

A Journey to a Better Community Service in Religious Boarding School Pesantren

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Abstract—Global scabies prevalence at religious boarding school (Pesantren) is still a big problem especially in developing countries. This article describes one of the processes of the problem-solving method through community service with the objectives that members of the community behave in a healthy way towards a scabies-free Pesantren. The target audience is a pesantren consisting of students and teaching staff in urban areas. Previous results showed that there was an increase scabies incident from the first scabies screening although immediately after the first screening the students treated with anti-scabies drugs. The level of students' knowledge about scabies was the majority in the good category. This study concludes that efforts to improve students to behave in a clean and healthy living will be a long journey, requiring ongoing assistance and cooperation of various parties.

Keywords—*pesantren; scabies; screening*

I. INTRODUCTION

"Santri Budug" is a term that is often heard in West Java in the pesantren (Islamic boarding schools) community because the incidence of diseases caused by *Sarcoptes scabiei* parasitic (scabies) parasite infestation is very high [1]. Scabies is not a life-threatening disease that effort to look for the treatment is very low. This parasite infestation includes in the Neglected Tropical Diseases (diseases of the tropics and in developing countries that mostly neglected), are still found mainly in communities that live in dense groups such as in the Islamic boarding schools. The disease is very closely related to the behavior of clean and healthy living both individually and as a group and the cleanliness of the domestic environment. This disease is a known disease for a long time and caused by

multifactorial. It is a problem that has not been resolved yet [2-4].

Some of the problem were in the form of knowledge, attitudes and behavior of the santri (student of Islamic boarding school) about the disease. It was aggravated by the domestic environment they were living in, such as the condition of rooms that are inhabited by many students as much as 20 persons in one room, lack of ventilation, and dampness because of the lack of sun exposure [5]. Another problem that plays a role is the problem of teaching materials learned at the pesantren. There was already a program called "Perilaku Hidup Bersih Sehat" (PHBS) or Clean and Healthy Living Attitude for all common areas such as schools, public places and work places. However, there was no PHBS modules that are easily understood and practiced in pesantren available. In addition, the problem of health services that are not optimal compound by the pesantren which do not have a pesantren health post to take care of the health of their students. Other factors affected by poverty and treatment failure [6].

These complex problems require continuous and integrated cross-sectoral and cross-program collaboration in solving it. Looking at the nature of the factors described above, this disease is a good practice to apply the Academic Health System (AHS) program. Since the concept launched by Kemenristek Dikti in 2017 spearheaded by Gadjah Mada University, in which it combines several components of Faculty of Medicine and other related faculties, hospitals and service facilities in the community such as health centers into one integrated unity, especially for functional matters. All of them function to strengthen research, education and health services to work together [7].

Based on the matter, this article describes one of the processes of AHS concept through community service in starting the Pesantren community to behave in a clean and healthy living towards a scabies-free pesantren in one of the pesantren in the city of Bandung. The specific purpose of community service is the first step of the long-term goal of applying science and technology and a synergic network of cooperation oriented towards government programs for community independence in clean and healthy living behavior (PHBS) [7]. The target audience is a pesantren community consisting of students and teaching staff at pesantren in urban.

II. METHOD

The first stage carried out in this service was the screening to determine the incidence of parasitic infections (scabies), by carrying out a physical examination of the students conducted by medical doctors assisted by the students involved. Santri (student of Islamic boarding school) who were found to have scabies during the screening treated with anti-scabies treatment in the form of 2-4 zalf (Salicylic acid 2% and Sulfur Precipitate 4%) which was used throughout the body except face and should be left for 24 hours [8]. Scabies screening is carried out twice, on December 25, 2017 and on May 19, 2018.

The next stage was the education of the diseases. The education performed by the medical students explaining the causes, modes of transmission, treatment, prevention of the disease. The method used to include education using interactive media (videos and talk shows) to instill a healthy lifestyle that they could adopt and practiced by santri in their communities.

III. RESULTS

There were 84 students examined in the first screening with a ratio of 58 boys (69%) and 26 (31%) girls, with average age of 14.5–15 years old. The results of the examination found 51 people experienced scabies (61%) with incidence in 46 boys (57%) and 5 girls (4%). All treated with anti-scabies treatment of 2-4 zalf (Salicylic acid 2% and Sulfur Precipitate 4%) which was used throughout the body except face and should be left for 24 hours. Before screening, students were asked to fill out a questionnaire to assess their knowledge about clean and healthy living related to the occurrence of scabies. After the screening and treatment processed all educated about the disease.

There was an increase of number scabies from the first (61%) to second (85%) screening. This is quite alarming since immediately after the first screening they treated with anti-scabies drugs. The number of scabies suffered by the santri at first and second screening shown in Table below.



Fig. 1. Distribution of scabies in santri.

IV. DISCUSSION

The number of scabies at the second screening examination increased compared to the first screening, this can be influenced by several very complex factors. This study found many factors affect the scabies prevalence, not only treatment. The failure of treatment can be caused by various factors.

Several possible factors regarding the results were the time lag between the first screening and the second one which was five months apart. It meant there were still students who had not been examined and had not received the medicine that the disease infected others. The second possibility is that compliance or how to use the medication given is not good that recovery has not occurred.

The treatment did not decrease the incidence of scabies, because this study uses 2-4 zalf (2% Salicylic acid and 4% Sulfur Precipitate), which requires precision [8]. Other explanations for the procedure for using drugs are not understood by the santri so that the results of treatment are not effective. In this study, we did not take into account the patient's resistance to Zalf 2-4 for anti-scabies drugs. Another possibility to consider is the presence of other bacterial infection as a complication of the most frequent scabies. The ineffectiveness of anti-scabies drugs might due to the presence of secondary infection of *S. aureus* bacteria, which required treatment should be for the bacterial infections first before the use of anti-scabies [9].

Some other methods are needed that might improve the adherence of santri in using anti-scabies drugs. Simulation method in continuous mentoring activities or using interactive video screenings on the procedures for anti-scabies drugs usage, as previously done in filarial control using interactive games [10]. Another method that can be recommended for the future is the method of medication assistance as well as the appointment of supervisors for drug use that has long been known in the prevention of pulmonary tuberculosis, so that the use of drugs is truly monitored.

Behavior change requires time and many factors influence it, besides knowledge, PHBS requires continuous mentoring both in monitoring treatment, as well as increasing knowledge and ultimately can be reflected in behavior. The journey to scabies-free pesantren requires better follow-up involving various sectors and fields to get better results.

V. CONCLUSION

Scabies is still major problem in this Pesantren, which will affect the productivity of the Pesantren community. The efforts to improve community health in Pesantren to behave in a clean and healthy life to achieve scabies-free pesantren is a long journey. It requires ongoing assistance, monitoring and cooperation of various parties.

ACKNOWLEDGMENT

Our gratitude to Head of Manarul Huda boarding school and its students.

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