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Association between Hair Hygiene and *Pediculus capitis* Infestation among Elementary School Students in Sukorambi District, Jember Regency

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# Abstract

Pediculus humanus capitis (P.h. capitis) is an ectoparasite which inhabits hair and scalp of human, causing a neglected disease called *Pediculus humanus* capitis infestation or pediculosis capitis. This disease, easily transmitted between people directly or indirect, often affects girls around 3-12 years old in tropical countries with high humidity. This can be avoided with applying personal hygiene focused on hair area (hair hygiene). Hair hygiene in this study was divided into several parameters, such as frequency of hair washing, shampoo usage, hair drying, towel sharing habit, comb and hair accessories sharing habit, head cover sharing habit, and close contact with an infested person. The aim of this study is not only to know the prevalence of P. h. capitis infestation, but also to determine the correlation between hair hygiene and P. h. capitis infestation among elementary school students in Sukorambi District, Jember Regency. This study was held around January to February 2024 using cross-sectional approach with total 83 respondents. Respondents were given several questions about parameters of hair hygiene and their hair was examined using lice comb to find P. h. capitis. Prevalence of Pediculosis capitis infestation among elementary school students in Sukorambi District reached 71.1%. Statistical analysis showed that towel sharing habit and comb and other hair accessories sharing habit had a significant relationship with *P. h. capitis* infestation (p-value <0.05). Multivariate analysis using logistic regression showed that comb and other hair accessories sharing habit were the most significant hair hygiene parameters.

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### **INTRODUCTION**

Pediculus humanus capitis infestation or often known as pediculosis *capitis* is a neglected disease despite there being many cases globally.<sup>12</sup> It can affect every person but girls around 3-12 years old living in tropical country with high humidity are most likely affected more than boys, because they tend to get close to each other.<sup>5,8</sup> P.h. capitis is an obligate ectoparasite that inhabits scalp and hair, and sucks human blood to survive.<sup>6,10</sup> Its life cycle starts from eggs (nits), nymph, and then into fully developed adult lice that can get transmitted to people.<sup>15</sup>

P.h. capitis sucks human blood from people's head every three to six hours. It will trigger productivity of Ig-E. released which will make Histamin is human feels  $itchy^1$  and develop anemia symptoms among people who are chronically infected. Other symptoms are uncomfortable. feeling losing concentration. and disturbed while studying and sleeping. Some people may develop secondary bacterial infection.<sup>3,15,24</sup>

About 6-12 million cases happen every year with prevalence rate reaching 50% in the US, United Kingdom, and France.<sup>15</sup> Some children got *P.h.capitis* infestation more than two times in Tropical Estonia<sup>14</sup>. Southeast Asia countries such as Malaysia, Philippines, and Thailand reached more than 60% in prevalence rate.<sup>13,19,28</sup> There were studies conducted in some cities in Indonesia about the prevalence of pediculosis capitis, which found most of them reached 50%.16,20,27

*P.h. capitis* infestation can be treated with topical drug with pediculicide effect, such as permethrin, topical ivermectin, and pyrethrin. There is also non-medical treatment such as removal of the lice, which is safer than medical treatment. Maintaining personal hygiene

2

that focuses on hair and scalp area can be a way to prevent *P.h. capitis* infestation<sup>15</sup>. Hair hygiene is a way to keep hair cleanliness and health in order to prevent *P.h. capitis* infestation; it entails hair washing behavior, post hair washing, and avoid sharing hair accessories with others so it can prevent *P.h. capitis* infestation.<sup>20,22</sup>

There are not enough data and research studies about the prevalence rate of P.h. capitis infestation in Indonesia. Correlation between hair hygiene and P. h. capitis infestation has never been studied, especially in Sukorambi District, Jember Regency. Sukorambi District is one of the districts located in Jember Regency that has the largest population of children under 14 years old based on data by Badan (BPS) Pusat Statistik Jember. This research aimed to know the prevalence of P. h. capitis infestation and to find the correlation between hair hygiene and P.h. capitis infection among elementary school students.

#### MATERIALS AND METHODS

This is a cross-sectional study with technique. purposive sampling The research was held January-February 2024 in five elementary schools in Sukorambi District, Jember Regency. The respondents are elementary school girls who never been diagnosed with scalp diseases nor having treatment of P.h. capitis infestation. They had to be in fourth/fifth/sixth grade and their hair length must be under their shoulder when this research was conducted.

All respondents were given seven questions about their hair hygiene such as frequency of hair washing, shampoo usage, hair drying, towel sharing habit, comb and other hair accessories sharing habit, head cover sharing habit, also close contact with any infested person recently. *P.h. capitis* infestation was examined using dry combing method throughout their hair; it was counted as a positive infestation if any lice or nits were found. Results from the questions and physical examination were analyzed using chi-square or Fisher's exact to determine the correlation between hair hygiene and *P.h. capitis* infestation. The most dominant hair hygiene parameter is determined using a logistic regression multivariate test.

#### **RESULTS AND DISCUSSION**

There are 83 respondents from five elementary schools. There are 59 (71.1%) respondents who tested positive in *P.h. capitis* infestation and 24 negative as the result of hair examination. The result counted as positive if there were found any egg lice (nits), nymph, or lice within hair and scalp area. Nits and lice found were identified using microscope to make sure it was *P.h. capitis*. Figure 1 shows an example of lice and nits that were found during this research using microscope with 40x magnification.

*P.h. capitis* were measured for their size, their length and width were about 2-2.5 mm and 0.5-1 mm. Lice eggs that found were 0.75-1 mm in length and 0.25-0.5 mm in width.

The questions that were given to the respondents are described in Table 1 below. Most respondents wash their hair at least three times per week, using shampoo, drying their hair, not sharing their towel and head cover, sharing their hair accessories, and also had close contact with an infested person.

Variable	Category	Total (n=83)	%
Frequency of hair washing	≥3x/week	62	74.7
	<3x/week	21	25.3

Shampoo usage	Yes	80	96.4
	No	3	3.6
Hair drying	Yes	53	63.9
	No	30	36.1
Towel sharing	Yes	37	44.6
habit	No	46	55.4
Comb and other accessories	Yes	52	62.7
sharing habit	No	31	37.3
Hair and head	Yes	24	28.9
cover sharing habit	No	59	71.1
Close contact	Yes	68	81.9
with infested person	No	15	18.1

There were seven parameters analyzed using SPSS to determine the correlation between the parameters and *P.h. capitis* infestation.



**Figure 1.** *P. h. capitis* with 40x magnification A) Lice eggs (nits) B) Mature head lice

Table 1. Hair washing frequency					
Hair	Infestation		n voluo	OD	
washing	(+)	(-)	p-value	OR	
≥3x/week	41	21	0.007	0.325	
<3x/week	18	3	0.087	0.323	

Table 1.	Hair	washing	freq	uency
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Table 2 shows there are 41 respondents washing their hair more than three times a week and 18 respondents washing their hair less than three times a week who got P.h. capitis infestation, meanwhile 21 respondents who wash their hair more than three times a week and three respondents washing their hair less than three times a week did not get P.h. capitis infestation. After being analyzed using chi-square test, it resulted in p-value 0.086 and OR 0.325. It means there is no significant relationship between hair washing frequency and *P.h.* capitis infestation (p-value >0.05); hair washing more than three times a week has risk of having P.h. capitis infestation 0.3 times more than washing hair less than three times a week.

No significance was found between hair washing frequency and P.h. capitis infestation in line with some previous studies.<sup>18,21,27</sup> This is because hair washing alone could not kill the lice. Hair washing is focused on cleaning up the hair scalp area and reducing hair moisture. The lice still survive can with a healthy environment. After hair washing, people should do manual hair examination to make sure there are no lice left. It will be more effective than just doing hair washing.4,16,17

#### Table 2. Shampoo usage

4

Shampoo	Infest	ation		OD
usage	(+)	(-)	p-value	UK
Yes	57	23	1.000	
No	2	1	1.000	-

Table 3 shows 57 respondents washing their hair using shampoo and two respondents not using shampoo got P.h. capitis infestation. meanwhile 23 respondents who use shampoo and one respondent who did not use shampoo did not get *P. h. capitis* infestation. After being analyzed using Fisher's exact test, it resulted 1.000 in p-value. It means there was no significant relationship between shampoo usage and P. h. capitis infestation (p-value >0.05). No significance was found between shampoo usage and P. h. capitis infestation in line with previous studies.16,18,20 Almost all shampoo products that are sold publicly do not contain pediculicide or substances that will kill P. h. capitis, it is only to clean, give moisture, and balance pH around the hair area.15,22

Hair	Hair Infestation		n voluo	OR
drying	(+)	(-)	- p-value	UK
Yes	38	15	0.870	1.086
No	21	9	0.870	1.080

Table 4 shows there were 38 respondents who dry their hair and 21 respondents who never dry their hair who got P. h. capitis infestation, meanwhile 15 respondents who dry their hair and nine respondents who never dry their hair did not get P. h. capitis infestation. After being analyzed using chi-square test, it resulted in p-value 0.870 and OR 1.086. It means there was no significant relationship between hair drying and P. h. capitis infestation (p-value >0.05); drying hair has risk of having P. h. capitis infestation one time more than not drying hair.

No significance between hair washing frequency and P. h. capitis infestation was the same result as a previous study.<sup>11</sup> This is because drying hair will kill not the lice.

Drying hair is a hair hygiene process that reduces hair moisture and humidity, it should be done with giving pediculicide to kill the lice. The lice still can survive with that environment if pediculicides are not used or being picked manually.<sup>11,15</sup>

 Table 1. Towel sharing habit

Towel sharing	Infestation		p-	OD	
habit	(+)	(-)	value	OR	
Yes	31	6	0.022	2 2 2 1	
No	28	18	0.022	5.521	

Table 5 shows there were 31 respondents who share their towel and 28 respondents who never share their towel who got *P. h. capitis* infestation, meanwhile six respondents who share their towel and 18 respondents who never share their towel and 18 respondents who never share their towel did not get *P. h. capitis* infestation. After being analyzed using chi-square test, it resulted in p-value 0.022 and OR 3.321. It means there was significant relationship between towel sharing habit and *P. h. capitis* infestation (p-value <0.05); towel sharing has three times greater risk of having *P. h. capitis* infestation than not sharing towel.

Significance between hair washing frequency and *P. h. capitis* infestation had the same result with some previous studies .<sup>9,23,26</sup> This is because towel sharing can trigger indirect *P. h. capitis* transmission between people. Lice could crawl within the towel and will stay there for hours until days and when someone uses the towel to rub their hair and scalp, they will get a new host to live on.<sup>2,15</sup>

**Table 2.** Comb and other hair accessoriessharing habit

Comb and other hair	Infest	tation	_	
accessories sharing habit	(+)	(-)	p-value	OR
Yes No	45 14	7 17	0.000	7.806

Table 6 shows there were 45 respondents who share their comb also other hair accessories and 14 respondents who never share their comb and also other hair accessories who got P. h. capitis infestation, meanwhile seven respondents who share their comb also other hair accessories and 17 respondents who never share their comb or other hair accessories did not get P. h. capitis infestation. After being analyzed using chi-square test, it resulted in p-value 0.000 and OR 7.806. It means there was significant relationship between towel sharing habit and P. h. capitis infestation (pvalue <0.05); comb and other hair accessories sharing has risk of having P. h. capitis infestation three times bigger than not sharing.

Significance between comb and other hair accessories sharing habit and *P*. *h*. *capitis* infestation had the same result with some previous studies.<sup>9,16,23,26</sup> Comb and other hair accessories sharing can trigger indirect *P*. *h*. *capitis* transmission between people. Lice could stay there for hours until days and when someone uses the comb or other hair accessories, they will get a new host to live on.<sup>2,15</sup>

Head and hair cover	Infestation		_	
sharing habit	(+)	(-)	p-value	OR
Yes No	19 40	5 19	0.300	1.805

**Table 3.** Head and hair cover sharing habit

Table 7 shows there were 19 respondents who share their head cover and 40 respondents who never share their head cover who got *P. h. capitis* infestation, meanwhile five respondents who share their head cover and 19 respondents who never share their head cover did not get *P. h. capitis* infestation. After being analyzed using chi-square test, it resulted in p-value

0.300 and OR 1.805 . It means there was no significant relationship between head or hair sharing habit and *P. h. capitis* infestation (p-value >0.05); head and hair cover sharing has a one time greater risk of having *P. h. capitis* infestation than not sharing.

No significance between hair or head cover sharing habit and *P. h. capitis* infestation was the same result with some previous studies.<sup>21,27,29</sup> Head cover such as veil, scarf, and mukena (prayer veil) mostly has soft and smooth surface so it will be difficult for lice to crawl there. Also, many people always use a kind of personal fabric to cover their hair before using veil or helmet. If their veil or helmet is borrowed, it will not cause any indirect transmission.<sup>25</sup>

Close contact with infested person	Infestation			
	(+)	(-)	p-value	OR
Yes No	51 8	17 7	0.119	-

Table 8 shows there were 51 respondents who had close contact with an infested person and eight respondents who did not have close contact with an infested person who got P. h. capitis infestation, meanwhile 17 respondents who had close contact with an infested person and seven respondent who did not have close contact with an infested person did not get P. h. capitis infestation. After being analyzed using Fisher's exact test, it resulted in pvalue 0.119. It means there was no significant relationship between close contact with an infested person and P. h. *capitis* infestation (p-value >0.05). It was caused by there being no head to head interaction between two people that are close to each other, so the lice would not get transmitted because lice only can

crawl, not fly or jump toward other people's hair.<sup>7,20</sup> Beside that, we did not know nor ask about preventive care that individuals already did to prevent head lice transmission.

Among seven parameters about hair hygiene, parameters that have p-value <0 are comb and other hair accessories sharing habit, and close contact with an infested person.

Variable	p-value	OR	CI 95%
Frequency of hair washing	0.176	0.351	0.077- 1.601
Towel sharing habit	0.175	2,431	0.674- 8.774
Comb and other hair accessories sharing habit	0.004	5,581	1,720- 18,106
Close contact with infested person	0.558	1,552	0.357- 6,753

Table 9 shows the result of multivariate analysis. Comb and other hair accessories sharing habit is the most dominant hair hygiene parameter that can cause *P. h. capitis* infestation with p-value 0.004, OR 5.581, and CI 95% in range 1,720-18,106. That habit can trigger indirect transmission of *P. h. capitis* to other individuals.

Hair hygiene is one of preventive care to prevent ourselves from getting *P*. *h*. *capitis* infestation. However, there are other ways to prevent the infestation. Also, curative care is needed because it can kill the lice more effective. Prevalence rate is still high among elementary school students, so health promotion needs to be done by the government.

# STRENGTH AND LIMITATION

Few studies having discussed about this topic is the limitation of this study thus more research is needed. Also, the answers from respondents are mostly subjective, the authors did not ask to crosscheck respondents' answers. However, we believe this study will help other people to research more about this topic.

# CONCLUSIONS

Prevalence rate of *P.h. capitis* infestation among elementary school students in Sukorambi District, Jember Regency was counted 71. There were two parameters which have a significant relationship with *P.h. capitis* infestation. The most dominant hair hygiene parameter toward *P.h. capitis* infestation is hair accessories sharing habit because this habit may trigger indirect transmission between people.

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# ETHICAL CLEARANCE

The research protocol was approved by The Ethics Committee of the Faculty of Medicine, Jember University (0152/UN25.1. 10.2/KE/2024).

#### **CONFLICT OF INTEREST**

All authors declare that they have no conflict of interest during this research.

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#### **AUTHOR CONTRIBUTION**

First author designed, collected, and analyzed the data. Second and third author contributed to data interpretation and manuscript writing. All authors reviewed and approved the final manuscript.

#### REFERENCES

- Abbas M, Moussa M, Akel H. Type I Hypersensitivity Reaction [Internet]. 2023 [cited 12 August 23]. Available from: https://www.ncbi.nlm.nih.gov/books/ NBK560561/
- Bharti SN, Umekar MJ, Duragkar NJ. A Review on Pediculus humanus capitis: Based on Life Cycle, Resistance, Safety Considerations and Treatment. Int J Indig Herbs Drugs. 2017;2(2):27–36.
- Bragg BN, Wills C. Pediculosis [Internet]. [cited 24 March 23]. Available from: https://www.ncbi.nlm.nih.gov/books /NBK470343/
- Cahyarini IGAAC, Swastika IK, Sudarmaja IM. Prevalensi dan gambaran faktor risiko Pediculosis capitis pada anak Sekolah Dasar Negeri 11 Dauh Puri, Provinsi Bali. Jurnal Medika Udayana. 2021;10(10):21–7.
- 5. CDC. Head Lice. Available at: https://www.cdc.gov/lice/about/head -lice.html (online). 2024.
- 6. Coates S, Thomas C, Chosidow O, Engelman D, Chang A.

Ectoparasites: Pediculosis and Tungiasis. J Am Acad Dermatol. 2019;82(3):551–569.

- 7. Cummings C, Finlay JC, MacDonald NE. Head Lice Infestations: A Clinical Update. J Paediatr Child Health (Canadian Paediatric Society). 2018;23(1):e18–e32
- 8. De Souza AB, De Morais PC, Dorea JPSP. Fonseca ABM. Nakashima FT, Corrêa LL, et al. Knowledge Pediculosis among Schoolchildren Parents and Its with Relation Head Lice Prevalence. Anais Da Academia **Brasileira** de Ciencias. 2022;94(2):1-15
- Fadhillah MF, Anwar C, Liberty IA. Risk Factors for The Event of Pediculosis capitis in The Baturaja Orphanage, South Sumatera, Palembang. Bioscientia Medicina: J Biomed Transl Res. 2021;5(3):843–850.
- 10. Firoozfar F, Moosa-Kazemi SH, Bahrami A, Yusuf MA, Saghafipour A, Armoon Z, et al. Head Lice Infestation (Pediculus humanus capitis) Prevalence and Its Associated Factors, among The Kormanj Tribes in North Khorasan Province. Shiraz E Med J. 2019;20(4):1–6.
- 11. Gandari HP, Mashuri YA, Sari Y. The association between gender, personal hygiene indicators, and density occupancy with the incidence of pediculosis capitis at Tsanawiyah Pondok Madrasah Pesantren (ponpes) Nurus Sunnah Semarang. Berkala Ilmu Kesehatan Kulit Dan Kelamin. 2024;36(1):53-9.
- 12. Kartashova OV, Lobuteva LA, Zakharova OV, Lobuteva AV, Goykhman AA. Medical and

8

Social Factors of Pediculosis. Open Access Maced J Med Sci. 2019;7(19):3240–4.

- 13. Kitvatanachai S, Kritsiriwutthinan K, Taylor A, Rhongbutsri P. Head Lice Infestation in Pre-High School Girls, Lak Hok Suburban Area, Pathum Thani Province, in Central Thailand. J Parasitol Res. 2023:1–8.
- 14. Kutman A, Parm Ü, Tamm AL, Hüneva B, Jesin D. Estonian Parents' Awareness of Pediculosis and Its Occurrence in Their Children. Medicina. 2022;58(12): 1–11.
- 15. Leung AKC, Lam JM, Leong KF, Barankin B, Hon KL. Paediatrics: How to Manage Pediculosis capitis. Drugs in Context. 2021;11:1–15.
- 16. Lukman N, Armiyanti Y, Agustina
  D. Hubungan Faktor-Faktor Risiko
  Pediculosis capitis terhadap
  Kejadiannya pada Santri di Pondok
  Pesantren Miftahul Ulum
  Kabupaten Jember. J Agromed Sci.
  2018;4(2):102–9.
- 17. Maharani A, Pandaleke HEJ, Niode NJ. Hubungan kebersihan kepala dengan pedikulosis kapitis pada komunitas dinding di Pasar Bersehati Manado. E-CliniC. 2020;8(1):163–171.
- 18. Maryanti E, Lesmana SD, Novira M. Hubungan Faktor Risiko dengan Infestasi Pediculus humanus capitis pada Anak Panti Asuhan di Kota Pekanbaru. Jurnal Kesehatan Melayu. 2018;1(2):73– 80.
- 19. Mokhtar AS, Ling LY, Wilson JJ, Abdul-Aziz NM. Genetic Diversity of Pediculus humanus capitis (Phthiraptera: Pediculidae) in Peninsular Malaysia and Molecular Detection of Its Potential

Associated Pathogens. J Med Entomol. 2019;20(10):1–12.

- 20. Nadira WA, Sulistyaningsih E, Rachmawati DA. Hubungan antara Personal hygiene dan Kepadatan Hunian dengan Kejadian Pedikulosis kapitis di Desa Sukogidri Jember. J Agromed Med Sci. 2020;6(3):161– 167.
- Nurdiani CU. Faktor-faktor yang mempengaruhi pediculosis capitis pada anak-anak umur 6–12 tahun di Pondok Pesantren Sirojan Mustaqim dan penduduk RW 03 Kelurahan Pondok Ranggon Kecamatan Cipayung, Jakarta Timur. Jurnal Ilmiah Analis Kesehatan. 2020;6(1):39–48.
- 22. Rahmawati RK, Teresa A, Mutiasari D, Jelita H, Augustina I. Hubungan tingkat pengetahuan dan perilaku penggunaan sampo terhadap kejadian pedikulosis kapitis di Panti Asuhan X Palangka Raya. Jurnal Kedokteran. 2020;8(1):965–72.
- Rumampuk MV. The Importance of Hair and Scalp Hygiene for Pediculus humanus capitis Epidemic Prevention. Jurnal Ners. 2017;9(1):35–42.
- 24. Sadhasivamohan A, Karthikeyan K, Palaniappan V. Pediculosis Capitis with Id Reaction and Plica Polonica. Am J Trop Med Hyg. 2021;105(4):862–3.
- 25. Sari RP, Handayani D, Prasasty GD, Anwar C, Fatmawati K. Correlation between the use of shared goods with pediculosis capitis among students in Pondok Pesantren Subulussalam Palembang. J Agromed Med Sci. 2020;8(2):78–84.
- 26. Sitorus RJ, Anwar C, Novatria. Epidemiology of pediculosis capitis of foster children in orphanages

Palembang, Indonesia. Advan Health Sci Res. 2020;25: 202–207.

- 27. Suweta NPTB, Swastika IK, Sudarmaja IM. Prevalensi Pediculosis capitis dan Faktor Risiko Infestasinya pada Anak di SD No. 6 Darmasaba, Kecamatan Abiansemal, Kabupaten Badung. Jurnal Medika Udayana. 2021;10(6):54–60.
- 28. Torre GLTD, Ponsaran KMG, de Guzman ALDP, Manalo RAM, Arollado EC. Safety, Efficacy, and Physicochemical Characterization of Tinospora crispa Ointment: A Community-Based Formulation against Pediculus humanus capitis. Korean J Parasitol. 2017;55(4):409– 16.
- 29. Yunida S, Rachmawati K, Musafaah. Faktor-faktor yang berhubungan dengan kejadian pediculosis capitis di SMP Darul Hijrah Putri Martapura: case control study. Dunia Keperawatan. 2016;4(2):124–32.