

STUDY OF CONDUCT SOCIETY CULTURAL EVENTS AND RISK FACTORS IN THE CITY BANJARBARU SCABIES AND CONTROL EFFORTS

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LITERATURE REVIEW

Definition of Scabies Disease

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ABSTRACT

Scabies is a skin disease that is often common in Indonesia and is a public health problem. The most dominant factor in the incidence of scabies is poverty and poor individual hygiene. The purpose of this study to the analyze the relationship between gender, level of education, knowledge, attitudes, and actions with the incidence of scabies. This research method is analytic observational case control approach. The study population was region of the public health center Cempaka with the sampling technique random sampling with sample of 60 respondents using chi-square test or fisher-excat with a confidence level of 95%. The results of this study show that there is a correlation between knowledge (0.0001), and acts with scabies events ($p=0.001$). While gender ($p=0.065$), education level ($p=0.096$), and attitude ($p=0.492$) was not associated with the incidence of scabies. The conclusion from this study that the knowledge and actions of good hygiene practices less will increase the risk of incidence of scabies. Therefore, it is necessary to have the communication, information and education on the prevention of scabies in society that are vulnerable and support by religious leaders and community leaders to The effort moves.

Key words:

Knowledge, Action, Scabie.

INTRODUCTION

Scabies is a contagious disease that has many factors that help spread that poverty, poor individual hygiene, unhealthy environment, overcrowding, behavioral health support and low socioeconomic. But the most dominant factor is the factor of poverty and the poor individual hygiene (Buchart, 1997).

The prevalence of scabies disease in underdeveloped countries approximately 4% to 27%. Scabies disease prevalence in Indonesia is approximately 6.27% of the general population. prevalence of scabies in Banjarbaru city that there are about 60 families affected by the disease scabies, or as many as 120 people and netted 55 people (Laporan KLB, 2009).

Results of research Rullyda et al in 2009 showed that people's awareness and actions are still lacking in scabies and control efforts are respectively 76.7% and 46.7%. This shows that behavioral health is one of the factors that could potentially affect the magnitude of the incidence of scabies in Banjarbaru. Factors that may increase the incidence of disease scabies, among others, direct contact, indirect contact and living environment of the patient. Direct contact can be like shaking hands.

sleep together, sexual relationships. Other indirect contact between the wearer along such as towels, clothing, bed linen and pillows together.

While the environmental influence on the speed of transmission of scabies, semakin dense population, disease transmission easier as scabies scabies infectious diseases rapidly in dense populations living together. Therefore, the need to examine the culture of people's behavior and risk factors of scabies in Banjarbaru.

Background Based on the description, then the formulation of the problem is how the correlation between Gender, Education of level, attitude, knowledge, and the action of scabies in Banjarbaru city especially Cempaka subdistrict public health center Cempaka?

Scabies (the itch, scabies, budukan, itching Agogo) is a skin disease caused by infestation and sansitisasi against *Sarcoptes scabiei var hominis* and products. Scabies is a zoonotic disease that affects the skin, easily transmitted from human to human, from animals to humans or vice versa, can be informed of all races and classes around the world caused by mites (ticks or mites) *Sarcoptes scabiei* (Ma'rufi, 2005).

Epidemiology of Scabies Disease

There are allegations that the 30-year cycle occurs every hygiene scabies. Many factors that support the development of this disease include low socioeconomic, hygiene poor, promiscuous sexual nature (changing sexual partners), fault diagnosis and the development of demography and ecology. In addition, factors could be transmitted through sleep together in one bed, through clothing, bedding or other objects (6). Mode of transmission (transmission): Direct contact hygien shake hands, and sleep together and sexual contact. Indirect contact, for example through clothing, towels, bed linen, cushions and others (Al Bantani, 2009).

Transmission is usually through *Sarcoptes scabiei* fertilized females or sometimes by the larval form. Also known as *Sarcoptes scabiei var. animalis* that occasionally infect humans, especially in those who many maintain their pets, for example dogs (Al Bantani, 2009).

Etiology of Scabies Disease

Sarcoptes scabiei including the Arthropod phylum, class Arachnida, order Ackarima, *Sarcoptes* superfamily. In humans is called *Sarcoptes scabiei var. huminis*. In addition there are other *Sarcoptes scabiei*, such as goats and pigs. The morphology is a tiny mite, ovale-shaped, convex back and abdomen flat, dirty white and edged. Size females between 330-450 microns X 250-350 microns, while the males are smaller the micron 200-240 X 150-200 microns. The adult form has four pairs of legs, two pairs at the front as a tool for embedded and two pairs of legs kwdua females ended up with hair on the male partner while the third leg ends with hair and fourth ends by means of an adhesive (Al Bantani, 2009).

Pathophysiology of Scabies Disease

Skin disorders caused by scabies mites itching and scratching due to sensitization to mites ekskret secret and less than a month after infestation. At the time of skin disorders dermatitis resembling with the discovery of papules, vesicles, Urtica. By scratching may arise erosion, excoriation, crusting and secondary infection. Sarcoptes females who are in the skin layer stratum lucidum corneumdan tunneled into the skin layer. Inside the tunnel is Sarcoptes female lays her eggs and in a short time the eggs hatch into young Sarcoptes hypopi yakti with three pairs of legs. Due to the tunnel being dug Sarcoptes females and hypopi consuming cells in the dermis, patients experience itching, consequently to scratching the skin, causing infection of ectoparasites and grayish brown crust is formed that smells rancid (Anonymous,2009).

Signs and Symptoms of Scabies Disease

Diagnosis can be made by finding 2 of 4 marks below (Al Bantani, 2009):

1. Noktural pruritus is itching at night because of the activities of mites is higher in the humid and hot temperatures.
2. The disease attacks humans as a group, for example in the family usually all family members affected by the infection. Similarly, in a densely populated township, some adjacent neighbors will be attacked by the mites. Hyposensitization state known that the entire family is affected. Despite the mite infestation, but did not give any symptoms. This patient is a carrier (carrier).
3. Their kunikulus (tunnel) at places suspected of white or grayish, curvilinear or winding, an average of 1 centimeter, at the end of the tunnel was found papules (bumps solid) or vesicles (sacs of fluid). If there is secondary infection, arising morph poly (bubble leukocytes). It usually occurs in the thin skin between fingers ygien, outer elbows, axillary folds forward, areola mame, umbilicus, buttocks, external genitalia (male) and lower abdomen. In infants can be the hands and soles of the feet.
4. Finding mite is most diagnostic. Can be found one or more life stages of this mite.

Treatment

Treatment of this disease using drugs berbantuan cream or ointment applied on the skin of the infected. Many of the drugs available in the market. However, there are several requirements that must be met by the scabies medicine, among others: odorless, effective against all stages of mites (eggs, larvae, and adult mites), does not cause irritation, is also easily available and cheap (Hartati, 1988).

Factors Affecting Disease Incidence of Scabies Disease

1. **Knowledge** : Knowledge is the result of "know" and this occurred after people perform sensing on a specific object. Sensing occurs through human senses. Most human knowledge is obtained through the eyes and ears. Or cognitive domain knowledge is very important for the formation of a person's actions (overt behavior). Because it is from experience and research turned out behavior based on knowledge will be more lasting than the behavior that is not based on knowledge. Notoatmodjo Rogers expressed the opinion that before people adopt new behaviors (new behavior) in that person happens sequential process, namely (Notoadmojo, 2007):
 - a. Awareness (consciousness), where people are aware of in the sense of knowing prior to the stimulus (the object).
 - b. Interest (was interested) to the stimulus or the object. Here the attitude of the subject has begun to form.
 - c. Evaluation (weigh) to the well and whether or not the stimulus for him. This means that the attitude of the respondents are already better.
 - d. Trial, where the subject began to try to do something according to what is desired by the stimulus.
 - e. Adoption, where the subject has recently behaved in accordance with the knowledge, awareness, and his attitude toward the stimulus.

However, subsequent studies concluded that behavioral changes do not always go through stages mentioned above. If the adoption of behaviors through a process like this which is based on the knowledge, awareness and a positive attitude then the behavior will be lasting (Zainal, 2005).

2. **Attitude** : In language, the Oxford Advanced Learner Dictionary lists that attitude (attitude), comes from the Italian attitudine namely that "Manner of placing or holding the body, and the Way of feeling, thinking or behaving". Attitude is a general evaluation made man against himself, another person, object or issue (Anonymous, 2009).

Attitude has a structural component or attitude, according Mar'at, component or structure of the attitude that is:

- a. Components of cognition associated with belief (faith or conviction), the idea, the concept of perception, ygiene c, an individual opinion about something.
- b. Affection components related to one's emotional life with feeling and attitude of individuals towards the object comes to emotions.
- c. Cognition component which is the tendency to behave "tendencies": do not behave.

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Social attitudes are formed from the social interaction experienced by the individual. Social interaction means more than just their social contacts. In social interaction, occurs interplay between individuals with each other, a mutual relationship that also affect the behavior patterns of each individual as a member of society. Furthermore, the social interaction that includes the relationships between individuals with physical and psychological environment environment around them (Ali, 2003).

In social interaction, people act a certain pattern forming attitudes towards various psychological object faces. Among the various factors that influence the formation of attitudes is a personal experience, culture, others that are considered important, the mass media, institutions or educational institutions and religious institutions, as well as emotional factors within the individual.

The process of forming the attitude consists of (Ali, 2003):

a. Principal components attitude

In other parts Allport explained that stance has three basic components: trust (confidence), ideas, and concepts to an object, the emotional life or evaluation of an object as well as the tendency to act (growing niche to behave). These three components together form a unified stance (total attitude).

b. Various levels attitude

As with the knowledge, attitude consists of various levels, namely receiving (receiving) are receiving mean that person (the subject) want and pay attention to a given stimulus (object), respond (responding) is to give an answer when asked, do, and accomplish the task award is an indication of the attitude, respect (valving) is to invite others to do or discuss a problem is an indication of the attitude of level three, and responsible (responsible) is responsible for everything that has been chosen with all the risks of an attitude that most high. Attitude measurement carried out directly and indirectly. It can directly ask respondents how your opinion or statement of an object. Indirectly to do with statements hypothesis, then asked respondents' opinions. (Strongly agree, agree, disagree, strongly disagree).

3. Action : Efforts realization of attitude becomes a real acts necessary supporting factor or a condition that allows, among other facilities. As for the level of action is that perception is to know and choose a variety of objects in relation to the action to be taken is the practice of the first level, the response Guided (giuded Response) is able to do things according to the correct order in accordance with the example is an indicator of the practice of the second level, the mechanism (Mechanism), if someone has been able to do anything right automatically or something that is already a habit he has reached the third level of practice and adaptation (adaptation) is a practice or action which is already well developed. This means that it already had modified its own actions without prejudice to the truth of his actions. Measurements behavior can be performed indirectly ie, with interviews of the activities that have been done (recall). Measurements can also be made directly ie by observing the actions or activities of the respondents (Ali, 2003).

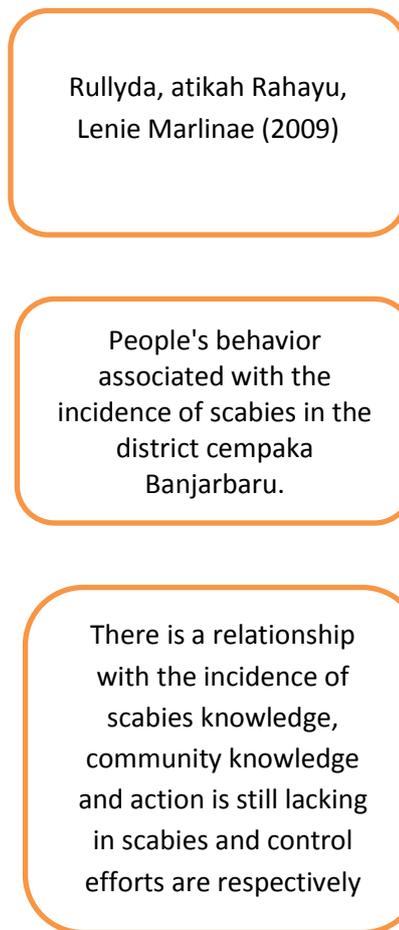
4. Level of education : The level of education is the level of knowledge gained from formal education institutions. Formal education is education obtained dibangku public schools. The level of education a person is said to be low when only able to complete at least high was up Junior high school/equivalent. The level of secondary education if he can finish high school/equivalent. The education level high when completed or not completed college or university (Rahmawati, 2009).

Higher education level will affect the knowledge and information about clean and healthy behaviors better than someone who is less educated. The level of education affect the healthy behavior. Higher education allows a person to absorb information and implement the behavior and everyday lifestyle (Rahmawati, 2009).

Here is presented a picture of a road map of this research:

Figure 1. Roadmap Research

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RESEARCH METHOD

This research is an analytic observational study with case control approach. Subjects in this study were households in the community who are in Sub Cempaka, Banjarbaru amounted to 8,048 people. Selection of the samples in this study using a sampling technique by using the formula slovin and purposive sampling. Purposive sampling taken with the intent and purpose, which is considered to investigators that someone or something that has the

for the study, with the inclusion and exclusion criteria. The sampling method using a sample size of at least a number of 30 samples. Inclusion criteria were common characteristics of research subjects from a population to be studied. Exclusion criteria were to eliminate or exclude subjects who met the inclusion criteria of the study for any reason. The inclusion criteria used are as follows (Notoatmodjo, 2002):

- 1). Is a citizen residing in District Cempaka,
- 2). Willing to become respondents, by signing the informed consent,
- 3). No history of skin disease,
- 4). Subjects were in place at the time of data collection.

The research instrument used in this study are as follows:

- 1). Consent form respondents (informed consent),
- 2). Questionnaire about the level of knowledge, attitude, action
- 3). Related structured questionnaire depth interview
- 4). Sheets respondent's identity and family. Analysis of the data using the program Statistical Package for the Social Sciences (SPSS) through the chi-square test and fisher-exact degree of confidence of 95%.

RESULTS

A. **Univariat** : The focus of this study was the incidence of scabies, gender, level of education, knowledge, attitudes, and actions of people in 60 respondents in Puskesmas Cempaka. The incidence of scabies picture, gender, level of education, knowledge, attitudes, and actions in the community can be seen in Table 1 below as follows:

Table 1 : Frequency Distribution of Respondents by gender, level of education, knowledge, attitude, and action

Variabel	Frekuensi	Persentase (%)
Gender		
Male	24	40
Pamale	36	60
Level of education		
Low	41	68,3
High	19	31,7
Knowladge		
Less	33	55
Good	27	45
Attitude		
Less	2	3,3
Good	58	96,7
Action		
Less	39	56
Good	21	35

Results of univariate data is obtained from the study showed that According on variables gender. That most of the respondents were female as many as 36 respondents (60%). Most respondents were female as many as 28 respondents (77.7%) had a job as a housewife, and 8 respondents (22.3%), others are students aged between 9-18 years. based on variables level of education noted that most of the respondents education level in the category of low that as many as 41 respondents (68.3%). Low education category are those who have not completed primary school, graduated from elementary school and junior high school.

Besed on the variabel knowledge noted that most of the public knowledge of the disease scabies in the category of less that as many as 33 (55%). While the variabel attitude that the results showed the majority of public attitudes toward the disease scabies fit in either category as many as 58 (96.7%), but there were 2 respondents (3.3%) who have less attitude and a woman, one of which has adverse action against the disease scabies. Based on variabel action noted that most of the public action against scabies disease are categorized as less as many as 39 respondents (65%).

B. Bivariat

Table 2 : Statistical Test Results between gender, level of education, knowledge, attitude, and action with the incidence of scabies disease

Variabel	Scabies				p-value	Odd Ratio
	Positif		Negatif			
	n	%	n	%		
Gender						
Male	8	26,1	16	53,3	0,065	
Pamale	22	73,7	14	46,7		
Level of education						
Low	24	80	17	56,7	0,096	
High	6	20	13	43,3		
Knowledge						
Less	24	80	9	30	0,0001	9,33
Good	6	20	21	70		
Attitude						
Less	0	0	2	6,7	0,492	
Good	30	100	28	93,3		
Action						
Less	26	86,7	13	43,3	0,001	8,5
Good	4	13,3	17	56,7		

According to the table 2 in mind that of the 30 respondents who experienced events scabies, there are as many as 22 respondents (73.3%) with the female sex and of the 30 people who did not experience events scabies, there are as many as 16 respondents (53.3%) by gender man. According on the variabel level of education with scabies disease noted that of the 30 respondents who experienced events scabies, there are as many as six respondents (20%) with a high level of education and of the 30 people who did not experience

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who did not experience events scabies, there are as many as 17 respondents (56.7%) with low educational levels. According to the table 1 in mind that of the 30 respondents who experienced events scabies, there are as many as six respondents (20%) with good knowledge and of the 30 people who did not experience events scabies, there are as many as nine respondents (30%) with less knowledge.

According to variabel attitude in mind that of the 30 respondents who experienced events scabies, there are as many as 30 respondents (100%) with a good attitude and of the 30 people who did not experience events scabies, there are as many as two respondents (28%) with less knowledge. According to variabel action with event scabies disease noted that of the 30 respondents who experienced events scabies, there are as many as four respondents (13.3%) with good action and of the 30 people who did not experience events scabies, there are as many as 13 respondents (28%) with less action.

DISCUSSION

A. Univariat

1. Gender : Most respondents were female as many as 28 respondents (77.7%) had a job as a housewife, and 8 respondents (22.3%), others are students aged between 9-18 years. Gender is one of the risk factors of incidence of scabies, where the incidence of common secera scabies occurs more frequently in males. This is due to the men taking care of themselves less frequently than in women. So personal hygiene in women better than men, but did not rule on women's disease scabies because most of the female respondents are housewives. which is based on the results of the research, housewives have less skin hygiene, namely 28 respondents (77.8%). This is because they feel their work is light so that each time they completed the activity did not immediately wash hands. Yet hand washing is one of the behaviors that can prevent infection by disease scabies paarasit (Nur, 2009).

2. Level of education : Low education category are those who have not completed primary school, completed primary school, and junior high schools. At 41 respondents (68.3%) who had low educational level of most of the 20 respondents (48.8%) with completed primary school education, 13 respondents (31.7%) by the end of junior high school, and 8 respondents (19 , 5%) who have not completed primary school. While the level of higher education are those who have minimal education have completed high school. The respondents who have higher education levels, as many as 19 respondents (31.7%) by the end of high school education.

The general, the level of education influences the prevalence of disease in the community. In communities with high levels of education, prevalence of infectious diseases such as scabies disease is generally lower than in communities that have low levels of education. Less educated people have a low awareness of the importance of personal hygiene and do not know that personal hygiene is bad instrumental in the spread of diseases such as scabies (Raza, 2009).

3. Knowledge : All respondents who have less knowledge because most are 33 respondents (100%) did not know about the understanding of the disease and its causes scabies, 24 respondents (72.7%) of the signs and symptoms of scabies, 9 respondents (27.3%) about how to prevent disease scabies. In terms of the treatment of the disease, there are only two respondents (6.1%) who did not know how to cure scabies disease.

According on the results of the study there were 27 respondents (45%) who have a good knowledge. This is due as much as 27 respondents (100%) of them have a good knowledge about the notion of scabies, a sign of disease scabies, scabies disease prevention, and treatment of disease scabies. In addition, there are 23 respondents (69.7%) who have a good knowledge of the causes of the disease scabies. In addition the majority of respondents who have less knowledge is female as many as 19 respondents (57%), and have low education levels as many as 24 respondents (72.7%).

Knowledge can be influenced from the information received. Information gained from both formal and informal education can provide short-term effect resulting in a change or an increase in knowledge. The level of knowledge affects the incidence of scabies is caused knowledge plays an important role in efforts to prevent the transmission of scabies is through practice good personal hygiene. When the public knowledge about the modes of transmission of scabies well, it can reduce the prevalence of scabies (Khotimah, 2006).

4. Attitude : According on this research, it is known that people's attitudes toward cleanliness clothing, skin hygiene and cleanliness towels or toiletries is good. The attitude of society in terms of cleanliness clothes as much as 58 respondents (96.7%) stated that the garment should be replaced 2 times a day, 57 respondents (95%) stated that the clothes should not be dried in the house. In terms of cleanliness of the skin, as many as 58 respondents (96.7%) stated that the bath should be 2 times a day, 26 respondents (43.4%) stated that hand washing should use soap and running water, 25 respondents (41.7%) states must wash hands after work, and in terms of cleanliness towels or toiletries, as many as 20 respondents (33.4%) stated that it should not be used interchangeably toiletries. Attitudes over a good attitude toward the prevention of disease scabies. This is because the shower good habits, habits change clothes which is the cleanliness of clothing, and using the custom tools with its own bath is a precaution against the disease scabies (Djuanda, 2010).

The result research shows that there are two respondents (3.3%) who have less attitude and a woman, one of which has an action unfavorable to the disease scabies. So, we need an intervention to improve the attitude of a good society to prevent disease scabies.

5. Action : According on the results of research known of 39 respondents (65%) WHO have less action both against the disease scabies, all have an action that is less clean in terms of hygiene towels, which they use towels together in one family, and not drying towels after bathing , In addition, as manv as one respondent (1.7%) have less hvgiene

garments, and 38 respondents (63.4%) having less skin hygiene such as not washing feet and hands after work or activities outside the home. In addition, respondents who have less action both against the disease scabies is female as many as 25 respondents (65%), and 29 respondents (74.3%) with less education, and 27 respondents (69.2%) with less knowledge. So, we need a public awareness raising activities particularly in women to improve posture and good conduct towards the prevention of disease scabies.

The action is a response to someone who caused a stimulus/stimuli from the outside. Behavior divided into two closed behavior (covert behavior) and overt behavior (overt behavior). Behavior enclosed is a response to someone who can not be clearly observed by others. While the overt behavior is a response from someone in the form of tangible actions that can be observed more clearly and easily (Ronny, 2007).

B. Bivariat

1. The Correlation between Gender with the scabies disease

In this research, it is known that the incidence of scabies respondents who experienced more in women. This is in line with a study that found that the incidence of scabies in the UK, where the incidence of scabies is higher in women than men. In Edinburgh reported the number of patients with scabies women more than men. This is because the female majority of 28 respondents (77.8%) less attention to skin hygiene because they feel that their hands and their bodies were not dirty after activities outside the home so as not showering. Though one is taking care of personal hygiene efforts cleanliness of the skin because the skin serves to protect the surface of the body, maintain body temperature, and remove certain impurities. So if the skin hygiene less attention will be easily attacked by fungi, viruses, bacteria and parasites that can cause skin diseases. One of these is the scabies skin disease caused by a parasite (Akmal, 2013).

Relationships sex with the incidence of scabies in this study using a chi-square test with a confidence level of 95% obtained $p\text{-value}=0.065$ ($p > 0.05$), which means there is no significant relationship between sex and the incidence of scabies in people in the working area public health center Cempaka. This is in line with research by Amro (2012) which showed that the prevalence of scabies in women and men do not have or do not have a significant difference between the sexes relationship with the incidence of scabies. The same thing was reported by Rodina (2007) which showed that the prevalence of scabies is higher in males (57%) than women (43%) but the difference was not significant hygiene c or no relationship between the sexes with the incidence of scabies.

According on research from Heukelbach (2005) who reported no significant difference between the prevalence of scabies in men (26.1%) and women (23.6%). In theory the prevalence of scabies in men is higher than women because women pay more attention to personal hygiene, but based on the results of the study, the incidence of scabies more in women. This is because women are less concerned about

the cleanliness of skin due to their feeling that the hands and their bodies were not dirty after activities outside the home so as not showering or washing hands. So if the skin hygiene less attention will be easily attacked by fungi, viruses, bacteria and parasites that can cause skin diseases. One of these is the scabies skin disease caused by a parasite (Akmal, 2013).

2. The Correlation between level of education with the scabies disease

In this research, it is known that the incidence of scabies respondents who experienced more in those who had low levels of education. This is due to those who have low knowledge about applying good personal hygiene, especially in terms of hygiene towels, which of the 24 respondents (80%) who had low knowledge and those suffering from scabies, all have less hygiene towels. They still use a towel interchangeably with other family members and not drying towels after use. Whereas the use of towels in turn is one of the risk factors of scabies events for towels play a role in the transmission of scabies mites through indirect contact. Transmission of scabies may indirectly caused through bedding, clothing and towels (Mansyur, 2007).

The correlation education levels with the incidence of scabies in this study using a chi-square test with a confidence level of 95% obtained $p\text{-value} = 0.096$ ($p > 0.05$), which means there is no significant relationship between level of education and the incidence of scabies in people in the working area PHC Cempaka. This is in line with research by Ratri's (2014) which showed that there was no significant relationship between disease scabies to the educational level for coefficient values (coefficient=0.114) exceeds the value of α ($\alpha=0.01$).

This is not in accordance with Notoatmojo (2003) that the higher normal education achieved, the better the process of understanding a person in receiving sebauah new information, but from the results of statistical tests menunjukkan no significant relationship between the incidence of scabies to the educational level. This is because the level of education affects the lifestyle and mindset a person, but a person's knowledge can be obtained outside the formal education (informal) as of the activities of health counseling or information from person to person. This is also supported by the results of research, which of the 41 respondents (68.4%) who have low education levels, as many as 17 respondents (28.4) has a good knowledge of the disease scabies (Ratri, 2014).

3. The Correlation between knowledge with the scabies disease

In this research, it is known that the incidence of scabies respondents who experienced more in those who have less knowledge. This is due to those who have less knowledge tend to have a lack of cleanliness. It can be seen from 24 respondents (80%) who have less knowledge, as many as 21 respondents (87.5%) of them have unfavorable action on the incidence of disease scabies. The level of knowledge influence the attitudes and behavior in everyday practice personal hygiene so that someone who has little knowledge

tend to not pay attention to good personal hygiene. This further increases the incidence of scabies is caused by scabies is a disease that is related to personal hygiene (Ifa, 2008).

Knowledge relationship with the incidence of scabies in this study using a chi-square test with a confidence level of 95% obtained p-value = 0.0001 ($p < 0.05$), which means there is a significant correlation between the incidence of scabies in the knowledge society in Puskesmas Cempaka. The odds ratio of 9.33 is obtained, which means the people who have less knowledge has a chance 9.33 times higher risk of scabies disease compared with people who have good knowledge. This is because knowledge is less likely to have a higher prevalence of scabies significantly compared with those with good pengetahuan yang. Scabies disease usually attacks people whose knowledge is lacking. The lower a person's knowledge, the level of knowledge about personal hygiene became. As a result, people become less concerned about the importance of personal hygiene and its contribution to the spread of disease (Ratnasari, 2014).

It is in line with research by Aminah (2015) which shows the results of data analysis p-value=0.001, which means it can be concluded that there is a significant relationship between knowledge with scabies incident. Knowledge was associated with the prevalence of scabies. The level of knowledge that is less likely to have a higher prevalence of scabies significantly compared with those with higher levels of knowledge (Aminah, 2015).

4. The Correlation between attitude with the scabies disease

In this research, it is known that the incidence of scabies respondents who experienced more in those who have a good attitude towards the disease scabies. This is because their attitude is in line with what they are doing, of 30 respondents (100%) with a good attitude, there were 26 respondents (86.7%) who had a less good tidakan. This could happen because of the attitude of just a reaction that is still closed from someone or attitude is not an action, so even though it has a good attitude. Mediocre have unfavorable actions (Notoadmojo, 2007).

The correlation with the incidence of scabies in the attitude of this study using fisher-exact test with a confidence level of 95% obtained p-value = 0.492 ($p > 0.05$), which means there is no significant correlation between the incidence of scabies in the attitude of society in Puskesmas Cempaka , This is because the majority of respondents have a good attitude towards the disease scabies, but they do not apply in everyday life. So many who have a good attitude remain disease scabies.

This is in line with research by Muzakir (2008) with test results obtained p-value > 0.05 means that there is no significant relationship between the attitude of the incidence of scabies. Research conducted by Wijaya (2011) on factors related to the occurrence of scabies, which include knowledge, attitude, personal hygiene and environmental sanitation. Obtained p-value = 0.706 which

shows that there is no relationship between attitude with scabies incident. This is because society is at the stage know and understand, has not come to its application in everyday life. Many factors that influence the situation, among which those habits that have been formed prior to gain knowledge about scabies, so difficult to change their habits are ingrained before.

5. The Correlation between action with the scabies disease

In this research, it is known that the incidence of scabies respondents who experienced more in those who have unfavorable action against the disease scabies. This is because those who have less action both against hygiene garments, leather, and towels will cause easily affected by scabies because the transmission medium mite *Sarcoptes scabiei* to migrate and cause infection can be directly that of skin contact because of the cleanliness of the skin that are less or not directly as of consumption alternately towels or clothing hygiene is lacking.

In this study there were 4 respondents (13.3%) who had a good action but suffering from scabies. This is because in terms of cleanliness clothing, and leather are good, but they still have an action that is using bar soap together. Whereas the use of soap together can be one of the actions that can lead to the incidence of scabies because of the occurrence of parasite transmission through the use of the soap alternately.

The correlation actions with the incidence of scabies in this study using the chi-square test with a confidence level of 95% obtained p-value = 0.001 ($p < 0.05$), which means there is a significant correlation between the incidence of scabies in action with the community in Puskesmas Cempaka. This is in line with research by Aulia (2015) which suggested a link between the actions of the occurrence of scabies, p-value=0.024. In addition, it is supported by research from Hapsari (2014) about the relationship characteristics, environmental and behavioral factors with the incidence of scabies in Pondok Pesantren Darul Amanah Kabunan Village District Sukorejo Kendal with a p-value=0.042 (Hapsari, 2014).

According on research from Fanani (2014) shows the test results obtained hygiene p-value =0.013, this shows that $p \leq 0.05$ means that H_0 is rejected, which means that there is a relationship between personal hygiene with the incidence of scabies in adolescents in Pondok Pesantren Al-Hidayah was (Fanani, 2014).

CONCLUSION

Knowledge is one of the risk factors associated with scabies, and most of the respondents who have less knowledge are women. So that the necessary activities to increase knowledge through outreach to the community, especially women about the disease scabies which includes the notion of scabies, causes, signs and symptoms, prevention, and appropriate treatment against the disease scabies. The action is one of the risk factors of scabies, and most are women, with the level of education and knowledge is low. So the focus changes through health promotion actions can be performed on women. Changes in this action is more

focused on behavioral change regarding use interchangeably towels, wash hands after beraktifias, washing clothes is good and right, and how to correct skin hygiene.

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