallel rays of light are brought to focus in front of the retina of a resting eye. It is a major public health problem. The study aimed to assess the knowledge, attitude and practice about myopia among different school going students. The findings of the study shows that participants have good knowledge, positive attitude and practices towards myopia. The majority of students have already heard the word "myopia" and were aware that myopes have trouble seeing distant objects clearly. The proportion of students going to an optometrist or ophthalmologist for routine eye exams was satisfactory. They also have a preventive practice level regarding their eye checkup. In conclusion, it is further important to emphasize the key recommendations, such as increasing the outdoor time for school children to reduce myopia prevalence.

VI. Recommendation:

- □ Public education should be increased to raise parent and teacher awareness through primary health care workers including the spectacle dispensing for myopia at primary eye care level; encouragement of increased outdoor time of 2–3 hours per day for schoolchildren as a practical public health and primary care intervention that has been shown to potentially reduce the onset and progression of myopia.
- □ Governments and non-governmental organizations are encouraged to collaborate, especially education and health ministries to develop national myopia prevention programmes in primary care.
- □ The public awareness programs by the local governing bodies, local hospitals, health workers, medical colleges, and non-government organizations should be organized in each local school to increase the school students' knowledge, positive attitude, and practice toward myopia.
- □ Encouraging non-ophthalmic medical staff to consider the role of diet or specific nutrients/antioxidants in myopia and fundus lesion management could promote holistic approaches to eye health.

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Conflicts Of Interest:

There are no conflicts of interest among authors.

Ethical Approval:

The ethical approval had been issued and the recommendations had been followed accordingly

References:

[1] The Eye Disease Prevalence Research Group. The Prevalence Of Refractive Errors Among Adults In The United States, Western Europe, And Australia. Arch Ophthalmol. 2004;122:495–505. Doi:10.1001/Archopht.122.4.495
[2] Hyman L. Myopic And Hyperopic Refractive Error In Adults: An Overview. Ophthalmic Epidemiol. 2007;14:192–197. Doi:10.1080/09286580701535517
[3] Resnikoff S, Pascolini D, Mariotti SP, Pokharel GP. Global Magnitude Of Visual Impairment Caused By Uncorrected Refractive Errors In 2004. Bull Of The World Health Organ. 2008;86(1):63–70. Doi:10.2471/BLT.07.041210
[4] He M, Zeng J, Liu Y, Xu J, Pokharel GP, Ellwein LB. Refractive Error And Visual Impairment In Urban Children In Southern China. Invest Ophthalmol Vis Sci. 2004;45:793–799.
[5] Nepal BP, Koirala S, Adhikary S. Ocular Morbidity In School Children In Kathmandu. Br J Ophthalmol. 2002;87:531–534. Doi:10.1136/Bjo.87.5.531
[6] Atinson J, Anker S, Nardini M, Et Al. Infant Vision Screening Predicts Failures On Motor And Cognitive Tests Up To School Age. Strabismus. 2002;10:187–198. Doi:10.1076/Stra.10.3.187.8125
[7] Agrawal D, Sahu A, Agrawal D, Prevalence Of Ocular Morbidities Among School Children In Raipur District, India. Indian J Ophthalmol. 2020;68:340–344. Doi:10.4103/Ijo.IJO_1454_19
[8] Shrestha GS, Sujakhu D, Joshi P. Refractive Error Among School Children In Jhapa, Nepal. J Optom. 2011;4(2):49–55. Doi:10.1016/S1888-4296(11)70041-3
[9] Alam H, Siddiqui MI, Jafri SIA, Khan AS, Ahmed SI, Jafar M. Prevalence Of Refractive Error In School Children Of Karachi. J Pak Med Assoc. 2008;58:322–325.
[10] Ekpenyong BN, Naidoo K, Ndep A, Akpan M, Ekanem E. Prevalence And Determinants Of Visual Impairment Amongst School-Aged Children In Southern Nigeria. Afr Vision Eye Health. 2020;79(1):A534.

[11] Megbelayin OE, Asana EU. Visual Impairment Among School Children- Calabar Vision Screening Survey In Secondary Schools. Internet J Ophthalmol Visual Sci. 2013;10(1):1–8.
[12] Negrel AD, Maul E, Pokharel GP, Et Al. Refractive Error Study In Children: Sampling And Measurement Methods For A Multi-Country Survey. Am J Ophthalmol. 2000;129:421–426. Doi:10.1016/S0002-9394(99)00455-9
[13] Pokharel GP, Negrel AD, Munoz SR, Ellwein LB. Refractive Error Study In Children: Results From Mechi Zone, Nepal. Am J Ophthalmol. 2000;129:421–426. Doi:10.1016/S0002-9394(99)00453-5
[14] Maul E, Barroso S, Munoz SR, Et Al. Refractive Error Study In Children: Results From La Florida, Chile. Am J Ophthalmol. 2000;129:445–454. Doi:10.1016/S0002-9394(99)00454-7
[15] Dandona R, Dandona L, Srinivias M, Et Al. Refractive Error In Children In A Rural Population In India. Invest Ophthalmol Vis Sci. 2002;43:623–631.
[16] Naidoo KS, Raghunandan A, Mashige KP, Et Al. Refractive Error And Visual Impairment In African Children In South Africa. Invest Ophthamol Vis Sci. 2003;44:3764–3770. Doi:10.1167/Iovs.03-0283
[17] Goh PP, Abqariyah Y, Pokharel GP, Ellwein LB. Refractive Error And Visual Impairment In School-Age Children In Gomba District, Malaysia. Ophthalmology. 2005;112:678–685. Doi:10.1016/J.Ophtha.2004.10.048
[18] World Health Organization. Assessment Of The Prevalence Of Visual Impairment Attributable To Refractive Error Or Other Causes In School Children. Available From: Https://Www.Who.Int/Blindness/Causes/Rescprotocol.Pdf. Accessed September 21, 2019.
[19] Salamao SR, Cinoto RW, Berezovsky A, Et Al. Prevalence And Causes Of Visual Impairment In Low-Middle Income School Children In Sao-Paulo, Brazil. Invest Ophthalmol Vis Sci. 2008;49(10):4308–4313. Doi:10.1167/Iovs.08-2073
[20] National School Eye Health Guideline, Federal Ministry Of Health, Nigeria 2020. Available From: Https://Www.Health.Gov.Ng/Doc/National-School-Eye-Health-Guidelines.Pdf. Accessed April 14, 2020.
[21] Chronicle W. Data On Blindness Throughout The World. WHO Chron. 1979; 33: 275-83.
[22] Gilbert C And Foster A. Childhood Blindness In The Context Of VISION 2020: The Right To Sight. Bulletin Of The World Health Organization. 2001; 79: 227- 32.
[23] Almujalli, Anasabdulaziz & Almatrafi, Abdulazizabdullah & Aldael, Anasabdullah & Almojali, Hamadabdullah & Almujalli, Abdulazizibrahim & Pathan, Aslam. (2020). Knowledge, Attitude, And Practice About Myopia In School Students In Marat City Of Saudi Arabia. Journal Of Family Medicine And Primary Care. 9. 3277. 10.4103/Jfmpc.Jfmpc_86_20.
[24] Siddique, Muhammad & Fatima, Naseer & Azeem, Omair & Jabbar, Maryam & Rashid, Faisal & Shahid, Muhammad. (2022). Knowledge, Attitude And Practice Among Myope Students. Pakistan Journal Of Medical And Health Sciences. 16. 312. 10.53350/Pjmhs22166312.
[25] Saw SM, Matsumura S, Hoang QV. Prevention And Management Of Myopia And Myopic Pathology. Invest Ophthalmol Vis Sci. 2019;60(2):488–99.
[26] Hu Y, Ding X, Guo X, Chen Y, Zhang J, He M. Association Of Age At Myopia Onset With Risk Of High Myopia In Adulthood In A 12-Year Follow-Up Of A Chinese Cohort. JAMA Ophthalmol. 2020;138(11):1129–34
[27] Pärssinen O, Kauppinen M. Risk Factors For High Myopia: A 22-Year Follow-Up Study From Childhood To Adulthood. Acta Ophthalmol. 2019;97(5):510–8.
[28] Mccrann S, Flitcroft I, Lalor K, Butler J, Bush A, Loughman J. Parental Attitudes To Myopia: A Key Agent Of Change For Myopia Control? Ophthalmic Physiol Opt. 2018;38:298–308
[29] Li X, Yin Z, Liu C. Questionnaire Survey On Parents' Cognition Of Myopia And Their Willingness To Prevent And Cure Myopia. Chin J Strabismus Pediatr Ophthalmol. 2019;27:31–3.
[30] Cheung SW, Lam C, Cho P. Parents' Knowledge And Perspective Of Optical Methods For Myopia Control In Children. Optom Vis Sci. 2014;91(6):634–41.
[31] Shang X, Chen L, Litscher G, Sun Y, Pan C, Liu C-Z, Et Al. Acupuncture And Lifestyle Myopia In Primary School Children—Results From A Transcontinental Pilot Study Performed In Comparison To Moxibustion. Medicines. 2018;5(3):95
[32] Gao H, Zhang L, Liu J. Auricular Acupressure For Myopia In Children And Adolescents: A Systematic Review. Complement Ther Clin Pract. 2020;38:101067