

A Survey Design To Findout The Causing Factors Related To Skin Diseaseswhich Impact The Quality Of Life To The People Who Are Residing In Rural Community Area At Chinhhat Lucknow.

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Abstract- Skin is the largest organ of human body with a total area of about 20 square feet. The skin is protect us form infection, microorganisms, and chemicals etc. Skin diseases is a common worldwide problem. It affected every aspect of patients' quality of life mainly physically, socially and psychologically aspects of patients' everyday lives, as well as their partners, family, and friends. It is very important to remember that skin problem give a clue as patient's internal diseases. Early identification of skin diseases are important not only for treating patient but for preventing the spread of communicable diseases. Improvements to environmental sanitation education of the general public and good nutrition can help to reduce the incidence of skin disorders in any community. The objectives of the study to find out the causing factors related to skin diseases and to assess the impact of skin diseases on quality of life.In this studyrandom sampling technique is used and sample size is 60 it depends upon the peoplewho are willing to participate in the study in rural community area at Chinhhat Lucknow.60 peoples were found of kin diseases and its causing factors which impact the quality of life, 0% people is having absence of causing factors of skin diseases which impact the quality of life and 4% people is having mild causing factors of skin diseases which impact the quality of life and 54 % people is having moderate level of causing factors of skin diseases which impact the quality of life and 2% people is having severe level of causing factors of skin diseases which impact the quality of life. Hence, This study shows that causing factors of Skin diseases which impact the quality of life were very common in a rural community.Skin disease was a problem in this rural community area and was perceived to be a problem by both individual and community

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Introduction- Skin diseases is a common worldwide problem. It affected every aspect of patients' quality of life mainly physically, socially and psychologically aspects of patients' everyday lives, as well as their partners, family, and friends . Physical effects depend on the extent of the rash, how active the rash is, its area and associated symptoms, such as itching and flaking. For example, itching has been associated with subjective distress and emotional problems in psoriasis. The social impact of skin conditions is evident in situations that involve closeness and exposure of the skin. Skin diseases are common and often have an impact on an individual's health-related quality of life. In rural communities where access to healthcare may be limited and individuals rely on farming for food and income, the impact of skin diseases may be greater. Skin disease is known to have a significant impact on quality of life, productivity and mental health. This is true of skin diseases with both an infective aetiology as well as inflammatory dermatoses. In fact, the Global Burden of Disease (GBD) Study 2013, found skin disease to be the fourth (non-fatal) cause of disability worldwide . It is reasonable to predict that the impact of any skin disease will be even more substantial in lower socioeconomicpopulations with limited access to health care and an agricultural economy.

The skin is not a mere inactive covering of the body but a delicate active boundary and is a vital organ of social contact. Diseases of skin are becoming very common but often avoidable which requires early diagnosis, prompt treatment to prevent complications, and hospitalizations. The pattern of skin diseases in India is influenced by the developing economy, level of literacy, lower standards of hygiene, tropical climate, overcrowding, industrialization, quality accessible health care, nutrition, and different religious ritual and cultural factor.

Skin diseases also pose huge financial, psychological burden for the patients and their families. However, there are very minimal data available on the prevalence of the skin disease in this population, especially in central rural India. Improvement in the standard of living, education of the general public, improvement in the environmental sanitation, and good nutritious food may help us to bring down the skin diseases in this area.

Diseases of skin are becoming increasingly important. The pattern of skin diseases in India is influenced by the developing economy, level of literacy, social backwardness, varied climate, industrialization, access to primary health care, and different religious ritual and cultural factors. Skin

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changes are affected with aging due to passage of time, photo-aging due to exposure to the sun. The cutaneous signs of skin are xerosis . fine wrinkling, thinning of skin, loss of elasticity, seborrheic keratosis, coarse deep wrinkling, skin tag, etc.

Skin diseases can adversely affect the quality of life of an individual. Adolescence is a critical time in biophysical development and adverse skin conditions during this period can alter the growth in self-confidence and self-esteem and social engagement. The skin diseases are affected by various factors. The rural population is more vulnerable because of illiteracy. Therefore an attempt has been made to survey the population of villages to know pattern of skin diseases. Skin conditions were the fourth leading cause of nonfatal burden globally, expressed as years lost due to disability and eighteenth leading cause of health burden worldwide, expressed as disability adjusted life years

Skin is the largest organ of human body. The prevalence and pattern of skin diseases are influenced by the overall ecosystem of the region including sociocultural milieu, topography, nutrition, genetics, etc. There have been some attempts of profiling skin diseases through hospital-based studies. The prevalence of skin diseases was reported a bit low in hospital settings as compared to community-level medical camps.

OBJECTIVES-

- 1) To find out the causing factors related to skin diseases.
- 2) To assess the impact of skin diseases on quality of life.
- 3) To find out association between causing factors related to skin diseases which impact the quality of life with their selected demographic variables.

HYPOTHESIS-

- 1) There are no significant relationships between causing factors related to skin diseases which impact the quality of life with their selected demographic variables.
- 2) There is significant relationship between causing factors related to skin diseases which impact on quality of life with their selected demographic variables.

DELIMITATIONS OF THE STUDY- Every study is not complete in itself and it is bound to have some limitations which depends on resources of the investigator and they are termed as delimitations of the study. Following are the delimitations of the present study-

The present study is limited to a random sample of 60 people who are residing in Rural Community area at Chinhat Lucknow, hence the results obtained might not be same if the sample had included other area or other places of the Lucknow. This study is done because it

was not possible for investigator to include other places due to limited resources and potentialities.

The present study is confined to people who are residing in rural community area.

The study is confined to variables under consideration. Other additional variables may be included but due to limited times, resources and potentialities by investigator only the variables related to causing factors related to skin diseases and its impact the quality of life are included in the present study.

POPULATION OF THE STUDY-According to Polit “ A population is entire aggregation of the meet designated set of criteria. Population for a studies look at accommodates the complete aggregates of factors wherein researcher is interested and to which the end result of the study may be implemented. The population of the study consisted of this study population comprise of people of Rural Community area at Chinhat Lucknow. But researcher can not perform the research on total population so in this study the accessible population is 60 people of Rural Community area at Chinhat, Lucknow Uttar Pradesh.

SAMPLE-sample is subset of population decided on take part in a studies study investigators select a sample of 60 people of Rural Community area at Chinhat Lucknow Uttar Pradesh. Pattern of the assessment of causing factors of skin diseases and its impact the quality of life in people of rural community area Chinhat Lucknow those who fulfilled the inclusion criteria. The 60 people were selected through random sampling technique.

SETTING OF THE STUDY-The study is conducted in Rural Community Area at Chinhat, Lucknow, Uttar Pradesh.

SELECTION OF PERSONS – After selection of the Area, People are selected from Rural community at Chinhat, Lucknow were selected randomly.

SAMPLING TECHNIQUES- A total 60 people of Rural community at Chinhat Lucknow Uttar Pradesh was selected by random sampling technique.

VARIABLES- A variable that is selected or controlled by researcher determine its relationship to observed outcome of research.

Polit and Hungler (1999) - A variable is the name implies, something that varies.

Demographic variables-

Demographic variables are used to describe the nature of sample derived from populations. In this study demographic variables is Age, Sex, Religion, Occupation, Environmental sanitation, Housing pattern, water supply, Food pattern, Medication, Vaccination, Personal hygiene, and Doctor consultation.

DATA COLLECTION- Record had been accumulated via Self Structured knowledge questionnaire and Dermatology Life Quality Index (DLQI). On this manner first, permission become

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obtained from the medical officer of Primary Health Centre at Chinhat, Lucknow Uttar Pradesh, earlier than the real statistics series method. The validity and reliability of the tool was obtain from professor, associate professor and assistant professor working in Baba educational Society Institute of Paramedical College of Nursing Lucknow conducting study. Data collection was planned for 19 JULY 2022 by using demographic variables. After that selected 60 sample for assessment of level of causing factors of skin diseases which impact the quality of life with the help of random sampling technique. The Self Structured Knowledge Questionnaire selection-(A)included the 10 itemsdeveloped as a resultof the, qualitative phase, All 10 items in Self Structured Knowledge Questionnaire are rated using a 7 point Likert scale, with 1 being "Strongly Disagree" and7 being "Strongly Agree" only at the extremes, adding the score of each question, resulting in a maximum 70 and minimum of 10. And Dermatology Life Quality Index (DLQI) Section- (B) include10 items Each question is scored on a four-point Likert scale1 being "A little" and 3being "Very much", The DLQI is calculated by adding the score of each question, resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired. A score higher than 10 indicates that the patient's life is being severely affected by their skin disease. Total scores are calculated by summing up responses to each item, resulting in causing factors of skin diseases and its impact the quality ofLife score ranging from 0 to 100 with higher score corresponding to greater skin diseases and its impact on quality of life, it the score is less than 35 it indicates that people do not have more problems but the score is greater than 35 to 70 it indicates that people have moderate level of skin disease which impact their quality of life; and score is greater than 70 to 100 it indicates that people have severe level of skin disease which impact their quality of life.

RESULT AND DISCUSSION - Results are the findings or outcome which resolves the research question raised by the researcher at the beginning of study. This chapter presents the analysis and interpretation of the data collected to determine the A Descriptive design to assess the causing factors related to skin disease which impact the quality of life to the people who are residing in rural community area at Chinhat Lucknow Uttar Pradeshby using self structured knowledge questionnaire and Dermatology Life Quality Index.

Analysis and interpretation of data collected from 60 people living in rural community area at Chinhat Lucknow were done based on the objectives and hypotheses of the study using descriptive and inferential statistics.

The primary objective shows that the causing factors related to skin diseases 0% people is having absence of causing factors of skin diseases which impact the quality of lifeand 4% people is having mild causing

factors of skin diseases which impact the quality of lifeand 54 % people is having moderate level of causing factors of skin diseases which impact the quality of lifeand 2% people is having severe level of causing factors of skin diseases which impact the quality of life.

There is no significant relationship between causing factors related to skin diseases which impact the quality of life with their selected demographic variables of people who are residing the Rural community area such as- Age, Sex, Religion, Food pattern, Medication, vaccination.

There is significant relationship between causing factors related to skin diseases which impact the quality of life with their selected demographic variables of people who are residing the Rural community area such as – Occupation, Housing pattern, personal hygiene, Doctor consultation.

So, In this study H_1 is accepted because of significant relationship between the causing factors related to skin diseases which impact the quality of life with their selected demographic variables.

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