

“Devices and apps and other distractions”; young people’s perceptions of sleep

Sarah Godsell, Public Health and Wellbeing Partnership Officer, South Gloucestershire Council

Introduction

Young people face biological, social and environmental changes during adolescence that each impact on sleep.^{1,2} Sleep deprivation during adolescence is becoming a public health problem; associated with increased weight status, poor mental health, and reduced school attendance.³⁻⁷ The aim of this study was to gain better understanding of young people’s opinions about sleep adding to the limited body of qualitative theory of adolescent sleep behaviours.

Methods

Descriptive data about perceptions of sleep were gathered from 13 – 14 year olds from four focus groups in two schools, in South Gloucestershire.

Five key themes emerged through data analysis ‘sleep need’, ‘distractions’, ‘conditions’, ‘messaging’ and ‘effects’. Data identifying participants’ views and perceptions formed a sixth interconnecting theme, ‘beliefs’.

Results

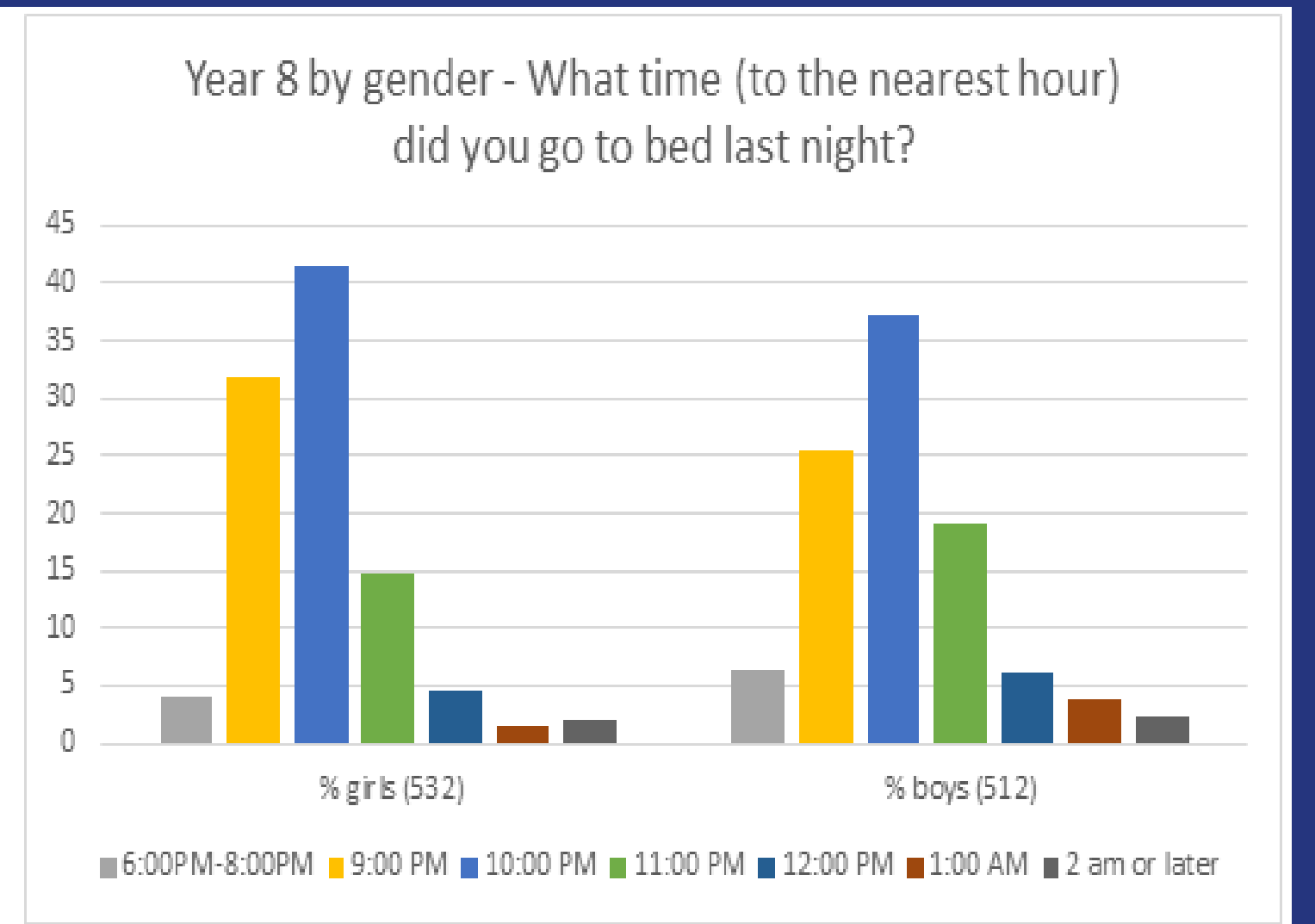
Participants believed there was a specific amount of sleep required, they were not getting enough sleep and this was common amongst their peers. They did not want lessons on sleep but wanted parents, who they saw as key ‘sleep messengers’ and rule-setters, to be more informed. Participants knew about ‘sleep hygiene’ strategies that aided sleep but most failed to adopt them. The most apparent obstacle to getting enough sleep was distractions from electronic devices and mobile phones. There were some gender differences; both girls and boys experienced distractions but the nature of the technology keeping them awake differed. More girls worried about sleep and felt a greater dependency on their phones at night. Some young people had very positive sleep patterns and behaviours, but this was not the norm for this group.



Focus group ‘draw and write’ activity

Q1. What time (to the nearest hour) did you go to bed?

Available responses:	Schools 1 - 8							
	S.Glos	1	3	4	5	6	7	8
Average %	%	%	%	%	%	%	%	%
6pm - 8pm	4.9	2.7	5	6	5.8	8.7	3.4	4.4
9pm	28.7	16.4	27.7	33.8	28.2	28.6	21.3	28.5
10pm	39.3	38.4	35.2	37.2	30.2	41.8	47.5	37.6
11pm	16.9	31.5	17.3	13.5	15.2	13.2	14.8	20.6
12 midnight	5.4	8.2	1.4	2.1	1.4	5.5	9.8	7.3
1am - later	4.8	2.8	1.6	0.5	0.8	2.2	3.2	3
Total Y8 responders	1057	73	159	148	156	91	165	136



Conclusions

The study has demonstrated young people do understand the importance of sleep, but they prioritise other activities and sleep becomes compromised. Findings can prompt schools and health practitioners to consider sleep as an influential factor in behavioural and educational issues. Further collaboration with young people is required to provide relevant information, especially to gaining insight into influential sleep messengers and ways to bring about sustained changes to adolescent sleep behaviours.

References

1. Crowley, S.J. et al. (2007) Sleep, circadian rhythms and delayed phase in adolescence. *Sleep Med* [online]. 8(6): pp. 602-612.
2. Carskadon, M.A. (2011) Sleep in Adolescents: The Perfect Storm. *Pediatric Clinics of North America* [online]. June; 58(3), pp. 637-647.
3. Olds, T.S. et al (2011) Sleep Duration or Bedtime? Exploring the Relationship between Sleep Habits and Weight Status and Activity Patterns. *Sleep* [online]. 34(10), pp. 1299-1307.
4. Knutson, K. L., and Van Cauter, E. (2008). Associations between sleep loss and increased risk of obesity and diabetes. *Annals of the New York Academy of Sciences* [online]. 1129, pp. 287-304.
5. Settineri, S. et al (2012) Mood and Sleep Problems in Adolescents and Young Adults: An econometric Analysis. *The Journal of Mental Health Policy and Economics* [online]. 15 pp. 33-41.
6. Glozier, N. et al (2014) Delayed sleep onset in depressed young people. *BMC Psychiatry* [online]. 14:33.
7. Hysing, M. et al (2015) Sleep and school attendance in adolescence: Results from a large population-based study. *Scandinavian Journal of Public Health* [online]. 43(1), pp. 2-9.

Acknowledgements

The researcher would like to thank the gatekeepers for facilitating access to participants, and to the students for giving up their time to take part; without their input this research would have been impossible. Thanks also go to Dr. Jo White for supervising this research and to colleagues involved throughout the process.