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HEALTH ISSUES, RELIGIOUS PRACTICE AND SLEEP QUALITY AMONG THE ELDERLY IN OSUN STATE

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Abstract

Sleep is a fundamental aspect of human life, essential for physical and mental restoration. However, sleep quality often declines with age, and retired elderly individuals are particularly vulnerable to sleep disturbances due to a lot of challenges associated with this phase of human development. This study focuses on the influence of health issues and religious practice on sleep quality of the retired elderly in Osun State. Qualitative phenomenological research design was employed for this study, and the purposive sampling technique was used to select three local government areas which were Ife North, Ife East and Ife Central areas of Osun State. Three focused group discussions were conducted using sleep quality interview guide for data collection. Interview recordings and focused group discussion were transcribed and thematic analysis was used for data analysis using Atlas ti. The results of this study revealed that health issues and religious practices influenced sleep quality among the retired elderly participants. Health status, including anxiety, high blood pressure and diabetes were found to contribute to sleep quality. Religious practices are deeply embedded in the routines of elderly individuals, shaping their sleep patterns. The study concluded that health issues, and religious practice could affect the sleep quality of the elderly in Osun State. It was recommended that psychologists, policymakers and healthcare professionals should develop a targeted advocacy program that will address the need for good sleep quality among retired elderly.

Keywords: Sleep Quality, Elderly, Health issues, Religious practice

Introduction

Ageing is an important component of human development characterized by deteriorated physiological functions that are essential for survival and productivity. This also affects the sleep pattern and quality of the elderly which could in turn impart their general wellbeing and human functioning (Lee & Lawson, 2021).

Sleep has been defined to be a natural, reversible, and periodic state of reduced consciousness, characterized by decreased responsiveness to external stimuli, slower brain waves, and lower body temperature (Shivalingaiah, Tuladhar, Mahalakshmi, et al, 2021).

Sleep Quality is described as the degree to which an individual's sleep is restorative, refreshing, and rejuvenating. Good sleep quality is characterized by several factors such as duration of sleep, continuity, depth, timing and efficiency. Ideally, seven to nine hours is recommended as duration of sleep for adults which should be consistent without frequent awakening or disruption by any circumstance. A good quality sleep is expected to reach the deeper stage of sleep including wave sleep and Rapid Eye Movement (REM) sleep. Concerning timing, sleep should sync with the body's natural circadian rhythms. Sleep efficiency is about how quickly one is able to sleep deeply

throughout the night. On the other hand, poor sleep quality is characterized by lack of depth, continuous disruption while sleeping and inability to sync with body's natural circadian rhythms. According to Vincent, Marcione, Tomkinson, McGrath, Clark, and Choi (2021), poor sleep quality could have a lot of consequences on the general wellbeing of human being, particularly the elderly. For instance, it could lead to fatigue which is about feeling tired, sluggish and lack of energy to do essential daily activity. It could also lead to lack of coordination and difficulty in making critical decisions on issues. Other effect of poor sleep quality include mood disturbances such irritation, anxiety and depression. Again, it could impair human cognitive functioning in form of memory loss, confusion and decreased problem-solving skills (Olaleye & Ige, 2020).

In addition, lack of good sleep quality over a period of time could lead to several psychological and other negative outcomes. Summarily, sleep is an important factor for the overall health status of human beings psychologically, physically and cognitively (Vermeulen, 2021). This aspect of human life with respect to adult population in the society requires prompt attention and intervention. A lot of factors have been identified by scholars to influence sleep quality of the elderly which include psychological factors such as financial stress, health issues, behavioural routines such physical exercise, diet and bed time, religious activities among others. Social factors are home environment, and sexual intimacy. The interest of the present study is to investigate the role of health issues and religious activities of the elderly in shaping their sleep quality.

Health issues can significantly impact the sleep quality of the elderly. As people age, they are more likely to experience a range of health issues that can disrupt sleep patterns. Some common health issues that can affect sleep quality in the elderly include pain related diseases like cancer, arthritis, fibromyalgia and other musculoskeletal disorders. Other health conditions that have been associated with sleep quality include diabetes, depression, anxiety, dementia, hypertension, Parkinson's disease among others. Related to health issues among the elderly are medication side effects. Certain medications, such as those used to treat depression, anxiety, and hypertension, which can disrupt sleep patterns and reduce sleep quality.

Religiosity is an indispensable factor that influences people's wellness and approach to a lot of issues in our world. This explains adherence to religious beliefs and activities. Religious activities within the context of this study covers prayers, vigils, and other church activities. Britt, Dong and Hodgson (2023) found out that religious activities contributed immensely to good sleep quality among the older population in United States of America. It was reported that their involvement in religious activities including their attendance has enhanced sense of purpose of the elderly. At the same time, religion has a way of reducing feelings of loneliness and helplessness and other challenges associated with aging such as depression and anxiety.

In Nigeria, the population of the elderly is of significant importance since they are about 5 % of the national population as at the year 2006 when national census took place. Because of the population of the elderly is on the increase with its attendant implications in form of adverse physical, mental, and socio-economic challenges, there is a need to pay attention to their wellness through an enhanced good sleep quality among the elderly.

The main purpose of this study is to investigate how health issues and religious practices of the retired elderly in Ile Ife Osun State will impact on their sleep quality. Two research questions were considered to include:

- 1) Will Health issues influence sleep qualities among retired elderly in Ile Ife?
- 2) Will religious practices influence the sleep qualities of retired elderly in Ile Ife?

Method

This section presents the method that was used to carry out this study which covers the research design, population, sampling techniques that were used in selecting the participants and the instrumentation deployed for data collection and data analysis.

Research Design

This study adopted a qualitative thematic research design. A thematic study focuses on people's perspective and understanding of a particular situation and interpretation of their individual experiences. Williams (2021) describes this type of design as a phenomenological study. Adelabu and Mejiuni (2008) posited that the qualitative research method is usually associated with interpretive epistemology, and tends to refer to forms of data collection and analyses which rely on understanding, with an emphasis on meaning. This research design was adopted for this study based on the previous outcome of on sleep issues among older adults: lived experience and occupational performance by Angell, Johnston, Mallet, Ward and Wiltse (2023).

This study therefore, focuses on how health issues and religious practices would impact sleep quality among the retired elderly in Osun State using three selected local government areas which were Ife North, Ife East and Ife Central Areas.

Research Setting

This study was conducted among the retired elderly in Osun State, focusing on three selected Local Government Areas which were Ife East, Ife North and Ife Central. The State is in the Southwestern region of Nigeria with population of approximately 4.7million as of 2016. Osun State which has thirty local government areas is primarily inhabited by the Yoruba people, mainly of the Ibolu, Ife, Igbomina, Ijesha, and Oyo subgroups who are predominantly farmers and civil servants. Agriculture is also the major driver of their economy. In terms of religion, they cut across the three main religions which include Christianity, Islam and Africa Traditional religion. The selected Local Government Areas were purposively selected for this study because of their common peculiarities.

Participants

The study participants consisted of retired elderly members living in the three selected Local Government Areas (Ife East, Ife North and Ife Central) with their headquarters in Ipetumodu, Modakeke and Ile Ife respectively.

Sampling Technique

The participants were purposively selected for this study because of their homogeneous characteristics and they represent the cross section of retired elderly population in the three selected local government areas of Osun State. It was also convenient to interact with them during their monthly meetings at local government level.

Sample Size

A total of 52 participants were used for this study based on their monthly attendance in each local government area. In-depth interviews (IDI) for thirty participants and three focused group discussion (FGD) were used for this study.

Instruments

Sleep Quality Interview guide was used for data collection for this study through face-to-face interviews and focused group discussion (FGD). Items of the interview guide were adopted from

Pittsburgh Sleep Quality Index (PSQI). This was complemented by deskwork which involved an examination of key elements of sleep quality interview guide. The interview contained 11 open ended questions according to the major themes in this study.

The validation of the interview guide as well as the focus of the deskwork was done by the researcher and the supervisor. The researcher further collaborated with staff of the Department of Demography and Social Statistics of Obafemi Awolowo University, Ile Ife for the thematic components of the interview guide.

Inclusion Criteria

The inclusion criteria for this study include: age, between sixty and eighty five years old who were retirees from civil service, teaching service commission or lecturers from tertiary institutions. Effort was also made to include the two biological sex classifications, male or female.

Procedure for Data Collection

The researcher, with three assistant researchers, conducted the interviews and focused group discussion at each location. Each focused group discussion and interview lasted for at least one hour. The collection of data lasted for one month. The responses during the focused group discussion interviews were recorded on tape and later transcribed. The interviews were conducted in both in Yoruba and English Languages.

Statistical Analysis

The data collected were analyzed using content and thematic analysis which involves a context-based interpretation of information. The overall essence of using thematic analysis was to focus on practical data analysis that would itemize and understand unique experiences, thoughts and behaviors of the participants as earlier adopted by Braun and Clarke (2006); and Angell, Emily, Johnston, Mallett, Ward & Wiltse (2023). This method has become profound for thematic analysis for qualitative study (Clarke & Braun, 2017). Six steps were involved in the analysis which include, familiarization with data, generating initial codes, searching for themes, reviewing of themes, defining and naming of themes, and producing of report using Atlas ti .

Ethical Consideration

Participants were recruited voluntarily and consent was obtained from all the participants before the focused group discussion and interview. Approval for this was also obtained from the Osun State Health Research Ethical Committee (OSHREC) before proceeding to the field. The study objectives were initially explained to the participants and informed consent was sought. The participants were also informed of their right to withdraw from the discussion at any point, in case they were no longer comfortable with the interviews or the focused group discussion, and they were free to do so without giving reasons. They were also promised of confidentiality of the information given during the interaction and that anonymity would be observed.

Findings and Discussion

Table 4.1: Socio-Demographic Information of Participants

ID	Location	Age	Gender	MS	Family Type	Education Level	Religion	Medical Condition / Sleep Disorder
P1	Ife North	72	Male	Married	Polygamy	Tertiary (BSc)	Christianity	Hypertension/ Snoring
P2	Ife North	70	Male	Married	Polygamy	Tertiary (NCE)	Christianity	Snoring

P3	Ife North	65	Male	Married	Polygamy	Tertiary (BSc)	Christianity	Diabetes & Hypertension
P4	Ife North	67	Male		Monogamy	Tertiary (BSc)	Christianity	Hypertension & Snoring
P5	Ife North	63	Male	Married	Monogamy	Tertiary (NCE)	Christianity	Diabetes
P6	Ife North	68	Male		Monogamy	Tertiary (BSc)	Christianity	Hypertension
P7	Ife North	68	Male	Married	Polygamy	Tertiary (BSc)	Islam	Diabetes, Hypertension & Snoring
P1	Ife East	67	Male	Married	Monogamy	Tertiary (BSc)	Islam	Hypertension
P2	Ife East	75	Male	Married	Monogamy	Tertiary (MSc)	Christianity	Hypertension
P3	Ife East	75	Male		Polygamy	Tertiary (NCE)	Christianity	Prostate Enlargement
P4	Ife East	76	Male				Christianity	Hypertension
P5	Ife East	73	Male	Married	Monogamy	Tertiary (NCE)	Christianity	Snoring
P6	Ife East	73	Male		Monogamy	Tertiary (NCE)		
P7	Ife East	76	Male	Married		Tertiary (BSc)		Hypertension
P1	Ife Central	72	Female		Monogamy	Tertiary (PhD)	Christianity	Hypertension & Snoring
P2	Ife Central	70	Female	Married	Monogamy	Tertiary (MSc)	Christianity	
P3	Ife Central	65	Female	Married	Monogamy	Tertiary (MSc)	Christianity	
P4	Ife Central	67	Female	Married	Monogamy	Tertiary (BSc)	Christianity	Hypertension
P5	Ife Central	63	Female	Married	Monogamy	Tertiary (MSc)	Christianity	Hypertension & Snoring
P6	Ife Central	68	Female	Married	Monogamy	Tertiary (MSc)	Christianity	Snoring
P7	Ife Central	68	Female	Married	Monogamy	Tertiary (PhD)	Christianity	
P8	Ife Central	85	Female	Widow	Monogamy	Tertiary (MSc)	Christianity	Hypertension

The table presents the socio-demographic characteristics of participants in a homogamous study conducted across Ife North, Ife East, and Ife Central, where Ife North and Ife East consist exclusively of male participants, while Ife Central consists solely of female participants. Participants range in age from 63 to 85 years, with most being married and belonging to either monogamous or polygamous family structures, the latter being more prevalent in Ife North and Ife East. All participants have attained tertiary education, with higher degrees (MSc and PhD) more common among females in Ife Central. Christianity is the dominant religion, with Islamic participants found only in Ife North and Ife East. The most common medical conditions include hypertension, snoring, and diabetes, particularly among male participants.

Religious Activities and Sleep Quality

Religious practices, including prayers, vigils, and church activities, emerged as significant factors shaping the sleep patterns of elderly individuals in Osun State. Participants described how their spiritual commitments often influenced their sleep routines, with some practices fostering meaningful engagement while others led to disruptions in sleep continuity. For many participants, prayer was a central aspect of their daily routine, influencing both the timing and quality of their sleep. One participant from Ife North shared that, "If I didn't wake up in the midnight to pray, I wake up latest by 4:45am to start prayer." This indicates a structured routine centered around spiritual activities, demonstrating the importance of prayer in their nightly and early morning schedules.

Night vigils were another common practice, often requiring participants to wake for extended periods. One participant elaborated that, "After waking up at night, me and my wife will start praying. After we are done with the prayer for like 1hr or 2hrs, we go back to bed."

Although this practice disrupted continuous sleep, it was typically followed by an effort to resume rest, highlighting participants' attempts to balance religious commitments with their sleep needs. Some participants incorporated vigils into their weekly routines. A participant explained that, "Myself and my wife do night vigil every Wednesday night from between 12-1am. I sleep off about 30 minutes after the vigil." While such practices caused temporary interruptions, participants adapted by promptly returning to sleep, mitigating long-term impacts on rest.

In addition to vigils, other religious obligations, such as early morning prayers or fasting, influenced Muslim participants' sleep schedules. Specifically, participant 3 from Ife East noted that, "Only when I'm fasting and I need to eat Sari, and also when I wake up to urinate." This suggests that spiritual practices intertwined with biological routines, shaping the timing and quality of sleep. For some, external factors related to religious routines, such as family involvement, also disrupted sleep. Participant 4 from Ife Central remarked that, "You know the children are staying with me at home. They are students, and they knock at my door for prayers in the morning... So, if I sleep late, hahaha, I must wake up when it is not good."

This reflects how communal or family-oriented religious activities can impose additional demands on sleep schedules. However, not all participants engaged in night vigils or attributed their religious practices to improved sleep quality. A participant from Ife Central stated that, "I don't engage in night vigil, but I engage in other church activities. I don't think these activities add to my sleep quality."

This highlights the variability in how religious practices affect sleep, with some participants finding them beneficial while others perceived minimal impact. Overall, the findings suggest that religious practices are deeply embedded in the routines of elderly individuals, shaping their sleep patterns through structured schedules and communal activities. While some participants reported disruptions to sleep due to nighttime prayers or vigils, others viewed these practices as integral to their daily lives, reflecting a balance between spiritual obligations and physical well-being.

Health issues and sleep qualities among the elderly in Ile Ife

Age-Related Health and Elderly Sleep

As part of understanding how health issues influence sleep quality among the elderly in Ile Ife, age-related health challenges were identified as a significant factor. Participants described how physical limitations, medical routines, and emotional states shaped their sleep patterns. These insights reveal

the intricate relationship between aging, health management, and sleep quality, emphasizing the need for adaptive practices to mitigate the impact of health-related challenges on rest.

Aging, Health, and Elderly Sleep

In exploring how health issues influence sleep quality among the elderly in Ile Ife, age-related health challenges were identified as significant factors. Participants highlighted how physiological changes, medical routines, and mental preoccupations associated with aging impacted their sleep patterns and restfulness. For some participants, physical health challenges related to aging affected their daily routines and sleep schedules. Participant 5 from Ife North noted, “I sleep early because my eyesight is not as sharp to working in the dark.” This reflects how age-related sensory limitations necessitate adjustments in daily habits, including earlier bedtimes, to align with their capabilities.

Medical routines, particularly those related to medication and hydration, also shaped participants’ sleep patterns. Another participant from Ife North explained that, “After eating around 7:30pm – 8pm, it’s recommended that I take 1 litre of water because of the drug that has been administered to me. I wake up finally between 5am – 6am.”

This demonstrates how prescribed medical practices, though beneficial for health, influence nighttime awakenings and morning routines.

Mental and emotional health were additional dimensions affecting sleep quality. Participant 4 from Ife Central shared that, “One observation is you may need to add the state of the mind before going to bed. What was your thought like ... because it is not every day whether you heard bad news or some of your children is not calling you. You know and then you think through the night, you wake up to go and urinate, you come back to bed thinking about it, you do not go back to sleep. You know it affects me.”

This poignant account highlights how stress, emotional distress, and rumination disrupt sleep by prolonging wakefulness after interruptions. The findings underscore the impact of aging on sleep quality, encompassing physical health, medical routines, and emotional well-being. These age-related factors often necessitate adjustments to sleep habits and coping strategies, reflecting the broader challenges of maintaining quality sleep in later life.

Sleep Disruption Due to Urination

In examining the influence of health issues on sleep quality among the elderly in Ile Ife, frequent nighttime urination emerged as a prevalent cause of sleep disruption. Participants consistently reported waking multiple times during the night to urinate, with varying degrees of impact on their overall restfulness. One participant from Ife North described, “I wake up to urinate during the night. I can urinate like four times before dawn.” This frequent need to urinate highlights the physiological challenges associated with aging, which can fragment sleep and make it difficult to achieve continuous rest.

Medical routines and dietary habits also contributed to the frequency of nighttime urination. One participant noted that, “Yes, I wake up during the night like 4 times to urinate because of the drugs and a lot of water I took before sleeping.”

Similarly, another explained that, “If I eat a watery food meal like pap, it’s possible I wake up like two to three times to urinate before morning, but if the food I ate is normal, I might wake up like two times before dawn.”

These statements reflect how hydration and dietary practices interact with health-related routines to influence sleep patterns. The emotional impact of sleep disruption due to urination was also evident among participants. Participant 2 from Ife North shared that, “But whenever I wake up at night to urinate, I am not happy that urinating at nights disrupt my sleep.” This sentiment underscores the frustration associated with fragmented sleep, as frequent awakenings not only affect physical rest but also take an emotional toll.

Participants from other locations echoed similar experiences, often linking the number of awakenings to their pre-sleep water intake. Participant 4 from Ife Central remarked, “The number of times I wake up in the night depends on the last time I take water.” This indicates that participants were aware of the relationship between hydration habits and sleep disruptions, sometimes adapting their routines to minimize nighttime disturbances. While some participants woke only once or twice during the night, others reported higher frequencies of interruption. A participant from Ife Central further explained, “I sleep around 10 P.M and wake up between 5:30-6:00 in the morning. But I wake up to urinate once or twice during the night.”

Overall, the findings highlight frequent nighttime urination as a significant health-related factor affecting sleep quality among the elderly. While participants often adapted their routines to mitigate disruptions, the recurrent interruptions posed challenges to achieving continuous and restorative sleep.

Diet and Sleep Quality

In examining the influence of health issues on sleep quality among the elderly in Ile Ife, dietary habits emerged as an important factor. Participants shared how specific foods, meal timings, and portion sizes affected their ability to fall and stay asleep. These findings underscore the role of mindful eating practices in promoting quality sleep and highlight the individualized nature of dietary responses among the elderly.

Dietary Choices and Sleep Quality

Dietary choices emerged as a significant factor influencing the sleep quality of elderly individuals in Ile Ife. Participants shared diverse perspectives on how specific foods, meal timing, and eating habits impacted their ability to achieve restful sleep, reflecting the individualized nature of dietary influences on sleep. Some participants were cautious about consuming certain foods, particularly at night, to avoid sleep disturbances. A participant from Ife North explained that, “I also don’t eat solid food at night, else I will have problem sleeping that night.” Similarly, another participant noted,

“My diet doesn’t really affect my sleep quality. My system adapts to all food. However, I am careful with beans at night. It can disrupt my sleep when eaten at night.”

This highlights the importance of familiarity and the body’s response to specific foods in shaping dietary habits to promote better sleep.

Contrastingly, other participants identified certain foods as beneficial for sleep. Participant 3 from Ife East shared, “Beans improve my sleep.” Likewise, Participant 4 from Ife Central stated, “Actually, if I want to sleep, I take hot pap.” These examples underscore the positive association between specific foods and sleep quality, as participants leveraged their dietary preferences to enhance rest.

Meal timing and portion sizes also played a critical role in sleep patterns. Participant 4 from Ife Central noted,

“The time one eats at night, how it affects sleep, and the quantity or the amount of food one eats. If I eat so late and eat heavy food, by the time I get to the bed it will take some time before I sleep off digestion.”

This insight reflects the physiological challenges of late-night eating, particularly when consuming heavy meals, which can delay sleep onset due to prolonged digestion. Participants also highlighted the importance of allowing sufficient time between eating and going to bed demonstrating an adaptive approach to mitigating the potential effects of late meals on sleep quality. One of the participants added,

“Most time after eating, I stay at least two hours before going to bed. But sometimes, I might not follow that pattern depending on the type of food, you know.”

Interestingly, individual differences in dietary responses were noted. One of the participants remarked that, “People are different. Certain things that are applicable to some people might not be applicable to others. For instance, if I take Coke now, I fall asleep almost immediately. I know some take it for enjoyment, but if I take it, in no time I will fall asleep anytime of the day.”

This variability underscores the personalized nature of the relationship between diet and sleep, with different foods having unique effects on individuals. Overall, the findings highlight the complex association between dietary choices and sleep quality. While some foods and habits were seen as disruptive, others were embraced as sleep enhancers, emphasizing the need for tailored dietary practices to support restful sleep among the elderly.

Dinner Timing and Sleep Quality

Dinner timing emerged as a critical factor influencing the sleep quality of elderly individuals in Ile Ife. Participants consistently emphasized the importance of eating dinner early in the evening to support digestion and prevent sleep disruptions caused by late-night meals. Several participants highlighted the negative impact of late-night eating on their ability to fall asleep. A participant from Ife North explained that, “I don’t eat after 8pm at night. In fact, I prefer to take my dinner between 6pm-7pm. If I eat after 8pm, I will not be able to sleep.” This statement underscores the deliberate efforts made to align meal timing with optimal sleep practices, emphasizing how late meals disrupt rest.

Early dinners were not only a preference but also a strategy to enhance sleep quality. Some of the participants further elaborated, “I eat my dinner between 5pm-6pm. This aids my sleep quality.” “I eat my dinner between 5pm-6pm, this helps digest the food faster and aids my sleep quality.” These insights reveal an awareness of how earlier meal times allow for sufficient digestion, reducing discomfort that could interfere with sleep.

Participants also recognized the interplay between meal timing, portion sizes, and digestion. One participant from Ife Central shared, “The time one eats at night, how it affects sleep, and the quantity or the amount of food one eats. If I eat so late and eat heavy food, by the time I get to the bed, it will take some time before I sleep off digestion.”

This reflects how late or heavy meals impose a physiological burden that delays the onset of rest. Adapting meal routines to improve sleep quality was a strategy used by participants. One of the Ife Central participants explained that, “Most time after eating, I stay at least two hours before going to bed. But sometimes, I might not follow that pattern depending on the type of food, you know.”

This highlights the flexibility participants employed in balancing their meal schedules with the need for restful sleep. Overall, the findings suggest that early dinner timing, mindful portion control, and sufficient time for digestion are essential practices among the elderly to support better sleep quality.

By adapting their eating habits, participants demonstrated a practical approach to mitigating the challenges associated with late-night meals and ensuring uninterrupted rest.

Effects of Medication on Elderly Sleep

The role of medication in shaping sleep quality was highlighted as part of understanding how health issues impact sleep among the elderly in Ile Ife. Participants discussed how prescribed drugs, herbal remedies, and occasional sleep aids influenced their ability to rest. While medications often supported better sleep by addressing underlying health conditions, some treatments also contributed to sleep disruptions, emphasizing the need for tailored approaches to health management.

Medication and Sleep Quality

As part of understanding how health issues influence sleep quality among the elderly in Ile Ife, the role of medication and sleep aids emerged as a significant factor. Participants described how prescribed drugs, herbal remedies, and traditional beverages influenced their ability to achieve restful sleep, reflecting the interplay between health management and sleep quality. For some participants, prescribed medication played a direct role in improving their sleep. Participant 2 from Ife North stated, “The drugs I am taking is actually enhancing my sleep quality.” This highlights the dual purpose of certain medications, which not only manage health conditions but also promote better sleep. Occasional use of sleep aids was also common among participants. Another participant added that, “I use tonic once in a while to aid my sleep.” This indicates a strategic approach to addressing sleep challenges, with participants turning to supplements as needed.

Traditional remedies and beverages were integral to sleep management for some. Participant 3 from Ife East shared, “There is a leaf one time called moringa leave, then when I used it I had sound sleep.” Similarly, Participant 4 from Ife Central remarked, “Some time I take zobo too to boost my sleep quality.” These examples underscore the cultural reliance on natural solutions to enhance rest. In certain cases, medications indirectly influenced sleep by addressing underlying health conditions. One of the participants noted that, “Yes, I use some medication. It helps improve sleep indirectly. Because if I did not use it in the morning, it affects my sleep later at night.” This emphasizes the importance of adhering to prescribed medication schedules to prevent sleep disruptions.

Participants also acknowledged unconventional aids, such as chocolate drinks, as sleep enhancers. Participant 4 from Ife Central elaborated that, “Yes, some people believe in chocolate drinks or even hot zobo to enhance their sleep.” This reflects the variety of approaches employed by participants to manage sleep, blending modern medications with culturally relevant practices. These findings illustrate the critical role of medication and sleep aids in shaping the sleep quality of elderly individuals.

Medication Effects on Sleep Disruption

As part of examining how health issues influence sleep quality among the elderly in Ile Ife, the effects of medication on sleep disruptions were highlighted. While medications were often essential for managing chronic conditions, participants noted that some treatments inadvertently contributed to nighttime awakenings, affecting their overall restfulness reflecting the unintended consequences of medication, where the need for increased hydration exacerbated nighttime interruptions and fragmented sleep. One participant from Ife North described the dual impact of medication and hydration requirements, “Yes, I wake up during the night like 4 times to urinate because of the drugs and a lot of water I took before sleeping.”

Medications prescribed for chronic conditions like diabetes also influenced sleep patterns. Participant 2 from Ife North further explained, “I wake up at night between 2-3 times to urinate. It used to be more because I have diabetes, but ever since I have been on medication it has reduced to 2-3 times.” While the medication helped reduce the frequency of interruptions, the persistence of some awakenings underscores the ongoing impact of health management on sleep quality. These findings emphasize the complex relationship between medication and sleep among elderly individuals. While medications play a vital role in managing health conditions, their side effects, such as increased urination, often lead to sleep disruptions.

Sleep Disruption and Elderly

Sleep disruption was identified as a critical concern in understanding the impact of health issues on sleep quality among the elderly in Ile Ife. Participants described how inadequate rest affected their physical well-being, emotional stability, and daily interactions. These findings highlight the broader consequences of sleep deprivation and the importance of addressing its causes to enhance overall health and quality of life.

Effects of Sleep Deprivation

In exploring how health issues influence sleep quality among the elderly in Ile Ife, the consequences of sleep deprivation were highlighted as a significant concern. Participants shared how insufficient sleep affected their physical well-being, emotional state, and interpersonal interactions, revealing the broader implications of disrupted rest. Physically, sleep deprivation manifested in symptoms such as restlessness and discomfort. One participant from Ife North explained that, “I feel restless when I am not getting enough sleep. I will be having high temperature if I am not getting enough sleep.” This statement underscores how chronic sleep disruptions can lead to physical strain and reduced overall well-being.

Emotionally, inadequate sleep contributed to irritability and heightened sensitivity. Participant 4 from Ife Central noted, “Inability to sleep makes me irritable.” This reflects the impact of insufficient rest on emotional regulation, which can affect participants’ mood and ability to manage daily stressors. Participants also expressed frustration with disturbances during sleep, which often heighten the challenges of achieving quality sleep. Participant 2 from Ife Central shared that, “I don’t like to be disturbed while sleeping because I might not be able to sleep again when I am being disturbed.”

Similarly, Participant 3 from Ife East echoed this sentiment, “I personally don’t like when I’m disturbed while sleeping.” These accounts from different participants highlight the importance of uninterrupted sleep in maintaining restfulness and mitigating the effects of deprivation. Despite these challenges, some participants demonstrated resilience in managing the impact of sleep deprivation on their social and daily activities. Participant 4 from Ife Central explained that, “When I do not sleep well it affects my day. But it does not mean I will not interact well in my house or elsewhere. Since I know it’s a regular pattern, I do not allow it to affect my relationship with people.”

This perspective reflects an adaptive approach to coping with sleep challenges, emphasizing the importance of maintaining social harmony and routine despite sleep disruptions. Overall, the findings reveal the effects of sleep deprivation on the elderly, ranging from physical discomfort and emotional irritability to challenges in interpersonal relationships.

Religious Practices and Sleep

Religious practices, such as nighttime prayers and vigils, were deeply embedded in the routines of elderly participants, often shaping their sleep patterns. For many, these practices were viewed as

meaningful commitments that occasionally disrupted sleep but provided emotional and spiritual fulfillment. Participants described structured routines involving prayers and vigils, with some adapting to these interruptions by returning to rest afterward. This theme shows the relationship between spiritual commitments and sleep quality.

Nighttime Prayers and Sleep Interruption

Religious practices, particularly nighttime prayers and vigils, were identified as key routines influencing the sleep patterns of elderly individuals in Ile Ife. For many participants, engaging in prayer during the night served as both a spiritual routine and a source of sleep disruption, with varying degrees of impact on their overall sleep quality. Specifically, participant 2 from Ipetumodu explained how prayers are integrated into nightly routine, “After waking up at night, me and my wife will start praying. After we are done with the prayer for like 1hr or 2hrs, we go back to bed.”

This reflects a deliberate allocation of time for spiritual activities, often extending periods of wakefulness during the night. Such routines demonstrate how religious commitments can interrupt continuous sleep but are often followed by a return to rest. For other participants, prayer and related activities were among the primary reasons for nighttime awakenings. One of the participants noted that, “So, urine and prayer are the major factors that aid my waking up at night.” This suggests that while prayer contributes to wakefulness, it is not perceived as a negative disruption but rather a meaningful and deliberate part of their routine.

The practice of night vigils also varied across participants. One participant mentioned that, “I do voluntary vigil at night at home and I sleep again after the vigil.” For others, vigils were a weekly practice with structured timing. Participant 5 from Ipetumodu elaborated that, “Myself and my wife do night vigil every Wednesday night from between 12-1am. I sleep off about 30 minutes after the vigil.” This highlights how religious practices are intentionally incorporated into weekly schedules, with participants often balancing these activities with subsequent sleep.

Similarly, participants from Modakeke shared their engagement with nighttime prayers. One of the participants mentioned that, “I use to wake up at 3am for prayers, and after 10 minutes I sleep back.” This reflects a brief but consistent interruption to sleep, demonstrating how participants adapt their routines to accommodate religious practices while minimizing the impact on rest. While some participants engaged in structured and frequent nighttime prayers, others chose not to participate in vigils. One participant from Ipetumodu stated that, “I don’t do night vigil.” This highlights the diversity in religious routines among the elderly, with some prioritizing uninterrupted sleep over nighttime practices.

Overall, nighttime prayers and vigils represent a complex interplay between spiritual commitments and sleep quality. For many participants, these practices are a meaningful aspect of their nightly routines, with some experiencing minimal sleep disruption due to effective adaptation. However, for others, extended periods of prayer may lead to fragmented sleep, requiring subsequent adjustments to maintain rest and overall well-being.

Religious Activities Effect

Religious activities, including prayers, vigils, and church activities, emerged as significant factors shaping the sleep patterns of elderly individuals in Ile Ife. Participants described how their spiritual commitments often influenced their sleep routines, with some practices fostering meaningful engagement while others led to disruptions in sleep continuity. For many participants, prayer was a central aspect of their daily routine, influencing both the timing and quality of their sleep. One participant from Ipetumodu shared that, “If I didn’t wake up in the midnight to pray, I wake up latest

by 4:45am to start prayer.” This indicates a structured routine centered around spiritual activities, demonstrating the importance of prayer in their nightly and early morning schedules.

Night vigils were another common practice, often requiring participants to wake for extended periods. One participant elaborated that, “After waking up at night, me and my wife will start praying. After we are done with the prayer for like 1hr or 2hrs, we go back to bed.”

Although this practice disrupted continuous sleep, it was typically followed by an effort to resume rest, highlighting participants’ attempts to balance religious commitments with their sleep needs. Some participants incorporated vigils into their weekly routines. A participant explained that, “Myself and my wife do night vigil every Wednesday night from between 12-1am. I sleep off about 30 minutes after the vigil.” While such practices caused temporary interruptions, participants adapted by promptly returning to sleep, mitigating long-term impacts on rest.

In addition to vigils, other religious obligations, such as early morning prayers or fasting, influenced Muslim participants’ sleep schedules. Specifically, participant 3 from Modakeke noted that, “Only when I’m fasting and I need to eat Sari, and also when I wake up to urinate.” This suggests that spiritual practices intertwined with biological routines, shaping the timing and quality of sleep. For some, external factors related to religious routines, such as family involvement, also disrupted sleep. Participant 4 from OAU remarked that, “You know the children are staying with me at home. They are students, and they knock at my door for prayers in the morning... So, if I sleep late, hahaha, I must wake up when it is not good.”

This reflects how communal or family-oriented religious activities can impose additional demands on sleep schedules. However, not all participants engaged in night vigils or attributed their religious practices to improved sleep quality. A participant from OAU stated that, “I don’t engage in night vigil, but I engage in other church activities. I don’t think these activities add to my sleep quality.”

This highlights the variability in how religious practices affect sleep, with some participants finding them beneficial while others perceived minimal impact. Overall, the findings suggest that religious practices are deeply embedded in the routines of elderly individuals, shaping their sleep patterns through structured schedules and communal activities. While some participants reported disruptions to sleep due to nighttime prayers or vigils, others viewed these practices as integral to their daily lives, reflecting a balance between spiritual obligations and physical well-being.

Discussion

The findings of this study support previous outcomes on the impact of health issues on sleep quality of elderly people. For instance, Thichumpa et al. (2018) opined that people with varying health challenges like depression, anxiety and those on medication for different cases indicated high incidences of poor sleep quality and family relationship. In the same vein, this study lends credence to the submission of Mohamed et al., (2023) that elderly patients with diabetes struggle with serious poor sleep quality, this situation was reported for patients suffering from other chronic pains and diseases (Tsai et al., 2021).

The second question on the role of religious activities on sleep quality among the retired elderly Ile Ife was answered in the affirmative. These findings support the conclusions of previous scholars that older population who engage religious activities are prone to experiencing good sleep quality. For example, Britt, Dong and Hodgson (2023) found out that religious activities contributed immensely to good sleep quality among the older population in United State of America.

Conclusion

This study has found out that health issues play a crucial role in determining sleep quality among the elderly in Ile Ife. Age-related health conditions, including sensory limitations, medical routines, and emotional distress, significantly influenced sleep patterns. Frequent nighttime urination emerged as a major disruptor, requiring adjustments in hydration and dietary habits to minimize sleep interruptions. Dietary choices also played a role, with certain foods either enhancing or disrupting sleep quality, underscoring the need for personalized nutrition strategies. Medications contributed both positively and negatively to sleep, with some enhancing rest while others caused unintended disruptions such as increased urination. Sleep deprivation was linked to physical discomfort, emotional irritability, and social withdrawal, highlighting the broader consequences of inadequate rest. Religious activities were reported in this study to contribute immensely to sleep quality of the retired elderly in Ile Osun State.

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