

ORIGINAL ARTICLE

A qualitative, phenomenological study of scabies patients at Cikatomas health center

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ABSTRACT

Infestation with the Sarcoptes scabies mite causes scabies, an infectious skin disease that is often found in densely populated areas. This disease is characterized by itching, especially at night, as well as the appearance of rashes and lesions on the skin. Scabies is an endemic public health problem that attacks groups of people with poor personal hygiene. This research aims to understand the experiences of scabies patients regarding their disease journey, including treatment and prevention efforts. The research method used is qualitative with a phenomenological approach. Participants were selected using purposive sampling, and a total of seven participants from Cikatomas Health Center, Tasikmalaya Regency, were included. We collected data through in-depth interviews. From the research results, five themes emerged regarding the experiences of scabies patients in their disease journey: symptoms, risk factors, chain of transmission, treatment efforts, and prevention efforts. In conclusion, during the onset of symptoms, patients reported experiencing intense itching, particularly, in several areas of the body. The most prominent risk factors found in patients were poor personal hygiene and inadequate housing density. The chain of transmission occurred due to contact with other scabies patients, including a history of sharing beds in dormitories and using shared items. Patients sought treatment at health facilities, but did not receive treatment together with friends or other affected family members, thereby allowing the chain of transmission to continue. Prevention efforts have been made by improving personal hygiene.

Keyword: Phenomenological study, prevention, qualitative, risk factor, scabies, symptoms.

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INTRODUCTION

Scabies, a dermatological affliction attributable to infestation by the parasitic mite *Sarcoptes scabiei varietas hominis*, manifests primarily through pruritus. The pruritic sensation frequently exacerbates during nocturnal hours.^{1,2,3} Scabies presents a significant yet often overlooked global health concern. In 2017, the World Health Organization (WHO) formally designated scabies as a neglected tropical disease (NTD), underscoring its status as a health priority meriting heightened attention and concerted eradication efforts worldwide.⁴⁻⁶ Epidemiologically, scabies afflicts an estimated 200-300 million individuals annually, manifesting a global prevalence rate of 0.271%. Reports indicate that prevalence rates range from 6-27% in certain developing nations like Indonesia.^{4,5} This epidemiological distribution correlates significantly with socio-economic deprivation, suboptimal environmental hygiene, inadequate health literacy, substandard personal hygiene practices, and densely populated living conditions.^{1,3,7,8}

The prevalence of scabies among the population of Tasikmalaya Regency remains a recurrent issue. According to data provided by the West Java Provincial Health Office from 2016 to 2019, scabies consistently ranks among the top ten prevalent ailments in the aforementioned region. During this temporal span, a notable escalation in scabies incidence is evident annually. Specifically, in 2016, the documented caseload amounted to 4,174 instances of scabies. Subsequently, in the ensuing year, a considerable surge was observed, with reported cases reaching 10,681 within Tasikmalaya Regency. Analogously, 2018 witnessed a notable uptick, with recorded instances escalating to 21,210, and in 2019, the reported incidence reached a peak of 29,484 cases of scabies.⁹

According to Cikatomas Community Health Center (Puskesmas) data, it was ascertained that during the calendar year 2021, the incidence of scabies amounted to 585 cases, thereby warranting its classification as the fourth most prevalent

ailment within the purview of the aforementioned health facility. Subsequently, in the ensuing year of 2022, a discernible escalation in the number of documented scabies cases transpired, with the caseload reaching 936 instances. The elevation cases sustained scabies' standing as one of the primary diseases encountered at the Cikatomas Community Health Center, retaining its place among the top four maladies therein. Given the aforementioned background, the researcher is motivated to conduct an inquiry entitled "A qualitative, phenomenological study of scabies patients at Cikatomas Health Center."

METHODS AND SUBJECT

This research uses a qualitative method with a phenomenological approach. This phenomenological research aims to describe the experience of scabies patients who come for treatment at the Cikatomas Health Center, Tasikmalaya Regency. We conducted the research after receiving an ethical clearance letter from the Faculty of Medicine ethics committee, Universitas Jenderal Achmad Yani, with No. 077/UM1.10/2022. Inclusion criteria: The study's informants were scabies patients who underwent health checks and treatment at the Cikatomas health center. Parents are the informants, representing their children for scabies patients under the age of 18. The exclusion criteria in this study were scabies patients with other skin infections. All seven informants were selected using the purposive sampling method.

After providing an explanation, we obtained the informant's willingness to participate in this research through an informed consent conversation providing an explanation. All informants signed the informed consent form using their initials. In-depth interviews with informants served as data collection method used in this qualitative research. We conducted in-depth interviews using open questions to facilitate responses to questions related to scabies. The researcher recorded the data during the interview process and used field notes.

The data analysis process began by transcribing the recorded interviews. Researchers read all transcripts and grouped them according to agreed-upon themes and topics (coding). Researchers conducted both content and thematic analysis. We triangulated data and methods by testing different informants and data collection methods.

RESULTS AND DISCUSSION

Patient Description

The subjects of this investigation comprise individuals clinically diagnosed with scabies, who availed themselves of medical intervention at the Cikatomas Community Health Center situated within

Tasikmalaya Regency during the calendar year 2022. The determination of scabies affliction was established through rigorous diagnostic procedures administered by medical practitioners and allied healthcare personnel operating within the confines of the Cikatomas Community Health Center. Employing a *purposive sampling* methodology, a cohort of seven patients was judiciously selected to form the nucleus of the research inquiry.

Patient-specific data integral to this study were derived from meticulously maintained medical records. The compilation and organization of pertinent patient information are delineated within Table 1, serving as a critical reference point for subsequent analytical endeavors.

Table 1. Scabies Patient Identity Data

Px	Name	Age	Gender	Status
1	RP	19	Male	Secondary Education Student (MA)
2	A	9	Female	Primary Education Student (SD)
3	T	16	Male	Vocational School Student (SMK)
4	SP	17	Male	Senior High School Student (SMA)
5	WN	11	Male	Primary Education Student (SD)
6	RF	8	Male	Primary Education Student (SD)
7	AM	2	Female	Pre-Enrollment Stage

In Table 1, the demographic profile of scabies patients reveals that the subjects under investigation predominantly comprise individuals within the pediatric and school-age cohort. Consequently, data acquisition procedures entail the administration of heteroanamnestic interviews with the patients' maternal caregivers.

Disease Symptoms

According to the findings derived from the conducted interviews, it is discerned that each patient presenting at the Cikatomas Health Center uniformly manifests a common symptomatology, characterized by pruritus.

“Aratel paha payuna mah, sok bakat dina organ paling iyeu wen geningan hehe paling intim anu karitu parahna mah.” (The initial manifestation of itching typically occurs in the thigh region, commonly confined to this specific anatomical area. It is often noted to be most pronounced in the most intimate regions, thus exacerbating the severity of the symptomatology). (**respondent 1**)

“Paparahna teh di panangan, sampean teras...di badan juga ada” (The most severe itching is primarily experienced on the hands and subsequently extends to the feet, with additional occurrences noted across the body.) (**respondent 3**)

“Sapertos..da aya nanahan kitu neng. Arageng sapalihnya eta na panangan teh nya. Upami na pengker mah dina punggung mah jiga biang keringat. Pami na tangan..dina kieu tah na sela-sela panangan,” (It appears that there are instances of pus formation accompanying the itching, particularly in substantial proportions within the hand region. Conversely, occurrences on the back, particularly along the spine, resemble manifestations akin to prickly heat. However, on the hands, the symptoms manifest distinctly in the interdigital spaces.) (**respondent 4**)

Several participants additionally reported that the pruritus experienced by patients exhibits heightened intensity during nocturnal periods. *“Muhun, pami siang mah teu patos iyeueun. Pami wengi waaaah kuat karunya wen teu bobo sadint..sawewengi teh.”* (Indeed, during daytime hours, the intensity of the pruritus is notably diminished. However, during nighttime, the condition exacerbates significantly, resulting in profound distress and sleep deprivation for affected individuals, enduring sleepless nights as a consequence.) (**respondent 5**)

“...tos wenan kitu ararateul, tapi unggal bobo sok mani eta’anna mah, motahna mah ateulna teh. Pami siang naman teu kantos.” (...The itching sensation persists consistently. However, it becomes particularly pronounced and distressing when attempting to sleep, representing the peak of discomfort. Conversely, during daytime hours, the severity of the itching tends to diminish.) (**respondent 7**)

Based on the research findings, it is evident that patients seeking treatment at the Cikatomas Health Center in this study commonly present symptoms characterized by skin itching. Additionally, the research has revealed that these complaints tend to emerge predominantly during nocturnal periods. This aligns with the typical manifestation pattern of scabies, a condition whose symptoms are often experienced by sufferers during nighttime. Such nocturnal

exacerbation is attributed to the heightened activity of mites in response to the warmer and more humid conditions of the body during nighttime hours.^{2,10,11}

Risk Factors

1. Age and Gender

The analysis of the patient demographics provided in Table 1 reveals a predominance of individuals below 19 years of age, with the youngest patient recorded at 2 years old. Furthermore, within the cohort of 7 scabies patients under study, 5 are male.

Scabies, while potentially afflicting individuals across all age brackets, exhibits a higher incidence among pediatric populations in contrast to adults. This epidemiological trend is attributed to the children’s relatively underdeveloped immune systems as well as their comparatively limited comprehension of personal hygiene practices.^{7,12} Additionally, a notable gender discrepancy is observed, with males demonstrating a higher susceptibility to scabies compared to females. This observation is linked to the relatively lax attitudes of males towards appearance-related hygiene protocols, resulting in suboptimal personal cleanliness practices when compared to their female counterparts.^{1,13}

2. Knowledge

Within the scope of this investigation, the assessment of knowledge pertains to the extent of familiarity exhibited by patients and their familial circles concerning the pathology of scabies. Despite comprehensive interviews conducted with all participants, no instances were discerned wherein any individual demonstrated prior acquaintance with the clinical characteristics or etiology of scabies. *“Jadi teurang tapi... teu teurang namina teh eta. Teurang menularnya mah, tapi teu teurang namina skabies teh naon. Jadi terang ari menular mah kitu panyawat nu kitu teh menular. Jadi teu teurang bahasana, menular wen terang na teh hehe.”*

(Understood. It appears that while there is a recognition of the contagious nature of the ailment, respondents lack familiarity with its specific designation, "scabies". Their awareness of its transmissible characteristics suggests a general understanding of conditions with similar modes of transmission. Consequently, the absence of precise medical terminology results in a colloquial acknowledgment of its contagiousness.) **(respondent 1)**

The majority, if not all, of the respondents exhibit a comprehension of scabies solely within the context of vernacular terminology, notably referred to as "*budug*." Furthermore, a subset of respondents utilizes the term "*budug santri*" to denote the same affliction.

*"Budug we ahaha ari ararateul kitu mah gening urang teh nyebat teh budug we ari kolot baheula mah hahaha (sambal tertawa)." (The term "*budug*" is commonly used to describe instances of itching or irritation, reflecting a colloquial approach to referring to such discomfort, particularly as recognized among older generations.) **(respondent 2)***

*"Duka da sok paribasa budug santri...tapi duka, da meren panyawat wenny" (It seems that the term "*budug santri*" is commonly used to refer to itching symptoms, albeit without a precise medical understanding of the condition. This suggests that the term may be more colloquial or based on empirical experience rather than an accurate representation of a specific medical ailment.) **(respondent 3)***

*"Budug eta cerah naon teh disebatna teh...budug santri saur dokter kulit mah Dokter Fransiska mah...muhun eta saur Dokter Fransiska mah muhun budug santri neng.." (What do they say about budug? What do you call it... Budug santri, dermatologist Doctor Fransiska said... yes, that's what Doctor Fransiska said... Yes, budug santri.) **(respondent 5)***

A fundamental aspect in shaping an individual's behavior towards a given ailment, such as scabies, is their level of knowledge. Insufficient understanding of a malady typically correlates with diminished health maintenance practices and a paucity of preventive efforts against the ailment.^{1,14}

3. Personal hygiene

The evaluation of personal hygiene within this research encompasses an examination of the patients' practices concerning self-cleanliness, encompassing body hygiene, hand and nail care, garment maintenance, towel sanitation, and daily bed hygiene.

Throughout the interviews conducted with all participants, a significant majority highlighted that patients engage in a minimum of two daily bathing sessions, incorporating the use of soap.

*"Ari ibak mah sok sadinten dua kali wen, kadang sok kadiieu uih da caket gening." (Regarding bathing habits, it is common to bathe once or twice a day, occasionally opting for a single bath due to the proximity of returning home.) **(respondent 3)***

*"Tilu. Umi ayeuna enjing-enjing. Pan bagean siang nyaa eh kadang kala ketang pami gugah eta ogen, pami gugah pagi. Pami gugah pagi mah ibak, engke teh kan lohor sakola, ibak. Engke teh sonten deui. Kadang uih putsal ogen wengi ibak neng." (Thrice daily. Typically, the first instance occurs in the morning to align with daytime activities. Occasionally, an additional morning bath is taken if arising early. Following the morning wake-up routine, a bath ensues, coinciding with the midday school schedule. Subsequently, another bathing session occurs in the afternoon. On occasion, an evening bath is undertaken, particularly following participation in nocturnal activities such as futsal.) **(respondent 4)***

Meanwhile, findings from the interviews regarding nail care and trimming habits revealed the following insights from the respondents: “*Teu aya nu panjang, henteu numbuuh kuku panjang aa mah.*” (None of them are long, we don't let nails grow long.) **(Respondent 4)**

“*Sok dirapihan, da kitu tea geningen kulitna jadi sensitif. Di garuk teh langsung luka. Tos sok enggal..hideung saalit, enggal di keureutan.*” (The individual tends to engage in meticulous grooming practices, which subsequently renders the skin more susceptible to sensitivity. Minor instances of scratching can promptly escalate into abrasions, sometimes exhibiting darker discolorations, prompting swift remedial measures.) **(respondent 6)**

Following the inquiry into handwashing practices, the interview sessions with the respondents elicited the subsequent findings: “*Ari bangsa bade emam mah osok, geus ngarti wen eta mah. Sangges kamari sanggeus corona mah gening komo. Anu adena mah sok ieu cuci tangan hela ari rek barang emam.*” (In the context of mealtime, adherence to hygiene practices is ingrained and well-understood. Particularly in the post-coronavirus era, heightened vigilance is observed. For instance, the younger sibling consistently prioritizes handwashing before partaking in meals.). **(respondent 2)**

“*Kantenan neeng, rek ib..ah..ss.. pokonana mah cuci tangan gen sok lami. Balas kieu tah neng (sambil memperagakan gerakan cuci tangan) mun abdas ogen.*” (Certainly, unequivocally, irrespective of circumstances, the act of handwashing is thorough and meticulous. Demonstrating the procedure (while mimicking handwashing motions) exemplifies the meticulousness applied, akin to the process of ablution.)

(respondent 4)

In this investigation, it was noted that all scabies patients examined exhibited commendable adherence to personal hygiene practices. Given the propensity of scabies mites to inhabit and proliferate on the human epidermis, consistent observance of stringent skincare regimens, including twice-daily bathing with soap and meticulous attention to hand and nail hygiene, serves as a pivotal measure for cleansing and eradicating mites embedded within the skin's surface.^{1,15}

Regarding the cleanliness of personal attire, findings from interviews with all participants revealed that the majority or entirety of garment cleaning activities are undertaken either by the respondents themselves or by the mothers of the patients. Nearly all respondents consistently reported engaging in daily laundering of their garments. “*Pami acuk mah tilas nganggo wen sok diseseh.*” (The garments are routinely laundered after single usage.) **(respondent 2)**

“*Tiap dinten.*” (Every day) **(respondent 4)**

“*Abi mah kadang dua hari sareng ramana mah, ari putra mah kan iyeu kesangkesangan tea. Tiap hari ari budak mah, tiap dianggo langsung*” (In my case, occasionally there is a two-day interval, whereas for my spouse, the frequency varies. Regarding our son, perspiration is a factor. As for children, laundering occurs after each use.) **(respondent 6)**

Subsequently, concerning hygiene practices pertaining to items such as mattresses, bed linens, pillowcases, and towels, respondents disclosed infrequent laundering practices, particularly notable among children enrolled in Islamic boarding schools. This tendency is attributed to the prevailing convention within such educational settings, where mattresses are typically not utilized as sleeping surfaces.

“Ari bangsa amparan mah tara, paling anu pribadi budak anu dicandak uih di seseh didieu mah. Anuk sareng acuk. Pami bangsa amparan mah tara. Da eta mah nu aya didinya gening.” (The utilization of bedding materials is entirely absent from their practices. Generally, only personal belongings of the children are taken home for laundering, including towels and clothing. Conversely, items resembling bedding are consistently omitted from use. This pattern is endemic to the observed context.) (**respondent 1**)

“Duka ari nu kituna mah, da diditu teh cenah sok mung nganggo samak we teu kanggo nukararitu.” (The respondents lack familiarity with such practices. It was noted that they predominantly utilize mats exclusively, abstaining from the use of aforementioned items.) (**respondent 3**)

“Osok di cuci tapi jarang, teu mani sering.” (They undergo periodic washing but with infrequent frequency, not occurring overly frequently.)

Aside from personal hygiene practices, the study observes adequate cleanliness in the patients' attire. However, in terms of other cleanliness parameters such as bedding, bed linens, pillowcases, and towels, there are notable deficiencies. Infrequent attention to the cleanliness of these items may lead to adverse outcomes, as they could potentially serve as reservoirs for scabies mite transmission. This is attributable to the survival capacity of scabies mites for 2-3 days outside the human epidermis, enabling potential infestation upon contact.^{1,16}

4. Residential Density

Residential density is evaluated in terms of the occupancy rate within a given living space, with an ideal standard dictating that a minimum area of 4 square meters should accommodate no more than 2 adults. Through interviews with

respondents, it was discovered that a subset of the patients reside in densely populated settings, notably within the context of Islamic boarding schools (Pondok Pesantren).

“Muhun di pesantren, osok bobo diditu sasarengan sareng anu sanes.” (Yes, at the Islamic boarding school, they often sleep together with others.) (**respondent 1**)

“Ngiring masantren sami.” (Additionally, they participate in Islamic boarding school activities.) (**respondent 3**)

The respondents articulated that the patients reside, permanently inhabit, and cohabit with fellow students (santri) within a shared communal living space. *“Aya 12 jalmi. aya 15 jalmi eta teh, Mangkaning sakapeung mah cenah sok misah. Da anger wen panginten sagala sa iyeu sareng rerencangan. Misah bobo sakapeung ogen naman, da sakapeng nanamah sok sasarengan.”* (There are 12 individuals present, although there are 15 individuals in total. Despite occasional instances of separation, it is probable that the enduring cohesion among them persists due to shared experiences with their peers. While they occasionally opt for separate sleeping arrangements, the predominant inclination is towards communal sleeping arrangements.) (**respondent 1**)

“Sakamer. Aya limaan-genepan sakamerna teh. Janten ngahiji kitu.” ("In one room. There are five, they're all in that room. So they're united like that.") (**respondent 3**)

According to the study outcomes, residential overcrowding stands as a prominent risk factor in the incidence of scabies. The heightened density within living quarters poses a substantial source of transmission, as continual direct interactions among residents facilitate the heightened transference and dissemination of scabies mites amongst fellow occupants.^{1,17,18}

Transmission Chain

1. History of Contact with Scabies Patients

In this study, the source of scabies transmission is examined through a history of contact with scabies patients. Research findings reveal that nearly the entirety of patients have experienced contact with suspected scabies sufferers.

"Aya rerencangan sakolana gen cerah araratel. Tapina benten etana, jenisna geuning kitu budugna mun temah aya rerencanganna mah anu na panangan aratel barentus..." ("Additionally, it has been observed that school acquaintances also manifest symptoms of pruritus. Nonetheless, a notable discrepancy arises regarding the nature of these symptoms; while some exhibit characteristics consistent with 'budug,' others present symptoms characterized by pruritic papules on the hands...") (**Responden 2**)

"Tah titatanggi, tah eta tah budak Teh A pertamana mah. Ari barudak kan didieu teh sok sering nu nga wipi kapungkur mah ning nuju libur keneh mah nya, sok ngawaripi didieu, janten panginten mun lamun menular teman menular kitu tah." ("It appears that the individuals in question originate from neighboring households, particularly the offspring of Mrs. A. Preliminarily, it is noted that the local children frequently utilize the Wi-Fi network, particularly during their current vacation period. Consequently, in discussing the potential mode of transmission, it is conceivable that contagion may have occurred through this communal Wi-Fi usage.") (**respondent 5**)

Beyond documented instances of direct contact with individuals afflicted by scabies, a subset of patients has been identified as having shared sleeping quarters with suspected cases of scabies, either intermittently or regularly. This observation was articulated by respondents whose offspring, herein referred to as patients, are currently enrolled in Islamic

educational institutions.

"Muhun di pesantren, osok bobo diditu sasarengan sareng anu sanes." ("Yes, at the Islamic boarding school. They like to sleep there together with others.") (**respondent 1**)

"Sakamer. Aya limaan-genepan sakamerna teh. Janten ngahiji kitu." ("In one room. There are five, they're all in that room. So they're united like that.") (**respondent 3**)

In this study, it becomes apparent that a notable conduit of transmission among patients emanates from direct engagement with individuals afflicted by, or suspected of harboring, scabies. The scabies mite has the capacity for inter-host migration within a brief timeframe, estimated at around 15-20 minutes, primarily facilitated through direct physical contact. As such, sustained and intimate interpersonal interaction with scabies-infected individuals may serve as a potent vector for transmission, primarily through cutaneous-to-cutaneous contact.^{19,20}

2. Borrowing Behavior

The research findings, based on the interviews with participants, indicate the existence of a subset of patients who engage in the practice of borrowing clothing from others. *"Hente...eh ari acuk si osok bakalna mah. Ari anuk mah tara."* (Negative responses were noted regarding towels, with affirmatives primarily centered around clothing.) (**responden 1**)

"Eta teh sering nganggo acuk rerencangan. Olahraga terutama, kaos olahraga." (the frequent practice entails the utilization of a peer's attire, notably during physical activities, particularly sportswear.) (**respondent 3**)

Furthermore, several respondents also mentioned that the communal use of personal items is common practice. Most commonly shared items among family members include towels.

“Paling tina anduk merenan. Ari anduk mah pan sok muhun sok ieu, aya nu nganggur wen geningen hahaha sok diange.” (It appears that the primary source of transmission is likely attributed to towels. The reuse of towels, even those left unused, presents a potential vector for transmission, underscoring the significance of this particular mode of transmission in the context of the observed infection.) (**respondent 2**)

“Anuk berdua. Ari abi mah sareng caroge masing-masing.” (Two towels (with his brother). As for me, I'm with my husband) (**respondent 7**)

Based on the research findings, it is evident that the source of disease transmission in this study occurs not only through interaction with scabies patients. Patients' habit of sharing personal items such as clothing and using towels collectively also serves as a source of scabies transmission. This phenomenon can be attributed to the ability of scabies mites to survive outside the human skin for up to 2-3 days at room temperature. Consequently, if personal garments or towels contaminated with scabies mites from an infected individual are utilized by others, the mites can infest the skin of the users, thus facilitating transmission.^{1,10,16}

Treatment Effort

The findings derived from comprehensive interviews conducted with all participants concerning their treatment history revealed that during their examination at the Cikatomas Community Health Center, physicians prescribed a regimen encompassing oral medication alongside topical ointment. Furthermore, the outcomes of these interviews indicated that the treatment elicited favorable responses, with only one respondent reporting an absence of improvement subsequent to receiving care at the community health center. *“Alhamdulillah, daramang.”* (Alhamdulillah, they're recovered) (**respondent 2**)

“Henteu damang. Atuh sa pesaaa dua dintenen gen henteu salepna teh ti puskesmas mah.” (Notably, the efficacy of the prescribed ointment from the community health center proved insufficient, as evidenced by the lack of improvement within the initial two-day treatment period) (**respondent 5**)

“Alhamdulillah sae, langsung sembah si adena gen.” (Alhamdulillah, it's good to hear that he recovered promptly.) (**respondent 7**)

The primary tenet of scabies treatment entails the collective involvement of the patient, their familial cohort, and pertinent associates in contact with the patient.^{4,10} Nevertheless, findings gleaned from comprehensive respondent interviews reveal a notable absence of patients engaging in collective treatment efforts with either their familial constituents or associated individuals.

“Henteu, masing-masing wen kitu di pariosna... ” (Each individual sought medical treatment independently, without joint arrangements) (**respondent 1**)

“Henteu. Masing-masing wen lalanong, masing-masing di carandak ku sepuhna.” (Each individual sought medical treatment separately, accompanied by their respective guardians) (**respondent 3**)

“Muhun basa kamari gen nya diajak hayu rang ka puskesmas atuh cek abi teh da mirah iyeu mung 8 rebu mayar karungkit hungkul. Tapi da nyaaa ari baturmah panginten bingung kitu neng ngajak ogen.” (During the recent occasion, I extended an invitation to accompany them to the local community health center, highlighting its cost-effectiveness with a nominal fee of merely 8,000 rupiah for the examination. However, this proposition might have induced perplexity or hesitation among the other individuals approached.) (**respondent 5**)

The treatment of scabies should be conducted collectively and simultaneously for all family members, as well as individuals in close contact with the patient. This approach aims to prevent and break the transmission chain of scabies disease.^{10,16}

Preventive Measures

The preventive measures mentioned in this study aim to mitigate the transmission of infection to other family members and prevent subsequent retransmission. Findings from interviews with all respondents indicate that only a portion of them have undertaken these preventive measures.

“...jabi osok di keeman dina cai geningen da petunjuk dokter teh cobian acuk teh sadayana di keeman ku eta cai panas. Pisahkeun sareng anu urang nu anggota keluarga anu sanes rada dipisahkeun...” (...Adherence to soaking garments in hot water, as advised by medical professionals, is a common practice. Following medical guidance, I often immerse all clothing items in hot water. Furthermore, segregation of garments from those of other household members is implemented as per medical recommendations....) (**respondent 1**)

“...upamiiii eta nya matahari enggal bukaan pami harordeng, kedah kasebrot matahari. Acuk sering gentos. Upami celana dalam kan bilih keringat nya sering gentos. Anggoan nyucina kedah misah, jedah nganggo air hangat, eta hungkul. Teras teu kenging dihijkeun sareng anu sanes.” ("When sunlight readily permeates through window coverings, it is advisable to allow garments to be exposed to direct sunlight. Regular rotation of attire is imperative to maintain hygiene standards. Particularly concerning undergarments, which are susceptible to perspiration, frequent changes are recommended. Regarding laundering practices, segregation of garments is advocated, with the utilization of warm water for cleansing purposes. These measures serve to mitigate microbial proliferation and uphold fabric integrity. Furthermore, adherence to such protocols precludes cross-contamination.") (**respondent 4**)

“Muhun, tah janten pami acuk gen cerah dipisahkeun murangkalih teh. Abi teh kadang-kadang acuk murangkalih

dileob teras di cucina na mesin cuci. Engke teh tos di ieu keun dikeringkeun teh di cuci eh naon di leob deui, di keringkeun deui da kedah steril. Ieu naon teh sapertos kasur..kasur teh di jemuran kituu..kedah barersih wen intina mah...” (In the context of garment segregation, this principle extends to children's attire. Occasionally, I engage in a pre-cleansing procedure involving immersion or laundering of my child's garments with hot water prior to machine washing. Following laundering, meticulous drying procedures are observed, and occasionally, a secondary immersion in hot water is undertaken prior to re-drying to ensure maximum cleanliness. This approach parallels the meticulous treatment of mattresses during laundering, where stringent hygiene standards are upheld to preserve their integrity....) (**Responden 5**)

Preventive measures are imperative both during the treatment phase and subsequent to the remission of scabies symptoms. This precautionary approach is essential to mitigate the risk of recurrent transmission to the patient and individuals in close proximity.¹ Employing mite eradication strategies such as segregating laundry from other household members and laundering garments, towels, and bedding with hot water, followed by drying at elevated temperatures, serves to effectively eliminate and deactivate scabies mites, given their susceptibility to temperatures exceeding 50°C.^{1,4,21}

CONCLUSION

Drawing from the delineated profile of scabies patients attending the Cikatomas Health Center within Tasikmalaya District during the year 2022, several key observations emerge: Noteworthy among the symptomatic manifestations encountered by patients is the prevailing complaint of pruritus, prominently manifesting nocturnally and spatially localized to areas conventionally associated with scabies infestation. Etiologically, the incipient factors underpinning scabies incidence within this cohort encompass demographic

attributes such as scholastic age, male gender predilection, and demonstrable lacunae in health literacy. Concurrently, environmental determinants, including suboptimal hygienic practices regarding linen and bedding maintenance, compounded by residential congregation in densely populated locales, substantiate the multifactorial etiology. The dynamics of scabies transmission within this demographic milieu are facilitated by intimate contact with afflicted individuals, promiscuous garment exchange habits, and communal towel utilization practices, thereby exemplifying the interpersonal and fomite-mediated routes of contagion.

Despite reported therapeutic efficacy, the salient observation emerges that communal treatment initiatives involving familial or social contacts are conspicuously absent from the therapeutic regimen, warranting attention to the potential lacunae in contact tracing and comprehensive treatment interventions. Concurrently, adherence to preventive protocols among the afflicted populace exhibits considerable variability, with a discernible subset embracing prophylactic measures inclusive of segregated laundering practices, thermal disinfection modalities, and sun exposure for desiccation of ectoparasitic fauna, underscoring the variable uptake of preventive health behaviors within the studied cohort.

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DECLARATION OF INTEREST

We have no conflict of interest.

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