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Sleep Quality in a Nigerian Community: Prevalence of Poor Sleep Quality, Risk Factors and Health-Related Quality of Life

La Qualité du Sommeil dans une Communauté Nigériane : Prévalence de la Mauvaise Qualité du Sommeil, Facteurs de Risque et Qualité de Vie Liée à la Santé

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ABSTRACT

BACKGROUND: A review of the literature shows there is a dearth of community-based studies that evaluated the prevalence of poor sleep quality and its psychosocial correlates among Nigerians. This study was conducted to determine the prevalence of poor sleep quality and its psychosocial correlates in a Nigerian community.

METHODS: The data presented here is an extract from the Ilisan-Remo Functional Bowel Disorder Project, a cross-sectional community-based study of 515 adults aged 18–70 years. The aspects of the research instrument relevant to this study include the socio-demographic data, Pittsburgh Sleep Quality Index (PSQI), Beck Anxiety and Depression Inventories, and Short Form 12, version 2 Health Survey (SF-12v2) questionnaire. An overall PSQI score of ≥ 5 was defined as poor sleep quality. Data analysis was conducted with appropriate statistical instruments. P-value < 0.05 was considered significant.

RESULTS: There were adequate data for statistical analysis for 505 participants. The participants' mean age was 32.73 ± 12.93 years. A total of 212 (42.0%) participants had poor sleep quality. Poor sleep quality was associated with attainment of at least secondary school education [AOR = 2.27 (95% CI, 1.17 – 4.41), $p = 0.016$], increased waist circumference [AOR = 1.03 (95% CI, 1.01 – 1.04), $p < 0.001$], coffee consumption [AOR = 2.57 (95% CI, 1.66 – 3.99), $p < 0.001$], anxiety [AOR = 1.06 (95% CI, 1.03 – 1.09), $p < 0.001$], and depression [AOR = 1.05 (95% CI, 1.03 – 1.08), $p < 0.001$]. Participants with poor sleep quality had poorer mean SF-12v2 sub-scales scores compared with those with good sleep quality in Bodily Pain, General Health, Vitality and Mental Health with statistical significance ($p < 0.001$).

CONCLUSION: Poor sleep quality is common in our study population and needs to be holistically addressed. **WAJM 2022; 39(7): 729–736.**

Keywords: Sleep quality, Anxiety, Depression, Quality of Life, Mental health.

RÉSUMÉ

CONTEXTE: Une revue de la littérature montre qu'il existe une pénurie d'études communautaires qui ont évalué la prévalence de la mauvaise qualité du sommeil et ses corrélats psychosociaux chez les Nigériens. Cette étude a été menée pour déterminer la prévalence de la mauvaise qualité du sommeil et ses corrélats psychosociaux dans une communauté nigériane.

MÉTHODES: Les données présentées ici sont extraites du projet Ilisan-Remo sur les troubles fonctionnels intestinaux, une étude transversale communautaire portant sur 515 adultes âgés de 18 à 70 ans. Les aspects de l'instrument de recherche pertinents pour cette étude comprennent les données sociodémographiques, l'indice de qualité du sommeil de Pittsburgh (PSQI), les inventaires de l'anxiété et de la dépression de Beck et le questionnaire Short Form 12, version 2 Health Survey (SF-12v2). Un score PSQI global ≥ 5 a été défini comme une mauvaise qualité du sommeil. L'analyse des données a été effectuée avec des instruments statistiques appropriés. La $p < 0,05$ était considérée comme significative.

RÉSULTATS: Il y avait des données adéquates pour l'analyse statistique pour 505 participants. L'âge moyen des participants était de $32,73 \pm 12,93$ ans. Un total de 212 [42,0 % (IC à 95 % = 38 % – 46,0 %)] participants avaient une mauvaise qualité de sommeil. Le Mauvaise qualité du sommeil était associé à l'obtention d'au moins un diplôme d'études secondaires [AOR = 2,27 (IC à 95 %, 1,17 – 4,41), $p = 0,016$], à une augmentation du tour de taille [AOR = 1,03 (IC à 95 %, 1,01 – 1,04), $p < 0,001$], consommation de café [AOR = 2,57 (IC à 95 %, 1,66 – 3,99), $p < 0,001$], anxiété [AOR = 1,06 (IC à 95 %, 1,03 – 1,09), $p < 0,001$] et dépression [AOR = 1,05 (IC à 95 %, 1,03 – 1,08), $p < 0,001$]. Les participants avec Mauvaise qualité du sommeil avaient des scores moyens inférieurs aux sous-échelles SF-12v2 par rapport à ceux avec une bonne qualité de sommeil dans la douleur corporelle, la santé générale, la vitalité et la santé mentale avec une signification statistique ($p < 0,001$).

CONCLUSION: La mauvaise qualité du sommeil est courante dans notre population d'étude et doit être traitée de manière holistique. **WAJM 2022; 39(7): 729–736.**

Mots clés: Qualité du sommeil, Anxiété, Dépression, Qualité de vie, Santé mentale.

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Abbreviations: PSQI, Pittsburgh Sleep Quality Index.