

The Relationship between Anxiety Level and Insomnia among Medical Students of Universitas YARSI, Class of 2023, and Its Review from an Islamic Perspective

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Abstract

This study found a moderate positive correlation between anxiety level and insomnia level among 2023 cohort students of the Faculty of Medicine, Universitas YARSI ($r = 0.451$; $p = 0.001$). Medical students are vulnerable to anxiety and sleep disturbance because of heavy academic demands, yet institution-specific studies remain limited. The study aimed to describe anxiety and insomnia, to examine their relationship, and to review that relationship from an Islamic perspective. It used an observational analytic cross-sectional design with 48 students selected by stratified random sampling by sex. Anxiety was measured with the Generalized Anxiety Disorder-7 (GAD-7) and insomnia with the Kelompok Studi Psikiatri Biologik Jakarta-Insomnia Rating Scale (KSPBJ-IRS), and the data were analyzed with Spearman's correlation. Most respondents had mild anxiety (62.5%) and mild insomnia (56.3%). Female students showed higher anxiety and insomnia than male students (Fisher's exact test, $p = 0.001$ and $p = 0.004$). From an Islamic perspective, anxiety and sleep disturbance relate to tranquility of the soul (*sakinah*), maintained through patience, remembrance of God (*dhikr*), prayer, effort (*ikhtiar*), and reliance on God (*tawakkul*) as a spiritual approach complementary to medical care.

Keywords: *Anxiety, Insomnia, Medical Students, Islamic Perspective, Maqasid Al-Shariah.*



A. INTRODUCTION

Medical students are a group vulnerable to stress, anxiety, and sleep disturbance because of academic demands, exhausting clinical practice, and pressure to maintain achievement. A study of 410 health students at the Federal University of Petrolina found that 53.3% showed signs of mental disorders, with anxiety ranked first (de Oliveira et al., 2024). Insomnia was found together with depression in more than 70% of depressed students (Alshammari et al., 2024). In Indonesia, the prevalence of insomnia has been reported at around 67%, with mild insomnia at 55.8% and moderate insomnia at 23.3% (Fadillah et al., 2024).

Anxiety is a subjective, unpleasant feeling of restlessness, tension, and worry (Anissa et al., 2022). Among students it often appears as learning anxiety, excessive worry under pressure that leaves a person feeling unable to solve problems (Muthiah et al., 2024). As anxiety rises, the ability to relax before bedtime is impaired, making it harder to fall asleep (Nurmawati et al., 2025). Insomnia is a sleep disorder characterized by difficulty initiating or maintaining sleep (Riemann et al., 2023); in students it appears as drowsiness in class, poor concentration, and difficulty

remembering material (Hikmah et al., 2023). Students with anxiety have been reported to experience insomnia more often (Paendong et al., 2024).

In the Islamic view, good mental condition rests on the concepts of *sakinah*, *tuma'ninah*, and *itmi'nan*, all denoting tranquility of the soul (Rahmatullah & Syafii, 2025). In the Qur'an, anxiety is associated with, among other terms, *khauf*, the self's anticipation of danger or undesirable things (Sany & Ermawati, 2022). Religious practices such as prayer and *dhikr* have been linked to fewer insomnia symptoms and better sleep quality (Rahmatullah & Syafii, 2025), and *dhikr* therapy was reported to be effective in reducing mild insomnia in students (Hadinata et al., 2024).

Sleep is one of the most important physiological processes for maintaining health, and basic human needs are the elements required to keep physiological and psychological balance (Haryati & Yunaningsi, 2020). Sleep quality can be understood as a person's satisfaction with sleep, so that the person shows no fatigue, restlessness, lethargy, apathy, dark circles around the eyes, or frequent yawning (Siregar & Yusuf, 2022). When concentration is impaired by poor sleep, learning becomes inefficient, which in the long run can affect the quality of medical graduates (Fadillah et al., 2024). Anxiety and insomnia are therefore also feared to affect students' academic achievement.

Although the relationship between anxiety and insomnia has been widely studied, specific studies on students of the Faculty of Medicine, Universitas YARSI, class of 2023, remain limited. The university offers education grounded in Islamic and humanitarian values, which may influence its students. According to the researcher's observations, some students in this cohort sleep only about 4 hours per night, and some complain of headaches, prolonged fatigue, and drowsiness during lectures and examinations. This study aimed to describe anxiety level and insomnia and to examine their relationship among these students, and to review that relationship from an Islamic perspective.

B. LITERATURE REVIEW

1. Anxiety

Definition. According to the American Psychological Association, anxiety is an emotional state in which a person experiences stress, which may take the form of nervousness, worried thoughts, and exaggerated physical reactions such as a faster heartbeat and higher blood pressure (Faozi et al., 2023). It is an unpleasant and distressing feeling that can disturb personal balance through tension, restlessness, fear, nervousness, and sweating (Savitri & Swandi, 2023). An anxiety disorder is defined as a condition marked by excessive and uncontrollable anxiety, fear, and worry in daily life without a clear reason (Rahmawati, 2022).

Epidemiology. The World Health Organization estimates that 4.4% of the global population has an anxiety disorder. In 2021, 359 million people lived with anxiety disorders, including 72 million children and adolescents, yet only about one in four people in need (27.6%) received treatment (WHO, 2025). In Indonesia, Basic Health Research (Riskesdas) 2018 data indicate that around 14 million people, or about

6% of the population aged over 15 years, experienced mental-emotional disorders with symptoms such as depression and anxiety; Central Java recorded the highest anxiety prevalence at 4.7% (Pertiwi, 2026).

Etiology and risk factors. Anxiety disorders arise from a combination of biological, psychological, and social factors. Contributing conditions include medication, substance abuse, trauma, childhood experiences, and panic disorder. Internal factors originate within the individual (psychological, physiological, and cognitive aspects), while external factors include parental demands and, for students, heavy assignments and a large study load (Saptarina et al., 2023). Adler and Rodman (2011, as cited in Ghufroon & Rismawita, 2010) identify two sources of anxiety: negative past experiences, such as having once failed a test, and irrational thinking, which takes four forms: catastrophic failure (assuming something bad will happen), perfectionism, the need for approval, and overgeneralization.

Levels of anxiety. Anxiety is divided into mild, moderate, and severe. Mild anxiety involves tension that raises alertness and perception and can become positive motivation to study. Moderate anxiety narrows the field of perception and lets the person focus selectively on significant issues, with reduced concentration, irritability, impatience, and forgetfulness. Severe anxiety narrows focus to specific details, with dizziness, sleep disturbance, helplessness, confusion, and impaired communication; at very high levels it can lead to hallucinations, delusions, and loss of self-control (Setyananda et al., 2021).

Classification and effects. Four main patterns of abnormal anxiety are recognized: anxious adjustment disorder (anxiety closely tied in time to a stressor), generalized anxiety disorder (broad, persistent anxiety across many situations), panic disorder (anxiety in waves or attacks with catastrophic thoughts), and phobic anxiety (anxiety triggered by a specific feared object or situation) (Mayou et al., 2003). Anxiety affects mood (difficulty sleeping, irritability, difficulty controlling emotions), cognition (worry that impairs effective activity), and motor function (for example, tapping and startle responses) (Savitri & Swandi, 2023).

2. Insomnia

Definition. Insomnia is difficulty initiating and maintaining sleep despite adequate time and opportunity to sleep (Putri et al., 2024). People with insomnia feel that their sleep is inadequate and that daily activities are disrupted by lack of sleep; typical symptoms are difficulty sleeping at night and waking early in the morning.

Epidemiology. A study of 163,748 UK Biobank participants found that about 29% reported insomnia symptoms, but only 6% had a recorded diagnosis. Prevalence varied by diagnostic criteria: 23.6% under DSM-IV-TR, 8.5% under DSM-5, 9.9% under ICD-10, and 20% under ICSD-3, showing that prevalence appears higher when daytime functional impairment is not considered. Prevalence was highest in women, older people, and people with lower household income (Ferini-Strambi, 2025).

Etiology and risk factors. Insomnia is divided into primary and secondary. Primary insomnia is prolonged disturbed night sleep not accompanied by anxiety,

depression, pain, or other psychiatric or medical problems, and is related to changes in sleep patterns, pre-sleep habits, and sleeping environment. Secondary insomnia is temporary and triggered by pain or a diagnosable illness, medication, alcohol, or, most commonly, anxiety and depression (Chandradewi et al., 2023; Fadillah et al., 2024). Budianti and Brisma (2025) list psychological factors (stress, anxiety, depression), environmental factors (noise, bright light, uncomfortable temperature), lifestyle and sleep habits (caffeine or alcohol before bed, irregular sleep, excessive device use), and medical factors (diabetes, hypertension, chronic pain, sleep apnea).

Classification. By duration, insomnia is classified as transient (up to 7 days, often resolving spontaneously), short-term (1–3 weeks), and chronic (at least one month) (Fadillah et al., 2024). The ICSD-3-TR describes three categories: chronic insomnia disorder, short-term insomnia disorder, and other insomnia disorder (Ferini-Strambi, 2025).

Effects. Insomnia lowers physical health, mental health, and quality of life. Cognitive disturbances such as difficulty concentrating, memory impairment, and reduced productivity are common, and long-standing insomnia raises the risk of heart disease, obesity, and immune disturbance. People with insomnia are also prone to emotional disturbance, depression, anxiety, and mood changes (Budianti & Brisma, 2025).

Diagnosis. According to the American Academy of Sleep Medicine, diagnosis relies on a thorough history covering the main complaint, pre-sleep conditions, the sleep–wake schedule, nocturnal symptoms, daytime activity and behavior, and medical, psychiatric, substance, family, social, and occupational history, together with physical and mental status examination. Common complaints include average sleep latency above 30 minutes, wake after sleep onset above 30 minutes, sleep efficiency below 85%, and/or total sleep time below 6.5 hours. Sleep logs, sleep-quality questionnaires, and sleepiness scales support the diagnosis, whereas laboratory tests, polysomnography, and actigraphy are not routine and are considered only when specific signs suggest another medical or sleep disorder (Ferini-Strambi, 2025).

History taking. Patients may complain of difficulty falling asleep, frequent night awakenings, difficulty returning to sleep, waking too early, or sleep that feels unrefreshing. Several symptoms often occur together and may change over time. The evaluation covers the type, duration, frequency (nights per week), and severity of nighttime distress and accompanying daytime symptoms, the course (progressive, intermittent, or persistent), aggravating and relieving factors, past and current precipitating factors, and previous treatment and response (Ferini Strambi, 2025).

Pre-sleep conditions matter because patients may unknowingly maintain their insomnia through their own behavior, for example by spending more time in bed to “make up” for lost sleep, or by phoning, watching television, using a computer, exercising, eating, smoking, or repeatedly checking the clock in bed. Some patients also feel more alert and anxious as bedtime approaches. The sleeping environment (light, noise, temperature, sleeping alone or with a partner) and the person's mental state (drowsy or highly alert, relaxed or anxious) help explain what lengthens the time

to fall asleep or to fall asleep again after waking. Nocturnal symptoms reported by patients or bed partners, such as snoring, choking, coughing, kicking, restlessness, parasomnia, reflux, palpitations, seizures, and headaches, help identify other sleep or medical disorders (Ferini-Strambi, 2025).

Daytime activity and behavior give clues to causes and consequences. Napping habits, occupation (including driving or high-risk work), lifestyle, light exposure, exercise, and travel across time zones should be reviewed. Fatigue and low energy are reported more often than sleepiness in chronic insomnia; marked excessive sleepiness calls for evaluation of another sleep disorder. Irritability, loss of interest, mild depression, anxiety, impaired memory, and poor concentration are common, and irritability and fatigue can cause interpersonal difficulty or social avoidance. Comorbid conditions can cause or worsen sleep disturbance, and poor sleep can in turn worsen them; sleep complaints may even be an early sign of a mood disorder (Ferini-Strambi, 2025).

Physical and mental status examinations have no characteristic findings in chronic insomnia, but they help identify comorbid conditions and support differential diagnosis. The physical examination should assess risk factors for sleep apnea (obesity, large neck circumference, upper airway obstruction) and comorbid pulmonary, cardiac, rheumatologic, neurologic, endocrine (for example thyroid), and gastrointestinal conditions. The mental status examination focuses on mood, anxiety, memory, concentration, and alertness or sleepiness. At a minimum, patients should complete a general medical, psychiatric, and medication questionnaire, the Epworth Sleepiness Scale or a similar instrument, and a two-week sleep log, ideally before the first visit (Ferini-Strambi, 2025). and a two week sleep log, ideally before the first visit (Ferini-Strambi, 2025). The basic sleep log parameters are shown in Table 1.

Anxiety and insomnia Theoretically, anxiety is a psychological factor related to insomnia. As anxiety increases, individuals tend to experience excessive worry, persistent thoughts, and restlessness, and find it hard to relax before sleep, which disrupts sleep initiation and raises the risk of insomnia. Sleep disturbance is also a major symptom that often accompanies anxiety disorders, and students with anxiety were reported to experience insomnia more often than those with lower anxiety (Paendong et al., 2024). Conversely, when anxiety is managed well, students tend to have better sleep quality.

Table 1 Table 1. Basic Parameters of a Sleep Log (Ferini-Strambi, 2025)

Parameter	Meaning
Bedtime	Time the person goes to bed
Sleep latency (SL)	Time from lying down until falling asleep
Night awakenings	Number and duration of awakenings during the night
Wake after sleep onset (WASO)	Total time awake from sleep onset until the final awakening
Time in bed (TIB)	Time from lying down until leaving the bed

Total sleep time (TST)	TIB minus SL and WASO
Sleep efficiency (SE)	TST divided by TIB, multiplied by 100%
Daytime naps	Frequency, timing, and duration

C. METHOD

This study used a quantitative approach with an observational analytic cross sectional design, so anxiety and insomnia were measured at a single point in time without intervention by the researcher. The population was all active students of the Faculty of Medicine, Universitas YARSI, class of 2023, totaling 306. Students on academic leave, unwilling to participate, or who withdrew during the study were excluded.

Sample size was calculated with G*Power using a priori power analysis (exact correlation: bivariate normal model, two-tailed), with a hypothesized correlation of 0.409 from previous research, $\alpha = 0.05$, and power of 0.80. The result was a minimum of 44 respondents, increased by 5% to anticipate drop-out, giving 48 respondents. Stratified random sampling by sex (male and female) was used, followed by random selection within each stratum. All respondents gave informed consent.

Primary data were collected through a Google Form containing consent, respondent characteristics, and two questionnaires. Anxiety was measured with the GAD-7 (seven items on symptoms over the past two weeks, Likert scale). Total scores were categorized as minimal (0–4), mild (5–9), moderate (10–14), and severe (15–21) anxiety. Insomnia was measured with the KSPBJ-IRS and categorized as no insomnia (11–19), mild (20–27), severe (28–36), and very severe (37–44) insomnia. Both variables were treated as ordinal data.

D. RESULTS AND DISCUSSION

Respondent characteristics There were 48 respondents: 24 men (50%) and 24 women (50%). Most were 21 years old (52.1%), followed by 20 years (35.4%), 22 years (10.4%), and 23 years (2.1%). This distribution matches the age range of the 2023 cohort. **Anxiety and insomnia** Mild anxiety and mild insomnia were the most frequent categories. Moderate and severe anxiety and severe insomnia were more common among women (Table 2).

Table 2 . Distribution of Anxiety and Insomnia Levels (N = 48)

Variable	Category	Total, n (%)	Men (%)	Women (%)
Anxiety	Minimal	7 (14.6)	29.2	0.0
	Mild	30 (62.5)	66.7	58.3
	Moderate	7 (14.6)	4.2	25.0
	Severe	4 (8.3)	0.0	16.7
Insomnia	No insomnia	12 (25.0)	45.8	4.2
	Mild	27 (56.3)	41.7	70.8
	Severe	9 (18.8)	12.5	25.0
	Very severe	0 (0.0)	0.0	0.0

Fisher's exact test showed significant differences between men and women in anxiety level ($p = 0.001$) and insomnia level ($p = 0.004$). Relationship between anxiety and insomnia Spearman correlation produced a coefficient of $r = 0.451$ with $p = 0.001$ ($n = 48$). Because $p < 0.05$, the null hypothesis was rejected: there is a moderate positive relationship between anxiety level and insomnia level. The higher the anxiety level, the higher the tendency toward insomnia. The observed coefficient is close to the value of 0.409 assumed in the sample-size calculation, and the 48 respondents exceeded the calculated minimum of 44.

Anxiety level. Most respondents had mild anxiety (62.5%). According to Setyananda et al. (2021), mild anxiety involves tension that triggers alertness and can motivate learning. Among medical students this may relate to dense practicals, frequent examinations, and a competitive educational environment. Muthiah et al. (2024) attribute anxiety in medical students to poor self-regulation while studying, while Bhuwana (2025) emphasizes negative and irrational thoughts about examinations and a feeling of being unable to control the situation. Moderate and severe anxiety was still found in 22.9% of respondents, so this group needs attention.

Insomnia level. Mild insomnia was the most common (56.3%), followed by severe insomnia (18.8%), while 25% of respondents had no insomnia. Budianti and Brisma 2025) explain that insomnia is influenced by psychological factors (stress, anxiety, depression), environment, and lifestyle. Masta et al. (2025) state that tight lecture schedules and demands for high grades contribute to insomnia through increased sympathetic nervous system activity that inhibits melatonin production. These factors were not measured in this study, so they cannot be confirmed as causes in these respondents.

Differences by sex. Severe anxiety was found only in women, and severe insomnia in 25% of women compared with 12.5% of men. This is consistent with Paendong et al. (2024), who reported that most respondents with severe anxiety were women, and with Pajédiené et al. (2024), who reported higher insomnia prevalence in women. Mustika et al. (2023) link this to women's lower coping mechanisms, while Anggara and Annisa (2019) link women's sleep disturbance to the decline in estrogen before menstruation. Firdausy et al. (2024) also reported a tendency toward higher anxiety in female medical students.

Relationship between anxiety and insomnia. The relationship found can be explained by the hyperarousal model: anxiety increases autonomic and cognitive nervous system activity, making it difficult to relax both when initiating and maintaining sleep (Kalmbach et al., 2018). In medical students, heavy academic load, a block system with intensive evaluation, and demands for clinical competence are sources of pressure that increase this risk. The result is consistent with Satura et al. (2025), who found a link between anxiety and insomnia in students, and with Gayatri et al. (2022), who reported a moderate correlation in medical students ($r = 0.494$; $p = 0.001$), similar to $r = 0.451$ here. Because this study is cross-sectional, the relationship cannot be interpreted as causal. Kalmbach et al. (2018) also explain that the

relationship can run in both directions: worry affects sleep, and persistent sleep disturbance reinforces worry.

In Islamic psychology, anxiety is viewed as an emotion of fear experienced by humans throughout life (Nugraha, 2020). The Qur'an contains several related terms: *khauf* (fear), *huzn* (sorrow), *wahn* (mental weakness), *waswas* (anxious whispering), and *dhayq* (tightness in the chest) (Harits, 2026). The Qur'an mentions fear and anxiety (*khauf*) mostly as a noun and sorrow (*huzn*) mostly as a verb. The root of *khauf* (*kha*, *waw*, *fa*) refers to fear and shock, and al-Raghib al Ashfahani defines it as a person's anticipation of danger or an undesirable thing from a sign or predicted information (Sany & Ermawati, 2022).

Allah says in QS. Al-Baqarah: 155: "And We will surely test you with something of fear, hunger, a loss of wealth, lives, and fruits. And give good news to the patient." The verse places fear as part of life's trials and patience as the response (Rahmatullah & Syafii, 2025). A similar attitude appears in the hadith narrated by Muslim No. 2999: a believer is grateful in times of ease and patient in times of hardship, and both are good for him. Peace of heart is also linked to remembering Allah (QS. Ar-Ra'd: 28). Dhikr, prayer, *salah*, Qur'an recitation, and *muhasabah* (self-reflection) can be seen as spiritual approaches in facing fear and worry (Harits, 2026).

Ikhtiar and *tawakkul*. Islam teaches a balance between effort (*ikhtiar*) and reliance on God (*tawakkul*). *Ikhtiar* includes managing stress, maintaining good relationships, increasing *dhikr* and prayer, and seeking expert help when needed; *tawakkul* is surrender to God after maximum effort, not passivity (Najamudin et al., 2026). The hadith narrated by At-Tirmidhi No. 2344, about birds that leave hungry in the morning and return full in the evening, illustrates that *tawakkul* is preceded by effort (Hasibuan & Monang, 2026).

Link to *maqasid al-shariah*. Maintaining mental health is consistent with *hifz al-nafs* (protection of life/self), *hifz al-'aql* (protection of the intellect), and *hifz al-din* (protection of religion) (Ismail et al., 2025). Patience under pressure relates to *hifz al-nafs*, *dhikr* and prayer to *hifz al-din*, and effort to find solutions and help to *hifz al-'aql*.

The concept of sleep. The word *insomnia* derives from the Latin in ("not") and *somnus* ("sleep"), which describes the essence of the disorder: the inability to get enough sleep (Khara et al., 2024). Stress, anxiety, and depression play an important part in the development and persistence of *insomnia* (Khara et al., 2024). Beyond its medical meaning, sleep in Islam has physiological and spiritual significance. Ibn Qayyim al Jawziyyah described sleep as a state of lowered body temperature in which the body's organs need stillness (Mardlatillah & Nurjannah, 2023). Sleep disturbance can arise when a person's adjustment to the environment does not go well, giving rise to various problems that lead to *insomnia* (Safitri & Supriyanti, 2021). Tranquility of the soul, understood through *sakinah*, *tuma'ninah*, and *itmi'nan*, becomes relevant because a restless mind, full of worry and disturbing thoughts, interferes with rest (Rahmatullah & Syafii, 2025).

Sleep and insomnia. The Qur'an describes sleep as a sign of Allah's power and a means of rest (QS. Ar-Rum: 23; QS. An-Naba': 9) (Mardlatillah & Nurjannah, 2023). Sleep disturbance therefore deserves attention as a disruption of the balance between activity and rest. Medically, mild to moderate insomnia is managed chiefly with non-pharmacological therapy such as Cognitive Behavioural Therapy for Insomnia (CBT-I), which includes psychoeducation, sleep hygiene, stimulus control, sleep restriction, cognitive restructuring, and relaxation (Putri et al., 2024). Spiritual approaches can accompany it. QS. Al-Insyirah: 5–6 (“indeed, with hardship comes ease”) fosters optimism and patience. Consistent dhikr before bed has been reported to make a person more relaxed and to lower sympathetic nervous system activity (Mawaddah et al., 2024), and prayer before sleep can reduce anxiety that disturbs the mind (Rajab, 2024).

Relationship between anxiety and insomnia. The finding that higher anxiety accompanies higher insomnia is consistent with the view that inner calm supports readiness to rest. Anxiety makes it hard to be calm before sleep, while dhikr, prayer, and tawakkul can serve as spiritual effort to calm the mind. This approach is complementary and does not replace medical and psychological care when needed, so health maintenance covers physical, psychological, and spiritual aspects.

Primary texts cited. The main Qur'anic verses and hadith on which this review relies are given below in translation.

1. “(Namely) those who believe and whose hearts find peace in the remembrance of Allah. Indeed, in the remembrance of Allah do hearts find peace.” — QS. Ar-Ra'd: 28
2. “And among His signs is your sleep by night and by day and your seeking of His bounty. Indeed, in that are signs for a people who listen.” — QS. Ar-Rum: 23
3. “And We made your sleep for rest.” — QS. An-Naba': 9
4. “So, indeed, with hardship comes ease. Indeed, with hardship comes ease.” — QS. Al-Insyirah: 5–6
5. “How wonderful is the affair of the believer, for all of his affairs are good, and this is not for anyone except the believer. If he is given ease, he is grateful, and that is good for him; if he is afflicted with hardship, he is patient, and that is good for him.” — Hadith narrated by Suhaib, Muslim No. 2999
6. “If you were to rely upon Allah with the reliance He deserves, you would be provided for as the birds are provided for: they go out in the morning hungry and return in the evening full.” — Hadith narrated by Umar ibn al-Khattab, At-Tirmidhi No. 2344

Limitations First, the cross-sectional design cannot establish cause and effect. Second, the data come from self-report questionnaires and depend on respondents' honesty and understanding. Third, other factors related to insomnia, such as sleep patterns, caffeine consumption, and device use, were not examined. Fourth, the sample came from one cohort in one faculty, so the results may not generalize to medical students more broadly.

Implications Because anxiety and insomnia were related and may reinforce each other, screening for one can help identify students at risk for the other. Education on stress management and healthy sleep habits, accessible counseling services, and, where indicated, non-pharmacological insomnia therapy such as CBT-I (Putri et al., 2024) are practical responses for a medical faculty. Spiritual practices can be offered alongside these measures as support for tranquility of the soul, not as a replacement. The higher proportion of moderate to severe anxiety and of severe insomnia among women suggests that female students merit particular attention in early detection and prevention.

E. CONCLUSION

There is a moderate positive relationship between anxiety level and insomnia level among 2023 cohort students of the Faculty of Medicine, Universitas YARSI ($r = 0.451$; $p = 0.001$), but it cannot be read as causal because of the cross-sectional design. Most respondents had mild anxiety (62.5%) and mild insomnia (56.3%), and no very severe insomnia was found. Women had higher anxiety and insomnia 11 levels than men. From an Islamic perspective, anxiety and sleep disturbance relate to tranquility of the soul, maintained through patience, prayer, dhikr, ikhtiar, and tawakkul as a complementary approach that does not replace medical care.

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