

From Knowledge to Action: Assessing the Interplay Between Health Awareness and Scabies Prevention Among Islamic Boarding School Students

Dari Pengetahuan ke Tindakan: Menilai Interaksi antara Kesadaran Kesehatan dan Pencegahan Skabies pada Santri di Pondok Pesantren

Abdul Kadir Hasani^{1*}, Kartika², Syafrina Arbaani Djuria³, Wahyu Dwi Ari Wibowo⁴

^{1,2,3}Jurusan Keperawatan, Poltekkes Kemenkes Pangkalpinang

⁴Jurusan Keperawatan, Poltekkes Kemenkes Palembang

Email: putrakombathasan@yahoo.co.id; kartikakeira7@gmail.com; syafrina_arbaani@yahoo.com; wahyudwi74@poltekkespalembang.ac.id

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ABSTRACT

Scabies remains a health concern in pesantren due to close physical contact and shared facilities, which increase transmission risk. This study aimed to analyze the relationship between knowledge and attitudes and scabies prevention behavior among students at Pondok Pesantren Modern Daarul Abror. A cross-sectional design was employed, involving 126 students selected through total sampling. Data were collected using a validated and reliable questionnaire (Cronbach's $\alpha > 0.70$) and analyzed using descriptive statistics and Spearman correlation. Results showed that the majority of students were female (57.1%) and had resided in the dormitory for more than one year. Most students demonstrated adequate knowledge (74.2%; mean score 7.00 ± 2.02), adequate attitudes (79.0%; 21.63 ± 2.56), and adequate prevention behavior (71.4%; 28.35 ± 2.70). Correlation analysis revealed a significant positive association between knowledge and preventive behavior ($r = 0.243$; $p = 0.006$), as well as between attitudes and preventive behavior ($r = 0.189$; $p = 0.034$), whereas demographic factors showed no significant effect. These findings highlight that individual psychological factors play a more important role than demographic characteristics in shaping prevention behavior. Strengthening structured health education and promotion programs in pesantren is recommended to improve knowledge and foster positive attitudes toward scabies prevention.

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Korespondensi:

Abdul Kadir Hasani

Jurusan Keperawatan, Poltekkes Kemenkes Pangkalpinang

Email: putrakombathasan@yahoo.co.id

INTRODUCTION

Scabies is a skin infestation caused by the mite *Sarcoptes scabiei* var. *hominis*, characterized by intense pruritus particularly at night and papulovesicular lesions on specific predilection sites of the body. It remains a significant public health concern in many tropical and subtropical countries due to its considerable morbidity and its tendency to occur in clusters (Welch et al., 2021). The World Health Organization (WHO) classifies scabies as a condition requiring programmatic attention in high-risk communities and emphasizes the importance of standardized diagnosis and evidence-based control strategies (WHO, 2023).

In Southeast Asia and the tropical Pacific, scabies prevalence varies widely across populations and regions. Baseline population studies and recent systematic reviews report prevalence ranges from less than 1% to more than 70%, depending on surveillance methods, case definitions, and community characteristics such as household density, age distribution, and access to clean water (Gupta et al., 2024).

Global analyses and regional reviews similarly estimate broad prevalence ranges, with several Southeast Asian and Pacific countries reporting relatively high rates, particularly among children and residents of boarding or communal living environments. For example, surveys using standardized criteria by the International Alliance for the Control of Scabies (IACS) indicate varied scabies prevalence



in Timor-Leste, Fiji, and the Solomon Islands, while global meta-analyses estimate overall population prevalence from a few percent to double digits depending on region and assessment methods (Gupta et al., 2024; Mitchell et al., 2024).

These findings confirm that scabies remains an endemic concern in localized areas of Southeast Asia and the Pacific, highlighting the importance of considering case definitions and survey methodologies when comparing studies (Tsoi et al., 2021). At the national level, surveillance data and empirical studies in Indonesia demonstrate that scabies continues to be routinely reported in primary health centers and healthcare facilities (Hidayat, 2024).

Historical national literature cites prevalence rates of several percent, with regional studies reporting prevalence between 4% and 13% at various time periods, while field investigations in dormitory or boarding school settings often document substantially higher local prevalence during outbreaks (Trasia, 2024).

In Indonesia, reports and field studies consistently show that scabies frequently occurs in residential school environments including boarding schools and Islamic boarding schools (*pesantren*) with local outbreaks commonly associated with crowded living conditions, shared personal items, and inadequate sanitation facilities (Fauziah & Suparmi, 2023; Yulfi et al., 2022). These observations align with regional evidence identifying dormitories as high-risk settings for scabies transmission (Hasan et al., 2024).

Local contextualization in the Bangka Belitung Province further reinforces this issue. Provincial health department reports and community studies indicated a substantial number of scabies cases in recent years, with more than 16,000 cases documented in 2020 and approximately 14,300 cases in 2021 (Dinas Kesehatan Provinsi Bangka Belitung, 2020).

Variations across districts are notable, as seen in Pangkalpinang City, which consistently reports hundreds of cases annually. These epidemiological trends underscore the significant and fluctuating disease burden at the local level. Such findings highlight the urgency of conducting more systematic studies in high-risk environments such as Islamic boarding schools in Bangka Belitung to better understand local determinants of transmission and design appropriately targeted interventions (Efendi et al., 2023; Wulandari & Kusumajaya, 2025).

The urgency of scabies research in Islamic boarding schools is not rooted solely in its prevalence but also in its health and socioeconomic consequences (Eval Community, 2019). Beyond severe itching and sleep disturbances that impair students' learning capacity, untreated scabies can increase the risk of secondary bacterial infections, particularly pyoderma, and may lead to severe complications among immunocompromised individuals (Rinaldi & Porter, 2021). Global guidelines and systematic reviews emphasize that densely populated communities such as dormitories are priority candidates for interventions, including mass drug administration (MDA), when prevalence surpasses defined thresholds. Therefore, field surveillance and risk factor

studies become essential for determining appropriate programmatic responses (Lake et al., 2022; Rinaldi & Porter, 2021).

Etiologically, various predisposing and contributing factors influence scabies occurrence in dormitory environments. First, knowledge about scabies including its causes, transmission modes, symptoms, and preventive measures shapes individuals' adoption of preventive behaviors (Awisarita et al., 2025). Second, attitudes toward prevention practices, such as avoiding the sharing of towels or bedding, influence compliance with health recommendations. Third, personal hygiene behaviors including bathing frequency, soap use, clothes and sheet changes, and the habit of sharing personal items play a direct role in either interrupting or sustaining transmission chains (Hasan et al., 2024).

Fourth, environmental sanitation factors such as ventilation, availability of clean water, room cleanliness, and residential density create physical conditions conducive to transmission (Rainer et al., 2024). Empirical evidence from studies in madrasahs and boarding schools supports the association between these factors and scabies prevalence, reinforcing the importance of integrating these variables within a unified analytical framework to better understand local determinants (Yulfi et al., 2022).

Although previous studies in Islamic boarding schools and similar communal settings have identified individual risk factors for scabies, including knowledge, attitudes, personal hygiene, and environmental conditions, there remains a lack of integrated research that simultaneously assesses these variables using standardized diagnostic criteria and validated measurement tools (Hasan et al., 2024; Yulfi et al., 2022). Most previous studies focused on a single factor or used non-uniform case definitions, limiting the ability to compare results and to identify independent determinants of preventive behavior. In addition, local empirical evidence directly linking knowledge and attitudes to scabies-preventive behaviors among *pesantren* students in Indonesia remains very limited (Efendi et al., 2023; Wulandari & Kusumajaya, 2025).

Although several local studies have identified individual risk factors, there remains a methodological need for research that integrates assessments of knowledge, attitudes, personal hygiene behavior, and environmental sanitation with standardized scabies diagnosis (Engelman et al., 2020). Standardizing case definitions and measurement instruments enables cross-study comparisons, facilitates identification of independent risk factors through multivariate analysis, and forms the evidence base for targeted intervention recommendations, research among students in Islamic boarding schools contributes valuable local evidence that can guide institutional and district level scabies control policies (Tsoi et al., 2021).

Despite scabies being a persistent contagious skin disease in communal settings, not all field studies have the capacity to conduct clinical examinations or laboratory confirmation (Nurlita & Rahman, 2022). Limitations in human resources, diagnostic facilities, and ethical considerations

often hinder such procedures. In this context, surveys focusing on preventive behaviors become particularly relevant, as students' practices in maintaining hygiene, avoiding close contact with infected individuals, and ensuring a clean dormitory environment are key determinants that may reduce transmission risk (Aminah et al., 2021). Several studies have shown that improved knowledge, positive attitudes toward prevention, and consistent personal hygiene behaviors are associated with lower scabies incidence in high-risk communities, including Islamic boarding schools (Salwa et al., 2025).

Overall, this study's objective—to examine how gender, duration of dormitory stay, knowledge, and attitudes relate to scabies-preventive behaviors among students of Pondok Pesantren Modern Daarul Abror positions the research as both strategic and highly relevant. By generating empirical evidence that supports promotive and preventive health efforts in the Islamic boarding school setting, this study underscores the urgent need to understand behavioral determinants within a high-risk student population. Ultimately, the findings are expected to provide a solid foundation for developing more targeted health education strategies and strengthening the Islamic boarding school community's capacity to prevent scabies transmission.

RESEARCH METHODS

Research Design

This study employed a cross-sectional design, selected to align with the research objective of assessing both the prevalence and the relationships between knowledge, attitudes, personal hygiene behavior, environmental sanitation, and scabies occurrence among students at Pondok Pesantren Modern Daarul Abror. In this design, all variables dependent and independent are measured simultaneously within a single time frame, enabling efficient identification of potential risk factors in a relatively small and accessible population.

Population and Sample

The study population consisted of all students residing in the dormitories of Pondok Pesantren Modern Daarul Abror, totaling 126 individuals. Given the manageable population size, total sampling was used, allowing all eligible students meeting the inclusion criteria to participate.

Inclusion and Exclusion Criteria

Inclusion criteria ensured that participants possessed characteristics relevant to the study objectives:

- 1. Active students registered at the Islamic boarding school (Pondok Pesantren Modern Daarul Abror) at the time of data collection;
- 2. Residing in the dormitory for at least six months to ensure adequate environmental exposure;
- 3. Providing informed consent (with guardian approval for minors).

Exclusion criteria were established to minimize bias:

- 1. Teachers or staff, due to different exposure patterns;
- 2. New students with less than one month of residency;

- 3. Students with chronic dermatological conditions that may obscure scabies diagnosis;
- 4. Individuals refusing participation or submitting incomplete questionnaires.

Research Variables and Operational Definitions

The dependent variable was scabies prevention behavior, defined as actions taken by students to reduce transmission risk.

Independent variables included: Knowledge about scabies, measured using a questionnaire assessing understanding of causes, transmission, symptoms, and prevention.

Instruments and Measurement

Data were collected using a structured Knowledge, Attitude, and Practice (KAP) questionnaire adapted from Abinew et al. (2024). Validity and reliability testing on 30 students outside the study site produced Cronbach's alpha values above 0.70, confirming instrument reliability.

Data Collection Procedures

After obtaining institutional approval, data collection proceeded in several stages. The research team conducted site orientation and trained enumerators on administering the questionnaire. Participants completed the KAP instrument under enumerator supervision in three separate rooms to reduce response bias. They were informed that the questionnaire was not a test and should reflect their actual experiences and perceptions. Completed forms were checked for completeness before being entered into statistical software.

Data Analysis

Data were analyzed using SPSS version 29. Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarize all variables. Data cleaning was performed to check for entry errors and missing values. Normality testing using the Kolmogorov–Smirnov test confirmed that key variables were normally distributed ($p > 0.05$). Bivariate analysis used the Spearman Rank test, appropriate for ordinal-scale variables, to assess relationships between independent variables and scabies prevention behavior. Variables with p -values < 0.05 were reported and further interpreted.

RESULT

Table 1. Demographic Characteristics of Participants (n = 126)

Characteristics	n	%
Gender		
Male	54	42.9
Female	72	57.1
Length of Dormitory Stay		
6 months	32	25.4
1 year	30	23.8

Characteristics	n	%
2 years	33	26.2
3 years	31	24.6

Table 1 show a total of 126 students participated in this study. Based on gender distribution, most respondents were female (57.1%), while males accounted for 42.9%. In terms of length of dormitory stay, participants showed varied exposure durations: 25.4% had lived in the dormitory for 6 months, 23.8% for 1 year, 26.2% for 2 years, and 24.6% for 3 years.

These findings indicate that the majority of students had stayed in the dormitory for more than one year, suggesting substantial exposure to potential contact-based disease transmission, particularly scabies..

Table 2. Knowledge Levels on Scabies Prevention (n = 126)

Knowledge Level	n	%	Mean ± SD
Good	25	17.3	7.00 ± 2.024
Adequate	92	74.2	
Poor	9	8.5	

Table 2 show The majority of respondents demonstrated a moderate level of knowledge, with 74.2% scoring in the “adequate” category. Meanwhile, 17.3% had good knowledge, and 8.5% fell into the poor category. The mean knowledge score was 7.00 ± 2.02. This suggests that while most students possessed a general understanding of scabies causes, transmission routes, and prevention, their knowledge was not yet optimal.

A more detailed assessment showed that participants commonly identified several preventive actions, such as changing clothes daily (37.3%), bathing three times a day (36.1%), and washing towels twice a week (10.5%).

Table 3. Attitudes Toward Scabies Prevention (n = 126)

Attitude Level	n	%	Mean ± SD
Good	18	14.6	21.63 ± 2.559
Adequate	99	79.0	
Poor	9	6.4	

Most respondents demonstrated an adequate attitude toward scabies prevention (79.0%), followed by good (14.6%) and poor attitudes (6.4%). The average attitude score was 21.63 ± 2.55, indicating generally positive perceptions, although not consistently strong.

In detail, most participants strongly agreed that individuals with scabies should not be avoided (65.9%) and agreed on the need for routine visits to health facilities for treatment (57.1%). A large proportion (65%) reported uncertainty about whether scabies patients should be quarantined. Additionally, 70% agreed that not sharing

clothes, towels, pillows, and maintaining personal hygiene were essential preventive behaviors.

Table 4. Scabies Prevention Behavior (n = 126)

Attitude Level	n	%	Mean ± SD
Good	19	16.5	28.35 ± 2.70
Adequate	91	71.4	
Poor	16	12.1	

Table 4 show preventive behavior was mostly categorized as adequate (71.4%), while 16.5% showed good behavior and 12.1% poor behavior. The mean behavior score was 28.35 ± 2.70, indicating that most students practiced basic preventive measures such as maintaining personal hygiene and avoiding sharing personal items, although not consistently across all individuals.

Specifically, the majority frequently sun-dried their mattresses, pillows, and bedding (61.9%), washed their hands before meals and after outdoor activities (57%), avoided sleeping in beds used by individuals with scabies symptoms (51%), cleaned and tidied their rooms daily (51%), and ensured adequate ventilation (51%).

Table 5. Correlation Between Prevention Behavior and Knowledge and Attitudes

Variable	n	Mean (SD)	r	p
Knowledge	126	7.00 (2.024)	.243	.006
Attitude	126	21.63 (2.559)	.189	.034

Conversely, a significant positive association was found between knowledge and preventive behavior ($r = 0.243$; $p = 0.006$), suggesting that higher knowledge levels were associated with better preventive practices. Attitude also demonstrated a significant, although weak, correlation with preventive behavior ($r = 0.189$; $p = 0.034$). These findings highlight the importance of personal factors—knowledge and attitudes—in shaping preventive behaviors, whereas demographic factors played a minimal role.

DISCUSSION

The statistical analysis revealed a significant positive correlation between knowledge levels and scabies prevention behavior among students ($r = 0.243$; $p = 0.006$). This result indicated that higher levels of understanding regarding the etiology, transmission, and clinical manifestations of scabies were associated with more disciplined preventive practices. Theoretically, this finding aligns with the Health Belief Model, which posits that an individual's perceived susceptibility and the perceived benefits of taking action both of which are informed by

knowledge are primary drivers of health-related behaviors (Glanz et al., 2024).

This finding indicates that the better the students' understanding of the causes, modes of transmission, symptoms, and preventive measures of scabies, the better their daily prevention practices. This positive association aligns with established health behavior theories, particularly the Theory of Planned Behavior, which states that knowledge serves as a fundamental determinant of rational health behavior by enhancing perceived susceptibility and perceived benefits of preventive action (Ajzen, 2012, 2015).

This result is consistent with previous studies. Research conducted among students in an Islamic boarding school in East Java found a significant association between knowledge and scabies prevention behaviors ($p < 0.05$), showing that respondents with good knowledge were more consistent in maintaining personal hygiene and avoiding the sharing of personal items with dorm-mates ('Aqilah et al., 2025). Another study conducted among boarding school students in Sumatra demonstrated that low knowledge about transmission factors was a major barrier to preventive practices (Fauziah & Suparmi, 2023). Evidence from North Sumatra further reinforced this pattern, with findings showing that health education contributed to increased knowledge and improved sanitation behaviors, ultimately reducing scabies incidence among communities living in communal environments (Yulfi et al., 2022).

International studies have also reported similar outcomes. A 2021 study conducted in rural schools in Fiji demonstrated that knowledge about scabies transmission increased individual motivation to engage in protective behaviors (Tsoi et al., 2021). Likewise, findings by Rainer et al. (2024) in densely populated communities in the Philippines showed that community-based educational interventions effectively enhanced hygienic behaviors, which subsequently reduced the risk of scabies transmission (Rainer et al., 2024).

However, not all studies report consistent findings. For example, Mitchell et al. (2024), in their study of urban settlements in Papua New Guinea, found that increased knowledge did not always translate into behavioral changes, especially when not supported by adequate sanitation facilities and environmental control (Mitchell et al., 2024). Another study reported in the same year showed that despite high levels of knowledge, behaviors such as sharing personal items persisted due to cultural norms of togetherness and lack of institutional supervision (Trasia, 2024).

In relation to the present study, the significant association between knowledge and behavior can be explained by several contextual factors. First, the respondents live in a homogenous dormitory environment with structured daily routines, which may enhance the absorption and collective application of health information (Fradianto et al., 2024). Second, personal or observed experiences of scabies cases in the dormitory may heighten perceived susceptibility, prompting students with better knowledge to apply preventive behaviors more vigilantly (Hayden, 2019). Knowledge also enhances self-efficacy, or

the belief that individuals are capable of performing preventive behaviors independently (Bandura, 2015).

The study also reveals a significant association between attitudes and scabies prevention behavior ($r = 0.189$; $p = 0.034$). Attitudes here reflect an individual's psychological readiness to act, including beliefs and tendencies to engage in preventive behaviors (Maulida & Ichsan, 2021). This finding is consistent with previous research demonstrating that positive attitudes toward personal hygiene for example, refraining from sharing towels or clothing are significantly associated with scabies prevention among students in East Java ('Aqilah et al., 2025). Another study reported that respondents with positive attitudes toward prevention were 2.3 times more likely to consistently engage in hygienic behaviors (Abinew et al., 2024). Similar results were found by Tsoi et al., (2021) in the Asia-Pacific region, indicating that attitude-based health promotion interventions can effectively improve preventive behaviors against skin contact-transmitted diseases.

Nevertheless, inconsistent findings exist. Studies show that even when respondents have positive attitudes, these do not always manifest into actual behavior due to inadequate sanitation facilities and limited environmental support (Mitchell et al., 2024). Other research indicates that positive attitudes do not translate into preventive behaviors due to entrenched habits and social norms that justify the sharing of personal items in dormitory settings. These differences highlight that while attitudes play a role, their impact on behavior depends on other contributing factors such as environmental resources, institutional supervision, and reinforcement through ongoing education (Trasia, 2024).

This study has several limitations that should be acknowledged. First, the cross-sectional design allows for the identification of correlations but cannot establish a definitive causal relationship between the variables. Second, the data relied on self-reported questionnaires, which may be subject to social desirability bias, where students might report better hygiene practices than they actually perform in daily life. Finally, this study did not account for environmental factors, such as the ratio of bathrooms to students or the availability of laundry facilities, which are critical components of a comprehensive scabies prevention strategy.

CONCLUSION

This study concludes that knowledge and attitudes are the fundamental determinants of scabies prevention behavior among students in the Islamic boarding school environment, whereas demographic factors play a negligible role. The findings suggest that a robust understanding of the disease and a positive psychological disposition are essential for the manifestation of consistent hygiene practices.

Therefore, to bridge the gap between awareness and practice, health promotion strategies must move beyond basic information delivery toward fostering supportive attitudes and strengthening individual self-efficacy. Collaborative efforts between school administrators and healthcare professionals are vital to institutionalize these

preventive behaviors and ensure a sustainable scabies-free communal living environment.

Future research should consider longitudinal or quasi-experimental designs to better understand causal pathways. Including additional variables—such as physical dormitory conditions, social norms, caregiver supervision, sanitation access, and institutional support—would produce a more comprehensive model of preventive behavior. Combining questionnaire data with clinical examinations is also recommended to enhance the accuracy and validity of research findings.

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