



Research Article

“Indeed, I Am Special”: An Exploration of Severe Myopia and Experiences of Marginalisation in Rural South African Classrooms

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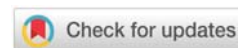
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Abstract

This poetic autoethnographic study explored the lived experiences of a rural South African girl with severe myopia as she navigates structural, social, and emotional challenges in the classroom. Radiological and ophthalmological imaging, particularly fundus photography, optical coherence tomography (OCT), and ultrasound, play a central role in the diagnosis, monitoring, and management of severe myopia. However, in rural and disadvantaged schools, access to such imaging and timely intervention is rare, leaving learners vulnerable not only to progressive vision loss but also to educational exclusion. Through six poetic vignettes, the study shows ongoing gaps between inclusive education policies and the realities of rural classrooms where access to vision screening, corrective lenses, and teacher training is limited. Drawing on Medical Humanities, African feminist pedagogy, and intersectionality, the study reveals three key findings: learning with severe myopia is both embodied and socially situated; inclusion is a relational and ethical process; and experiences of marginalization due to severe myopia are structured by intersecting systemic forces. Although peer collaboration, bodily adjustments, reliance on hearing, and narrative reclamation are highlighted as coping strategies for learners with severe myopia, the study presents implications of the study and recommendations for future research.

Indeed: I am special

Day and night, I whispered.

Asking creation why I was made different

An assurance that I am also human was all I needed from teachers

Instead, I was gifted - you think you are special.

The chalkboard was blurred,

Those who read for me were chastised, scolded, and reprimanded.

Peeping from their books, I thought, could be an alternative

But I was gifted with - you think you are special.

I moved my desk closer to the chalkboard

Met with pushes, smacks, and spitting

Accompanied by: you think you are special

Can't you see that you are obstructing us?

The narrative ruined my schooling years.

I revolted with resentment, bitterness, and anger

My auditory sense and passion held me by my hand

Together we fought-you think you are special.

In spring, when everyone enjoyed the bloom

I stared at the bright and colourful

In winter, when everyone sipped the hot coffee

My longest sip was to prove a point.

Engraved on my mind was that you think you are special

Listening to the lullaby without saying a word

Clenched the hope with my two hands

Ultimately, I altered the narrative to – Indeed, I AM SPECIAL

Introduction

Severe myopia as part of the spectrum within visual impairments is an increasingly urgent global health concern. Starting from early childhood, vision impairment, which includes severe myopia, reinforces the need for early identification, diagnostic imaging, and classroom accommodations. The International Myopia Institute (2021) projects show that nearly 1 billion people may develop severe myopia by 2050, with risks of sight-threatening complications such as retinal detachment, glaucoma, and myopic maculopathy. Radiological and ophthalmological imaging, particularly fundus photography, optical coherence tomography (OCT), and ultrasound, play a central role in the diagnosis, monitoring, and management of these conditions [1]. However, in rural and disadvantaged schools, access to such imaging and timely intervention is rare, leaving learners vulnerable not only to progressive vision loss but also to educational exclusion.

In South Africa, inclusive education aims to ensure equitable access to learning for all learners; however, structural, social, and epistemic barriers often persist, particularly in rural contexts [2]. Learners with impairments like severe myopia frequently encounter classrooms that are physically inaccessible, pedagogically inflexible, and socially exclusionary, producing compounded marginalisations at the intersection of disability, gender, and rurality [3,4]. Beyond material barriers, epistemic injustice, where learners' credibility, voice, and capacity for knowledge are undermined, remains a pervasive challenge [5]. This article employs autoethnography to explore the lived experiences of the author, who is a rural girl navigating educational landscapes and lives with severe myopia.

It is widely acknowledged that rural contexts face numerous challenges of inequality globally. The COVID-19 pandemic further exposed such inequities as education systems leaned on technology. The UNESCO Global Education Monitoring (GEM) Report (2023) suggests that while technology provided a lifeline

for some learners, it also amplified exclusion, particularly in settings where connectivity, devices, and accessible content were scarce [6], conditions typical of rural and low-resource areas. Inclusive education as a global commitment articulated in the Sustainable Development Goal 4 (SDG 4) and elaborated through the UN Convention on the Rights of Persons with Disabilities (CRPD), frames inclusive education as a system-wide transformation of culture, policy, and practice to ensure participation on an equal basis [7,8]. Despite these normative advances, large disparities persist for children with disabilities, specifically children who live with severe myopia. The World Report on Vision [9] estimates that at least 2.2 billion people live with vision impairment, with 1 billion cases being preventable or unaddressed, underscoring the educational implications of basic school-linked eye care and assistive provision. As a result, UNICEF [10,11] asserts that nearly 240 million children with disabilities worldwide are significantly more likely to be out of school, experience discrimination, and report lower well-being than their peers.

Countries in the Global South, such as South Africa, strive to ensure equitable access to education for all learners by providing inclusive education. However, structural, social, and epistemic barriers persist, particularly in rural contexts [2,12]. As a result, learners with impairments frequently encounter classrooms that are physically inaccessible, pedagogically inflexible, and socially exclusionary, producing compounded marginalizations at the intersection of disability, gender, and rurality [13–16]. Beyond material barriers, epistemic injustice, where learners' credibility, voice, and capacity for knowledge are undermined, remains a pervasive challenge. For children with severe myopia, such injustice is compounded by the invisibility of the condition in classroom discourse: blurred vision may be misinterpreted as inattentiveness or lack of ability, reinforcing stigmatization and misrecognition.

Therefore, while policy frameworks outline what inclusive systems should achieve, there is limited evidence

of the lived, affective, and epistemic dimensions of learning for visually impaired learners with severe myopia in rural classrooms, particularly in the Global South. Much of the global literature aggregates outcomes (enrolment, learning metrics) or evaluates programmatic interventions, leaving a gap in first-person, classroom-proximate accounts that show how exclusion is enacted through everyday pedagogies (e.g., disciplining peer support, constraining seating/visibility) and how learners craft embodied, relational strategies to resist misrecognition [17,18]. Moreover, debates have foregrounded infrastructure and ed-tech, but less is known about how these macro solutions intersect with micro practices of recognition and dignity in resource-constrained, rural spaces, precisely where connectivity gaps, diagnostic services, and assistive-tech shortages are most acute [8,10].

Research aim

This study aims to explore how a rural South African girl with severe myopia experiences, interprets, and navigates marginalisation within classroom spaces where visual, pedagogical, and social infrastructures inadequately accommodate visual impairment. Using poetic autoethnography, the article examines the embodied, affective, and epistemic dimensions of learning with severe myopia in resource-constrained rural schools.

To guide this exploration, the study addresses the following four (4) questions:

Research questions

- How does severe myopia shape the embodied, emotional, and relational experiences of learning in rural classroom settings?
- What forms of marginalisation – structural, social, and epistemic emerge through everyday pedagogical and schooling practices?
- How do learners craft adaptive, relational, and narrative strategies to cope with or resist misrecognition and exclusion?
- In what ways can poetic autoethnography illuminate experiences that are often rendered invisible in mainstream clinical, educational, and policy discussions about visual impairment?

Against this backdrop, this article employs autoethnography to explore the lived experiences of the author, a rural girl living with severe myopia, as she navigates educational landscapes. Through six poetic vignettes, the narrative foregrounds moments of exclusion, affective struggle, and resilient agency, offering insight into the embodied and relational dimensions of learning with severe myopia. Drawing on Medical Humanities, African feminist pedagogy, and Intersectionality, the analysis illuminates how the learner experienced misrecognition, negotiated structural and social barriers, and ultimately reclaimed narrative and epistemic agency within classrooms that are often hostile to difference.

The contribution of this article is threefold: (1) it renders visible the everyday mechanics of epistemic and social marginalisation in the classroom as experienced through severe myopia; (2) it documents embodied adaptations and affective labour as forms of resilience and knowledge-making; and (3) it bridges policy to practice by showing how global inclusion agendas (CRPD/SDG 4) intersect with clinical realities of vision care, thereby informing implementable teacher practices, rural healthcare provision, and school-level supports [7–9,19].

Unique contribution to poetic and autoethnographic literature

While poetic and autoethnographic scholarship has illuminated marginalisation in education, disability, and rurality, few studies centre severe myopia as an embodied and socially mediated disability within global south rural schooling contexts. Existing poetic autoethnographic work often foregrounds emotionality, identity, and meaning-making, yet rarely intersects these approaches with clinical contexts, such as radiological and ophthalmological imaging, African feminist pedagogies, and intersectionality, or the policy-practice gaps in inclusive education in South Africa.

This article contributes uniquely by: merging poetic form with clinical realities of vision care, situating sensory experience within broader socio-medical and pedagogical systems; offering a first-person, rural-based perspective that challenges dominant narratives that overlook subtle but persistent classroom exclusions faced by learners with severe myopia; extending poetic autoethnography into the realm of epistemic justice, showing how narrative reclamation becomes a form of resistance and knowledge-making and; providing an empirical, affective, and policy-relevant account that complements quantitative or programmatic studies of visual impairment.

Theoretical framework

This study is situated at the intersection of Medical Humanities, African feminist pedagogy, and intersectionality, providing a multi-layered lens to examine the experiences of a rural learner with severe myopia as she navigates exclusion, affective struggle, and resilience in South African classrooms. Medical Humanities foregrounds the embodied, affective, and ethical dimensions of learning. It emphasizes that human experience in educational and clinical contexts cannot be reduced to policy or pedagogy alone, but must account for the integration of mind, body, emotion, and social interaction [20,21].

In the context of severe myopia, Medical Humanities helps illuminate how blurred vision, eyestrain, and sensory fatigue shape cognitive engagement, classroom participation, and emotional well-being. Clinically, severe myopia is associated with heightened risks of retinal detachment, glaucoma, and myopic maculopathy, conditions that are increasingly identified through radiological and ophthalmic imaging techniques, such as optical coherence tomography (OCT) and fundus photography [22]. In rural South Africa, however,

such diagnostic and corrective services are often inaccessible, leaving learners to negotiate exclusion and stigma without clinical recognition.

African feminist pedagogy situates the learner's experience within relational, socio-cultural, and historically informed educational practices. It emphasises that knowledge production and recognition are not neutral but shaped by power hierarchies, gender norms, and social positionality [23,24,25]. For a severely short-sighted girl in a rural classroom, the inability to see the chalkboard or written text is not simply a clinical deficit but a relational wound: peers may interpret her struggles as "laziness," and teachers may misrecognise her as inattentive. African feminist pedagogy emphasizes care, mentorship, and community-oriented learning as essential to inclusion, particularly in contexts where ophthalmic resources are scarce and assistive technologies are unavailable [12]. This lens frames classroom marginalisation as not only structural but relational, highlighting the ethical imperative to nurture recognition, voice, and dignity for learners whose impairments are invisible yet profoundly disabling.

Intersectionality provides a critical framework for examining how multiple, overlapping social identities, such as gender, rurality, and disability, intersect to produce unique forms of marginalization and resilience [3]. In this study, intersectionality clarifies why a severely myopic rural girl may experience compounded epistemic injustice and social exclusion: her visual impairment interacts with gendered expectations of compliance, rural resource constraints that limit access to radiological/ophthalmic imaging and corrective lenses, and hierarchical classroom norms that devalue difference. Globally, intersectional analyses reveal similar dynamics: learners with vision impairment, particularly girls in low-resource settings, continue to be disproportionately excluded from education and healthcare, underscoring the need for layered interventions that combine clinical provision with pedagogical responsiveness [10,26].

By integrating the three frameworks, this study acknowledges that learning with severe myopia is both embodied and socially situated, that inclusion is relational and ethical, and that experiences of marginalisation are structured by intersecting systemic forces. These frameworks provide a lens for interpreting the following six poetic vignettes, revealing how exclusion, affective struggle, and resilient agency are enacted and negotiated within rural classrooms. They also highlight implications for policy and practice, emphasizing that inclusive education requires not only structural provision but also early vision screening, access to diagnostic imaging, pedagogical responsiveness, recognition of differences, and empowerment of learner voice. The next section is an account of the vignettes of the poem: "*Indeed: I am special*".

Methodology

This study employed an autoethnographic approach to explore the lived experiences of a rural girl with severe myopia as she navigated South African classrooms. Autoethnography situates the researcher as both participant and observer, enabling in-depth reflection on personal experiences while

connecting them to broader social, cultural, clinical, and educational structures [27,28]. This approach aligns with Medical Humanities, which foregrounds the embodied, affective, and ethical dimensions of learning. Severe myopia, clinically defined as a refractive error of ≤ -6 diopters or an axial length of > 26.5 mm, carries functional, psychosocial, and educational consequences, particularly in contexts lacking access to ophthalmic care, corrective lenses, or school-based screening [29].

Data were generated through poetic vignettes representing six pivotal classroom moments, constructed from reflective journaling, memory, and narrative reconstruction. Each vignette was treated as a standalone analytic unit, focusing on exclusion, stigma, adaptation, and resilience, and analysed for affective, epistemic, relational, and clinical dimensions.

To enhance methodological clarity and rigor, the development of the poetic vignettes followed a structured three-stage process involving (1) collection and organisation of raw experiential material, (2) reflexive memo-writing and positionality clarification, and (3) transformation of analytic fragments into poetic narrative form.

Developing reflective journals and memories into poetic vignettes

Generating raw experiential material: The earliest source of data consisted of reflective journals written during secondary school, which contained descriptions of classroom seating, struggles to see the chalkboard, peer interactions, and emotional responses to blurred vision. These journals were later supplemented by guided memory sessions in which the adult researcher revisited key incidents using prompts such as:

- "What moments made my difference visible to others?"
- "How did my body adapt in the absence of diagnosis?"
- "When did my blurred vision become a source of stigma or strength?"

These journals and memory fragments provided the descriptive and emotional foundations from which the vignettes were later crafted.

Example raw line from journal: "*The numbers on the chalkboard were floating again today.*"

Reflexive memos and positionality reflections: To strengthen transparency and analytic depth, reflexive memos were written immediately after revisiting each journal entry or recalled memory. These memos documented emotional reactions, emerging themes, and the researcher's awareness of her dual identity as participant and analyst.

Excerpt from reflexive memo: "*I realise I always describe myself sitting at the back. Distance was not a choice; it became my identity. My blurred eyes taught me to shrink, to observe quietly.*"

Positionality reflections also formed part of the analytic process, clarifying how the author's experiences as a rural girl,

a visually impaired learner, and now an educational researcher shaped interpretation.

Excerpt from positionality note: *“As a child, I feared being labelled slow. As a researcher, I recognise this as epistemic injustice, not personal inadequacy.”*

These reflections informed how events were transformed into poetic form and how their meaning was theorised.

Poetic transformation and narrative reconstruction:

Poetic vignettes were constructed by distilling journal entries, memories, and reflexive memos into concise, image-rich representations that conveyed their emotional, epistemic, and embodied dimensions. This process did not fictionalise events; rather, it sought to express their affective truth. Steps included identifying a pivotal moment (e.g., being disciplined for asking a peer to read aloud); selecting evocative phrases from journals and memos; using metaphors and sensory imagery to foreground embodied experiences; and preserving factual anchors, such as classroom layouts or teacher responses. Example of transformation from data to poetic line:

Raw data – *“I kept squinting. The teacher said I was being difficult.”*

Reflexive memo: *“My eyes burned. I felt myself disappearing under her gaze.”*

Poetic vignette line: *“Fractions floated like ghosts before me And the teacher mistook my squint for defiance.”*

This illustrates how analytic meaning and embodied experience were integrated to produce the final vignette.

Data analysis

The data analysis employed a qualitative, interpretive, and iterative approach, which is appropriate for autoethnography, where personal narratives are systematically examined to generate insights about both individual experiences and broader socio-cultural and clinical contexts [28,30]. The six poetic vignettes were treated as standalone analytic units, each examined for its affective, relational, and epistemic dimensions.

Three overlapping steps guided the analysis:

Firstly, immersive reading and reflective coding identified emergent themes of exclusion, adaptation, and resilience. Severe myopia shaped both explicit barriers (e.g., inability to read the chalkboard, punitive discipline for seeking peer support) and implicit struggles (e.g., eyestrain, fatigue, social stigma, and internalised narratives of “difference”) [17,18].

Secondly, thematic mapping through Medical Humanities illuminated how sensory, affective, and cognitive experiences of severe myopia intersect with social dynamics in the classroom [21,25].

Thirdly, the condition was analysed not only as a medical diagnosis but also as an embodied lived experience that shaped

how learning, recognition, and resilience were negotiated and ultimately interpreted through African feminist pedagogy and intersectionality. African feminist pedagogy emphasizes relationality and recognition, critiquing how classroom hierarchies and gendered norms intensify marginalization [31]. Intersectionality revealed how the interplay of severe myopia, rurality, and gender compounded vulnerability while also fostering unique forms of resistance and agency [3,32].

Analysis combined inductive reasoning, deriving themes directly from the vignettes, and deductive reasoning, aligning findings with theoretical constructs from Medical Humanities, African feminist pedagogy, intersectionality, and current clinical scholarship on myopia. Reflexive memos served as ongoing analytic companions, documenting how the author’s positionality shaped meaning-making and strengthening methodological rigor [27,28].

The resulting analysis highlights the interconnectedness of personal, clinical, national, and global dimensions of inclusion. It shows how severe myopia generates both structural exclusion and embodied strategies of resilience, emphasising the need for early screening, access to corrective interventions, and pedagogical responsiveness. The process also underscores narrative reclamation and epistemic empowerment, where learners reframe imposed stigma into affirmations of identity and agency [33,34].

Self-reflection

Vignette 1: Searching for Recognition

“Day and night, I whispered / Asking creation why I was made different / An assurance that I am also human was all I needed from teachers / Instead, I was gifted – you think you are special.”

This vignette captures the existential and affective dimensions of exclusion experienced by a learner with severe myopia in rural South Africa. At the personal level, the whispered questioning reflects both the embodied frustration of blurred vision, straining to read chalkboard writing, navigating classroom space, or recognizing peers’ faces, and a deeper search for recognition, dignity, and validation. Severe myopia, while clinically diagnosable through ophthalmological and radiological imaging modalities such as optical coherence tomography (OCT) and fundus photography [17,18,35], often remains invisible in rural classrooms where access to early detection is limited. This invisibility fosters misinterpretation of learning difficulties as inattentiveness, fuelling stigma and epistemic injustice.

At the national level, the vignette illustrates the gap between South Africa’s inclusive education policies [2] and their enactment in practice [12]. Despite commitments to inclusion, learners with unaddressed myopia often encounter environments that undermine their credibility as knowers and participants. Globally, the narrative aligns with the findings of UNICEF [10] and UNESCO [8] that learners with disabilities, particularly those with visual impairments, continue to face social marginalization, stigma, and restricted agency, despite

international calls for early screening and assistive provision [9,19].

From a Medical Humanities perspective, the learner's embodied experience of distorted sight underscores the entanglement of body, mind, and emotion in learning [20]. African feminist pedagogy emphasizes recognition, care, and relational accountability in responding to difference [36], while intersectionality highlights compounded vulnerabilities at the nexus of gender, disability, and rurality [37]. The implied transformation "*Indeed, I am special*" signals not only a narrative reclamation of agency but also resilience in the face of structural inequities, reframing severe myopia from a deficit into a site of knowledge-making and survival.

Vignette 2: Negotiating Structural Barriers

"The chalkboard was blurred, / Those who read for me were chastised, scolded, and reprimanded. / Peeping from their books, I thought, could be an alternative / But I was gifted with - you think you are special."

This vignette foregrounds the material and pedagogical barriers of severe myopia in a rural classroom. At the personal level, the blurred chalkboard epitomizes uncorrected refractive error, while reliance on peers reflects adaptive but fragile strategies of survival. These strategies are undermined by disciplinary practices that penalize collaboration, resulting in relational and epistemic injustice [5]. Clinically, severe myopia requires early detection through refraction, radiological/ophthalmic imaging (e.g., optical coherence tomography, fundus photography), and timely correction. However, such services are not available in rural South Africa, leaving learners dependent on makeshift strategies.

Similarly, the vignette reflects the gap between inclusive education policy commitments nationally [2] and everyday practice, where unaddressed vision needs impede participation. Globally, similar patterns emerge, as UNICEF [11] and UNESCO [8] report disproportionate exclusion of visually impaired learners where diagnostic and assistive infrastructure is lacking. The sensory struggle of blurred vision foregrounds the embodied nature of learning [22] in medical humanities. African feminist pedagogy critiques hierarchical classroom practices that suppress relational forms of care, while intersectionality highlights compounded marginalization at the nexus of gender, rurality, and visual impairment [37]. The phrase "*you think you are special*" embodies imposed stigma, later reframed through resilience and narrative agency.

Vignette 3: Claiming Space

"I moved my desk closer to the chalkboard / Met with pushes, smacks, and spitting / Accompanied by: you think you are special / Can't you see that you are obstructing us?"

Here, the learner's embodied agency manifests in moving closer to the chalkboard to compensate for severe short-sightedness. This act of adaptation, common among children with uncorrected severe myopia, demonstrates determination to access knowledge. Clinically, such behaviour is an observable marker of visual impairment and a missed opportunity for

early screening. Yet, in the absence of ophthalmic imaging and diagnostic support, the learner's need is met with hostility rather than accommodation.

The vignette highlights the inadequacy of teacher preparation and classroom cultures in South Africa in responding to invisible impairments [2,12]. These misrecognition and punitive responses to adaptive strategies are echoed in UNESCO [6] and UNICEF [10] reports on disability and exclusion. From a Medical Humanities perspective, the vignette foregrounds the lived, bodily negotiation of space within a hostile environment. African feminist pedagogy frames this as a challenge to authoritarian and exclusionary classroom norms, while intersectionality emphasizes how gender, rurality, and visual impairment compound vulnerability [32]. The repeated phrase "*you think you are special*" functions both as stigma and as the seed for eventual reclamation of agency.

Vignette 4: Affect and Resistance

"The narrative ruined my schooling years / I revolted with resentment, bitterness, and anger / My auditory sense and passion held me by my hand / Together we fought - you think you are special."

This vignette highlights the emotional toll of severe myopia on the learner's educational experience. Personally, anger and bitterness reflect the frustration of struggling to see without access to corrective lenses or diagnostic imaging, revealing the psychological weight of unaddressed impairment. The heightened reliance on auditory senses illustrates adaptive neurocognitive strategies common among visually impaired learners.

Nationally, many rural South African learners with uncorrected refractive errors face similar emotional and social marginalization, despite inclusive policies [2,38]. Globally, UNICEF [10] and UNESCO [8] document that exclusion often manifests in affective costs: frustration, diminished self-worth, and disengagement. From a Medical Humanities perspective, this vignette underscores the integration of emotion, cognition, and the body in shaping educational experience [25]. African feminist pedagogy validates anger as a form of resistance and knowledge-making, while intersectionality highlights how gender and rurality amplify vulnerability while also shaping unique strategies of resilience [3,39]. The refrain "*you think you are special*" is contested through affective resistance, reorienting pain into the foundation of resilience.

Vignette 5: Everyday Negotiations of Difference

"In spring, when everyone enjoyed the bloom / I stared at the bright and colourful / In winter, when everyone sipped the hot coffee / my longest sip was to prove a point."

This vignette captures subtle, everyday adaptations to severe myopia. The focus on colour and sensory engagement illustrates reliance on alternative perceptual strategies when visual clarity is compromised. The learner's deliberate pacing ("*my longest sip*") signifies micro-acts of resistance, where ordinary gestures are transformed into affirmations of presence and agency.

At the national level, such strategies expose gaps in culturally responsive and flexible pedagogies within South African classrooms [40]. Globally, UNESCO [6] highlights that learners with visual impairments often must craft individualised strategies in contexts where assistive devices are absent. From a Medical Humanities perspective, these small acts embody ethical and cognitive negotiations of difference [20]. African feminist pedagogy affirms such micro-resistances as relational strategies of recognition and self-assertion [39]. Intersectionality highlights how gender, rural location, and disability combine to shape both marginalisation and the creative resilience evident in everyday negotiations [3]. Severe myopia thus becomes not only a clinical condition but also a lived terrain where dignity is enacted in subtle, embodied ways.

Vignette 6: Narrative Reclamation

“Engraved on my mind was that you think you are special / Listening to the lullaby without saying a word / Clenched the hope with my two hands / Ultimately, I altered the narrative to – Indeed, I AM SPECIAL.”

This vignette exemplifies narrative reclamation in the context of severe myopia. Personally, the learner transforms the stigma of being misrecognised for her blurred vision into a declaration of agency and dignity. Clinically, the silence of “listening” points to adaptive sensory reliance, reflecting how learners navigate the absence of adequate diagnostic and corrective support.

At the national level, the vignette highlights that, despite policy intentions, structural barriers often leave learners to construct resilience largely on their own. Globally, the narrative aligns with the findings of UNICEF [10] and UNESCO [88] that meaningful inclusion depends on validating learner voices and affirming their dignity. From a Medical Humanities lens, this moment of reclamation highlights the centrality of narrative in reconstituting the relationship between body, impairment, and learning [25]. African feminist pedagogy interprets the final affirmation *“Indeed, I AM SPECIAL”* as subversive, resisting hierarchical silencing and re-inscribing agency [24]. Intersectionality emphasises how compounded vulnerabilities at the intersection of gender, rurality, and severe myopia are reconfigured into epistemic strength [3,37].

Discussion

The six poetic vignettes collectively illuminate the complex interplay of structural, clinical, social, and affective dimensions in rural South African classrooms. At a personal level, the narratives capture the lived realities of a learner with severe myopia as they navigate everyday exclusion, stigma, and misrecognition, while cultivating resilience and epistemic agency. Severe myopia, clinically defined as a refractive error of ≤ -6 diopters or axial length > 26.5 mm, often produces blurred distance vision, eyestrain, and heightened risks of retinal complications [29]. In contexts without adequate refractive correction, optical coherence tomography (OCT), or access to specialised eye care, these impairments extend into

every dimension of schooling, affecting literacy, mobility, and psychosocial well-being [9]. The vignettes demonstrate how adaptive strategies, such as peer collaboration, bodily repositioning, reliance on auditory cues, and narrative reclamation, function as both survival mechanisms and acts of knowledge-making and self-affirmation.

From a national perspective, the narratives highlight persistent gaps between South Africa’s inclusive education policies, such as *Education White Paper 6* and the *Screening, Identification, Assessment, and Support* [2] policy, and the realities experienced by learners in rural classrooms [2,12]. While policies mandate early identification and accommodations for learners with learning barriers, implementation is uneven. Access to vision screening and corrective interventions remains limited, and teachers are often ill-equipped to support learners with invisible impairments, such as severe myopia [38]. The disciplinary and pedagogical responses described in the vignettes exemplify how structural inadequacies and classroom hierarchies reproduce epistemic injustice [4], leaving learners vulnerable to exclusion despite policy commitments.

At a global level, these experiences resonate with UNICEF [10,11] and UNESCO [6,8] reports documenting that learners with disabilities face systemic exclusion, stigma, and restricted access to educational resources, especially in low-resource or rural contexts. The WHO *World Report on Vision* [9] emphasizes that more than one billion people worldwide live with preventable or uncorrected visual impairment, which directly affects educational outcomes and psychosocial development. Global epidemiology highlights the rising prevalence of childhood and adolescent myopia, with severe myopia projected to increase substantially by 2050 (IMI, 2021). For rural learners, these trends underscore the urgency of integrating school-based eye health, early screening, and affordable refractive correction into inclusive education systems.

The Medical Humanities lens emphasizes the embodied and affective dimensions of learning, situating the learner’s struggles within ethical, relational, and sensory contexts [21]. The blurred chalkboard, strained eyes, and reliance on auditory sense are not only clinical symptoms but also lived realities of exclusion, shaping identity, emotion, and agency. This reinforces the need for pedagogical practices that attend to the whole learner, integrating body, mind, and emotion.

African feminist pedagogy provides further insight into the relational and ethical dimensions of classroom life. It critiques hierarchical structures that discipline learners for seeking peer support and reaffirms that care, recognition, and dignity are essential to equitable learning [31]. Within this frame, resilience and narrative reclamation are understood as ethical and epistemic acts of resistance, challenging exclusionary norms while asserting agency and self-worth.

Intersectionality clarifies how overlapping identities, such as gender, rurality, and visual impairment, interact to produce layered marginalization while also shaping distinctive forms of resilience [3]. For a rural girl with severe myopia, exclusion is compounded by limited healthcare access, gendered

expectations, and classroom hierarchies, but resilience emerges in embodied adaptations and narrative reclamation. Taken together, the discussion underscores that inclusive education extends beyond policy compliance or physical access. Effective inclusion for learners with severe myopia requires the following:

- Clinical interventions such as early screening, refractive correction, and referral pathways.
- Pedagogical responsiveness that acknowledges sensory differences and validates alternative forms of participation.
- Relational care and recognition, affirming learners' epistemic and affective agency.

The learner's ultimate declaration: "*Indeed, I AM SPECIAL*", serves both as a personal affirmation and as a critical intervention. It signals the transformative potential of narrative reclamation and agency in classrooms constrained by structural inequities, reminding teachers, policymakers, and health practitioners alike that inclusion must be both systemic and relational, clinical and pedagogical, structural and affective.

Ethical considerations

Ethical considerations were a central focus of the study. The dual role of researcher and participant necessitated vigilance to maintain anonymity and confidentiality for peers, teachers, and institutional contexts [41]. The sensitive documentation of severe myopia in a rural educational context was managed to avoid stigmatisation or over-medicalisation, respecting the learner's agency and dignity [9]. Ethical principles, including respect, beneficence, non-maleficence, and justice, guided the research design and dissemination [7,8].

Reflexive practices, including journaling and peer debriefing, were employed to mitigate subjectivity and enhance rigor, ensuring interpretations of exclusion, resilience, and narrative reclamation were rooted in lived experience rather than imposed assumptions [28]. The vignettes foreground the learner's epistemic authority, demonstrating how adaptive strategies of peer collaboration, bodily adjustments, auditory reliance, and narrative reclamation function as both survival mechanisms and acts of knowledge-making.

By integrating methodology and ethics, this section positioned the study at the intersection of education, Medical Humanities, and vision science, highlighting how structural, social, and clinical factors co-construct the experiences of learners with severe myopia. It provided a rigorous and ethically grounded framework for interpreting the vignettes, linking personal narratives to broader policy, pedagogical, and health contexts, and emphasising the necessity of relational care, recognition, and inclusion in rural classrooms.

Conclusion

This autoethnographic study highlights how severe myopia intersects with gender, rurality, and classroom

hierarchies to shape the lived experiences of a learner in South African classrooms. Through six poetic vignettes, the study illuminates the embodied, affective, and epistemic dimensions of inclusion, revealing how exclusion is enacted, negotiated, and resisted. The learner's adaptive strategies, including peer collaboration, bodily repositioning, auditory reliance, and narrative reclamation, demonstrate resilience and the active construction of knowledge and self-affirmation in the face of systemic and social barriers.

The findings underscore persistent gaps between inclusive education policies, such as *Education White Paper 6* and the Screening, Identification, Assessment, and Support [2] policy, and the realities of rural classrooms, particularly for learners with unaddressed or severe visual impairments [12]. Structural inadequacies, such as limited teacher training, inaccessible learning materials, and scarce assistive technologies, intersect with visual impairment to produce epistemic and social marginalization. Globally, similar challenges that are documented in UNESCO and UNICEF reports, and the WHO *World Report on Vision* [9], emphasise that uncorrected visual impairment remains a major, preventable contributor to educational inequities.

The study's interdisciplinary framework suggests several actionable implications, including the need for policy and infrastructure inclusion to extend beyond enrolment to ensure early vision screening, referral pathways, and access to corrective lenses in schools, particularly in rural and low-resource settings [9]. Policies should explicitly integrate vision health into inclusive education mandates. Teacher training and pedagogy require training to recognise and accommodate visual impairments, including classroom seating strategies, multimodal instruction, and assessment adaptations. Pedagogical responsiveness must attend to both clinical needs and affective experiences, enabling learners to participate fully and with dignity [31]. School-linked eye health programs, partnerships between schools and local ophthalmic or optometric services, can facilitate regular screenings, referrals, and the provision of affordable corrective devices. Integrating eye health into routine school health programs addresses both educational and clinical inequities; relational and narrative approaches – inclusion is as much relational and ethical as it is structural. Recognising learners' voices, validating adaptive strategies, and supporting narrative reclamation foster epistemic agency and resilience.

Ultimately, the learner's declaration "*Indeed, I AM SPECIAL*" epitomises the transformative potential of narrative reclamation in classrooms constrained by structural, social, and clinical inequities. This study demonstrates that effective inclusive education for learners with severe myopia requires interdisciplinary collaboration, bridging education, Medical Humanities, and eye health. By integrating clinical provision, pedagogy, and relational care, educational systems can move closer to realising the ethical and epistemic promise of inclusion.

Limitations

While this autoethnographic study provides rich, first-person insights into the experiences of a learner with severe

myopia in rural South African classrooms, several limitations should be acknowledged. First, the study is based on a single participant–researcher perspective. Autoethnography foregrounds depth over breadth, offering detailed reflections on affective, epistemic, and embodied experiences; however, it does not provide generalizable findings across all learners with visual impairments or across different geographic or cultural contexts [28,30].

Second, retrospective reconstruction of experiences relies on memory, reflective journaling, and narrative interpretation. While this enables rich, nuanced analysis of affective and relational dimensions, it may be influenced by recall bias or subjectivity, particularly regarding specific classroom interactions and disciplinary events [42]. Reflexive practices were used to mitigate this, but complete objectivity is unattainable.

Third, although severe myopia is clinically defined, the study does not include contemporaneous ophthalmic measurements, vision assessments, or medical records. This limits the ability to directly correlate clinical severity with specific educational outcomes. Nonetheless, the study emphasises the lived experience of visual impairment, which is critical for understanding embodied, pedagogical, and social dimensions of inclusion [9]. Fourth, the rural South African context, with its unique socio-cultural, infrastructural, and policy characteristics, may limit transferability to urban or differently resourced settings. Structural barriers, teacher capacities, and access to eye care vary significantly, and findings should be interpreted with consideration of their context.

Finally, the study emphasises qualitative, narrative, and interpretive analysis, which may be less familiar to readers from strictly clinical or quantitative fields. However, integrating Medical Humanities and educational perspectives provides a complementary lens to understand the interplay of clinical, social, and affective dimensions in learning for visually impaired learners [21]. Despite these limitations, the study offers valuable insights into adaptive strategies, narrative reclamation, and the embodied experience of severe myopia, highlighting the importance of interdisciplinary approaches to inclusive education, health, and pedagogical practice.

Implications of the study

The findings of this study carry significant implications for policy, classroom practice, and the integration of school-based eye health services to support learners with severe myopia and other visual impairments.

Policy

Inclusive education policies, including South Africa's Education White Paper 6 and the Screening, Identification, Assessment, and Support (SIAS) policy [2], must explicitly incorporate vision health as a core component of inclusion. Policies should mandate routine vision screening, early identification, referral pathways, and provision of corrective devices, particularly in rural and low-resource contexts where

visual impairment is often underdiagnosed [9](IMI, 2021). Integration of clinical eye care within educational policy can bridge structural gaps, ensuring that learners' physical, cognitive, and affective needs are addressed holistically.

Pedagogical

Teachers require targeted training to recognise and accommodate severe myopia and other visual impairments in everyday classroom interactions. Practical strategies include strategic seating to optimise visibility of instructional materials, the use of multimodal instruction (auditory, tactile, enlarged print), flexibility in assessment and classroom participation, and validation of learners' adaptive strategies as forms of agency and knowledge-making. Pedagogy should attend not only to functional accessibility but also to relational and affective dimensions, fostering recognition, dignity, and epistemic agency in learners.

School-based

Partnerships between schools, local ophthalmic services, and public health programs are essential for integrated, sustainable interventions. Suggested strategies include regular on-site vision screenings and referrals for corrective lenses, training teachers to identify signs of visual strain or uncorrected myopia, establishing low-cost or subsidised provision of spectacles and assistive technologies, and coordinating with community health workers to monitor follow-up care and adherence [9,44](IMI, 2021). Integrating eye health into schools aligns with inclusive education goals while addressing structural inequities in rural contexts, simultaneously enhancing learning outcomes, psychosocial well-being, and resilience.

Interdisciplinary

This study demonstrates the value of bridging Medical Humanities, education, and vision science. Severe myopia is not only a clinical condition but an embodied experience that intersects with social, affective, and epistemic dimensions of learning. Interdisciplinary approaches can inform policy, teacher training, and school health programs, ensuring that inclusion is holistic, ethical, and contextually responsive. By linking structural provision, pedagogical responsiveness, and clinical care, these implications underscore that inclusive education for learners with severe myopia requires coordinated, context-sensitive, and relational strategies, allowing learners to reclaim agency, identity, and access to knowledge.

Future research

Building on the findings of this autoethnographic study, future research should explore broader populations of learners with visual impairments and other disabilities across diverse rural and urban contexts in South Africa and the Global South. Comparative studies could illuminate how structural, social, and affective barriers vary across regions, educational levels, and cultural settings, providing evidence to inform policy adaptation and teacher training programs.

Longitudinal research is needed to track the development of resilience, narrative reclamation, and epistemic agency over time, particularly as learners transition through critical educational phases. Such studies could integrate mixed methods approaches, combining qualitative autoethnography with quantitative measures of learning outcomes, participation, and well-being, thereby linking personal experiences to broader educational indicators.

Further research could examine the implementation of Medical Humanities-informed interventions, exploring how attention to embodiment, affect, and ethical engagement impacts learner inclusion and well-being. Additionally, studies grounded in African feminist pedagogy could investigate how relational and culturally responsive teaching practices foster recognition and epistemic empowerment for marginalised learners.

Intersectional analyses should also be expanded to consider additional axes of identity, such as socioeconomic status, language, ethnicity, and neurodiversity, to understand how layered vulnerabilities shape experiences of inclusion and resilience. These future research directions would contribute to a more holistic, evidence-informed understanding of inclusive education, bridging global policy aspirations with locally grounded, learner-centered pedagogical practices.

References

- Vasilescu MA, Macovei ML. The perspective of using optical coherence tomography in ophthalmology: present and future applications. *Diagnostics*. 2025;15(4):402. Available from: <https://www.mdpi.com/2075-4418/15/4/402>
- Department of Basic Education (DBE). Policy on screening, identification, assessment, and support (SIAS). Pretoria: Government Printers; 2014.
- Crenshaw KW. Mapping the margins: intersectionality, identity politics, and violence against women of color. In: *The public nature of private violence*. New York: Routledge; 1991;93-118. Available from: <https://doi.org/10.2307/1229039>
- Freire P, de Sousa Santos B, Tamale S, Praeg L, Chitando E, Magadla S, et al. Pedagogies of the south and ubuntu as feminist decolonial pedagogy. In: *Roads to decolonisation*. New York: Routledge; 2024. p. 281-299. Available from: <https://www.taylorfrancis.com/chapters/mono/10.4324/9781003468400-18/pedagogies-south-ubuntu-feminist-decolonial-pedagogy-amy-duvenage>
- Fricker M. *Epistemic injustice: power and the ethics of knowing*. Oxford: Oxford University Press; 2007. Available from: <https://www.scrip.org/reference/referencespapers?referenceid=2539687>
- UNESCO. Education in emergencies and low-resource contexts: policy brief. Paris: UNESCO; 2023. Available from: <https://www.unesco.org/en/emergencies/education>
- UNICEF. Guidelines for inclusive education: protecting the rights of children with disabilities. New York: UNICEF; 2022.
- UNESCO. Global Education Monitoring Report 2023: Inclusive education for all learners. Paris: UNESCO; 2023. Available from: <https://unesdoc.unesco.org/ark:/48223/pf0000385723>
- World Health Organization. World report on vision. Geneva: WHO; 2019.
- UNICEF. State of the world's children 2023: children with disabilities. New York: UNICEF; 2023. Available from: <https://www.unicef.org/reports/state-worlds-children-2023>
- UNICEF. Education and disability in low-resource settings: evidence and practice. New York: UNICEF; 2023.
- Muthukrishna N, Engelbrecht P. A reflexive critique of inclusive education policy and practice in South Africa: towards a decolonising, transformative praxis. *Afr Educ Rev*. 2022;19(4-6):59-72. Available from: <https://www.bohrium.com/paper-details/a-reflexive-critique-of-inclusive-education-policy-and-practice-in-south-africa-towards-a-decolonising-transformative-praxis/967965073911840777-19214>
- Tafirenyika J, Mashiri W, Mavundtse O. Exclusion and marginalisation in inclusive settings: the experiences of a child with a disability. In: *Towards inclusive education in Zimbabwe: perspectives and practices*. Cham: Springer Nature Switzerland; 2025. p. 211-231. Available from: https://doi.org/10.1007/978-3-031-66870-8_12
- Peters M. Teaching at the intersection of disability, race, and gender: theorizing the disability studies classroom [dissertation]. Ottawa: Université d'Ottawa/University of Ottawa; 2021. Available from: <https://scispace.com/pdf/teaching-at-the-intersection-of-disability-race-and-gender-38y18f7ycr.pdf>
- Crenshaw K. 'Difference' through intersectionality. In: *Dalit feminist theory*. New Delhi: Routledge India; 2019. p. 139-149. Available from: <https://www.taylorfrancis.com/chapters/edit/10.4324/9780429298110-15/difference-intersectionality-1-kimberl%C3%A9-crenshaw>
- Freire P, de Sousa Santos B, Tamale S, Praeg L, Chitando E, Magadla S, et al. Pedagogies of the south and ubuntu as feminist decolonial pedagogy. In: *Roads to decolonisation*. New York: Routledge; 2024. p. 281-299. Available from: <https://www.taylorfrancis.com/chapters/mono/10.4324/9781003468400-18/pedagogies-south-ubuntu-feminist-decolonial-pedagogy-amy-duvenage>
- Loh L, Prem-Senthil M, Constable PA. A systematic review of the impact of childhood vision impairment on reading and literacy in education. *J Optom*. 2024;17(2):100495. Available from: <https://doi.org/10.1016/j.optom.2023.100495>
- Loh L, Prem-Senthil M, Constable PA. Visual acuity and reading print size requirements in children with vision impairment. *Clin Exp Optom*. 2024;107(7):709-715. Available from: <https://doi.org/10.1080/08164622.2023.2279190>
- Tahhan N, Wolffsohn JS, Sankaridurg P, Jonas JB, Bullimore MA, Flitcroft I, et al. International Myopia Institute White Paper Series 2023. *Invest Ophthalmol Vis Sci*. 2023;64(6):1. Available from: <https://doi.org/10.1167/iov.64.6.1>
- Smydra R, May M, Taranikanti V, Mi M. Integration of arts and humanities in medical education: a narrative review. *J Cancer Educ*. 2022;37(5):1267-1274. Available from: <https://doi.org/10.1007/s13187-021-02058-3>
- Van Beinum A, Sherry J. Interdisciplinary co-teaching as a sustainable model for health humanities pedagogy. *Med Humanit*. 2024;50(3):513-519. Available from: <https://doi.org/10.1136/medhum-2024-012912>
- Du Y, Meng J, He W, Qi J, Lu Y, Zhu X. Complications of severe myopia: an update from clinical manifestations to underlying mechanisms. *Adv Ophthalmol Pract Res*. 2024;4(3):156. Available from: <https://doi.org/10.1016/j.aopr.2024.06.003>
- Nkealah N. Ways of teaching: African feminism as pedagogy. *Engl Acad Rev*. 2025;1-15. Available from: https://doi.org/10.1080/10131752.2025.2466894?urlappend=%3Futm_source%3Dresearchgate.net%26medium%3Darticle
- Knowles C. Pushing against conventions: an African feminist contribution to knowledge-making. *Gend Educ*. 2024;36(6):633-647. Available from: <https://doi.org/10.1080/09540253.2024.2350538>
- Shildrick M. Critical disability studies: rethinking the conventions for the age of postmodernity. In: *Routledge handbook of disability studies*. New York: Routledge; 2019. p. 32-44. Available from: <https://www.taylorfrancis.com/chapters/edit/10.4324/9780429430817-3/critical-disability-studies-margrit-shildrick>

26. United Nations Educational, Scientific, and Cultural Organization (UNESCO). Disability inclusion and gender equality in education. Paris: UNESCO; 2023. Available from: <https://www.unesco.org/en/articles/every-learner-matters-disability-inclusion-and-gender-equality-education>
27. Sparkes AC. Autoethnography: self-indulgence or something more? In: Bochner A, Ellis C, editors. Ethnographically speaking: autoethnography, literature, and aesthetics. Walnut Creek (CA): AltaMira Press; 2002;209-232. Available from: https://www.researchgate.net/publication/307633232_Autoethnography_Self-indulgence_or_something_more
28. Adams TE, Jones SH, Ellis C. Introduction: making sense and taking action: creating a caring community of autoethnographers. In: Handbook of autoethnography. New York: Routledge; 2021;1-19. Available from: <https://www.taylorfrancis.com/chapters/edit/10.4324/9780429431760-1/introduction-tony-adams-stacy-holman-jones-carolyn-ellis>
29. Aadil MB. Knowledge, perceptions, and referral practice of complications of severe myopia among optometrists in Kenya [dissertation]. Nairobi: University of Nairobi; 2024. Available from: <https://erepository.uonbi.ac.ke/handle/11295/166925>
30. Ellis C. The ethnographic I: a methodological novel about autoethnography. Lanham (MD): Rowman Altamira; 2004. Available from: <https://www.amazon.in/Ethnographic-Methodological-Novel-Autoethnography-Alternatives/dp/0759100519>
31. Magoqwana B, Magadla S, Masola A. African women's intellectual traditions in South Africa. In: Inyathi Ibuzwa Kwabaphambili: theorising South African women's intellectual legacies. 2024.
32. Bassey E, McGrath C, Teachman G, Caxaj S. Applying intersectionality in vision impairment research: a scoping review. Br J Vis Impair. 2025;43(3):636-654. Available from: <https://doi.org/10.1177/02646196241261626>
33. Teichert D. Narrative, identity, and the self. J Conscious Stud. 2004;11(10-11):175-191. Available from: https://www.academia.edu/127027477/Narrative_Identity_and_the_Self_2004_
34. Hooks B. Teaching to transgress: education as the practice of freedom. New York: Routledge; 1994. Available from: <https://www.routledge.com/Teaching-to-Transgress-Education-as-the-Practice-of-Freedom/hooks/p/book/9780415908085>
35. Garland-Thomson R. Staring: how we look. Oxford: Oxford University Press; 2009. Available from: <https://global.oup.com/academic/product/staring-9780195326796?cc=in&lang=en&>
36. Pietersen D, Langeveldt DC. Challenging violence in South African education: a feminist pedagogical and legal analysis. Curriculum Perspect. 2025;45(1):45-55. Available from: <https://link.springer.com/article/10.1007/s41297-024-00265-8>
37. Redshaw S, Thomas C, Kerrigan N, Krivokapic-Skoko B, Flynn S. Rurality and intersectionality: a literature review. Equality Divers Incl. 2025;44(9):208-226. Available from: <https://doi.org/10.1108/EDI-10-2024-0482>
38. Magakwe TS, Hansraj R, Xulu-Kasaba ZN. The impact of uncorrected refractive error and visual impairment on the quality of life amongst school-going children in Sekhukhune district (Limpopo), South Africa. Afr Vis Eye Health. 2022;81(1):620. Available from: <https://avehjournal.org/index.php/aveh/article/view/620/1773>
39. Brown LW. Speaking wounds: Black women, haunting, and the literary imagination. 2025.
40. Omojemite MD, Cisse EN. Adaptation of transformative education to respect and incorporate cultural diversity in South African classrooms through inclusive pedagogy. J Adv Stud Soc Sci. 2025;3(2). Available from: <https://doi.org/10.5281/zenodo.17068979>
41. Adams TE, Boylorn RM, Tillmann LM. Advances in autoethnography and narrative inquiry. In: Advances in autoethnography and narrative inquiry: reflections on the legacy of Carolyn Ellis and Arthur Bochner. New York: Routledge; 2021. Available from: <https://doi.org/10.4324/9781003035763>
42. Ellis C, Adams T, Jones S. Autoethnography: understanding qualitative research. 2015. Available from: <https://research.monash.edu/en/publications/autoethnography-understanding-qualitative-research/>
43. World Health Organization. Report of the 2030 targets on effective coverage of eye care. Geneva: World Health Organization; 2022. Available from: <https://www.who.int/publications/i/item/9789240058002>

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