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ORIGINAL ARTICLE

Personal Hygiene And Skin Complaints Among Students At As'ad Islamic Boarding School

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ABSTRACT

Background: Skin disorders are an important component of childhood morbidity. Islamic boarding schools are among the environments with a high risk of developing skin problems such as itching, redness, white spots, or bumps. One preventive measure to reduce the risk of skin diseases is maintaining good personal hygiene. This study aimed to describe personal hygiene and skin complaints among students.

Method: This descriptive observational study with a cross-sectional design was conducted at As'ad Islamic Boarding School, Jambi City, in November 2024. The sample consisted of 97 students who reported skin complaints.

Results: Of the 97 participants, 61 students (62.9%) had good personal hygiene, while 36 students (37.1%) had poor personal hygiene. A total of 84 students (86.6%) reported itching, 53 students (54.6%) reported bumps, 36 students (37.1%) had red rashes, 20 students (20.6%) reported white/reddish spots, and the least frequently reported complaint was a hot or burning sensation (7 students; 7.2%). In addition, 38 students (39.2%) experienced recurrent complaints.

Conclusion: Most students tended to have good personal hygiene, including maintaining cleanliness of the skin, hands, and nails, as well as clothing, towels, beds, and bed sheets. However, itching was the most common skin complaint among students at As'ad Islamic Boarding School.

Keywords: personal hygiene, skin complaints, Islamic boarding school students.



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INTRODUCTION

Skin diseases are among the most common health problems, especially in developing countries with unfavorable environmental conditions such as high temperature and humidity, poor sanitation, and limited access to clean water. According to the World Health Organization (WHO), skin diseases rank third among the most frequent diseases worldwide and are included in the top ten causes of outpatient visits. Skin diseases not only cause physical discomfort but may also affect quality of life, including psychological and social aspects.¹⁻⁵

Globally, the prevalence of skin diseases reaches 26.79%, with fungal infections (10%), atopic dermatitis (7.5%), and scabies (2.4%) being the most commonly reported conditions. In Indonesia, contact dermatitis ranks first, followed by scabies. Data from the Jambi City Health Office in 2022 showed that allergic contact dermatitis was the most common case (9,871 cases), followed by scabies (3,038 cases), and other skin infections such as abscesses (2,141 cases). Skin diseases may be caused by parasitic, viral, bacterial, or fungal infections and can be transmitted through direct or indirect contact.⁶⁻¹¹

Personal hygiene is one of the most important factors in preventing skin diseases. Poor hygiene practices, such as infrequent bathing, inadequate hand and nail hygiene, and sharing personal items, can increase the risk of skin disorders. Children and

adolescents, especially those living in crowded environments such as Islamic boarding schools, are at higher risk due to limited hygiene facilities and high residential density.¹²⁻¹⁶

Islamic boarding schools, as educational institutions where students live for long periods, may become environments vulnerable to the transmission of skin diseases. In Jambi City, there are 29 Islamic boarding schools, one of which is As'ad Islamic Boarding School, which accommodates a large number of students. However, to date, there are no available data regarding personal hygiene conditions and skin complaints at this boarding school.^{12,13,16,17}

This study aimed to describe personal hygiene practices and skin complaints among students at As'ad Islamic Boarding School, Jambi City. The results are expected to serve as a foundation for health promotion and skin disease prevention efforts in the boarding school environment.^{18,19}

METHOD

This study was a descriptive observational study with a cross-sectional design conducted at As'ad Islamic Boarding School, Jambi City, in November 2024. The sample consisted of 97 students selected using proportional stratified random sampling.²⁰

Data were collected using a questionnaire covering aspects of skin

cleanliness, hand and nail hygiene, clothing hygiene, towel hygiene, and cleanliness of beds and bed sheets. In addition, the skin complaints assessed included itching, bumps, red rashes, white or reddish spots, and a hot or burning sensation on the skin. The questionnaire had undergone validity and reliability testing by previous researchers. The instrument was distributed directly to students by the researchers. During questionnaire completion, the researchers also conducted direct observations of respondents' conditions and behaviors. Observation findings were recorded using a

prepared observation sheet. The purpose of the observation was to align respondents' questionnaire answers with the actual observed conditions, thereby increasing data validity. The collected data were then processed, categorized, and analyzed using univariate analysis.

RESULT AND DISCUSSION

Based on Table 1, overall, among the 97 respondents, 61 students (62.9%) had good personal hygiene, while 36 students (37.1%) had poor personal hygiene..

Table 1. Distribution of Students' Personal Hygiene

Personal Hygiene	Frequency (n = 97)	Percentage (%)
Good	61	62.9
Poor	36	37.1

Personal hygiene in this study consisted of several subcategories, namely skin hygiene, hand and nail hygiene, clothing hygiene, towel hygiene, and cleanliness of beds and bed sheets. The results indicate that most students paid fairly good attention to personal cleanliness. Personal hygiene is one of many important aspects that may influence skin problems, along with environmental health factors (e.g., poor water quality used in daily activities, rooms with limited sunlight exposure or poor ventilation), facilities (e.g., room capacity not meeting standards, mattresses without bed frames, small uncovered trash bins), as

well as other clean and healthy lifestyle behaviors (e.g., littering, scattered leftover food and packaging). Therefore, even though personal hygiene among some students was fairly good, skin complaints could still occur.2,14,21-25.

Among the 97 respondents who reported skin complaints, Table 2 shows that the most frequent complaint was itching (86.6%), followed by bumps (54.6%), red rashes (37.1%), white/reddish spots (20.6%), and a hot or burning sensation (7.2%). Additionally, 39.2% of respondents experienced recurrent complaints.

Table 2. Distribution of Skin Complaints among Students

Skin Complaints	Yes n (%)	No n (%)
Red rash	36 (37.1)	61 (62.9)
Itching	84 (86.6)	13 (13.4)
Hot or burning sensation	7 (7.2)	90 (92.8)
Bumps	53 (54.6)	44 (45.4)
White/reddish spots	20 (20.6)	77 (79.4)
Recurrent complaints	38 (39.2)	59 (60.8)

Skin complaints refer to individuals' perceived sensations or discomfort related to the skin. Skin complaints can be signs or symptoms of diseases involving the whole body. Generally, skin complaints may be caused by bacterial, fungal, viral, or parasitic infections. Reactions may include itching, redness, bumps, scaly skin, dandruff, and

head lice. These conditions may cause discomfort, anxiety, stress, reduced self-confidence, sleep disturbances, and other impacts.^{23,26}

The sample distribution was also grouped based on characteristics such as gender, age, class level, and length of stay, as shown in Table 3..

Table 3. Distribution of Personal Hygiene Based on Students' Characteristics

No	Characteristics	Frequency (n = 97)	Good n (%)	Poor n (%)
1	Gender			
	Male	50	28 (56)	22 (44)
	Female	47	33 (70)	14 (30)
2	Age			
	≤15 years	46	27 (58.7)	19 (41.3)
	>15 years	51	34 (66.7)	17 (33.3)
3	Class Level			
	Grade 8	17	10 (58.8)	7 (41.2)
	Grade 9	16	11 (68.8)	5 (31.2)
	Grade 10	22	12 (54.5)	10 (45.5)
	Grade 11	18	10 (55.6)	8 (44.4)
	Grade 12	24	18 (75.0)	6 (25.0)
4	Length of Stay			
	1 year 5 months	32	20 (62.5)	12 (37.5)
	2 years 5 months	32	21 (65.6)	11 (34.4)
	3 years 5 months	22	12 (54.5)	10 (45.5)
	4 years 5 months	3	0 (0.0)	3 (100.0)
	5 years 5 months	8	8 (100.0)	0 (0.0)

DISCUSSION

Based on Table 3, among 97 respondents categorized by gender, there were 50 male students, of whom 56% had good personal hygiene. Among 47 female students, 70% had good personal hygiene.

Respondents aged 13–15 years totaled 46 students, with 58.7% having good personal hygiene, while those aged 16–18 years totaled 51 students, with 66.7% having good personal hygiene.

Respondent characteristics based on class level were adjusted according to the previously determined minimum sample size: 17 students from grade 8, with 58.8% having good personal hygiene; 16 students from grade 9, with 68.8% having good personal hygiene; 22 students from grade 10, with 54.5% having good personal hygiene; 18 students from grade 11, with 55.6% having good personal hygiene; and 24 students from grade 12, with 75% having good personal hygiene.

In terms of length of stay, the data show that most respondents had stayed for less than 4 years, specifically 1 year 5 months and 2 years 5 months, each totaling 32 students, with 62.5% and 65.6% having good personal hygiene, respectively. Meanwhile, 22 students had stayed for 3 years 5 months, with 54.5% having good personal hygiene. The smallest group consisted of 3 students who had stayed for 4 years 5 months, all of whom had poor personal hygiene. The remaining 8 students

had stayed for 5 years 5 months and all had good personal hygiene.

These findings are consistent with previous studies indicating that Islamic boarding schools are environments with a high prevalence of skin diseases such as scabies, tinea, and dermatitis. Limited knowledge of personal hygiene and limited bathing facilities are fundamental contributing factors.^{15,16}

Although most students demonstrated good personal hygiene, a high proportion of skin complaints—particularly itching—was still observed. This suggests that good personal hygiene alone may not be sufficient to fully prevent skin complaints. Based on field observations, other factors such as crowded living environments and limited hygiene facilities may also contribute to these complaints.²⁷

CONCLUSION

Most students at As'ad Islamic Boarding School had good personal hygiene, particularly in maintaining cleanliness of the skin, hands and nails, clothing, towels, and sleeping areas. However, skin complaints—especially itching—were still commonly reported among students. This indicates that good personal hygiene does not fully guarantee freedom from skin complaints, as environmental conditions and hygiene facilities also play important roles. Therefore, improving hygiene facilities and providing health education on the importance of maintaining personal hygiene

in the boarding school environment are necessary.^{28,29}

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