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Sleep disorder among the adolescent using mobile phones in Nagarjun municipality, Nepal

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Abstract

Introduction: Sleep disorder is a common health problem among adolescents, leading to poor academic performance. This study aimed to find out the prevalence of sleep disorders among adolescents using mobile phones in Nagarjun Municipality, Nepal.

Method: A descriptive cross-sectional study was conducted among adolescents aged 10-19 years from four private and one government school in Nagarjun Municipality, Nepal, from 24 Apr to 1 May 2023. Multi-stage cluster sampling was used. Data were collected using the Pittsburgh Sleep Quality Index (PSQI) and a self-structured questionnaire. Ethical approval was obtained. Data were analysed using SPSS version 23. Descriptive statistics were presented as n(%). A correlation test was used. A $p < 0.05$ was considered significant.

Result: Out of 400 students, mobile phone users were 358(89.5%) used mobile phones during bedtime, and 233(58.25%) used mobile phones during bedtime. Participants sleeping >7 hours were 371(93%). Based on PSQI score, all 400(100%) had sleep disorder: mild 383(95.8%) and moderate 17(4.3%). Headache was reported by 32(8%) and eye problem by 87(21.8%). No significant association was found between mobile phone use and sleep disorder ($p=0.526$) and between time spent on mobile after lights-off and sleep disorder ($p=0.10$). Socio-demographic factors showed no significant association.

Conclusion: All adolescents had a sleep disorder, with the majority having mild disturbance. No significant association was found with mobile phone use. High prevalence indicates the need for sleep hygiene intervention.

How to cite

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Introduction

Sleep is an essential aspect of human life, as it is closely connected to overall health. The ways in which we sleep play a crucial role in various physiological functions of the human body, including but not limited to learning ability, memory retention, cognitive processes, and mental well-being.¹

Smartphones are essential to modern life, especially for social contact, entertainment, and education. As a result, people are depending more and more on them, especially teenagers. As an example, over 70% of Spanish children aged 10 to 15 own a smartphone, and ownership increases with age among teens aged 16 and up, it reaches 99.1%.² Although everyone's sleep needs are different, most adults need 8-10 hours of sleep on average between the ages of 14 and 17 and 7-9 hours between the ages of 18 and 25.³

According to a recent worldwide study, approximately 25% of teenagers and young adults are suffering from addiction to their smartphones.⁴ It has been observed that the rates of smartphone addiction tend to be higher in Asian populations compared to Western populations, which may be due to cultural norms and habits surrounding the use of the internet and smartphones.⁵ According to a systematic review, the prevalence of smartphone addiction among teenagers in India ranged from 39% to 44%. In India, around 300 million people use smartphones.⁶

In Nepal, multiple studies have documented concerning high levels of sleep disturbance among students at various academic levels, with the prevalence of poor sleep quality ranging from 31% to 60.9%.⁷

This study aimed to find out the prevalence of sleep disorder among adolescents using mobile phone in Nagarjun Municipality, Nepal.

Method

A descriptive cross-sectional study was conducted among adolescents aged 10 to 19

years in Nagarjun Municipality, Kathmandu, Nepal from 24 Apr to 1 May 2023. The sample size was calculated using the formula $n = Z^2 pq / d^2$, with 95% confidence level ($Z = 1.96$), prevalence proportion (p) of 38% taken from previous literature, $q = 1 - p = 0.62$, and allowable error (d) of 5%. The calculated sample size was 362. Assuming a 5% non-response rate, the final sample size was 380, and a total of 400 respondents were included in the study to enhance precision.

Multi-stage cluster sampling was used for participant selection. Nagarjun Municipality has 10 wards, out of which two wards (ward number 4 and 5) were selected purposively considering accessibility and feasibility. From each selected ward, a complete list of schools was obtained. Two schools from ward 4 and three schools from ward 5 were selected by simple random sampling, comprising four private schools and one government school. From each selected school, all students studying in grades 8, 9, and 10 were included in the study. All adolescents aged 10 to 19 years present at the time of data collection were included. Those who were mentally disabled, unable to communicate, or not willing to participate were excluded from the study.

Data were collected using the Pittsburgh Sleep Quality Index (PSQI), a standardized tool to assess sleep quality and disturbances over the past month. The PSQI scoring system categorizes scores 1 to 7 as mild, 8 to 14 as moderate, and 15 to 21 as severe sleep disorder. Additionally, a self-structured questionnaire on mobile phone use was developed based on literature review.

The questionnaire included information on mobile phone usage pattern, duration of use, bedtime usage, and self-reported health problems. The questionnaire was pretested among 10% of the total sample size (40 respondents) in a similar setting to check for clarity, comprehension, and reliability. Necessary modifications were made based on pretesting findings. Validity of the tool was ensured through extensive literature review and expert guidance from research supervisors.

Verbal informed consent was obtained from each participant before data collection. For participants below 18 years, assent was taken along with verbal consent from parents or guardians. Privacy and confidentiality of the information were maintained throughout the study. Ethical approval was obtained from the Department of Public Health, Valley College of Technical Sciences.

Collected data were checked daily for completeness and consistency. Data were entered and analysed using IBM SPSS Statistics version 23. Descriptive statistics including frequency, percentage, mean, and standard deviation were calculated. The correlation test was used to find out the association between sleep disorder and mobile phone usage. A p-value less than 0.05 was considered statistically significant.

Result

Out of 400 respondents, all were adolescents studying in grades 8, 9, and 10 in Nagarjun Municipality. Mobile phone usage was reported by 358(89.5%) respondents. Among them, 233(58.25%) used mobile phones during bedtime, and 89(22%) used mobile phones during night time. Participants sleeping more than seven hours were 371(93%). Self-reported health problems included headache in 32(8%) and eye problems in 87(21.8%) respondents.

Based on the Pittsburgh Sleep Quality Index (PSQI) scoring system, scores ranging from 1 to 7 were categorized as mild, 8 to 14 as

moderate, and 15 to 21 as severe sleep disorder. Out of 400 respondents, all 400(100%) had some level of sleep disorder. Among them, 383(95.8%) were categorized under mild sleep disorder, and 17(4.3%) fell under the moderate category. No cases of severe sleep disorder were observed in the study population, Table 1.

The association between sleep disorder and mobile phone use was examined. Among mobile phone users, 342 had mild and 16 had moderate sleep disorder. Among those who spent time on mobile after lights off, 189 had mild and 4 had moderate sleep disorder. There was no significant association between mobile phone use and sleep disorder ($p=0.526$) and between time spent on mobile after lights-off and sleep disorder ($p=0.10$), Table 2.

The association between sleep disorder and socio-demographic factors was also analysed. Gender: among 206 males, 199 had mild and 7 had moderate sleep disorder; among 194 females, 184 had mild and 10 had moderate sleep disorder ($p=0.385$). Age: among 237 adolescents aged 10-14 years, 228 had mild and 9 had moderate sleep disorder; among 163 aged 15-19 years, 155 had mild and 8 had moderate sleep disorder ($p=0.589$). Grade: among 119 in grade 8, 115 had mild and 4 had moderate; among 136 in grade 9, 133 had mild and 3 had moderate; among 145 in grade 10, 135 had mild and 10 had moderate sleep disorder ($p=0.135$). Ethnicity and religion also showed no significant association with sleep disorder ($p=0.123$ and $p=0.292$ respectively), Table 3.

Table 1. Prevalence of sleep disorder based on PSQI score among adolescents in Nagarjun Municipality, n=400

PSQI Score Range	Interpretation	n(%)
1-7	Mild	383(95.8)
8-14	Moderate	17(4.3)
15-21	Severe	0
Total		400(100)

Table 2. Association between sleep disorder and mobile phone use among adolescents , n=400

Variables	Mild (n=383)	Moderate (n=17)	Total (n)	p-value
Using mobile phone	342	16	358	0.526
Time spent with mobile after lights off	189	4	193	0.10
Variables	Mild (n=383)	Moderate (n=17)	Total (n)	p-value
Using mobile phone	342	16	358	0.526
Time spent with mobile after lights off	189	4	193	0.10

Table 3. Association between sleep disorder and socio-demographic factors among adolescents in Nagarjun Municipality, n=400

Variables	Categories	Mild (n=383)	Moderate (n=17)	Total (n)	p-value
Gender	Male	199	7	206	0.385
	Female	184	10	194	
Age	10-14 years	228	9	237	0.589
	15-19 years	155	8	163	
Grade	Grade 8	115	4	119	0.135
	Grade 9	133	3	136	
	Grade 10	135	10	145	
Ethnicity	Brahmin	67	5	72	0.123
	Chhetri	69	4	73	
	Dalit	32	2	34	
	Janajati	136	4	140	
	Madhesi	19	0	19	
	Others	60	2	62	
Religion	Hindu	284	15	299	0.292
	Buddhist	70	1	71	
	Christian	25	1	26	
	Muslim	4	0	4	

Discussion

This cross-sectional study found that all adolescents in Nagarjun Municipality reported some level of sleep disturbance, with 95.8% classified as mild and 4.3% as moderate based on the PSQI. These findings align with a growing body of evidence suggesting that sleep problems are widespread among adolescents globally.

In a Nepalese study, 59.4% of adolescents in Dakshinkali Municipality had poor sleep quality,

and was strongly associated with excessive mobile and internet use.⁷ Similarly, another local study found a 47.3% prevalence of sleep disorders among adolescents in Western Nepal.³ The higher prevalence observed in the present study may reflect differences in assessment tools, study setting, or increasing digital exposure in recent years.

Nighttime mobile phone use was significantly associated with difficulty waking, daytime tiredness, missed classes, and reduced study habits in other studies. In Jakarta, Indonesia,

researchers found that participants sleeping less than 6.5 hours per day showed inter-correlations between insomnia, sleep duration, and internet addiction.⁸ In the Kathmandu valley, approximately 59.1% of students were reported to have poor sleep quality,⁹ while a study from Iran noted poor sleep quality in 56.1% of girls and 38.9% of boys, with 52% of late-night phone users experiencing poor sleep.¹⁰ A 2018 study from Taiwan reported that habitual smartphone use before sleep and internet addiction were significantly associated with subjective sleep quality, sleep latency, sleep duration, sleep disturbances, use of sleep medication, and daytime dysfunction.¹¹

Although the present study did not find a statistically significant association between overall mobile phone use and PSQI scores ($p=0.526$), behavioural patterns such as phone use during bedtime (58.25%) and sleeping with phones near the pillow (38.5%) are consistent with international literature linking bedtime phone use to poor sleep outcomes.¹² Study has reported that phone use exceeding two hours at bedtime significantly increased sleep latency and reduced sleep quality.⁶

Study has demonstrated that smartphone addiction increased the likelihood of sleep disturbances through emotional dysregulation, particularly among female adolescents.² Although the present study did not find gender-specific effects, symptoms of phone dependency were noted, with 13% of participants reporting anxiety when unable to check their phones at night.

A Korean cohort study found that adolescents who used mobile phones after lights-off had greater sleep onset latency and more frequent night-time awakenings.¹³ A systematic review concluded that nighttime screen exposure was associated with reduced melatonin levels and delayed circadian rhythms, providing a physiological explanation for the sleep disturbances observed in this population.¹⁴

The absence of statistically significant associations in this study may be explained by the uniformly high prevalence of mobile phone

use (89.5%), which limits comparative variability. Similar null findings were reported behavioural changes but not statistical associations between screen time and sleep.¹⁵ A UK-based longitudinal study found that restricting phone use one hour before sleep improved sleep quality among adolescents, suggesting that behavioural interventions may be effective.¹⁶ This is relevant to the present findings, where 23.25% of participants reported sleep loss and 24.5% reported aches and pains related to mobile phone use.

There was no significant association observed between sleep disorder and socio-demographic variables such as age, gender, ethnicity, or religion, which aligns with findings from another study.¹⁷

The finding that every participant reported some level of sleep disturbance suggests a general public health concern. Sleep hygiene education and behavioural interventions in school settings may help address this issue. Future research using objective sleep-tracking tools and larger, more representative samples would help validate these findings and clarify the relationship between mobile phone use and adolescent sleep health.

The limitations of this study include a cross-sectional design which precludes establishing causal relationships between mobile phone use and sleep disorder; self-reported data may introduce recall bias; only two wards of a single municipality were included which limits generalizability; the high prevalence of both mobile phone use and sleep disturbance may have masked true associations due to limited variability; and the short data collection period of eight days may not capture seasonal variations in sleep patterns.

Despite these limitations, this study provides baseline data on adolescent sleep health in an urban Nepalese setting. The finding that every adolescent had some degree of sleep disturbance, regardless of statistical associations with mobile phone use, points to a significant public health concern. Future longitudinal studies with objective sleep

tracking tools and larger, more representative samples, possibly with intervention examining the effect of limiting nighttime phone use, would help establish causality and develop guidelines.

Conclusion

All adolescents in this study reported some level of sleep disturbance, predominantly mild. No significant association was found between mobile phone use and sleep disorder, nor with socio-demographic factors. The universal prevalence of sleep problems highlights a significant public health concern. Sleep hygiene education and behavioural interventions in schools are recommended, along with further research using longitudinal designs and objective sleep measures.

Author contribution

Concept design: JG, SG; Literature search: JG, SG; Data collection: JG; Data analysis: JG, SG; Draft manuscript: JG, SG, ST, MKC; Final manuscript and accountability: JG, SG, ST, MKC

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Conflict of interest

None

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None

Supplementary material

Data and supplementary material that support the findings of this study are available from the corresponding author upon reasonable request.

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Supplementary material

Informed consent form
 Purbanchal University
 Valley College of Technical Sciences
 Department of Public Health
 Sitapaila, kathmandu

Namaste, i am Jyoti Gurung, an undergraduate student of Valley College of technical sciences affiliated with Purbanchal University. As per the requirement for a bachelor's degree, we have to submit a research report in the final semester. I am conducting research on "sleep disorder among the adolescent using mobile phone". Your participation will be helpful for my research. In this questionnaire, all the questions are related to sleep patterns and the use of a mobile phone. All the information you provide will be kept confidential and will not show to any other person. If any question makes you uncomfortable you may skip or leave it. It will take 10-15 minutes for you to answer the questions. I hope you will cooperate.

Date:

address:

I. Socio-demographic questions

S.n.	Questions	Choice of answers	Code	Fill the code
1.	Complete age in years Years		
2.	Gender	Male	1	

		Female	2	
		Others	3	
3.	Ethnicity	Brahmin/ chhetri	1	
		Dalit	2	
		Janajati	3	
		Madhesi	4	
		Others(specify)	5	
4.	Religion	Hindu	1	
		Buddhist	2	
		Christian	3	
		Muslim	4	
5.	Family status	Nuclear	1	
		Joint	2	
		Extended	3	
6.	Family occupation	Agriculture	1	
		Office	2	
		Business	3	
		Other	4	

ii. Using mobile phone information

1. Do you use a phone?
 - a) Yes
 - b) No

if “yes” continue from questions 3-18

2. If “no”, why don’t you use a mobile phone?
 - a) I can’t afford
 - b) My parents don’t allow me
 - c) I’m not interested
3. At what age did you start using a mobile phone?

S.n.	Questions	Yes	No
4.	Do you use mobile phone during bed time?		
5.	Do you have internet access on your phone?		
6.	Do you lose sleep due to late night using mobile phone?		
7.	Do you feel nervous if you don’t check your phone at night?		
8.	Do you have aches and pains that are associated with use of mobile phone?		
9.	Do you feel lost without mobile phone?		
10.	Do you sleep with mobile phone switched on?		
11.	Do you use mobile phone after light off?		
12.	Do you keep mobile phone near pillow while sleeping?		
13.	Do you use mobile phone while studying?		

14. What is the most important reason for using mobile phone?

- A) for calling
- B) for education
- C) for watching video
- D) playing games

15. Which social media do you use more?

- A) messenger
- B) facebook
- C) youtube

- D) instagram
- E) tiktok
- F) other (please specify)

16. Times you spend using your mobile at night after the lights are turned off?

- A) less than 1 hour
- B) 1-2 hours
- C) more than 2 hours

17. What time do you mainly use your mobile phone?

- A) morning
- B) afternoon
- C) evening
- D) night

18. Do you think is there any side effects of using a mobile phone at night?

- A) yes
- B) no

19. If "yes", what problem is it?

.....

lii. Pittsburgh sleep quality index

1. Sleep-related questionnaire

Instruction: the following questions are related to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all the questions.

1. During the past month, what time have you usually gone to bed at night?
 - Bedtime _____
2. During the past month, how long (in minutes) has it usually takes you to fall asleep each night?
 - Number in minutes _____
3. During the past month, how many hours of actual sleep did you get at night?
 - Hours of sleep per night _____
4. During the past month, what time have you usually gotten up in the morning?
 - Getting up time _____

For each of the remaining questions, check the one best response, please answer all questions.

5	During the past month, how often have you had trouble sleeping because you	Not during the past month	Less than once a week	Once or twice a week	Three or four times a week
A	Cannot get to sleep within 30 minutes				
B	Wake up in the middle of night or early morning				
C	Have to get up to use the bathroom				

D	Cannot breathe comfortably				
E	Cough or snore loudly				
F	Feel too cold				
G	Feel too hot				
H	Had bad dreams				
I	Have pain				
J	Other reason(s) please describe				
	How often during the past month have you had trouble sleeping because of this				
		Very good	Fairly good	Fairly bad	Very bad
6	During the past month, how would you rate your sleep quality overall?				
		Not during the past month	Less than once a week	Once or twice a week	Three or four times a week
7	. During the past month, how often have you taken medicine to help you to sleep (prescribed or over the counter)?				
8	During the past month, how often have you had trouble staying awake while eating meals, or engaging in social activity?				
		No problem at all	Only a very slight problem	Somewhat of a problem	A very big problem
9	During the past month, how much of problem has it been for you to keep up enough enthusiasm to get things done? Been falling asleep inappropriate time or place				
10	If you have a roommate or bed partner, ask him or her how often in the past month you have had ...	Not during the past month	Less than once a week	Once or twice a week	Three or four times a week
A	Loud snoring				
B	Long pauses between breaths while asleep				
C	Legs twitching or jerking while you sleep				
D	Episodes of disorientation or confusion during sleep				
E	Other restlessness while you sleep, please describe				
	How often during the past month have you felt restlessness while sleeping because of this				