Efforts to Prevent Variations of Skin Diseases in Islamic Boarding Schools through Personal Hygiene and Sanitation Education

Gita Dwi Prasasty¹*, Dwi Handayani¹, Dalilah¹, Desi Oktariana²
¹Lecturer of Parasitology, FK Unsrı Palembang
²Lecturer in Clinical Pathology, FK Unsrı
Email: *gdprasasty@gmail.com

Citation: Prasasty, GD., Handayani, D., Dalilah, Oktariana, D. Efforts to Prevent Variations of Skin Diseases in Islamic Boarding Schools through Personal Hygiene and Sanitation Education. Conference of Medical Sciences Dies Natalis Faculty of Medicine Universitas Sriwijaya. Vol 2. No 1. 2020

ABSTRACT

The condition of residents and environment of the boarding school (pondok pesantren) which is not good has formed several variation of skin diseases that are repeated and almost similar in every Islamic boarding school in Indonesia. This is a challenge for the pesantren community, health workers and academics to prevent, at least reduce the prevalence of these diseases. This activity was carried out in two stages, examination and education based on the results of the skin disease pattern that has been obtained from previous examinations. Education was performed online about diseases variation and how to cope them from the aspects of personal hygiene and environmental sanitation at the Pondok Pesantren Kampung Tauhiid Sriwijaya. This activity aimed to provide an coping of the variation of skin diseases that will be encountered by santri-santriwati and an accurate understanding of its prevention through personal hygiene and environmental sanitation.

Keywords: Education, skin diseases, Boarding school

INTRODUCTION

Pesantren is one of the religious schools with Islamic teachings as the basis of the daily life of its students. Most of the pesantren are found in locations some distance from the city, although now we can find several modern Islamic boarding schools in urban areas. A boarding school or hostel is one of the elements of education that must be present in a pesantren.¹ Some pesantren have less clean environmental conditions, including toilets, damp and closed dormitories, poor ventilation and lighting, and poor environmental sanitation. The behavior of students towards cleanliness and maintaining health is still considered lacking.² The habits of the students such as hanging clothes or towels that have been used in the room, exchanging and borrowing personal items such as towels, jackets, headscarves, caps, combs, sarongs, mukenas, pillows, sheets and others, is a behavior that supports poor sanitation and hygiene. Some pesantren also found
that the number of residents in dormitory rooms is not proportional to the size of the rooms, thus increasing the risk of transmission of various skin diseases due to closer contact.³

The skin disease commonly found in Islamic boarding schools is scabies and the prevalence even exceeds 50%.⁴ Scabies is a disease caused by mites that live and reproduce in the epidermis of the skin. These mites can live 3-5 days outside the human and animal bodies as their host, while the scabies mite eggs can live up to 10 days on objects before finally hatching on human skin.⁵ The habit of frequently exchanging personal belongings and densely populated living areas are potential conditions for the transmission of scabies mites and eggs. In pesantren with these conditions and habits, of course, the prevalence of scabies is quite high. But unfortunately scabies is considered a common itchy disease and is a must-have for santri who live in pesantren.²

Lack of knowledge about personal hygiene and environmental sanitation that is appropriate and complete, besides causing increased disease transmission, can also cause secondary infections. In scabies and tinea there are open sores due to the disease process. If these lesions are scratched, bacterial infection will develop with its complications.⁶

This service aims to educate information about the description of skin diseases in the following Pondok Pesantren Kampung Tauhiid Sriwijaya regarding personal hygiene and environmental sanitation. By holding well-targeted community service activities regarding diseases and their prevention, it is hoped that students and female students, especially new students, will be more aware in preventing various diseases, especially skin diseases that can arise in environments such as Islamic boarding schools. The pesantren community also has a higher awareness of creating a good and healthy environment for learning and a place to live. In the end, it is hoped that this activity can reduce the incidence of skin diseases in Tauhiid Sriwijaya Village.
LITERATURE REVIEW

Skin disease is a disease that generally occurs in Islamic boarding schools, which are mostly dominated by scabies. Scabies or also known as scabies or scabies is a skin disease caused by infestation and sensitization of *S. scabiei var hominis*. Adult mites can live outside the host body for 3-5 days while eggs can last up to 10 days outside the host body.

Scabies lesions are tunnels containing mites, eggs and metabolic products. When digging tunnels, mites secrete which can lyse the stratum corneum. Secretions and excretions cause sensitization causing itching and secondary lesions in the form of papules, pustules, and sometimes bullae. There may also be tertiary lesions in the form of excoriation, eczema, and pyoderma. Mites are only present in primary lesions.

Mites live in tunnels at predilection locations, namely on the fingers, ventral wrists, outer elbows, front armpit folds, umbilicus, gluteus, extremities, external genitalia in males and areola mammae in females.

The factors that influence the occurrence of scabies are as follows, among others, in people who live in dense groups such as living in dormitories, Islamic boarding schools, nursing homes and prisons; poor hygiene or poor hygiene; low socioeconomic; Have a weak immune system due to diseases such as HIV / AIDS; and sexual intercourse with multiple partners.

The treatment of scabies can use several preparations, but the most commonly used is permethrin in the form of a 5% cream which is effective for all stages and is relatively safe to use in children. For infants (under 6 years of age) and pregnant women, 5-10% sulfur precipitates can be used which are effective against the larval, nymph and adult stages but not against eggs, therefore the minimum treatment is 3 days so that the larvae that hatch from the eggs can be pulan is turned off by the drug.

METHOD

This community service activity was carried out in the form of an online educational seminar through the Zoom conference application on Saturday,
October 31, 2020. Participants of this online education seminar were students and female students as well as ustad and ustadzah Pondok Pesantren Kampung Tauhid Sriwijaya 140 people. Before starting online, the students and students were provided with a complete booklet about the material the day before. The material is presented by speakers with competences and scientific background in medical parasitology. The material given is about a description of diseases that have been diagnosed based on previous skin examinations at the Pondok Pesantren Kampung Tauhid Sriwijaya and education on personal hygiene and environmental sanitation. The seminar was continued with discussion and online question and answer facilitated by ustad and ustadzah.

RESULTS AND DISCUSSION

The first stage of the activity in the form of a skin examination was carried out in February 2020 by the Sriwijaya University Medical Faculty at the Kampung Tauhid Islamic Boarding School. This examination was carried out on 65 of 114 santri and female students who had skin complaints. The results of the examination found several variations of skin diseases and the number included scabies, namely around 32% (37 of 114 students and female students), 14% tinea, 10.5% bacterial infection, 4% milia, 2% prurigo, 2% atopic dermatitis, dermatitis contact 2%, acne vulgaris 0.8%, ptiriasis versicolor 0.8%.

Based on these results, it is known that the dominant type of skin disease is the same as the condition of other Islamic boarding schools, namely scabies and tinea. At the time of the skin examination, it was found that most of the santri and santriwati had the habit of frequently exchanging personal items such as pillows, combs, clothes, headscarves, caps, and jackets. They also often hang clothes that have been used in the room. In addition, the uniforms worn by the santriwati had a material that tended to be thick, did not absorb sweat and were layered so that the tinea suffered by most types of tinea corporis. The factors mentioned above are risk factors for scabies and tinea.2,3

The second phase of community service activities in the form of an online seminar was held in the hall of the Pondok Pesantren in Kampung Tauhiid
Sriwijaya and was divided into two sessions with the same material. The activity went well and the participants seemed enthusiastic about the seminar. This is evident from the existence of questions in each opened session. Most of the questions were about the complaints that the students experienced and how to prevent them.

**CONCLUSION**

The description of skin diseases can differ from one pesantren to another, depending on the individual aspects of the occupants and the sanitation of each environment. The Pondok Pesantren in Kampung Tauhiid Sriwijaya has a description of skin diseases which are mostly the same as other Islamic boarding schools, namely scabies and tinea. By providing knowledge about the description of skin diseases that can arise, prevention through *personal hygiene* and specific environmental sanitation is expected to reduce the incidence of various skin diseases in the Pondok Pesantren Kampung Tauhiid Sriwijaya.

**REFERENCES**

1. Zulhimma. 2013. The Dynamics of Islamic Boarding School Development in Indonesia. Darul 'Ilmi Journal, 01 (02): 165 - 181.
2. Ikhwanudin, Alim. 2013. Health Behavior of Santri: (Descriptive Study of Health Care Behavior, Search and Use of Health Systems and Environmental Health Behaviors in Assalafi Al Fithrah Islamic Boarding School, Surabaya). Journal of Social and Political Affairs.
3. Arisandi, Y., Anwar, C., Salni, Purnama, D. H., Novrikasari, Ghiffari, A. 2018. The Dominant Factors of Scabies Incidence in Two Islamic Boarding School Students, South Sumatra, Indonesia. E3S Web of Conferences 68.
4. Ratnasari, A. F., Sungkar, S. 2014. Prevalence of Scabies and Related Factors in Pesantren X, East Jakarta. eJournal of Indonesian Medicine, 2 (1): 7-12.
5. Banerji, A. 2015. Scabies. Pediatr Child Health: 20 (7): 395 - 398.
6. Engelman, D. Kiang, K., Chosidow, O., McCarthy, J., Fuller, C., Lammie, P., Hay, R., Steer, A. 2013. Toward the Global Control of Human Scabies: Introducing the International Alliance for the Control of Scabies. PLOS: 7 (8): e2167.
7. Ramdan, A. A., Iswari, R., Wijaya, A. 2013. Patterns of Santri Disease in the Modern Assalamah Islamic Boarding School. Solidarity, 2 (1): 1 - 8.
8. Susanto, I., Ismid, S. I., Sjarifuddin, P., K., Sungkar, S. 2013. Textbook of Medical Parasitology: Diseases Caused by Arthropods. 297-300.
9. Zainuddin, A. A. Faqih, D. M., Trisna, D. V., Waluyo, D. A., Ekayanti, F., Herquanto, Hariyani, I., Hendarto, J., Paranadipa, M. 2016. Clinical practice guide for doctors, Indonesian Doctors Association. Jakarta. doi: 10.1017 / CBO9781107415324.004.
10. Sungkar, S. 2008. Diseases caused by Arthropods. Medical Parasitology, FK UI. Jakarta: Faculty of Medicine, University of Indonesia, pp. 297–299.