

Knowledge and Attitude Regarding Rabies among Community People of Dhamboji -1, Nepalgunj, Banke

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Abstract

The virus that causes rabies spreads from one species to another through the saliva or tissues of the nervous system. When the rabies virus affects the central nervous system, it can lead to brain illness, death, and extremely agonizing neurological symptoms. Since rabies is a zoonotic illness, people can get it from other animals. With a 99.9% mortality rate, rabies is the worst illness on the planet. The study's goals were to determine the community members' knowledge and attitudes about rabies in Dhamboji-1, Nepalgunj, Banke. The study employed a descriptive cross-sectional research methodology, and sixty general residents of Dhamboji-1, Nepalgunj, Banke were chosen using a non-probability purposive sampling approach. For collecting data, a structured questionnaire was employed. The information was gathered in the month of Baisakh in 2081. Additionally, SPSS version 20 was used to analyze the acquired data using inferential descriptive statistics. The study's findings show that, when it came to rabies, more than half of the respondents—31, or 51.7% had average knowledge, a quarter 18, or 30 % had bad knowledge, and the least 11, or 18.3% had strong knowledge. In a similar vein, 25% of respondents 13(22) had a positive attitude, almost 50% of respondents 28(46.7) had a neutral attitude, and over 25% of respondents 19 (31.3) had negative attitude. While no other variable shows a significant relationship between level of knowledge and attitude and demographic variables like age, sex, religion, educational status, level of education, occupation, family monthly income, history of animal bite, if yes, which animal, vaccination status, pet ownership, and if yes, pet owner status, there was a significant association between level of knowledge and attitude and demographic variables like heard about rabies and source of information.

Keywords: Knowledge, attitude, community people, rabies

Introduction

The virus that causes rabies spreads from one species to another through the saliva or tissues of the nervous system. When the rabies virus affects the central nervous system, it can lead to brain illness, death, and extremely agonizing neurological symptoms. Since rabies is a zoonotic illness, people can get it from other animals. With a 99.9% mortality rate, rabies is the worst illness on the planet.

According to the World Health Organization (2018), there are an estimated 59,000 fatalities from rabies each year in more than 150 countries, with Africa and Asia accounting for 95% of cases. This figure probably represents a severe underestimate of the actual burden of disease because of widespread underreporting and imprecise estimations. Dogs are involved in

99% of rabies cases, and rural impoverished groups bear a disproportionate share of the disease's burden—roughly half of cases are related to children under the age of fifteen.

According to data from the World Health Organization for 2018, 99% of instances of the disease are spread by the bite of a dog that is infected with rabies ranked 3rd. Every year, over 59,000 people worldwide pass away from rabies caused by dogs. An estimated 35,172 human deaths (59.6% of all deaths worldwide) are attributed to dog-mediated rabies in Asia, whereas an estimated 21,476 human rabies deaths (36.4% of all deaths) are reported in Africa annually. India leads Asia in the percentage of human rabies deaths (59.9%) and worldwide (35%). China is a nation that suffers greatly from rabies, second only to India. Of the 39 infectious illnesses that must be reported in China, rabies mortality ranks third. The Global framework for the elimination of dog-mediated human rabies was launched in 2015 by the World Health Organization (WHO), the World Organization for Animal Health, the Food and Agriculture Organization (FAO), and the Global Alliance for Rabies Control (GARC). This global rabies conference brought together partners and stakeholders in veterinary and human health, government, and the private sectors. It outlined the commitment and actions required to achieve a shared goal of zero human rabies deaths by 2030, worldwide.

Generally speaking, the incubation period lasts two to three months (but reports vary from two weeks to six years), depending on the location of the infection, the virus's quantity, and its strain. All known lyssaviruses produce severe neurological symptoms as a result of an acute encephalitis because of their neurotropism. As a result, clinical symptoms in humans and animals are quite comparable. The early signs of rabies in humans following a bite from a rabid animal are non-specific in nature and might resemble symptoms of other infectious illnesses, such as fever, headaches, or overall weakness or discomfort. Neuropathic pain or a prickling or itching sensation at the bite site is one of the initial distinctive clinical signs. Cerebral dysfunction, anxiety, confusion, agitation, delirium, strange behavior, hallucinations, and sleeplessness are among the signs that advance quickly. Without immediate medical attention, rabies deaths happen two weeks after symptoms first manifest. There's no cure at this time. Animals who are affected begin to exhibit vague symptoms. Usually, they become withdrawn, stop eating and drinking, and may even exhibit fever, vomiting, and anorexia. The animal may exhibit indications of paralysis or turn violent as a result of the disease's fast development. Cerebral and cranial nerve dysfunction, ataxia, weakness, paralysis, seizures, breathing difficulties, swallowing difficulties, excessive salivation, aberrant behavior, and hostility are examples of clinical symptoms. While some rabid animals are nocturnal, others have a tendency to bite at everything. The animals pass away in six to five days after they exhibit acute symptoms.

Both humans and pets can be protected from rabies. Regularly take your pet to the vet and make sure all dogs and cats have their rabies shots up to date. Keep pets under control by keeping canines under close supervision and cats indoors. All stray animals should be removed from your community by calling animal control since they might not be vaccinated or be sick. In a similar vein, those who have interacted with nature or strange animals—especially if they have been bitten or scratched—should consult a medical expert or public health specialist to ascertain their risk of contracting rabies or other diseases. After promptly cleaning any wounds with soap and water, schedule a vaccination appointment with a medical professional.

Objective of the Study

The main objective of the research is as follows.

- To determine how much the residents of Dhamboji-1, Nepalgunj, Banke, know about rabies.
- To evaluate the community's perception of rabies in Dhamboji-1, Nepalgunj, Banke.
- To determine the relationship between community members' attitudes and knowledge about rabies and the demographic characteristics they have chosen.

The limited of the study

The study was limited to:

- Only 60 respondents (male and Female) Dhamboji-1, Nepalgunj, Banke was taken for this study

Literature Review and Research Gap

In January 2011, a cross-sectional survey was carried out to evaluate people of Addis Ababa, Ethiopia, on their knowledge, attitudes, and practices about rabies. The systematic random sampling approach was used to pick the entire sample of 1260. A questionnaire for structured interviews was used to obtain the data. SPSS version 12.0 was used to analyze all of the data. The result of the study showed that 17.3% have low knowledge, 75.2% have moderate knowledge, 7.5% have good knowledge. 29.1% have low attitude, 52.3% have moderate attitude, 18.5% have good attitude. 21.5% have low practice, 67.0% have satisfactory practice and 11.5% have good practice. The study concluded that respondent had moderate level of knowledge, attitude and satisfactory practices.

In January 2015, a descriptive cross-sectional study was carried out to evaluate the level of awareness, attitudes, and practices about rabies in and around the Nigerian city of Lafia. Convenience sampling was used to choose the 200 respondents that made up the sample in total for this investigation. A self-administered, semi-structured questionnaire was used to collect data. SPSS version 15 was used to analyze all of the data. The findings indicated that 48.0% of respondents said that dog bites are the sole way that rabies is spread, whereas 47.5% and 36.5% identified viruses as the disease's source and humans and other domestic animals as the species afflicted by rabies. Of the respondents, 14% of semiurban and 33.5% of urban respondents said they kept and vaccinated their dogs. Among those surveyed, 81.5% had never had a rabies vaccination. Of the respondents, 54% will seek a post-exposure vaccination, 18.5% would seek standard therapy, and 16.5% will seek both. 53.5% and 37.5% of respondents said that the best course of action for dogs who bit people was to tie and kill them, while 9.0% said they would take no action. The investigation came to the conclusion that the population lacks awareness about the cause, method, and vaccination of rabies.

In November 2014, a descriptive research was carried out in and around Debreabor, south Gondar, north-west Ethiopia, to evaluate people's knowledge, attitudes, and practices about rabies. A systematic random selection approach was used to choose the 384-person sample as a whole. Face-to-face interviews with pretested, structured questionnaires were used to gather data.

According to the results, 65.1% of respondents knew that viruses are the cause of rabies, and 63.8% said that rabies is a serious and deadly illness. Merely 25.0% of participants promptly cleansed the wound using soap and water. A total of 37.5% of respondents said they would visit a health center, 40.6% expressed support for traditional healers, and 47.4% said they thought post-exposure prophylaxis (PEP) might stop the spread of rabies.

In November 2015, a cross-sectional and retrospective study was carried out in Ambo Town, West Shoa zone, Ethiopia, to evaluate the community's fundamental knowledge, attitude, and practice about rabies. A total of 406 participants were chosen and recruited in a sequential manner. SPSS version 20 software was used to evaluate the data after they were gathered via a questionnaire. The findings indicated that, correspondingly, 53.9%, 50.5%, and 63.5% of respondents had inadequate understanding, a positive attitude, and good behaviors. 42.7% of the participants were between the ages of 31 and 50. 52.6% of respondents were female. 33.9% of people hold a degree. The survey found that the majority of respondents had inadequate expertise.

In March 2013, a cross-sectional study was carried out in a rural part of Ethiopia's Gondar Zuria District to evaluate people's knowledge, attitudes, and practices about rabies. By employing random sampling, 400 people made up the whole sample. Face-to-face interviews were conducted with a standardized questionnaire to gather data. Data analysis was done with SPSS version 20. According to the results, 27.8% of respondents thought that rabies could be cured while 67.8% thought it was a deadly illness. Less than half of the respondents (47.4%) highlighted the need for quick treatment following exposure, and only 38.8% thought that contemporary medicine was the proper course of action following exposure to rabid animals. The study found that there was a lack of awareness and practice on rabies prevention.

In November 2015, a descriptive cross-sectional study was carried out in Debarq Woreda, North Gondar, Ethiopia, to evaluate the public's knowledge, attitude, and behaviors about rabies. Simple random sampling was used to choose the 422 members of the sample as a whole. A questionnaire for structured interviews was used to gather data. Data analysis was done with SPSS version 20. According to the results, 16.7% of respondents were aware that viruses are the source of rabies. 55.5% of respondents were aware that any animal can contract the illness, and 87.3% understood that dogs are the most common carrier of the virus. After administering first aid, 76.4% of participants immediately cleaned themselves with soap and water, 54.8% went to a traditional healer, and just 42.1% made contact with a health center. The anti-rabies vaccination was viewed favorably by 67.1% of respondents. 84.1% of participants ranked the killing of rabid animals as their first option. The survey found that people had adequate understanding of rabies and its prevention strategies, as well as a favorable attitude toward them.

After review of related literature, it is found that various types of knowledge and attitude regarding rabies among community people was moderate but the study outcome shows the need for better awareness and education programmed to improve the level of knowledge, attitude and practice among community people for rabies elimination. Extensive efforts by the health professionals have to be put on to create awareness about rabies disease, its causes, mode of transmission, preventive and treatment measures. Hence, efforts should be made to educate the public about the rabies as a vaccine preventable disease.

Research Methodology

Research Design

The knowledge and attitudes of the community members regarding rabies were investigated using a descriptive cross-sectional survey methodology.

Study Population

The study population included both male and female of age group 15-65 years residing in Dhamboji-1, Nepalgunj, Banke.

Sampling Procedure and Sample Size

The study was carried out in Dhamboji-1, Nepalgunj, Banke. A Non probability Convenience sampling technique was used to collect the data. The Sample size was 60 both male and female of age group 15-65 years residing in Dhamboji-1, Nepalgunj, Banke.

Tools of Data Collection

The experts and supervisor were consulted before using a standardized questionnaire and likert scale. There are three sections to the questionnaire:

- Surveys to gather demographic information.
- Designed a knowledge quiz to gauge respondents' familiarity with rabies.
- Likert scale to gauge public opinion about rabies.

Data Collection Technique

Face to face interview technique was used to collect the data.

Data Collection Procedure

The study was carried out with the research committee of Bheri Nursing College's clearance. A request letter was sent to the Dhamboji-1, Nepalgunj, Banke ward office from the Bheri Nursing College. following the setting's consent being obtained. The goal of the study was presented to the participants. Every responder provided signed, informed consent.

Data analysis and Interpretation

The 60 community people of Dhamboji-1, Nepalgunj, Banke included in the study. Information of personal variables of community people i.e. age, sex, religion, educational status, level of education, occupation, family income, history of animal bite, pet ownership, have you ever heard about rabies, if yes source of information.

Table-1

Frequency and Percentage Distribution of Respondents' Socio Demographic Variables: Age, Sex

		no= 60	
S.N	Personal variables	Frequency	Percentage
1.	Age		
a.	15-25	18	30.0
b.	25-35	7	11.7
c.	35-45	14	23.3
d.	45-55	13	21.7
e.	55-65	8	13.3
2.	Sex		
a.	Male	38	63.3
b.	Female	22	36.7
c.	Others	0	0

Table 1 shows that socio demographic characteristics of respondents in which more than a quarter of the respondents 18(30.0) belongs to age group (15-25) years and a least of the respondents 7(11.7) belongs to age group (25-35) years. Majority of the respondents' sex were male 38(63.3), more than a quarter of the respondents were female 22(36.7) and least of respondents were others 0(0).

Table 2

Frequency and Percentage Distribution of Respondents in Terms: Religion, Educational status, level of education.

		n=60	
S.N	Personal variables	Frequency	Percentage
3.	Religion		
a.	Hindu	50	83.3
b.	Muslim	6	10.0
c.	Christain	2	3.3
d.	Buddhist	2	3.3
e.	Others	0	0
4.	Education status		
a.	Literate	47	78.3
b.	Illiterate	13	21.7
4.1	If literate, Level of		

education (n= 47)			
a.	Primary level	15	25
b.	Secondary level	18	30
c.	Higher Secondary level	13	21.67
d.	Bachelor and above	1	1.67

Table 2 shows most of the respondents were Hindu 50(83.3) and least of respondents were Christian 2(3.3) and Budhhist 2(3.3). Majority of the respondents was literate 47(78.3) and a quarter of respondents was illiterate 13(21.7). More than a quarter of the respondents was Secondary level 18(30) and least of respondents was bachelor and above 1(1.67).

Table 3

Frequency and Percentage Distribution of Respondents in Terms: History of animal bite, If yes which animal, Vaccination status.

<i>n =60</i>			
S.N	Personal variables	Frequency	Percentage
7.	History of animal bite		
a.	Yes	19	31.7
b.	No	41	68.3
7.1	If Yes, which animal (n=19)		
a.	Dog	18	30.0
b.	Cat	0	0
c.	Rat	0	0
d.	Rabbit	0	0
e.	Others	1	1.67
7.2	Vaccination status (n=19)		
a.	Yes	18	30.0
b.	No	1	1.67

Table 3 shows that majority of respondents 41(68.3) has no any animal bite history and more than a quarter of respondents 19(31.7) has history of animal bite. More than a quarter of respondents have history of dog bite 18(30.0) and least of respondents have history of cat 0(0), rat 0(0) and rabbit 0(0) bite. More than a quarter of the respondents' vaccination was done 18(30.0) and least of respondents' vaccination was not done 1(1.67).

Table 4

Frequency and percentage distribution of knowledge in terms: cause of rabies species affected by rabies, most common species that transmit rabies virus to human.

		n=60	
S.N	Knowledge related questionnaire	Frequency	Percentage
3.	What is the cause of rabies?		
a.	Bacteria	17	28.3
b.	Fungi	4	6.7
c.	Virus	32	53.3
d.	Unknown	7	11.7
4.	What are the species affected by rabies?		
a.	Dogs	9	15.0
b.	Human	4	6.7
c.	Dog and human	27	45.0
d.	Human and other domestic animals	20	33.3
5.	Which is the most common animal species that transmit rabies virus to human?		
a.	Dog	57	95.0
b.	Dog and cat	2	3.3
c.	Dog, cat and bat	0	0
d.	Other domestic animals	1	1.7

Table 4 shows that above half of the respondents 32(53.3) answered the cause of the rabies is virus and least of respondents 4(6.7) answered fungi. Almost half of the respondents 27(45.0) answered dog and human are the species affected by rabies and least of respondents 4(6.7) answered human are the species affected by rabies. Nearly cent percentage of respondents 57(95.0) answered the most common animal species that transmit rabies virus to human is dog and least of the respondents answered other domestic animals 1(1.7) whereas none of respondents answered dog, cat and bat 0(0).

Table 5

Frequency and Percentage Distribution of Knowledge in Terms: transmission of rabies, through what bodily product rabies is transmitted, sign and symptom of rabies in human.

n=60

S.N	Knowledge related questionnaire	Frequency	Percentage
6.	How is rabies transmitted?		
a.	It is mainly transmitted from infected blood of rabid animal	5	8.3
b.	It is mainly transmitted from the saliva of a rabid animal when it bites or scratches a Person	54	90.0
c.	It is mainly transmitted from tear of rabid Animal	0	0
d.	It is non transferrable	1	1.7
7.	Through what bodily product can rabies be transmitted?		
a.	Saliva of a rabid animal	57	95.0
b.	Blood of a rabid animal	3	5.0
c.	Faeces of a rabid animal	0	0
d.	Tear of a rabid animal	0	0
8.	What are the sign and symptoms of rabies in human?		
a.	Hydrophobia	28	46.7
b.	Difficulty in swallowing	5	8.3
c.	Paralysis	9	15.0
d.	All of the above	18	30.0

Table 5 shows that most of the respondents 54(90.0) answered rabies is mainly transmitted from the saliva of a rabid animal when it bites or scratches a person and least of the respondents 1(1.7) answered rabies is non transferrable whereas none of respondents answered rabies is mainly transmitted from tear of rabid animal. Nearly cent percentage of respondents 57(95.0) answered rabies can be transmitted through saliva of a rabid animal and least of respondents 3(5.0) answered rabies can be transmitted through blood of a rabid animal whereas none of respondents answered rabies can be transmitted through faeces 0(0) and tear 0(0). Almost half of the respondents 28(46.7) answered the sign and symptoms of rabies in human is

hydrophobia and least of the respondents 5(8.3) answered the sign and symptoms is difficulty in swallowing.

Table 6

Frequency and Percentage Distribution of Level of Knowledge regarding rabies among community people

n=60

Level of knowledge	Range of score	Frequency (%)
Good knowledge	>12(>75%)	11(18.3)
Average knowledge	8-11(50%-75%)	31(51.7)
Poor knowledge	0- 7(<50%)	18(30.0)

Minimum score-0 Maximum Score-15

Table 6 shows the level of knowledge regarding rabies among community people, Dhamboji-1, Nepalgunj, Banke. Among total 60 respondents above half of the respondents 31(51.7) had average knowledge and more than a quarter of respondents 18(30.0) had poor knowledge and least of the respondents 11(18.3) had good level of knowledge regarding rabies.

Knowledge Level

Distribution of attitude regarding rabies among community people. This section includes distribution of the findings related to attitude and overall level of attitude regarding rabies among community people. Data were analyzed by using descriptive statistics.

Table 7

Frequency and Percentage Distribution of Attitude regarding rabies among community people.

n=60

S.N.	Items	Strongly agree f(%)	Agree f(%)	Neutral f(%)	Disagree f(%)	Strongly Disagree f(%)
5.	There is no specific sign and symptoms of rabies.	2(3.3)	16(26.7)	9(15.3)	32(53.3)	1(1.7)
6.	Fluorescent antibody test is the standard way of diagnosis rabies.	4(6.7)	16(26.7)	39(65.0)	1(1.7)	0(0)
7.	Rabies is not serious disease it can be	6(10.0)	24(40.0)	5(8.3)	23(38.3)	2(3.3)

curable once symptoms

is seen.

8. Putting chili powder, 1(1.7) 4(6.7) 5(8.3) 12(20.0) 38(63.3)

haldi on bite area is

best first aid for animal

bite.

Table 7 demonstrates that the majority of respondents—32, or 53.3%—disagreed that there are no particular signs or symptoms of rabies, while the minority—1, or 1.7—strongly disagreed. The majority of respondents—39 out of 65—were ambivalent about the usual method of diagnosing rabies using the fluorescent antibody test, while the least number of respondents—0—strongly disagreed. Less than half of the respondents (23.3%) strongly agreed that rabies is not a dangerous illness and may be cured once symptoms appear. Nearly half of the respondents (40.0%) agreed. The majority of respondents (38, or 63.3%) strongly disagreed that applying haldi or chili powder to the bite site is the best first aid for animal bites, while the least number of respondents (1.7) strongly agreed.

Table 8

Frequency and Percentage Distribution of Attitude regarding rabies among community people.
n=60

S.N.	Items	Strongly agree f(%)	Agree f(%)	Neutral f(%)	Disagree f(%)	Strongly Disagree f(%)
	Dog vaccination should be done to prevent from rabies.	43(71.7)	15(25.0)	2(3.3)	0(0)	0(0)
	Washing bite site with soap and water and rabies vaccine is the best way to manage rabies.	23(38.3)	33(55.0)	2(3.3)	2(3.3)	0(0)
15.	Rabies is a fatal disease.	24(40.0)	26(43.3)	3(5.0)	7(11.7)	0(0)
16.	Rabies vaccine is all available in Hospitals and private clinics.	9(15.0)	22(36.7)	5(8.3)	18(30.0)	6(10.0)

Table 8 shows that majority of the respondents 43(71.7) strongly agreed dog vaccination should be done to prevent from rabies and the least of the respondents 0(0) were disagreed and strongly disagreed. Above half of the respondents 33(55.0) agreed washing bite site with soap and water and rabies vaccine is the best way to manage rabies and least of the respondents 0(0) were strongly disagreed. Nearly half of the respondents 26(43.3) agreed rabies is a fatal disease and least of the respondents 0(0) were strongly disagreed. More than a quarter of the respondents 22(36.7) agreed rabies vaccine is available in all hospitals and private clinics and least of the respondent 5(8.3) were neutral.

Table 9

Frequency and Percentage Distribution of Attitude regarding rabies among community people.

n=60

Level of attitude	Range of score	Frequency (%)
Favourable attitude	61-80(75%)	13(22)
Neutral attitude	41-60(50%-75%)	28(46.7)
Unfavourable attitude	0-40(<50%)	19(31.3)

Minimum Score-16 Maximum Score-80

Table 9 shows that shows the level of attitude regarding rabies among community people, Dhamboji-1, Nepalgunj, Banke. Among total 60 respondents a quarter of the respondents 13(22) had favourable attitude, almost half of the respondents 28(46.7) had neutral attitude and more than a quarter of the respondents 19(31.3) had unfavourable attitude.

Table 10

Knowledge Association with their Selected Demographic Variables such as: heard about rabies, source of information

S.N.	Personal variables	Level of knowledge				
		Good	Average	Poor		
	Have you heard about rabies				5.263 ^S	2 0.029
a.	Yes	11	31	15		
b.	No	0	0	3		
	If yes, source of Information (n=57)				19.501 ^S	8 0.003
a.	Mass media	2	2	0		
b.	Health worker	4	9	3		
c.	Teacher	1	16	8		
d.	Family	2	0	5		
e.	Friends	1	3	1		

Significant at p value ≤ 0.05 , NS= Non Significant, S= Significant.

The chi-square test is used to examine the relationship between knowledge and sociodemographic factors when the p-value is less than 0.05. While no other variable showed a significant relationship between level of knowledge and demographic variables like age, sex, religion, educational status, level of education, occupation, family monthly income, history of animal bite, if yes, which animal, vaccination status, pet ownership, and if yes, pet owner status, there was a significant association between level of knowledge and demographic variables about hearing about rabies and the source of information.

Association between attitude regarding rabies among community people with their selected demographic variable.

This section deals with the finding related to association between attitude regarding rabies with their selected demographic variables. Data were analysed using descriptive and inferential statistics.

Table 11

Attitude Association with their Selected Demographic Variables such as: vaccination status, pet ownership, if yes pet owner status

S.N.	Personal Variables	Favourable	Neutral	Unfavourable	square (X ²)	Value
	Vaccination Status				2.532 ^{NS}	4 0.652
a.	Yes	5	5	8		
b.	No	0	0	1		
8.	Pet Ownership				4.008 ^{NS}	4 0.416
a.	Yes	3	14	3		
b.	No	9	20	11		
	If yes, pet Owner status(n=20)				8.195 ^{NS}	8 0.327
a.	Cat	1	1	0		
b.	Dog	3	10	2		
c.	Rabbit	0	0	0		
d.	Goat	0	1	0		
e.	Rat	0	2	0		
f.	Other	0	0	0		

Significant at p value ≤ 0.05 , NS= Non Significant, S= Significant.

Conclusion

The study's conclusions showed that, when it came to rabies, more than half of the respondents—31, or 51.7%—had average knowledge, more than a quarter—18, or 30.0—had bad knowledge, and the least—11, or 18.3—had strong knowledge. Twenty-eight respondents, or nearly half, had neutral attitudes, while twenty-one respondents, or more than a quarter, (19.3), had unfavorable attitudes. Of the respondents, 13(22) had favorable attitudes. The average proportion of respondents accurately answered questions about their knowledge and attitude toward rabies, according to the study's findings. The community's attitude regarding rabies was neutral, although understanding of the disease was just average.

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