Prevalence of Skin Diseases in Rural Kashmir: A community based survey
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Abstract: Skin diseases are one of the most common health problems. The objectives
of this study are to determine the prevalence of skin diseases in a rural community. A
community survey was conducted in a rural locality with 2000 inhabitants, to obtain
socio-demographic data and identify individuals with skin diseases. Of 600 individuals
attending the health camps, had one or more Skin diseases. The overall prevalence of
SDs was 22.5%. The most common SD categories were eczemas, fungal infection,
pigment disorders and acne. The prevalence of the diseases was higher in females. The
children were the most common group affected. This population-based study shows
that Skin disease is very common in a rural community. Targeted training should
enable health-care workers to prevent, accurately diagnose and manage these problems
on site.

Keywords: Prevalence; Community; Skin disease.

INTRODUCTION
Skin diseases are one of the most ubiquitous health problems, affecting 1 in 5
persons in the UK and 1 in 3 in the US, but there are large differences between
countries, climates and cultures. The highest prevalence has been reported from
developing countries and poor areas. In the mountainous region of northern India, the
overall prevalence is 45.3%, while, in rural Sumatra, it is 28.2%. In Africa, reported
prevalence figures vary between 11.7% in Bamako, Mali, to 48% in rural Ethiopia.
The published prevalence figures in children are also high, 32% in Kenya, 34% in
Mali, 31.3% in Hong Kong and 38.8% in northern India.

Figures of this kind reported from various
countries are difficult to compare due to differences in
study design, the seasonality of certain diseases and
uncertainty in terms of census statistics [1].

A major reason for targeting skin diseases in
the developing world is that the majority are
transmissible and therefore potentially preventable and
controllable. Most of the available statistics on the
pattern of skin diseases have been based on hospital or
private practice, and can provide a very crude indication
of true prevalence and incidence in a community, as
many social and economic factors affect the decision to
seek medical advice. So, the present study was designed
to determine the actual extent of the skin disease
problem in rural areas [2].

METHODS
It was a community survey. All community
members consulting for skin problems at the health
camp were examined. The majority of diagnoses were
based on the patient’s history and clinical signs. Those
with recurrent or long lasting SDs were interviewed
about symptoms, feelings, daily activities, wearing
clothes, social/leisure activities, sport, work/school,
personal relationships, sexual activity and treatment.
The demographic and clinical data were documented on
patient record forms prepared for the study.

DATA ANALYSIS
The data were entered in the SPSS 20.0
program and analyzed.

Ethical considerations
For the Household survey and the interviews,
verbal consent was obtained. All patients were provided
with free consultations and medicines.

RESULTS
Out of total 2000 community members, six
hundred presented for the health survey. A total of 451
patients had one or other form of disease yielding an
overall prevalence rate of 22.5%.
Table-1: Patients with Skin Diseases

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>199</td>
</tr>
<tr>
<td>Females</td>
<td>252</td>
</tr>
<tr>
<td>Total</td>
<td>451</td>
</tr>
</tbody>
</table>

Table-2: Age groups

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>156</td>
<td>34.7%</td>
</tr>
<tr>
<td>11-20</td>
<td>108</td>
<td>24.0%</td>
</tr>
<tr>
<td>21-30</td>
<td>79</td>
<td>17.55%</td>
</tr>
<tr>
<td>31-40</td>
<td>54</td>
<td>12.0%</td>
</tr>
<tr>
<td>41-50</td>
<td>32</td>
<td>7.11%</td>
</tr>
<tr>
<td>51-60</td>
<td>12</td>
<td>2.67%</td>
</tr>
<tr>
<td>&gt;60</td>
<td>9</td>
<td>1.99%</td>
</tr>
<tr>
<td>Total</td>
<td>451</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table-3: Skin diseases and prevalence (Total population is 2000)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>No of Cases</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eczema</td>
<td>182</td>
<td>9.1%</td>
</tr>
<tr>
<td>Fungal infection</td>
<td>93</td>
<td>4.65%</td>
</tr>
<tr>
<td>Pigment disorders</td>
<td>54</td>
<td>2.7%</td>
</tr>
<tr>
<td>Acne</td>
<td>38</td>
<td>1.9%</td>
</tr>
<tr>
<td>Benign skin tumors</td>
<td>19</td>
<td>0.95%</td>
</tr>
<tr>
<td>Neurological</td>
<td>18</td>
<td>0.9%</td>
</tr>
<tr>
<td>Bacterial infection</td>
<td>12</td>
<td>0.6%</td>
</tr>
<tr>
<td>Oral/mucosal</td>
<td>12</td>
<td>0.6%</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>23</td>
<td>1.2%</td>
</tr>
<tr>
<td>Total</td>
<td>451</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

DISCUSSION

The overall prevalence of skin diseases in this study was 22.5%. As in many other studies from developing countries, children and females were more vulnerable than males. One fifth of the inhabitants affected are a fairly high prevalence for SDs, but it is considerably lower than what has been reported from other developing countries in Asia and Africa [3-7].

Eczemas, including photodermatitis, were the most common SDs in our study. The similar findings were obtained by Griils et al [3] and Saw SM et al. [4]. The number of infections and infestations were surprisingly low in the studied community. In northern India, infections and infestations accounted for 33%3 in Sumatra 49.5%4 and in Ethiopia 79%7. This difference might be due to the fact that our study was conducted during a relatively cool season and it is well known that there are large seasonal variations in the incidence of skin diseases, especially infectious skin diseases, which are more common in tropical and subtropical climate zones.

CONCLUSION

Skin diseases are common in the rural communities. With the limited resources available and the lack of dermatologists in rural areas, we are convinced that information and training for health-care workers will be a cost-effective way to prevent, diagnose, treat or refer these most common skin problems on site.

REFERENCES