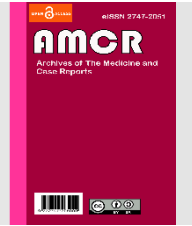




Archives of The Medicine and Case Reports

Journal Homepage: <https://hmpublisher.com/index.php/AMCR>
eISSN: 2747-2051



Sociodemographic Overview of Scabies Patients at the Pamenang Clinic, Jambi, Indonesia

Maria Ulva^{1*}, Yenti Sukarida¹, Lukman Setiadi¹, Mery Lisa Pratiwi²

¹Pamenang Medical Center Main Clinic, Merangin Regency, Indonesia

²Pamenang Health Center, Merangin Regency, Indonesia

ARTICLE INFO

Keywords:

Overview
Scabies
Sociodemographics

*Corresponding author:

Maria Ulva

E-mail address:

docva29@gmail.com

All authors have reviewed and approved the final version of the manuscript.

<https://doi.org/10.37275/amcr.v5i1.404>

ABSTRACT

The Pamenang Clinic in Jambi Province, Indonesia, is a health service facility that plays an important role in providing care to patients suffering from scabies. In this context, it is very important to understand the sociodemographic features of patients who come to this clinic with complaints of scabies. Sociodemography includes various aspects such as age, gender, social status, and geography that contribute to patient characteristics. This study presents a sociodemographic overview of scabies patients at the Pamenang Clinic, Jambi, Indonesia as a scientific basis and reference for studies related to scabies. This study is descriptive observational research and uses secondary data. A total of 122 research subjects took part in this study. In conclusion, the majority of scabies patients at the Pamenang Clinic, Jambi, Indonesia, were aged between 6-19 years. Meanwhile, the average age is 22.6±2.7. The majority of research subjects were male, totaling 70 people.

1. Introduction

Scabies, also known as water fleas or scabies, is one of the most common skin health problems throughout the world. This condition is caused by a small mite known as *Sarcoptes scabiei var hominis*. Scabies often cause symptoms such as itching, red rashes, swelling, and other skin infections. Even though it is not a deadly health problem, scabies can interfere with the patient's quality of life and require appropriate medical treatment.¹

The Pamenang Clinic in Jambi, Indonesia, is a health service facility that plays an important role in providing care to patients suffering from scabies. In this context, it is very important to understand the sociodemographic features of patients who come to this clinic with complaints of scabies.

Sociodemography includes various aspects such as age, gender, social status, and geography that contribute to patient characteristics.^{2,3}

Research on the sociodemographics of scabies patients at the Pamenang Clinic, Jambi, Indonesia, could provide valuable insight into the distribution of the disease in the region, as well as factors that may influence the spread and incidence of scabies. This study presents a sociodemographic overview of scabies patients at the Pamenang Clinic, Jambi, Indonesia, as a scientific basis and reference for studies related to scabies.

2. Methods

This study is descriptive observational research and uses secondary data obtained from the Pamenang



Jambi Indonesia Clinic Medical Partners Installation. A total of 122 research subjects participated in this study, where the research subjects met the inclusion criteria. The inclusion criteria for this study were patients with a diagnosis of scabies who sought treatment at the Pamenang Clinic, Jambi, Indonesia, and were willing to take part in this research as indicated by signing informed consent. This study conducted observations on sociodemographic aspects of scabies patients. Data analysis was carried out using SPSS version 25 software. Univariate analysis

was carried out to present the frequency distribution of each data variable.

3. Results and Discussion

Table 1 presents the distribution of sociodemographic variables in scabies patients at the Pamenang Clinic, Jambi, Indonesia. The majority of scabies patients at the Pamenang Clinic, Jambi, Indonesia, are aged between 6-19 years. Meanwhile, the average age is 22.6 ± 2.7 . The majority of research subjects were male, totaling 70 people.

Table 1. Distribution of sociodemographic variables.

No.	Variable	Frequency
1.	Age:	
	< 6 years	20
	6-19 years	55
	20-59 years	39
	60 years and above	8
	Mean age \pm SD	22,6 \pm 2,7
2.	Gender:	
	Male	70
	Female	52

Scabies can occur in all age groups, but infants, children, teenagers, and the elderly tend to be at higher risk. Babies and children often get scabies because their immune systems are not fully developed. The elderly and elderly may be at higher risk because their immune systems weaken with age. Scabies are often more common in babies and children. This can be caused by several factors, including an immune system that is still in its developing stage, as well as high physical activity and close contact with their peers. In addition, the symptoms of scabies in children may be less visible or more difficult to identify, so the infection may develop unnoticed.^{4,5}

Babies and children have immune systems that are not yet fully developed. Because of this, they may be more susceptible to infections, including infections caused by scabies mites. When the immune system is still developing, its ability to fight disease may not be as strong as in adults. Children are physically active and often interact closely with their peers. Playing,

wrestling, and sharing personal items such as toys or clothes can increase the risk of contracting scabies. Intense physical contact can facilitate the transmission of mites from one individual to another. Scabies symptoms in children may be less visible or more difficult to identify than in adults. They may not be able to clearly describe the itching sensation or rash they are feeling, and rashes often appear as fine lines or swelling on the skin, which can be easily overlooked or dismissed as a common skin problem. Children often interact with many peers at school, on the playground, or in extracurricular activities. This environment is an ideal place for scabies to spread rapidly, especially if one or several individuals are infected.^{6,7}

Children's immune systems are in the process of formation and maturation. During this time, the body's ability to detect and fight disease-causing agents such as scabies mites may not have reached the same level of maturity as adults. Therefore, they



are more susceptible to infections. The body's inflammatory response to invasion by pathogens such as scabies mites can also be different in children. Children may not experience the same inflammatory symptoms, such as itching or redness, that adults do. This can make diagnosing scabies in children more difficult. Babies who are still breastfeeding or receiving breast milk may have a higher level of protection against various diseases. Breast milk contains antibodies that help strengthen the baby's immune system, although this immunity will continue to develop as they get older.^{8,9}

Children are often very active and engage in physical activities such as running, playing, wrestling, and swimming. These activities can create opportunities for skin-to-skin contact with peers, which can be a route of transmission of scabies if one of them becomes infected. Children tend to interact with their peers in close physical ways, including skin-to-skin contact. For example, playing "pepetan" or hand play often involves direct touch between children. This increases the risk of transmission if one of the children has scabies. Children often share toys, sports equipment, clothes, and other personal items. If any of these items are contaminated with scabies mites, then sharing these items can become a source of scabies transmission among children. Children often interact in social environments such as schools, playgrounds, games, and social events. This environment can become a site for significant spread of scabies if a case is detected. Children may be less aware of the symptoms of scabies, and their parents or caregivers may also ignore the initial symptoms. Therefore, it is important to educate children about the signs of scabies, such as itching and skin changes, so they can tell an adult if they notice it.^{10,11}

Adolescents are often socially active and engage in activities that involve close, physical contact with peers. This could include camping, going on vacation, or sleeping together. These activities create an environment that favors the transmission of scabies if

any member of the group becomes infected. During social activities such as camping or sleeping together, teens may share beds, blankets, sleepwear, or other equipment. This creates an opportunity for scabies mites to spread through direct skin contact or through these objects. Adolescents may be less aware of the risk of contracting scabies in the context of their social activities. They may be less aware of symptoms or may not know how to prevent infection. Careful education regarding scabies transmission and appropriate preventive measures can help increase adolescent awareness of this risk. Embarrassment or fear of stigmatization may prevent teens from seeking medical care if they suspect they are infected with scabies. Delay in seeking care can prolong the period of transmission and worsen symptoms. It is important to understand that social activity and social change are a natural part of adolescence. However, with proper education about scabies symptoms, preventive measures, and the importance of seeking timely medical care, we can help teens live their social lives more safely and keep their skin healthy.^{12,13}

Shame is a powerful emotional reaction and can inhibit a teenager's actions in seeking care. They may feel embarrassed about having health problems related to skin infections, such as scabies. This embarrassment can be related to the perception that the problem is the result of poor hygiene, when in fact scabies can affect anyone, regardless of level of personal hygiene. There is stigmatization around skin infections, including scabies. People may have negative views or prejudices toward infected individuals, and this can make teens feel uncomfortable. They may worry about how friends or other people will respond if they find out they have scabies. Due to shame and fear of stigmatization, adolescents may delay seeking medical care. This has the potential to worsen their condition and extend the period of transmission to other people around them. It is important to understand the complexity of feelings and stigmatization that adolescents affected by



scabies may experience. Education that promotes understanding and psychosocial support can help overcome these obstacles. Additionally, educating teens about the facts and symptoms of scabies, as well as emphasizing that this is a health problem that can happen to anyone, can help reduce the shame and stigma that may arise. Through a sensitive and understanding approach, we can encourage teens to seek timely medical care and keep their skin healthy.^{14,15}

Differences in body care habits between women and men may play a role in scabies risk. For example, personal care products such as lotions, creams, or soaps that are used regularly by women may make them more susceptible to exposure to scabies mites. Some personal care products can also affect skin balance and influence the risk of scabies. Some personal care products, such as lotions, creams, or soaps, can affect the balance of the skin and its susceptibility to infection. These products may be used more frequently by women as part of their skin care routine. Skin care products containing certain ingredients can affect the skin, either reducing or increasing the risk of infection. Body care habits that involve excessive skin exposure, such as exfoliation or intense skin care, can affect the skin's protective layer. This may make the skin more susceptible to scabies mite invasion. Excessive exposure can also disrupt the skin's natural balance, which protects against infection. Women may be more likely to use body care products regularly and variedly compared to men. This includes the use of skin care products, hair, and cosmetics. Frequent treatment may contribute to the risk of exposure to and transmission of scabies.^{16,17}

Differences in social interaction patterns may also influence scabies risk. Women may be more likely to engage in social interactions that involve skin-to-skin contact, such as hugging, kissing, or sharing clothing with friends or family members. Close contact like this can increase the risk of transmission if one individual is infected with scabies. Women may be more likely to

engage in social interactions that involve close skin contact, such as hugging, kissing, or sharing clothing. These activities often create opportunities for scabies mites to spread through direct skin contact or through contaminated objects. Family members, especially women who have a caring role for other family members, often interact closely and intimately. If one family member is infected with scabies, the risk of transmission to other family members, including women, can greatly increase. Women often have an active role in caring for sick children, parents, or family members. It involves close contact and physical grooming that involves touching. This can increase the risk of transmission if there are infected people in the environment. Women tend to be involved in a variety of social activities, including family gatherings, social events, or going to public places. In the context of these social activities, there is a chance of contracting scabies if there are infected individuals among the event participants.¹⁸⁻²⁰

4. Conclusion

The majority of scabies patients at the Pamenang Clinic, Jambi, Indonesia, are aged between 6-19 years. Meanwhile, the average age is 22.6 ± 2.7 . The majority of research subjects were male, totaling 70 people.

5. References

1. Heukelbach J, Feldmeier H. Scabies. *Lancet*. 2018; 367(9513): 1767-74.
2. Arlian LG, Morgan MS. A review of *Sarcoptes scabiei*: past, present and future. *Parasit Vectors*. 2018; 10(1): 297.
3. Johnston G, Sladden M. Scabies: diagnosis and treatment. *BMJ*. 2019; 331(7526): 619-22.
4. Hay RJ, Steer AC, Engelman D, Walton S. Scabies in the developing world--its prevalence, complications, and management. *Clin Microbiol Infect*. 2019; 18(4): 313-23.
5. Chosidow O. Clinical practices. Scabies. *N Engl J Med*. 2020; 354(24): 2623-30.



6. Walton SF, Currie BJ. Problems in diagnosing scabies, a global disease in human and animal populations. *Clin Microbiol Rev.* 2020; 20(2): 268-79.
7. Romani L, Steer AC, Whitfeld MJ, Kaldor JM. Prevalence of scabies and impetigo worldwide: a systematic review. *Lancet Infect Dis.* 2019; 15(8): 960-7.
8. Taplin D, Meinking TL. Infestations. *Curr Probl Dermatol.* 2018; 2: 138-52.
9. Engelman D, Kiang K, Chosidow O, McCarthy J, Fuller C, Lammie P, et al. Toward the global control of human scabies: introducing the International Alliance for the Control of Scabies. *PLoS Negl Trop Dis.* 2019; 7(8): e2167.
10. Karimkhani C, Colombara DV, Drucker AM, Norton SA, Hay R, Engelman D, et al. The global burden of scabies: a cross-sectional analysis from the Global Burden of Disease Study 2019. *Lancet Infect Dis.* 2017; 17(12): 1247-54.
11. Jackson A, Heukelbach J, Feldmeier H. Transmission of scabies in a rural community. *South Med J.* 2020; 100(12): 1215-7.
12. Thomas J, Peterson GM, Walton SF, Carson CF, Naunton M. Scabies: an ancient global disease with a need for new therapies. *BMC Infect Dis.* 2019; 15: 250.
13. Engelman D, Yoshizumi J, Hay RJ, Osti M, Micali G, Norton S, et al. The 2020 International Alliance for the Control of Scabies Consensus Criteria for the Diagnosis of Scabies. *Br J Dermatol.* 2021; 185(1): 135-43.
14. McCarthy J, Kemp D, Walton S, Currie B. Scabies: more than just an irritation. *Postgrad Med J.* 2021; 80(946): 382-7.
15. Chosidow O, Giraudeau B, Cottrell J, Izri A, Hofmann R, Mann SG, et al. Oral ivermectin versus malathion lotion for difficult-to-treat head lice. *N Engl J Med.* 2020; 362(10): 896-905.
16. Arlian LG, Feldmeier H, Morgan MS. The potential for a blood test for scabies. *PLoS Negl Trop Dis.* 2019; 11(9): e0005953.
17. Karthikeyan K. Treatment of scabies: newer perspectives. *Postgrad Med J.* 2020; 81(957): 7-11.
18. Salavastru CM, Chosidow O, Boffa MJ, Janier M, Tiplica GS; European Society of Clinical Microbiology and Infectious Diseases Study Group. European guideline for the management of scabies. *J Eur Acad Dermatol Venereol.* 2019; 31(8): 1248-53.
19. Romani L, Whitfeld MJ, Koroivueta J, Kama M, Wand H, Tikoduadua L, et al. Mass drug administration for scabies control in a population with endemic disease. *N Engl J Med.* 2021; 372(9): 791-9.
20. Lawrence G, Leafasia J, Sheridan J, Hills S, Wate J, Wate C, et al. Control of scabies, skin sores and haematuria in children in the Solomon Islands: another role for ivermectin. *Bull World Health Organ.* 2020; 83(2): 34-42.

