

Original Article

An Institution-based Cross-sectional Study on Knowledge, Attitude, and Practices regarding Sleep Hygiene and Its Impact on Academic Performance among Students

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**ABSTRACT**

Introduction: Sleep hygiene of college students' habits and practices in the environmental setting that promote good sleep tends to go unnoticed, leading to poor quality of sleep and poorer academic performance. The current research was conducted with the aim of evaluating knowledge, attitude, and practices (KAP) of students of Srinivas College of Pharmacy, Mangalore regarding sleep hygiene and academic performance.

Methods: A cross-sectional online survey among 289 students (53.98% female) was carried out in the form of a structured internet questionnaire during January to April 2025. Information on KAP regarding sleep hygiene was collected and presented with descriptive statistics in the form of frequencies, percentages, and 95% CIs.

Results: There was moderate awareness with 63.7% being aware of sleep hygiene and 74.7% being aware of sleeping-conducive habits but only 34.6% actually knowing 8–9 hours as recommended sleeping time. The majority (83.4%) believed school required sleep, and 97.6% related stress to bad sleep. Nevertheless, 51.2% slept only 4–6 hours on college nights, and 85.1% used electronic media prior to bedtime. Unexpectedly, 77.5% admitted having dozed off in school, and 96.2% thought sleep loss impaired concentration.

Conclusion: There is clear lack of connection between information and action. Learning alone will not do the interventions to reduce screen use and change sleeping habits are required to ensure enhanced school performance.

Keywords: Sleep hygiene, college students, academic performance, sleep deprivation, technology use.

BACKGROUND

Sleep hygiene, originally developed by Nathaniel Kleitman in 1939 and formalised by Peter Hauri in 1977, refers to restorative sleep behaviour and environmental habits [1]. Good sleep hygiene ensures proper, quality sleep, while unhealthy sleep habits provide substandard rest and negatively impact both physical and mental health. Sleep hygiene was initially developed to treat insomnia, and it has garnered increased attention due to the prevalence of widespread sleeping disorders in the general population [2]. Ancient civilisations, such as the Greeks and Romans, valued the role of sleep in health, with Hippocrates (460–370 BCE) and Pliny the Elder (23–79 CE) emphasising its restorative quality [3]. Modern sleep health guidelines emphasise respecting, prioritising, individualising, trusting, and protecting sleep, with adults recommended to get 7–9 hours of sleep nightly [4]. Normal sleeping habits are synchronised with circadian rhythms, optimising mental well-being and physical function, while abnormal habits increase daytime sleepiness and impairments [5].

Environmental influences, such as a dark, quiet, and cold bedroom setting, and behavioural choices, such as eliminating screen exposure prior to bedtime, significantly influence the quality of sleep. Excessive screen time reduces sleep time and quality, and noise levels above 35 dB, as well as inappropriate bedding, can disrupt sleep [6]. Exercise, when well-timed, facilitates sleep, while late napping or caffeine intake can disrupt it [7]. Sleep disorders impact 20–35% of adults worldwide, with estimates suggesting 260 million older adults in low-income nations will experience sleep disturbances by 2030 [8].

Inadequate sleep has been associated with serious chronic conditions such as obesity, cardiovascular disease, and diabetes, in addition to mood disorders, cognitive impairment, and higher risks of accidents and job-related errors [8–10]. Sleep hygiene is particularly concerning among college students due to academic demands and lifestyle factors, such as late-night technology use. Students at Srinivas College of Pharmacy are susceptible to sleep deprivation, which can negatively impact their academic performance; therefore, their sleep hygiene habits should be evaluated.

The present study aims to assess the knowledge that students possess regarding sleep hygiene and its influence on academic performance at Srinivas College of Pharmacy, evaluate their attitude towards the importance of sleep hygiene, and examine their sleep hygiene practices.

REVIEW OF LITERATURE

The concept of sleep hygiene has been a contentious topic of discussion for a long time, particularly due to its critical role in promoting better health and academic performance. Cherian (2019) [11] noted that sleep hygiene is among the fundamental strategies to optimise sleep quality, particularly in highly stressful settings such as schools. This was complemented by Khazaie et al. (2016) [2] with the inclusion that sleep behaviour was widespread in the population and correlated significantly with less well-being.

The origins of sleep as a healthcare practice date back to ancient history. Kleisiaris et al. (2014) [3] drew attention to the fact that medical practices in ancient Greece, Hippocratic in nature, already recognised the significance of rest and sleep in the healing and recuperation process. Contemporary models have built on this. Espie (2021) [1] identified five fundamental principles of sleep health, including consistency of sleep timing, optimisation of the environment, and restriction of wake-time activation—principles now widely understood to be at the core of sleep education.

The American Academy of Sleep Medicine, in its position statement by Ramar et al. (2021) [4], asserted a claim for sleep as a need for physical, mental, and emotional well-being, also asserting public health importance. Desai et al. (2024) [5] elaborated on how synchronising sleep with the internal clock of the body can trigger mental and physical activities, citing the need to adhere to normal sleep-wake patterns. According to this, Reddy et al. (2025) [10] established that the body's internal timing mechanism regulates not only wakefulness and sleep but also hormonal function, metabolism, and mental performance.

Despite this, behavioural and environmental factors continue to be the leading predictors of sleep quality. A recent analysis by G. et al. (2024) [6] found that excessive exposure to screens, especially in the evening, leads to sleep disturbance among children, a valuable lesson for college students navigating digitalised worlds. O'Callaghan et al. (2018) [7] further noted that a stimulant like caffeine has been found to impair sleep and daytime functioning, while exercise, taken appropriately, can counter some of those effects.

Older people are also susceptible to sleep disorders, according to Tatineny et al. (2020) [8], who reported age-related changes in sleep structure and higher rates of sleep disorders. On a broader scale, sleep hygiene has been associated with lower rates of chronic disease, as demonstrated by Lankrew Ayalew et al. (2022) [9]. These interventions remain low-cost solutions for public health promotion.

Finally, compromised sleep hygiene has also been

attributed to cognitive and academic difficulties. McAlpine et al. (2024) [10] also attested to such associations, calling for sleep education to be part of educational and health curricula. In total, the literature supports the notion that sleep hygiene is not simply a personal lifestyle choice, but rather an integral part of overall well-being and academic achievement [1,4,11].

METHODOLOGY

Study Site: The study was conducted as an online survey among students at Srinivas College of Pharmacy, Valachil, Mangalore, India.

Study Design and Sampling: This cross-sectional study employed a structured online questionnaire, which was created and distributed via Google Forms. The survey was shared through social media platforms (WhatsApp, Facebook, Twitter) to reach students at Srinivas College of Pharmacy [12]. Participants were encouraged to share the link, but responses were limited to one per individual to prevent duplication.

Study Duration: The survey was conducted over a three-month period, from January 15, 2025, to April 15, 2025.

Sample Size: The study enrolled 289 students, based on feasibility and expected response rates.

Inclusion Criteria

1. Individuals aged 18–26 years.
2. Enrolled students at Srinivas College of Pharmacy.
3. Willing to participate voluntarily.

Exclusion Criteria

1. Individuals under 18 or over 26 years.
2. Non-students.
3. Unwilling to participate.

Methods: The questionnaire was developed using literature from PubMed, the World Health Organisation (WHO), the U.S. Food and Drug Administration (FDA), and Google Scholar. It comprised four sections: socio-demographic characteristics, knowledge, attitudes, and practices related to sleep hygiene, as well as their impact on academic performance. Data were collected, analysed, and interpreted to meet the study objectives [13].

Data Collection Procedure: The English-language questionnaire, adapted from prior studies, was tailored to the study's objectives and distributed online for accessibility [14-16].

Statistical Analysis: Descriptive statistics (frequencies, percentages) were calculated for demographic variables, knowledge, attitudes, and practices. Confidence intervals (95% CI) were computed for key proportions to assess

precision. Data were analysed using Google Forms' built-in tools and cross-verified manually for accuracy.

RESULTS

As shown in Table 1, the study included a total of 289 participants. The majority of respondents were aged between 21–23 years (37.7%, 95% CI: 32.3–43.5), followed by those aged 24–26 years (33.9%, 95% CI: 28.7–39.6), and 18–20 years (28.4%, 95% CI: 23.5–33.9).

In terms of gender distribution, females constituted a slightly higher proportion (54.0%, 95% CI: 48.1–59.7) than males (46.0%, 95% CI: 40.3–51.9), as shown in Figure 1. Regarding educational attainment, 58.8% of the participants were postgraduate students (95% CI: 53.0–64.4), while 41.2% were undergraduates (95% CI: 35.6–47.0).

The largest proportion of participants were from the Medicine & Health Sciences discipline (64.4%, 95% CI: 58.6–69.7), followed by Science & Technology (17.3%, 95% CI: 13.3–22.2), Commerce & Business (9.7%, 95% CI: 6.8–13.6), and Humanities & Social Sciences (8.7%, 95% CI: 5.9–12.5).

As presented in Table 2, a majority of participants (63.7%, 95% CI: 57.9–69.1) had heard of the term "sleep hygiene," while 74.7% (95% CI: 69.3–79.4) reported awareness of sleep-enhancing habits. However, only 34.6% (95% CI: 29.3–40.3) correctly identified the recommended sleep duration as 8–9 hours, with most selecting 6–7 hours (62.6%, 95% CI: 56.8–68.0). Additionally, 70.2% (95% CI: 64.6–75.3) agreed that daytime naps could affect nighttime sleep.

In terms of attitudes, the importance of sleep for academic performance was rated as "very important" by 83.4% (95% CI: 78.7–87.2). A vast majority acknowledged the negative impact of poor sleep on stress (97.6%, 95% CI: 95.0–98.9) and the role of blue light exposure on sleep quality (93.8%, 95% CI: 90.3–96.1). Furthermore, 97.9% (95% CI: 95.5–99.1) believed that sleep improves focus and memory, and 94.1% (95% CI: 90.7–96.4) were willing to adjust their routine for better sleep.

Regarding sleep practices, as also illustrated in Figure 2, the majority of participants (51.2%, 95% CI: 45.4–57.0) reported sleeping only 4–6 hours on college nights, followed by 44.6% (95% CI: 38.9–50.5) who slept 6–8 hours. Most participants went to bed between 10 PM and 12 AM (67.5%, 95% CI: 61.8–72.7), while 24.6% (95% CI: 20.0–29.8) reported sleeping between 12 AM and 2 AM. A significant proportion (85.1%, 95% CI: 80.5–88.8) used electronic devices before bed, and 77.5% (95% CI: 72.3–82.0) admitted to falling asleep during class. Notably, 96.2% (95% CI: 93.3–97.9) believed that sleep influences their academic focus.

Additional Findings:

Gender differences were observed, with females (54.0%, n=156) reporting slightly higher rates of falling asleep in class (78.2%; 95% CI: 71.1–84.0%; n=122) than males (46.0%, n=133; 76.7%; 95% CI: 68.8–83.1%;

n=102). Undergraduates (41.2%, n=119) slept fewer hours (4–6 hours: 54.6%; 95% CI: 45.6– 63.3%; n=65) compared to postgraduates (6–8 hours: 49.4%; 95% CI: 41.9–56.9%; n=84).

Table 1: Demographic Characteristics of Participants (N=289)

| Variable | Category | Frequency (n) | Percentage (%) | 95% CI (%) |
|----------------------------|------------------------------|---------------|----------------|------------|
| Age | 18–20 years | 82 | 28.4 | 23.5–33.9 |
| | 21–23 years | 109 | 37.7 | 32.3–43.5 |
| | 24–26 years | 98 | 33.9 | 28.7–39.6 |
| Gender | Female | 156 | 54.0 | 48.1–59.7 |
| | Male | 133 | 46.0 | 40.3–51.9 |
| Education Level | Undergraduate | 119 | 41.2 | 35.6–47.0 |
| | Postgraduate | 170 | 58.8 | 53.0–64.4 |
| Academic Discipline | Medicine & Health Sciences | 186 | 64.4 | 58.6–69.7 |
| | Science & Technology | 50 | 17.3 | 13.3–22.2 |
| | Commerce & Business | 28 | 9.7 | 6.8–13.6 |
| | Humanities & Social Sciences | 25 | 8.7 | 5.9–12.5 |

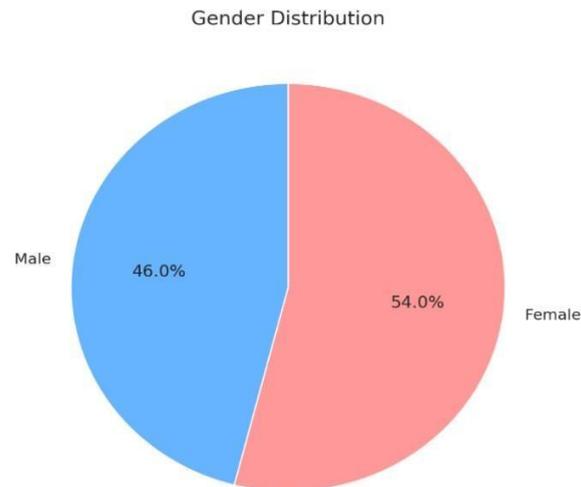


Figure 1: Gender distribution of study participants (N=289). The pie chart illustrates a slightly higher proportion of females (54%) compared to males (46%)

Table 2: Knowledge, Attitudes, and Practices Regarding Sleep Hygiene (N=289)

| Category | Variable | Response | Frequency (n) | Percentage (%) | 95% CI (%) |
|------------------------------|-------------------------------------|-----------------------------------|---------------|----------------|------------|
| Knowledge | Heard of Sleep Hygiene | Yes | 184 | 63.7 | 57.9–69.1 |
| | | No | 105 | 36.3 | 30.9–42.1 |
| | Awareness of Sleep-Enhancing Habits | Yes | 216 | 74.7 | 69.3–79.4 |
| | | No | 73 | 25.3 | 20.6–30.7 |
| | Recommended Sleep Duration | 8–9 hours (Correct) | 100 | 34.6 | 29.3–40.3 |
| | | 6–7 hours | 181 | 62.6 | 56.8–68.0 |
| | | 4–5 or 10+ hours | 8 | 2.8 | 1.4–5.4 |
| Daytime Naps Impact Sleep | Yes | 203 | 70.2 | 64.6–75.3 | |
| | No | 86 | 29.8 | 24.7–35.4 | |
| Attitudes | Sleep's Importance for Academics | Very important | 241 | 83.4 | 78.7–87.2 |
| | | Moderately/Slightly/Not important | 48 | 16.6 | 12.8–21.3 |
| | Poor Sleep Causes Stress | Yes | 282 | 97.6 | 95.0–98.9 |
| | | No | 7 | 2.4 | 1.2–4.9 |
| | Blue Light Affects Sleep | Yes | 271 | 93.8 | 90.3–96.1 |
| | | No | 18 | 6.2 | 3.9–9.7 |
| | Sleep Improves Focus/Memory | Yes | 283 | 97.9 | 95.5–99.1 |
| | | No | 6 | 2.1 | 0.9–4.5 |
| Willing to Adjust Routine | Yes | 272 | 94.1 | 90.7–96.4 | |
| | No | 17 | 5.9 | 3.6–9.3 | |
| Practices | Sleep Hours on College Nights | 4–6 hours | 148 | 51.2 | 45.4–57.0 |
| | | 6–8 hours | 129 | 44.6 | 38.9–50.5 |
| | | <4 or >8 hours | 12 | 4.2 | 2.4–7.1 |
| | Bedtime on College Nights | Before 10 PM | 18 | 6.2 | 3.9–9.7 |
| | | 10 PM–12 AM | 195 | 67.5 | 61.8–72.7 |
| | | 12 AM–2 AM | 71 | 24.6 | 20.0–29.8 |
| | | After 2 AM | 5 | 1.7 | 0.7–4.0 |
| | Electronic Device Use Before Bed | Yes | 246 | 85.1 | 80.5–88.8 |
| | | No | 43 | 14.9 | 11.2–19.5 |
| | Fell Asleep in Class | Yes | 224 | 77.5 | 72.3–82.0 |
| | | No | 65 | 22.5 | 18.0–27.7 |
| Sleep Affects Academic Focus | Yes | 278 | 96.2 | 93.3–97.9 | |
| | No | 11 | 3.8 | 2.1–6.7 | |

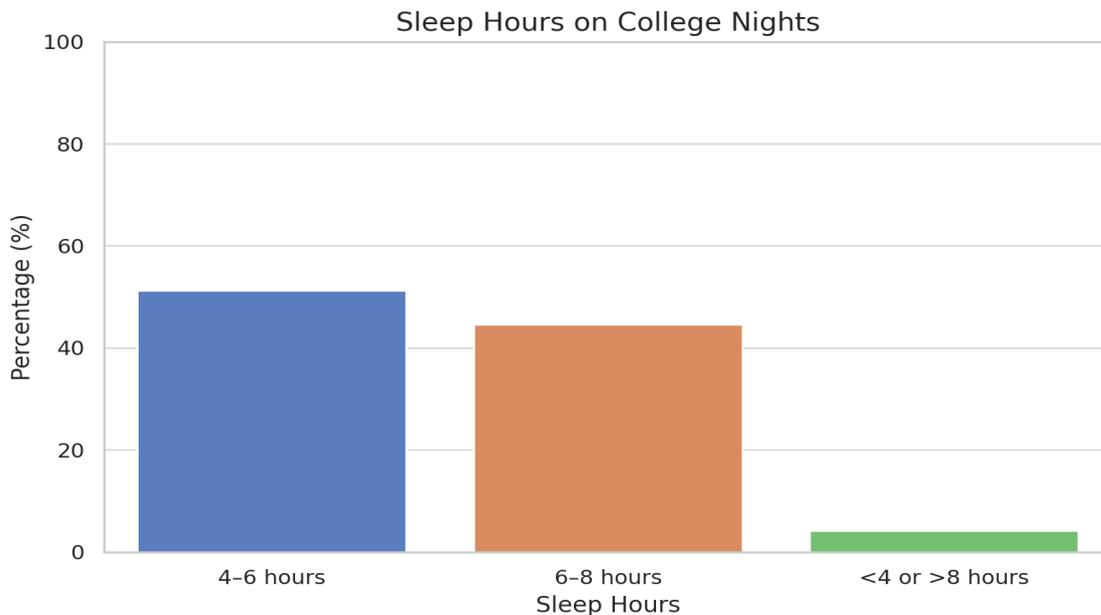


Figure 2: Distribution of sleep duration on college nights among participants. A majority (51.2%) reported sleeping only 4–6 hours, followed by 44.6% who slept 6–8 hours

DISCUSSION

Findings from Srinivas College of Pharmacy offer valuable insights into the knowledge, attitudes, and practices (KAP) of sleep hygiene among Indian pharmacy students. Several trends in our study conform with international literature, while others are issues of regional concern.

In the current investigation, 63.7% of the respondents reported being aware of the term "sleep hygiene," and 74.7% were aware of habits that promote sleep. These findings concur with those of Alshahrani et al. (2019) [17], who reported that approximately 69.5% of Saudi medical students had fair to poor awareness of sleep hygiene [17]. Similarly, in the same context, a study in Tamil Nadu conducted by Sivagnanam et al. (2004) [18] revealed that, although 63.9% of the students had good general knowledge of sleep, only 9.1% had a correct perception of sleep hygiene. This highlights the presence of a gap between general sleep awareness and specific behavioural data, a pattern also evident in our findings.

In our study, 83.4% of students held the view that sleep is extremely important for their academic performance. This finding concurs with those of Ali et al. (2023) [19], who reported a high correlation between good sleep hygiene practices and enhanced sleep quality among university students in Qatar. Their research emphasised that students with higher sleep hygiene scores were more satisfied with their sleep and academic involvement. This recognition of the vital role of sleep in cognitive capacity and learning appears to be universal among student bodies, supporting also the importance of sleep in scholarly settings, as mentioned by Vusi (2024) [20].

While knowledge and attitudes were generally positive, our research revealed concerning sleep practices. Over half (51.2%) of the students slept for just 4–6 hours on college nights, which is less than the National Sleep Foundation's recommendation of 7–9 hours for young adults. The same patterns were observed in a study by Ijaz et al. (2024) [21], conducted in Pakistan, where 55.3% of medical students reported poor quality sleep, with the most common reasons being excessive screen use before bed and disrupted sleep patterns.

Likewise, Al-Kandari et al. (2017) [22] found that 60.9% of the students lacked awareness of good sleep hygiene, with widespread maladaptive habits including the consumption of caffeine late in the evening and the use of electronic devices late at night. These habits are largely similar to those in our study, with 85.1% of the students consuming electronic devices before going to sleep. Another unique feature is the misconception about how daytime napping affects nighttime sleep. In our study, 29.8% of students did not believe that day napping has an impact on the quality of sleep. Al-Kandari et al. (2017) also revealed the same trend, as students were unaware of the sleep-disrupting effect of ill-timed naps. Educating students about the benefits of strategic napping and proper sleep patterns can help mitigate these effects.

Female respondents in our sample had a slightly higher rate of dozing off during class (78.2%) compared to males (76.7%). This finding aligns with the results of Al-Kandari et al. (2017), who reported that female students had worse sleep habits and experienced more difficulty falling asleep [22]. Additionally, the undergraduates in the current research reported shorter sleep durations (4–6 hours) compared to postgraduates, possibly due to increased workload or inefficient time management. Ali et al. (2023) [19] also recorded this trend in their study, where postgraduate students reported higher adherence to sleep hygiene practices, possibly due to higher academic maturity and self-regulation.

The variation between knowledge of sleep hygiene and the actual practices indicates the presence of a knowledge-practice gap. This suggests that knowledge by itself may not be sufficient to change sleep patterns unless accompanied by behavioural reinforcement interventions. Systematic education intervention can bridge this gap. Vusi (2024) demonstrated how a university-level sleep hygiene education program significantly improved students' sleep time and reduced fatigue associated with studies. Including sleep education into orientation programs or as a component of mental health programming can be an easily implementable step for schools [20].

LIMITATIONS

Self-report data relies on participants' accuracy and introduces risks of recall bias and social desirability, which can potentially affect the reported duration and frequency of sleep. A cross-sectional design only permits a snapshot, precluding an understanding of causality between sleep hygiene and academic performance. The sample, comprising 54.0% females and 64.4% from Medicine & Health Sciences, may not generalise to broader student populations, thereby restricting generalizability. No objective tests, such as actigraphy or grade point average, diminish the conclusions on the impact of sleep on academic matters. Confounding variables, such as stress, living conditions, and mental health, may be beyond our control. The restriction of the study sample to one institution and a duration of three months will exclude seasonal variations and cultural differences in sleep patterns.

STRENGTHS

The study targets an important population of Srinivas College of Pharmacy students, who are under heavy academic and technological stress, with potential implications for the

educational setting. Its systematic questionnaire enables the collection of systematic data on knowledge, attitudes, and practices, providing a comprehensive view of sleep hygiene. By highlighting typical issues like class drowsiness and reduced concentration, it reveals the tangible scholarly implications of sleep. The integration of diverse disciplines, while maintaining a medical focus, adds richness to the findings. The detection of a knowledge-practice gap underscores the need for practical applications, providing actionable advice for improving student health and academic performance.

CONCLUSION

This study, conducted at Srinivas College of Pharmacy and involving 289 students (54.0% female), reveals moderate sleep hygiene awareness, with 63.7% (95% CI: 57.9–69.1%) familiar with the concept. However, a significant knowledge-practice gap persists. Only 34.6% (95% CI: 29.3–40.3%) correctly identified optimal sleep duration, and 51.2% (95% CI: 45.4–57.0%) slept 4–6 hours on college nights, while 85.1% (95% CI: 80.5–88.8%) used electronic devices before bed. Despite strong recognition of sleep's importance for academics (83.4%) and focus (96.2%), poor habits contributed to classroom sleepiness (77.5%) and stress (97.6%). Targeted interventions, focusing on reducing pre-bedtime screen time and promoting consistent sleep routines, are crucial for enhancing academic performance and overall well-being.

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AUTHOR CONTRIBUTIONS:

Wandaphi Kharbyngar: Conceptualized the study, developed the research design, and oversaw the overall project. He was responsible for data analysis and interpretation, as well as drafting the manuscript.

Ramdas Bhat: Assisted in the design and implementation of the study. Contributed to the development of the survey instrument, data collection, and analysis. Provided critical revisions to the manuscript.

ABBREVIATIONS USED IN THE STUDY:

- a) **KAP** - Knowledge, Attitude, and Practices
- b) **CI** - Confidence Interval
- c) **PM** - Post Meridian (used in times like AM/PM)
- d) **AM** - Ante Meridian (used in times like AM/PM)
- e) **WHO** - World Health Organization
- f) **AI** - Artificial Intelligence
- g) **dB** - Decibels (measuring sound)

h) **BCE** - Before Common Era

i) **CE** - Common Era

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