

RESEARCH ARTICLE

Knowledge of Rabies Vis-A-Vis Dog Bite Exposure among Non-Victimized People within Srinagar District of Kashmir Valley, India

Namera Thahaby*, Afzal Hoque Akand, Abdul Hai Bhat and Shabeer Ahmed Hamdani

Division of Veterinary and Animal Husbandry Extension, FVSc & AH, SKUAST-Kashmir, Srinagar, J & K, India

ABSTRACT

Objective: People have low information regarding rabies and its prevention. Understanding community information on rabies is vitally attributable to their influence on post-exposure treatment-seeking behavior as community support is important for rabies bar and management program.

Methods: The present study was carried in Srinagar district. Regarding perception of people interview schedule was formulated. As per Srinagar Municipal Corporation (SMC), the city is divided into two divisions; four zones and 34 wards. To exploit the diversity of population response, all the four zones were considered for the present investigation

Results: Regarding knowledge of non-victimized people it was seen they were aware, but they lacked a complete perception of rabies. The greater parts of respondents had heard of rabies (81.25%) and were aware of its spread through dog bites; however they lacked the information about the other animals transmitting rabies. This faction has enhanced communication and information regarding what is happening in their dwelling, counting dog bites as well. Bite was being mentioned (70.93%) by most of the respondents as a means of transmission but only some of the respondents mentioned scratches and licking as the method of transmission. This could be due to lack of complete acuity of the disease rabies. In our community rabies is well-known as mad dog (halkaer houn) which is allied through aggression. Aggression was thus known by most of the respondents (35.20%) which is in stroke amid the verity that furious form of rabies is widespread in animals. Regarding about the treatment, the majority were aware that the SMHS (95.31%) hospital provides vaccines and the respondents didn't choose any traditional methods. Some respondents knew about the need of prompt washing of the wound by water and soap (25%). Victims would seek medical attention, potentially due to fear of rabies.

Conclusion: The good level of knowledge amongst the non-victims may be due to numerous reports of dog's bites in Srinagar plus they were more educated. Factors influencing enhanced awareness and practices incorporated elevated socioeconomic rank and education signifying that the maximum menace of rabies is probable to fall on the mainly susceptible sectors of society, particularly poor members with slight or no proper education.

*Corresponding author

Namera Thahaby, Division of Veterinary and Animal Husbandry Extension, FVSc & AH, SKUAST-Kashmir, Srinagar, J & K, India

E-mail: nimrazahbi@gmail.com

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INTRODUCTION

Rabies could be a classic example of the animal disease that has evidenced to challenge and one in every of the neglected tropical diseases [1]. In keeping with the World Health Organization, it is a serious viral Zoonotic related disease, transmitted to humans through contact (mainly bites and scratches) with pathologic animals, each domestic and wild. Zoonotic diseases cause a heavy threat to the health and survival of individuals, eutherian mammal, and companion animals. Sustained incidences and prevalence of the disease in humans and therefore the adversity

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of health effects and distribution of Zoonotic diseases, consequently eight most significant Zoonoses are recognized and ordered in terms of highest impact on human health as rabies, highly pathogenic avian influenza, Anthrax, Brucellosis, Bovine TB, Japanese encephalitis, Porcine cysticercosis [2].

People have terribly low information regarding rabies and its prevention [3]. Understanding community information, attitudes, and perceptions of rabies is vitally attributable to their influence on post-exposure treatment-seeking behavior [4] as community support is important for rabies bar and management program [5,6]. Some folks fail to receive post-exposure treatment due to a scarcity of awareness regarding rabies [7]. However, in reality, peoples in developing countries, notably the poor sections of society, might not receive these life-saving treatments either as a result of the post-exposure treatment being expensive and not readily available or due to lack of information regarding rabies [8].

RESEARCH METHODOLOGY

The present study was carried in Srinagar district of Jammu and Kashmir Union Territories (Erstwhile Jammu and Kashmir State), India. The purpose is to know the knowledge of people about rabies and thereby the selection of such people comes in front which was done using the below-mentioned sampling plan within the Srinagar district. As per Srinagar Municipal Corporation (SMC), the city is divided into two divisions, four zones and 34 administrative wards (Table 1). The four administrative zones are North, South, East, and West. To maximize the diversity of population response, all the four zones were considered for the present investigation. The wards that were selected were shown in the (Table 1) with yellow color. From each randomly selected ward, 20 household irrespective of whether exposed to rabies/dog bite were selected as respondents for data collection (accidental sampling). Thus a total of 320 respondents were the sample

size for investigating the knowledge of rabies vis-a-vis dog bite exposure among the human population.

RESULTS

The table 2 exhibits the distribution of respondents according to socioeconomic profile zone wise. It revealed that the majority, 89.06% of respondents were males and 10.93% were females. The maximum age was ranging in 40-50 (25%), then 50-60 (17.50%), followed by 20-30 (10.93%), then 30-40 (9.68%), and the left over were others. The majority 66.87% were general category, whilst others were reserved category. Just about 20.31% owned animals while as 79.68% didn't own. The Mainstream 30.62% had attended college level, with just 17.81% having secondary education, moreover 11.56% were graduates, whilst others had no formal education. About 23.12% were business man, with just 14.06 % as government workers and others were laborers. Regarding monthly income 14.06% had almost Rs 80,000, with just 23.12% having Rs 50,000-70,000, whilst others had below 50,000. Statistically revealed there is a non-significant difference in diverse zones. The table 3 comprised of six questions to confirm the knowledge of the disease Rabies. It revealed percentage distribution according to varied zones i.e. (North, West, South, and East). The bulk had heard about the term "rabies" (81.25%) and the same had obtained information from family, friends, neighbors and colleagues plus amid the printed resources. Whilst 12.18% knew that both humans and dogs suffer from rabies. Barely 12.18% were conscious about the other animals capable of transmitting rabies. Just only 26.25% knew how rabies is caused. About rabies description 6.25% were able to describe the disease. Regarding the transmission of the disease rabies, only few 12.18% knew its method. Only 5.31% knew the mechanism about transmission of rabies to dog. About the transmission of the disease from dogs to humans the majority, 70.93% knew it is spread from dogs to humans. Only 10% knew about transmission through bites, licking and scratches. Just 41.56% knew that a healthy dog

Table 1: Different zones and the wards of Srinagar district as per Srinagar Municipal Corporation.

Wards	North zone (9 wards)	South zone (9 wards)	East zone (8 wards)	West zone (8wards)
1	Tarbal, JamiaMasjid, Kawdara	Malroo, Lawaypora	Harwan, Nishat	Safa Kadal, IddGah
2	Zadibal, Madeen Sahib	Bemina Khumani Chowk	Dalgate, Lalchowk	Palpora
3	Lal Bazaar, Umer Colony	Allochi Bagh, Magermal Bagh	Dud Dal, Locut dal	Nawab Bazaar, Ali Kadal
4	Hazratbal, Tailbal	Rajbagh, Jawahar Nagar, Wazir Bagh	Jogi Lankar, Zindashah Sahib	Syed Ali Akbar, Islam Yarbali
5	New Theed, Alusteng	Mahjoor Nagar, Natipora, Chanapora	Ganpatyar, Barbarshah	Shaheed Gung, Karan Nagar
6	Zakoora	Baghat Barzallua, Rawalpura	Bana Mohalla, Chinkral Mohalla, S.R.Gung	Qamarwari, Chattabal
7	Ahmad Nagar	Humhama	Akil Mir Khanyar, Khaja Bazar	Bemina East, Bemina West
8	Soura, Buchpora	Pantha Chowk, Khanmoh	Hasna Abad, Makhdoom Sahib	Parimpura, Zainakote
9	Nowshahra, Zoonimar	S.D. Colony Batamaloo Nundrash colony		

Note: Highlighted wards indicate the sampled area

Table 2: Distribution of Non-victimized respondent according to socioeconomic profile.

Socioeconomic profile	Zones				Pooled
	North	West	South	East	
	n				N
Gender	80	80	80	80	320
Male	76(95)	69(86.25)	65(81.25)	75(93.75)	285(89.06)
Female	4(5)	11(13.75)	15(18.75)	5(6.25)	35(10.93)
Age					
1-10	0(0.00)	1(1.25)	2(2.50)	0(0.00)	3(0.009)
10-20	5(6.25)	1(1.25)	6(7.50)	5(6.25)	17(5.31)
20-30	4 (5)	14(17.50)	11(13.75)	6(7.50)	35(10.93)
30-40	10(12.50)	4(5)	9(11.25)	8(10)	31(9.68)
40-50	17(21.25)	18(22.50)	25(31.25)	20(25)	80(25)
50-60	18(22.50)	15(18.75)	9(11.25)	14(17.50)	56(17.50)
>60	12(15)	9(11.25)	8(10)	7(8.75)	36(11.25)
pooled	66	62	70	60	258
mean ± SD	33.02 ± 16.41	31.93 ± 16.88	30.07 ± 16.46	32.74 ± 16.95	33.21 ± 14.66
Anova test = f value = 0.059, p value = 0.980					
Caste					
General	54(67.50)	48(60)	59(73.75)	53(66.25)	214(66.87)
OBC	0(0.00)	0(0.00)	0(0.00)	0(0.00)	0(0.00)
OSC	10(12.50)	20(25)	5(6.25)	15(18.75)	50(15.62)
ST	3(3.75)	4(5)	4(5)	4(5)	15(4.68)
Any other	13(16.25)	8(10)	12(15)	8(10)	41 (12.81)
Ownership of pet animal					
Yes	13(16.25)	12(15)	22(27.50)	18(22.50)	65(20.31)
No	67(83.75)	68(85)	58(72.50)	62(77.50)	235(79.68)
Education					
Lower primary	1(1.25)	4(5)	4(5)	4(5)	13(4.06)
Upper primary	18(22.50)	12(15)	6(7.50)	10(12.50)	46(14.37)
Sec school	13(16.25)	12(15)	18(22.50)	14(17.50)	57(17.81)
College	26(32.50)	24(30)	23(28.75)	25(31.25)	98(30.62)
Graduate	8(10)	8(10)	13(16.25)	8(10)	37(11.56)
Currently a student	5(6.25)	4(5)	7(8.75)	5(6.25)	21(6.56)
No school	9(11.25)	16(20)	9(11.25)	14(17.50)	48(15)
Employment					
Government employee	12(15)	8(10)	15(18.75)	10(12.50)	45(14.06)
Business man	30(37.50)	16(20)	13(16.25)	15(18.75)	74(23.12)
Laborer	4(5)	8(10)	3(3.75)	6(7.50)	21(6.56)
Contractor	12(15)	16(20)	13(16.25)	17(21.25)	58(18.12)
Daily wager	9(11.25)	20(25)	21(26.25)	20(25)	70(21.87)
Student	13(16.25)	12(15)	15(18.75)	12(15)	52(16.25)
Monthly income					
≤ 80,000	12(15)	8(10)	15(18.75)	10(12.50)	45(14.06)
50,000-70,000	30(37.50)	16(20)	13(16.25)	15(18.75)	74(23.12)
40,000-50,000	12(15)	16(20)	13(16.25)	17(21.25)	58(18.12)
20,000-30,000	9(11.25)	20(25)	21(26.25)	20(25)	70(21.87)
< 10,000	4(5)	8(10)	3(3.75)	6(7.50)	21(6.56)
Anova test= f value = 0.008, p value = 0.998					
Figures in parenthesis indicate percentage, n indicates sample size, "N" total sample size,*indicates significant difference at 5 % level of significance					

Table 3: Distribution of Non-victimized respondents according to knowledge of disease rabies.

Knowledge of disease rabies		Zones					
		North	West	South	East	Pooled	
		n					N
Questions	Response	80	80	80	80	320	
Heard term "rabies"	Yes	68(85)	64(80)	64(80)	64(80)	260(81.25)	
	No	12(15)	16(20)	16(20)	16(20)	60(18.75)	
If yes, source (N = 260)	Brochure, posters & other printed material	8(11.76)	4(6.25)	10(15.62)	12(18.75)	34(13.07)	
	Family friends, Neighbors & colleagues	60(88.23)	60(93.75)	54(84.31)	52(81.25)	226(86.92)	
Other options (Radio, TVs, Vet officials, Religious leaders, Teachers, When I was bitten by a dog)							
Species Suffer	Human	56(70)	64(80)	48(60)	59(73.75)	227(70.93)	
	Animal	14(17.50)	8(10)	20(25)	12(15)	54(16.87)	
	Both	10(12.50)	8(10)	12(15)	9(11.25)	39(12.18)	
Other carrier of disease	Dogs	14(17.50)	8(10)	20(25)	12(15)	54(16.87)	
	Man	56(70)	64(80)	48(60)	59(73.75)	227(70.93)	
	All the above	10(12.50)	8(10)	12(15)	9(11.25)	39(12.18)	
Other options (Cats, Cattle, Goats, Sheep, Any other animal, Don't know)							
Cause of rabies	Virus	21(26.25)	20(25)	22(27.50)	22(27.50)	85(26.56)	
	Don't know	59(73.75)	60(75)	58(72.50)	58(72.50)	235(73.43)	
Other options (Germ, Hereditary, All)							
Description of disease	Correctly described	8(10)	6(7.50)	4(5)	2(2.50)	20(6.25)	
	Incorrect description	72(90)	74(92.50)	76(95)	78(97.50)	300(93.75)	

Figures in parenthesis indicate percentage, n indicates sample size, "N" total sample size

cannot transmit rabies. Only few 8.12% had seen a person with rabies. The majority, 94.37% knew that the disease is not communicable (Table 4). The mainstream, 61.25% knew about the identification of rabid dog and they also knew about its signs and symptoms. About 41.56% believed that a normal behavior dog couldn't be rabid. Just 21.56% knew about the signs and symptoms of a person who develops rabies. While 44.68% were aware about the fatal nature of the disease. Only 10.31% were aware that there is no chance of survival after the symptoms (Table 5). Following a suspect bite majority 95.62% claimed they would seek medical care after the bite. About 100 % were aware they would go to the hospital after the bite (Table 6). The majority, 95.31% said that the treatment is available at SMHS hospital. Just 25% knew about the application of first aid before reaching the hospital. Whilst ask what treatment bite patients expect at the hospital, 92.50% said about Anti-Rabies Vaccination. When asked about the indigenous treatments the majority, 81.25% claimed this is of no use. While 20% knew about the treatment of rabies in dogs. When asked on what actions to be taken with regards to a suspect rabid animal, 8.43% said they would kill the animal and bury it.

DISCUSSION

Rabies is still viewed one of the usual terrible of the diseases that attack humans. This heightened concern,

surpassing any true public health threat, is due to numerous factors that have been present too since rabies first gained its impression as an affliction. Rabies endures a significant public health enigma in Srinagar, wherever canine rabies is not managed, and the bite of an infected dog is the usual general means of transmission. No significant actions have been taken by the state to increase awareness and prudent practices in the community with concerns to rabies repression and control, probably because of a lack of baseline data information, opinions, and methods about rabies. Our verdicts demonstrate that half of non-victims are conscious of rabies and know that it is spread through bites from infected dogs, but they lack a complete perception of rabies. The greater parts of respondents had heard of rabies (*halkaer houn*) and their source of information was from family, friends, neighbors and some got from the printed materials. Some of the people, who affirmed that they had heard of rabies, had possibly not in reality but perhaps they did not want to emerge innate. Radio and TV were not answered by any person. The basis could be the media which is more reachable had not been well exploited as a basis of information plus awareness of rabies. The respondents were awake that rabies is spread through dog bites; however they lacked the information about the other animals transmitting it. This could be due to enhanced communication and information about what is happening in their dwelling, counting dog bites as well. So, whenever any person is bitten

Table 4: Distribution of Non-victimized respondents according to knowledge about transmission of rabies

Transmission of rabies		Zones					
		North	West	South	East	pooled	
		n					N
Question	Response	80	80	80	80	320	
Methods of rabies transmission	Animal to animal	63(78.75)	68(85)	65(81.25)	67(83.75)	263(82.18)	
	Animal to human	10(12.50)	8(10)	12(15)	9(11.25)	39(12.18)	
	Human to animal	5(6.25)	4(5)	3(3.75)	4(5)	16(5)	
	All the above	2(2.5)	0(0.00)	0(0.00)	0(0.00)	2(0.625)	
Other option (Human to human)							
Method of rabies transmission to dog	Other dog bite	55(68.75)	60(75)	60(75)	60(75)	235(73.43)	
	Ingesting rabid dog	8(10)	8(10)	5(6.25)	7(8.75)	28(8.75)	
	Ingesting other dead animal	3(3.75)	4(5)	4(5)	4(5)	15(4.68)	
	Biting by other animal	9(11.25)	4(5)	7(8.75)	5(6.25)	25(7.81)	
	All	5(6.25)	4(5)	4(5)	4(5)	17(5.31)	
Other option (Wild animal)							
Dogs transmit rabies to humans	Yes	56(70)	64(80)	48(60)	59(73.75)	227(70.93)	
	No	24(30)	16(20)	32(40)	21(26.25)	93(29.06)	
Other animals transmission	Dogs	14(17.50)	8(10)	20(25)	12(15)	54(16.87)	
	all	10(12.50)	8(10)	12(15)	9(11.25)	39(12.18)	
	Don't know	56(70)	64(80)	48(60)	59(73.75)	227(70.93)	
Other option (cats)							
Rabies transmission to humans by dog	Through bites	54(67.50)	56(70)	42(52.50)	51(63.75)	203(63.43)	
	Through scratches	11(13.75)	12(15)	17(21.25)	11(13.75)	51(15.93)	
	By licking	3(3.75)	4(5)	1(1.25)	3(3.75)	11(3.43)	
	Through bites and scratches	0(0.00)	0(0.00)	15(18.75)	8(10)	23(7.18)	
	All the above	12(15)	8(10)	5(6.25)	7(8.75)	32(10)	
A healthy dog transmit rabies through bite	Yes	46(57.50)	44(55)	51(63.75)	46(57.50)	187(58.43)	
	No	34(42.50)	36(45)	29(36.25)	34(42.50)	133(41.56)	
You have seen a person with rabies	Yes	10(12.50)	8(10)	3(3.75)	5(6.25)	26(8.12)	
	No	70(87.50)	72(90)	77(96.25)	75(93.75)	294(91.87)	
If yes, source (N = 26)	Real life	10(100)	8(100)	3(100)	5(100)	26(8.12)	
Other option (Television)							
Rabies is communicable	Yes	5(6.25)	4(5)	4(5)	5(6.25)	18(5.62)	
	No	75(93.75)	76(95)	76(95)	75(93.75)	302(94.37)	

Figures in parenthesis indicate percentage, n indicates sample size, "N" total sample size

by a dog the people gather there and advise them to visit the Shri Maharaja Hari Singh Hospital (SMHS). The study in Srinagar found that respondents knew dogs plus man can endure from rabies. Few respondents knew about other animals as a cause of transmission of rabies to humans. Bite was being mentioned by most of the respondents as a means of transmission but only some of the respondents mentioned scratches and licking as the method of transmission. This could be due to lack of complete acuity of the disease rabies. The incubation period of rabies is extremely uneven ranging as of

few days to several years inclined by a lot of factors. The most regularly mentioned incubation period by the respondents was 10 days. Persons who think the incubation period is petite might not seek out post exposure prophylaxis once the apparent incubation period has conceded. This is grave for rabies patients where death is 100% once the clinical signs have developed. The mainstream of respondents knew regarding the identification of rabid dogs. In our community rabies is well-known as mad dog (*halkaer houn*) which is allied through aggression. Aggression was thus known by

Table 5: Distribution of Non-victimized respondents according to clinical signs of rabies.

Clinical signs of rabies		Zones				
		North	West	South	East	Pooled
		n				N
Questions	Response	80	80	80	80	320
Identification of a rabid dog	Yes	69(86.25)	44(55)	41(51.25)	42(52.50)	196(61.25)
	No	11(13.75)	36(45)	39(48.75)	38(47.50)	124(38.75)
If yes, Signs & symptoms of a rabid dog (N = 196)	Salivation	14 (20.28)	20(45.45)	9(21.95)	12(28.57)	55(28.06)
	Aggression	32 (46.37)	10(22.72)	15(36.58)	12(28.57)	69(35.20)
	Biting inanimate objects	1 (1.44)	0(0.00)	5(12.19)	2(4.76)	8(4.08)
	Anxious	5 (7.24)	4(0.09)	2(4.87)	5(11.90)	16(8.16)
	All	17 (24.63)	10(22.72)	10(24.39)	11(26.19)	48(24.48)
Other option (Maniacal behavior and salivation)						
A normal behavior dog can also be a rabid dog	Yes	52 (65)	48(60)	41(51.25)	46(57.50)	187(58.43)
	No	28 (35)	32(40)	39(48.75)	34(42.50)	133(41.56)
The signs & symptoms of a person who develop rabies	Fever	11 (13.75)	36(45)	39(48.75)	38(47.50)	124(38.75)
	Chills	14 (17.50)	20(25)	9(11.25)	12(15)	55(17.18)
	Fatigue	5 (6.25)	4(5)	2(2.50)	5(6.25)	16(5)
	Lack of appetite	17 (21.25)	10(12.50)	10(12.50)	11(13.75)	48(15)
	Headache	1 (1.25)	0(0.00)	5(6.25)	2(2.50)	8(2.50)
	All	32 (40)	10(12.50)	15(18.75)	12(15)	69(21.56)
Others options (Problem sleeping, Irritability, Anxiety, Sore throat, Vomiting, Aggressive behavior, such as thrashing out or biting, Hallucinations—seeing or hearing things that are not real, Delusions—believing things that are obviously untrue, Excessive production of saliva, Excessive sweating, Hair on their skin stands up						
The disease can occur in human after the dog bite	10 days	22 (27.50)	28(35)	31(38.75)	31(38.75)	112(35)
	15 days	4 (5)	0(0.00)	8(10)	3(3.75)	15(4.68)
	Varies from person to person	11 (13.75)	4(5)	7(8.75)	5(6.25)	27(8.43)
	Don't know	43 (53.75)	48(60)	34(42.50)	41(51.25)	166(51.87)
Other options (30, 60, 90 days)						
The disease can be cured after the onset of signs in humans	Yes	34(42.50)	52(65)	41(51.25)	50(62.50)	177(55.31)
	No	46 (57.50)	28(35)	39(48.75)	30(37.50)	143(44.68)
The chance of survivability once the symptoms develop	No chance of survivability	5(6.25)	8(10)	10(12.50)	10(12.50)	33(10.31)
	Percent chance	30 (37.50)	40(50)	27(33.75)	35(43.75)	132(41.25)
	Don't know	45(56.25)	32(40)	43(53.75)	35(43.75)	155(48.43)
Figures in parenthesis indicate percentage, n indicates sample size, "N" total sample size						

Table 6: Distribution of Non-victimized respondents according to knowledge about treatment of rabies.

Treatment of rabies		Zones				
		North	West	South	East	pooled
		n				N
Question	Response	80	80	80	80	320
Measures taken for dog bite?	Approach hospital immediately	78(97.50)	76(95)	76(95)	76(95)	306(95.62)
	Approach hospital later on	2 (2.50)	4(5)	4(5)	4(5)	14(4.37)
Other options (No need to approach hospital if wound is not much complicated ,don't know)						
The treatment should be started after the dog bite	Immediately	78(97.50)	76(95)	76(95)	76(95)	306(95.62)
	Later	2 (2.50)	4(5)	4(5)	4(5)	14(4.37)
Other option (Don't know)						

Table 6: Distribution of Non-victimized respondents according to knowledge about treatment of rabies.

Treatment of rabies		Zones					
		North	West	South	East	pooled	
		n					N
Question	Response	80	80	80	80	320	
If bitten the treatment is received from	Doctor /Hospital	80(100)	80(100)	80(100)	80(100)	320(100)	
(Traditional healers, Uncertain)							
The treatment is done at	SMHS	76(95)	80(100)	75(93.75)	74(92.50)	305(95.31)	
	SKIMS	1(1.25)	0(0.00)	0(0.00)	0(0.00)	1(0.31)	
	private (Khyber)	2(2.50)	0(0.00)	3(3.75)	5(6.25)	10(3.12)	
	others (private hospital)	1(1.25)	0(0.00)	2(2.50)	1(1.25)	4(1.25)	
First aid	Washing with soap	14(17.50)	20(25)	25(31.25)	21(26.25)	80(25)	
	Did suturing	2 (2.50)	4(5)	3(3.75)	5(6.25)	14(4.37)	
	Cauterization	3 (3.75)	0(0.00)	0(0.00)	0(0.00)	3(0.93)	
	All	5(6.25)	4(5)	6(7.50)	5(6.25)	20(6.25)	
	don't know	56(70)	52(65)	46(57.50)	49(61.25)	203(63.43)	
other option (Applying garlic or antiseptic)							
The treatment you expect at the hospital	Antibiotic	5(6.25)	4(5)	3(3.75)	4(5)	16(5)	
	Pain killer	0(0.00)	4(5)	1(1.25)	3(3.75)	8(2.50)	
	Vaccination (anti rabies vaccine)	75(93.75)	72(90)	76(95)	73(91.25)	296(92.50)	
Other option (Tetanus, Dress wound, Don't know)							
Indigenous treatment available for rabies	Yes	13(16.25)	16(20)	15(18.75)	16(20)	60(18.75)	
	No	67(83.75)	64(80)	65(81.25)	64(80)	260(81.25)	
If yes, any one from these (N = 60)	Application of herbs	6(10)	8(13.33)	5(8.33)	6(10)	27(45)	
	Ayurvedic treatment	2(2.50)	4(5)	4(5)	2(2.50)	12(3.75)	
	Application of kerosene	2(2.50)	2(2.50)	3(3.75)	4(5)	11(3.43)	
	Clean dressing	3(3.75)	2(2.50)	1(1.25)	4(5)	10(3.12)	
Other option (Magi co-religious (faith healing, holy water, witchcrafts), All, cauterization)							
It is safe to treat the victim in the traditional way	Yes	13(16.25)	16(20)	15(18.75)	16(20)	60(18.75)	

most of the respondents which is in stroke amid the verity that furious form of rabies is widespread in animals. Some respondents knew about the sign of rabies in humans. So it could be due to a good conjecture, because these were fairly rabies specific symptoms. People mainly from the north zone were able to identify the rabid dog and its symptoms. The basis behind this was somebody had died of rabies in that area. Regarding about the treatment, the majority were aware that the Shri Maharaja Hari Singh Hospital (SMHS) provides vaccines and the respondents didn't choose any traditional methods. Merely some said they would choose the traditional medicine following a bite. Possibly people are more aware of the modern medicine plus they do not depend as much on the traditional medicine. The reason is the traditional medicine takes longer duration to act as compared with the modern medicine. A decisive part of post exposure prophylaxis is instant washing of the bite wound by means of water prior to hospital and nearly the majority was ignorant of this precautionary practice. The low retort on

first aid measures is due to the verity that the study is done in Srinagar district, which had acknowledged no awareness campaigns. Besides, there was poor awareness regarding the fatal nature of rabies and how it can be vetoed in human. The people were vaguely aware about the prevention of rabies. This Knowledge of rabies prevention might stalk from having seen a dog bite incident in the household/locality. The people were not aware whether the carcasses should be incinerated or buried to stop the transmission of rabies to foragers. Anti rabies schedule; the majority was not awake about it. The reason is there is no national rabies control program in Srinagar. Hence people possess inadequate knowledge of rabies particularly the risks linked amidst bites from dogs. This suggests that human deaths happen due to a lack of awareness. Some were aware concerning the dog population control and had heard about dog vaccination and neutering programs. This good level of knowledge amongst the non-victims may be due to numerous reports of dog's bites in Srinagar plus they were more educated [9].

CONCLUSION

Factors influencing enhanced awareness and practices incorporated elevated socioeconomic rank and education signifying that the maximum menace of rabies is probable to fall on the mainly susceptible sectors of society, particularly poor members with slight or no proper education. It is vital to note that merely looking at the dog bite incidents does not openly imitate the peril of death caused by rabies. Even as conditions such as dog human ratios as well as the number of bite incidents are significant, aspects such as socioeconomic status along with the convenience of getting treatment subsequent a dog bite are possibly most applicable when estimating peril of deaths caused by dog bites.

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