



## HEALTH CRISIS MANAGEMENT: A STUDY ON THE HANDLING OF SCABIES AS A COMMUNICABLE DISEASE AT AL HUSAIN ISLAMIC BOARDING SCHOOL

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ABSTRACT	Keywords
Islamic boarding schools are densely populated and communal environments that are highly vulnerable to the spread of infectious diseases such as scabies. Scabies transmission not only affects morbidity rates but also impacts student attendance, psychological well-being, and economic burden. This study aims to analyze the effectiveness of health crisis management in addressing scabies at Pondok Pesantren Al Husain, Magelang. A quantitative approach was employed using path analysis based on Structural Equation Modeling (SEM) through SmartPLS 3.0. A total of 220 students were selected as respondents using the Slovin formula. Data were collected through questionnaires. Findings indicate that policy and protocol variables have the most significant influence on response speed and the effectiveness of crisis management ( $\beta = 0.279$ ; $p = 0.000$ ). Response speed also serves as the main mediator that strengthens the relationship between healthcare access and the effectiveness of crisis management ( $\beta = 0.145$ ; $p = 0.004$ ). Conversely, health education and occupancy density variables did not show a significant effect. The effectiveness of health crisis management in Islamic boarding schools is influenced by a combination of strong policies, rapid response, and adequate access to health services. Structural interventions and strengthening of response systems are key to preventing scabies..	<b>Health Management Effectiveness, Scabies, Islamic Boarding Schools</b>

### INTRODUCTION

Islamic boarding schools are religious based educational institutions that play a vital role in shaping morally upright and knowledgeable generations. Due to their communal living environment, pesantren also face significant challenges in

maintaining the health of their students, particularly concerning infectious diseases. One of the most common infectious diseases found in pesantren settings is scabies. Scabies, a skin condition commonly known as mange, is caused by an infestation of the

*Sarcoptes scabiei* mite (Bernigaud, 2020 ; Thomas, 2020 ; Nugroho et al., 2023).

According to the World Health Organization (WHO, 2020), the prevalence of scabies ranges from approximately 0.2% to 71% and is estimated to affect more than 200 million people at any given time. In 2017, scabies and other ectoparasitic diseases were classified as Neglected Tropical Diseases (NTDs). The global prevalence of scabies is reported to be around 130 million cases annually (Faidah & Saputro, 2022). Based on the International Alliance for the Control of Scabies (IACS), the occurrence of scabies ranges from 0.3% to 46%. According to the Ministry of Health of the Republic of Indonesia, the prevalence of scabies in Indonesia is between 5.60% and 12.95%, making it the third most common skin disease among the twelve most frequent dermatological conditions in the country (Purbowati, 2024). The Ministry of Health has launched the “Scabies-Free Indonesia 2030” initiative to reduce its prevalence and impact, particularly among high-risk populations such as Islamic boarding schools.

Scabies is a common disease in Islamic boarding schools (pondok pesantren), primarily due to overcrowded living conditions, poor environmental sanitation, and inadequate personal hygiene among students (Sulistiarini, 2020; Saraha et al., 2022). Scabies infections occur through direct skin-to-skin contact or via transmission from mites attached to clothing, bedding, or towels (Wijaya et al., 2024).

Scabies, as a contagious disease, impacts not only morbidity rates but also students' school attendance, psychological well-being, and economic burden (Salawah, 2022). Without effective strategies for prevention and treatment, scabies can spread rapidly, disrupt daily activities in the pesantren, and even lead to complications

(Isramilda et al., 2023). According to Nurlita and Rahman (2022), scabies can reduce students' quality of life and academic performance. Students suffering from scabies-related skin problems may experience symptoms such as redness, pus, and scaly skin, which can cause discomfort, low self-confidence, and embarrassment. These symptoms may escalate into more serious psychological issues, including a negative self-concept (Abida et al., 2022).

Pondok Pesantren Al Husain Magelang is one of the larger Islamic educational institutions with a significant number of students. Due to its densely populated environment and communal activities, the pesantren is particularly vulnerable to the spread of contagious skin diseases such as scabies. If not addressed promptly and appropriately, scabies cases can lead to serious consequences—not only for the physical health of the students but also for their psychosocial well-being and the overall effectiveness of the teaching and learning process within the pesantren (Jaya et al., 2022; Wahyuni et al., 2024).

In this context, an effective health crisis management system is essential to prevent, identify, and respond to outbreaks of infectious diseases such as scabies. Health crisis management in the pesantren setting involves promotive, preventive, curative, and rehabilitative efforts that are well-coordinated among pesantren administrators, healthcare providers, students, and their families. However, there is still limited information regarding the level of preparedness and effectiveness of pesantren in managing health crises caused by infectious diseases.

Although several previous studies have identified risk factors for scabies in Islamic boarding schools, such as personal hygiene, residential density, and environmental sanitation (Sulistiarini, 2020; Saraha et al., 2022), most research has

focused on individual behavioral aspects or physical environmental factors. Quantitative studies examining the role of structural and managerial factors such as health policies, treatment protocols, and response speed remain very limited. According to Donabedian (1988), the quality of health management depends not only on behavior but also on the structure of the system and the service delivery process. This study addresses this gap by analyzing the interrelationship between structural factors, processes, and outcomes in the effectiveness of health crisis management in Islamic boarding schools, particularly in the context of scabies control.

Based on this background, the present study aims to examine how health crisis management is implemented at Pondok Pesantren Al Husain, Magelang, particularly in handling scabies cases. Unlike previous studies, no research to date has quantitatively integrated structural factors (policies, protocols, healthcare access), process factors (response speed, health behavior), and outcomes (effectiveness of crisis management) within the context of Islamic boarding schools, especially for scabies. This study is expected to provide a comprehensive picture of the strategies and challenges encountered, as well as serve as a basis for formulating more effective health interventions in the boarding school environment.

## METHOD

This study employed a quantitative method with a path analysis approach to measure the effectiveness of health crisis management strategies in improving the health crisis management process in Islamic boarding schools. Data analysis was conducted using partial least squares (PLS) structural equation modeling (SEM) with

SmartPLS 3.0 software. The study population comprised all students at the junior high school (SMP) and senior high school/vocational school (SMA/SMK) levels at Pondok Pesantren Al Husain, totaling 500 students. The sampling technique used was probability sampling with proportionate stratified random sampling based on education level. The sample size was determined using the Slovin formula, resulting in 220 students. Data were collected through questionnaire distribution. The questionnaire consisted of eight main constructs: residential density, sanitation and hygiene, health education, healthcare access, policies and protocols, health awareness and behavior, response speed, and the effectiveness of health crisis management.

## RESULTS

**Table 1. Respondents' Demographic Characteristics**

Variable	Category	n	%
Gender	Male	104	47.1%
	Female	116	52.9%
Age (years)	11–14	104	47.1%
	15–18	116	52.9%
Length of Stay in the Boarding School (years)	< 5	151	68.65%
	5–10	67	30.45%
	> 10	2	0.90%

Based on the distribution results presented in Table 1, it was found that the majority of respondents were female, totaling 116 individuals (52.9%), while male respondents numbered 104 individuals (47.1%). In terms of age, most respondents were in the 15–18 year age group, comprising 116 individuals (52.9%), while the remaining 104 individuals (47.1%) were aged 11–14 years. Regarding length of stay at the pesantren, the majority of respondents had been living in the pesantren for less than 5 years, totaling 151 individuals (68.65%).

Picture 1. Path Analysis Results

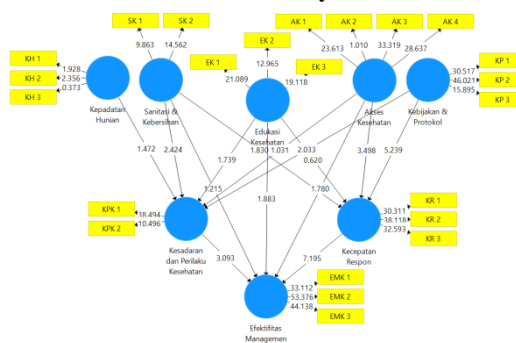


Table 3. Direct Effects

Path Analysis	$\beta$ Value (+/-)	SDV	Tstatistic(>1.96)	P-value (<0.05)	Decision
HA $\rightarrow$ CME	0.134	0.075	1.780	0.076	Rejected
HA $\rightarrow$ RS	0.276	0.079	3.498	0.001	Accepted
HA $\rightarrow$ HAB	0.106	0.103	1.031	0.303	Rejected
HE $\rightarrow$ CME	0.108	0.057	1.883	0.060	Rejected
HE $\rightarrow$ RS	0.047	0.075	0.620	0.536	Rejected
HE $\rightarrow$ HAB	0.145	0.084	1.739	0.083	Rejected
PP $\rightarrow$ RS	0.455	0.087	5.239	0.000	Accepted
PP $\rightarrow$ HAB	0.185	0.091	2.033	0.043	Accepted
RS $\rightarrow$ CME	0.527	0.073	7.195	0.000	Accepted
HD $\rightarrow$ HAB	0.157	0.107	1.472	0.142	Rejected
HAB $\rightarrow$ CME	0.209	0.068	3.093	0.002	Accepted
SH $\rightarrow$ CME	-0.056	0.046	1.215	0.225	Rejected
SH $\rightarrow$ RS	0.088	0.048	1.830	0.068	Rejected
SH $\rightarrow$ HAB	0.192	0.079	2.424	0.016	Accepted

Based on the path analysis results in Table 3, healthcare access has a significant direct effect on response speed ( $\beta = 0.276$ ;  $p = 0.001$ ), but it does not have a significant effect on crisis management effectiveness ( $\beta = 0.134$ ;  $p = 0.076$ ) or on health awareness and behavior ( $\beta = 0.106$ ;  $p = 0.303$ ). Policy and protocol show a significant direct influence on both response speed ( $\beta = 0.455$ ;  $p = 0.000$ ) and health awareness and behavior ( $\beta = 0.185$ ;  $p = 0.043$ ). Furthermore, response speed has a strong and significant effect on crisis management effectiveness ( $\beta = 0.527$ ;  $p = 0.000$ ), as does health awareness and behavior, which also contributes significantly to crisis management.

Effectiveness ( $\beta = 0.209$ ;  $p = 0.002$ ). On the other hand, sanitation and hygiene only show a significant direct effect on health awareness and behavior ( $\beta = 0.192$ ;  $p = 0.016$ ), but not on crisis management effectiveness ( $\beta = -0.056$ ;  $p = 0.225$ ) or response speed ( $\beta = 0.088$ ;  $p = 0.068$ ). Meanwhile, health education does not exhibit any significant direct influence on all outcome variables, including crisis management effectiveness ( $\beta = 0.108$ ;  $p = 0.060$ ), response speed ( $\beta = 0.047$ ;  $p = 0.536$ ), and health awareness and behavior ( $\beta = 0.145$ ;  $p = 0.083$ ). Similarly, housing density does not show a significant direct effect on health awareness and behavior ( $\beta = 0.157$ ;  $p = 0.142$ ).

**Table 4. Indirect Effects**

Path Analysis	$\beta$ Value (+/-)	SDV	T-statistic (>1.96)	P-value (<0.05)	Decision
HA → RS → CME	0.145	0.050	2.907	0.004	Accepted
HE → RS → CME	0.025	0.040	0.610	0.542	Rejected
PP → RS → CME	0.240	0.050	4.846	0.000	Accepted
SH → RS → CME	0.046	0.026	1.763	0.078	Rejected
HA → HAB → CME	0.022	0.023	0.944	0.346	Rejected
HE → HAB → CME	0.030	0.020	1.499	0.134	Rejected
PP → HAB → CME	0.039	0.026	1.508	0.132	Rejected
HD → HAB → CME	0.033	0.024	1.396	0.163	Rejected
SH → HAB → CME	0.040	0.022	1.844	0.066	Rejected

Based on the results of the indirect path analysis in Table 4, access to healthcare services has a significant indirect effect on crisis management effectiveness through response speed ( $\beta = 0.145$ ;  $p = 0.004$ ). This indicates that better access to healthcare leads to faster response times, which in turn enhances the effectiveness of crisis management. Similarly, policy and protocol also show a significant indirect effect on crisis management effectiveness through response speed ( $\beta = 0.240$ ;  $p = 0.000$ ). This suggests that appropriate policies and clear protocols can accelerate crisis response, thereby improving the overall effectiveness of crisis handling.

The indirect influence paths from health education, sanitation & hygiene, and housing density through response speed or health awareness and behavior did not show a significant effect on crisis management effectiveness ( $p > 0.05$ ). This indicates that the mediating roles of these variables in this context remain weak or suboptimal.

Overall, response speed has been proven to be an effective mediator in strengthening the relationship between healthcare access and policy with crisis management effectiveness, whereas health awareness and behavior have not played a significant mediating role in any of the tested paths.

**Table 5. Total Effects**

Variable Path	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values	Decision
HA → CME	0.168	0.054	3.087	0.002	Accepted
HA → RS					
HA → HAB					
HE → CME	0.055	0.045	1.209	0.227	Rejected
HE → RS					
HE → HAB					
PP → CME	0.279	0.055	5.113	0.000	Accepted
PP → RS					
PP → HAB					
HD → CME	0.033	0.024	1.396	0.163	Rejected
HD → HAB					
HAB → CME					
SH → CME	0.087	0.037	2.361	0.019	Accepted

Based on the results of the total effect measurement in Table 5, the variable with the most substantial total influence on the effectiveness of crisis management is policy and protocol ( $\beta = 0.279$ ), followed by health access ( $\beta = 0.168$ ), and sanitation and

hygiene ( $\beta = 0.087$ ). Variables such as health education and housing density require further reinforcement or reconsideration, as their total effects have not been statistically significant.

**Table 7. Structural Model Assessment: R<sup>2</sup> and f<sup>2</sup> Values**

Variable	R <sup>2</sup> Value	Interpretation	f <sup>2</sup> (to KPK)	f <sup>2</sup> (to KR)	f <sup>2</sup> (to CME)
Housing Density (HD)					0.031
Sanitation & Hygiene (SH)			0.006	0.014	0.037
Health Education (HE)			0.016	0.003	0.016
Healthcare Access (HA)			0.023	0.074	0.007
Policy & Protocol (PP)				0.211	
Health Awareness & Behavior (HAB)	0.310	Weak			
Response Speed (RS)	0.558	Moderate			
Crisis Management Effectiveness (CME)	0.630	Strong			0.022

The R<sup>2</sup> analysis results in Table 7 indicate that the variables in the model are able to explain 63% of the variance in crisis management effectiveness, reflecting a strong predictive power. Meanwhile, response speed is explained by 55.8% of the variance, indicating a moderately good level of predictive capability. However, for health awareness and behavior, the model accounts for only 31% of the variance, suggesting that there are still other external factors significantly influencing this variable.

The effect size (f<sup>2</sup>) analysis in Table 7 shows that the variable *Policy & Protocol* has a large effect on *Response Speed* (f<sup>2</sup> = 0.382) and a moderate effect on *Health Awareness & Behavior* (f<sup>2</sup> = 0.211). In contrast, other variables such as *Health Education*, *Healthcare Access*, *Sanitation & Hygiene*, and *Housing Density* mostly demonstrate only small effects on the respective dependent variables. No large effects were found on *Health Awareness &*

*Behavior*, indicating that many other external factors may play a more significant role in shaping this variable.

## DISCUSSION

This study demonstrates that the effectiveness of health crisis management in handling scabies cases at Pondok Pesantren Al Husain, Magelang, is influenced by several key variables, with varying strengths of association. These findings highlight the importance of a multi factor approach in managing infectious diseases in communal environments such as Islamic boarding schools.

The findings of this study can be analyzed using Donabedian's Model, which views the quality of healthcare services through three main components: structure, process, and outcome (Donabedian, 1988). In the context of this study, *structure* includes the presence of health policies and protocols, access to healthcare facilities and personnel, as well as the availability of sanitation facilities. *Process* encompasses the speed of response to scabies cases and



the implementation of health education for students. *Outcome* is represented by the effectiveness of health crisis management in the boarding school.

The analysis revealed that structural components, particularly policies and protocols, exert the strongest influence on the process (response speed) and directly enhance the outcome (effectiveness of crisis management). This extends the findings of Saraha et al. (2022), who concluded that most previous studies in Islamic boarding schools have focused on process-related individual behavioral factors such as personal hygiene and residential density, while structural aspects have rarely been examined quantitatively.

Thus, this study addresses the knowledge gap by demonstrating that the success of scabies prevention and control is determined not only by students' behavior but also by a well-organized crisis management system supported by written policies, clear protocols, and coordinated rapid response. Furthermore, the findings support the argument that strengthening service structures such as developing health standard operating procedures (SOPs), establishing a boarding school health post, and providing isolation facilities can facilitate faster response processes, ultimately reducing the spread of infectious diseases. This approach is relevant for implementation in other Islamic boarding schools with similar communal environmental characteristics.

Policies and protocols demonstrated the most significant direct effect on response speed ( $\beta = 0.455$ ;  $p = 0.000$ ) and on health awareness and behavior ( $\beta = 0.185$ ;  $p = 0.043$ ). The total effect on the effectiveness of crisis management was also the largest ( $\beta = 0.279$ ). These findings are consistent with Paul (2024), who stated that effective crisis management may include making bold decisions, clearly articulated policies,

thorough planning, timely communication with stakeholders, and taking swift action to avert disaster. This underscores that scabies management requires written, systematic regulations that can be implemented consistently.

According to Purbowati et al. (2024), policy interventions that include case mapping, isolation protocols, and routine counseling procedures can significantly reduce the incidence of scabies in densely populated or communal settings such as Islamic boarding schools. A similar study by Isramilda (2023) in an Islamic boarding school in Batam also found that the absence of clear health SOPs was a major factor contributing to the high incidence of skin diseases in the boarding school environment.

An effective policy not only requires the availability of written documents but also the involvement of all elements within the boarding school in its implementation. This is in line with the view of Nurlita and Rahman (2022), who stated that the participation of students and administrators in decision-making and protocol implementation increases compliance with health policies. Consistent with the findings of Sari (2023) in a study conducted at Pondok Pesantren An-Nur Ngrungkem, Yogyakarta, the active roles of boarding school leaders, administrators, and students were found to be crucial in improving health within the boarding school environment.

In addition, this study found that response speed had a very strong direct effect on the effectiveness of crisis management ( $\beta = 0.527$ ;  $p = 0.000$ ) and served as a significant mediator between health policies/actions and the effectiveness of disease control. This is consistent with Salvador-Carulla et al. (2020), who stated that rapid response is a key component in reducing the impact of infectious disease

outbreaks, particularly in communal environments.

However, contrary to the assumptions of many previous studies, this research shows that health education and population density do not have a significant effect on the effectiveness of crisis management. For instance, Saraha et al. (2022), in their scoping review, highlighted personal hygiene and residential density as major risk factors for scabies in Islamic boarding schools. This difference may be attributed to the relatively homogeneous residential density in the current study's field setting, as well as the delivery of health education that was less contextual or participatory, thereby limiting its impact on students' health behaviors (Faidah & Saputro, 2022).

In the context of closed institutions such as Islamic boarding schools, prompt responses to student complaints, isolation of active cases, and continuous education are key. Nugroho et al. (2023) demonstrated that a delay of more than 48 hours in addressing early symptoms of scabies increases the risk of transmission by up to threefold.

Although healthcare access did not show a significant direct effect on the effectiveness of crisis management ( $p = 0.076$ ), it played an indirect role through response speed ( $p = 0.004$ ). This indicates that the presence of healthcare personnel, basic treatment facilities, and a boarding school health post is crucial as the first line of defense in controlling infectious diseases. According to Salawah (2022), active internal health facilities encourage students' trust to report symptoms promptly, which indirectly accelerates treatment and prevents transmission. Furthermore, the presence of a boarding school health post can bridge promotive, preventive, and curative health needs within a confined environment (Nurlita & Rahman, 2022).

Sanitation and hygiene had a direct effect only on health awareness and behavior ( $p = 0.016$ ) and an indirect effect on the effectiveness of crisis management. This is consistent with the findings of Syailindra and Mutiara (2016), who stated that poor sanitation is a major risk factor for the spread of scabies, but is not sufficient to halt transmission without the support of response and managerial factors.

A study in Islamic boarding schools in Batanghari Regency by Salawah (2022) emphasized that, although room cleanliness and sanitation facilities were adequate, the primary determinant in scabies prevention was the behavior of individuals within the boarding school, including both students and administrators. The health education variable did not show a significant effect, either directly or indirectly, on the effectiveness of crisis management. This may be due to the form of education being insufficiently contextual or not tailored to the characteristics of the students.

This variable had a significant effect on the effectiveness of crisis management ( $\beta = 0.209$ ;  $p = 0.002$ ), but failed to serve as a mediator in most indirect influence pathways. This means that although healthy behavior is important, efforts to develop such behavior require time and a long-term approach. As stated by Nugroho et al. (2023), fostering a culture of clean living in Islamic boarding schools should be an integral part of daily curriculum activities, rather than merely an incidental intervention when cases occur.

Residential density did not have a significant effect in the results of this model, although theoretically it is a major risk factor in the transmission of infectious diseases in closed institutions (Pondaag, 2024; Isramilda et al., 2023). This finding is consistent with the study by Ridwan et al. (2021), which reported no relationship between residential density and the



incidence of scabies. This may be due to the homogeneity of the students' living conditions, which did not vary greatly, or the presence of protective factors such as the use of individual beds or staggered bathing schedules.

The findings of this study reinforce the concept that health crisis management in boarding school based educational institutions requires a combination of structural aspects (policies, protocols), operational aspects (rapid response, service access), and cultural aspects (behavior, awareness). Consistent with the findings of Ifendi (2021), effective health management in Islamic boarding schools requires strong collaboration among school stakeholders in planning, organization, implementation, and supervision. The successful control of scabies cannot rely solely on education or facility improvement but necessitates a well-coordinated emergency response system.

These findings provide a new perspective that, although behavioral factors such as personal hygiene remain important, the effectiveness of scabies control in Islamic boarding schools is more strongly determined by the readiness of infrastructure and the quality of crisis management systems. Therefore, health policies in boarding schools should prioritize the establishment of clear protocols, ensure the availability of internal health facilities, and enhance response speed, rather than focusing solely on short-term educational interventions.

Unlike previous studies, which generally highlighted individual behavioral aspects and physical environmental factors (Saraha et al., 2022; Sulistiarini et al., 2020), this study quantitatively examines the influence of structural factors such as policies, protocols, and access to health services on crisis management effectiveness, including mapping direct and indirect

relationships through path analysis. These findings contribute new insights by demonstrating that structural factors and response speed play a more dominant role in improving crisis management effectiveness compared to behavioral factors, thereby providing a basis for strengthening health policies in Islamic boarding schools.

## CONCLUSIONS

Based on the research findings, it can be concluded that the effectiveness of health crisis management in addressing scabies at Al Husain Islamic Boarding School in Magelang is strongly influenced by robust policies and protocols, rapid response to cases, and adequate access to healthcare services. Clear and promptly implemented policies have been shown to enhance health behavior awareness and strengthen response effectiveness. In contrast, health education, housing density, and environmental sanitation did not demonstrate significant direct effects. Therefore, strengthening policy systems and ensuring a rapid response mechanism are key strategies in controlling the spread of scabies within the boarding school environment.

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