

**PRACTICE OF TAHAJJUD PRAYER AMONG
UNDERGRADUATE MEDICAL STUDENTS IN
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA (IIUM)
AND ITS RELATIONSHIP WITH POOR SLEEP QUALITY**

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Introduction

Tahajjud prayer is one of the highly-rated spiritual practices among Muslims. It is a prayer performed in the last third of the night after Isha' prayer which requires a person to wake up from his/her sleep. Some may think that this practice may interfere with their sleep and may lead to poor sleep quality. Hence, it is very important to investigate and determine if there is any relationship between the practice of Tahajjud prayer and poor sleep quality. Furthermore, to date, there was no study done to assess this relationship yet.

Methodology

A cross-sectional study was conducted among 500 medical students in IIUM Kuantan using purposive and quota sampling. Sociodemographic profile including the practice of Tahajjud prayer per week was collected from 17th May to 19th July 2019. A validated self-reported questionnaires using Pittsburgh Sleep Quality Index (PSQI) were also distributed. Descriptive statistics were used to report the practice of Tahajjud prayer and the prevalence of poor sleep quality. Logistic regression was used to measure the relationship between poor sleep quality and Tahajjud as well as other factors.

Result

Table 1: Baseline characteristics and mental health status of the respondents

Characteristics	n	(%)
Level of study		
Pre-clinical	199	43.6
Clinical	257	56.4
Gender		
Male	124	27.2
Female	332	72.8
Socioeconomic group (n=384)		
B40	106	27.6
M40	118	30.7
T20	160	41.7
Marital status of parents		
Married	425	93.2
Divorced/ separated	31	6.8
Smoking		
No	450	98.7
Yes	6	1.3
Active Physical Activity (self-perceived) (n=453)		
No	297	65.6
Yes	156	34.4
Family members passed away within six months		
No	409	89.7
Yes	47	10.3
Family history of psychiatric disorder		
No	421	92.3
Yes	35	7.7
Days of tahajjud per week		
Median (IQR)		1(2)

Figure 1: Frequency of Tahajjud prayer

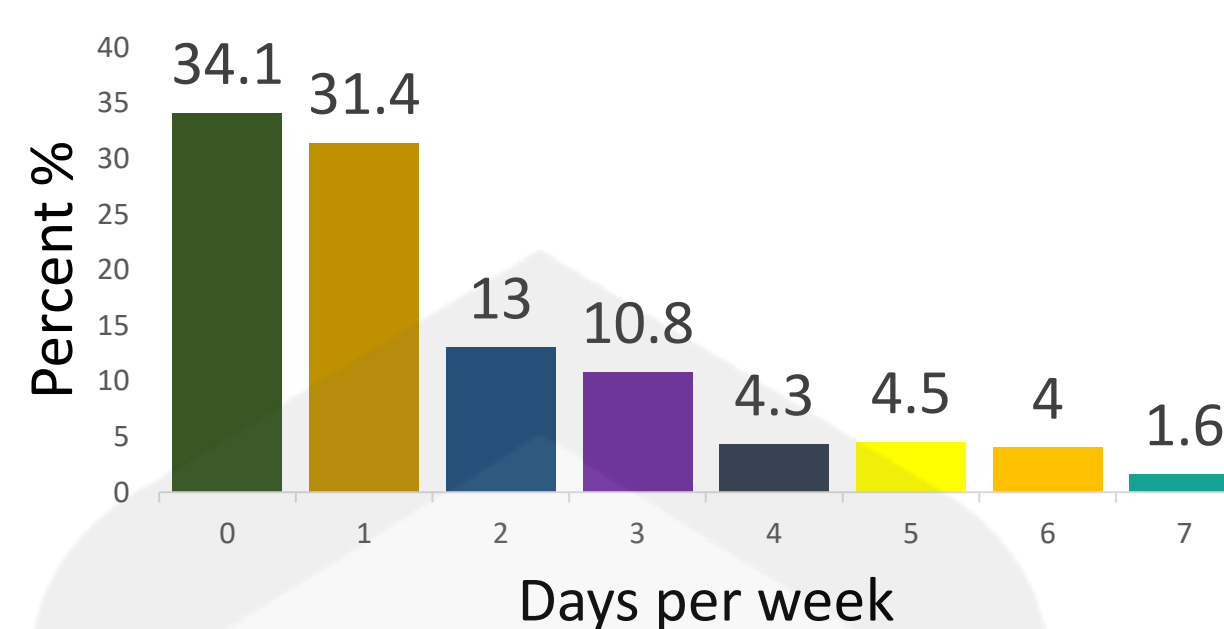


Figure 2: Prevalence of poor sleep quality

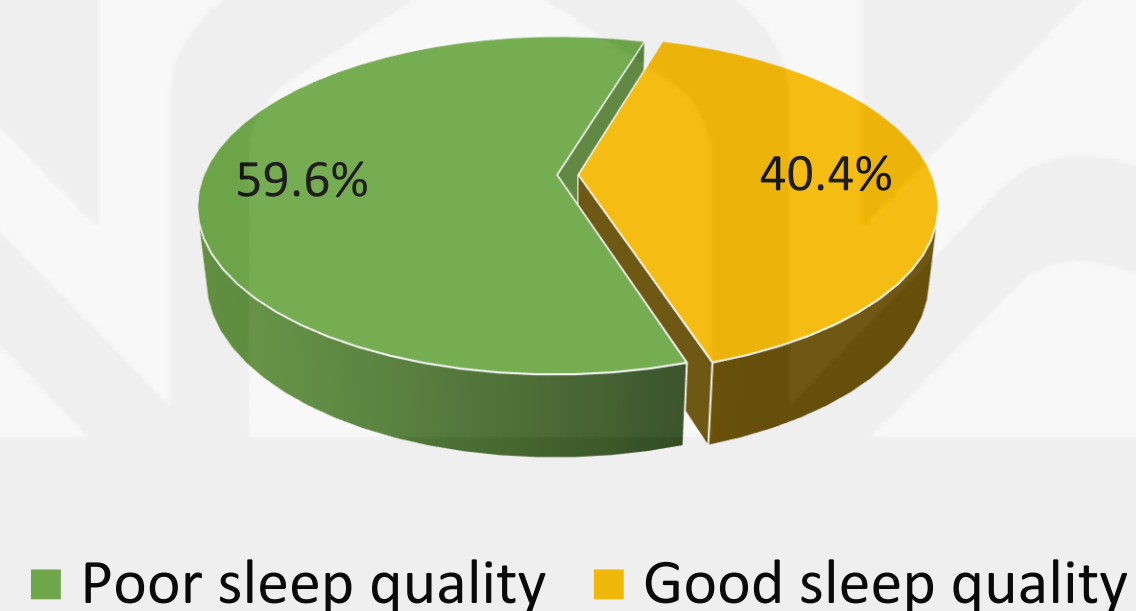


Table 2: Simple logistic regression to determine relationship between Tahajjud practice and poor sleep quality

Variables	n (%)	AOR*	95% C.I.#	P
Tahajjud (night per week)				
0 (reference)	152 (34.1)			
≥1 time	294 (65.9)	0.87	0.77-0.98	0.018

Table 3: Multiple logistic regression to determine factors related with poor sleep quality

Variables	n (%)	AOR*	95% C.I.#	P
Level of study				
Pre-clinical (reference)	199 (43.6.1)			
Clinical	257 (56.4.9)	0.39	0.23-0.65	<0.001
Gender				
Male (reference)	124 (27.2)			
Female	332 (72.8)	1.39	0.75-2.59	0.29
Socioeconomic group				
B40 (reference)	106 (27.6)			
M40	118 (30.7)	1.37	0.74-2.53	0.32
T20	160 (41.7)	1.73	0.95-3.15	0.08
Marital status of parent				
Married/live together (reference)	425 (93.2)			
Divorced/separated	31 (6.8)	0.6	0.23-1.52	0.28
Smoking				
No (reference)	450 (98.7)			
Yes	31 (6.8)	0.48	0.08-3.01	0.43
Active physical activity				
No (reference)	297 (65.6)			
Yes	156 (34.4)	0.68	0.38-1.21	0.19
Family member passed away within six months				
No (reference)	409 (89.7)			
Yes	47 (10.3)	1.36	0.58-3.16	0.48
Family history of psychiatry disorder				
No (reference)	421 (92.3)			
Yes	35 (7.7)	2.12	0.73-6.14	0.17
Tahajjud (night per week)				
0 (reference)	152 (34.1)			
>1	294 (65.9)	0.59	0.34-1.01	0.055

Discussion

1. Out of 500 medical students approached, 456 responded and completed the questionnaire making the response rate 91.2 %.
2. The median number of Tahajjud performed was 1 day per week
3. The prevalence of poor sleep quality was 59.6 %. Our findings showed a higher prevalence of poor sleep quality compared to studies among students in International Medical University and University Tunku Abdul Rahman(1),(2), but almost similar compared to the study among students from University Putra Malaysia and University Malaya(3). The reason for the differences in the prevalence of poor sleep quality between students from public and private medical universities is an interesting topic needs further research.
4. Very interestingly, simple logistic regression analysis done in our study revealed that those performing Tahajjud were 13% less likely to have poor sleep quality compared to those who did not perform it. However, when adjusting for confounders using multiple logistic regression, we failed to find any significant relationship between Tahajjud and poor sleep quality. Our finding was in agreement with finding in an almost similar study done in Saudi Arabia which found that there was no effect of sleep interruption due to Fajr prayer on sleep architecture or daytime sleepiness(4).
5. In addition, using multiple logistic regression, we found that there was a relationship between level of study and poor sleep quality. Unexpectedly, those who were in the clinical year were less likely to have poor sleep quality compared to pre-clinical students (AOR=0.39, 95% CI=0.23-0.65, p<0.001). The fact that those in clinical years need to do ward works including on call, it was expected that they should have poorer sleep quality and this contradicted with our finding.

Conclusion

It is crucial to highlight that Tahajjud prayer did not lead to poor sleep quality among medical students. Since it is a highly rated practice in Islam, they should be encouraged to perform it. Further research is necessary to find the reason for poorer sleep quality among medical students from public university as well as those in pre-clinical years.

References

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