

# RABIES AWARENESS & KNOWLEDGE

## HIGH AWARENESS & LOW GENERAL KNOWLEDGE OF RABIES

79%



of the study population were aware of rabies and there was general familiarity with local terms for a rabid dog.

“EN TIN EN PENK”  
“CRAZE DOG”

many informants demonstrated their awareness of rabies by referring to it by its common local names.

95%



of participants from Constituency 31 were aware of rabies compared to 68% and 67% in Constituencies 35 and 37/38.

Informants linked “madness” and rabies in descriptions of rabies.

A child informant from Makama believed that “mad dogs are carriers of rabies,” and a health worker from Kapethe believed that rabies is “caused by a mad dog biting someone.” Another health worker characterized rabies as “this is when a dog bites someone and that person end up being crazy just like the dog,” and a child informant from Ropolon described rabies as “a sickness that we get from mentally retarded dogs.”

“We believe that mad dogs are carriers of rabies. If they bite somebody the person can easily be infected by rabies and he sometimes bark like a dog.”

### NO KNOWLEDGE

34% of the study population did not know what causes rabies

“This is the type of sickness we do not have better understanding but we have the idea that it is a killer disease.”

### CORRECT KNOWLEDGE

38% knew that rabies is a virus that makes animals sick; only one person in the entire study area knew that the virus attacks the brain of its victim.

“It is a type sickness that do affect dogs. I really do not know where dogs get it from but whenever a dog becomes infected with it, its brain ceases to be normal and if it bites any human being, the person will also become infected with rabies.”

### INCOMPLETE KNOWLEDGE

“The only thing that I know about rabies is, we [humans] get it from dogs.”

There was a lack of detailed knowledge about the causes, symptoms, and transmission pathways; knowledge of rabies was limited to rabies in dogs.

### MYTHS AND MISCONCEPTIONS

a few health worker informants referred to rabies as:

“EBRETH”

which is described as a skin disease with rashes and body hair loss

beliefs about cause or origin of rabies:

15% germs and rubbish

7% spiritual origins

<5% from feces and urine, or inherited

“As for the cat, rabies was born with it and the sooner the cat scratch or bites you then you are confirming to have the virus.”

“The rabies virus is already found in the teeth of a mad dog, when it bites a person then it pass the sickness to that individual.”

“Seeing a dog with its condition has change like have rash and sore all over its body that is another sign of rabies.”

## KNOWLEDGE OF TRANSMISSION OF RABIES WAS VARIABLE

poor care given to animals by their owners

“I believe that when a dog is not taken care of properly it can develop rabies because it can interact with other animals in the community that may possibly have the sick.”

eating dead or sick animals or “all sort of food” when it roams freely and scavenges for food

“If a rabies dog bites someone, if that person is your relative you should not touch because that person will behave the same as the dog and if you the relative don't be careful, he or she bite you then automatically you will get infected.”

77% through the bite of a rabid animal

52% scratch of a rabid animal

53% contact with saliva

30% eating or touching meat from a rabid animal

15% touching the brain of a rabid animal

13% touching or petting a sick animal

which animal can transmit rabies?

75%

38%

38%

20%

20%

13%

9%

15%

28%

9%

12%

## KNOWLEDGE OF SYMPTOMS WAS FAIR

### IN PEOPLE

informants believed that “if someone has been bitten by a dog, the person will behave like the dog.” Many participants reported that people with rabies would bark like a dog, salivate, and develop skin rashes and sores just like dogs.

“The person’s condition or looks will change, when the poison overcomes the person, [they] will bark like a dog and sometimes even began acting like dog, wanting to bite other people.”

### IN ANIMALS



“Animals that have been infected by the rabies virus will bite anyone who comes their way even the person hasn’t done anything to them and the moment this animal bites you, then you have become infected with the rabies virus.”

## MAJORITY BELIEVED RABIES CAN BE PREVENTED

rabies in animals can be prevented

71% TRUE

24% DON'T KNOW

prevention in dogs and cats

81% vaccinate  
66% keep pets within compound  
52% don't let pets mix with strays

39% report sick animals to AHW  
18% report animals bitten to AHW  
27% report sick animals to community leader

prevention in humans

52% avoid half eaten fruits  
48% vaccine  
38% don't eat bushmeat

39% wash hands  
51% avoid stray animals  
80% avoid animals that are not behaving normally

rabies in humans can be prevented

74% TRUE

23% DON'T KNOW

## MAJORITY WOULD GO TO HF IF BITTEN, BUT ONLY 29% KNEW TO WASH WOUND

response to a bite or scratch by a sick animal

80% GO TO HEALTH FACILITY



42% GO TO COMMUNITY HEALTH WORKER



37% SPIRIT



31% KILL ANIMAL



29% WASH WOUND



## MAJORITY WOULD REPORT BITES & SCRATCHES BUT NOT SICK ANIMALS

whom should you report an animal bite or scratch to?

33% AHW	50% health facility worker	48% animal owner
56% CHW	42% community leader	

when should a person report a bite or scratch they get from an animal?

99% immediately/less than one day

“We don’t know where to report and secondly there is no office for rabies in the area, which prevents us from reporting cases of dog bite.”

## MAJORITY WOULD REPORT IN A DAY, BUT ONLY HALF WOULD REPORT TO HW

when should a person report a sick animal that might have rabies?

68% immediately/less than one day

14% within one week

“If there is any bite in this area, the first thing to do is to go to the hospital. It is not a matter of delay.”

if you see an animal that looks sick, whom should you report it to?

13% AHW  
18% CHW

11% health facility worker  
21% community leader

28% animal owner

## RECOMMENDATIONS

community members may benefit from rabies awareness campaigns with targeted health messaging that addresses causes and transmission pathways, appropriate first aid responses, and the need for prompt treatment. such campaigns may help facilitate a shift from awareness to knowledge building.

interpersonal and community dialogue approaches may best address prevailing myths and misconceptions about rabies, and the conflict between risk perceptions and participation in risk behaviors. these approaches afford individuals opportunity to share experiences and discuss the issues that influence their current beliefs, perceptions, and behaviors.

health workers for people and animals may benefit from continued education and refresher courses about rabies. development of job aids and resources for health workers to use in the field and for on-the-job training may also contribute to standardizing the information that is relayed to community members.