

Scabies Awareness and Fear of Scabies Scale-10

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Abstract

In spite of a considerable burden of the disease, scabies is among the neglected diseases with no study on psychosocial effects of the disease. An exploratory survey of 196 college students enrolled in a regional southwestern university in US used a General Information Questionnaire including a question about the prior knowledge about scabies, a 10-item Fear of Scabies Scale (FSS-10) and a Scabies Information Sheet (SIS) for educational purposes. It was concluded that the FSS-10 would be a valuable tool for assessing emotional reaction to contracting scabies. Women were found to be more afraid of contracting and living with scabies than men. Most of the participants did not have much knowledge about scabies and they stigmatized it. It was suggested that the SIS would be a useful educational tool about knowledge, management, and prevention of scabies in schools, colleges, and other institutions and resource-poor communities worldwide. Further, it was suggested that scabies control program should include educational and psychosocial support components.

Keywords: Scabies; Fear of scabies; Awareness of scabies; Education about scabies; Epidermal parasitic skin diseases; Skin diseases; *Sarcoptes scabiei var. hominis*

Since ancient times, many epidermal parasitic skin diseases (EPSD) have affected people worldwide. Scabies as an EPSD is causing a considerable burden, especially in “underprivileged populations,” yet it has received very little attention by the scientific community and healthcare providers [1,2]. Human itch mite, *Sarcoptes scabiei var. hominis* commonly called scabiesburrows under the skin and is transmitted through close personal contact. Infected person feels intense itching and rash on the skin caused by sensitization to the proteins and feces of the parasite [3]. Severe pruritus, especially at night is the most common and the first symptom that appears which is often followed by “scabies rash” (popular eruption). These symptoms may affect much of the body or be limited to some common sites such as finger webs, wrists, elbows, armpits, penis, nipples, waist, buttocks, and shoulder blades. Because of the intense itching, the lesions often get infected by bacteria such as *Staphylococcus aureus* and *Streptococcus pyogenes*. Scabies is a highly contagious infection affecting all races, ages, and social classes worldwide. It used to be a problem of the under-developed countries, however, in recent years this problem has made an impact in developed countries due to increased traveling and globalization [4]. According to World Health Organization, worldwide there are over 300 million cases of scabies each year [5]. In a systematic review of 48 studies, scabies prevalence was found to be highest in the Pacific and Latin American regions, substantially greater in children than adolescents and adults. The authors concluded that comprehensive scabies control strategies are urgently needed. They suggested that the program should include community-based mass drug administration and a systematic monitoring of disease burden in the epidemic areas [6].

Although there is a plethora of studies concerned with psychosocial effects of many other diseases, no study to my knowledge has addressed the problem of human scabies in this context. Also, no study to my knowledge has devised or included a scabies awareness and educational component in the prevention and control plan. Therefore, the purpose of the present exploratory study was to test an educational component for the scabies prevention and control programs. This was accomplished

by examining the participants’ knowledge about scabies, providing educational information on scabies, examining their attitudes about this infection and constructing a tool to measure the fear about contracting, managing, and being seen with the disease. The two independent variables of the study were sex and prior knowledge about scabies. The dependent variable was fear of contracting scabies measured by the Fear of Scabies Scale-10 (FSS-10).

A sample of 196 (age M=20.97, SD=4.76; 56% women; 67% Caucasian) undergraduate (91%) and graduate (9%) students enrolled in a regional southwestern university completed a General Information Questionnaire (including questions about the prior knowledge about scabies) and the FSS-10 after they were asked to read educational material on the scabies Information Sheet (SIS). The SIS provided the following information: What is scabies? How is scabies spread? What are the symptoms? How is it treated? How to prevent it? What is the prognosis? The question about the prior knowledge of scabies asked for a dichotomous (Yes or No) information (Question: Did you have knowledge about scabies before reading the SIS?).

The FSS-10 was constructed to determine the level of fear/discomfort of contracting, managing, and being seen with scabies. The scale consists of 10 positively or negatively worded items to be answered “strongly agree” to “strongly disagree” on a four-point Likert scale with scores ranging from 10 (low) to 40 (high; the higher the score, the greater the fear/discomfort). The ten items used in the scale are as follows: (1) I am afraid of contracting scabies. (2) I would feel ashamed if I had scabies. (3) If I had scabies, I would feel the need to hide this disease. (4) I would avoid interaction with others if I had scabies. (5) I would try to seek immediate medical help if I had scabies. (6) Having scabies would greatly restrict my life. (7) I would avoid public bathrooms, theaters and other public places where I can possibly get scabies. (8) I am not afraid if I catch scabies because of all the treatment available. (9) If I knew someone has scabies, I would stay away from that person. (10) If I had scabies, I would be open about it and let others know about

my condition. The data yielded an Alpha coefficient of .73 for the FSS-10 showing an acceptable level of internal consistency.

A 2×2 factorial ANOVA results showed a significant main effect of Sex on FSS-10 scores ($F_{1, 193}=6.45, p < .01$) with higher mean FSS-10 score for women ($M=25.41, SD=4.26$) than men ($M=23.87, SD=4.05$). Of 196 students, only 38% had any prior knowledge about scabies. The main effect of Prior Knowledge ($F_{1, 193}=1.27, ns$) and interaction between sex and Prior Knowledge ($F_{1, 193} = .19, ns$) were not significant. A descriptive analysis of the data yielded some interesting outcomes. Only 4% had known someone with scabies and of these only 73% felt they would be supportive of the infected person. Prior to reading the Scabies Information Sheet (SIS), 79% believed that only those who practice poor hygiene get scabies which is not true because even people with excellent hygiene can contract scabies. A majority (96%) of the participants found information in the SIS useful and educational. However, 51% stated that if they were to contract scabies they would hide it, but would keep distance from others (98%) and also seek medical treatment (93%). The reasons given for hiding were appearance (13%), embarrassment (34%), fear of judgment (28%), and other (25%).

Conclusion

The present survey confirmed that most participants (94%) were unaware about the facts about scabies, perhaps due to the neglected status of the disease. A scabies awareness and educational program might be of special importance for the very poor who are disproportionately affected and other vulnerable groups such as children, elderly, sick and homeless persons [2]. The data supported the assumption that women are more afraid of contracting and living with scabies than men, perhaps due to cultural issues. Thus, women would benefit from psychosocial support. Because a majority (96%) of the participants found information in the SIS useful and educational, it was concluded that the SIS would be a useful educational tool about knowledge, management, and prevention of

scabies. Considering the disease burden in infected individuals, it would behoove for all scabies prevention and control programs to include some educational and psychosocial support components. The FSS-10 showed an acceptable level of internal consistency and it would be a valuable tool for assessing emotional reactions to scabies of infected persons and their contacts which might help devise a better intervention program for them. The findings of the present study should be considered preliminary because of the sample of convenience and representative of only urban American population. A large scale study representing both resource-poor and affluent communities and infected and never infected individuals should be conducted. Scientific community and healthcare providers need to assess systematically not only the physiological burden, but also the psychosocial burden of scabies and devise a multifaceted intervention program.

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