



British Association of Dermatologists Elective Prize/ Project Grant - Summer 2018

**The Sociocultural Perspective and Psychological Impact of Dermatological Disease in
Mombasa, Kenya**

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With my project supervisor, Dr Joash Matonda at an outpatient dermatology clinic at the Coast Provincial General Hospital (CPGH) in Mombasa

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Introduction and Literature Review

The skin is the largest and most visible organ of the human body, providing a glimpse into the physical and psychological well being of an individual and their culture. Psychological problems can result from and impact the onset and exacerbation of many dermatological conditions. [1]

During my 4-week elective placement at the CPGH, I aimed to undertake a reflective project on the psychological impact and sociocultural perspective of dermatological disease in Mombasa. I attended dermatology clinics at the CPGH that enabled me to physically examine, take histories and help form management plans for patients with various dermatological conditions. Encountering over 40 different skin diseases, I explored each patient's main expectations, concerns and sociocultural issues related to their skin condition. I also observed the relationship between psychological factors and dermatological conditions such as acne, eczema, leprosy, HIV-related skin disease and albinism. These conditions mentioned are commonly referred to in literature as being associated with low levels of self-esteem, stress, anxiety and depression. [2,3,4,5] There are a lot of ethical, cultural and social issues especially surrounding HIV-related skin disease and albinism in East Africa. [6,7]

Albinism is a hereditary skin condition affecting the production of melanin. It affects an estimate of 1 in every 5000 in Africa. [7] Despite this there is strong evidence of stigmatisation and social discrimination towards albinism in Kenya due to the lack of knowledge about this skin condition in the community. In rural regions of Kenya and other parts of East Africa individuals with albinism are seen as cursed, referred to as 'ghosts' and killed due to the spiritual belief that their body parts bring good fortune. [8] There is limited literature in Kenya into the psychological impact of albinism, however some Non-Governmental Groups such as 'Albinism Society in Kenya (ASK)' work to destigmatise and educate the community, especially on the importance of sun protection as individuals are at a greater risk of skin cancer. [9] Cultural and religious views also play into the stigma behind HIV-related skin disease in sub-Saharan Africa due to its association with sexual deviancy. [6]

Reflective Summary

The perspective of each patient towards their skin condition varied mostly according to their age, attitude, illness beliefs, occupation, social circumstances, the site and distribution of symptoms and physical discomfort caused. Atopic and seborrheic dermatitis, were the most common dermatological presentations at the CPGH, especially with infants. Scabies was another common presentation in families, especially living in rural regions, where schools and communities were affected due to it being highly contagious. Scabies, caused by the mite

Sarcoptes scabiei, leads to severe itchiness and occurs commonly in tropical climates, crowded living conditions and immunocompromised individuals. The main concern families had with this diagnosis is the time they needed to take off work and school to avoid affecting others in the community.

HIV-related skin disease was a main worry and stigma for most patients that presented to the dermatology clinic. At the CPGH, the HIV clinic is situated next door to dermatology, as a significant amount of patients present with HIV-related skin disease such as pruritic papular eruptions (PPE), molluscum contagiosum and herpes simplex lesions. This set-up made it easier for multidisciplinary review and referral, however it may have caused a lot of unnecessary worry to patients who incorrectly perceived their skin condition to be HIV-related. One of the patients I encountered, diagnosed with folliculitis keloidalis affecting the nape of his neck, was very self-conscious about his skin condition. He mentioned always wearing a cap in public and how he feared the community would perceive his skin condition to be HIV-related, which was a common misconception within his family and friends. Another patient presenting with HIV-related PPE, described how he was much more sociable before developing this 'physical' manifestation of the viral infection. The cultural and social beliefs about skin disease have a profound effect on these patients' ability to cope with their skin condition and their overall quality of life. Understanding the implications of this is important in order to provide patient and community orientated care and education to help destigmatise these skin conditions.

Society's increasing fixation with self-image, creates a lot of pressure on patients with dermatological disease. There's a fine-line when it comes to the use of skin whitening products and the natural loss of an individual's skin colour. The former, advertised by the media while the latter seen by most patients as threatening to their ethnic identity, adding to the psychosocial distress a patient may experience. I encountered female patients presenting with hypopigmentation and steroid-induced dermatitis due to use of potent topical corticosteroids to achieve skin lightening. I also encountered a 4-year-old triplet presenting with pityriasis alba, both her sisters were born with albinism. Her father was worried the hypopigmentation on her face was progressing to albinism but was informed the condition she had was self-limiting. The father described his community as very supportive and was well educated on the management of albinism. He mentioned that patient support organisations and outreach teams for albinism played a huge role in helping his family and community cope with the psychosocial effects of the skin disease and helped provide them with sunscreen, hats and sunglasses.

Overall, my experiences at the CPGH and knowledge gained have been invaluable in shaping my awareness on the impact skin disease has on a patient's life and the importance of dermatologists having access to a wide-range of supportive services including psychological, occupational and educational support. This Elective Project has increased my passion to peruse dermatology as a career in the future and helped me gain insight into the importance of a patient-centred and multidisciplinary approach, which is what health care services in developing countries are progressing towards.

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