

"A Comparison of Adult Male and Female Regarding Knowledge and Cases of Scabies among Flood Victims in Mirpurkhas Sindh"

***Mohammad Asif¹, Abdul Rahman², Asad Perveiz³, Arshad Hussain⁴**

¹MSN Scholar ZU, Post RN BSN, RCHN, RN, Department of Nursing College, Iqra University North Campus

²MBA Health, BSN, RCHN, RN, Department of Nursing College, Iqra University North Campus

³MSN Scholar Sohail University, Post RN BSN, RN, Department of Nursing College, Sohail University

⁴Ziauddin University Faculty of Nursing and Midwifery

E-mail: asif.shah@Iqra.edu.pk*, abdul.rahman@iqra.edu.pk, mohdasad2828@gmail.com, arshad.22556@zu.edu.pk

Abstract:

Background: Scabies is communicable disease there are many problems due to scabies in country Pakistan in Sindh province. In flood situations there are many farmers and other labor could not do work due to scabies outbreak, scabies should be prevented after providing health care education regarding prevention of scabies. Knowledge and awareness regarding scabies is very necessary thing in villagers to prevent from scabies most of the peoples in village are having misconception about cause of scabies is poor hygiene is just one cause of scabies whereas scabies agent is *Sarcoptes scabiei* mites. Due to the flood there is pollution in the atmosphere therefore communicable diseases develop spontaneously. One of the most common problem in flood victims is scabies which can be prevented through isolation precautions and avoid from sharing of personal things like towel, room, wallet, bed sheets etc. but lack of resources of beds and houses victims are vulnerable for this disease.

Aim: Aim of this research to check need assessment regarding awareness of scabies to prevention from scabies. To control the spread of scabies with the help of awareness in rural community because scabies can be prevented with isolation.

Methods: Cross sectional survey conducted. The sample size was 200. sampling technique was simple random sampling during OPD in Rural Health Center male and female both participants from families in rural areas. Data collected through structured questionnaire form during assessment and treatment of scabies in OPD in rural health center. Just one rural health clinic visited to collect the data. Ethnic background of participants was Hindu.

Results: Difference of gender in this research knowledgeable 26% male. Not knowledgeable 52%. Knowledgeable female 60% not knowledgeable female 60%. Knowledgeable 172 (49.4%) participants. Not knowledgeable 198 (50.6%). Sharing room with family members 1-2 family members 158 (40.4%). 3-4 family members 83 (21.2%). Less than 5 family members 148 (37.9%)

Key Words: *Scabies, Genitalia, direct and indirect contact, Sarcoptes scabiei and mites.*

Introduction

The Scabies is most common dermatological disease in Pakistan. The spread of scabies can be reduced by giving awareness about personal hygiene care and reduce overcrowding. The flood is the cause of spreading scabies in Sindh Pakistan. Sharing of towels, dress, washrooms and bed are most common cause of scabies. Lack of resources in flood disaster is also a cause of scabies prevalence. The peoples should have knowledge about scabies to prevention from this disease in communities. The government should arrange the workshops for communities regarding knowledge of scabies prevention. *Sarcoptes scabiei* is the causative agent of scabies also called mites. The scratching of skin during itching in scabies can spread infections of scabies. Manzoor I et al, the study was conducted to observed difference between gender regarding spread of scabies knowledge. (1) Chandler DJ stated that staphylococcal and streptococcal bacteremia seen in this study due to scratching the skin in scabies patients. (1) Study stated that the most common scabies

observed in genitalia of male female and it is also most common caused was observed by sexual contact in scabies patients. (2) Farhana Riaz (3) Choudhary stated that the gender difference in scabies observed in this study the most common scabies seen in urban areas in school and colleges the data was collected from Rawalpindi Pakistan and study was published from university of Turin Italy. (3) the study stated that the study was conducted in Ayyub teaching hospital Abbottabad the data was collected from male and female both in different seasons to identify variance difference in seasons. Mostly females were observed affected from scabies in this study in different ages. (4, 5) Akbar N stated that knowledge observed among women's in gajjumata community Lahore Pakistan regarding scabies, the sample size was n=75 requires initial infection 4 to 6 weeks. Iram Manzoor et al, the study was conducted in kot lakh apt jail in Panjab the sample size was 320 inmates of kot lakh pat jail. The frequency of scabies was observed in male jail inmates as compared to female after simple random sampling technique. (6) study stated that it is a review articles

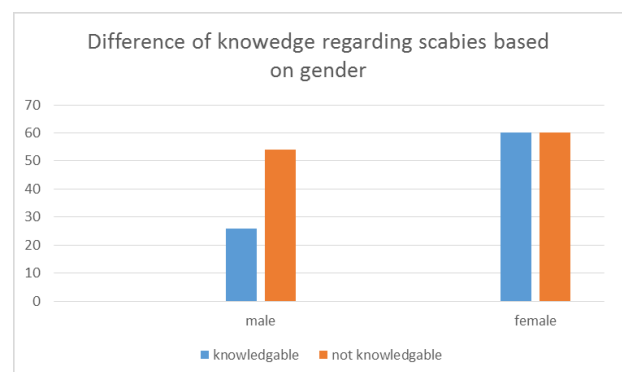
after reading 15 articles of prevalence of scabies the outcome is that the prevalence of scabies can be reduced by awareness to the communities regarding overcrowding and personal hygiene care. (6, 7) Zeeshan Ahmed et al, acute respiratory tract infections, skin diseases, ear, nose and throat infections etc. were observed in disaster of flood in Rajanpur Punjab of Pakistan. The diseases were spread due to unsanitary conditions due to flood waste and lack of resources. Cross sectional study was conducted. Sampling technique was purposive sampling 219 students selected and questionnaire form was distributed 58 students were in inclusion criteria. Variables were knowledge, attitude, perception, awareness and response in school students. (8) Cross Sectional descriptive study has been published in 2024 regarding knowledge of scabies in rural areas dhondhani village Raigad district. (81.25%) peoples are aware from scabies and (47.68%) peoples are in consequences of scabies exposure. Researcher proved that in village majority peoples in this modern period have knowledge regarding scabies signs and symptoms and prevention. (9) cross sectional survey study published in Ethiopia by 2024 regarding sharing of fomites in scabies exposures in rural community of Ethiopia, aim of this study was determine the scabies in less than 15years old children. Sampling technique were two in this study first data on sociodemographic and second one structured tool of questions. 21.5% prevalence of scabies in this research outcomes. Reason of scabies were lack of knowledge in mothers, lack of resources in house, sharing of values and things in scabies, hand shaking and school going children. (10) cross sectional finished study in 4 months. Conducted and published in United Kingdom by 2024 regarding scabies spreading through direct and indirect contact. Samples 128 participants were selected in research formers were 67 and remainder were other village stakeholders. Scabies was spread due to sharing of personal belongings, towel, shawl, cap, scarf and clothes at a home. (11) cross sectional prospective finished study in 4 months. Research conducted in utar pardesh region dhaura tanda. 12 to 24years of age were in samples. Conclusion of study was that scabies causes ere sharing of personal things, lack of knowledge and lack of resources were serious causes in the study. (12) Research conducted in Lahore Pakistan by 2019 published. Cross sectional study conducted, convenient sampling to check the scabies outbreak. Data of 135 stakeholders in rural, nuclear family data was 58% majority 55% family scabies in rural were exposed. 79% stakeholders were free of scabies, 21% peoples were positive diagnosis of scabies(13) A qualitative researched conducted in sanma province Vanuatu by 2019 in journal of tropic medicine and hygiene, thematic analysis of qualitative data collected through two types of sampling snowball technique and cluster sampling. Because scabies is NTDs (Neglected Tropical Diseases). Most of the participants had misconceptions about personal hygiene cause of scabies whereas scabies agent is *Sarcoptes scabiei*.

Awareness regarding scabies was Satisfactory. There was need of awareness sessions regarding scabies preventions in community. (14) Study conducted in India by 2019 and then published, sampling was cluster sampling method was applied. Randomly selected 12 rural villages whereas 42 were tribal villages. Aim of study was to screening of scabies in stakeholders in villagers in rural areas of India to early determine the disease prevalence. Oral ivermectin medicine delivered to control scabies. 92.4%, 96% and 94% were Baseline assessment of 2monts and 12monts (15)

Results: Difference of gender in this research knowledgeable 26% male. Not knowledgeable 52%. Knowledgeable female 60% not knowledgeable female 60%. Knowledgeable 172 (49.4%) participants. Not knowledgeable 198 (50.6%). Sharing room with family members 1-2 family members 158 (40.4%). 3-4 family members 83 (21.2%). Less than 5 family members 148 (37.9%)

Frequency and risk factors regarding scabies in flood disaster:

	variable	frequency	Percentage %
1.	Gender		
	male	40.2	40.2
	female	59.8	59.8
2.	Age group		
	5-15yrs	243	
	16-30yrs	148	
3.	Job status		
	House hold work	193	49.4
	job	198	50.6
4.	knowledge		
	knowledgeable	172	49.4
	Not knowledgeable	198	50.6
5.	Sharing behavior		
	Share towels and clothes	328	83.9
	Not sharing	63	16.1
6.	Sharing room with family member		
	1-2 family members	158	40.4
	3-4 family members	83	21.2
	>5 family members	148	37.9



Mean of comparing knowledge of male and female in rural area regarding scabies spread.

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
gender	200	100.0%	0	0.0%	200	100.0%
scabies knowledge	200	100.0%	0	0.0%	200	100.0%

Report

	gender	scabies knowledge
Mean	1.60	1.57
N	200	200
Std. Deviation	.491	.496

Sharing of personal clothing, Room and towel

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
gender	200	100.0%	0	0.0%	200	100.0%
sharing room by members	199	99.5%	1	0.5%	200	100.0%

Report

	gender	sharing room by members
Mean	1.60	1.95
N	200	199
Std. Deviation	.491	.889

Frequency of scabies disease in different age groups:

age group

	Frequency	Percent	Valid Percent	Cumulative Percent
5-15years	51	25.5	25.6	25.6
16-30years	29	14.5	14.6	40.2
31-45years	57	28.5	28.6	68.8
46-60years	62	31.0	31.2	100.0
Total	199	99.5	100.0	
Missing System	1	.5		
Total	200	100.0		

Discussion

The Scabies is most common dermatological disease in Pakistan. The spread of scabies can be reduced by giving awareness about personal hygiene care and reduce overcrowding. The flood is the cause of spreading scabies in Sindh Pakistan. Sharing of towels, dress, washrooms and bed are most common cause of scabies. Lack of resources in flood disaster is also a cause of scabies prevalence. The peoples should have knowledge about scabies to prevention from this disease in communities. The government should arrange the workshops for communities regarding knowledge of scabies prevention. Sarcoptes scabie is the causative agent of scabies also called mites. The scratching of skin during itching in scabies can spread infections of scabies. Manzoor I et al, the study was conducted to observed difference between gender regarding spread of scabies knowledge.(1)chandler DJ stated that staphylococcal and streptococcal bacteremia seen in this study due to scratching the skin in scabies patients.(1) Study stated that the most common scabies observed in genitalia of male female and it is also most common caused was observed by sexual contact in scabies patients. (2) Farhana Riaz(3) Choudhary stated that the gender difference in scabies observed in this study the most common scabies seen in urban areas in school and colleges the data was collected from Rawalpindi Pakistan and study was published from university of Turin Italy.(3) the study stated that the study was conducted in Ayyub teaching hospital Abbottabad the data was collected from male and female both in different seasons to identify variance difference in seasons. Mostly females were observed affected from scabies in this study in different ages. (4,5) Akbar N stated that knowledge observed among women's in gajjumata community Lahore Pakistan regarding scabies, the sample size was n=75 requires initial infection 4 to 6 weeks. Iram Manzoor et al, the study was conducted in kot lakh apt jail in Panjab the sample size was 320 inmates of kot lakh pat jail. The frequency of scabies was observed in male jail inmates as compared to female after simple random sampling technique.(6) study stated that it is a review articles after reading 15 articles of prevalence of scabies the outcome is that the prevalence of scabies can be reduced by awareness to the communities regarding overcrowding and personal hygiene care. (6,7) Zeeshan Ahmed et al, acute respiratory tract infections, skin diseases, ear, nose and throat infections etc. were observed in disaster of flood in Rajanpur Punjab of Pakistan. The diseases were spread due to unsanitary conditions due to flood waste and lack of resources. Cross sectional study was conducted. Sampling technique was purposive sampling 219 students selected and questionnaire form was distributed 58 students were in inclusion criteria. Variables were knowledge, attitude, perception, awareness and response in school students. (8) Cross Sectional descriptive study has been published in 2024 regarding knowledge of scabies in rural areas dhondhani village

Raigad district. (81.25%) peoples are aware from scabies and (47.68%) peoples are in consequences of scabies exposure. Researcher proved that in village majority peoples in this modern period have knowledge regarding scabies signs and symptoms and prevention. **(9)** cross sectional survey study published in Ethiopia by 2024 regarding sharing of fomites in scabies exposures in rural community of Ethiopia, aim of this study was determine the scabies in less than 15years old children. Sampling technique were two in this study first data on sociodemographic and second one structured tool of questions. 21.5% prevalence of scabies in this research outcomes. Reason of scabies were lack of knowledge in mothers, lack of resources in house, sharing of values and things in scabies, hand shaking and school going children. **(10)** cross sectional finished study in 4 months. Conducted and published in United Kingdom by 2024 regarding scabies spreading through direct and indirect contact. Samples 128 participants were selected in research formers were 67 and remainder were other village stakeholders. Scabies was spread due to sharing of personal belongings, towel, shawl, cap, scarf and clothes at a home. **(11)** cross sectional prospective finished study in 4 months. Research conducted in utar pardesh region dhaura tanda. 12 to 24years of age were in samples. Conclusion of study was that scabies causes ere sharing of personal things, lack of knowledge and lack of resources were serious causes in the study. **(12)** Research conducted in Lahore Pakistan by 2019 published. Cross sectional study conducted, convenient sampling to check the scabies outbreak. Data of 135 stakeholders in rural, nuclear family data was 58% majority 55% family scabies in rural were exposed. 79% stakeholders were free of scabies, 21% peoples were positive diagnosis of scabies**(13)** A qualitative researched conducted in sanma province Vanuatu by 2019 in journal of tropic medicine and hygiene, thematic analysis of qualitative data collected through two types of sampling snowball technique and cluster sampling. Because scabies is NTDs (Neglected Tropical Diseases). Most of the participants had misconceptions about personal hygiene cause of scabies whereas scabies agent is *Sarcoptes scabiei*. Awareness regarding scabies was Satisfactory. There was need of awareness sessions regarding scabies preventions in community. **(14)** Study conducted in India by 2019 and then published, sampling was cluster sampling method was applied. Randomly selected 12 rural villages whereas 42 were tribal villages. Aim of study was to screening of scabies in stakeholders in villagers in rural areas of India to early determine the disease prevalence. Oral ivermectin medicine delivered to control scabies. 92.4%, 96% and 94% were Baseline assessment of 2monts and 12monts **(15)**. Difference of gender in this research knowledgeable 26% male. Not knowledgeable 52%. Knowledgeable female 60% not knowledgeable female 60%. Knowledgeable 172 (49.4%) participants. Not knowledgeable 198 (50.6%). Sharing room with family members 1-2 family members 158 (40.4%). 3-4 family

members 83 (21.2%). Less than 5 family members 148 (37.9%). scabies is communicable disease it can be prevented with precautions and isolation. Sharing of towel, room, clothing's are the main cause of spread of scabies in this research. Every second person in village in Mirpur khans with scabies disease due to sharing of personal things and social interactions and lack of awareness of prevention of scabies.

Conclusion

Scabies is communicable disease it can be prevented with precautions and isolation. Sharing of towel, room, clothing's are the main cause of spread of scabies in this research. Every second person in village in Mirpur khans with scabies disease due to sharing of personal things and social interactions and lack of awareness of prevention of scabies.

References

1. Chandler DJ, Fuller LC. A review of scabies: an infestation more than skin deep. *Dermatology*. 2019;235(2):79-90.
2. Welch E, Romani L, Whitfeld MJ. Recent advances in understanding and treating scabies. *Faculty Reviews*. 2021;10.
3. Rizvi A, Rossi L. Scabies prevalence and risk factors in Pakistan: A hospital based survey. *Biomedical Journal*. 2018;2:5.
4. Alam S, Khan H, Orakzai SA, Ahmad R, Ullah M, Naveed MM. Frequency of scabies with relation to season in patients attending The outdoor patient department of a tertiary care hospital. *Advances in Basic Medical Sciences*. 2020;4(2).
5. Akbar N, Hanif A, Gilani MA, Yasmin S. Assessing the knowledge of scabies among the women of a rural community at lahore. *International Journal of Social Sciences and Management*. 2020;7(1):30-7.
6. Norouzi R. *Sarcoptes Scabiei* Infestation in Iran: A Brief Review Report. *Medical Laboratory Journal*. 2020;14(2):42-4.
7. Ahmed Z, Khan AA, Nisar N. Frequency of infectious diseases among flood affected people at district Rajanpur, Pakistan. 2011.
8. Jayadi H, Nugraheni EN, Indraswati D, Prihastini L, editors. Analysis of The Factors Influencing The Occurrence Of Scabies At The Hidayatul Mubtadiin Islamic Boarding School Plumpung Village, Plaosan, Magetan Regency In 2023. 6th International Conference of Health Polytechnic Surabaya (ICoHPS 2023); 2023: Atlantis Press.
9. Chaudhari J, Thomas C, Pati P, Patil S, Bhosale S, Salunke T, et al. Awareness on Scabies among

Adults Residing in Rural Areas-A Descriptive Study. *International Journal of Nursing Research*. 2024;1-5.

10. Melese F, Malede A, Sisay T, Geremew A, Gebrehiwot M, Woretaw L, et al. Cloth sharing with a scabies case considerably explains human scabies among children in a low socioeconomic rural community of Ethiopia. *Tropical Medicine and Health*. 2023;51(1):52.
11. Amoako YA, van Rietschoten LS, Opong MN, Amoako KO, Abass KM, Anim BA, et al. Beliefs, attitudes and practices towards scabies in central Ghana. *PLoS Neglected Tropical Diseases*. 2023;17(2):e0011175.
12. Gupta DK, Singh RP, Agrawal AK, Kumar A, Gava U. Study of prevalence and determinants associated with scabies in rural area of Bareilly. *Indian Journal of Community Health*. 2021;33(1):169-74.
13. Farooq B, Iqbal RS, Akhtar HS. Prevalence and Knowledge of Scabies among the rural area of Lahore. *Children*. 2019;20(22.0):41.8.
14. Lopes MJ, da Silva ET, Ca J, Gonçalves A, Rodrigues A, Mandjuba C, et al. Perceptions, attitudes and practices towards scabies in communities on the Bijagós Islands, Guinea-Bissau. *Transactions of The Royal Society of Tropical Medicine and Hygiene*. 2020;114(1):49-56.
15. Behera P, Munshi H, Kalkonde Y, Deshmukh M, Bang A. Control of scabies in a tribal community using mass screening and treatment with oral ivermectin-A cluster randomized controlled trial in Gadchiroli, India. *PLoS Neglected Tropical Diseases*. 2021;15(4):e0009330.