

# Evaluation of Insomnia among Females Age Group (18 - 25) Years

Dr. R. Anusha<sup>1</sup>, Dr. T. C. Subhashini<sup>2</sup>, Dr. P. Allwin Christuraj<sup>3</sup>, Dr. M. Vigneshwari Monisha<sup>4</sup>

- <sup>1</sup> Professor, Department of Naturopathy, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.
- <sup>2</sup> Professor, Department of Biochemistry, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.
- <sup>3</sup> Associate Professor, Department of Massage and Aromatherapy, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.
- <sup>4</sup> Tutor, Department of Forensic Medicine, Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, (T.N.) India.

**Abstract:-** Insomnia is a sleeping disorder that affects the quality of life. Sleep is a natural state of rest seen in humans and animals. Insomnia is approximately 1.5 times more common in women. Women are mostly have sleep difficulties than Men. This study was conducted to assess insomnia among females age group (18 - 25) years at Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, Tamil Nadu, India. Verbal consent was taken from the females by explaining the purpose of the study. The total number of study respondents was 30. The questionnaire contains 30 questions. The parameters of the questionnaire included mental changes, gastrointestinal discomfort, respiratory disturbances, stress, habits, and other symptoms. This study shows and concluded that, Most of the females have disturb sleep, hallucination, lack of interest, tiredness during the work, depression. Therefore, females need more awareness about the importance of sleep.

**Keywords:-** Insomnia, Sleeplessness, Stress.

## I. INTRODUCTION

Insomnia is a significant public health problem. It is a sleeping disorder that affects the quality of life. Sleep is a natural state of rest seen in humans and animals. Insomnia is approximately 1.5 times more common in women. Women are mostly have sleep difficulties than Men. Quality of sleep maintaining the health of an individual. Lack of sound sleep which produces an adverse effects on physical and mental health. Psychiatric disorders, such as anxiety disorders, irritation and depression, have shown strong relationships with insomnia. It also can affect the memory and concentration. Chronic insomnia increases the risk of high blood pressure, coronary heart disease, diabetes. Good sleep practices teach from their early life, and it helps to create self-awareness.

## II. PATHOPHYSIOLOGY

The five types of insomnia are, acute insomnia, chronic insomnia, onset insomnia, maintenance insomnia, behavioral insomnia of childhood. Acute insomnia can be caused by stress, any health issues, and environmental factors. It is short-term insomnia and lasts for up to a month. Chronic insomnia can be caused by depression, chronic stress and also Pain. It is long-term insomnia and lasts for more than 3 months. Chronic insomnia two types, primary or secondary. Primary chronic insomnia occurs there is no specific cause. Secondary chronic insomnia occurs due to any medical conditions. Onset insomnia includes inability to sleep. It may be either short-term or chronic insomnia. Some symptoms of onset insomnia are irritability, anxiety and depression, poor concentration. Maintenance insomnia caused by chronic medical conditions or psychological conditions. Behavioral insomnia of childhood (BIC) -onset type, it occurs due to needing to go to sleep nursed or watching TV while going to bed. Behavioral insomnia of childhood limit-setting type, occurs due to the child's refusal to sleep. Behavioral insomnia of childhood combined type, it is a combination of both onset and limit-setting type.

## III. MATERIALS AND METHOD

The study is designed as a questionnaire and is distributed to the female age group (18 - 25) years at Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital, Kulasekharam, Tamil Nadu, India. Verbal consent was taken from the females by explaining the purpose of the study. The total number of study respondents was 30. The questionnaire contains 30 questions. The parameters of the questionnaire included mental changes, gastrointestinal discomfort, respiratory disturbances, stress, habits, and other symptoms. Those females who did not cooperate and non-willing participants were excluded from the study.

#### IV. RESULT

The respondents were between the age group of (18 - 25) years. The total number of females is n=30. Table 1.1 shows, Getting sound sleep 7(23.33%), and 23(76.66%) do not getting sound sleep. Have disturb sleep 28(93.33%) and 2(6.66%) not having disturb sleep. Have hallucination 19(63.33%) and 11(36.66%) do not have hallucination. Have lack of interest 23(76.66%) and 7(23.33%) not having lack of interest. Satisfied sleep 2(6.66%) and 28(93.33%) not having satisfied sleep. Tiredness during the work 25(83.33%) and 5(16.66%) do not having tiredness during work.

Table 1 mental changes during Insomnia

S. NO	CONTENT	YES(%)	NO(%)
1	Getting sound sleep	7(23.33%)	23(76.66%)
2	Have disturb sleep	28(93.33%)	2(6.66%)
3	Have hallucination	19(63.33%)	11(36.66%)
4	Have lack of interest	23(76.66%)	7(23.33%)
5	Satisfied with your sleep	2(6.66%)	28(93.33%)
6	Tiredness during the work	25(83.33%)	5(16.66%)
7	Having stress, irritation, anxiety.	29(96.66%)	1(3.33%)
8	Have depression	25(83.33%)	5(16.66%)
9	Sleeping during day time	22(73.33%)	8(26.66%)
10	Have teeth grinding during sleep	4(13.33%)	26(86.66%)
11	Getting dreams	28(93.33%)	2(6.66%)
12	Struggle to fall as sleep at night	25(83,33%)	5(16.66%)

Having stress, irritation, anxiety 29(96.66%) and 1(3.33%) do not having stress, irritation, anxiety. Have depression 25(83.33%) and 5(16.66%) not getting depression. Sleep during day time 22(73.33%) and 8(26.66%) do not having this symptoms. Have teeth grinding during sleep 4(13.33%) and 26(86.66%) not having teeth grinding during sleep. Getting dreams during sleep 28(93.33%) and 2(6.66%) do not getting dreams during sleep. Struggle to fall as sleep at night 25(83,33%) and 5(16.66%) not having this symptoms.

Table 2 gastrointestinal discomforts during Insomnia

S. NO	CONTENT	YES(%)	NO(%)
1	Having constipation	10(33.33%)	20(66.66%)
2	Have regurgitation	15(50%)	15(50%)
3	Loss of appetite	10(33.33%)	20(66.66%)
4	Intake 3 - 4 litres of water per day	8(26.66%)	22(73.33%)

Table 2 shows, Having constipation 10(33.33%) and 20(66.66%) do not having constipation. Have regurgitation 15(50%). Loss of appetite 10(33.33%) and 20(66.66%) do not have this symptom. Intake 3 - 4 litres of water per day 8(26.66%) and 22(73.33%) not intake 3 - 4 litres of water per day.

Table 3 respiratory disturbances during Insomnia

S. NO	CONTENT	YES(%)	NO(%)
1	Getting breathing difficulty	15(50%)	15(50%)
2	Snore during sleep	6(20%)	24(80%)

Table 3 shows, Getting breathing difficulty 15(50%). Snore during sleep 6(20%) and 24(80%) do not have snore during sleep.

Table 4 habits during Insomnia

S. NO	CONTENT	YES(%)	NO(%)
1	Intake junk food	27(90%)	3(10%)
2	Any medication	3(10%)	27(90%)
3	Watching social media at night before sleep	5(16.66%)	25(83.33%)
4	Have the habit of coffee or tea 2 cups per day	9(30%)	21(70%)
5	Wake up too early in the morning	12(40%)	18(60%)

Table 4 shows, Intake junk food 27(90%) and 3(10%) not have the habit of intake junk food. Any medication 3(10%) and 27(90%) do not having any medication. Watching social media at night before sleep 5(16.66%) and 25(83.33%) not watching social media at night before sleep. Have the habit of coffee or tea 2 cups per day 9(30%) and 21(70%) do not have this habit. Wake up too early in the morning 12(40%) and 18(60%) not having this habit.

Table 5 other symptoms during insomnia

S. NO	CONTENT	YES(%)	NO(%)
1	Have any neurological complaints	2(6.66%)	28(93.33%)
2	Have any cardiovascular complaints	1(3.33%)	29(96.66%)
3	Have a variable bedtime	25(83.33%)	5(16.66%)
4	Have unpleasant sensations in your legs during sleep	16(53.33%)	14(46.66%)
5	Have headache while wake up	20(66.66%)	10(33.33%)
6	Awakened easily by noises	20(66.66%)	10(33.33%)
7	Have dark circles around your eyes	19(63.33%)	11(36.66%)

Table 5 shows, Have any neurological complaints 2(6.66%) and 28(93.33%) do not have any neurological complaints. Have cardiovascular complaints 1(3.33%) and 29(96.66%) do not have any cardiovascular complaints. Have a variable bedtime 25(83.33%) and 5(16.66%) not having variable bedtime. Have unpleasant sensations in the legs during sleep 16(53.33%) and 14(46.66%) do not have this symptoms. Have headache while wake up 20(66.66%) and 10(33.33%) not having headache while wake up. Awakened easily by noises 20(66.66%) and 10(33.33%) do not awakened easily by noises. Have dark circles around the eyes 19(63.33%) and 11(36.66%) not having dark circles around the eyes.

## V. DISCUSSION

Fewer females getting sound sleep 7(23.33%), Most of the females have disturb sleep 28(93.33%), and More females having hallucination symptom 19(63.33%), have lack of interest 23(76.66%), and most of the females 28(93.33%) not having satisfied sleep, Most of the females having tiredness during the work 25(83.33%) and also having stress, irritation, anxiety 29(96.66%), More females have depression 25(83.33%) and sleep during day time 22(73.33%). Have teeth grinding during sleep 4(13.33%). Most of the females getting dreams during sleep 28(93.33%) and struggle to fall as sleep at night 25(83.33%). Having constipation 10(33.33%), Have regurgitation and getting breathing difficulty 15(50%). Loss of appetite 10(33.33%), Intake 3 - 4 litres of water per day 8(26.66%). Most females 24(80%) do not have snore during sleep. More females intake junk food 27(90%). Fewer females undergone any medication 3(10%) and watching social media at night before sleep 5(16.66%), have the habit of coffee or tea 2 cups per day 9(30%). More females not having the habit of wake up too early in the morning 18(60%) and have a variable bedtime 25(83.33%). More females having unpleasant sensations in the legs during sleep 16(53.33%) and have headache while wake up 20(66.66%), awakened easily by noises 20(66.66%) and have dark circles around the eyes 19(63.33%).

## VI. CONCLUSION

From this study's result and discussion, it is concluded that Most of the females have disturb sleep, hallucination, lack of interest, tiredness during the work, depression. Their daily healthy habits are unsatisfactory. Therefore, Females need more awareness about the importance of sleep.

## REFERENCES

- [1]. Bhattacharya D, Sen MK, Suri JC. Epidemiology of insomnia: A review of the global and Indian scenario. *Indian J Sleep Med* 2013
- [2]. Koyanagi A, Garin N, Olaya B, Ayuso-Mateos JL, Chatterji S, Leonardi M, Chronic conditions and sleep problems among adults aged 50 years or over in nine countries: A multi-country study. *PLoS One* 2014
- [3]. Isaura ER, Chen YC, Su HY, Yang SH. The relationship between food security status and sleep disturbance among adults: A cross-sectional study in an Indonesian population. *Nutrients* 2020
- [4]. Michal M, Wiltink J, Kirschner Y, Schneider A, Wild PS, Münzel T, Complaints of sleep disturbances are associated with cardiovascular disease: Results from the Gutenberg health study. *PLoS One* 2014
- [5]. Rai M, Rustagi T, Rustagi S, Kohli R. Depression, insomnia and sleep apnea in patients on maintenance hemodialysis. *Indian Journal of Nephrology*. 2011
- [6]. Patel SR, Hu FB. Short sleep duration and weight gain: a systemic review. *Obesity (Silver Spring)* 2008
- [7]. Yaggi HK, Araujo AB, McKinlay JB. Sleep duration as a risk factor for the development of type 2 diabetes. *Diabetes Care* 2006
- [8]. Irwin MR, Wang M, Campomayor CO, Collado-Hidalgo A, Cole S. Sleep deprivation and activation of morning levels of cellular and genomic markers of inflammation. *Arch Intern Med* 2006
- [9]. Zammit GK, Weiner J, Damato N, Quality of life in people with insomnia. *Sleep* 1999
- [10]. Pollak CP, Perlick D, Linsner JP, Wenston J, Hsieh F. Sleep problems in the community elderly as predictors of death and nursing home placement. *J Community Health*. 1990.