

NET

**PREVALENCE AND DETERMINANTS OF INSOMNIA AMONG ADULTS
IN ELBURGON DIVISION OF NAKURU DISTRICT**

DECLARATION BY THE CANDIDATE

This research work is the original work of the candidate and has not been published or submitted for publication elsewhere.

BY



BY

GICHUKI KARIUKI

**A THESIS SUBMITTED TO THE SCHOOL OF PUBLIC HEALTH IN
PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTER OF PUBLIC HEALTH (MPH)**

MOI UNIVERSITY

JULY 2009



ABSTRACT

Although there is no empirical evidence, it seems likely the prevalence of poor sleep has increased in the 20th century due to the number of insomnia – promoting factors in our society. Increase in work time by 8 % in the last quarter century has reduced leisure and sleep time. The consequence of this is fatigue and change in quality of life. This further leads to diminution of productivity and impaired performance. This study intended to highlight the prevalence of insomnia in Nakuru, Kenya.

Methodology: The study was carried out in Nakuru District which is one of the eighteen Districts of the Rift Valley Province of Kenya. This was a cross-sectional survey. Adults aged 18 years and above from the three sub-locations of Elburgon location were included for the study. A sample of 384 respondents was selected using Expanded Program on immunization methodology to ensure that the subjects were as representative as possible. Data was collected using a structured questionnaire. SPSS was used to analyse the data.

Results: Of the 384 respondents, 219 (57%) were male and 165 (43%) were female. The prevalence of insomnia was 13%. The mean total sleep time was 8.6 hours \pm 6.4 SD. On average the respondents took 36.1 minutes to get to sleep \pm 29.98 SD. More than half (57.6%) of the respondents usually woke up at night while (42.4%) did not. The respondents reported to have an average of 1.79 times of waking up at night. Only 50 (13%) respondents met the criteria for insomnia. Age was found to be a determinant ($p=0.04$, $\chi^2=1450$) with prevalence highest among the respondents above 55 years of age. Gender was a determinant of insomnia ($P=0.04$, $\chi^2=126.4$) with the females most affected. Marital status showed significant association with insomnia ($p=0.002$, $\chi^2=50.316$) with the divorced most affected. Respondents in professional work were more likely to suffer from insomnia than others ($P=0.01$, $\chi^2=14.424$). Respondents who drunk either coffee or drunk alcohol daily had a higher prevalence of insomnia than those who did not.

Conclusion and recommendations: Prevalence of insomnia in the study population was 13%. Insomnia is thus an important but unrecognized issue in Nakuru District. Old age, female gender, marital status and professional work were found to be determinants of insomnia. Fatigue, feeling sleepy, inability to concentrate and poor job performance were consequences of insomnia. Insomnia management should focus on sleep and target causative factors. Psychosocial interventions like Improving sleep hygiene can be used in the management of insomnia. These are lifestyle changes and behavioural approaches that establish healthy sleeping habits. General sleep hygiene recommendations about caffeine and alcohol should be incorporated into multi-component interventions in management of insomnia.