

RESPONSIBLE PET OWNERSHIP: KNOWLEDGE, ATTITUDES AND PRACTICES OF VICTIMIZED PATIENTS ATTENDED THE RABIES CONTROL UNIT OF THE NATIONAL HOSPITAL OF SRI LANKA

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INTRODUCTION

Sri Lanka is a tropical Asian country with many roaming dogs and is endemic with rabies (Ministry of Health, Sri Lanka, 2009). Rabies is endemic in seven countries of the region namely Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand (WHO, 2004). Globally, rabies is the tenth leading cause of death and approximately 55,000 people die annually due to rabies (WHO, 2007). Rabies, which is a fatal infection affecting the nervous system, is transmitted through a bite of an infected mammalian animal and dogs are the main carriers (Hashim, 2007).

Rabies Control Programme has been implemented in Sri Lanka since 1975 in an effective manner. The numbers of deaths due to rabies infection was 377 in 1973 and declined to 58 in 2009 (Public Health Veterinary Services Bulletin, 2009). Despite the preventive services, the cost of post exposure treatment seems to be a huge burden to the country. Many studies assumed that the lack of knowledge, negative attitudes and wrong practices of the general public are the main reasons for deaths due to rabies (Fallahain et al., 2010; Singh & Choudhary, 2009; Matibag et al, 2009; Awerbuch. & Kumarapeli 2009; Matibag et al., 2007).

Various studies suggested that responsible pet ownership is essential to prevent rabies (Kandy Association for Community Protection through animal Welfare, 2011; Matibag et al, 2009; Dissanayaka et al., 2007). Authors emphasized the importance of including both urban and rural areas in rabies controlling programs because, the attitudes and pet care practices differ from urban to rural. Most of the Sri Lankan studies centered in Kandy district and not a single one on other districts could have been identified in the literature. Therefore, this study focuses on identifying the knowledge, attitudes and practices of victimized individuals who have visited the Rabies Treatment Unit (RTU) of the National Hospital of Sri Lanka (NHSL), Colombo.

METHODOLOGY

Quantitative Descriptive method was employed in this study to explore the level of knowledge, attitudes and practices of individuals visited to the RTU at the NHSL with suspected animal bites. A purposive sample of 100 victimized individuals was selected from those who have visited the RTU of the NHSL during June 2011 to August 2011. They were invited for voluntary participation.

Data was collected through a questionnaire which was developed and pre tested by Velasquez (2006) and Hashim (2007). That was modified and used in this study to collect data on knowledge, attitudes and practices of responsible pet ownership. In addition to the questions to collect demographic data, there were 14 questions to assess the knowledge, five questions to assess the attitudes and eight questions to assess the practices of responsible pet ownership. The original questionnaire which was in English was translated to Sinhala and back translation was done to check the accuracy. The response rate was 100%. Descriptive

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statistical analysis was done using Microsoft Excel to analyze the descriptive data.

Considering the ethical aspects of research, ethical approval was granted by the Ethical Review Committee of the NHSL. Informed consent was obtained from participants and confidentiality and anonymity of participants was maintained. Every person participated voluntarily.

RESULTS AND DISCUSSION

According to demographic data, 36% of the sample was in the age range of 30- 50 years. Out of the sample, 58% were females and 42 were males. From among the participants, 85% were Buddhists and the rest of the 15% were followers of Hindu, Catholic and Islam religions. The minimum educational level was GCE Ordinary Level. Majority of the sample (65%) was married. Seventy six percent (76%) of the sample was employed. Forty-eight of the sample lived in urban areas, 25 % were in sub-urban areas and 27% in rural areas.

Participants' knowledge was excellent among 14% who are from urban and suburban areas. Knowledge was good for 62% of the sample and they are from all three areas. Only 24% had poor knowledge and those are from rural areas. Rabies was identified as a fatal problem by 43% only and 45% knew the way of transmission of rabies to human beings. Forty four percent of the sample said that rabies was curable. Most of the sample (79%) was able to identify the animals that could be dangerous and 77% stated that exposing to unvaccinated animal bite is a risk of having rabies. The sample knew the facilities available for them to maintain responsible and safe practices. These are include: free treatment for human rabies (95%), free dog sterilization (61%), Free dog vaccination (84%), availability of awareness programme and health education (84%). In this regard, 13% of the sample had excellent perception, 53% had good perception and the remaining had poor perception about available facilities.

Majority of the sample were knowledgeable when compared with the findings of other studies conducted in Sri Lanka, India, Iran, and Philippines (Fallahain et al., 2010; Singh & Choudhary, 2009; Matibag et al, 2009; Awerbuch & Kumarapeli, 2009). However, the prevention and control of rabies remains as a problem due to the reluctance of the people to take proper responsibility and correct actions. The problem remains as severe due to the lack of healthcare facilities in rural areas. Further, poor attitudes on certain aspects such as elimination of stray dogs, necessity of pet vaccination, are the contributing factors for the problem.

Most interesting part of the findings is the attitudes of the participants. Only 52% of the sample was agreed with elimination of stray dogs. Others want them to remain as they are. Removing the head of the suspected dog for investigation was identified as inhuman by 24% of the sample. Forty eight percent of the sample believes that vaccination of pets are necessary. Data revealed that 35% of the sample had poor attitudes towards responsible pet ownership.

Regarding practices, 46% of the sample was pet owners. From among them, 60.9% had vaccinated their dogs and maintain the records about vaccination. When the participants had animal bite, 97% of them preformed the correct practice of washing the site with soap and water for ten minutes and rushed to the RTU which is considered as the "golden time" that gives the best outcomes for post exposure treatment. In addition, 92% of the sample came with the information of the bitten animal. Data revealed that the practices of responsible pet ownership were 90%.

Identified barriers to maintain responsible pet ownership were religious beliefs (33%), poverty (31%), lack of coordination with available Public Health Services (15%) and poor health services in rural areas (32%).

In addition, data revealed that 47% of the sample was bitten by their own pets and those were deeper bites.

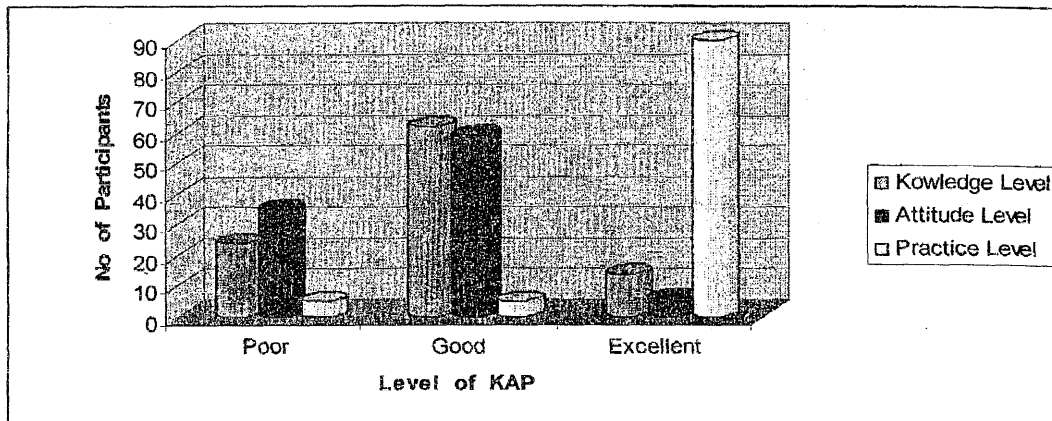


Figure 1: Knowledge, attitudes and practices of the sample

Although the public identification on available facilities and existing barriers were satisfactory in urban areas, suburban and rural areas were at unsatisfactory level. The same was identified by several other studies (Singh & Choudhary, 2009; Matibag et al, 2009; Matibag et al., 2007).

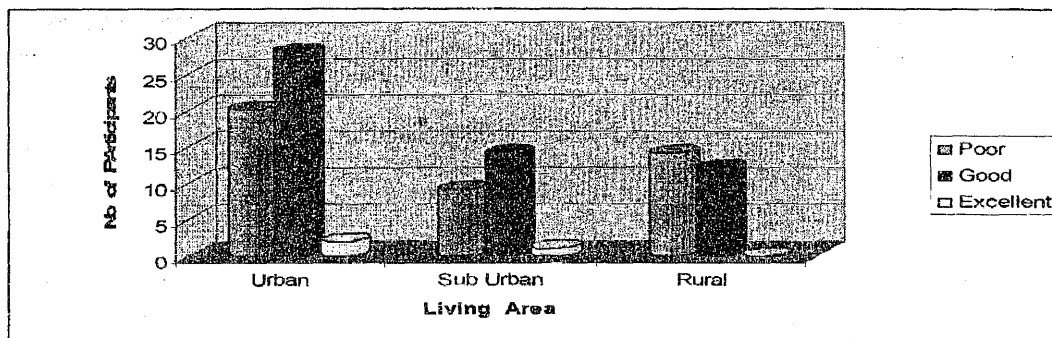


Figure 2: awareness of available facilities

CONCLUSIONS/ RECOMMENDATIONS

According to the findings, the participants had a satisfactory level of knowledge and practices but poor attitudes towards responsible pet ownership. As the facilities in rural areas are less, it is necessary to improve those especially on prevention and control of rabies. In this regard, raising the public awareness on responsible pet ownership by making them aware of free treatment for human rabies, free dog sterilization, Free dog vaccination, availability of health education and awareness programs. Most of those awareness programs are focused on dogs but the public should make aware on taking responsibility of any type of mammalian pet. Pet owners should understand that “responsible pet ownership” means not only rearing a domestic pet but, also being the best caregiver for own pet.

According to the findings this research cannot be generalized to all contexts. However, the researcher would like to suggest developing and delivering of quality awareness programs in every setting where ever the general public live and could be reacheable. Further, the school health programs should also focus on information regarding “responsible pet ownership” because most of the children are keen in keeping and maintaining their own pets also suggested. It is also important to raise the awareness of the public on immediate first aid

measures so that the victims will be aware of the "golden time" and be able to use the safety measures. As the people living in sub-urban and rural areas have poor knowledge, attitudes and practices, more attention should be given by the health care team members

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