

Skincare Practices and Health Seeking Behavior of Atopic Dermatitis Patients in Nigeria

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Abstract:	Atopic dermatitis (AD) is increasingly prevalent in Nigeria, possibly linked to evolving environmental and lifestyle factors from urbanization. This study explored skincare practices and health-seeking behaviors among Nigerian AD patients. A cross-sectional quantitative study was conducted among 140 AD patients at two tertiary hospitals in our city between June and December 2022. Data on skincare routines and treatment sources were collected using interviewer-administered questionnaires and analyzed descriptively. The mean age was 24.5 ± 19.8 years, with a female-to-male ratio of 1.7:1. Frequent bathing (65%), use of antiseptic liquids (36%), and once-daily moisturization (49%) were common. Medicated soap use (63.6%), topical (42.1%) and oral (51%) herbal remedies, and oral antibiotics (36.4%) were frequently reported. Patients sought care from general practitioners (66.4%), traditional medical practitioners (55.5%), and community pharmacists (30%). These findings detail the pluralistic health-seeking patterns of Nigerians and the need for targeted patient education and improved access to specialist care.

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For Peer Review

ABSTRACT

Atopic dermatitis (AD) is increasingly prevalent in Nigeria, possibly linked to evolving environmental and lifestyle factors from urbanisation. This study explored skincare practices and health-seeking behaviours among Nigerian AD patients. A cross-sectional quantitative study was conducted among 140 AD patients at two tertiary hospitals in our city between June and December 2022. Data on skincare routines and treatment sources were collected using interviewer-administered questionnaires and analysed descriptively. The mean age was 24.5 ± 19.8 years, with a female-to-male ratio of 1.7:1. Frequent bathing (65%), use of antiseptic liquids (36%), and once-daily moisturisation (49%) were common. Medicated soap use (63.6%), topical (42.1%) and oral (51%) herbal remedies, and oral antibiotics (36.4%) were frequently reported. Patients sought care from general practitioners (66.4%), traditional medical practitioners (55.5%), and community pharmacists (30%). These findings detail the pluralistic health-seeking patterns of Nigerians and the need for targeted patient education and improved access to specialist care.

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Introduction

Atopic Dermatitis (AD), or atopic eczema, is a chronic inflammatory dermatosis characterised by pruritus, xerosis, and post-inflammatory erythema or hyperpigmentation.(Chiricozzi et al., 2023) It often presents in early childhood but may present in or persist into adulthood and negatively impacts quality of life.(Bylund et al., 2020) Globally, AD affects about 15-20% of children and 1-3% of adults, with prevalence varying according to certain geographic, environmental, and socioeconomic factors.(Bylund et al., 2020; Kaufman et al., 2018) In Nigeria, especially in urban areas, AD prevalence appears to be rising, mirroring global trends.(Ibekwe & Ukonu, 2021) The aetiopathogenesis of AD is multifactorial, involving genetic predisposition, immune dysregulation, and environmental triggers.(Guttman-Yassky et al., 2017) Key risk factors include a family history of atopic diseases, urban living, higher socioeconomic status, and exposure to irritants or pollutants.(Brunner et al., 2018; Herrant et al., 2015) The clinical features of AD include dry, pruritic skin with recurring inflammatory lesions, typically located on the flexural areas, but can occur anywhere on the body.(Brenninkmeijer et al., 2008; Chiricozzi et al., 2023) The dermatosis follows a chronic relapsing course and is often associated with other atopic conditions such as asthma and allergic rhinitis.(Brenninkmeijer et al., 2008; Chiricozzi et al., 2023; Herrant et al., 2015)

Skincare practices play a major role in AD prevention, management, and severity.(Addor & VdM, 2013; Del Rosso et al., 2018) Frequent bathing, particularly with hot water and harsh soaps, can exacerbate skin barrier dysfunction, leading to increased transepidermal water loss, dryness, and pruritus.(Addor & VdM, 2013; Del Rosso et al., 2018) Emollients and gentle soap-free cleansers are recommended to preserve skin hydration and barrier integrity.(Addor & VdM, 2013; Del Rosso et al., 2018) However, in Nigeria, patients often resort to self-medication with over-the-counter products, including herbal remedies and steroid-containing creams, which may contain irritants or allergens, further aggravating the condition.(Ajose,

2007; Anaba et al., 2021) Understanding the skincare practices and health-seeking behaviours of AD patients in X, Nigeria, is therefore essential for developing targeted interventions to improve disease management or reduce clinical severity. This study aims to provide insights into the prevalent local skin care and treatment practices of AD patients, which can inform public or patient health education strategies and clinical guidelines for AD management in Nigeria.

Methods

This cross-sectional descriptive study documented the sociodemographic data, skin care practices and treatment-seeking behaviour of 140 consenting AD patients in two tertiary hospitals in X, Nigeria, between June and December 2022. Five consultant dermatologists diagnosed AD using the UK working group criteria.(Williams et al., 1994) A pre-designed interviewer-administered questionnaire was used. Ethical approval for the study was obtained from the two hospitals' Human Research and Ethics Committees. A separate research article documented the data on AD clinical presentation and family history, while this article focused on skincare practices and health-seeking behaviour.

Results

This study had a female preponderance (62.9%), a mean age of 24.5 ± 19.8 years and an age range of 1 to 95 years, with 47.8% (67) of the participants being under 18 years. Most study participants (71.4%) had at least a secondary education, 37.9% were students, and 35% were unemployed.

Nearly all participants (97%) bathed at least once daily, with the majority (65%) bathing twice a day and a few (2.1%) taking three or more baths daily. Most participants (63.6%) did not use antiseptic liquids, but 36.4% admitted to using them in their baths occasionally or frequently.

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3 108 About half of the participants (49.3%) moisturised their skin once daily, and a third moisturised
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5 109 twice daily. However, 8.3% reported never moisturising their skin.
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8 110 Almost all participants (98.6%) had sought treatment for their skin condition before presenting
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10 111 at the dermatology clinic. Prior treatment with traditional medicine practitioners had been
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12 112 sought by 55.7% of participants, with general medical practitioners by 66.4%, and with
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14 113 community pharmacists by 30%. A considerable proportion of participants reported bathing
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16 114 with (42.1%) and drinking (51.4%) local concoctions to treat their skin condition. Medicated
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18 115 (antiseptic) soaps (63.6%) and triple-action creams (59.3%) were commonly used to self-treat
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20 116 atopic flares. About a third of patients (36.4%) had taken oral antibiotics to treat their skin
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22 117 condition. Most participants (92.1%) reported receiving education about their skin condition,
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24 118 with dermatologists being the educators in 93% of cases. Tables 1 and 2 detail these findings.
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30 120 **Discussion**

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32 121 The majority of study participants reported bathing with soap at least once daily, with a
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34 122 significant proportion bathing twice daily. This reflects cultural skin care practices in Nigeria
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36 123 and most of Africa, where bathing one to two times daily is the cultural norm due to the hot
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38 124 and humid climate. Maintaining good personal hygiene is important for overall skin health, and
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40 125 a systematic review shows that daily bathing for AD patients is not associated with increased
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42 126 severity.(Hua et al., 2021) However, excessive bathing and soap usage, especially with alkaline
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44 127 soaps prevalent in African countries, can strip the skin of its natural oils and exacerbate dryness
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46 128 and pruritus in people with AD.(Addor & VdM, 2013) The use of antiseptic or medicated soaps
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48 129 in two-thirds of study participants and antiseptic liquids in one-third is noteworthy. Antiseptic
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50 130 agents in popular medicated soaps in Nigeria include triclosan, trichlorocarban, chloroxylenol,
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52 131 and monosulfiram, some of which have been banned for household use in the US and Europe
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54 132 due to safety concerns relating to antimicrobial resistance and endocrine disruption, among
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56 133 others.(Cole-Adeife et al., 2022) The reasons given for use have been to kill germs in water
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3 134 and on the skin.(Cole-Adeife et al., 2022) While antiseptic products may offer benefits in
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5 135 reducing bacterial colonisation and infection risk in the skin of people with AD, their routine
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7 136 use is not typically encouraged due to the potential irritant effects of antiseptic chemicals and
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9 137 further disruption of the skin microbiome.(Cole-Adeife et al., 2022) Bleach baths are typically
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11 138 preferred to antiseptic solutions for reducing staphylococcus aureus colonisation in moderate
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13 139 to severe AD.(Del Rosso et al., 2018)
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17 140 The frequency of moisturising reported by study participants also reflects cultural norms of
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19 141 bathing and moisturising once to twice daily. Regular moisturisation is a cornerstone of AD
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21 142 management, as it restores barrier function and alleviates dryness and itching.(Del Rosso et al.,
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23 143 2018; Hlela et al., 2022)
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26 144 A majority of the participants used antibiotics, medicated soaps, and creams to treat their skin
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28 145 conditions, which is in keeping with the common practice of self-medication among
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30 146 dermatology patients previously reported by Anaba et al. and alludes to the significant effect
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32 147 AD has on quality of life. (Anaba et al., 2021) Notably, a significant proportion of patients also
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34 148 sought alternative topical and oral therapies from traditional medicine practitioners, which was
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36 149 also reported as common in other studies and may be due to cultural beliefs or challenges with
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38 150 conventional healthcare accessibility and affordability.(Ajose, 2007) The wide range of
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40 151 healthcare sources highlights the diverse healthcare landscape and pluralistic healthcare-
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42 152 seeking behaviours within the study population.(Ajose, 2007; Anaba et al., 2021)
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46 153 Dermatologists were the major providers of education about AD, highlighting the
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48 154 dermatologist's role in therapeutic patient education and its importance in effectively managing
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50 155 inflammatory skin conditions.(Eichenfield et al., 2021) However, these findings may be due to
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52 156 the fact that it was a hospital-based study, and they may be different in a community study.
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58 158 **Conclusion**

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This study highlights the skincare practices and health-seeking behaviours of AD patients in X, Nigeria. Frequent bathing and using antiseptic soaps and liquids, which may worsen AD symptoms, were common, while skin moisturisation was less frequent and likely inadequate for dry, atopic skin. Most patients sought treatment from traditional medicine practitioners, general medical practitioners, and community pharmacists before visiting a dermatologist. Self-medication with medicated soaps, triple-action creams, antibiotics and herbal remedies was widespread, reflecting cultural beliefs and challenges in accessing conventional health care. Dermatologists were the only providers offering patient education, which is important in managing AD and emphasises the critical role of specialist dermatological care. Further research is needed to assess the impact of these practices on AD severity in this population.

RECOMMENDATIONS

Therapeutic patient education for AD patients should include appropriate skincare practices, highlighting the importance of regular moisturisation and the negative effects of excessive bathing with antiseptic soaps and liquids. Improving access to dermatological care through outreach programs, mobile clinics, and teledermatology is essential, especially for underserved populations. Training general practitioners, community pharmacists, and other healthcare providers on updated AD management guidelines will ensure consistent care at the primary level. Engaging traditional medical practitioners through training on AD symptoms, basic skincare, and referral protocols can enhance patient care. Public health initiatives should raise awareness about AD management, promote proper skincare and discourage harmful self-medication practices.

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Declaration of Conflict of Interest: One of the authors received funding for research on other aspects of Atopic dermatitis from Topicrem Cosmeceuticals. Other authors have no conflict of interest to declare.

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273 **Table 1:** Skincare Practices Among Study Participants

Variable	(n =140)
How often do you moisturise? yes, n (%)	
Never	12 (8.6)
Once daily	69 (49.3)
Twice daily	46 (32.9)
≥ 3 times daily	13 (9.3)
Use of antiseptic liquid	
Never	89 (63.6)
Occasionally	15 (10.7)
Sometimes	25 (17.9)
Often	5 (3.6)
Always	6 (4.3)
How often do you bathe with soap?	
Once daily	46 (32.9)
Twice daily	91 (65.0)
≥ 3 times daily	3 (2.1)

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301 **Table 2:** Self-treatment Pattern of Study Participants

Variable	(n =140)
Medicated soap to treat skin condition, yes, n (%)	89 (63.6)
Medicated cream to treat skin condition, yes, n (%)	83 (59.3)
Antiseptic solution to treat skin condition, yes, n (%)	72 (51.4)
Bathing local concoction to treat skin condition, yes, n (%)	59 (42.1)
Drinking local concoction to treat skin condition, yes, n (%)	72 (51.4)
Oral antibiotics to treat skin condition, yes, n (%)	51 (36.4)
Seeking treatment for the skin condition	
Sought treatment, yes, n (%)	138 (98.6)
Location where treatment was sought	
Patent medical store	19 (13.6)
Traditional medicine practitioner	78 (55.7)
Church or religious centres	2 (1.4)
Pharmacist	42 (30.0)
General practitioner	93 (66.4)
Paediatrician	23 (16.4)
Dermatologist	126 (90.0)
I was educated about the skin condition	
Yes	129 (92.1)
No	12 (8.6)
<i>If yes, who provided the education, n = 129</i>	
Dermatologist	120 (93.0)
Paediatrician	3 (2.3)
Dermatologist & Paediatrician	5 (3.9)
Dermatologist & Cosmetologist	1 (0.8)

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28th of May, 2025

The Editor-in-Chief,

Dear Editor,

MANUSCRIPT SUBMISSION

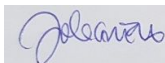
I am pleased to submit our manuscript titled **“Skincare Practices and Health-Seeking Behaviours Among Atopic Dermatitis Patients in Lagos, Nigeria”** for consideration for publication.

This study examines the daily skincare routines and treatment pathways of Nigerian patients with atopic dermatitis (AD), shedding light on cultural influences, self-medication patterns, and the role of non-specialist care. Our findings highlight the need for improved therapeutic education and access to dermatological services, particularly in under-resourced settings.

We believe this manuscript will be of interest to your readership due to its relevance to skin health in resource-limited contexts and its contribution to understanding patient behaviour in chronic inflammatory skin conditions. The work is original, has not been published elsewhere, and is not under consideration by another journal.

Thank you for your time and consideration. We look forward to the opportunity to share our findings with your audience.

Best wishes,



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