





ISSN 2581-7795 Blurry Futures: Unraveling the Risk Factors Behind Myopia in Children

Vijay Luxmi Singh, Research Scholar, Malwanchal University, Indore

Dr Reena Thakur, Research Supervisor Malwanchal University, Indore

Introduction

Myopia, commonly known as nearsightedness, has emerged as one of the most prevalent vision disorders among children worldwide. The growing incidence of myopia in children has raised significant public health concerns, with an alarming rise in early-onset and high myopia cases. Myopia is characterized by the elongation of the eyeball, which causes light rays to focus in front of the retina rather than directly on it, leading to blurred distance vision. Several studies indicate that both genetic and environmental factors contribute to the development of myopia in children. Understanding the risk factors associated with childhood myopia is essential to implementing effective preventive and management strategies. This article delves into the various risk factors linked to myopia in children, ranging from genetic predisposition to lifestyle choices and environmental influences.

1. Genetic Risk Factors

Genetics plays a crucial role in the development of myopia. Research suggests that children with myopic parents are more likely to develop the condition than those with non-myopic parents.

a. Hereditary Influence

Numerous epidemiological studies have found that if one parent has myopia, a child has a 30-40% chance of developing the condition. If both parents are myopic, the risk increases to 60-70%. Genetic predisposition influences the structure of the eye, particularly the axial length, which is directly associated with myopia.

b. High Myopia and Genetic Mutations

High myopia (\geq -6.00 diopters) is often linked to specific genetic mutations. Several genes, such as PAX6, ZNF644, and SLC39A5, have been implicated in myopia development. These genetic markers contribute to abnormal eye growth, leading to severe refractive errors and increased susceptibility to myopia-related complications like retinal detachment and glaucoma.

2. Environmental and Lifestyle Risk Factors

Apart from genetic predisposition, environmental and lifestyle factors play a significant role in the increasing prevalence of myopia among children. Changes in modern-day activities have led to increased visual stress and ocular strain, contributing to myopic progression.



International Research Journal of Education and Technology Peer Reviewed Journal ISSN 2581-7795

a. Increased Near-Work Activities

Prolonged engagement in near-work activities, such as reading, writing, and using digital devices, has been identified as a strong risk factor for myopia. Studies show that children who spend excessive time on close-up activities have a higher risk of developing myopia due to prolonged accommodation (eye focusing) effort, which may induce eyeball elongation.

b. Digital Screen Time

The rise in digital technology use, including smartphones, tablets, and computers, has contributed significantly to childhood myopia. The excessive use of screens leads to digital eye strain, reduced blink rates, and prolonged near-work exposure, all of which are associated with increased myopia progression.

c. Lack of Outdoor Exposure

Outdoor activity has been shown to have a protective effect against myopia. Sunlight exposure plays a critical role in regulating eye growth by increasing dopamine release in the retina, which inhibits excessive axial elongation. Children who spend less than two hours per day outdoors have a significantly higher risk of developing myopia compared to those who engage in outdoor activities regularly.

d. Inadequate Lighting Conditions

Poor indoor lighting, whether too dim or too bright, can contribute to visual fatigue and myopia progression. Children studying under improper lighting conditions may develop accommodative strain, leading to a higher risk of developing refractive errors.

3. Nutritional Factors and Myopia

Nutrition plays a vital role in eye health, and deficiencies in certain nutrients may contribute to myopia development.

a. Role of Vitamin D

Vitamin D, obtained primarily from sunlight exposure, has been linked to myopia prevention. Studies suggest that children with lower levels of vitamin D are at a higher risk of developing myopia due to its role in eye growth regulation.

b. Omega-3 Fatty Acids and Eye Health

Omega-3 fatty acids, found in fish and flaxseeds, are essential for maintaining retinal health. Deficiencies in these fatty acids may contribute to abnormal eye development, increasing the risk of myopia progression.

c. Antioxidants and Myopia Prevention





International Research Journal of Education and Technology



Peer Reviewed Journal ISSN 2581-7795

Antioxidants such as lutein, zeaxanthin, and vitamin C help protect the retina from oxidative stress. A diet rich in green leafy vegetables, carrots, and citrus fruits may reduce the risk of myopia by supporting retinal function.

4. Psychological and Behavioral Risk Factors

Behavioral patterns and psychological aspects also influence myopia development in children.

a. Academic Pressure

Children who experience high academic pressure often spend excessive time on near-work tasks, increasing their risk of developing myopia. Countries with intense educational environments, such as China, Japan, and South Korea, report higher rates of childhood myopia.

b. Sleep Deprivation

Sleep is essential for overall eye health. Studies indicate that children who sleep for less than seven hours per night have a higher risk of developing myopia due to disrupted ocular growth regulation.

c. Sedentary Lifestyle

A lack of physical activity is associated with higher myopia prevalence. Regular exercise promotes overall health and may help mitigate some risk factors associated with myopia progression.

5. Preventive Strategies

Given the increasing prevalence of myopia among children, early intervention and lifestyle modifications can help reduce its incidence and progression.

a. Encouraging Outdoor Activities

Spending at least two hours outdoors daily has been shown to significantly reduce myopia risk. Schools and parents should encourage outdoor playtime to promote healthy visual development.

b. Reducing Screen Time

Limiting screen time and ensuring children take frequent breaks during near-work activities can help reduce eye strain and prevent myopia progression.

c. Adequate Lighting and Ergonomics

Providing adequate lighting conditions for reading and studying, along with maintaining proper posture while using digital devices, can help reduce visual stress.



ISSN 2581-7795



d. Regular Eye Check-ups

Early detection through regular eye examinations is crucial in managing myopia. Pediatric eye exams should be conducted at least once a year to monitor vision changes.

e. Nutritional Supplements

Ensuring a balanced diet rich in essential nutrients like vitamin D, omega-3 fatty acids, and antioxidants can support overall eye health and reduce myopia progression.

Conclusion

Myopia in children is influenced by a combination of genetic, environmental, lifestyle, nutritional, and behavioral factors. The rapid rise in childhood myopia cases underscores the need for early interventions, including outdoor activities, reduced screen time, and proper eye care. By understanding and addressing these risk factors, parents, educators, and healthcare professionals can work together to curb the growing myopia epidemic and ensure better eye health for future generations.

Reference

1.Wallman J., Winawer J. Homeostasis of Eye Growth and the Question of Myopia. Neuron. 2004;43:447–468. doi: 10.1016/j.neuron.2004.08.008. [DOI] [PubMed] [Google Scholar]

2.Holden B.A., Fricke T.R., Wilson D.A., Jong M., Naidoo K.S., Sankaridurg P., Wong T.Y., Naduvilath T.J., Resnikoff S. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. Ophthalmology. 2016;123:1036–1042. doi: 10.1016/j.ophtha.2016.01.006. [DOI] [PubMed] [Google Scholar]

3.Fan D.S., Lai C., Lau H.H., Cheung E.Y., Lam D.S. Change in Vision Disorders among Hong Kong Preschoolers in 10 Years. Clin. Exp. Ophthalmol. 2011;39:398–403. doi: 10.1111/j.1442-9071.2010.02470.x. [DOI] [PubMed] [Google Scholar]

4.Ma Y., Qu X., Zhu X., Xu X., Zhu J., Sankaridurg P., Lin S., Lu L., Zhao R., Wang L., et al. Age-Specific Prevalence of Visual Impairment and Refractive Error in Children Aged 3-10 Years in Shanghai, China. Investig. Ophthalmol. Vis. Sci. 2016;57:6188–6196. doi: 10.1167/iovs.16-20243. [DOI] [PubMed] [Google Scholar]

5.Quek T.P.L., Chua C.G., Chong C.S., Chong J.H., Hey H.W., Lee J., Lim Y.F., Saw S.M. Prevalence of Refractive Errors in Teenage High School Students in Singapore. Ophthalmic Physiol. Opt. 2004;24:47–55. doi: 10.1046/j.1475-1313.2003.00166.x. [DOI] [PubMed] [Google Scholar]

6.Williams K.M., Bertelsen G., Cumberland P., Wolfram C., Verhoeven V.J.M., Anastasopoulos E., Buitendijk G.H.S., Cougnard-Grégoire A., Creuzot-Garcher C., Erke M.G., et al. Increasing Prevalence of Myopia in Europe and the Impact of Education. Ophthalmology.





ISSN 2581-7795

2015;122:1489–1497. doi: 10.1016/j.ophtha.2015.03.018. [DOI] [PMC free article] [PubMed] [Google Scholar]

7.Czepita D., Zejmo M., Mojsa A. Prevalence of Myopia and Hyperopia in a Population of Polish Schoolchildren. Ophthalmic Physiol. Opt. 2007;27:60–65. doi: 10.1111/j.1475-1313.2006.00419.x. [DOI] [PubMed] [Google Scholar]

8.Pärssinen O. The Increased Prevalence of Myopia in Finland. Acta Ophthalmol. 2012;90:497–502. doi: 10.1111/j.1755-3768.2011.02210.x. [DOI] [PubMed] [Google Scholar]

9.McCullough S.J., O'Donoghue L., Saunders K.J. Six Year Refractive Change among White Children and Young Adults: Evidence for Significant Increase in Myopia among White UK Children. PLoS ONE. 2016;11:e0146332. doi: 10.1371/journal.pone.0146332. [DOI] [PMC free article] [PubMed] [Google Scholar]

10.Morgan I.G., Rose K.A. Myopia and International Educational Performance. Ophthalmic Physiol. Opt. 2013;33:329–338. doi: 10.1111/opo.12040. [DOI] [PubMed] [Google Scholar]