

Sleep disorders and associated factors among university students

¹Dr. Asadullah Farzad, ²Dr. Nasibullah Sadiqi, and ³Abdulmalik Karimi

¹Lecturer, Department of Para clinic, Medical Faculty, Bost University

²Lecturer, Para clinic department, medicine faculty, Wadi-Helmand Higher Education Institute

³Lecturer, Department of BBA, Economics Faculty, Helmand University

Email: asad.farzad.2017@gmail.com

ترلاسه سوي: ۱۴۰۳/۰۸/۰۹ منل سوي: ۱۴۰۳/۰۸/۲۳ خپره سوي: ۱۴۰۳/۰۹/۲۰ د ثبت گڼه: LSSAJ-1-1-15 مخونه (۱۷۳-۱۸۹)

Abstract

Background: Among university students, sleep disorders are common and affect their academic performance, mental well-being, and overall health. Poor sleep quality in this population is attributed to various lifestyle, environmental, and associated factors, including high caffeine consumption, academic stress, and high electronic device usage behavior. Nevertheless, there is a limited study on the prevalence and potential factors associated with sleep disorders among university students in Afghanistan. **Objectives:** This study aims to determine the prevalence of sleep disorders and identify the associated factors influencing sleep quality among Afghan university students. **Results:** A cross-sectional design was used to collect data from the Pittsburgh Sleep Quality Index (PSQI) and Epworth Sleepiness Scale (ESS) on sleep quality and daytime sleepiness in 698 students. It showed that 84.1% of students have poor sleep quality, and 42.4% of them have severe sleep disorders. At least 46.4% of students also had greater-than-normal daytime sleepiness; mild to moderate or severe excessive daytime sleepiness was found in 17.2%. Higher caffeine intake ($p < 0.001$), narcotics usage ($p < 0.001$), and frequent electronics ($p = 0.024$) usage appeared to be correlates of worse sleep quality. The identified contributors to worse sleep include academic fatigue and being a medical student ($p = 0.003$). Medical students report worse sleep than their peers in other fields. **Conclusion:** The study found a high prevalence of sleep disorders among Afghan university students characterized by various lifestyle and academic determinants. Medical students seem especially susceptible to this because of notably intensive academic requirements. Interventions that address these factors, particularly sleep hygiene, stress

management, and moderated stimulant use, may help students sleep better, improve academic performance, and promote general health.

Keywords: Sleep disorders, associated Factors, Afghan University Students, Pittsburgh Sleep Quality Index, Epworth Sleepiness Scale

1.1 Introduction

Sleep disorders are common among university students and are affected by several factors that may lead to serious consequences for their health, well-being, and academic performance. Well-established sleep disorders in university populations are insomnia, obstructive sleep apnea (OSA), restless leg syndrome (RLS), narcolepsy, and affective disorders (Al Salmani et al., 2020) mentioned that these disorders are more common in female students, older students, and students living on campus, and the other disorders, preferably, belong to sleepwalking that is more predominant among students living off-campus with friends. Many reasons explain the high disorder of sleep among university students. Psychological reasons like stress, anxiety, and depression play a major role. Sleep Problems Invite the Dark Shadows of Mental Illness These mental health issues are inextricably intertwined with sleep problems in a bidirectional manner, such that each condition worsens the state of the other (Associated et al., 2018). Besides, various lifestyle factors that include excessive screen time before sleep, intake of caffeinated beverages, use of alcohol and inappropriate sleep environments such as noise and light also decrease sleep quality (Anandavelu et al., 2022). Similar to demographic factors, Chinese studies also found students with hostels, bad sleep hygiene habits, and carbonated drinks with caffeine had poor quality sleep (Jie et al., 2024). In addition, the nature of academic stress, busy schedules, and changes in sleep patterns in university places also lead to disruption of sleep (Durán-Agüero et al., 2019). The consequences of these sleep disorders are serious, especially regarding academic performance, with a significant percentage of sleep disorders and, in particular, OSA, sleepwalking, and affective disorders being associated with lower students, especially females (Al Salmani et al., 2020). Sleep disorders also increase the risk of physical health issues such as obesity, diabetes, and cardiovascular diseases, as well as mental health conditions, including depression and anxiety (Dave, 2024). Addressing sleep

disorders in university students requires a multifaceted approach, including promoting good sleep hygiene, reducing screen time before bed, and providing mental health support. Universities should consider implementing intervention programs focusing on these areas to improve sleep quality and academic and overall student well-being (Associated et al., 2018; Jie et al., 2024). Attention to sleep disorders is widespread among graduate students; this majorly poleaxes their educational performance, which is an element of dormant periods in their lives. Several studies are available that found a major prevalence of sleep disorders in this population, with the main predictors being stress, mental health problems, and lifestyle factors.

1.2 Research Problems

Sleep disorders are a prevalent health problem among university students across the globe, causing considerable academic, emotional, and physical distress. There is limited research specifically investigating sleep disorders in Afghanistan and some other provinces such as Afghanistan that may have some variances in environmental, cultural, and social behavior on the sleep of the students. The absence of data on the prevalence and these factors of sleep disorder among the students at the University of Afghanistan reflects a gap in understanding one of the key aspects of student health in the region.

2.1 Research Objectives

1. To determine the prevalence of sleep disorders among Afghan university students.
2. To identify the factors associated with sleep disorders among Afghan university students.

2.2 Research Questions

1. What is the prevalence of sleep disorders among Afghan university students?
2. What are the prevalence and associated factors of sleep disorders among university students in Afghanistan?

2.3 Significance of the Research

Such research is important because sleep disorders in university students can severely impair academic performance, mental health, and quality of life. This cross-sectional study examines the prevalence and risk factors of sleep disorders on sleep among Afghan University Students, exploring specific cultural and environmental

factors that may impact students' sleep. Recognizing these variables helps the study make targeted interventions and health programs that will aid the student in coping with stress and enhancing sleep quality. This research can further increase educational institutions and health organizations' awareness of the importance of sleep health in student populations and induce general mental and physical health interventions in young Afghan adults.

Materials & Methods

3.1 Research Design

This study used a cross-sectional design to enable researchers to collect data from a defined population. In particular, this method was indicated for evaluating the rate of sleep disorders among college students and investigating the possible relations between sleep disorders and demographic, lifestyle, and environmental variables. The cross-sectional design provides general quantitative data that reflects the present state of sleep health among students, which also suits this research's aim.

3.2 Study Setting

The research was conducted through Direct interviews with Afghan university students and an online questionnaire. The research setting was selected for several reasons: First, Afghanistan is a region characterized by unique socio-cultural dynamics and environmental challenges that may have affected students' sleep Status. By focusing on local universities, the study captured students' specific issues in this context, such as academic pressures, lifestyle changes, and social factors that may have influenced their sleep health.

3.3 Sample Size

The study investigated sleep disorders and Associated Factors among Afghan University Students. We used Cochran's Sample Size Formula to calculate the required sample size, estimated at 628.2. The final sample size was adjusted to approximately 698 participants for a potential 10% non-response rate.

3.5 Data Collection Methods

We collected the relevant data on sleep health using a well-structured and pre-tested questionnaire. The questionnaire also

contained approach-validated PSQI tools to assess sleep quality and patterns. Beyond sleep questions, the study collected demographic data, information on other lifestyle habits, and environmental factors. The questionnaire was administered face-to-face and online to enable greater participation and convenience for students in these educational contexts, promoting a more representative sample.

3.6 Data Analysis

The collected data was analyzed using statistical software (SPSS version 27). Descriptive statistics summarized the demographic characteristics of participants and prevalence rates of sleep disorders, providing a foundation for a better understanding of the sample. Then, independent variables related to sleep disorders were identified using inferential statistical methods, including chi-square tests and logistic regression analyses.

3.7 Ethical Consideration

Ethical norms were conducted in the study because the rights and welfare of participants were adequately protected. Ethical Approval Ethical approval was obtained from the relevant institutional review boards before data collection. All participants were informed about the purpose and procedure of the study, risks, and benefits, and consent was obtained. Participants were also told that their responses would be kept anonymous and that they could withdraw from the study at any point in time without any penalty.

Findings of the Study

Participants in this study have a wide range of sample characteristics. The age distribution revealed the majority belonged to 21-25 years of age (56.6%), aged 18-20 (38.1%) and fewer aged 26-30 (6.3%). Almost all of the sample (95.4%) consisted of males, females only 4.4%. Regarding marital status, most were single (69.3%), and the remainder were married (30.7%). Participants were mostly from the Faculty of Medicine (38.4%), followed by Economics (22.6%) and Computer Science (12.3%), with few respondents from other faculties. There was one education per year from the second to fifth year: second year (30.7%), third year (24.8%), fourth year (25.8%), and fifth year (7.7%) (Table 1).

Table 1: Demographic Characteristics

Variable	Frequency (%)
Age (year)	
1. 18-20	266 (38.1%)
2. 21-25	388 (56.6%)
3. 26-30	44 (6.3%)
Gender	
1. Male	666 (95.4%)
2. Female	32 (4.4%)
Marital Status	
1. Single	484 (69.3%)
2. Married	214 (30.7%)
Faculty	
1. Medicine	268 (38.4%)
2. Engineering	78 (11.2%)
3. Economics	158 (22.6%)
4. Computer Science	86 (12.3%)
5. Literature	68 (9.7%)
6. Islamic Studies	40 (5.7%)
Education Year	
1. First-year	162 (23.2%)
2. Second year	214 (30.7%)
3. Third Year	124 (17.8%)
4. Fourth Year	144 (20.6%)
5. Fifth Year	54 (7.7%)
Caffeine Using	
1. 1-2 times per day	326 (46.7%)
2. 3-4 times per day	176 (25.2%)
3. More than 4 times per day	196 (28.1%)
Narcotic Using	
1. Yes, regularly	90 (12.9%)
2. Sometimes	158 (22.6%)
3. No	450 (64.5%)
Physical activity	
1. Yes, daily	1302 (43.3%)
2. A few times a week	84 (12.0%)

3. Sometimes	278 (39.8%)
4. Never	34 (4.9 %)
Average sleeping per night	
1. Less than 4 hours	94 (13.5%)
2. 6-7 hours	365 (51.0%)
3. 7-10 hours	228 (32.7%)
4. More than 10 hours	20 (2.9%)
Using electronic instruments (mobile, etc.)	
1. Yes, Always	516 (73.9%)
2. Sometimes	142 (20.3%)
3. Very less	40 (5.7%)
Feeling tired during the lecture	
1. Never	82 (11.7%)
2. Sometimes	346 (49.6%)
3. Often	206 (29.5%)
4. Always	64 (9.2%)
Total	698 (100.0%)

Source 1: Computed form feild data

Caffeine consumption was notable as well, with 46.7, 25.2, and 28.1% of participants taking caffeine 1-2, 3-4, and more than 4 times daily, respectively; as for narcotics, 12.9% used them while being employed as a narcotics user, 22.6% did sometimes and 64.5% not at all. Types of Physical Activity, Activity Frequency, and Duration Physical activity varied (43.3% active each day and smaller proportions inactive 1–6 days per week and active ≤ 60 min–2 hr per day). For sleep habits, 51.0% slept 6-7 hours at night, while less slept less than six or more than 7 hours. 73.9% of the participants always used an electronic device, and 5.7% rarely used one. Finally, 49.6% of students felt tired sometimes, and 29.5% often during lectures.

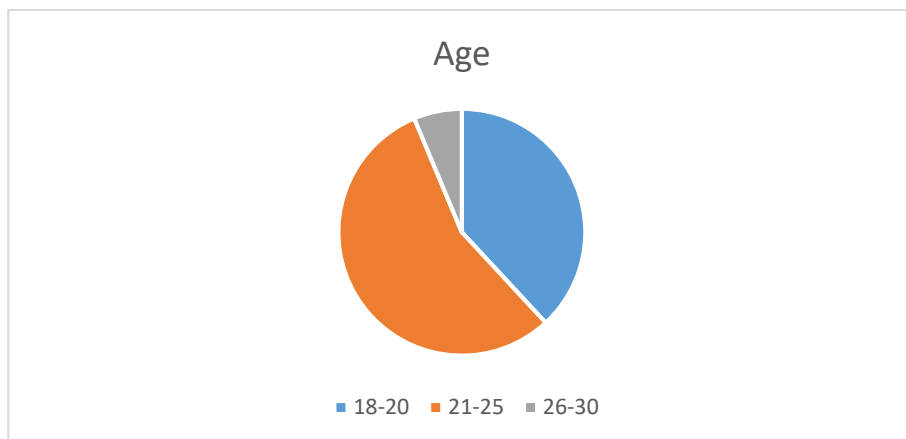


Figure 1: Age Distribution of the Study Participants.

Source 2: Computed from feild data

Participants' sleep quality was also investigated in terms of its association with demographics and other potentially influencing factors. Sleep quality was not significantly correlated with age ($p = 0.63$); slightly poorer sleep was observed in those > 20 years ($p = 0.6344$). When comparing different education levels, students in their first three years of study experienced better sleep quality than those in the latter half of their degree ($p=0.009$, $COR=1.85$). The faculty type was also significant, as medical students were found to have worse sleep quality in comparison to all other faculties combined ($p= 0.003$, $COR= 1.80$).

Table 2: Bivariate Analysis of Sleep Quality Determinants in Relation to Demographic and Lifestyle Factors

Variable		Good Sleep Quality	Poor Sleep Quality	COR (95% CI)	P-value
Age (years)	≤ 20	50	216	1.41(2.12-0.94)	0.63
	> 20	61	371		
Year of Education	≤ 3	90	410	1.85 (3.07-1.12)	0.009
	> 3	21	177		
Faculty	Medicine	56	212	1.80 (2.71-1.20)	0.003
	Other	55	375		

Caffeine Usage	Less than four times per day	32	294	0.40 (0.63-0.26)	<0.001
	More than four times per day	79	293		
Physical Activity	Yes	105	559	0.88 (0.35-2.17)	0.462
	No	06	28		
Narcotic Usage	Yes	20	228	0.35 (0.21-0.58)	<0.001
	No	91	359		
Average Night Sleep	Less than 7 hours	71	379	0.97 (0.64-1.49)	0.492
	More than 7 hours	40	208		
Electronics Usage	Yes	73	443	0.62 (0.40-0.97)	0.024
	No	38	144		
Weekly Class Out Study	Yes	58	264	1.34 (0.89-2.01)	0.096
	No	53	323		
Feeling Tired During Study	≥ 7	24	58	2.52 (4.26-1.48)	0.001
	< 7	87	529		

Source 3: Computed from feild data

Higher levels of caffeine consumption more than four times a day were also significantly related to low sleep quality compared with lesser intake ($p < 0.001$; $COR = 0.40$). Narcotic usage did, however, ($p < 0.001$, $COR = 0.35$); physical activity was not significant ($p = 0.462$). Subjective Atmosphere Duration- As seen below, the different ranges themselves are not statistically significant ($p = 0.492$), but a gain of half a quality point was found for those sleeping over seven hours. Worse sleep quality was also associated with the use of an electronic device ($p = 0.024$, $COR = 0.62$), and tiredness during study hours was also significantly correlated to sleep, as higher fatigue was associated with worse sleep quality ($p = 0.001$, $COR = 2.52$) (Table 2).

The multiple logistic regression analysis identified several significant factors associated with sleep disorders. Age showed no significant association, with an adjusted odd ratio (AOR) of 1.03 ($p=0.99$). However, education level was a notable factor: students in their first three years were likelier to have better sleep quality than those in later years (AOR=1.89, $p=0.030$). Faculty type approached significance, as medical students showed a higher tendency for sleep disorders compared to others (AOR=1.56, $p=0.054$) (Table 3).

Table 3: Multiple Logistic Regression Analysis of Sleep Disorder Predictors

Variable		COR (95% CI)	P-value	AOR (95% CI)	P-value
Age (years)	≤ 20	1.41(2.12-0.94)	0.63	1.03 (1.69-0.63)	0.99
	> 20	1		1	
Year of Education	≤3	1.85 (3.07-1.12)	0.009	1.89 (3.36-1.06)	0.030
	> 3	1		1	
Faculty	Medicine	1.80 (2.71-1.20)	0.003	1.56 (2.44-0.99)	0.054
	Other	1		1	
Caffeine Usage	Less than four times per day	0.40 (0.63-0.26)	<0.001	0.40 (0.66-0.24)	<0.001
	More than four times per day	1		1	
Physical Activity	Yes	0.88 (0.35-2.17)	0.462	1.88 (5.06-0.70)	0.209
	No	1		1	
Narcotic Usage	Yes	0.35 (0.21-0.58)	<0.001	0.16 (0.30-0.08)	<0.001
	No	1		1	
Average Night Sleep	Less than 7 hours	0.97 (0.64-1.49)	0.492	0.94 (1.50-0.59)	0.807
	More than 7 hours	1		1	
Electronics Usage	Yes	0.62 (0.40-0.97)	0.024	0.67 (1.10-0.40)	0.116
	No	1		1	

Weekly Class Out Study	Yes	1.34 (0.89-2.01)	0.096	2.01 (3.20-1.26)	0.003
	No	1		1	
Feeling Tired During Study	≥ 7	2.52 (4.26-1.48)	0.001	2.90 (5.89-1.42)	0.003
	< 7	1		1	

Source 4: Computed from feild data

Caffeine intake was a strong predictor; students consuming caffeine less than four times daily had a lower likelihood of sleep disorders (AOR=0.40, $p<0.001$). Although physical activity did not show a significant association (AOR=1.88, $p=0.209$), narcotic usage was significantly linked to sleep disorders, with users exhibiting higher odds of sleep issues (AOR=0.16, $p<0.001$). Sleep duration did not reach significance (AOR=0.94, $p=0.807$), but patients sleeping more than seven hours nightly appeared to fare somewhat better. The paper noted that electronic use was not statistically significant (AOR=0.67, $p=0.116$). Still, both weekly out-of-class study and feeling tired. In contrast, studying was strongly correlated with sleep disorders, as the chance of participants suffering from sleep disorders significantly increased if they experienced fatigue during their studies every day (AOR = 2.90, $p= 0.003$). (Table 3).

Table 4: Prevalence of Sleep Disorders Among Afghan University Students According to PSQI Scoring

Sleep Quality	Frequency	Percentages
Good Sleep Quality	111	15.9
Mild to Moderate Sleep Difficulties	291	41.7
Severe Sleep Difficulties	296	42.4
Total	698	100.0

Source 5: Computed from feild data

This study has shown a high prevalence of sleep disorders and different degrees of daytime sleepiness among Afghan students. As per the PSQI scoring, good PSQI global sleep quality was only reported by 15.9% of the participants. In comparison, mild to moderate and severe sleep difficulty was reported by 41.7% and 42.4% of participants, respectively. The result indicates that most students have mild to moderate sleep troubles and nearly half of the total were severely affected. (Table 4).

Table 5: Levels of Daytime Sleepiness Among Afghan University Students According to ESS Scoring

Daytime Sleepiness		
Lower Normal Daytime Sleepiness	254	36.4
Higher Normal Daytime Sleepiness	324	46.4
Mild Excessive Daytime Sleepiness	60	8.6
Moderate Excessive Daytime Sleepiness	37	5.3
Severe Excessive Daytime Sleepiness	23	3.3
Total	698	100.0

Source 6: Computed from feild data

The ESS scoring indicates below-normal daytime sleepiness in 36.4% of students, while in 46.4% of them, a higher normal level is observed. Of these, 8.6% were classified as having mild excessive daytime sleepiness, 5.3% as moderate, and 3.3% as severe. Conclusion Properly targeted and properly executed interventions are needed to cope with the high prevalence of sleep disturbances and sleepiness among university students in Afghanistan; these highlights that need the study were found. (Table 5).

Discussion

This study describes a high prevalence of sleep disorders and daytime sleepiness among Afghan university students, with nighttime sleep disorders alongside daytime functional impairments. Using PSQI scoring, most students (84.1%) had sleep difficulties, and nearly half had severe sleep difficulties. With the highest prevalence of all sleep disorders in a study conducted by Asma Ali Al Salmani and associates at Sultan Qaboos University, the value of narcolepsy was 88.2%. These findings highlight differences in the types and distributions of sleep disorders among university populations (Al Salmani et al., 2020). Although the Sultan Qaboos University study identifies narcolepsy as a common and distinct issue, our study suggests that difficulties falling and staying asleep and waking up earlier than desired is the predominant issue, potentially indicating that sleep-related challenges

may differ according to geographical and demographic characteristics. Such a serious level of sleep disruption indicates that Headspace should consider interventions because of the unique stressors that university students in Afghanistan face.

This is also corroborated by the ESS scoring, where more than half of the students had normal to excessive daytime sleepiness. Though 46.4% were in the upper normal range of sleepiness, 17.2% showed excessive daytime sleepiness to varying degrees. The results suggest that the sleep disruptions are not limited to the students' nighttime rest but also have a knock-on effect on their daytime alertness, attention, and academic functioning.

In this research, we have the opportunity to conduct a comparison of PSQI and ESS scoring; subsequently, the results can be helpful to understand the effect of sleep disorders in nodes with PSQI, which can eventually show how people are sleep deficient in question with the quality of the night sleep as well as related to functioning in a day with ESS among Afghan university students. The PSQI has been scored to assess subjectively rated sleep quality, and the prevalence of poor sleep quality is 84.1%, while the severity of the difficulties in diagnoses is 42.4%.

The result implies that the majority of students have difficulty getting a good night's sleep. On the other hand, in ESS scoring, 46.4% of students had above-average sleepiness scores, and 17.2% had mild to severe excessive daytime sleepiness. This pattern suggests that the problems with sleep do not just occur at night but result in daytime sleepiness and difficulties with staying awake, which may impact academic performance, mood, and interactions with family and friends. In combination, the PSQI and the ESS findings indicate that sleep disorders are an omnipresent issue, with inadequate or disrupted sleep potentially impeding the student's ability to function optimally during waking hours.

The association of demographic and lifestyle factors with poor sleep quality adds substantial information. For example, compared to habitual low caffeine intake, habitual high caffeine intake was closely correlated with poor sleep quality in our study ($p < 0.001$), similar to results previously reported in the literature indicating that stimulants interfere with sleep architecture. Likewise, in the regression analyses

conducted by Mirjam L. Kerpershoek, as the total daily caffeine intake increased, the sleep quality worsened, especially in those caffeine-free in the evening ($b = 0.209$, $p = 0.006$) (Kerpershoek et al., 2018). While narcotic use was also strongly associated with worse sleep quality in our study ($p < 0.001$), This is consistent with research commissioned by an Iranian researcher Mehdi Kushkestanti at Allameh Tabataba'i University, who discovered a negative relationship with bonded significantly to students' sleep quality and utilize of tobacco substances ($p = 0.011$), sedatives ($p = 0.001$), inhalants ($p = 0.048$) and different drugs ($p = 0.028$) (Kushkestanti et al., 2020), in agreement with research pointing to the detrimental effect of substance use on sleeping health. While there was no association between sleep quality and physical activity ($p = 0.462$), prolonged tiredness during study hours was significantly associated with poor sleep quality ($p = 0.001$). The researchers suggested that Academic fatigue, perhaps due to heavy study loads and high expectations, maybe a key contributor to sleep issues in this cohort.

In addition, a significant predictor was educational level, such that older students (later years of study) had poorer sleep quality ($p = 0.009$). Admittedly, this trend may be applied to the growing educational burdens and stress we experience as we progress in university due to the implication that we get more intense programs, such as medicine. In our study, faculty type was also significant, whereby medical students had poorer sleep quality than other faculties ($p = 0.003$). The current finding parallels Marlit Veldias's study, which states that complaining about sleeping problems is frequent, especially among young medical students (Veldi et al., 2005). This result is consistent with previous observations that medical students face increased stress and workload, which are well-known sources of impaired sleep quality. Electronic device usage was also a significant factor associated with lower sleep quality ($p=0.024$). The aforementioned relates to the study described by Gema Mesquita and Rubens Reimão, who also found that electronic device users have a greater prevalence of poor sleep quality (Mesquita, 2010). Constant late-night screen exposure may play a role in trouble sleeping by affecting circadian rhythms and partly delaying sleep onset, according to studies on screen time and sleep hygiene 11). With 73.9% of students

expressing that they use electronic devices constantly, these results emphasize the need for student education on the possible influence of screen time on sleep quality and supporting good sleep hygiene.

Limitations and Implications of the Study

This study provides valuable insights into the prevalence and predictors of sleep issues among Afghan university students, yet some limitations should be acknowledged. The cross-sectional design prevents us from establishing causality between lifestyle factors and sleep quality. Additionally, the self-reported nature of the data may introduce bias, as students might underestimate or overestimate their sleep quality or lifestyle behaviors. Despite these limitations, the results underscore an urgent need for targeted interventions. Educational programs promoting sleep hygiene, stress management, and moderate use of stimulants could be beneficial. Interventions tailored to the unique demands of Afghan university students could help mitigate the high prevalence of sleep disturbances observed in this population.

Conclusion

This study underscores a high prevalence of sleep disorders among Afghan university students, significantly impacting both their nighttime sleep quality and daytime alertness. Key lifestyle and demographic factors, such as caffeine and narcotic use, electronic device exposure, academic fatigue, and faculty type, are linked to poor sleep outcomes. Medical students, in particular, demonstrate poorer sleep quality, likely due to the high demands of their studies. Addressing these issues is critical, as sleep quality directly affects academic performance, mental health, and overall well-being. Interventions focusing on sleep hygiene, moderated stimulant use, and stress management tailored to the needs of university students could enhance their sleep health and academic success. Further research is encouraged to explore long-term impacts and the effectiveness of targeted interventions in this population.

Acknowledgments

The authors thank Afghan university students for their participation, cooperation, and willingness to participate in the

research. Special appreciation goes to the Department of Para Clinic, the Medical Faculty at Bost University, and the respective faculties at Wadi-Helmand Higher Education Institute and Helmand University for their logistical support. Additionally, we extend our gratitude to colleagues and advisors who provided valuable insights throughout the research process.

References

1. Al Salmani, A. A., Al Shidhani, A., Al Qassabi, S. S., Al Yaaribi, S. A., & Al Musharfi, A. M. (2020). Prevalence of sleep disorders among university students and its impact on academic performance. *International Journal of Adolescence and Youth*, 25(1), 974–981.
<https://doi.org/10.1080/02673843.2020.1815550>
2. Anandavelu, P. A. P., Azeqa, A., & Abdullah, H. (2022). *The Impact of Psychological Factors on Sleep Quality among Public University Students in Klang Valley, Malaysia* *The Impact of Psychological Factors on Sleep Quality among Public University Students in Klang*. 1(10), 316–331.
<https://doi.org/10.6007/IJARBS/v12-i10/15215>
3. Associated, F., Sleep, W., Among, Q., Students, U., & Malaysian, A. T. A. (2018). *Factors associated with sleep quality among undergraduate students at a Malaysian public university*. 5(6), 373–391.
4. Dave, P. (2024). *Asian Journal of Dental and Health Sciences Factors Contributing to Sleep Disorders Among Young Adults*. 4(2), 26–31.
5. Durán-Agüero, S., Sepúlveda, R., & Guerrero-Wyss, M. (2019). Sleep disorders and anthropometric measures in Chilean university students. *Revista Espanola de Nutricion Humana y Dietetica*, 23(3), 153–161.
<https://doi.org/10.14306/renhyd.23.3.646>
6. Jie, K. Y., Mohamad, N., Adnan, M. M., Nor, N. A. M., Hamid, N. F. A., & Abllah, Z. (2024). Factors associated with poor sleep quality among dental students in Malaysia. *PeerJ*, 12(6), 1–19. <https://doi.org/10.7717/peerj.17522>
7. Negussie, B. B., Emeria, M. S., Reta, E. Y., & Shiferaw, B. Z. (2021). *Sleep deprivation and associated factors among*

- students of the Institute of Health in Jimma University, Southwest Ethiopia. 8(3), 303–311.*
<https://doi.org/10.2478/fon-2021-0031>
8. Siew Chin Ong, BPharm, PhD, Nizuwan Azman, D. Bs. (2023). *Siew Chin Ong, BPharm, PhD. 14(1), 43–49.*
 9. Al Salmani, A. A., Al Shidhani, A., Al Qassabi, S. S., Al Yaaribi, S. A., & Al Musharfi, A. M. (2020). Prevalence of sleep disorders among university students and its impact on academic performance. *International Journal of Adolescence and Youth, 25(1), 974–981.*
<https://doi.org/10.1080/02673843.2020.1815550>
 10. Kushkestani, M., Parvani, M., Nosrani, S. E., & Bathaezadeh, S. Y. (2020). The relationship between drug use, sleep quality and quality of life in dormitory students at Allameh Tabataba'i University, Iran. 1–7.
 11. Veldi, M., Aluoja, A., & Vasar, V. (2005). Made with Xodo PDF Reader and Editor Sleep quality and more common sleep-related problems in medical students Made with Xodo PDF Reader and Editor. 6, 269–275.
<https://doi.org/10.1016/j.sleep.2004.12.003>
 12. Mesquita, G. (2010). Quality of sleep among university students. 68(5), 720–725.

په افغان زده کړیالانو کې د خوب اختلالات او اړوند فکتورونه

ډاکټر اسدالله فرزاد^{۱*}، ډاکټر نصیب الله صدیقی^۲، عبدالملک کریمي^۳

^۱پاراکلینیک څانګه، طب پوهنځی، بست پوهنتون

^۲پاراکلینیک څانګه، طب پوهنځی، وادي هلمند د لوړو زده کړو مؤسسه

^۳اداره او تجارت څانګه، اقتصاد پوهنځی، هلمند پوهنتون

د مسؤل ایمیل آدرس: asad.farzad.2017@gmail.com

لنډيز

د پوهنتون د محصلينو په منځ کې د خوب اختلالات ډېر عام دي چې د دوی پر زده کړو، رواني هوساينې او ټوليزه روغتيا باندې منفي اغېز کوي. د دې اشخاصو د خوب خراب کيفيت د بېلابېلو اړوند عواملو لکه د ژوند ډول، محيطي او نورو پايله ده، چې پکې د کافين زيات مصرف، د تحصيل په جريان کېنې د زده کړو زياتوالی، او د برقي وسايلو د ډېر استعمال عادت شامل دي.

موخي: د دې څېړنې موخه دا ده چې د خوب د اختلالاتو کچه معلومه کړي او هغه عوامل وپېژني چې د افغان محصلينو د خوب پر کيفيت باندې اغېزه لري. د کراس سيکشنل ډيزاين په مرسته له ۶۹۸ زده کوونکو څخه د معلوماتو د راټولولو لپاره له دوو شاخصونو لکه د پټسبورګ د خوب د کيفيت شاخص (PSQI) او د اپورت د ورځې له خوا د خوب د اندازې له شاخص (ESS) څخه استفاده سوې ده. پايلو وښودل چې ۸۴،۱٪ زده کوونکي د خوب خراب کيفيت لري او ددې له جملې څخه ۴۲،۴٪ يې د خوب شديد اختلالات لري. لږترلږه ۴۶،۴٪ زده کوونکو ته د ورځې په جريان کې خوب ورغلی وو؛ له دې جملې څخه ۱۷،۲٪ زده کوونکو په لږه اندازه تر منځني يا په شديد ډول د ورځې په جريان کې غير عادي خوب درلود. د کافين ډېر استعمال ($p < 0.001$)، د نشه يي موادو کارول ($p < 0.001$)، او د برقي وسايلو زيات استعمال ($p = 0.024$) د خوب د خراب کيفيت له عواملو سره تړاو درلود. نور عوامل چې د خوب د خرابېدو لامل سول، د درس ويلو په جريان کې ستړيا او هغه محصلين چې د طب پوهنځي کې دي ($p = 0.003$) يعنې د طب محصلينو د نورو محصلينو په پرتله د خراب خوب راپور ورکړی دی. څېړنې معلومه کړه چې د افغان محصلينو په منځ کې په لوړه اندازه د خوب د اختلالاتو موجوديت د ژوند د ډول او د تحصيلي عواملو له امله دی. د طب محصلين په ځانګړي ډول د درسونو د سختوالي په سبب ډېر زيانمن دي. هغه مداخلې چې د دې عواملو په ځانګړي ډول د خوب د نظم، د ورځني فشار د تنظيم او د نشې توکو د استعمال په برخه کې مرسته وکړي عبارت دي له، له زده کوونکو سره بايد مرسته وشي ترڅو وکولای سي چې ښه خوب وکړي، د زده کړو په بخش کېنې لاسته راوړنې زياتي کړي او عمومي روغتيا ته وده ورکړي.

کلیدي کلمې: د خوب اختلالات، اړوند عوامل، افغان محصلين، پوهنتون، PQSI او ESS



Islamic Emirate of Afghanistan
Ministry of Higher Education
Helmand University

Leed Social Science Academic Journal

Volume:1	Issue: 1	Year:2024
-----------------	-----------------	------------------