BACKGROUND



Childhood sleep apnea requires a multidisciplinary approach in order to make an early diagnosis and treatment



Prevalence of 1–5% among the pediatric population and a peak incidence between 2 and 6 years



Common causes are nasal obstruction, neuromuscular variations, & obesity.

Symptoms:





Nighttime symptoms

Daytime symptoms

Objective:

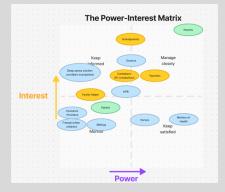


For all parents to complete the IM SLEEPY questionnaire for their child to determine if further medical consultation is needed.

PROBLEM STATEMENT

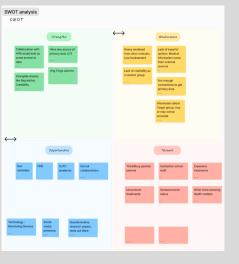
"How might we raise awareness on early childhood sleep apnea syndrome amongst parents so that early intervention can be done?"

Tools used:



Target Audience Analysis

- Parents and caregivers
- GPs, specialists, teachers





SWOT Analysis

PEST Analysis

RAISING AWARENESS ON EARLY CHILDHOOD SLEEP APNEA SYNDROME

ELM (elaboration likelihood model):

We target both central vs peripheral route through different parts of our campaign.



Central → Detailed and evidence-based information to be presented to target audience. (Utilized via detailed, informative website)

Peripheral → Attractive and engaging designs to capture target audience's attention. Less elaboration used. (Utilized via simple, eye catching poster)

Social Cognitive Theory: Behavioral Change:

Adopting healthy behaviors requires not only knowledge, but also self confidence (self efficacy)

This confidence comes from:

- 1. Mastery experiences
- 2. Social modeling
- 3. Verbal persuasion
- 4. Interpretation of physiological and emotional states.

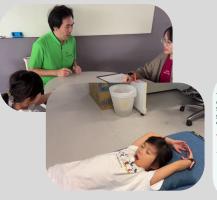
Communication strategy:

Targets peripheral route (easy to digest features, less elaboration)

- Eye catching imagery
- 2. Minimal details
- Redirects to detailed website (for central route)



Poster



Informative video advertisement

IM SLEEPY Questionnaire to determine symptoms

PROPOSED INTERVENTION

MSI FFPY Questionnaire

THEORIES