



EPIDEMIOLOGY

PERCEPTIONS AND BELIEFS ABOUT SKIN DISEASES IN A RURAL COMMUNITY – A PILOT ANALYSIS

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Introduction: It is essential to assess the knowledge, beliefs and perceptions of the community for addressing dermatological morbidities and for planning suitable interventions. Health seeking behavior is largely dependent on these preconceived notions and deep rooted beliefs in the community.

Objective: To assess the awareness, attitudes and practices about skin diseases in a rural population.

Materials and methods: A cross-sectional design using purposive sampling was employed to gather perceptions about skin diseases among household members in a rural area. Interviews were conducted using a predesigned structured questionnaire to collect participant demographics and common beliefs on causes, perceptions, attitudes and prevalent practices for skin diseases. Data was entered and analysed using SPSS version 15.

Results: The pilot analysis included 57 respondents with a mean age of 43 years and a male: female ratio of 1:2. 68% of them had > 10 years of schooling. One third of them belonged to the lower socio-economic class. Nearly half of the respondents perceived that skin diseases can never be cured completely. With respect to etiology, there was a favourable response for infectious agents, drug reactions, contaminated food and water, while 30-40% believed that God's wrath for past sins, planetary positions and mental illness were also important causes. Over 50% of the respondents favoured visiting a religious place and performing rituals for common skin problems. With respect to practices, 79% used indigenous household remedies, 68% sought alternate systems of medicine, 42% visited a religious place and 42% used over the counter pharmacy medications. Over 85% had consulted their family physician first, while dermatology consultation was obtained only by 47.4% of the participants.

Conclusion: Misconceptions are quite prevalent about dermatological conditions in rural





areas. Religious beliefs and household indigenous medications still prevail and determine the decision to seek health care.

