



A STUDY ON PERCEPTIONS AND PRACTICES OF SCHOOL STUDENTS ABOUT ANIMAL BITE

Dr. Pooja Kumari	Postgraduate Trainee 3 rd Year Department Of Community Medicine, M.G.M. Medical College and L.S.K. Hospital, Bihar.
Dr. Tanay Sinha	Senior Resident Department Of Community Medicine, Katihar Medical College, Katihar Bihar.
Dr. Dharmendra Kumar	Senior Resident, Department Of Community Medicine , Narayan Medical College and Hospital, Sasaram, Bihar.
Dr. Priyanka Gupta	Postgraduate Trainee 2 nd Year Department Of Community Medicine , M.G.M. Medical College and L.S.K. Hospital, Bihar.
Dr. Krishnadas Bhattacharyya	Professor And Head Of Department Department Of Community Medicine, M.G.M. Medical College and L.S.K. Hospital, Bihar.
Dr. Gautam Sarker	Professor Department Of Community Medicine, M.G.M. Medical College and L.S.K. Hospital, Bihar.

KEYWORDS :

INTRODUCTION

Rabies is one of the oldest yet often neglected zoonotic diseases responsible for approximately 59,000 human deaths and 3.7 million disability-adjusted life-years annually worldwide.[1]

In India, the incidence of rabies is constant for over a decade and this situation is due to poor knowledge on the disease especially the post-exposure prophylaxis, poor status of dog vaccination and uncontrolled canine population. [2]

Most of the animal bites reported in India are by dogs (91.5%) out of which 60% are stray dogs. [3] Although all age groups are susceptible, **rabies is more common in children aged less than 15 years**. Almost 40% of deaths due to rabies are among children and the case fatality is almost 100% in rabies. [4]

As children are at higher risk for animal bites , there is a need to target these vulnerable section to understand their awareness on consequences of animal bite and rabies. [5].

Objective:

To assess the level of awareness regarding animal bites among school students.

Methodology

- **Study type** – Observational study with cross-sectional design
- **Study setting** – A private School of Kishanganj
- **Study population** – Students of classes VI-VIII
- **Study duration** – July 2023 – September 2023
- **Study tool** – A pre-designed, pre-tested & semi-structured questionnaire

Sample size & sampling technique: Each class having 3 sections with 30-40 students . By **simple random sampling technique (lottery method)** , one section was selected from each class. Completed response was obtained from 107 students.

Method of data collection - After obtaining permission from the Principal of the school dates were fixed for the study. On those days the investigators assured the confidentiality of the response of the students & the purpose of the study was stated to them. Then questionnaire were distributed among the participants. Filled-up questionnaire were collected.

Data analysis –Data thus collected were entered and analyzed using SPSS version 16.

RESULT

A total of 107 complete questionnaire were analyzed for the present study. The age of the students ranged from 10 to 15 years with a mean age of 12.32 years & SD of 0.91 years.

The majority of students belong to 12 years of age group i.e. 41.1% followed by 34.6% in 13 years of age group.

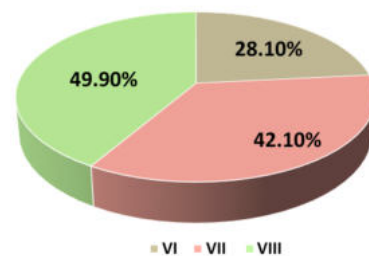


Figure 1: Pie diagram showing distribution of students according to their c^lass

Table No.1 Distribution of study participants based on their age group and knowledge about the term rabies(n=72)

Age group (in years)	Heard the name rabies		Total
	Yes	No	
10-12	43 (69.36%)	19 (30.64%)	62 (100%)
13-15	29 (64.45%)	16 (35.55%)	45 (100%)
Total	72 (67.28%)	35 (32.72%)	107(100%)

Table No. 2 Distribution of study participants based on their age group and source of information

Source of information	Age group		Total
	10-12 years	13-15 years	
Newspaper	20 (66.67%)	10 (33.33%)	30 (100%)
Parents	13 (59.09%)	9 (40.91%)	22 (100%)
School	8 (53.33%)	7 (46.67%)	15 (100%)
Others	2 (40%)	3 (60%)	5 (100%)
Total	43 (59.72%)	29 (40.28%)	72 (100% 10)

Table No.3 Distribution of study participants based on their age group and mode of transmission known to them

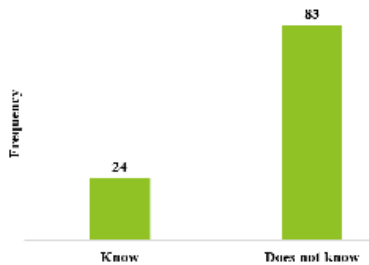
Mode of transmission	Age group		Total
	10-12 years	13-15 years	
Dog bite	53 (63.09%)	31 (36.91%)	84 (100%)
Licking	2 (100%)	0	2 (100%)
Do not know	7 (33.33%)	14 (66.67%)	21 (100%)
Total	62 (57.94%)	45 (42.06%)	107 (100%)

Table No.4 Distribution of study participants based on their age group and information about post-bite management

Post-bite management	Age group		Total
	10-12 years	13-15 years	
Wash the wound	4 (50%)	4 (50%)	8 (100%)
Bandage	6 (66.67%)	3 (33.33%)	9 (100%)
Observe the dog	3 (100%)	0	3 (100%)
Vaccination and referral	26(53.07%)	23 (46.93%)	49 (100%)
Do not know	23(60.52%)	15 (39.48%)	38 (100%)
Total	62(57.94%)	45 (42.06%)	107 (100%)

Table. 5 Distribution of study participants based on their age group and information about anti-rabies vaccination and the dose schedule

Variable	Age group		Total
	10-12 years	13-15 years	
Knowledge about anti rabies vaccination			
	Yes	26 (53.07%)	23(46.93%)
No	36(62.06%)	22(37.94%)	58 (100%)
Knowledge about dose schedule			
	Yes	10(71.43%)	4(28.57%)
No	52(55.91%)	41(44.09%)	93 (100%)



Distribution of students based on their knowledge about clinical signs of rabies

DISCUSSION

Observed-from study- knowledge gap and unfavorable perceptions towards dog bite and rabies among school children. This is very alarming and unacceptable as children, who are the main victims of this disease, overlook and ignore the incidences of minor wounds and modes of transmission out of their lack of knowledge. A very basic step of washing dog bite wounds with soap and running water just after exposure for a minimum period of 15 minutes is an important preventable aspect of rabies.

Comparison of present study with other studies

Variables	Present study	Sancheti et al [5]	Kanda et al [6]
Dog bite as the cause	78.50%	89.7%	29%
Anti-rabies vaccination	49.50%	85%	-
Adequate knowledge about first aid	53.3%	46%	53.2%

CONCLUSION

Dissipation or sharing of rabies awareness to students is very important step in rabies control. Along with that, health education to school going children should be started on a major scale with the involvement of mass media to decrease the number of animal bite cases and the burden on post exposure prophylaxis against rabies. Educating the children will make a positive impact on the awareness level of their families and thereby the entire community.

REFERENCES

- Hampson K, Coudeville L, Lembo T, Sambo M, Kieffer A, Atllan M, et al. Estimating the global burden of endemic canine rabies. PLoS Negl Trop Dis [Internet] 2015;9 e0003709.
- WHO Human rabies in India: a problem needing more attention. WHO. Available at: <https://www.who.int/bulletin/volumes/92/4/14-136044/en/>. Accessed on August 23rd 2023.
- Menezes R. Rabies in India. Can Med Assoc J. 2008;178(5):564-6.
- WHO. World Rabies Day. WHO. Available at: http://www.who.int/rabies/WRD_landing_page/en/. Accessed on September 9th 2023.
- Sancheti PV, Mangulikar SK. An interventional study to assess knowledge regarding rabies in secondary school students. Int J Community Med Public Health. 2016;3:180-3.
- Kanda K, Obayashi Y, Jayasinghe A, Gunawardena GSPS, Delpitiya NY, Priyadarshani NGW, et al. Outcomes of a school-based intervention on rabies prevention among school children in rural Sri Lanka. Int Health. 2015;7(5):348-53.