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Research Article

**AN EPIDEMIOLOGICAL DATA AND PREVALENCE IN  
FEMALES REGARDING INDIVIDUAL CLEANLINESS OF  
HEAD LICE AND HYGIENE**<sup>1</sup>Dr. Ayesha Rafi, <sup>2</sup>Dr Amer Iqbal, <sup>3</sup>Dr Ihtisham Ullah<sup>1</sup>WMO, RD 128 Chiniot<sup>2</sup>CDA Hospital, Islamabad<sup>3</sup>Fauji Foundation Hospital Rawalpindi

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**Abstract:**

**Background:** Head lice invasion is a disease of scalp and skin that sources blood, distress, and social and mental disorders through likelihood of secondary bacterial contamination at scratch sites. In Pakistan, although a few small-scale tests have been carried out to investigate the ubiquity of head lice among young students and the entire community, no population-based assessment has been considered. The National Health Survey of Pakistan (NHSP 1990 - 94) was a large-scale study to assess the well-being of the Pakistani population. The NHSP is the main population-based family unit survey that collects information on incidence of head lice in grownup females in Pakistan. In the current research, researchers practice information from NHSP to develop an epidemiological profile of individual cleanliness applies and head lice invasion amongst adult females of 12 years of age in Lahore. **Place and duration:** Place and Duration: In the community department of Services Hospital Lahore for one-year duration from May 2018 to April 2019.

**Results:** Complete, approximately 8% of females aged 12 years in addition older have experienced head lice infestation. The multivariate strategic review of relapses identified factors autonomously related to proximity to head lice. Age less than 17 years also swarming in the home remained related through higher rates of invasion. The effect of the financial position of the family unit on invasion rates amongst females was varied in urban and provincial settings; urban females with low financial status were more helpless than comparable females in rural settings. Rarely washing in the summer stayed related by higher rates of predominance only in Sindh, perhaps due to the way Sindh in all three regions experiences a more flamboyant and progressively sticky summer.

**Conclusion:** The aftermath of our NHSP survey shows significant levels of head lice permeability in young women and ladies in all four provinces. The epidemiological outline of female infertility showed that KPK and Lahore, associated to Sindh, and the country, associated to urban extents, remained less well served in terms of access to water and a cleaner to keep houses clean. Basic and financially sound estimates, for example, the facility of water and cleaner, and improved vigilance concerning the cleanliness of the home can contribute to improving the overall well-being of females in our country.

**Key words:** Epidemiological Profile, head lice invasion, Pakistan.

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**INTRODUCTION:**

Pediculosis capitis, otherwise identified as head lice pervasion, is produced through *Pediculus* people capitis an ectoparasite of man found on hair and scalp. The vast majority of investigations revealed on the study of head lice transmission is limited to the populaces class. An epidemiological study directed at younger students, aged 9 to 17 years, in Peshawar, Pakistan, from May to November 1988, recognized a general banality of 48%, with young women with the higher occurrence rate (47%) than young men (42%). The invasion rate decreased with age in both gender and enlarged through swarming at home<sup>1-3</sup>. The study of urban and rural students aged 7 to 17 years, younger in southern Israel, showed that 56% of offspring remained infested with lice, with lowermost proportion (38%) observed among children living in an urban neighborhood with a high financial situation. Swarming was the fundamental calculation adding to the variety the rhythms of pervasion<sup>4</sup>. A mediation programme was set up following the primary assessment, including instructions on the welfare of the children and guardians, and a free sedative cleanser tailored to each child who was HIV-positive resulted in a significant decrease in head lice invasion one-month later<sup>5</sup>. The overall prevalence of head lice infestation among preschool children and young students in Korea, based on an example of more than 10,000 young people in 11 urban and 9 rural areas, was estimated at 25.5 per cent, with rustic children having a higher infestation rate (59.7 per cent) than urban children (15.3 per cent)<sup>6</sup>. The invasion rate gradually increased from the age of 7, reached a level between 8 and 12 years of age also then gradually reduced with age. Swarming and low educational attainment remained related through complex rates of invasion. Permeability remained high in respondents aged 6 to 20 years, after which it reduced steadily in females and suddenly in men<sup>7</sup>. Nevertheless, the examination was limited to a few territories within a single territory (NWFP) of Pakistan and the inspection was not arbitrary. From now on, the results can no longer be summarized. The cross-sectional study led in the people of agents in an urban ghetto and an angling network in Argentina in 2003 showed the occurrence of capitis pediculosis as 44.5% in ghetto and 29.2% in angling network<sup>8</sup>. Young people matured between 10 and 14 years of age and women were influenced as much as possible; 58.7% of women in the urban ghetto and 42.3% in the angling network were invaded by pediculosis capitis.

**METHODOLOGY:**

The National Health Survey of Pakistan (1992 - 1995) was the synergy between Medical Research Council of Pakistan (WCRP), the Federal Bureau of Statistics and the National Center for Health Statistics of Centers for Illness Control, United States Public Health Service. The goal of the NHSP was to get accurate measures of well-being and a profile of the well-being of Pakistanis by collecting a large-scale test from delegates. During the implementation period of the NHSP, an Institutional Review Board was established, which ensured that the study was based on sound moral rules and institutions. Informed consent and privacy techniques were reviewed and confirmed. A two-group stratified review technique was adopted to gather information. The objective population was divided into eight strata, containing the urban and rural territories (based on the 1983 population assessment) of the four regions. Count squares comprising approximately 205 to 256 families in urban strata and cities in rural strata were measured essential test units. Well-being assessments were directed at all individuals in the selected family units for a multi-purpose assessment purpose. Well-characterized surveys and conventions were created and used throughout assessment. Completely respondents aged 6 years and above were interviewed regarding individual cleanliness, which incorporated cleaning technique after latrine use, recurrent washing in summer and winter (number of times per month) separately, washing stains and wearing shoes inside and outside the home. The proximity of head lice to the PNHA was controlled using an institutionalized convention obtained from clinical techniques. A study professional asked each 12-year-old woman to perform another head louse check several times throughout her hair, starting at the scalp on the forehead and moving behind the ear. The brush was then inspected under a manual magnifying glass with the lighting in the work area and the practical slots were checked by the specialist. Our review recommended three classes (0 - 1, 2 - 3 and  $\geq 4$ ) for the quantity of resistant products in proportion of the financial situation of the family unit. In this document, we refer to the financial situation of family units that own 0 - 1, 2 - 3 and  $\geq 5$ . The strongest products are those at the bottom, middle and top of the individual scale. In addition, we examined factor size, "the number of showers a woman takes for each week in summer" and "each month in winter" using a quartile survey in strategic relapse that showed a double scale for recurrence of summer wash ( $<4$ ,  $\geq 4$  each week) and winter wash ( $<6$ ,  $\geq 6$  each month). In addition, assessment of variable "normal quantity of people per room" in the family unit showed the double scale ( $<4.6$ ,  $\geq 4.6$ ).

**Table 1 Prevalence of head lice amongst Pakistan urban and rural females, aged 12 years and older, by sociodemographic features; National Health Survey of Pakistan Sindh, Punjab, and NWFP Provinces:**

Variable	Rural		Urban	
	Mild	Severe	Mild	Severe
NWFP	2.1(2.0)	4.8(1.6)	6.6(1.2)	1.0(0.6)
Punjab	1.8(0.5)	1.9(0.7)	4.5(3.6)	1.3(1.3)
Sindh	10.1(4.2)	0.6(0.4)	5.0(1.8)	0.2(0.2)
12 – 14 yrs	5.4(1.2)	0.8(0.4)	6.0(1.7)	0.3(0.2)
15 - 28 yrs	14.5(3.4)	2.8(1.4) **	9.4(4.0)	0.9(0.9) **
29 – 43 yrs	1.0(0.5)	6.6(2.2)	3.0(1.3)	0.7(0.5)

**RESULTS:**

To assess pervasiveness of head lice invasion in females 14 years of age and older, we classified head lice as "none", "mild" and "extreme" in relation to 0, 1 - 3, >3 number of nits observed individually on the extraordinary sieves that women passed through their hair. Overall, the rate (standard error) of mild and extreme invasion was 7.5 (2.3) and 0.9 (0.3) individually (n = 2608). In urban areas, 5.8% (1.6%) of women had a mild invasion and 0.6% (0.4%) a severe invasion, while in rural areas, 8.5% (1.9%) of women had a mild invasion and 2.1% (0.4%) an extreme invasion separately. An unequivocal examination of the socio-statistical qualities of the ladies showed that 39% of the ladies were in the age range of 17 to 28 years, although about 15% were younger than 17 years. The share of the Lion ladies was harnessed (63%) and a worryingly higher share (79%) was uneducated. Approximately 28% of the ladies had a place with low-income families and 45% had a place with families of high monetary status. About 52% of the women lived in overcrowded families with more than 4.6 people per room. Table 1 presents the incidence of head lice by urban or rural status, broken down by major socio-statistical qualities. Approximately a proportion of urban women and 33% of rustic women regularly

wore shoes at home. Ninety-four percent of urban women and about 78% of rustic women in the province regularly wore shoes outside the home. The proportion of women using water for washing after using a jerry can is a sign of Muslim culture. In urban areas 87% and in rural areas only 27% of females used cleaner and water to wash their hands after using a jerry can. In NWFP and Lahore, not exactly 50% of women used cleaner and water to clean their hands after using the latrine. A dominant proportion of females in urban areas wash as often as possible in summer (98%) and winter (73%). Though, in rural areas, about 87% of women wash regularly in summer and only 36% in winter separately. In NWFP and Lahore, about a quarter of females wash occasionally in winter (Table 2). Table 2 shows the frequency of head lice, broken down by individual cleanliness practices, and the use of the physician-approved prescription and DDT for head lice control. There remained not any critical contrast in the occurrence of head lice among females who had applied physician-prescribed medication to control head or body lice (in previous months) and these who had not. Thus, the habit of DDT for head lice control never had any effect on head lice invasion.

**Table 2: Occurrence of head lice amongst Pakistan females:**

Variables	Mild	Severe
Yes	1.5(1.0)	5.9(2.2)
No	0.7(0.2)	6.4(1.3)
Yes	1.8(0.8)	6.0(1.4)
No	0.7(0.2)	6.4(1.3)
Paper/other	7.9(2.8)	
Stone/clay	1.1(0.6)	6.0(1.9)
Water	0.7(0.2) ±	6.5(1.4)
Soap & water	1.3(1.0)	10.2(4.6)
Do not usually/Stone/ clay/grass/sand/other	0.4(0.2)	5.1(1.3)
Water	1.2(0.4)	7.2(2.0)
≥3	1.8(0.9)	16.2(6.1)
<3	0.7(0.2) **	5.4(1.1)

**DISCUSSION:**

In this document, a general delegation test for women 12 years of age and older, based on the NHSP (1992 - 1998), reveals high levels of lice invasion among young women and women in the three provinces under consideration<sup>9</sup>. The aftermath of this review shows that NWFP and Lahore lag behind Sindh in terms of access to water supply and basic necessities such as cleaning to keep the house clean. Lack of vigilance with regard to appropriate sterile practices in the two previous territories may also account for the insufficient individual cleanliness of their ladies. Similarly, the rustic regions give the impression that they are much less developed than the urban regions with respect to the population needs mentioned above<sup>10</sup>. The review presented here did not use information from the Punjab because of problems with the information from this region in the NHSP component on lice. Despite the fact that it is not known to be a disease vector, head lice infestation causes blood discomfort, aggravation, malaise, and social and mental misery. Facultative bacterial contamination can occur in places where people scratch<sup>11</sup>. In a survey conducted in a low financial area of the city of Tabriz, Iran, head lice were analyzed by clinical evaluation of the scalp and hair and using a manual magnifying glass, and revealed a lower rate of invasion of 7.6% in young women aged 11-15 years and 2.7% in those aged 16-19 years. Although our review uses a somewhat basic procedure to diagnose head lice, there is no universally accepted epidemiological definition<sup>12</sup>. The exceptionally institutionalized convention used in the NHP (three passes over the hair) should be less sensitive than the brief brushing technique<sup>13-14</sup>. Our multivariate strategic investigation of relapses in the PNHA distinguishes factors autonomously related to the proximity of head lice. Younger women over the age of 16 are twice as likely to experience the adverse effects of head lice infestation as more established women<sup>15</sup>. Different researches have recognized comparable trend of lessening prevacation rates in females whose age increases after the age of 14.

**CONCLUSION:**

The epidemiological profile of women's cleanliness practices in 4 provinces considered showed that NWFP and Lahore lag behind Sindh in terms of contact to water and cleaning products to maintain cleanliness around the home. In essence, the rustic areas seemed, by all accounts, to remain considerably less developed associated to the urban areas. The aftermath of our NHSP survey shows high levels of head lice invasion amongst young women and ladies in all 4 provinces. Younger age, swarming of the family unit, and financial status, as well as irregular washing in the summer, were freely linked to head lice invasion. DDT is applied for head lice in nation; their use should be weakened because

of their destructive consequences for people and the opposition to head lice control. Basic and practical actions, just like arranging water and cleanser, and improving vigilance about the cleanliness of the home, can make a fundamental contribution to improving the overall well-being of women in Pakistan.

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