

Dermatological Diseases in a Chepang Community

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Abstract

Chepang is an indigenous group residing mostly in the hilly region of central Nepal. They are still considered as most marginalized and socio-economically deprived group in the country. There are just a handful of studies on the health status of this community but none of these studies were dedicated on the dermatological issues. A two-day dermatological outreach camp dedicated for Chepang community was conducted at Makawanpur district of central Nepal. Dermatophyte infections and scabies were the most common dermatological problems noted. The poor socio-economic status, poor hygiene combined with illiteracy was the major factor contributing to these conditions and their overall health.

Key words: Community dermatology; Dermatophytosis; Indigenous; Scabies

Dear Editor,

Chepang is an indigenous group residing in the hilly region of central Nepal. These tribe used to live a semi-nomadic lifestyle with enormous dependence on the natural forest resources for their survival. They have now slowly shifted towards more settled way of life with increased reliance in agriculture and cultivation. Chepangs, also called by name "Praja" are considered as one of the most marginalized and socio-economically deprived indigenous ethnic community of Nepal.¹ Still, more than 90% of Chepang depend on forest foraging and hunting for their livelihood.² There are sparse studies regarding the health conditions of this community. This community has a poor health seeking behavior along with a low socio-economic lifestyles.³ A high degree of ocular morbidity including cataract and other causes of associated blindness were found among the Chepang population.⁴ The population consensus conducted in 2011 found the total population of the Chepang ethnicity to be 68399 with 34620 males and 33779 females.⁵ There are no published literature on dermatological disorders of Chepang community published till date.

A two-day out-reach clinic was conducted in a Chepang community at Makawanpur district.

There were 69 patients (40 males and 29 females) belonging to the Chepang ethnicity with a mean

age of 30.4 (+/- 18.6) years who sought consult for dermatological problems (Figure 1).

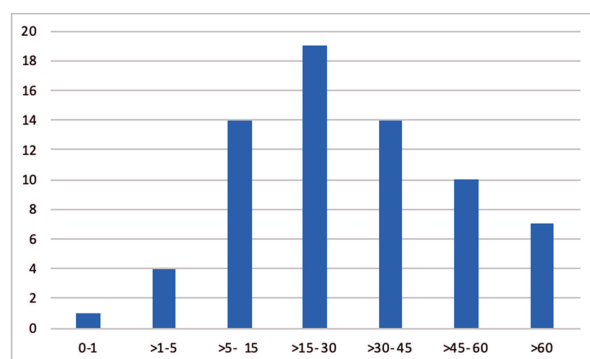


Figure 1: Bar diagram showing distribution of total patients according to age group in years.

The most common dermatological problem was infection and infestation present in 46 (66.6%) patients. Among them, 28 (40.5%) patients had infection whereas 18 (26%) patients had infestation. Among these, superficial fungal infection was the most common skin problem present in 25 (36.2%) patients.

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Scabies was the most common infestation diagnosed in 15 (21.7%) patients. Bacterial infection and pediculosis were present only in three patients (4.34%). Other common causes for seeking medical consultation included eczema presented in 8 (11.6%) patients and urticaria presenting only in 4 (5.8%) patients (Figure 2).

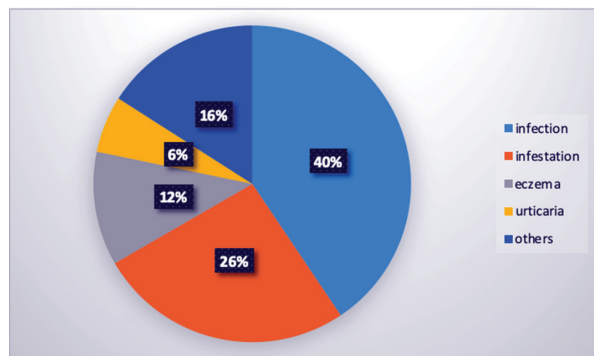


Figure 2: Pie-chart showing distribution of various dermatological disorders among Chepang community.

According to the duration of lesion, a total of 32 (46.3%) patients had skin problems for a duration

between one to six months' time, 28 (40.5%) patients had it for less than a month's duration whereas 9 (13.0%) patients had their condition for more than six months. On the basis of level of education attained, only one Chepang had completed the college education, 19 (27.5 %) patients had not completed the high school education but notably 49 patients (71%) were illiterate.

Chepang is one of the marginalized indigenous communities with majority still living in the semi-nomadic existence. Our extensive literature search failed to find any articles with concerns on the skin health of the Chepang community.

Studies on the indigenous communities worldwide have shown a poor skin condition among these population.^{6,7} Scabies along with infection was the most common dermatological condition among the Australian aborigines.⁸⁻¹⁰ Superficial fungal infections and scabies were the most common dermatological problems among the Chepang people. Poor living conditions, low level of education, poor socio-economic status and lack of reach to health facilities may be the contributing factors.

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