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Sleep Duration as a Predictor of Missed School due to Illness and/or Injury in School-Aged Children

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Abstract

Objectives: Previous studies have shown an association between lack of sleep and increased risk of injury in children and adolescents, but they have not evaluated their effect on school attendance. This study aims to examine the association between hours of sleep and missed days of school due to illness/injury in a nationally representative sample of children ages 6-17 years.

Methods: The data for this cross-sectional secondary analysis were obtained from the National Survey of Children's Health (NSCH) 2016. Data collection was conducted via mail and webbased questionnaires in all 50 states and DC from June 2016 to January 2017. The households surveyed had at least one child age 0-17 years. The sampling design included stratification by state and a child presence indicator to target households more likely to have a child. The final sample size of the original survey was 50,212 child-level interviews (approximately 958 per state). The main independent variable was sleep hours [adequate sleep (≥9 hours)], while the main outcome was the number of school days missed due to illness and injury [normal (<7) vs. increased (≥7)] in children ages 6-17 years. We further assessed confounders related to child, household, parent, and community characteristics using logistic regression.

Results: Among 34,728 students included in the final multivariate model, parents progressively reported inadequate sleep as children increased in age. We did not find a significant association between inadequate sleep hours and increased number of missed days of school due to illness or injury (adjusted OR= 1.0, 95% CI: 0.8-1.2). The study revealed that the following survey responses were risk factors for increased missed days of school due to injury/illness: Good or Fair/Poor health, being bullied, having a chronic illness, no sports participation, and living with someone with an alcohol/drug problem. Alternatively, protective factors included a race description of Black or African American and speaking a primary language other than English or Spanish.

Conclusions: The multivariate statistical model presented in this study provides empirical evidence for three important conclusions. First, inadequate sleep was not significantly associated with an increased risk of missed days of school due to illness or injury. Second, missed days of school are significantly associated with race, physical health of the child, and

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primary language of the household. Third, as previously described in the literature, increasing age is associated with decreased sleep duration in this study. Further study is needed to explore the relationship between sleep quality and missed days of school due to illness/injury.

Beeksneund / Hu	Florida International University: Herbert Wertheim College of Medicine, Mami, Florida Background / Hypothesis Results												Results			
Background. Previous studies have shown an association etween lack of sleep and increased risk of injury in children and dolescents, but they have not evaluated their effect on school ttendance. Our study examines the association between hours of leep and missed days of school due to illnessinjury in a		· · · · · · · · · · · · · · · · · · ·														
		Table 1: Baseline characteristics of school-aged children by sleep adequacy (NSCH 2016) Characteristics Sleep Adequacy p-value					Table 2: Unadjusted and adjusted associations between baseline characteristics of school-aged children and missed days of school due to illness or injury (NSCH 2016)					Table 1 (continued): • The groups with inadequate and adequate sleep time showe				
		Characteristics	Inadequate Adeq (<8 hours) (28 h			juate		Characteristics	Unadjusted Adjusted OR (85% C) p-value OR (85% C) p-value			 no difference regarding gender, primary language, being bullie or bullying others, and living in metropolitan areas. 				
			N = 17,551 (50.9%) N = 1			7,177 (49.1%)		Sleep Adequacy (hours)				p. 1000	Table 2:			
tionally representative sample of childre		Anna (conserve)	N	%	N	%	<0.001	<9	1.3 (1.1-1.6)	0.001	1.0 (0.8-1.2)	0.878	 Prior to the adjustment a statistically and clinically significant association was found between missed days of school and 			
pothesis. Children reporting inadequally to experience an injury or illness where		Age (years) 6.9	2252	20.7	7095	46.5	40.001	20 Race	ref		ref		inadequate sleep time, older ape. Black race, other primary			
intersection of the second sec		10-13	4794	30.0	6303	36.5		Race	ref		ref		language, health other than excellent, repeated grade, no			
reaction than children with adequate	neep erne.	14-17	10,505	49.3	3778	17.0		Black or African American	0.7 (0.5-0.9)	0.004	0.5 (0.3-0.8)	0.001	sports participation, victim of violence, bullied, bullies others,			
Methods		Race	13 253	63.3	13 804	72.6	<0.001	Other	1.0 (0.7-1.3)	0.773	0.9 (0.6-1.2)	0.435	adult unemployment, experienced divorce, living with mentally			
Methods		Black or African American	13,253	18.5	740	9.5		Primary Language					ill, smoking inside home, living with alcohol/drug problem,			
Cross-sectional secondary analysis.		Other	2885	18.1	2633	17.9		English Spanish	ref 0.8 (0.5-1.3)		ref 0.6 (0.4-1.01)		unsafe school, poverty, and chronic illness.			
Data from the National Survey of C	hildren's Health (NSCH)	Health Description					<0.001	Other	0.4 (0.2-0.5)		0.4 (0.2-0.8)	0.004	After adjustment:			
2016:		Excellent/Very Good Good	15,625	85.6 11.9	15,912 1053	90.9 7.9		Health Description of Kid				0.004	 The association between inadequate sleeping time and missing school days was no longer significant. 			
 Data collection via mail and web-ba 	sed questionnaires in all	Fair/Poor	280	2.6	169	1.3		Excellent/Very Good	ref		ref		 The magnitude of association decreased slightly but 			
50 states and DC.		Repeated Grades (yes)	1022	8.3	719	5.6	<0.001	Good	4.4 (3.5-5.6)		3.5 (2.5-4.7)		remained statistically significant only for Black race, other			
 The sampling design included stratification by state and an 		Sports Participation (yes)	10,990	54.6	11,931	62.3	<0.001	FairPoor Sports Participation	7.1 (4.5-11.3)	<0.001	4.9 (2.6-9.1)	<0.001	primary language, health description other than excellent,			
indicator to target households more likely to have a child. o Households surveyed had ≥ 1 child aged 0 to 17 years.		Victim of Violence (yes) Education among Parents	828	6.5	536	3.5	<0.001	Yes	ref		ref		being bullied, and suffering chronic illness.			
 The final sample size of the original sample sample size of the original sample sample size of the original sample sample sample		Less than high school	502	11.9	284	7.9	-0.001	No	1.7 (1.5-2.1)	<0.001	1.3 (1.0-1.6)	0.038				
children under 18 years of age		High school/GED	2716	23.9	1773	17.5		Bullied					Conclusions			
state).	, , , , , , , , , , , , , , , , , , , ,	Some college/technical school College degree or higher	4305 9599	24.5 39.7	3605	21.0 53.7		Definitely true Somewhat true	4.2 (3.0-5.8) 2.1 (1.8-2.6)		2.3 (1.4-3.8) 1.4 (1.1-1.8)	0.001				
Children of school age (6 - 17 year	rs) were eligible for our	Adult Employment					<0.001	Not true	2.1 (1.0-2.0) ref	40.001	1.4 (1.1-1.0) ref	0.003	 Multivariate regression analysis using logistic regression allowed for the evaluation of many possible confounders and 			
study.		None	1287	11.9	960	8.1		Child lived with Person with Al	cohol/Drug Problem	n			identified new potential risk factors for study.			
The main independent variable in ou [adequate sleep (≥9 hours) vs. inadec	r study was sleep hours	At least one Child experienced divorce (ves)	15,851 5235	88.1 35.6	15,943	91.9	<0.001	Yes	2.4 (1.9-3.1)	<0.001	1.6 (1.1-2.4)	0.016	By using the NSCH 2016 database, no benefit or risk to the			
The main outcome was the number		Child lived with mentally ill (ves)	1874	10.4	1421	8.5	0.006	No Chronic Illoess**	ref		ref	_	subjects is involved in this study as the information is de-			
due to illness and injury during the previous year [normal (<7		Anyone Smoke inside of Home					<0.001	Vis	3.7 (3.0-4.5)	×0.001	2.6 (2.0-3.3)	+0.001	identified and no additional contact was required.			
days) vs. increased (≥7 days)].		Smokes in the home	548	4.1	278	2.4		No	ref		ref		Three main important conclusions:			
We further assessed confounders su		Smokes but not in the home Does not smoke	2404	14.9 81.0	1947	11.8		"Income presented as percentage of the poverty line. "Chronic liness includes: Allergies (including food, drug, insect, or other), Arthritis, Asthras, Blood Disorders (e.g. Sickle Cell					 After adjusting for potential confounders, inadequate sleep time was not significantly associated with an increased risk. 			
primary language, health description, academic performance,		Child lived with Person with	2128	13.1	1491	8.8	< 0.001	Disease. Thalassemia. or Hemo	ohilia), Brain Injury, C	Concussion (r Head Iniury, Q	erebral	of missed days of school due to illness or injury (adjusted			
and living situation (including but not limited to parent education, poverty level, living with those who have mental		AlcoholiDrug Problem (yes)						Patsy, Cystic Fibrosis, Diabetes, Down Syndrome, Epilepsy or Seizure Disorder, Heart Condition, Frequent or Severe Headaches, including Migraine, Tourette Syndrome,					OR 1.0. 95% CI: 0.8-1.2).			
illness or addiction) using logistic regression.		Health Insurance Coverage of Child, Past 12 months					0.011	Araiety Problems, Depression, c	r Other Genetic or int	herited cond	tion.	oronie,	· Missed days of school is significantly associated with Black			
intess of addiction) dsing logistic regi	255001.	Yes	16.490	90.6	16.395	93.0		Table 1:					race, other primary language in the household, and physical			
Results		Yes, but had a coverage gap	434	3.6	354	3.1			 Children who reported inadequate sleep, as compared to those with adequate sleep, more often; were high school students and As previously described in the literature, increasing age 							
Results		No	568	5.7	395	3.9							 As previously described in the literature, increasing age is 			
6-17 warsold	Comple	Safe School (agree)	16,818	97.2	16,689	98.6	<0.001 <0.001	Black or AA; had good or fair / poor health (rather than excellent /					associated with decreased sleep duration.			
Figure. Study Sample. Final sample included 34.72		<100%	1933	25.2	1390	18.0	-0.001	very good); repeated grades; had parents with lower education and no employment; had experienced divorce; lived with					 Further research is needed to explore the relationship between sleep quality (rather than quantity) and missed days of 			
students ac	ed 6 to 17 years (51.1%	100-199%	2981	23.5	2524	21.7		someone mentally ill.					school due to illness / injury.			
	% Whites, 90.8% with	200-299% 300-399%	2770 2612	15.0 10.5	2642 2530	14.7 11.7		drug problem; lacked								
	rted as very good or	300-399%	2612 7255	10.5 25.8	2530 8091	33.9		lower income; and re								
excellent). • Overall prevalence of inadequate		Chronic Illness (yes)**	9371	50.6	8350		+0.001	sport participation was higher among children with adequate sleep that in those with inadequate sleep. All differences					Juliania			