
**INTERNATIONAL JOURNAL OF CURRENT RESEARCH IN
CHEMISTRY AND PHARMACEUTICAL SCIENCES**

ISSN: 2348-5213 (Print), ISSN: 2348-5221 (Online)

www.ijcrps.com

(A Peer Reviewed, Referred, Indexed and Open Access Journal)

DOI: 10.22192/ijcrps

Coden: IJCROO(USA)

Volume 13, Issue 8- 2026

Research Article



DOI: <http://dx.doi.org/10.22192/ijcrps.2026.13.08.003>

Assessment of Knowledge, Attitude, and Practice of the Community towards Rabies in Bui Town, East Guraghae Zone, Central Ethiopia Regional State

Dr Ebsa Gemechu (Dvm)

***Corresponding Author: esagemechu20@gmail.com**

Copyright © 2026. Ebsa Gemechu. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Rabies is a fatal neglected viral zoonosis which causes encephalitis in all warm-blooded animals and humans. However, it can be prevented via vaccination and community awareness. A community-based cross-sectional study was conducted from June 2026 to August 2026 to Assess of Knowledge, Attitude, and and Practice of the Community towards Rabies inBui Town, East Guraghae Zone, and Central Ethiopia Regional State. The data was collected using the questionnaire survey of three month of data was also performed to determine the status of humans exposed to rabies infection in the study area. A systematic random sampling technique was employed to select households and a face-to-face interview was made with 100 respondents. The data were then analyzed using SPSS statistical software version 20, descriptive statistics were performed to interpret the results. The majority of the current participants were male and about 60% were between 31-50 years in their age category. Our study result indicated that 100% of the participants had information about rabies. There was a statistical difference in their information source (p 0.05) where the majority of the respondents mentioned more than two different sources such as radio, health profesional, family members etc. However, only 95% of the participants knew the zoonotic importance of the disease. The result also showed that 36% of current participants mentioned regular dog vaccinations the best method for rabies control in animal and human populations. Most (64%) participantsdid not vaccinate their dogs due to a lack of knowledge. The present study there is no individuals who were vaccinated with a post-exposure antirabies vaccine from June 2026 toAugust 2026 in exposure to rabies between both sexes and among different age groups in our study. Generally, the

overall KAP assessment recorded in this study is an indication that some works are still left to create awareness among the communities. Thus, close collaboration and integration of veterinary professionals, public health experts, and local authorities should stand together to fight the disease as they are the key elements for preventing and control of this very serious and fatal disease.

Keywords: Attitude, Dog, Bui, Knowledge, Practices, Rabies

1.Introduction

1.1 Backgrounds

Rabies is the deadliest viral zoonosis, with bats serving as primary reservoirs. It causes fatal encephalomyelitis in humans and various terrestrial mammals, including pets, livestock, stray animals, and wildlife [1]...It is a Lyssa virus belonging to the Rhabdoviridae family, which causes rabies, is a fatal infection that is endemic in developing countries, with Asia and Africa causing over 95% of human deaths [2]. Rabies infects all warm-blooded animals, and domestic dogs are responsible for up to 99% of rabies virus transmission to humans in endemic areas. Rabies is a virus that is carried by animals, primarily carnivores such as canids [3].

The most common means for rabies transmission are any types of bites, scratches, or other incidents in which saliva, cerebral or spinal fluid, tears, or nervous tissues from a suspected or known rabid animal or person enter an open wound, are transplanted into, or come into contact with the mucous membrane of another animal or person [4]. Rabies virus infection most commonly occurs when a rabid animal bites an animal or a person [5]. The virus then invades the central nervous system, resulting in acute and fatal encephalomyelitis [6]. In addition to its animal and public health significance, rabies also has significant economic importance globally, with the economic burden of dog-mediated rabies estimated at US\$ 8.6 billion per year [7].

Rabies can be controlled and prevented with vaccination, however few places in Ethiopia offer life-saving human rabies post-exposure prophylaxis, and most people don't have the means to make it to a major hospital to get treated

(9). Moreover, people's awareness about what to do if bitten by dogs is low, and they may contact local traditional healers for treatment instead, losing precious time, and increasing the danger of infection and death [9, 10].

Vaccination, wound care, and the injection of rabies immunoglobulin are examples of preventive Methods. However, in many developing countries, where canine rabies causes the majority of human cases, deaths occur mostly due to a lack of access to affordable biological agents needed for effective post-exposure prophylaxis. A reduction in the number of human deaths due to rabies has to begin with the elimination of canine rabies. Domestic dog vaccination offers a cost-effective strategy for the prevention and elimination of human rabies mortality, and it is epidemiologically and practically feasible to eradicate canine rabies through mass vaccination of domestic dogs [8].

1.2 Statements of the problems

Ethiopia being one of the developing countries is highly endemic for rabies. Approximately 10,000 people are estimated to die of rabies annually in Ethiopia which makes it to be one of the most affected countries in the world [11]. Dogs are the principal source of infection for humans and livestock. In Ethiopia, many households own dogs usually for guarding property. Although there are no formal studies, it is estimated that there is one owned dog per five households nationally [11,16].

Rabies remain neglected public health problems despite the availability of effective preventive measures. Many community members may lack adequate knowledge regarding rabies transmission prevention and treatment [1]. The challenges in preventing this disease in both

humans and animals persist. In addition, there is a lack of understanding of how human attitudes and behaviors influence rabies prevention efforts (13).

Poor public awareness towards rabies is considered as one of the bottle necks for the prevention and control of the disease in Ethiopia especially in canine rabies endemic rural communities like Bui town. Understanding communities' perceptions of cause, mode of transmission, symptoms, treatment and possible intervention measures of rabies is an important step towards developing strategies aimed at controlling the disease and determining the level of implementation of planned activities in the future.. Therefore this study seeks to assess the community Knowledge, Attitude, And Practice of residents of Bui town regarding rabies

2. Objectives

2.1 General objectives of this study were:

To assess the level of knowledge, attitude and practices of selected communities in Bui town East Guraghe Zone central Ethiopia regional state

2.2 Specific objectives of this study were:

- To identify factors associated with community knowledge, attitude and practice (KAP) about symptoms transmission and prevention of rabies.
- To identify socio-demographic factors associated with KAPs level

- To compare the perception level of the community's knowledge, attitude and practices toward rabies in the study area.
- To evaluate the percentage level of the community's knowledge, attitude and practices toward rabies in the study area

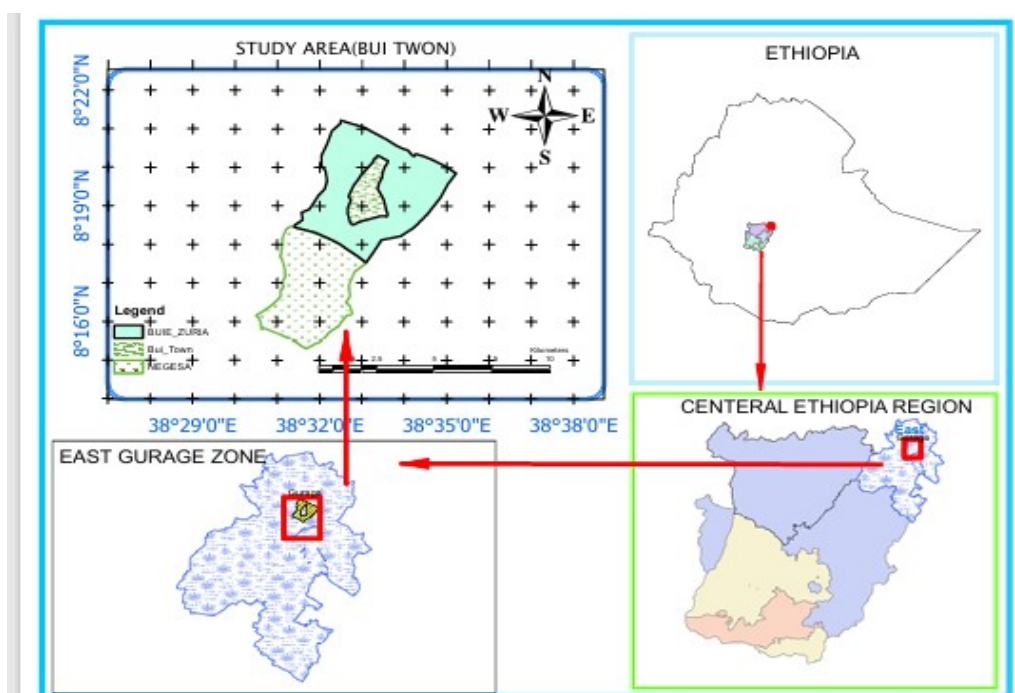
3. Materials And Methods

3.1 Study area

From June to August 2026, a cross-sectional study was carried out in Bui town, which is in the central region of Ethiopia. The study area will be purposefully chosen. Information gathered at municipal administration and minor administrative units (kebeles) are chosen using a multistage random sampling approach.

Bui is a town in East Guraghe Zone, of Central Ethiopia Regional State, Ethiopia. The town is located in the highland areas and its elevation is 2,045 meters above the sea level.

Bui serves as an administrative capital of Sodo district. Bui is located in the south part of Ethiopia which extends from 8.33 norths and from longitude 38.56 easts and distance between Bui and Addis Ababa, the capital of Ethiopia, is about 100 km. The town is the home of the Gurage people. Bui has infrastructures such as pure drinking water, health institutions and electric service. The town is one of the fast growing towns in Ethiopia (14).



3.2 Operational Definitions

Knowledge of rabies refers to respondents who have the general information about the disease including causes and prevention mechanisms of the disease or participants who have comprehensive knowledge in order to consider that they had adequate knowledge to calculate the sample size.

Good knowledge refers respondents to who scored points at mean and above for the knowledge questions were referred to be having good knowledge otherwise not.

Familiar about rabies refers respondents who are aware of about the disease. However, it does not mean necessarily have good knowledge about rabies. It could simply know name of the disease in different traditional names. In this case; study population may not know the cause of the disease or how the disease can be prevented in general.

Poor knowledge refers respondents answered below the mean score value form knowledge related questions.

Positive attitude respondents who scored points at mean and above for the attitude questions were referred to be having a positive attitude otherwise not.

Good practice respondents who scored points at mean and above for the practice questions were referred to be having a good practice otherwise not.

Suspected rabid dogs a dog displaying clinical sign such as unprovoked aggression, abnormal vocalization paralysis or hyper salivation

Post exposure prophylaxis (PEP): The immediate medical treatment given after a rabies exposure to prevent the virus from entering the central nervous system (eg. Wound washing and anti-rabies vaccination)

Kebelle: is the smallest study unit the study populations were sampled.

3.3 Source and Study population

The study populations would individuals who were residents of Bui town with different sociodemographic characteristics. Bui town has

three kebeles and the study includes both sexes of individuals, respondents above the age of eighteen, and households that have been residents of the area for at least six months, with different occupations and different marital statuses. Besides, the target populations were interviewed with specific questions related to the assessment, knowledge, attitude, and practice of the community regarding rabies.

3.4 Study design and study period

A cross-sectional questionnaire-based study design was conducted by collecting data through structured questionnaires from June 1/2026 to August 30 /2026. The study area was purposefully chosen. Information gathered at municipal administration and minor administrative units (kebeles) are chose

3.5 Sample size determination and sample procedure

There was no previous study report from our study area; hence, the desired sample size was calculated using 5% desired level of precisions at 95% confidence level. According to the formula described by **Arsham** [15], a total of 100 respondents were recruited in to the study and interviewed. $N = 0.25/SE^2 = 0.25/0.0025 = 100$ where: N= Sample size, SE (Standard Error) at 5% precision and 95% confidence level.

The study was conducted in Bui town East Gurage zone of central Ethiopia region and for the selection of the sampling units a multistage sampling technique was employed. The Bui administrative towns will selected purposively based on accessibility of dogs (assuming Bui administrative town has a large dog population among districts in the East Gurage zone). From three (3) Kebeles of Bui administrative town, namely Bui 01 and Bui Zuria were randomly selected. For assessing the community knowledge, attitude and practices (KAP) about rabies we have decided to recruit equal number of households; hence, fifty (50) households from each of the selected Kebeles.

Finally households were selected using systematic random sampling technique and the 50 households from each Keble's were directly visited and participated in the interview. In this interview, representatives of the community (residents) from urban and peri-urban of Bui administrative town were included and only one family member was interviewed per selected household.

Data will collected by face-to-face interview by using a semi structured and pre-tested questionnaire. Once the households were identified, household visit was conducted and each respondent (one family member per household) asked to respond for about 35 questions regarding cause, sources, and mode of transmissions, clinical sign, prevention practices and treatment measures. Furthermore, actions for rabid animal, rabies fatality, feeling if infected by rabies, preferred actions taken for bitten human, immediate action (first aid) for bitten human, time for anti-rabies vaccine in human after exposure, whether rabies is preventable by vaccination of dog and eliminating stray or confining dogs helps to prevent rabies or not were asked.

The questions were multiple choices question with both open and close ended. The questionnaires were first prepared in English and translate to Amharic language for appropriateness and easiness in approaching the study participants. Before the interviewing process, the participants were briefed about the purpose of the study and asked for their consent. Only voluntary participants were involved in the study and all the information obtained from the study participants were kept confidential. The respondents were those who lived at least 6 months in the household as permanent residents in the study area and were included in the study based on their willingness and informed consent provision. However, those family members who are under 18 years old were excluded from the study.

3.6 Method of data collection

A semi-structured questionnaire has been designed to collect information about the respondents' knowledge of the rabies disease, its cause, and means of transmission, treatment, and prevention practices. Included in the demographic variables were 35 questions (10 demographic, 11 knowledge, 6 attitudes, and 8 practices) asked of each participant regarding the cause, sources, and mode of transmission, attitude, practice, and prevention and control measures of rabies.

Respondents above the age of seventeen and households that have been residents of the area for at least six months were included. The questionnaire will be prepared in English and Amharic, and then translated to the local language for appropriateness and ease of approaching the respondents. The study participants would ask for their consent orally and be interviewed face-to-face in their homes by instilling a semi-structured (closed and open-ended) questionnaire through a handful of house-to-house surveys of residents in all two kebeles of Bui town.

3.7 Data management and analysis

The collected raw data would be stored, coded in a personal computer's Microsoft Excel spreadsheet.

program, and analyzed using SPSS statistical software version 20. Descriptive statistics such as frequencies, distributions, and percentages were used to summarize the data.

3.8 Ethical consideration and consent to participant

The ethical clearance was obtained from ISAVET training committee and the Bui town agricultural office. Each participant was informed about the purpose of the study and informed consent was obtained from each respondent. Participation in the study was voluntary and participants could withdraw from the study at any time.

The study participants in this study were informed about the study and verbal consent was obtained from all respondents prior to their participation. The reason for verbal consent is that, participants were required for interview only and the individual participants were not subjected to any harm as much as their privacy is kept confidential. All participants were adults above 18 years old. Ethical approval for all the procedures in this study was obtained from the Ethical Committee. Confidentiality of data and the scientific honesty during write up will be considered.

4. Dissemination Plan

Table 1: Dissemination Plan

activity	Target group	timeline
Community meeting	Community member	Within one month after study completion
Stakeholder workshop	Health and veterinary stockholder	Within two months
Distribution of reports	Local authorities and institutions	Within two months
Policy brief preparation	Policy maker	Within four months
Presentation	Professional audience	Within three months

The dissemination plan aims to ensure that the findings from KAPs assessment on rabies in Bui town reach all relevant stockholders and contribute to improved public health action, community awareness and rabies prevention strategies.

5 RESULTS

5.1 Results of Socio-Demographic Characteristics of Participants

Out of the total 100 respondents, the majority 59% were males and the remaining 41% were females. The majority of the respondents' age group lied in the range between the age of (31-50 years old) which accounts for 60%, followed by a

range of age the groups (18-30 years) and with 24% and (51-90 years old) with 16%, respectively. Participants were mostly with no formal education (50%) and followed by those with primary education (20%), high school education (19%) and college and above 11%. Concerning occupation, the majority of the respondents was merchant (50%) farmers (18%), and 15%, 12%, 5% was engaged in teacher, veterinarian and health profession, respectively. About 81% of the respondents were orthodox 12% Muslim and the left 7% were Protestants. The majority of participants (68%) owned dogs, and more than 80% of the respondents were claiming to possess domestic animals other than dogs (Table 1).

Table 2: Results of the Questionnaire Regarding Socio-Demographic Characteristics in the Bui town.

Variable	Categories	No. of respondents	Percentage (%)
Sex	Male	59	59%
	Female	41	41%
Age	18-30	24	24%
	31-50	60	60%
	51-90	16	16
Marital status	Married	79	79%
	Unmarried	21	21%
Educational level	illiterate	50	50% ⁰⁰
	Primary education	20	20%
	Secondary education	19	19%
	College and above	11	11%
occupation	farmer	18	18%
	Merchant	50	50%
	Teacher	15	15%
	Veterinarian	12	12%
	Health profession	5	5%
Religion	orthodox	81	81%
	Muslim	12	12%
	Protestants	7	7%
Dog ownership	yes	68	68%
	No	32	32%
Total		100	100%

5.2 Knowledge of Respondents Regarding Cause, Host Range, Clinical symptom and Transmission of Rabies in the Bui town.

In this study all 100(100%) participants had heard about rabies from different sources. It is called madness of dog. However, 57(57%) of respondent replied that virus as the causative agent of rabies. Moreover, most of the respondents 82(82%) mentioned as rabies can affect human and other domestic animals regarding common source of rabies, dog was most common transmission of rabies, 95(95%) of the participants was rabies can affect human and 83 (83%) knew rabies

transmission by dog bite, 10(10%) saliva contact with open wound and 9(9%) by Scratches. Out of 100 participants 89(89%) answered that rabies is a dangerous and fatal disease. About 38(38%), 37(37%), 14(14%) and 7(7%) of respondents were identified that aggressiveness, excessive salivation, abnormal behavior and paralysis in an infected animal respectively. In the case of human being about 37(37%), 20(20%), 19(19%), 14(14%) and 10 (10%) of participants were observed madness, fear to water, aggression, Do not know and paralysis respectively. 73% know it is preventable.

(Table 3). Knowledge of Respondents Regarding Cause, Host Range, Clinical symptom and Transmission of Rabies in the Bui town

Have you ever heard about rabies	Yes	100	100%
	No	0	0%
Source of information about rabies	School	12	12%
	Radio/TV	18	18%
	Health professionals	32	32%
	Friends/Family	29	29%
	Social media	9	9%
	Do not know	25	25%
Rabies is caused by	Virus	57	57%
	Bacteria	12	12%
	Parasite	5	5%
	Do not know	25	25%
Rabies can be transmitted through	dog bite	81	81%
	Scratches	9	9%
	Saliva contact with wounds	10	10%
Can rabies affect humans	Ye	95	95%
	No	5	5%
	Do not know		
What are signs of rabies in animals	Aggressiveness	38	38%
	Excessive salivation	37	37%
	Paralysis	11	11%
	Abnormal behavior	14	14%
	Do not know		
What are symptoms of rabies in humans	Fear of water	20	20%
	madness	37	37%
	Aggression	19	19%
	Paralysis	10	10%
	Do not know	14	14%
Is rabies preventable	Ye	73	73%
	No		

Methods of preventing rabies include	No	23	23%
	Do not know	4	4%
	Vaccination of dogs	40	40%
	Immediate wound washing	12	12%
	Seeking medical care after bite	20	20%
What should be done immediately after a dog bite	Avoiding stray dogs	28	28%
	Wash wound with soap and water	36	36%
	Visit health facility	24	24%
	Apply traditional medicine	40	40%
Total		100	100

5.3 Community attitudes towards rabies

Fewer numbers of respondents (9%) believed the consumption of rabid animal meat could be a medicine for rabies. However, 75% disagreed and 16% don't know with this idea. The majority of

respondents believed that traditional medicine were a solution for rabies (70%). only 24% disagree. This represents a dangerous community health risk, whereas about 80% of respondents also would seek health professional support if rabid animals bite them (Table 4).

Table: 4 Community attitudes towards rabies

Statement	Disagree	Agree	Don't know
Rabies is a serious disease	14	76	10
Vaccinating dogs is important	6	84	10
Traditional medicine can cure rabies	24	70	6
Dog bite victims should seek medical care immediately	12	80	8
Stray dogs should be controlled	14	79	7
Community awareness about rabies is necessary	7	83	10
Rabid animal meat consumption as a medicine for rabies	75	9	16

5.4 Preventive practices of the participants toward rabies

This study revealed the respondents report immediate post bite action 40% apply rational medicine immediately after a dog bites, 36% wash the wound with soap and water and 24% visit

health facility. This study also revealed the respondents report suspected rabid animal to authorities with 56% and do not report suspected rabid animal to authorities is 44% and 64% of the respondents were not experienced for vaccinating their dog while only 36% vaccinated (Table 5).

Table 5. Preventive practices of the respondents toward rabies.

Do you avoid contact with stray dog	Yes	45	45%
	No	55	55%
Do you report suspected rabid animals to authorities		56	56%
	Yes		
	No	44	44%
Do you participate in rabies awareness activities	Yes	39	39%
	No	61	61%
Do you educate family members about rabies prevention?	Yes	43	43%
	No	57	57%
Have you had your dog vaccinated for rabies	Yes	36	36%
	No	64	64%

6 Discussion

The result of current study revealed that rabies is an important disease of both human and animals in the study area. The present study indicated that the all (100%) of respondents had previously heard about rabies disease via different means of communication channels, mainly about 79% of the respondents mentioned that local communities (radio, health professional, friends) were the main sources of information to know about rabies.

Knowledge, attitudes and practices (KAP) studies have been used widely to enhance community knowledge and thus change attitude and improve practices that may help in disease prevention and control [17]. The possible reason could be that educated person would have better information access and can easily understand the disease. The study confirmed that the community had lower knowledge, attitude and practice concerning the management of dog and prevention of rabies. My findings suggested that the gap in the knowledge about vaccination of dog and attitude and practice of rabies control and prevention could be considered as a potential risk factor for the rabies elimination programs in the study area.

This study is in line with the study conducted in Ethiopia [18, 19, and 20] and other countries [21] in the rural community of India which reported 100, 99.3, 100 and 98.6%, respectively. This

finding was higher when compared with the findings reported by Ichhpujani et al. [22], who reported 68.7% knowledge of rabies in a survey of knowledge, attitudes and practices about animal bites and rabies in the general community in India and Zimbabwe, it was reported that 70% of the households were aware of rabies [23]. This variation might be associated with differences in awareness of the community between different study areas.

In the present study, 81% respondents knew the correct mode of transmission which is consistent with the finding of Lai [24], who reported that 49.2% answered correctly concerning transmission. However, the study conducted in Addis Ababa [25] among the community indicated that higher proportion of study participants had correct responses regarding the route of exposure compared to the result found in this study which could be due to better source of information.

This KAP analysis revealed that 89% of respondents recognize rabies as danger and a fatal disease, 32% know that Source of information about rabies by health professional and 81% aware that dogs are the most common source of rabies. This result is consistent with a study conducted in the city of New York, USA reported that 73% of the study participants know rabies as a serious disease and 83% of the respondents identified that

dogs are major sources for the spread of rabies in human population [26].

In a current study regarding the clinical signs of rabies, 86% of respondents knew the clinical signs of rabies. The most common signs and symptoms mentioned by 38, 37 and 11% were aggressive salivation and paralysis, respectively. This is supported by other [27,] clinical signs of rabies including aggression, salivation, running over long distances, stopping eating, and change in behaviour, hydrophobia, coma and paralysis. This finding was higher when compared with studies conducted in Bahir-dar town and Hawassa town which was 42 and 76.8% reported by Guadu et al [28], Yergashewa et al. [29] respectively.

Among immediate action taken for bitten human 36% participants wash the wound with water and soap as immediate action (first aid), whereas, 40 and 24% use traditional medicine and go health facility respectively. The 36% finding in this study higher compared to study conducted in Gonder zuria district (30.7%) [30], in Jimma town (7%) [31]. The variation may be due to the study area and awareness level of the community.

Our study also depicted about 83% of the respondents knew human acquire rabies not only from rabid dog biting but also through many other sources such as inhalation, contact with saliva of rabid animal either intact or open skin, ingesting meat of rabid animal or exposure to skin scratch. This was agreement with most common way of transmission for rabies (90%) is bite of infected animals like dogs and cats, Chhabra and Ichhpujani [32].

7 Limitation Of The Study

The study did not use the more appropriate open-ended questionnaires that could allow for participants for unexpected answer and the time also not enough accomplish the research.

8. Conclusion

In general, rabies was considered as the disease of both a veterinary and public health importance in the study area. All (100%) respondents had heard about rabies previously and 95% of respondents knew that rabies can affect animal and human. This is good knowledge. However, knowledge gap was observed regarding clinical sign of rabies, mode of transmission, management and vaccination of dog, prognosis of rabid animals and people and first aid practice of bitten wound. All most all (64%) dog owners were not vaccinated their dogs. Increasing community knowledge is particular needed regarding wound washing after animal bite as first aid and seeking post-exposure prophylaxis other than traditional and spiritual healer. This study also demonstrates the need for awareness creation to the community regarding dog vaccination and implementation of dog vaccination with proper management. Education level was statistically significant of knowledge, attitude and practice of rabies in the study area.

9. Recommendation

Based on the above conclusion, the following recommendations are recorded:

- ✓ Continuous and strategic as well as multi-sectoral collaborations to prevent rabies are needed in the study area.
- ✓ rabies vaccines should become available with affordable and readily available locally for both dogs and humans' and long-term strategy should target for eradication of this deadly disease
- ✓ There is an urgent need for comprehensive public health education campaigns to address misconceptions, particularly about the severity of rabies after a dog bite, the necessity of post exposure prophylaxis, and the importance of timely medical intervention.

✓ The concerned, in particular, veterinarians and health professionals, should be aware of the community impact of the disease, so that seeking immediate post-exposure treatment on time if exposed unknowingly culminates in necessary death.

✓ Outreach education is needed to ensure accurate knowledge and to improve the attitude and practice of the community in this area.

Acknowledgement

First I would like to thank you FAO and MOA for creating this chance. Then I would like to express my sincere gratitude to my mentor Dr., Mokonen Adiss for your invaluable guidance, support, and encouragement throughout this study.

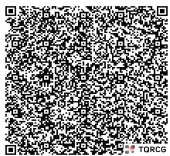
I am also thankful to Bui agriculture and health office for providing the resources necessary to complete this work.

10. References

- [1]. Pal M, Rebuma T, Regassa M, Gutema C, Mazzeo A. Endemic rabies in Ethiopia in the One Health era. American Journal of Public Health. 2024; 12 (2), 22-
- [2]. World Health Organization. WHO expert consultation on rabies: third report. Vol. 1012. Geneva: World Health Organization; 2018.
- [3]. Beresa TG, Beriso TE. Assessment of knowledge, attitude, and practice of respondents' towards Rabies and associated risk factors in Shone Town, Hadiya Zone, Southern Ethiopia. medRxiv. 2023;2023-09.
- [4]. Oyda S, Megersa BA. review of rabies in livestock and humans in Ethiopia. International Journal of Research-Granthaalayah, 2017; 5(6): 561-577.
- [5]. Rupprecht CE, Willoughby R, Slate D. Current and future trends in the prevention, treatment and control of rabies. Expert Review. Anti infective Therapy. 2006; 4(6):1021-1038
- [6]. Servat A, Labadie A, Hamen A, Boue F, Cliquet F. Inter-laboratory trial to evaluate thereproducibility of a new ELISA to detect rabies antibodies in vaccinated domestic and wild carnivores. Biologicals. 2008; 36(1): 19-26.
- [7]. WHO. Guide to introducing human rabies vaccine into national immunization programmes. World Health Organization. 2022. <https://apps.who.int/iris/handle/10665/360978>. Licence: CC BY-NC-SA 3.0 IGO
- [8]. CDC, 2017. Rabies in Ethiopia – World Rabies Day. Retrieved from: <https://www.cdc.gov/worldrabiesday/ethiopia.html>.
- [9]. WHO, 2017. Rabies. Retrieved from: <https://www.afro.who.int/health-topics/rabies>
- [10]. Lembo T, Hampson K, Kaare MT, Ernest E, Knobel D, Kazwala RR, et al. The feasibility of canine rabies elimination in Africa: dispelling doubts with data. PLoS neglected tropical diseases. 2010; 4(2): 626.
- [11] Fekadu, M., 1997. Human rabies surveillance and control in Ethiopia. In Proceedings of the Fourth International Conference of the Southern and East African Rabies Group, Nairobi, Kenya, pp: 4-6.
- [12]. Deressa, A., Ali, M. Bayene, B.N. Selassie, E. Yimer and K. Hussien, 2010. The status of rabies in Ethiopia: A retrospective record review. Ethiopian Journal of Health Development, 24(2): 127-132
- [13]. Bilal A. Rabies is a zoonotic disease: a literature review. Occup Med Health Aff, 2021; 9(334): 2.
- [14]. Mapatse M, Sabeta C, Fafetine J, Abernethy D. Knowledge, attitudes, practices (KAP) and control of rabies among community households and health practitioners at the human-wildlife interface in Limpopo National Park, Massingir District, Mozambique. PLoS Neglected Tropical Diseases. 2022; 16 (3): e0010202.

- [15]. (BCA) (2025). Bueecityadmin.gov.et: elevationmap.net.
- [16]. Arsham, H., 2005. Questionnaire design and surveys sampling, 9 Ed.
- [17]. Sambo, M., T. Lembo, S. Cleaveland, H.M. Ferguson, L. Sikana, C. Simon, H. Urassa and K. Hampson, 2014. Knowledge, attitudes and practices (KAP) about rabies prevention and control: a community survey in Tanzania. *PLoS Neglected Tropical Diseases*, 8(12): 3310.
- [18]. Digafe, R.T., L.G. Kiflelew and A.F. Mechesso, 2015. Knowledge, attitudes and practices towards rabies: questionnaire survey in rural household heads of Gondar Zuria District, Ethiopia. *BMC Research Notes*, 8(1): 1-7.
- [19]. Nejash, A. and T. Endale, 2017. Community based cross-sectional attitudes and practices study on knowledge, towards rabies in Munesa District, Arsi Zone, South eastern Ethiopia. *Journal of Public Health and Epidemiology*, 9(6): 161-170.
- [20]. Yalemebrat, N., T. Bekele and M. Melaku, 2016. Assessment of public knowledge, attitude and practices towards rabies in Debark Woreda, North Gondar, Ethiopia. *Journal of Veterinary Medicine and Animal Health*, 8(11): 183-192.
- [21]. Singh, U.S. and S.K. Choudhary, 2005. Knowledge, attitude, behavior and practice study on dog-bites and its management in the context of prevention of rabies in a rural community of Gujarat. Ind
- [22]. Ichhpujani R.L., M. Chhabra, V. Mittal, D. Bhattacharya, J. Singh and S. Lal, 2006. Knowledge, attitude and practices about animal bites and rabies in general community--a multi-centric study. *The Journal of Communicable Diseases*, 38(4): 355-361.
- [23]. Brooks, R., 2007. Survey of the dog population of Zimbabwe and its level of rabies vaccination. *The Veterinary Record*, 127(24):592-596.
- [24] Lai, P., A. Rawat, A. Sagar and K. Tiwari, 2005. Prevalence of Dog bite in Delhi: Knowledge and Practices of residents regarding prevention and control of rabies. *Health and Population perspectives and Issues*, 28(2): 50-57.
- [25]. Abraham A., Y. Eshetu and S. Desalegn, 2013. A Study on Knowledge, Attitude and Practice of rabies among residents in Addis Ababa, Ethiopia. *Ethiopian Veterinary Journal*, 17(2): 19-35.
- [26] Eidson, M., S. Kate, K. Mary, T. Charles and W. Amy, 2004. Development and evaluation of bat rabies education materials. *Evidence based Preventive Medicine*, 1(2): 85-91.
- [27] Chernet, B. and A. Nejash, 2016. Review of Rabies Control and Prevention *Journal of Medicine, Physiology and Biophysics*, 23: 45-53.
- [28] Guadu, T., A. Shite, M. Chanie, B. Bogale and T. Fentahun, 2014. Assessment of knowledge, attitude and practices about rabies and associated factors: in the case of Bahir Dar town. *Global Veterinarian*, 13(3): 348-54.
- [29] Yergashewa, M., M. Nibret and Z. Mebrie, 2016. Study on the Knowledge, Attitude and Practice of the Community about Rabies in Hawassa Town, Southern Ethiopia. *Middle-East Journal of Scientific Research*, 24(8): 2538-2546.
- [30] Digafe, R.T., L.G. Kiflelew and A.F. Mechesso, 2015. Knowledge, attitudes and practices towards rabies: questionnaire survey in rural household heads of Gondar Zuria District, Ethiopia. *BMC Research Notes*, 8(1): 1-7.
- [31]. Kabeta, T., W. Tigre and B. Deressa, 2014. Occurrence of suspected rabies cases in humans Jimma zone and surrounding areas, south West Ethiopia. *International Journal of Basic and Applied Virology*, 3(2): 28-34.

- [32] Chhabra, M. and R.L. Ichhpujani, 2003.
Animal bites: the current management
guidelines. Indian Journal of Pediatrics,
70(1): 11-6.

Access this Article in Online	
	Website: www.ijcreps.com
	Subject: Veterinary Medicine
Quick Response Code	
DOI: 10.22192/ijcreps.2026.13.08.003	

How to cite this article:

Ebsa Gemechu. (2026). Assessment of Knowledge, Attitude, and Practice of the Community towards Rabies in Bui Town, East Guraghae Zone, Central Ethiopia Regional State. Int. J. Curr. Res. Chem. Pharm. Sci. 13(8): 41-54.

DOI: <http://dx.doi.org/10.22192/ijcreps.2026.13.08.003>