

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%⁵, 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

Gender	N
Males	199
Females	252
Total	451

Table-2: Age groups

Age Group	Frequency	Percentage
0-10	156	34.7%
11-20	108	24.0%
21-30	79	17.55%
31-40	54	12.0%
41-50	32	7.11%
51-60	12	2.67%
>60	9	1.99%
Total	451	100.0%

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

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

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 al³ 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.

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