

VIEWS AND PRACTICES OF DERMATOLOGISTS REGARDING PREVENTABLE SKIN DISEASES

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ABSTRACT

Objective: To find out views and practice of dermatologists regarding prevention of preventable skin diseases.

Study Design: Cross-sectional study.

Place and Duration of Study: The study was set up in Apr-May 2010 at PAF Hospital Faisal, Karachi, Pakistan.

Material and Methods: A close-ended questionnaire was sent to 100 dermatologists through resource persons at different places throughout the country. It included basic information about them, their views and practice regarding prevention of these diseases. Data was managed and analyzed using SPSS-17.

Results: Fifty dermatologists thought that frequency of preventable skin diseases in their clinical practice is 26-50%. Fifty-six observed educated community as the most important link for prevention, 46 held governments responsible and 42 consider busy schedule as barrier to educate community. Thirty dermatologists delivered talk to general public, 11 at schools, colleges and factories, 07 appeared on mass media and 08 prepared leaflets, pamphlets and brochures regarding preventive aspects of skin diseases at least once during last one year.

Conclusion: Dermatologists in Pakistan are aware of magnitude of the problem and understand importance of public education; however only a few dermatologists have endeavored to take up this task.

Keywords: Dermatology, Health education, Infectious skin disease, Prevention, Public health.

INTRODUCTION

In resource poor developing countries like Pakistan, skin diseases are prevalent and a considerable proportion of these constitute cutaneous infections, infestations and many other preventable skin diseases^{1,2}. Infectious diseases are rampant in the country and almost half of all deaths in Pakistan are due to infectious diseases³. The factors associated with the high prevalence of common skin infections in developing countries are poverty related, including a low level of hygiene, non-availability of clean water, climatic factors and overcrowded living conditions^{4,5}. Besides cutaneous infections, the prevalence of other preventable skin diseases related to occupation, climate, traditional practices and customs is also touching epidemic proportions. Plenty of time, efforts and resources are being spent on the treatment of preventable skin diseases and the demand for increased

spending on health care is ever increasing. Treatment of these diseases consistently takes a bigger chunk of the meager healthcare budget, leaving negligible or no resources for disease prevention and health promotion. However, despite their frequent occurrence, cutaneous infections and other preventable skin diseases are often not perceived as significant health concern.

Though social determinants of health, infrastructure and monetary resources are essential, providing information and education to public regarding disease prevention can go a long way in reducing disease burden. Efforts put in to prevent such diseases can save a lot down the track in terms of time, efforts and resources. Disease prevention can improve the efficiency and productivity of human resource, ultimately contributing towards healthy, educated and economically viable society.

Dermatologists might play an active role in providing health education to public regarding disease prevention as they can provide scientifically reliable information that may be acceptable and helpful to the public. However, heavy workload and lack of time and incentive

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are important barriers for dermatologists to contribute towards preventive dermatology⁶. Based on this, we set up a study with an objective to find out what are the views and practice of dermatologists regarding prevention of preventable skin diseases in Pakistan.

MATERIAL AND METHODS

This study was based at PAF Hospital Faisal, Karachi and conducted in Apr-May 2010. After approval of the project from Scientific and Ethics Committee of the hospital, a self explanatory close-ended questionnaire was prepared in English and posted to already designated resource-persons at different locations throughout the country for onwards distribution to the local dermatologists. The resource-persons selected the dermatologists on their convenience and delivered the questionnaire to the dermatologists by hand. The duly completed questionnaires were collected back by the resource-persons in the same sitting and were dispatched back to PAF Hospital Faisal, Karachi by post as and when completed.

The questionnaire comprised of three parts; the first part included basic information about the included dermatologists like whether working in public or private sector, highest professional qualification and experience of practicing dermatology in years. The name and address of the dermatologists were not included to keep the questionnaire anonymous. Second part of the questionnaire included questions to know views of dermatologists regarding magnitude of the preventable skin diseases in their clinical practice and what institutions, individuals or conditions they think are responsible for prevention of these diseases. The last part of the questionnaire included questions relevant to the personal efforts of the dermatologists in pursuance of prevention of preventable skin diseases.

Computer programme SPSS-17 was used to manage and analyze the data. Descriptive statistics like frequencies and means with standard deviation were calculated where required. Since there were 100 respondents, the

raw numbers are equal to the percentages; therefore percentages have not been shown with numbers.

RESULTS

All the 100 dermatologists responded; however only 83 dermatologists provided complete information regarding their personal profile. Sixty five of these dermatologists were working both in public as well as private sectors, 19 in private sector only and 09 in public sector only, whereas 07 dermatologists did not respond to this question. Experience of the 90 dermatologists who responded to this question ranged from 04 to 40 years with a mean of 15.57 ± 07.35 years. Twenty five dermatologists were holding major diploma in dermatology, 55 were holding minor diploma, 08 medical graduates were exclusively practicing dermatology without holding any diploma in dermatology, whereas 12 did not respond to this question.

Based on their experience and observation, 50 dermatologists think that the frequency of preventable skin diseases in their clinical practice is 26-50%. Fifty six respondents were of the opinion that educated community is the most important factor for prevention of preventable skin diseases, 46 opined that government and 10 opined that dermatologists should take responsibility for prevention of these diseases. Busy schedule was considered by 42 dermatologists as a possible barrier for them to educate the community regarding preventable skin diseases (table-1).

Regarding role of dermatologists in efforts for prevention of preventable skin diseases, 30 dermatologists delivered talk to general public, 11 visited schools, colleges or factories etc. for talk, 07 appeared on electronic media or wrote an article in print media, and 08 designed/prepared pamphlets, brochures or leaflets regarding preventive aspects of skin diseases at least once during last one year. Four dermatologists had dedicated a day or certain time period exclusively for preventive dermatology once a week or more frequently (table-2).

DISCUSSION

Preventable skin diseases are common in Pakistan. Half of the dermatologists surveyed in

Table-1: Dermatologists' views about prevention of preventable skin diseases in Pakistan (n=100).

S. no.	Variable	Number
1	Opinion about frequency of preventable skin disease	
a	00-25%	14
b	26-50%	50
c	51-75%	33
d	76-100%	03
2	Most important factor for prevention of preventable skin diseases	
a	Educated community	56
b	Commitment of policy makers	29
c	Health education by dermatologists	10
d	Monetary resources	05
3	Responsibility for prevention of preventable skin diseases	
a	Government	46
b	Community	43
c	Dermatologists	10
d	Hospital administration	01
4	Difficulties for dermatologists to educate the community	
a	Busy schedule of dermatologist	42
b	Financial	22
c	Administrative	19
d	All of the above	15
e	Not responded	02

this study are of the opinion that upto 50% of diseases in their clinical practice are preventable. However, the figures published in Pakistani literature are much higher than this^{7,8} and the actual figures may be even higher considering the low literacy and inaccessibility of all to the health

services⁹. Preventable skin diseases prevalent in Pakistan include cutaneous infections and infestations like scabies, pyogenic bacterial, fungal and viral infections, cutaneous leishmaniasis, and non infectious diseases like photodermatitis, contact eczema, drug eruptions etc^{2,7,10}.

Majority of the surveyed dermatologists view the educated community as the most important link, and think that the responsibility for prevention of preventable diseases lies on government above all. Disease prevention is a concerted effort where government, non government bodies, health professionals, media and community all need to collaborate and play their due part. There is also a need to focus on social and environmental determinants of health, infrastructure, human and monetary resources and public health education. Whereas federal and provincial governments provide financial resources, Ministry of Health, in addition to plan and execute health policy, need to join hands with other government and non-government departments to focus on public health and issues relating to social, environmental and infrastructural determinants of health¹¹.

Health professionals have a key role to play in public health. Presently dermatologists in Pakistan are committed to treat patients having skin diseases; they are not involving themselves fully in public health education due to several reasons like heavy workload and lack of time and incentive and financial constraints⁶. Although not being practiced yet in Pakistan, World Health Organization supports and encourages the opportunity to apply health promotion in the hospital setting as health promoting hospitals, these are likely to have greater potential to influence health promotion as hospitals consume a major portion of national healthcare budget, constitute large number of health care workers and contribute a lot towards health care services to the public^{12,13}.

This survey reveals that, while dermatologists recognize that preventable skin

diseases are common in Pakistan and there is a need to work for their prevention, only few dermatologists have endeavored to take up the task. Different surveys^{14,15} carried out throughout the world reveal that enough is not being done by the physicians for health promotion. This may be because of heavy workload and lack of incentives. The concepts like "Health Promoting Hospitals"¹³ and "Quality Outcome Framework"¹⁶ can improve the situation whereby physicians including dermatologists can be motivated and encouraged to actively involve themselves in health promotion activities.

Although it may be difficult for the already over-worked dermatologists to dedicate particular hours for public education in their routine, they may design brochures, pamphlets and educational leaflets, plan to deliver talks to the community or appear in mass media for the purpose. The brochures, pamphlets and educational leaflets have been shown to be quite effective in educating public. Bakhireva et al¹⁷ found that internet, books and clinical brochures and pamphlets were the most common sources of information for the group of people they studied. Mimura et al¹⁸ concluded in their study that even a single distribution of an educational leaflet regarding health matters can improve attitude and knowledge of the recipients. de Magalhães et al¹⁹ found in their study that spread of information from school children to their families through educational pamphlets can contribute to measures for prevention of disease. Similarly, Oshagh et al²⁰ revealed that there was a significant improvement on parents' knowledge and awareness of children's orthodontic problems as a result of an educational leaflet. Dermatologists individually or through their formal bodies can design and disseminate educational pamphlets and leaflets in an effort to promote public education and awareness regarding various preventable skin diseases.

The role of media in influencing public opinion is widely accepted. Oakman et al²¹ conducted a public education program regarding recognition and management of heat stress and

found that most of the surveyed people were influenced by television, radio and newspapers. Smith et al²² have also shown that mass media

Table-2: Practice of dermatologists for prevention of preventable skin diseases in Pakistan (n=100).

S. no	Variable	Number
1	Given talk to general public	
a	Never	14
b	Occasionally	53
c	Once a year	03
d	More frequently	30
2	Appeared on electronic media or written an article for print media	
a	Never	65
b	Occasionally	24
c	Once a year	04
d	More frequently	07
3	Visited schools/colleges/factories etc. for talk	
a	Never	41
b	Occasionally	40
c	Once a year	08
d	More frequently	11
4	Prepared brochures/pamphlets/leaflets	
a	Never	51
b	Occasionally	38
c	Once a year	03
d	More frequently	08
5	Day/time dedicated for preventive dermatology	
a	No	66
b	One day in a week	03
c	Less frequent than one day in a week	30
d	More frequent than one day in a week	01

campaigns have a valuable role to play in public education. Considering the enormous reach and influence of the mass media, dermatologists may effectively utilize this platform in modifying public responses to health matters, particularly

preventable diseases. However, Leask et al²³ have suggested that for effective public education, an awareness of how to work with media is essential for health communicators.

The study underscores that a substantial proportion of skin diseases are preventable but in a country where health gets such a meager proportion of the national budget, expecting the government to run any massive prevention program is not a realistic option. Unless our education and civic sense improve and good personal hygiene and a healthy life style become our second nature, things are unlikely to show any marked improvement in this direction. Individual contributions, by health professionals in general and dermatologists in particular in this regard are valuable but are bound to be limited in impact unless all stake holders including government, non-government organizations, civil society, health workers, media and individuals join hands to combat against preventable diseases.

CONCLUSION

Dermatologists in Pakistan are aware of the magnitude of the problem and understand importance of public education; however only a few dermatologists have endeavored to take up this task.

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